PCMH Boot Camp
Registries & HIT in the Medical Home

Presented by

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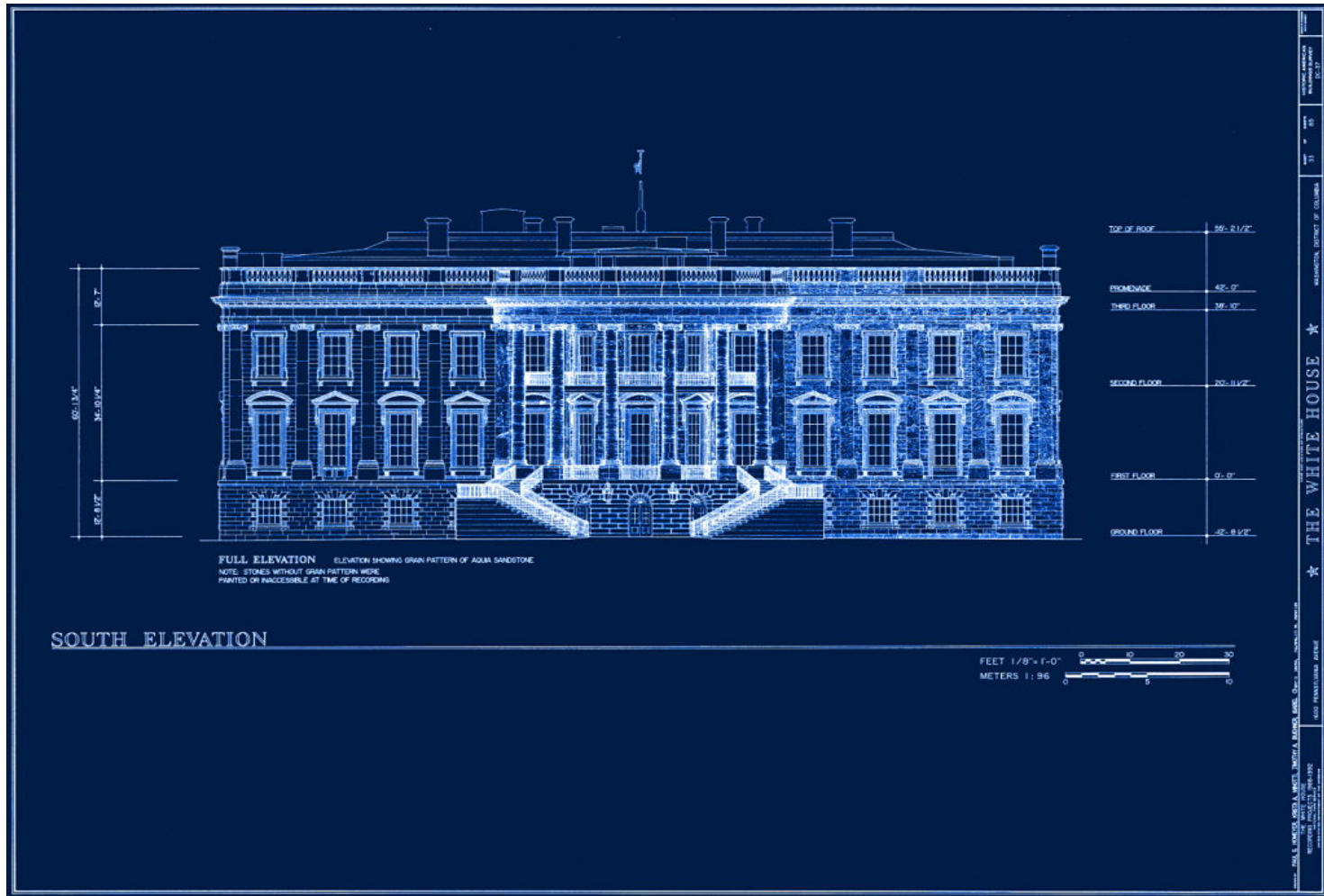
Ninth Street Internal Medicine

Hypothesis

The future of primary care will depend upon its ability to provide high quality, patient-centered care to those with chronic conditions.

