MEDICAL HOME AUDIOCONFERENCE

The Transformation Journey as a Medical Home –
A Tale of Two Practices

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WHO IS
EAGLE FAMILY MEDICINE CENTER, PC?

- **Chester County, PA (1 hour West of Philadelphia)**
- **Independent private practice**
  - **Approximately 3,000 active patients**
- **Staff**
  - **1 Physician, 1 nurse practitioner**
  - **1 MA, 1 RN, 1 Dietician, 3 non-clinical**
- **Participant in PA Chronic Care Initiative**
- **Pilot Population**
  - **106 Diabetics, Aged 18 - 75**

Chronic Care Commission Origins

- **Pennsylvania Chronic Care Management, Reimbursement and Cost Reduction Commission created by Governor Rendell, May 2007**

- **Task to develop a strategic plan for implementing the Chronic Care Model to improve the quality of care while reducing avoidable illnesses and their attendant costs**

Chronic Care Commission Strategic Direction

- **The Commission delivered a strategic plan to the Governor and Legislature in February 2008 to:**
  - Begin regional rollouts using learning collaboratives, practice coaches and provider and consumer incentive alignment beginning with Southeast PA in May 2008
  - The model is an integration of the Chronic Care Model and the Patient-Centered Medical Home concepts

Chronic Care Initiative Evaluation

- **Standardized measure sets and performance goals for diabetes**

- **Measures based on national measures as defined by AQA/NQF and NCQA/HEDIS**

Chronic Care Coalition Anticipated Gains

- **Improved quality of care within 1 year**
- **Reduced admissions and cost in 3 years**
- **Improved access to care and member satisfaction**
- **Improved primary care clinician satisfaction**
- **Support for patients with chronic diseases and Pennsylvania's essential primary care professional community**
- **Demonstrate the impact of a far-reaching, multi-payer strategy to transform care delivery**
- **Lessons learned to hopefully apply to a broader system-wide model application**

Eagle Family Medicine Center, P.C.

- **Goals**
  - ☞ **Implement Registry**
    - ➢ **Determine staff workflows to support registry**
    - ➢ **Populate registry with patient data**
    - ➢ **Routinely maintain registry data**
    - ➢ **Use registry to manage patient care and support population management**

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Eagle Family Medicine Center, P.C.

- **Goals**

  - **Use Templates for Planned Care**

    - ➢ **Select template tool from registry**

    - ➢ **Determine staff workflow to support template**

    - ➢ **Use template with all patients**

    - ➢ **Ensure registry updated each time template used**

    - ➢ **Monitor use of template**

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Eagle Family Medicine Center, P.C.

- **Goals**

  Employ Protocols

  - ➢ **Select & customize evidence-based protocols for diabetes**

  - ➢ **Determine staff workflow to support protocol, including standing orders**

  - ➢ **Use protocols with all patients**

  - ➢ **Monitor use of protocols**

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Eagle Family Medicine Center, P.C.

- **Goals**

  - **Provide Self-Management Support**

    - ➢ **Obtain patient education materials**

    - ➢ **Determine staff workflow to support SMS**

    - ➢ **Provide training to staff in SMS**

    - ➢ **Set patient goals collaboratively**

    - ➢ **Document and monitor patient progress toward goals**

    - ➢ **Link with community resources**

Challenges

- **Staff acceptance/participation**
- **Selecting EHR System**
- **Utilizing EHR**
- **Developing templates**
- **Not enough Time!**

Eagle Family Medicine Center, P.C. Tasks Completed

- **MA in charge of Registry**
  - Enters data
  - Ensures patient data is up-to-date
  - Contacts patient if not compliant
- **Flow Sheets (Front Desk/R.N.)**
  - Clinical Data Sheet
  - Test, Study, Consult Tracking Log
  - Depression, Cardiovascular, Diabetes Flow Sheets

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Eagle Family Medicine Center, P.C. Tasks Completed

- **Patient Education**
  - **Package of materials to newly diagnosed diabetics**
  - **MD/CRNP – addresses/instructs re: medications/insulin use**
  - **R.N. – use of glucose meter (provided to patients)**
  - **Community Resources – hospital diabetes education program**
- **Self-Management**
  - **Patients know their #s**
  - **Understand their goals**
  - **When they should be doing what**

