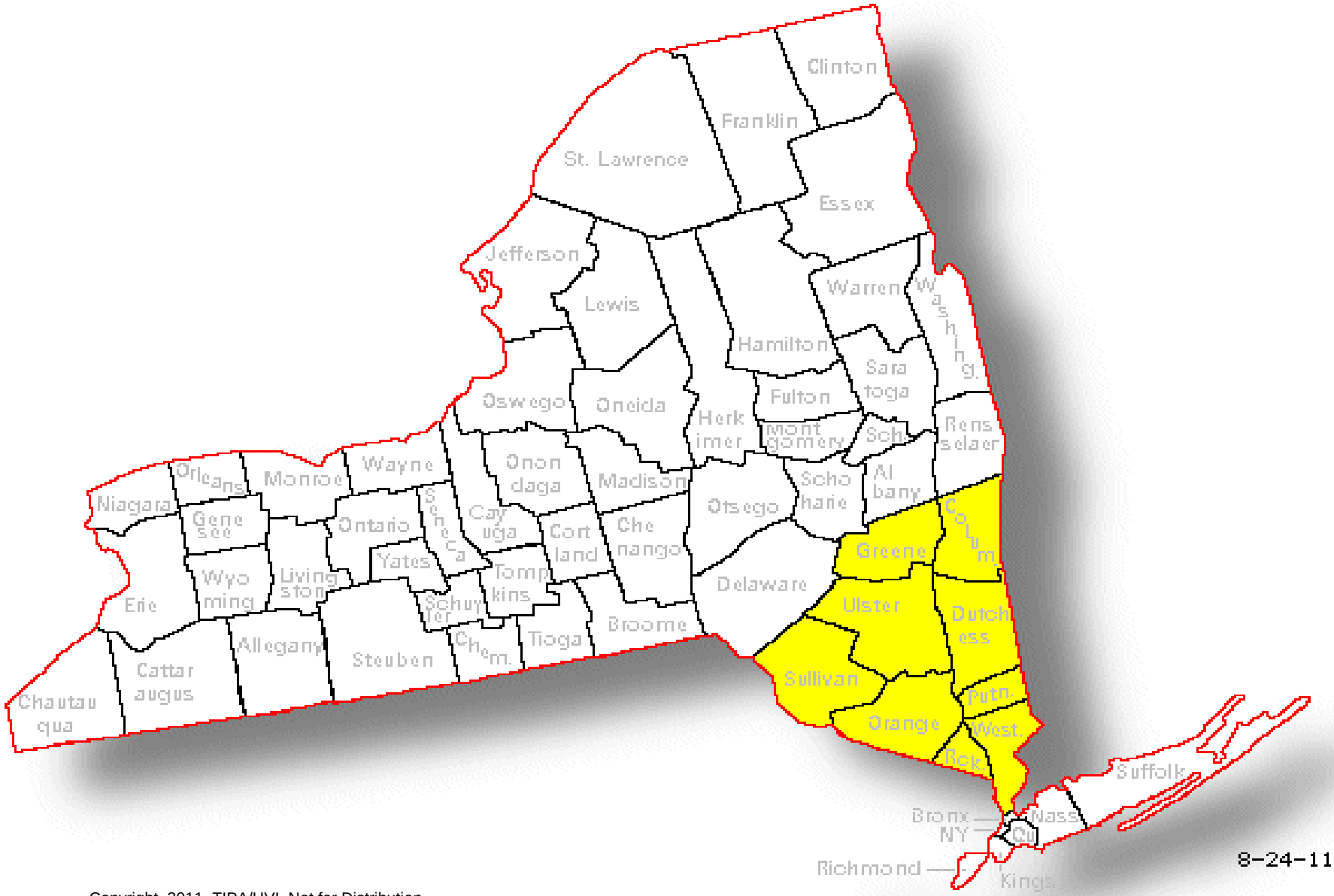
The Hudson Valley Initiative

Lessons from an IPA-led, Multi-Stakeholder Medical Home Initiative

National Medical Home Summit West
September 20-22, 2011
San Francisco, CA

A. John Blair, III, MD
President
Taconic IPA
Fishkill, NY

The Hudson Valley

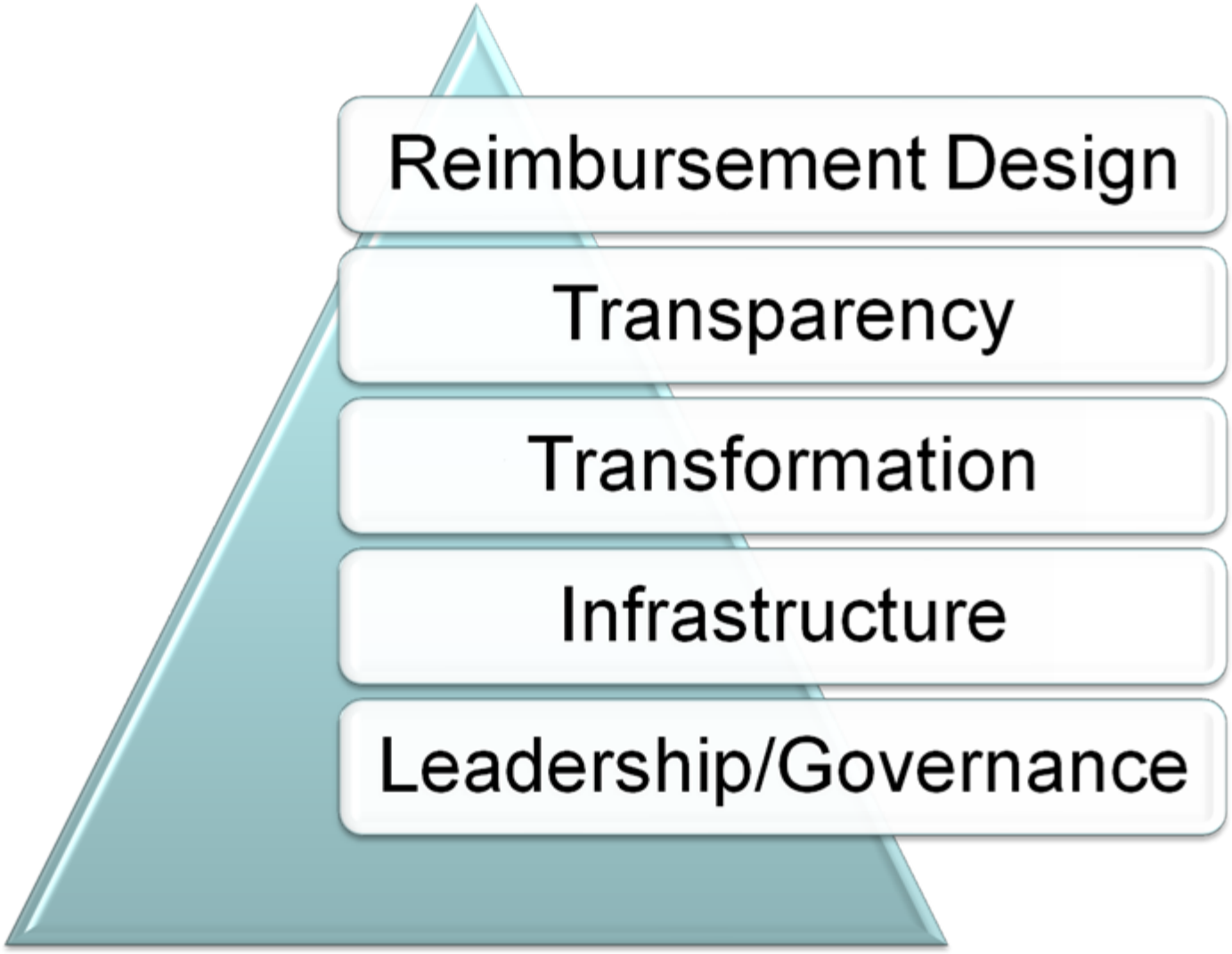


What is the HVI?

