

Brown & Toland Medical Group

Health Care Information Technology 2004

Stan Padilla, MD

Vice-President, Medical Services

Chief Medical Officer



Presentation Overview

- Organization Overview
- Disease Management and Implementation of EMR
- Effective Strategies
- Results
- Challenges to Success

Organization Overview

- Independent Physician Association (IPA)
- 1,500 physicians in San Francisco area
- 5 Network Hospitals: UCSF/Sutter/CHW
- 200,000 members --commercial and senior
- 9 HMO and PPO contracts

Clinical Activities

Disease Management Programs

- Asthma/COPD Management Program
- HIV Management Program
- Diabetes Management Program

Strategies for Success

- Engaged physician network
- Patient & physician-centric case management & disease management
- Physician level clinical outcome measurements
- Use of financial rewards based on clinical performance
- Use of information technology to build integrated systems of care to promote patient safety and improve clinical outcomes
- Participation in statewide industry initiatives

Engaged Physician Network

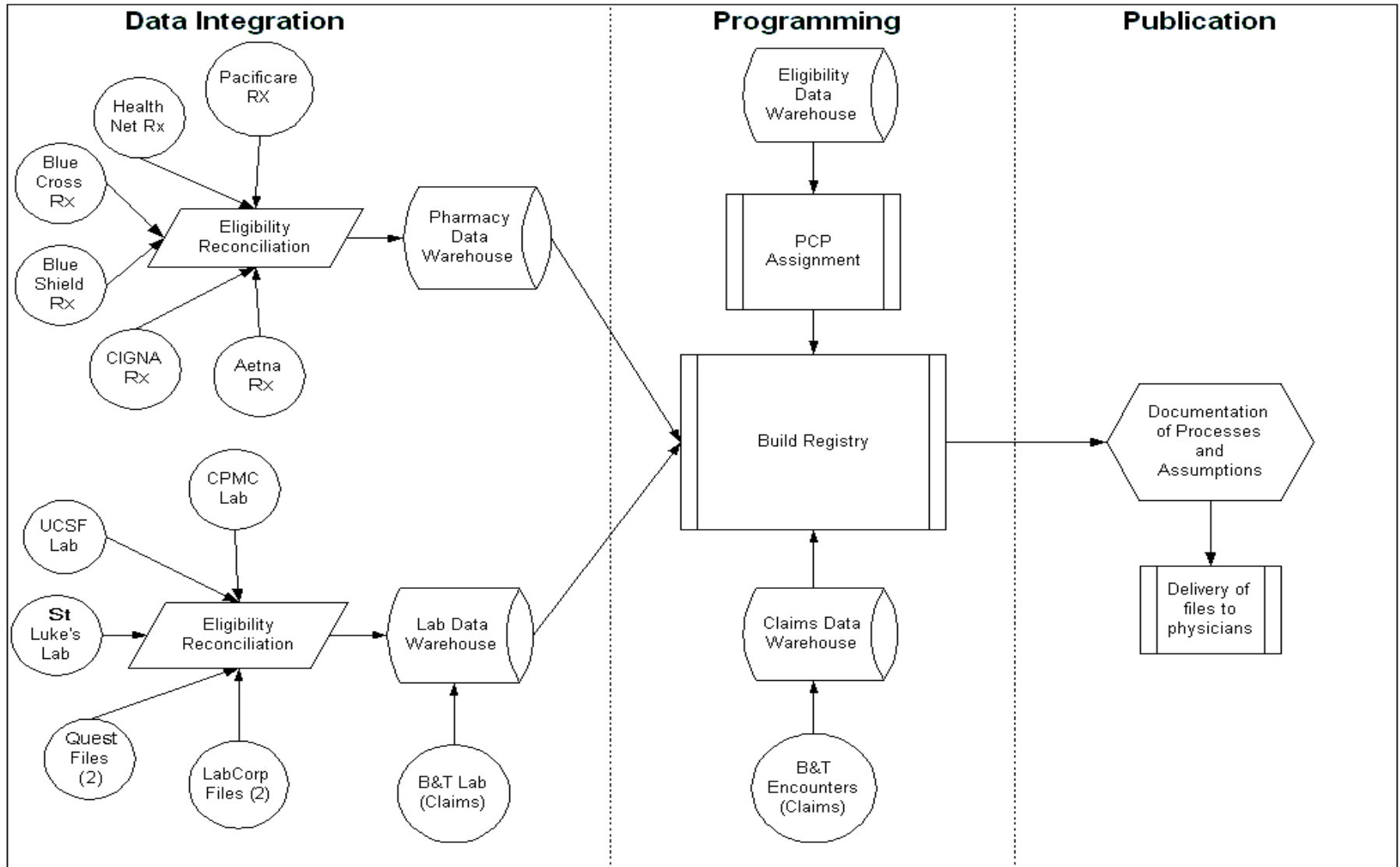
- Physician Committees to direct overall care strategies: Quality Improvement, Utilization Management, Peer Review, Compensation and Credentialing
- Advisory Boards to advise on chronic care diseases whose physicians serve as champions throughout network
- Data Sharing with physician network
- Distribution of peer developed tools, guidelines, and best practices
- Physician Communication