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Eagle Family Medicine Center, P.C. Tasks Completed

- **Protocols Developed**
  - **Diabetes**
  - **Depression**
  - **Coronary Artery Disease**
- **NCQA Recognition**
  - **Level 1**
  - **Level 2 (within the near future)**

Eagle Family Medicine Center, P.C. Future Tasks

- **Electronic Health Records**
    - *Interoperability*
- **CINA (Protocols)**
- **NCQA Level 3**
- **Dartnet Depression Coalition**
- **Advance to Additional Chronic Diseases**

Legal Issues

- **Electronic Health Records**
  - **Compliance with Stark Exception and Anti-kickback Safe Harbor to allow Donors to pay for EHR**
  - **HITECH Act: Medicare/Medicaid to pay incentives to certain providers who are meaningful users of certified EHR**
  - **HIPAA**
  - **Contracts with Vendors**
- **Network Development of PCMH Providers**
  - **Anti-trust laws**
  - **Clinical Integration**

Stark and Anti-kickback Statutes

- **Stark**
  - Prohibits physicians from making referrals for designated health services payable by Medicare to an entity in which the physician has a financial relationship, unless an exception applies
- **Anti-kickback**
  - Provides penalties for individuals or entities that knowingly/willfully offer, pay, solicit or receive remuneration to induce or reward referrals for services/items reimbursable under the federal health care program

Stark Exception for EHR
(Anti-kickback Safe Harbor Similar)

- **Software/Training must be "necessary and used predominantly" to create, maintain, transmit or receive EHR**

- **Donor = any entity that provides designated health services**

- **Donor does not take any action to limit or restrict use, compatibility, or interoperability of EHR items or services**

- **Donor has no knowledge of (or reckless disregard) that recipient possesses equivalent items/services**

- **Not provided in a manner that takes into account the volume or value of referrals**

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Stark Exception for EHR

- **Software must be interoperable**
  - Communicate and exchange data accurately, effectively, securely, and consistently with different IT systems, software applications, and networks, in various settings
  - CCHIT certified
- **E-prescribing capabilities**
- **Donors may not pay more than 85% of the cost**
- **Recipient must pay at least 15% of the donor's cost**
- **Cost sharing also applies to related services, <u>e.g.</u>, training, help desk**
- **Recipient payment due before receipt of items/services – No donor financing**

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Stark Exception for EHR

- **Arrangements**
  - Written and signed by the parties
  - Specifies the items and services, donor's cost and recipient's contribution
  - Covers all EHR items/services
  - Does not include staffing of offices
  - Not used for personal business
  - Items/services do not violate the Anti-kickback or other laws related to claims submission

HITECH Act – Incentives for EHR

- **Medicare Incentives maximum of $44,000**
- **Medicaid Incentives – maximum $64,000**
- **Must be a Meaningful User of Qualified EHR**
  - **E-prescribing**
  - **Electronically exchanges health information**
  - **Submit clinical quality measures**
- **Qualified EHR**
  - **Certified**
  - **Electronic record of health-related information (a) includes demographic and clinical health information (medical history and problem lists) and (b) has the capacity to:**
    - ➢ **Provide clinical decision support**
    - ➢ **Support physician order entry**
    - ➢ **Capture and query information relevant to health care quality; and**
    - ➢ **Exchange EHR with and integrate such information from other sources**

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HIPAA

HITECH Changes to Privacy and Security Requirements

- **Expands definition of Business Associates to include:**
  - Health information exchange organizations
  - RHIOS
  - E-Prescribing Gateways
  - Vendors of Personal Health Records
- **CE/BA has duty to notify patients of breach of unsecured PHI**
- **Must account for routine uses/disclosures for TPO if maintained on EHR**
- **Provide PHI in electronic format, if requested by patient**

Vendor Contracts - EHR

- **Donor Contracts**
  - Donation Agreement
  - Donor Certificate Agreement
  - Escrow Agreement
- **Software Licenses**
- **Service Agreements**