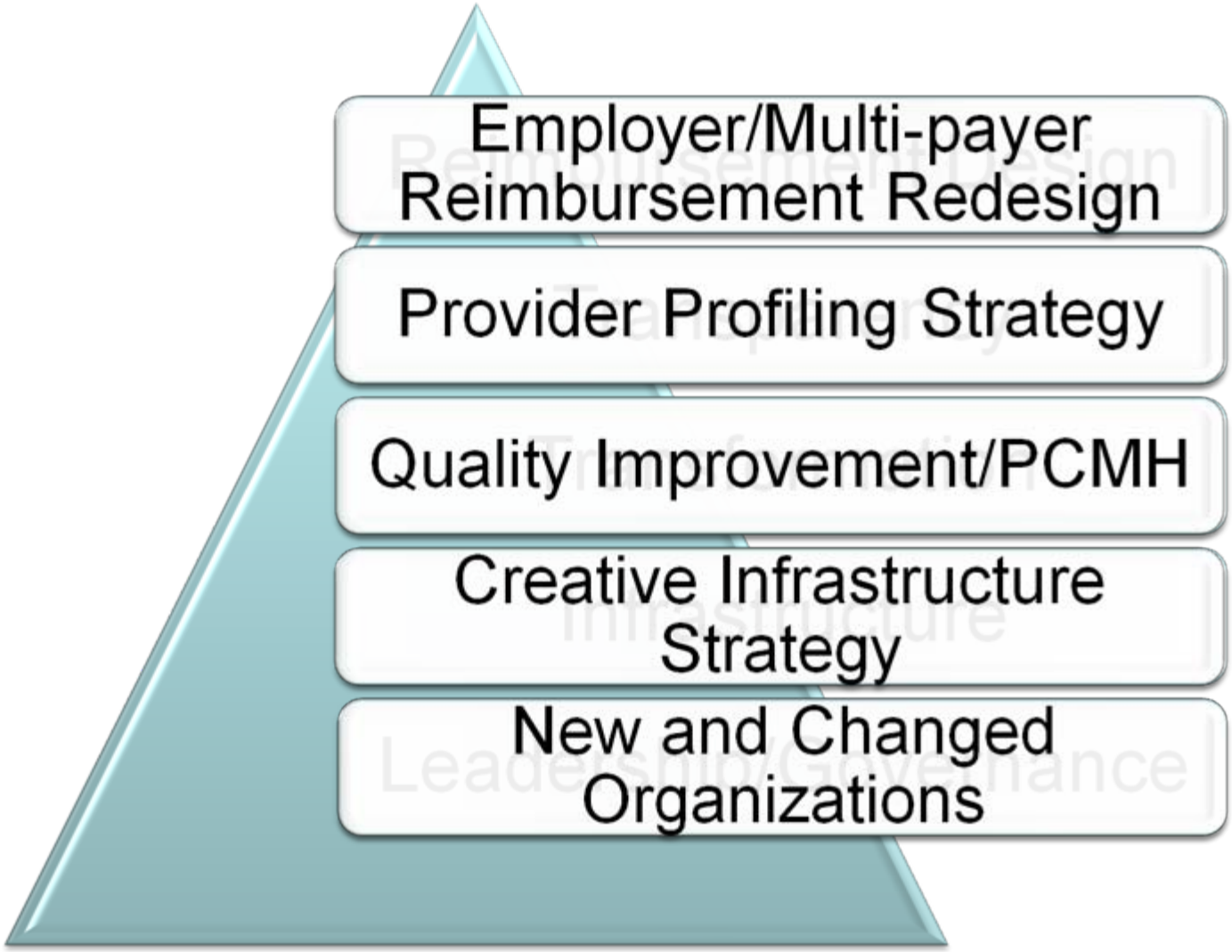
- 9 counties along the Hudson River
- Population of 2.4 M
- Counties have per capita income ranging from lowest to highest in NYS
- Rural to urban settings
- 4800 total physicians, roughly 1/3 primary care
- PCP/100,000 ratios by county range from 22.31 to 104.20 –(State average 110.59)
- **HVI efforts affect roughly half all physicians and patients in the region**

