



## Electronic Health Records: Potential Impact of Technology on Quality Care

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## Harnessing Technology to Impact Quality

- Summit Medical Group
- Crisis in Healthcare Today
- Patient Centered Medical Home
- Summit's PCMH Pilot
- Leveraging Technology
- Challenges Ahead



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## Summit Medical Group

- Physician Owned
- 220 Physicians
  - 150 PCPs at 50+ locations (10 counties)
  - 70 hospitalists/pulmonologists
  - Rheumatology and Cardiology
- 4 ancillary centers
- 3 Express Clinics
- EHR/E-prescribe
  - 185,000 e-scripts/month
- Medical Staff with 3 Separate Hospital Systems (9 hospitals)



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**THE U.S. Health Care Crisis**



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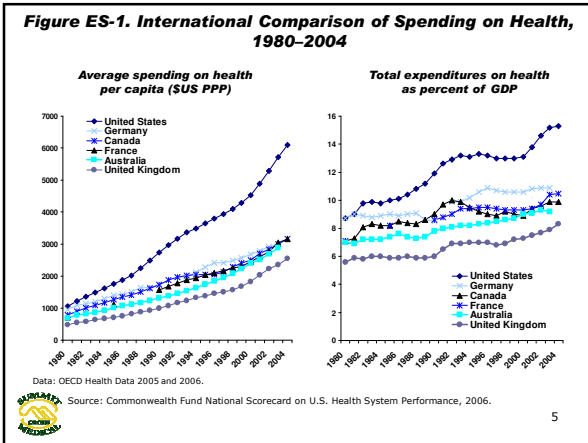
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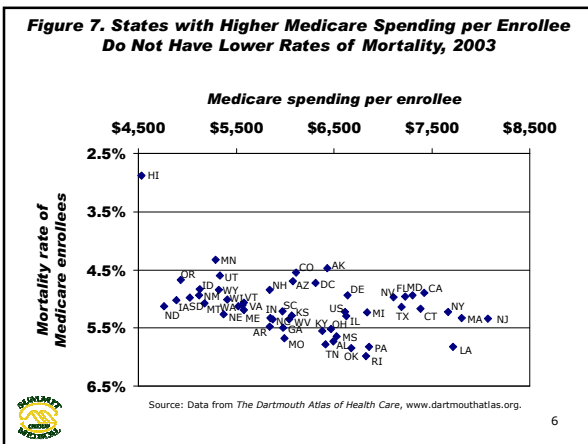
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## The Challenges for U.S. Healthcare

Compared to other countries, US healthcare:

- Highest costs
- Larger gaps in coverage/access
- Wider variation in quality
- Poorer patient experience



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## MEDICAL HOME - ITS TIME IS NOW

1967 – Pediatrics; 2002 - Family Med.; 2006 - Internal Med.

2007 - “Patient Centered Medical Home”

American Academy of Family Medicine

American Academy of Pediatrics

American College of Physicians

American Osteopathic Association

Combined membership 333,000 physicians

2008, Nov - AMA endorsement



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## What is a Medical Home?

■ A patient-centered, comprehensive, integrated primary care delivery system which seeks to add value through:

- Improved Quality
- Improved Access/ patient satisfaction
- Decreased cost and Improved efficiency
- Bolster PCP model
  - ♦ Changing Reimbursement
  - ♦ Clinical delivery model
- Accountability



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## “But I already do this...”

- Many physicians already make best effort to provide:
  - Care coordination
  - Whole person orientation
  - Quality and safety
- Emphasis on processes, support and efficiency (not working harder)



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## Benefits of Medical Home from Policy Perspectives

- Increases Number of PCPs
- Serves as a model for **physician quality improvement**
  - Evidence Based Medicine
  - Transparency
- Enhances physician-patient partnership
  - Provides a “team” to **engage the consumer**
    - Improve **consumer education**
    - Enhance **consumer-directed decision making**
- Improving care coordination
  - IT/EHR
- Aligning reimbursement incentives



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## Who decides what is a PCMH?

- National Committee for Quality Assurance (NCQA): Generally Accepted “standard”
  - Physician Practice Connections - Patient-Centered Medical Home™
  - NCQA Standards and Scoring PPC-PCMH



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## From Theory to Practice

### SMG PCMH Delivery Model



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## Tools of the Medical Home

- Team-based Care
- Work-flow redesign**
- Technology**
- Care Coordination
- Care Management
- Population Management
- Change to reimbursement model



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## Goal of Team-based Care

- Improve ->
  - Quality (individual, population)
  - Access
  - Satisfaction (patient, PCP, staff)
  - Efficiency



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## Technology

- Electronic Health Records
- Patient Portal
- Clinical Registries
- Discrete Data entry
- Health Information Exchanges



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## Meaningful Use Objectives by Stage

Stage I:      Electronic Capture of Structured Data

Stage II:     Continuous Quality Improvement & Data Exchange

Stage III:    Improving Population Health with Emphasis on Quality, Safety, Efficiency, & Improved Outcomes



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## Meaningful Use Stage I Defined

