Supporting Physician Practices in HIT Transition: Overview of DOQ-IT

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Vice President, Medical Affairs
Who is Lumetra?

Lumetra

- California’s Quality Improvement Organization (QIO) for Medicare
- Independent, non-profit organization dedicated to measurably improving the quality, safety, and integrity of healthcare
- Aim is to work with healthcare professionals across the country to provide brighter insights for better healthcare
- Based in San Francisco
What is a QIO?

Quality Improvement Organizations (QIOs)

- A national network of organizations responsible for each U.S. state and territory under the direction of CMS.
- Enacted by federal statute “to improve the efficiency, effectiveness, economy, and quality of services delivered to Medicare beneficiaries.”
- Work with consumers, physicians, hospitals, and other caregivers to refine care delivery systems and make sure patients get the right care at the right time.
- Share information about best practices with providers to identify opportunities and provide assistance for improvement.
What is transformational change?

- “Change which enables a provider to deliver care meeting the goals of safety, effectiveness, efficiency, timeliness, patient-centeredness, equity.

- Results from the implementation of four strategies:
  - Measure and report performance
  - Adopt HIT and use it effectively
  - Redesign care process
  - Transform organizational culture

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Transformational change: HIT and process redesign

- Adopt HIT and use it effectively
  - HIT Adoption within the identified participant group

- Redesign care process
  - Process redesign which includes care management and patient self management

Bell K, Sorace, Winchester K. Success in the physician office setting. AHQA Technical Meeting. San Francisco, February 23,
Transformational change: Measure/report performance and transform organizational culture

- Measure and report performance
  - Quality performance measurement, reporting, and improvement

- Transform organizational culture
  - Adopt and effective use of EHR that will create a more reliable delivery system that focus on patient safety and effective management of patients with chronic conditions

Only 55 Percent of Patients Receive Recommended Best Practices

- Hip Fracture: 22.8%
- Atrial Fibrillation: 24.7%
- Community Acquired Pneumonia: 39.0%
- Urinary Tract Infection: 40.7%
- Diabetes: 45.4%
- Colorectal Cancer: 53.9%
- Congestive Heart Failure: 63.9%
- Hypertension: 64.7%
- Coronary Artery Disease: 68.0%

One quarter of outpatients have adverse drug events in a 3-month period.

- 13% Serious
- 39% Preventable or Ameliorable
- 6% Serious and Preventable

Gandhi, et al. NEJM 2003 348:1556-1564
The Business Case for Quality

Clinicians are missing essential patient information at 13.6% of visits.

- 6.1% Lab results
- 5.4% Letters/dictation
- 3.8% Radiology results
- 3.7% H & P
- 3.2% Medications

Outpatient Visits

• Healthcare should be supported by systems that are carefully and consciously designed to produce care that is:
  → Safe
  → Effective
  → Patient-centered
  → Timely
  → Efficient
  → Equitable

• “Information technology must play a central role in the redesign of the healthcare system if a substantial improvement in quality is to be achieved over the coming decade.” – Crossing the Quality Chasm, IOM Report, 2001
Many New Initiatives

- Office for the National Coordinator of Health Information Technology (ONCHIT)
- eHealthInitiative
- Consolidated Health Initiative (CHI)
- American Academy of Family Physicians Center for HIT (AAFP CHiT)
- American College of Physicians Physician Office Re-Engineering Tools (ACP PORT)
- CMS DOQ-IT program
- Other state and local programs
Office of the National Coordinator for HIT (ONCHIT)

ONCHIT National Efforts Aligned with DOQ-IT

• Informing the Clinical Practice
  → Reduced risk in EHR investment
  → Incentivize EHR adoption
  → Promote EHR diffusion across physician office settings

• Interconnecting Clinicians
  → Building regional collaborations

• Personalizing Care
  → Promoting use of Continuity of Care Records (CCR) and Personal Health Records (PHR)
  → Promote telehealth

• Improving Population Health
  → Increased evidence-based medicine in the office
  → Disease management
Pay for Performance

• Integrated Healthcare Associations (IHA)
  → 2005-6 measurement set
    – 50% clinical measures
    – 20% information technology investment
    – 30% improved patient experience

• Bridges to Excellence Physician Office Link
  → Care Management
  → Patient Education
  → Clinical Information Systems/Evidence-Based Medicine

• CMS
  → Section 649 of the Medicare Modernization Act
  → Will require EHR functionality
The tipping point?