Disease Registry Data Management

- We integrate claims and referral data from providers; lab data from contracted lab vendors; and pharmacy data from health plans. Data are integrated into a data warehouse using SQL server and Access databases. Access databases are used to develop and maintain our disease registries and support reports.
- As far as the processes go, lab data integration consists of two parts:
 - 1) Coding up of the files so that all tests performed are consistently represented across all the lab files; and
 - 2) Matching records in each file with BTMG eligibility records.
- Pharmacy integration also includes matching patient identifiers with BTMG members.

Disease Management

Registry Development



Sample Clinical Support Report

BTMG Primary Care Physician Support Report for Diabetes Care

January 1st, 2003 - December 31st, 2003

This report indicates patients who have not received one or more recommended services or whose test results exceeded the recommended rate:

1) No retina exam or 2) No A1C test or result > 8 or 3) No Lipid test or result > 100

Primary Care Physician Name:

Total Number of Patients with diabetes: 10

Patient Name	DOB	Test Performed in Last 12 Months			Patient Control		Pharmacy
		Retina Exam**	HbA1c Test**	Lipid Test**	Glycemic Control	Lipid Control	ACE/ARB Last 12 Months
	05/06/1950	10/20/2003	10/24/2003	10/24/2003	7.9	127*	Yes
	02/17/1942	*	10/10/2003	10/10/2003	6.4	93	Yes
	10/18/1972	02/03/2003	*	*			No
	06/04/1958	*	11/20/2003	11/20/2003	8.0	89	Yes
	08/04/1958	*	*	12/02/2003		168*	No
	02/28/1946	05/13/2003	06/04/2003	*	7.6		No
	03/21/1959	*	*	*			No

Your Rate	60%	70%	70%	86%	71%
BTMG Average	53%	82%	74%	77%	47%

*For Retina Exam, HbA1C and Lipid Test, an asterisk indicates no test on file, or a results above the recommended rate (HbA1C > 8 and LDL > 100), dates provided indicate last date the test was performed.

Data on pharmacy received from HealthNet, Pacificare Blue Shield. Pharmacy data is based only on prescriptions filled by the member when using their pharmacy benefits. Samples and/or prescriptions paid for with cash are not included.

Targets: LDL < 100, HbA1C < 8,
%Screened based on available results
PLEASE FAX MISSING LAB
RESULTS TO JONAH FROHLICH
USING ENCLOSED FAX COVER



Patient Centric CM/DM

BTMG is actively involved in managing patients

- Clinical reports that integrate disease registries with lab, pharmacy, claims, and authorization data to guide decision making
- Excellent patient enrollment into programs
- High physician buy-in
- Improved Quality outcomes and savings

Physician Level Measurement

Rewarding Physicians on Quality

2003 financial rewards based on quality

- Reward based on improvement in LDL testing
- Results demonstrated a 5% increase in LDL testing post intervention

2004 increase in financial rewards based on quality

- Access to care metrics
- Clinical measures- HbA1c testing rates & levels

2005 Financial rewards to be offered to physicians caring for BTMG PPO patients

Industry Collaboratives

- Diabetes CQI Project
- California HealthCare Foundation statewide collaboration to integrate clinical data
- P-GO: DM and CM
- Lumetra patient reminder campaigns and breakthrough workshops
- CCHRI Breakthrough in Chronic Care initiative
- CAPG Data Repository Project