McColl Institute

Using the Tools to Build a Medical Home

Building a Patient-Centered Medical Home

Health Information Technology is the TOOL

– To improve quality and efficiency of patient care

– To monitor and report quality improvement

– To bring about change

Using the Tools

Health IT is the use of information & communication technology for:

- Recording

- Storing

- Protecting

- Retrieving

- Electronically sharing (within health care settings)
  - clinical information
  - administrative information
  - financial information

Using the Tools to Build a Medical Home

INFORMATION TECHNOLOGY TOOLS

* Electronic Health Records
* Registries
* Personal Health Records
* Secure Portals & e-mail Communication
* Clinical Alerts and Reminders
* Computerized Decision Support Systems (CDSS)
* Hand-held / Mobile Devices
* Telephony/VOIP
* Relational Database Reporting
* Document Management
* other technologies

Using the Tools to Build a Medical Home

- **Provide Data**

    – **at point of care**

    – **for quality reporting and improvement**

- **Clinical Decision Support**

- **Prevention and Patient Education**

- **Improve Documentation**

- **Manage Workflow**

- **Improve Patient Satisfaction**

- **Improve Communication**

- **Enhance Skills of Staff**

Using HIT To Meet the NCQA Standards for the Medical Home

- **Access and Communication**
- **Patient Tracking and Registry Functions**
- **Care Management**
- **Patient Self-Management Support**
- **Electronic Prescribing**
- **Test Tracking**
- **Referral Tracking**
- **Performance Reporting and Improvement**
- **Advanced Electronic Communications**

Using HIT to Meet the Core Principles of the Medical Home

- **Coordination and Continuity of Care**
  - **Communicating with:**
    - Laboratories (Bidirectional)
    - Specialists
    - Emergency rooms
    - Hospitals & Skilled Nursing Facilities
    - Home Care & Disease Management Programs
    - PATIENTS!!!!
      - Portal
      - Messaging

Using HIT to Meet the Core Principles of the Medical Home

- **Culture of Safety**
  - ePrescribing
    - Drug interactions, allergy checks, medical conditions
    - Verification of patient medication adherence
    - Legibility improvement and error reduction
  - Test tracking
    - Follow up abnormal and critical test results
    - Oral anticoagulation management
    - Tests ordered and not performed
  - Referral tracking
    - Referrals ordered and not performed

Using HIT To Meet Core
Principles of the Medical Home

- **Data Capture**
  - Standardizing nomenclature
  - Using structured data
    - Process measures (examples)
      - Rates of cancer screening and immunizations
      - Depression screening
      - Diabetic retinal exam/Asthma Control test
      - Smoker query and counseling on smoking cessation
      - Patient satisfaction surveys

- **Data Retrieval**
  - Outcome measures
    - Risk Stratification
  - Quality improvement measurement
    - By physician and across practice
    - Report to outside organizations

Implementation of HIT

"Software fails on implementation"

Rational Unified Process, IBM
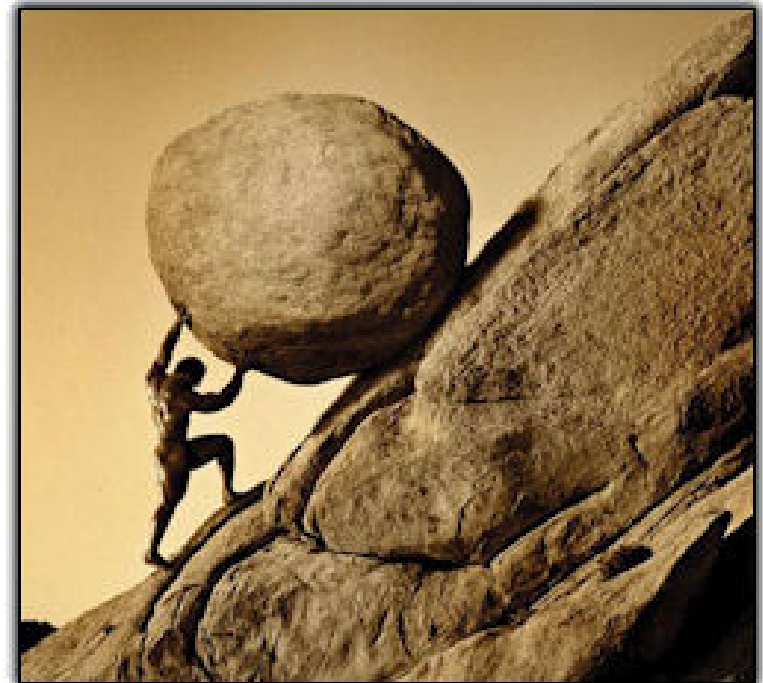
Implementation of HIT