One doctor in four plans to buy an EHR soon

<table>
<thead>
<tr>
<th>% who plan to buy an EHR in the next 12 months</th>
<th>By specialty</th>
<th>By age</th>
<th>By practice size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FPs/GPs</td>
<td>Under 35</td>
<td>Solo</td>
</tr>
<tr>
<td></td>
<td>27%</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td></td>
<td>Internists</td>
<td>35-44</td>
<td>2 doctors</td>
</tr>
<tr>
<td></td>
<td>24</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td></td>
<td>Ob/gyns</td>
<td>45-54</td>
<td>3-10 doctors</td>
</tr>
<tr>
<td></td>
<td>19</td>
<td>26</td>
<td>23</td>
</tr>
<tr>
<td></td>
<td>Pediatricians</td>
<td>55-64</td>
<td>11-20 doctors</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>All respondents</td>
<td>65+</td>
<td>21+ doctors</td>
</tr>
<tr>
<td></td>
<td>23</td>
<td>10</td>
<td>36</td>
</tr>
</tbody>
</table>

Medical Economics, Jan 21, 2005
Offices with EHRs can show a $28,000 return on investment in the first year

- Increased workflow efficiency
- Integrated patient care
- Simplified HIPAA compliance
- Decreased medical liability
- Capture critical information at point-of-care
- Decreased transcription costs

### The Business Case for Quality

#### Hard Dollar Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage of Revenue Gain or Cost Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capture lost charges</td>
<td>1% - 5% revenue gain</td>
</tr>
<tr>
<td>Reduce defensive downcoding</td>
<td>5% - 11% revenue gain</td>
</tr>
<tr>
<td>Reduce claims denials and delays</td>
<td>15 - 30 day A/R speedup</td>
</tr>
<tr>
<td>Increase preventive &amp; management services</td>
<td>5% revenue gain</td>
</tr>
<tr>
<td>Reduce transcription</td>
<td>$5k - $15k/yr costs cut</td>
</tr>
</tbody>
</table>

#### Stretch Benefits

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Percentage of Revenue Gain or Cost Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase physician productivity</td>
<td>0% - 15% revenue gain</td>
</tr>
<tr>
<td>Staff efficiency</td>
<td>0% - 15% cost reduction</td>
</tr>
<tr>
<td>Reduced chart pulls</td>
<td>$5/pull or $6k/yr/MD</td>
</tr>
<tr>
<td>Reduce cost of paper chart materials</td>
<td>$1-5/pt or $1k/yr/MD</td>
</tr>
<tr>
<td>Reduce costs of chart storage and archiving</td>
<td>$1k/yr per physician</td>
</tr>
</tbody>
</table>

Mark Leavitt, Medical Director of HIMSS, 2005 DOQ-IT Presentation
What Practices with an EHR System Stop Hearing

• Can you please thin out this chart?
• Where does this get filed?
• Does this say Celexa or Celebrex?
• Where did that sticky note go?
• I got another paper cut!
• When you’re done with that chart, can I have it?
• Please pull these 80 OB charts for medical review.
• On which side do I put the lab results?
• I can’t find her #$*! chart!

Source: Don Shuwarger, MD – CEO & Chairman, Forest Women’s Center, Forest, Virginia
Barriers to EHR Adoption

- **Financial**
  - High up-front costs
  - Uncertain return on investment
  - High initial physician time costs

- **Technological**
  - Inadequate technical support
  - Inadequate data exchange and fragmentation
  - Labor-intensive customization
  - Lack of standards
  - Overwhelming system selection process
  - Security and privacy concerns

- **Cultural**
  - Attitudes and culture of office and providers
  - Technical competency
  - Inadequate leadership
  - Patient acceptance

- **Organizational**
  - Integration with workflow
  - Potential barrier to physician-patient communication
  - Migration from paper
  - Staff training
  - Legal barriers
Goal: Overcome Barriers to EHR Adoption

- Initially a CMS Sponsored 2-Year Special Study
- Incorporates four QIOs
  - California (Lead QIO)
  - Arkansas
  - Massachusetts
  - Utah
- Implementation of pilot program with 150-200 practices in each state
- In partnership with the American Academy of Family Physicians (AAFP)
- Will become the centerpiece of QIO physician office projects starting August 2005
DOQ-IT Objectives

• Develop & implement QIO intervention model in primary care practices
• Focus on small- & medium-sized physician practices
• Assist with practice efficiency realization using EHRs
• Chronic care performance focus
• Improvement in patient outcomes & safety
• Basis for QIO 8SOW support for physician offices
National

- American Academy of Family Practices, AAFP
- Centers for Medicare & Medicaid Services, CMS
- American College of Physicians, ACP
- American Osteopathic Association, AOA
- American Medical Association, AMA
- Medical Group Management Association, MGMA
- Medical Records Institute, MRI
- NCQA/Bridges to Excellence
- The LeapFrog Group
DOQ-IT Partners and Supporters

California

- California Association of Physician Groups, CAPG
- California Medical Association, CMA
- Pacific Business Group on Health, PBGH
- Integrated Healthcare Association, IHA
- California HealthCare Foundation, CHCF
- California Academy of Family Physicians, CAFP
- Department of Health & Human Services, DHHS
What Does DOQ-IT Provide?

Resources with Expertise in:

→ Culture and leadership change
→ Preparing practices for EHR readiness
→ EHR functionality requirements
→ EHR implementation planning
→ Office redesign guidance
→ Interoperability considerations
→ Quality improvement processes
→ Vendor intermediary for system improvement
What Does DOQ-IT NOT Provide?