Clinical Results

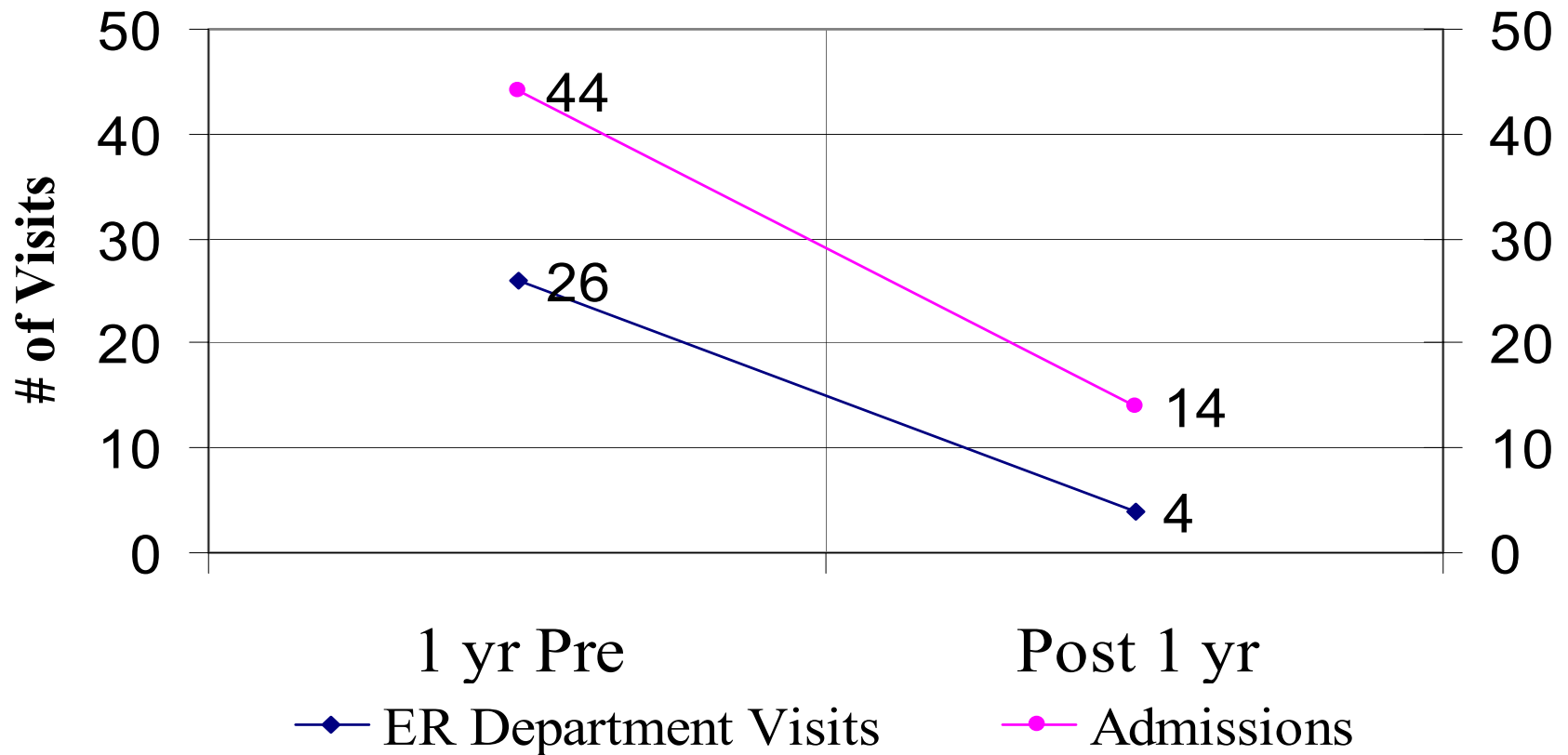
Measure	BTMG	Percentile Rank	Mean
Breast Cancer Screening	76.25	90 th	64.38
Cervical Cancer Screening	80.44	90 th	62.41
Asthma Overall	74.43	85 th	66.66
Diabetes Care Screening	83.78	90 th	55.44
Cholesterol Management following ACE	79.09	90 th	57.76

Asthma Program Objectives

- Contact 100% of patients who had a hospitalization for Asthma or COPD
- Contact 100% of physicians whose patients are not on appropriate medications using HEDIS criteria
- Continue clinical support reports physicians
- Maintain current ER and Hospital Utilization rates