- **Overcome Obstacles**
  - Choosing and Implementing system components

  - Identifying a 'Champion'

  - Identifying a Team

"I deployed an EMR in a doctor's office without OfficeScreen and it got hacked. What are you here for?"
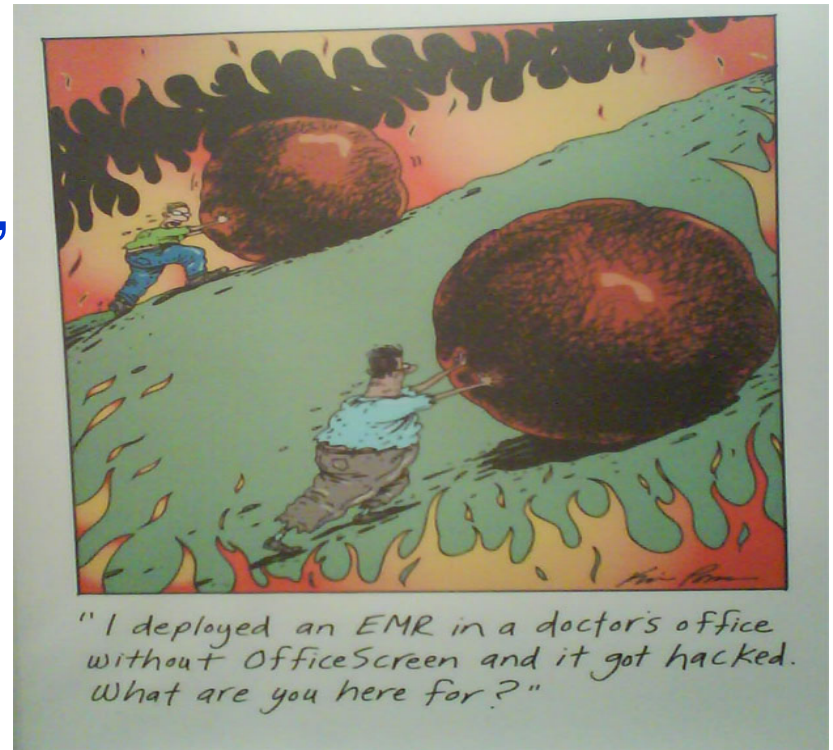
Implementation of HIT