HVI Organizations

Key IDN Components



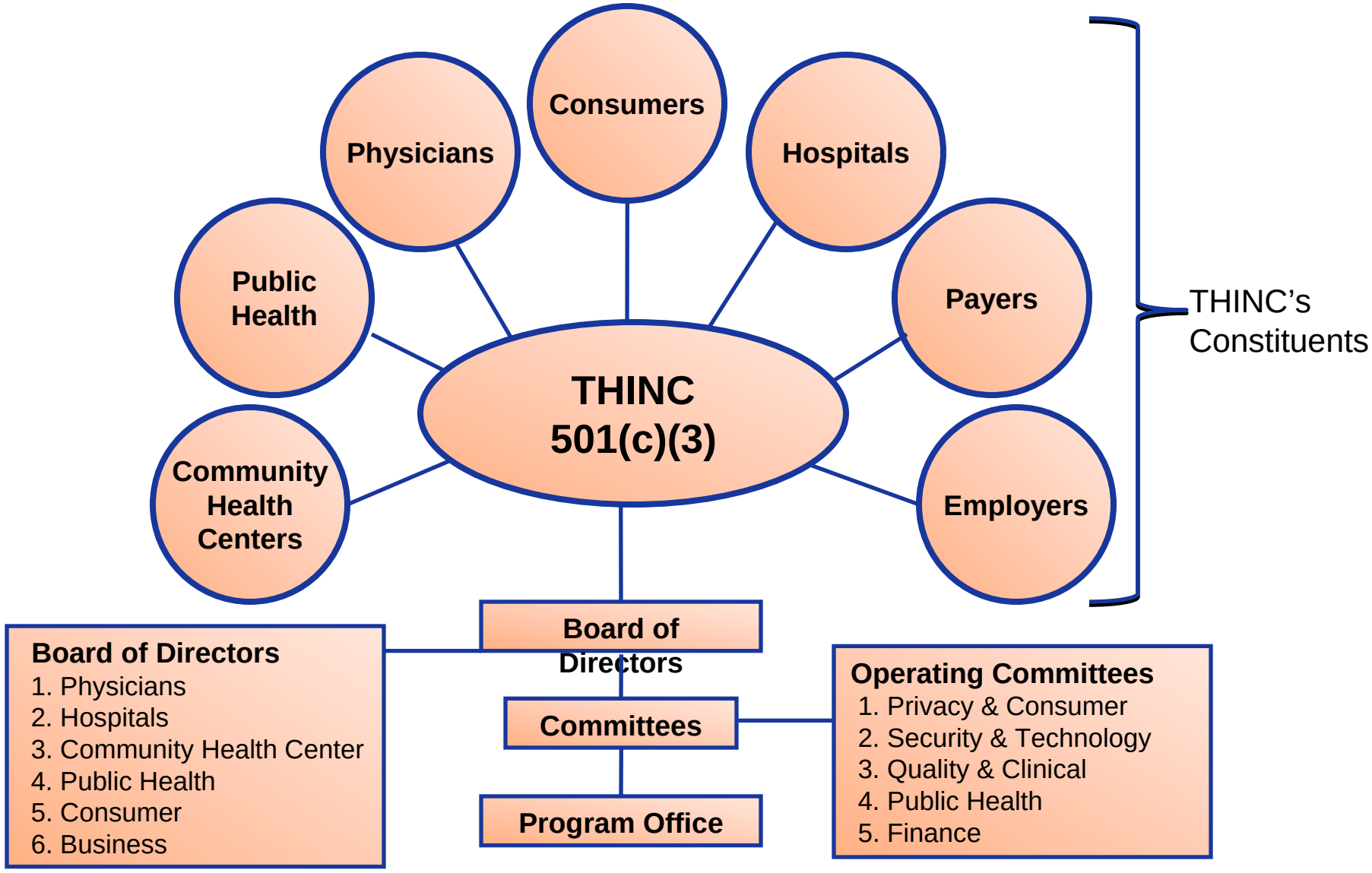
Key Open Community Components



About THINC

- Policy
- Convener
- Leadership
- Culture
- Reimbursement