Asthma Trend Data

Trend of Admission and ER Visits



Sample Chart Insert

BTMG Asthma Chart Insert

January 2003 - December 2003

Name: _____
 MRN: 196964 PCP Name: _____

DOB: 05/26/1946

Inpatient Admissions

ER Visits

Specialist Visits

Date of Last Spirometry

08/04/2003

Short-Acting Beta Agonist

Product	Date Filled	Strength	Days Supply
ALBUTEROL	01/21/2003	90MCG	28
ALBUTEROL	05/28/2003	90MCG	30
ALBUTEROL	05/28/2003	0.83MG/M	20
ALBUTEROL	11/30/2003	90MCG	30

Inhaled Steroids

Product	Date Filled	Strength	Days Supply
FLOVENT	02/02/2003	220MCG	30
FLOVENT	04/29/2003	220MCG	30
FLOVENT	05/28/2003	220MCG	22
FLOVENT	06/22/2003	220MCG	22
FLOVENT	07/28/2003	220MCG	30
FLOVENT	10/19/2003	220MCG	22
FLOVENT	11/30/2003	220MCG	22

Leukotriene Modulators

Product	Date Filled	Strength	Days Supply
SINGULAR	02/02/2003	10MG	30
SINGULAR	03/04/2003	10MG	30
SINGULAR	04/03/2003	10MG	30
SINGULAR	05/03/2003	10MG	30
SINGULAR	06/02/2003	10MG	30
SINGULAR	07/02/2003	10MG	30
SINGULAR	07/17/2003	10MG	30
SINGULAR	10/10/2003	10MG	30
SINGULAR	12/22/2003	10MG	30

Combination Treatment

Long-Acting Beta Agonist

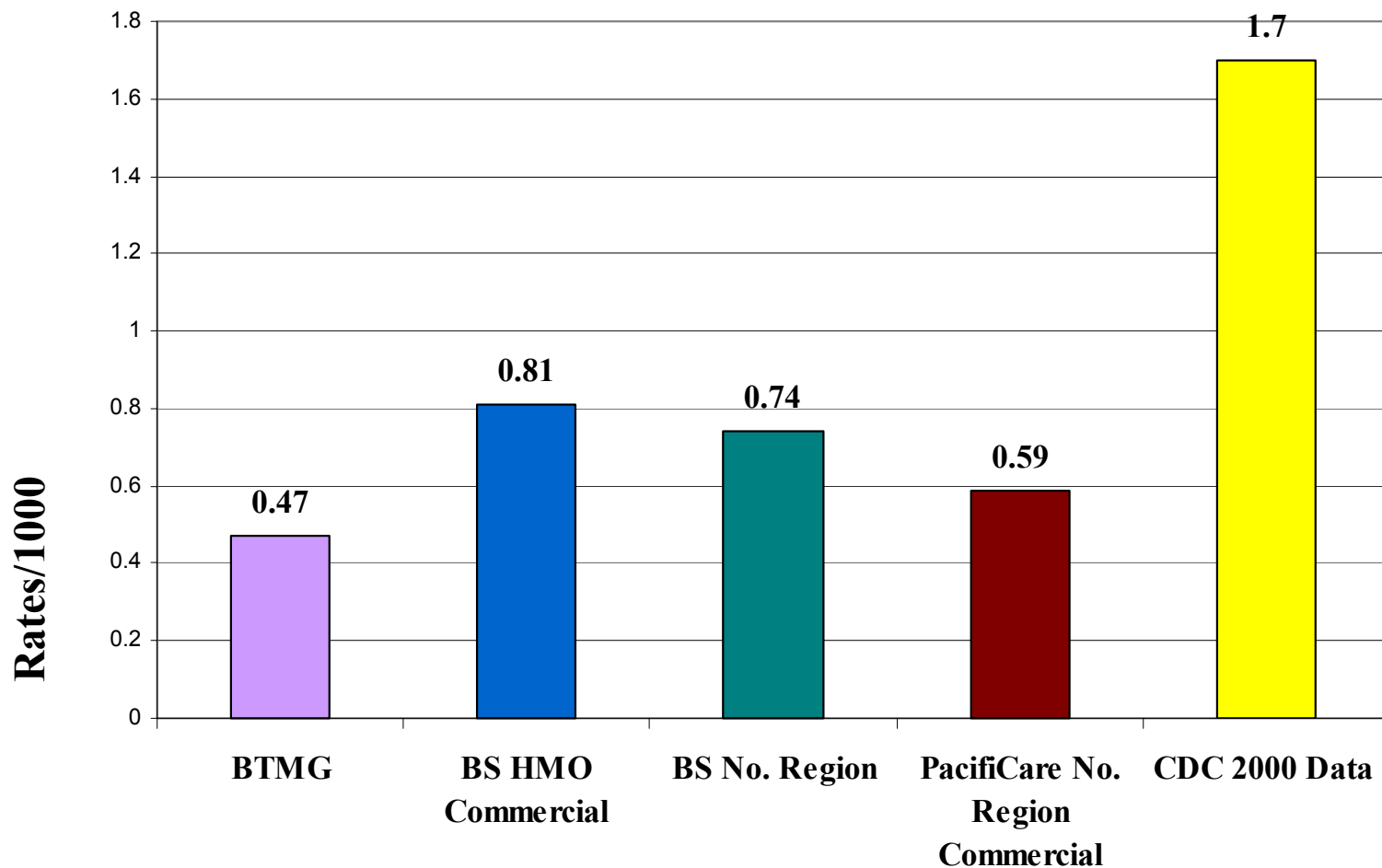
Product	Date Filled	Strength	Days Supply
SEREVENT	01/08/2003	21MCG	14
SEREVENT	01/30/2003	21MCG	14
SEREVENT	02/21/2003	21MCG	14
SEREVENT	04/29/2003	21MCG	30
SEREVENT	06/18/2003	21MCG	30
SEREVENT DIS	07/24/2003	50MCG	30
SEREVENT DIS	12/08/2003	50MCG	30