- MU Definition
  - 15 Core Criteria
  - 10 Electives from Menu Set (select 5)



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## Core Set

- Demographics
- Vitals
- Problems
- Medications
- Allergies
- Smoking Status
- Visit Summary
- Electronic Copy of PHI
- E-Prescribing
- DUR
- CPOE
- Electronic Data Exchange
- Clinical Decision Support
- Ensure Privacy and Security (HIPPA)
- Report Clinical Quality Measures to CMS or State



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## Menu Set (electives)

- Drug formulary
- Lab results discrete
- List of pt by diagnosis
- ID patient specific resources
- Referral summary
- Medication Reconciliation
- Immunization Data
- Syndromic Surveillance
- Preventative visit reminders
- Electronic access to PHI



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## Meaningful Use ≠ Efficient Use

- Redundant Workflows
- Failure to Harness Discrete Data
- Unnecessary Variability
- Unrealistic Expectations



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## Potential Benefits of EHR & Discrete Data

- Quality
- Safety
- Efficiency
- Financial Reward



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## EHR: Safety Benefits

- Legibility
- Accessibility
- Point of Service Clinical Decision Support
- Test & Referral Tracking



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## Improved Practice Efficiency

- Improved charge capture\*
- 50% reduction in office supply expense\*
- 10% reduction in labor costs\*



\*MGMA, *Electronic Health Records Impacts on Revenue, Costs, and Staffing*, 2009

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## EHR: Financial Reward

### Current Market

- Increased RVU\*
- 15% increase in fee for service collections\*
- Increased total revenue after operating costs\*
- ARRA Stimulus Fund Qualification

### Emerging Market

- Improved accuracy of coding
- Ability to target quality efforts
- Accurate reflection of disease burden
- Enhanced payment based upon risk stratification



\*MGMA, *Electronic Health Records Impacts on Revenue, Costs, and Staffing, 2009*

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## EHR: Challenges Ahead

- EHR software capabilities
- Defining discrete data requirements
- Defining standardized workflows
- Enhancing point of service patient care reminders
- Obtaining physician buy in to this new process
- Educating physicians and their staff on the above



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## Reimbursement Change

- Leaving fee-for-service
- \$PMPM/Infrastructure support
- Benchmark bonuses
  - Quality
  - Satisfaction
  - Access
- Gain sharing/Risk sharing
  - ACCOUNTABILITY



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## The Clinical Registry Reporting Gap

- Problem:
  - Evidence that patients get only 50% of recommended care (preventative, chronic, acute) N Engl J Med 2003;348:2635-45.
  - Cannot identify "lost opportunities"
  - Cannot efficiently report "opportunities" to sites in actionable manner



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## The Clinical Registry Reporting Gap: Solution

- SMG Clinical Registry
  - Integrates current databases
  - Identifies "lost opportunities"
  - "Taking charge" of quality/transparency
  - End user functionality
  - Collaboration/Integration
  - Cheryl's story



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## Tennessee's first NCQA Medical Home

- In December 2009, SMG became first group in TN to receive any level of NCQA PCMH recognition (Level 1):



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## Ranking of Largest NCQA Recognized Medical Homes in US

Group	Sites	State
1) Summit Medical Group	40	TN
2) Geisinger Medical Group	37	PA
3) Aurora	29	WI
4) Group Health Cooperative	25	WA
5) The New York City Health and Hospitals Corporation (HHC)	25	NY
6) Dartmouth-Hitchcock	20	NH
7) Kelsey-Seybold Medical Group	16	TX
8) Kaiser Permanente Colorado	16	CO
9) New York-Presbyterian Hospital	12	NY
10) Cleveland Clinic	10	OH



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## Tennessee's Largest Level 3 NCQA Patient Centered Medical Home



■ In October 2011, SMG received level 3 NCQA PCMH recognition

- 18 Sites
- 75 Physicians



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## Hurdles for PCMH Model

1. No direct incentives for other providers/systems to interact with PCM/PCMH
2. Most PCPs do not have financial arrangements that allow them to share in these savings.
3. Many physicians are wary of more burdens (paperwork)
4. PCPs lack resources for investment



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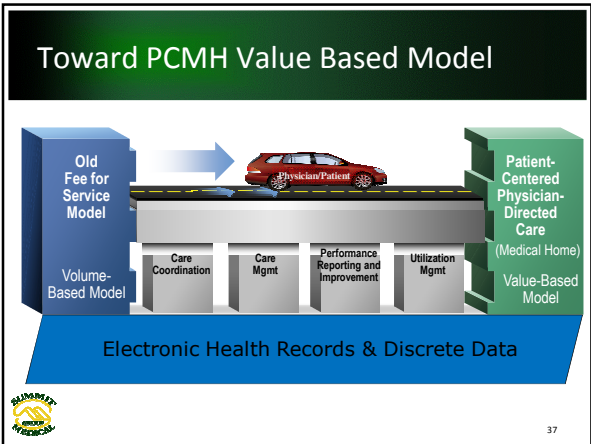
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## Questions/Comments

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