THINC



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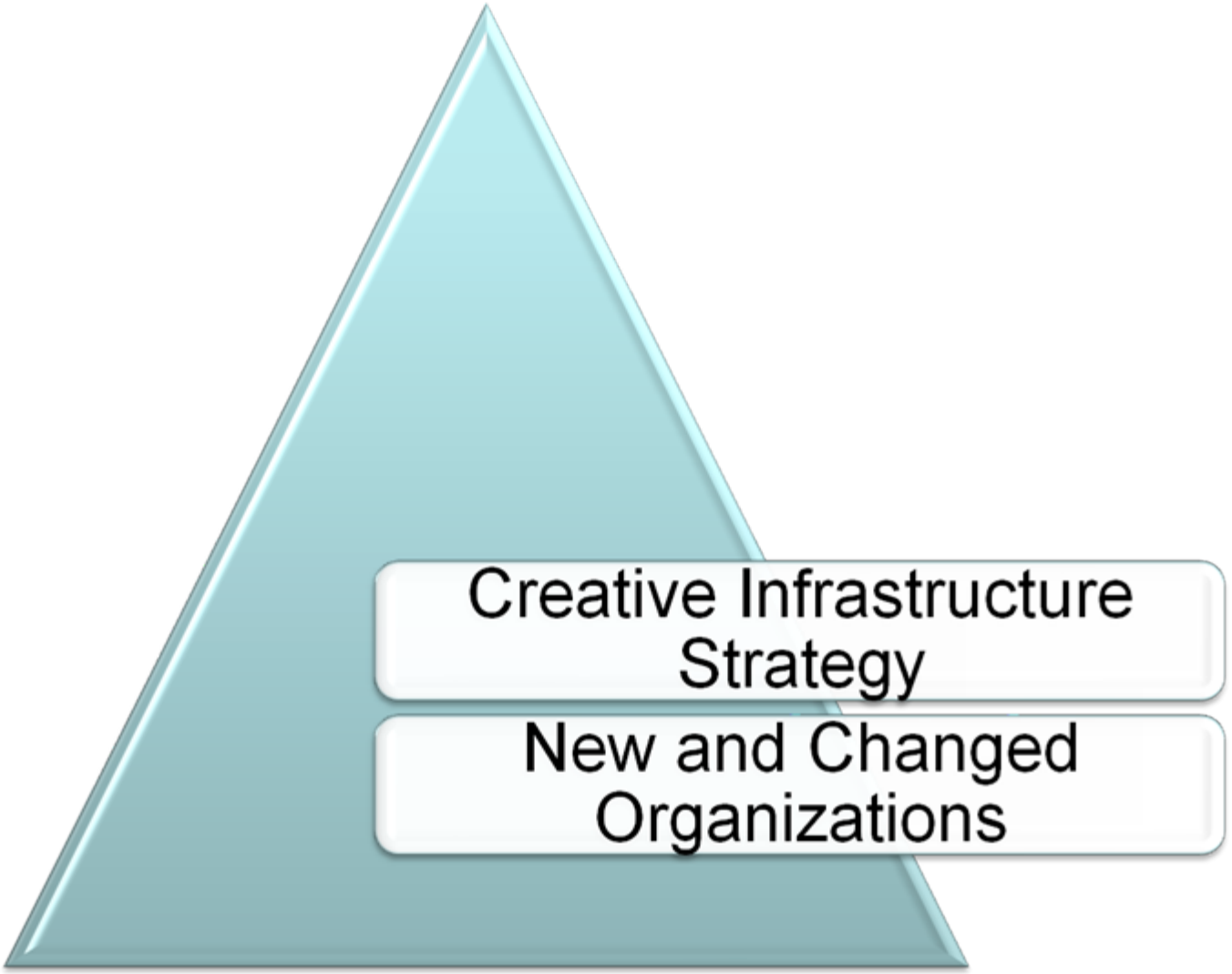
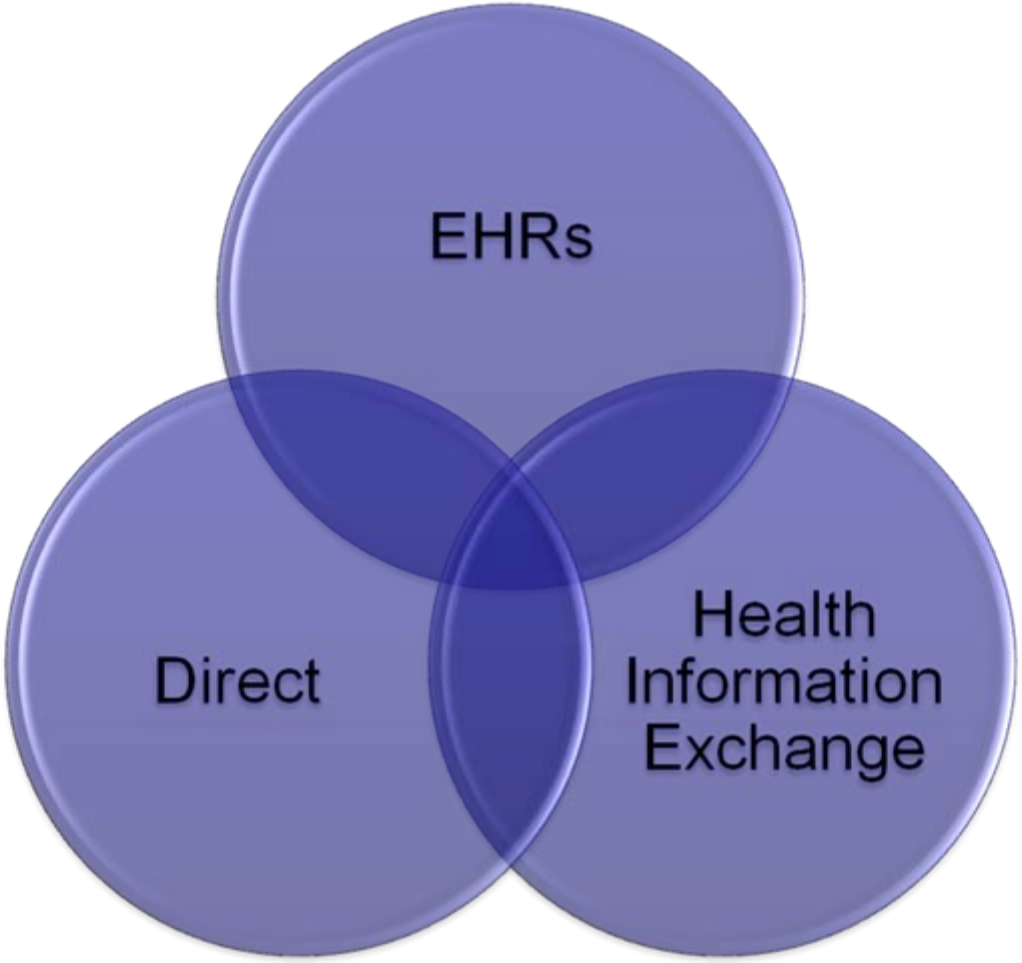
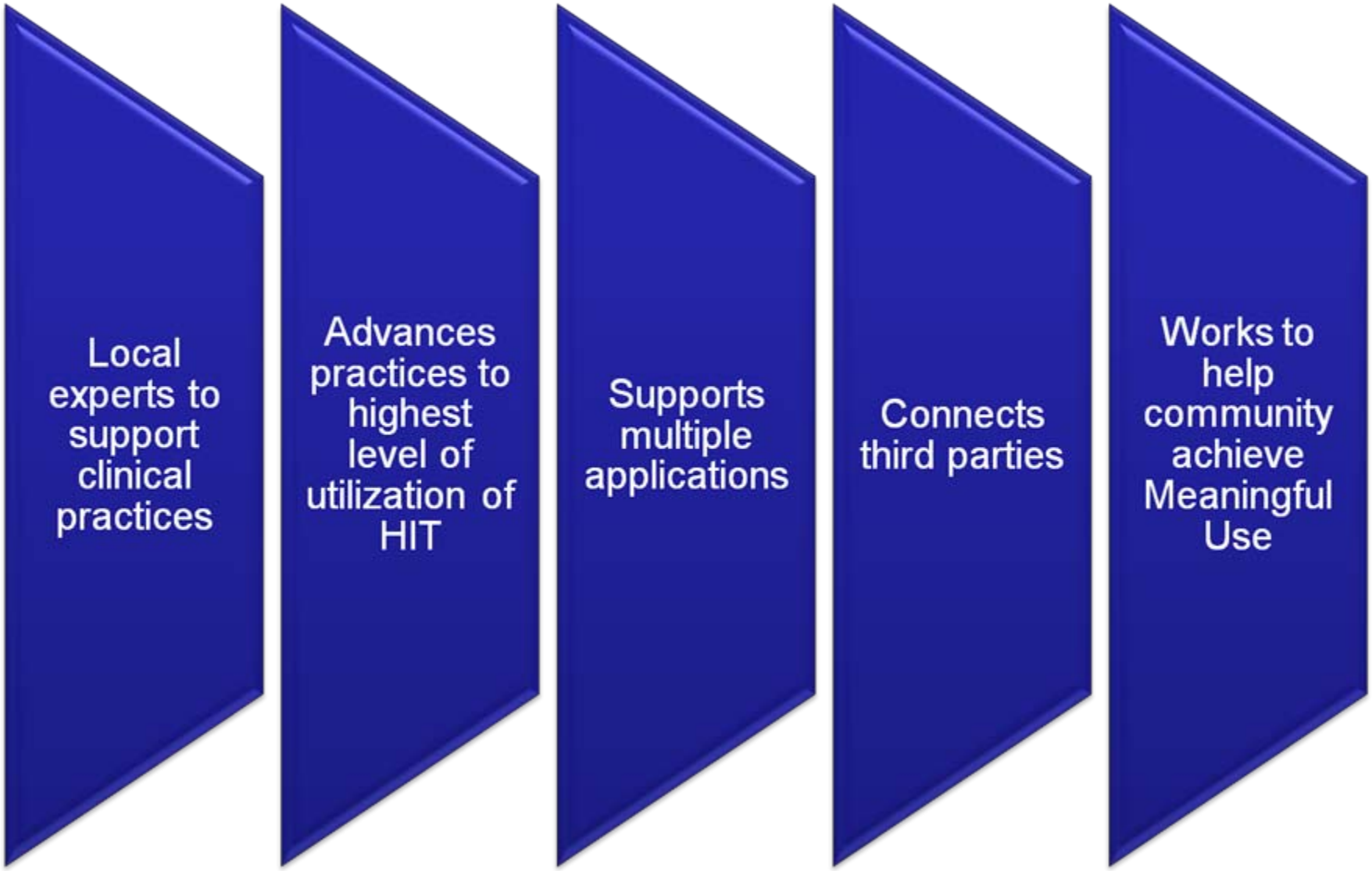