- Grants and capital funding
- Resources who will implement EHR systems
- EHR application trainers
- Hardware and connectivity technology support staff
- EHR help desk services
- Vendor replacement for troubleshooting
- EHR system issue triage & resolution
- Negotiated price breaks for practices
Benefits to Physician Offices

- Assistance with needs assessment
- Guidance for EHR vendor selection
- Advice during implementation
- Support for creating efficient practice processes
- Improved chronic & preventative care management
- Increased patient safety
- Preparation for pay-for-performance data collection
The DOQ-IT Curriculum – August 2005

• A 9-12 month “EHR University” featuring
  ➔ Teleconferences
  ➔ Learning sessions
  ➔ Web forums
  ➔ On-line tools and surveys
  ➔ Scheduled milestones

• Based on the Institute for Healthcare Improvement’s collaborative learning programs
  ➔ Group learning sessions
  ➔ Peer-supported learning
  ➔ Personalized feedback
## Time Frame to EHR Adoption

### Adoption

<table>
<thead>
<tr>
<th>Step</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Assess</td>
<td>2 Months</td>
</tr>
<tr>
<td>2. Plan</td>
<td>2 Months</td>
</tr>
</tbody>
</table>

### Implementation

<table>
<thead>
<tr>
<th>Step</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Select</td>
<td>2 - 8 Months*</td>
</tr>
<tr>
<td>4. Implement</td>
<td>4 + Months**</td>
</tr>
</tbody>
</table>

### Care Management

<table>
<thead>
<tr>
<th>Step</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Evaluate</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6. Improvement</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>

*Dependent upon duration for EHR selection by physician office

** EHR Implementation dependent upon installation complexity
Practice Participation in DOQ-IT

Participation is voluntary and free of charge, but...

Practices must commit to:
- Completion of an application
- Completion of EHR readiness assessment surveys
- EHR system selection and acquisition
- EHR implementation and office redesign
- Consistent use of EHR system
- A quality improvement project using EHR, such as
  - Creating a diabetes registry system
  - Implementing patient self-management tools
  - Customizing visit templates for chronic disease
Primary Care Team
- Engage Specific Patients
- ID population of Individuals

Information Technology Interdependence

Self Management
- Care Plan Management
- Monitor Progress

Decision Support
- Define Appropriate Interventions
- Develop Care Plan
- Monitor Progress

Planned Visits & Redesign Care
- Set Goals for Optimal Health
- Re-evaluate health status
- Prevention & chronic care

Care Management In Practice

Planned Visits & Redesign Care
Self Management
Information Technology Interdependence
Primary Care Team

Care Plan Management
Set Goals for Optimal Health
Re-evaluate health status
Prevention & chronic care

Define Appropriate Interventions
Develop Care Plan
Monitor Progress

Doctor's Office Quality - Information Technology

Lumetra
Vendors Supporting DOQ-IT

- A4 Health Systems
- AcerMed
- Allscripts Healthcare Solutions
- Amicore
- Bond Medical
- CaduRx
- Cerner
- ChartConnect
- ChartLogic
- Companion Technologies
- Delphi Health Systems
- Docs, Inc.
- DocSite
- Dr. Notes
- eClinicalWorks
- e-MDs
- GE Healthcare
- iMedica
- Isprit
- JMJ Technologies
- KMS Computer Services
- MD Anywhere
- MD Tablet
- Medical Communication Systems
- MediNotes
- Meditech/LSS Data Systems
- MediWare
- MedNet Systems
- MedPlexus
- Misys Healthcare
- NewCrop
- NextGen
- NorthBase
- OmniMD
- Outcome Sciences
- Physician Micro Systems, Inc.
- Pulse Systems
- QuickMed
- Solventus
- Stat! Systems
- SynaMed
- VersaForm
- WebMD
- Wellinx

Current as of 2/9/2005
California Pay for Performance

- DOQ-IT Connection with Medicare Care Management Demonstration Project
  - Methodology to be announced
  - Starting Mid to Late 2005
- Will likely include
  - System Measures
    - Office efficiency
    - EHR use
  - Clinical Measures
    - CHF
    - HTN
    - CAD
    - DM
    - Preventative Care
    - Osteoarthritis (planned)
• 126 practices recruited with 306 affiliated sites
• 16 practices had an EHR prior to working with DOQ-IT
• 62 practices completed readiness assessment
• 13 practices planning for EHR (Goals and Priority Setting)
• 3 practices have selected a vendor & planning implementation
• 28 practices have an EHR in place and are using
• 12 Practices have completed implementation during DOQ-IT
Joining DOQ-IT

- The next phase of DOQ-IT starts in August 2005
- Accepting applications now
- Separate tracks for
  - Physician offices without EHRs
  - Physician offices beginning implementation
  - Physician offices who already have EHRs
- Currently only available to primary care practices that see Medicare patients
  - But we would like to be more inclusive!
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