MethylXanthines

Please call 415.386.1134 to refer your patient(s) to the BTMG Asthma/COPD Management Program.

Tuesday, April 20, 2004

Benchmarks for Hospital Utilization-Asthma



Note: 2003 data for BTMG, Blue Shield, PacifiCare & 2000 data for CDC

Outcomes for HIV Disease Management Program

- 84% members cared for by an “HIV Expert” physician
- 90% of expert physicians use program
- 92% of member with no admits in 12 months compared to 81% nationally
- 6% of members with 1 admit compared to 12% nationally
- 1.4% of members with 2-3 admits compared to 4.3% nationally
- .7% of members with 3 or more admits compared to 2.8 nationally

Challenges to Success

Cost Impact on Medical Groups

- No dollars specific to population-based DM
- P4P funding is limited & longevity of programs not guaranteed
- Development of infrastructure to support DM/CM
- ROI varies due to misalignment of incentives across health care system

Overlap in CM/DM programs among health plans and medical groups

Data capture due to shared risk agreements

- Despite improvements in data sharing among health plans and medical groups, data sets are not complete

Physician Services

- Brown & Toland is investing in systems and processes that will benefit our physicians and patients
- The Board approved \$12 million over the next 10 years for physician services
- Focus will be on physician practice management and electronic medical records

Brown & Toland Solution

Suites	Access Management	Patient Financials	EMR
Applications	<ul style="list-style-type: none"> • Master Patient Index •Scheduling •Visit Management •Eligibility Verification •Referrals •Authorization •Self-Service Web Portals •Advance Benefit Notice •Ambulatory Payment Classification 	<ul style="list-style-type: none"> • A Single Financial Solution •Claims Editing Software •Combined business Services •Risk management 	<ul style="list-style-type: none"> •Charge Capture •Clinical Results •E-prescribing •Scan •Order •Dictate •Transcribe •Document •Workflow

TECHNOLOGY FOUNDATION

Delivers operational benefits across the organization

EMR--Results Reporting

- Secure Contractual, Operational Definition, Format definition, Security with lab vendors and hospitals, training and password protection
- Select a patient and View Data, Verify or invalidate
- View Data Detail
- Annotate individual Panel Results
- Create a new Task associated with a result
- Fax or print Reports
- Create Patient and Disease specific Flow Sheets and create Reports and Graphs
- Benefits to group

HEDIS P4P Data

- a. Diabetes—HgbA1C
- b. Chlamydia
- c. Pap Smears
- d. CAD – Lipids
- e. Mammograms

Data Sharing & Ancillary Savings

- a. Network wide access
- b. Care coordination
- c. Patient Safety and convenience
- d. Ancillary savings.



Physician Services

- Results reporting being provided to 700 physicians by the beginning of the 4th Quarter of 2004
- First office will go live with billing services by January 2005 and full EMR in 1st Quarter of 2005
- Currently have many physicians interested