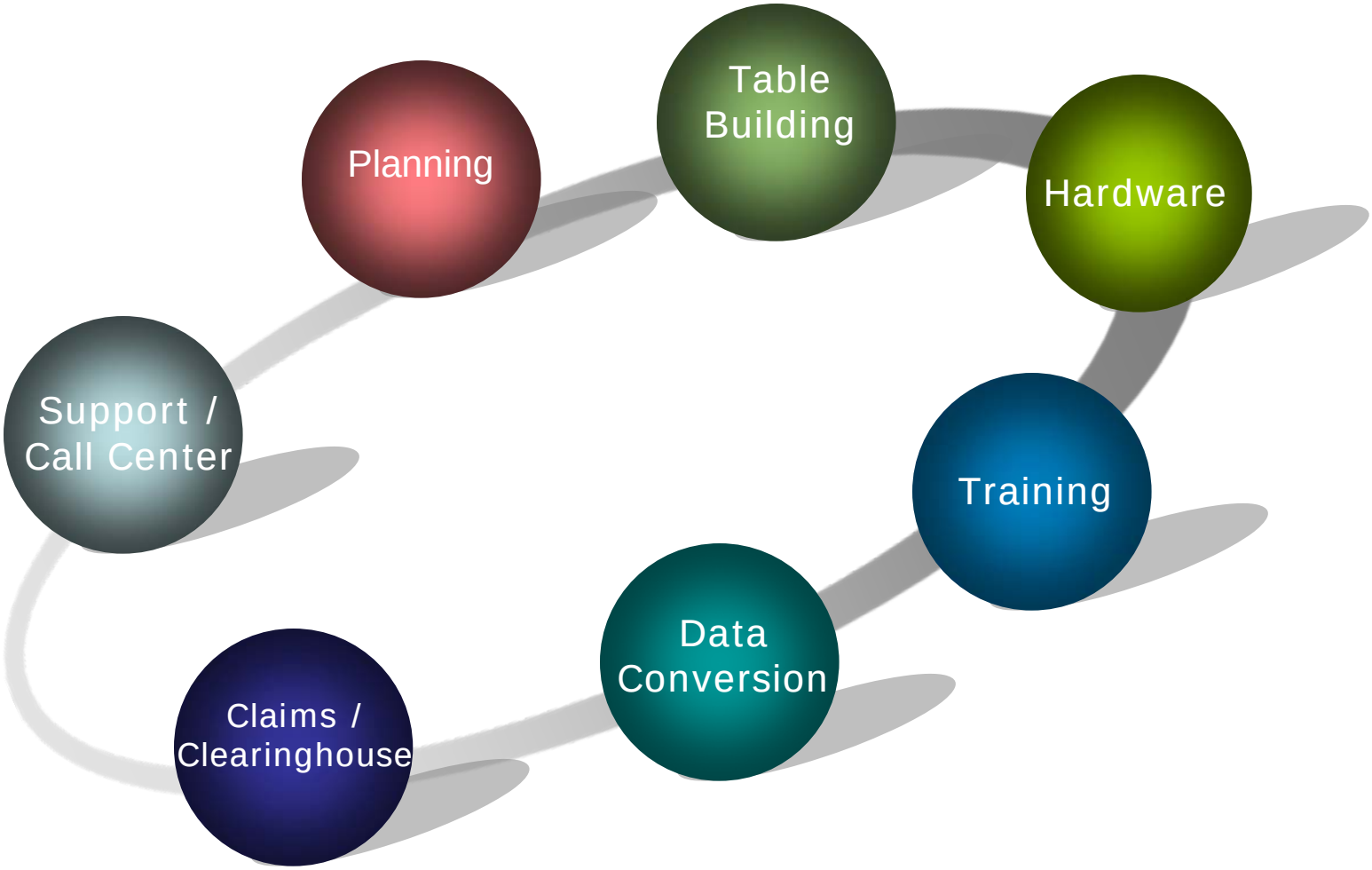
HVI Technology Infrastructure



MedAllies/REC

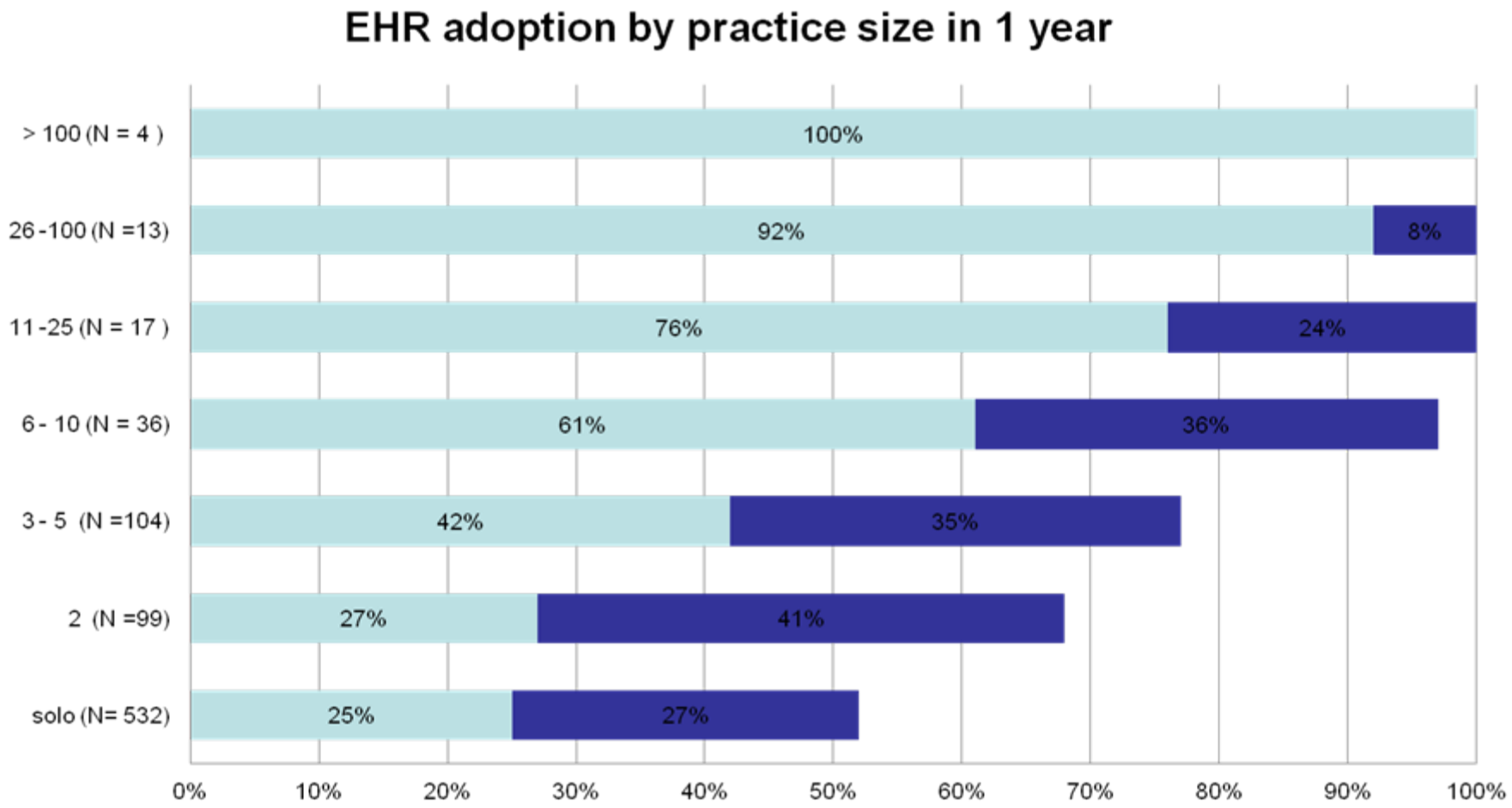


EHR Implementation Process



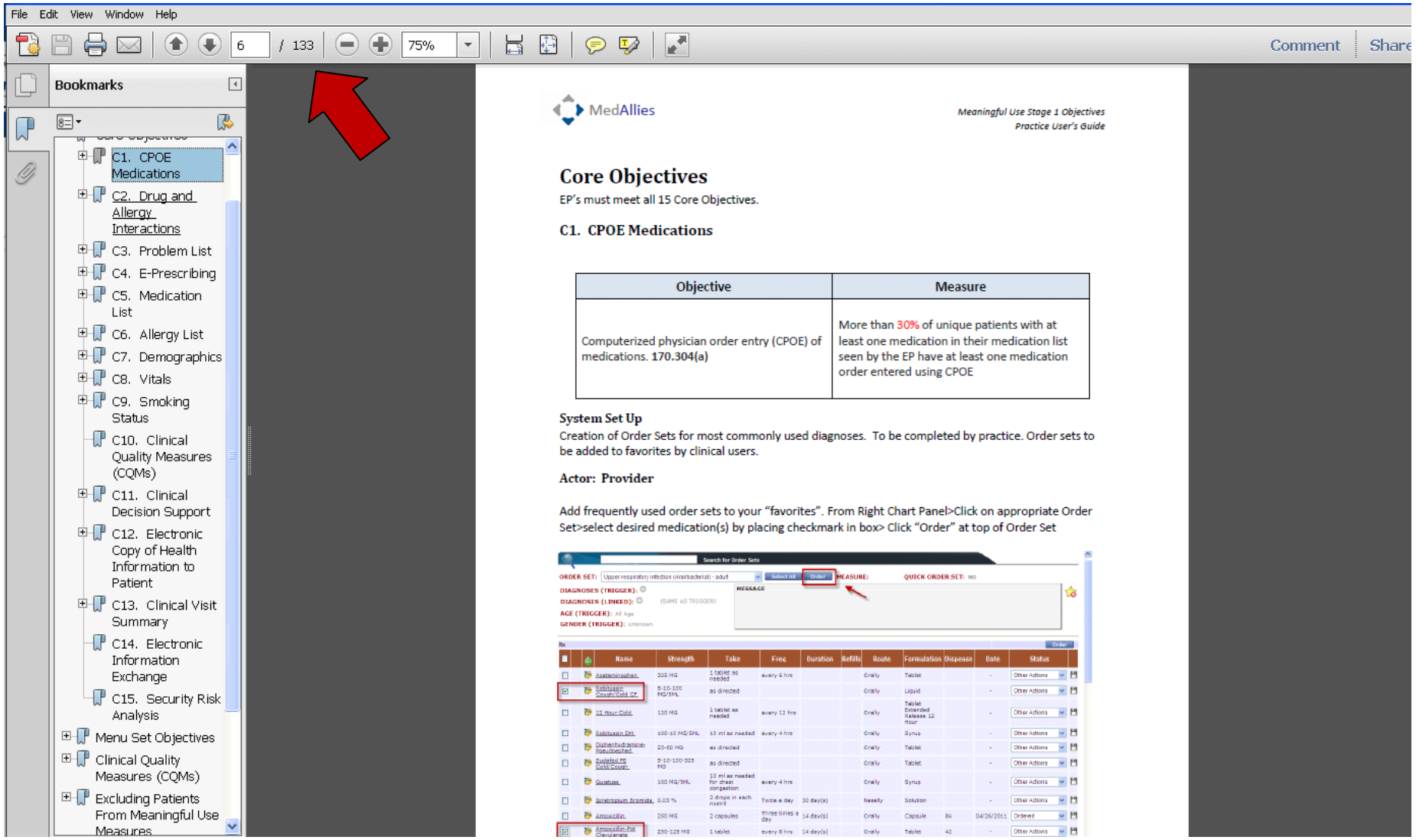
EHR Adoption in Hudson Valley

(total n surveyed=3133)