- **Overcome Obstacles**
  - Redesigning Workflow

Weekly Team Meeting
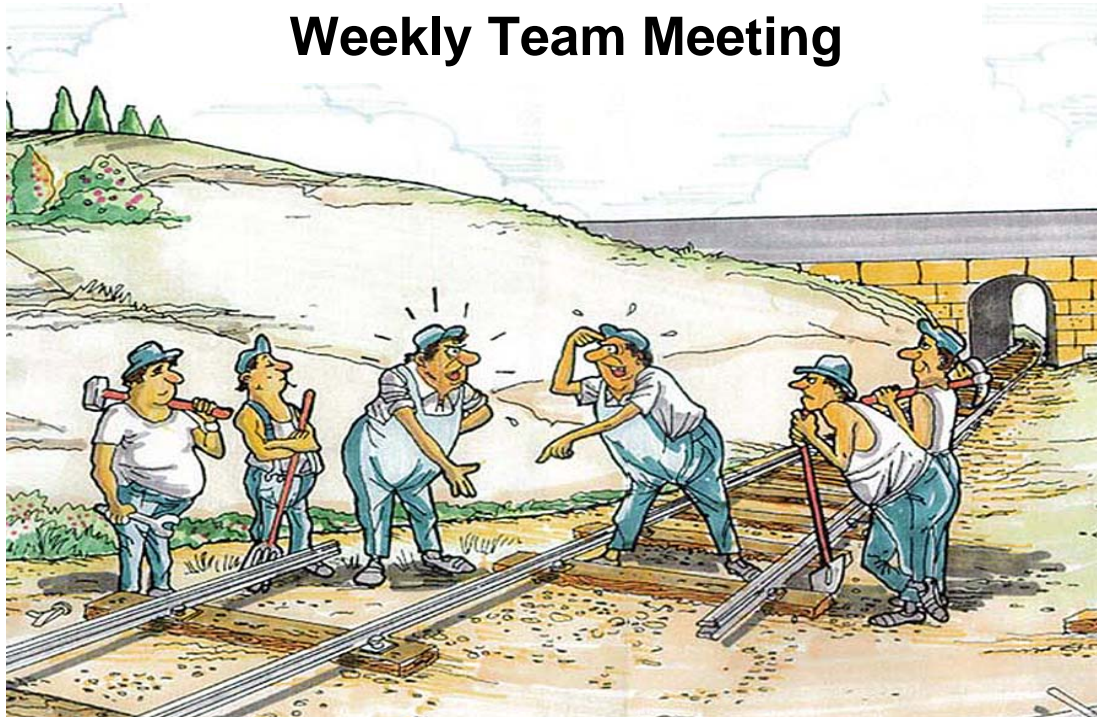
Implementation of HIT

- **Overcome Obstacles**
  - Managing Change

When asked "would you rather work for change, or just complain?" 81% of the respondents replied, "Do i have to pick? This is hard."

Implementation of HIT

- **Managing Change**

Adoption of the <u>PDSA Process</u> as a Change Agent

- Impetus/focus for weekly meetings

- Smooth transitions to new protocols

- Gives "permission" to take chances and try new things

Implementation of HIT

- **Overcome Obstacles**
  - Being Creative

Us

Them

Registry Use in the PCMH
KEY POINTS

A Registry is –

A collection of data related to patients with a specific diagnosis, condition, or procedure

A key element in collecting and tracking how well you are meeting treatment goals

A methodology to prove results and adherence to standards

Registry Use in the PCMH

Types of Registries we have been using
(whether we know it or not!)

- Claims data

- PQRI

- Commercial registries

- Disease/procedure specific registries

- Registries within electronic health records

Registry Use in the PCMH

Care Management Tool

- Pre-visit planning

- Prevention

- Patient education

- Identifying high risk patients for followup/outreach

Dr. XXX   **DIABETES HIGH RISK**   **CONTACT**

Patient Name	DOB	Sex	Age	Tel. No	YES	NO	COMMENTS
Richard C	4/29/1947	m	62Y	267-63?-?561			
d,Alfred	12/18/1957	m	52Y	856-23 77			
Cecelia E	1/25/1935	f	75Y	215-47 90			
mella J	5/5/1957	f	52Y	215-84 68			
Marlene J	5/22/1940	f	69Y	215-76 55			
n,Jerome	12/1/1970	m	39Y	267-81 98			
,Svend E	3/16/1939	m	70Y	610-25 31			
nan,Michael S	4/4/1957	m	52Y	215-33 81			
nan,Michael S	4/4/1957	m	52Y	215-33 81			
se,Natlina M	7/29/1966	f	43Y	215-80 89			
eginald J	6/3/1963	m	46Y	215-75 32			
eginald J	6/3/1963	m	46Y	215-75 32			
eginald J	6/3/1963	m	46Y	215-75 32			
Marian P	3/21/1953	f	56Y	215-46 15			
Marian P	3/21/1953	f	56Y	215-46 15			
,Henry	3/11/1951	m	58Y	856-93 67			
,Henry	3/11/1951	m	58Y	856-93 67			
,Marisol C	11/9/1968	f	41Y	215-53 36			
t Sr,Marvin C	3/30/1948	m	61Y	215-36 45			
,Francis	2/1/1954	m	55Y	215-73 71			
s,Benita	11/17/1961	f	48Y	856-30 04			
s,Constance	10/30/1947	f	62Y	215-33 73			
er,Beth F	11/21/1949	f	60Y	215-24 96			
s,Clayton	8/3/1938	m	71Y	215-54 08			