	solo (N= 532)	2 (N =99)	3 - 5 (N =104)	6 - 10 (N = 36)	11 -25 (N = 17)	26 -100 (N =13)	> 100 (N = 4)
Certified EHR	25%	27%	42%	61%	76%	92%	100%
Imminent adopters	27%	41%	35%	36%	24%	8%	

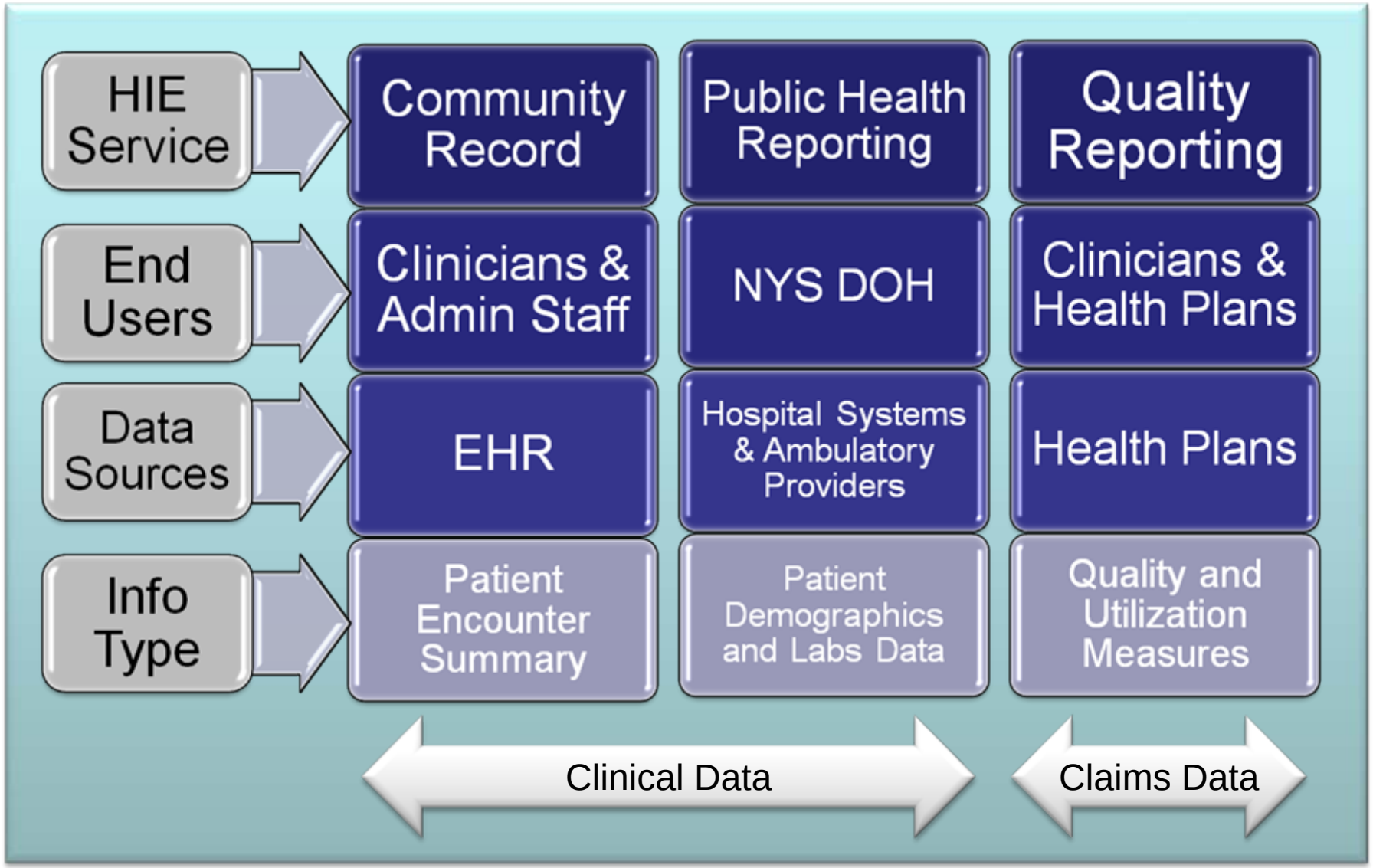
Next Step: Meaningful Use



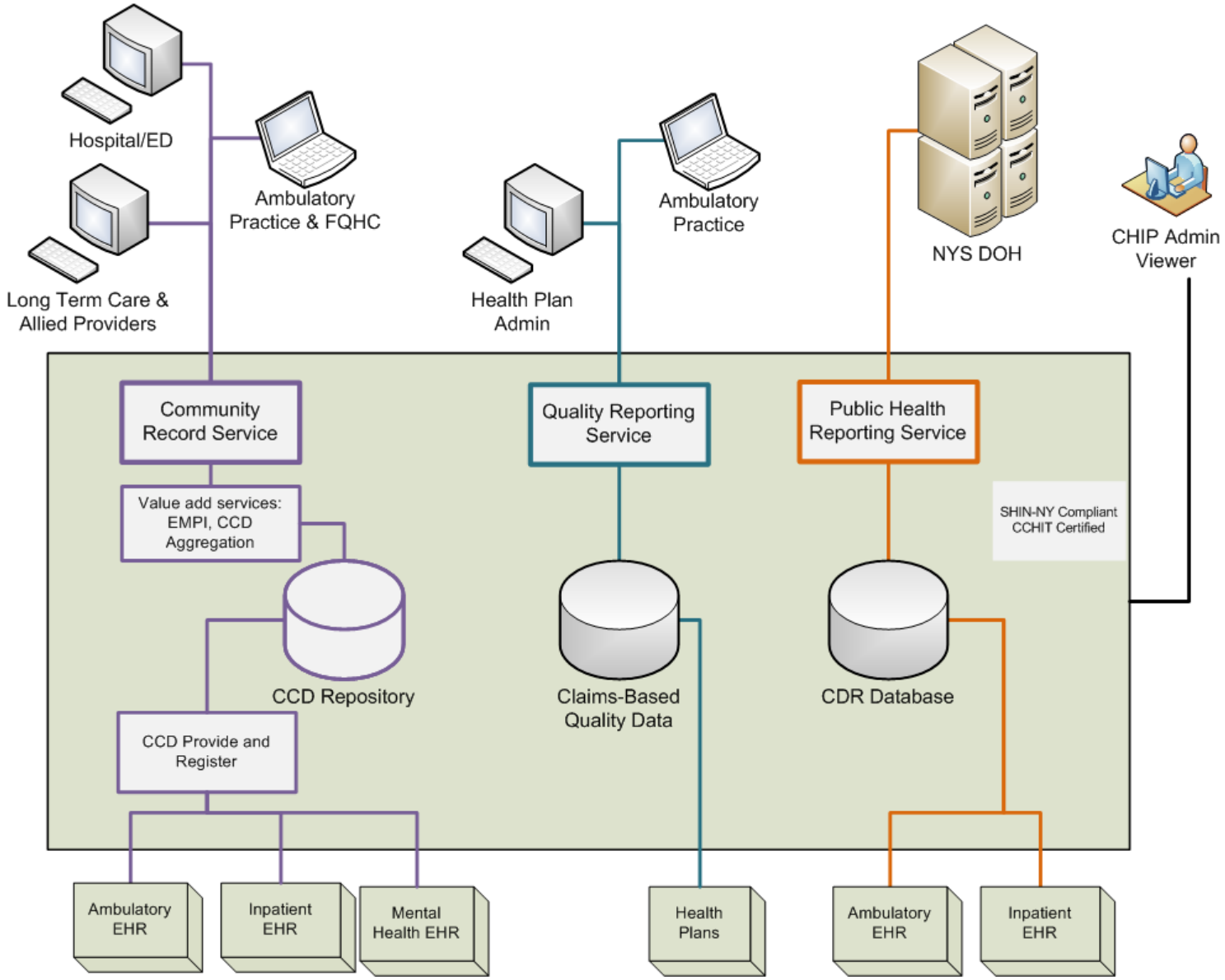
The Hudson Valley Health Information Exchange