Urine Micro/Alb	>1000
High Lipid	>130
High A1c	>9
BP	>145/95
Not seen in past 8 months	

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Registry Use in the PCMH

Quality Reporting

- Measure and monitor quality improvement

  – Across practice

  – By physician

- Potential trigger for pay-for-performance measures

Practice

	Total Pts	Jan-09 #	%	Feb-09 #	%	Mar-09 #	%	Apr-09 #	%	May-09 #	%	Jun-09 #	%	Jul-09 #	%	Comm %	Med %	90% %	CCI %	July High %	Dr.
DIABETES MELLITUS Ages 18-75 YO		715		708		703		724		701		710		729		NCOA HEDIS 2007				July Monthly High	
>=1 A1c last 12 mos	438		61.3%	593	83.8%	647	92.0%	606	83.7%	593	84.6%	595	83.8%	607	83.3%	87.5	87.2	93.2%	90	94.3	LEC
A1c <7	254		35.5%	282	39.8%	301	42.8%	326	45.0%	343	48.9%	358	50.4%	383	52.5%	41.8	45.9		75	62.5	LEC
A1c >9	58		8.1%	67	9.5%	77	11.0%	89	12.3%	92	13.1%	98	13.8%	104	14.3%	29.6	24.3	19.0%	5	6.7	KRB
BP < 140/90	433		60.6%	495	69.9%	481	68.4%	465	64.2%	430	61.3%	520	73.2%	535	73.4%	61.4	57.8	74.6%	90	89.8	LEC
BP < 130/80	301		42.1%	357	50.4%	348	49.5%	346	47.8%	322	45.9%	396	55.8%	404	55.4%	29.9	30.2	39.7%	70	70.5	LEC
LDL <130	330		46.2%	399	56.4%	436	62.0%	471	65.1%	479	68.3%	498	70.1%	534	73.3%	79.7	85.4		90	90.9	LEC
LDL <100	251		35.1%	308	43.5%	341	48.5%	373	51.5%	389	55.5%	408	57.5%	436	59.8%	43.0	46.9	52.3%	70	85.2	LEC
>=1 LDL past 12 mos	391		54.7%	559	79.0%	628	89.3%	580	80.1%	578	82.5%	562	79.2%	597	81.9%	83.4	84.8	88.8%		94.5	LEC
Urine Micr or ACE/ARB	515		72.0%	580	81.9%	542	77.1%	565	78.0%	572	81.6%	590	83.1%	610	83.7%	79.7	85.4	87.8%	90	92.8	ALC
Retinal Exam past 12 mos			0.0%		0.0%	143	20.3%	170	23.5%	197	28.1%	211	29.7%	226	31.0%	54.7	62.3			66.2	ALC
Retinal Exam past 24 mos			0.0%		0.0%	156	22.2%		0.0%	208	29.7%	228	32.1%	254	34.8%			72.0%		58	LEC
Pts NOT seen in past 12 mos	34		4.8%	40	5.6%	30	4.3%	35	4.8%	25	3.6%	30	4.2%	23	3.2%					0	DAM
HYPERTENSION	Total Pts	2764		2767		2774		2802		3307		3350		2817							
Ages 18 -85 YO			%		%		%		%		%		%		%						
BP<140/90	1575		57.0%	1820	65.8%	1793	64.6%	1680	60.0%	2167	65.5%	2188	65.3%	1853	65.8%	59.7	56.8	70.3%	50	80.3	LEC
BP 135/85	1209		43.7%	1409	50.9%	1406	50.7%	1328	47.4%	1768	53.5%	1766	52.7%	1498	53.2%					69.1	LEC
PREVENTIVE SCREENING	Total Pts											#	%	#	%						
		#	%	#	%	#	%	#	%	#	%	8416		3865							
Mammorgraphy*			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	1326	15.8%	1505	38.9%	69.1	67.3	78.2%	90	71	ALC
												11449		5028							
Pap Smear**			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	595	5.2%	737	14.7%	81.7		87.8%	75	63.5	ALC
												11343		5595							
Colonoscopy***			#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	2314	20.4%	2432	43.5%	55.6	50.4	68.4%	5	77.7	ALC

*Females 42-69 with mammogram in past 24 months
**Females 24-64 with Pap Smear in past 36 months
***Male and Female 51-80 with colonoscopy (or appropriate CRC screening in past 10 years

NSIM / Ahmed / Barmach / Cohn / Cook / Crimm / Font / Kautzky / Major / Smith / BLANK FORMAT / Paradkar / Crimm (2) / Sheet1

Data • Report Period: July 20...

🟩 =Current Report Month   🟦 =Optional Measures

Current Report Month — Jul-09

Count of DM patients with most recent LDL less than or equal to 100 mg/dL in past 12 months

Report Period	Count of DM patients 18-75 yo	Count of DM patients 40-75yo	Count of DM patients 55-75yo	Count of DM patients who smoke	Count of DM patients with latest A1C >9	Count of DM patients with latest BP <130/80	Count of DM patients with latest LDL <100	Count of DM patient eye exam	Count of DM pts w/ cessation counseling	Count DM pts w/ med attention for nephro	Count of DM patients with latest A1C <7	Count of DM patients with latest BP <140/90	Count of DM patients with >=1 LDL tests	Count of DM patients with latest LDL <130	Count of DM patients with foot exam	Count of DM patients with current flu vaccination	Count of DM patients aged 40-75 on aspirin	Count of DM patients with SM Goal	Count of DM pts 55-75 taking ACE/ARB	Count of DM pts with pnuemo vacc	Count of DM pts prescribed a statin	Count of DM patients referred for eye exam
11/1/2008	229	222	184	19	24	154	142	154	18	224	136	204	191	179	170	131	168	86	105	193	180	28
12/1/2008	231	225	186	18	24	146	170	160	17	216	123	185	214	199	171	170	166	135	105	194	183	38
1/1/2009	233	227	190	19	24	148	169	153	18	217	123	183	190	195	171	180	187	91	104	197	184	86
2/1/2009	228	222	186	18	22	142	174	125	17	202	127	178	215	207	176	183	171	114	104	202	180	87
3/1/2009	230	224	187	18	22	140	181	103	17	204	131	177	217	202	192	184	170	119	106	205	185	176
4/1/2009	227	221	184	18	24	155	175	108	17	202	122	187	211	198	187	185	173	134	102	202	181	178
5/1/2009	227	221	184	21	27	158	178	113	20	197	126	195	215	193	194	183	172	154	100	203	180	173
6/1/2009	228	222	185	21	27	164	182	124	20	203	134	195	214	196	197	183	172	169	100	206	178	226
7/1/2009	227	221	185	21	28	153	188	120	20	205	138	191	215	199	192	182	172	178	100	205	177	185
8/1/2009																						
9/1/2009																						
10/1/2009																						
11/1/2009																						
12/1/2009																						
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9/1/2010																						
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| | B | C | D | E | F | G | H | I | J | K | L |