- 10+ years experience
- Community Record
- Public Health Reporting
- Quality Reporting

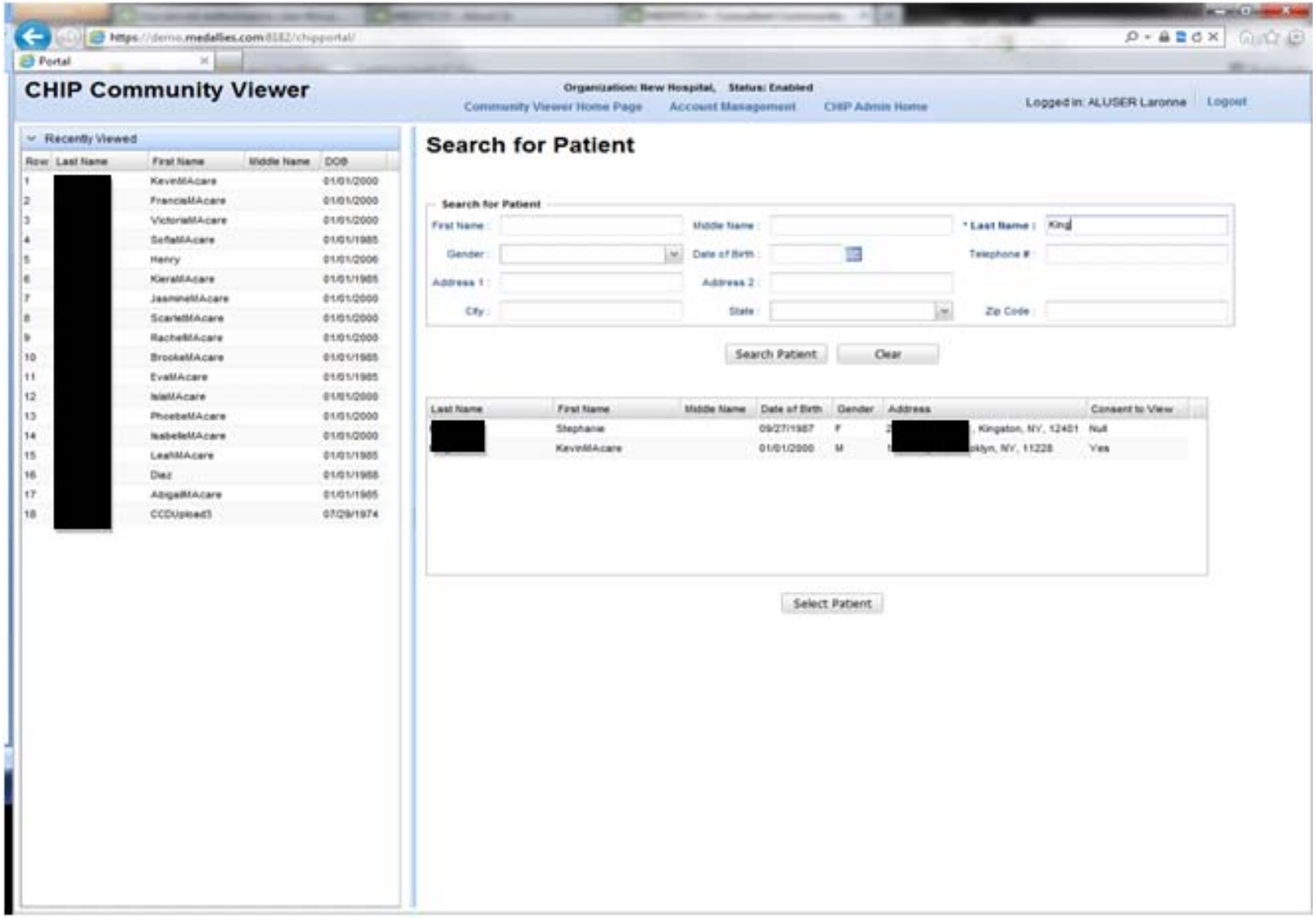
HIE Services: Data Sources and End Users