ABC Practice ... Data • Report Period: July 2009

Show data for — Jul-09

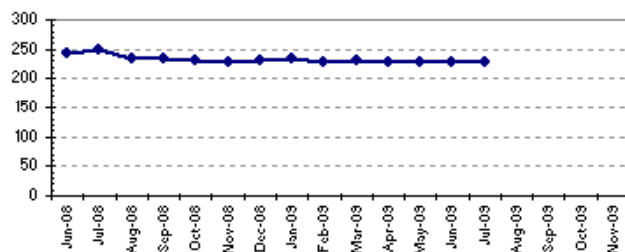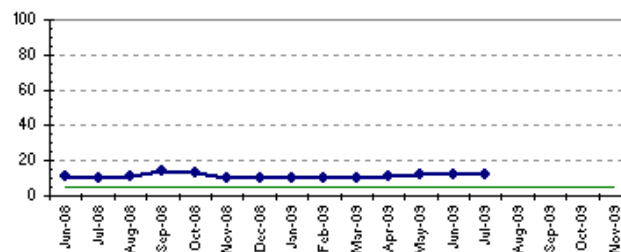|	Goal			Goal	
Count of DM patients 18-75 yo		227	Pct of DM patients with latest A1C >9	5	12.335
Pct of DM patients with latest BP <130/80	70	67.401	Pct of DM patients with latest LDL <100	70	82.819
Pct of DM patients with eye exam	80	52.863	Pct DM pts w/ smoking cessation counseling	90	95.238
Pct DM pts w/ medical attention for nephropathy	90	90.308	Pct of DM patients with latest A1C <7	75	60.793
Pct of DM patients with latest BP <140/90	90	84.141	Pct of DM patients with >=1 LDLs	90	94.714
Pct of DM patients with latest LDL <130	90	87.665	Pct of DM patients with foot exam	90	84.581
Pct of DM patients with current flu vaccination	75	80.176	Pct of DM patients aged 40-75 on aspirin	85	77.828
Pct of DM patients with SM Goal	90	78.414	Pct of DM pts 55-75 taking ACE/ARB	75	54.054
Pct of DM pts with pnuemo vacc	90	90.308	Pct of DM pts prescibed a statin	60	80.09
Pct of DM patients referred for eye exam	90	81.498	Pct of DM patients queried about tobacco use	90	76.211
Pct of DM patients with >=1 A1Cs	90	91.189			

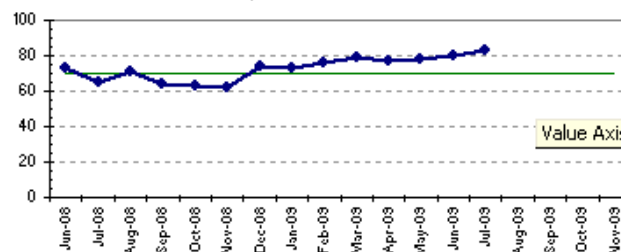Charts: Count of DM patients 18-75 yo; Pct of DM patients with latest A1C >9; Pct of DM patients with latest BP <130/80; Pct of DM patients with latest LDL <100; Pct of DM patients with eye exam; Pct DM pts w/ smoking cessation counseling
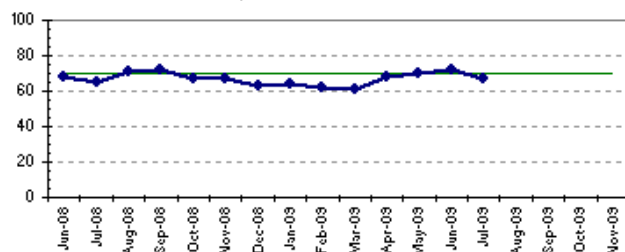
Value Axis Major Gridlines

Setup / DM_Data / Asthma_Data / Prev_Data \ DM_Graphs / Asthma_Graphs / Prev_Graphs /

Draw ▾ | AutoShapes ▾

Ready

start | eClinicalWorks (Miller,... | Slides for eCW prese... | PA Program July 200... | PPC5 C Item 1_2 - Mi... | CCI Monthly Reports ...

Medical Home Boot Camp
Lessons Learned

- Building the right team is crucial

- Leverage staff by enhancing clinical skills

- Use all available tools

- Having timely information is critical for improvement

- Change is hard but not impossible

- There is always room for improvement

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