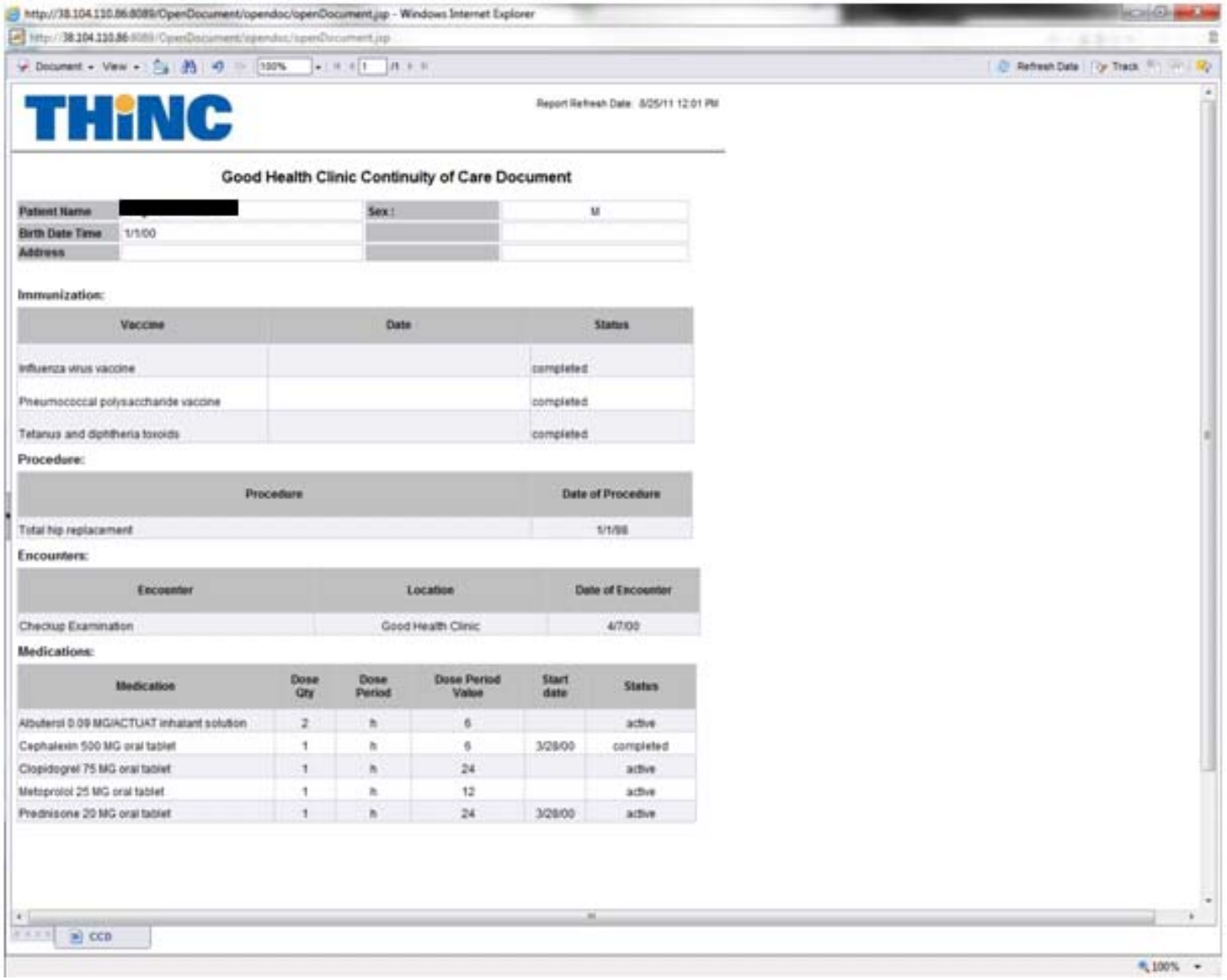
Technical Diagram



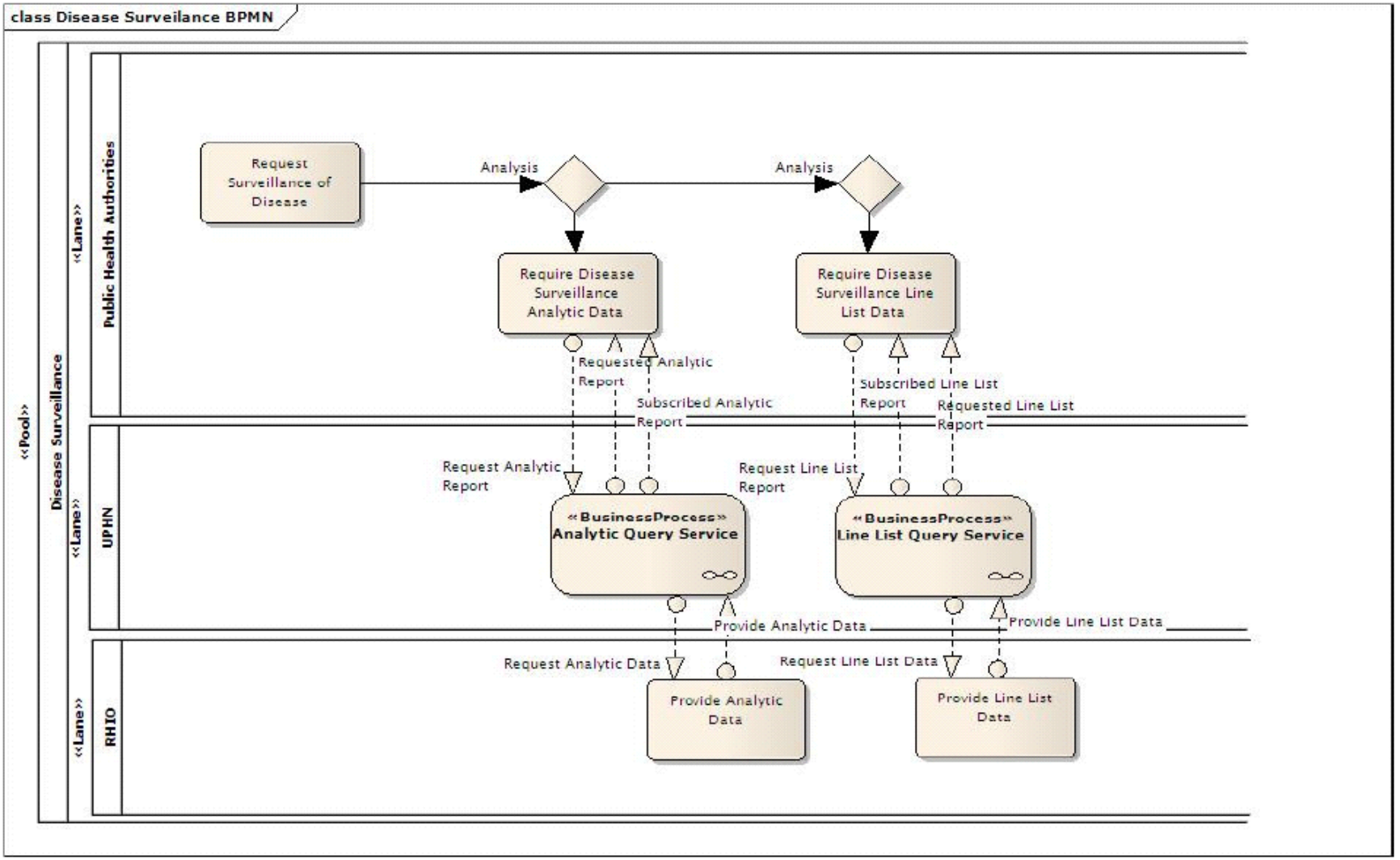
Community Viewer – Patient Search



Community Viewer - Patient Record



Example of UPHN process model (Disease Surveillance)



Quality Reporting

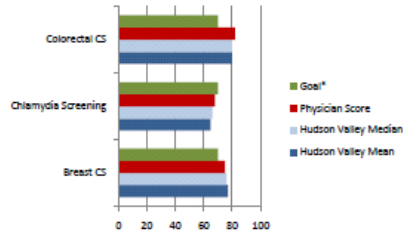
THINC
Taconic Health Information Network and Community

Physician: Gen Eric

MEDICAL HOME PHYSICIAN QUALITY PROFILE

1. HEDIS Aggregated Claims Measures: Jan. 01 – Dec. 31, 2008

Preventive Medicine

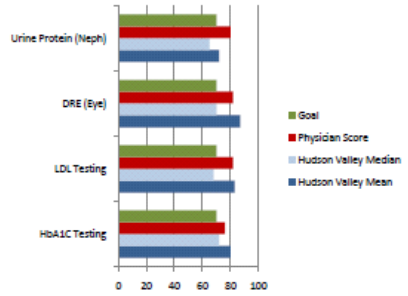


COL - Colorectal Cancer Screening (CS): The percentage of members 50–80 years of age who had appropriate screening for colorectal cancer.

CHL - Chlamydia Screening: The percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year.

BCS - Breast Cancer Screening: The percentage of women 40–69 years of age who had a mammogram to screen for breast cancer.

Diabetes



CDC - Comprehensive Diabetes Care - Urine Protein (Neph): The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had medical attention for nephropathy

CDC - Comprehensive Diabetes Care – DRE (Eye): The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had an eye exam (retinal) performed

CDC - Comprehensive Diabetes Care - LDL Testing: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had LDL-C screening

CDC - Comprehensive Diabetes Care - A1C Testing: The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had Hemoglobin A1c (HbA1c) testing

*Goal - The Performance Goal is the percentage score benchmark determined by all participating Health Plans in the THINC RHIO Medical Home program of the Hudson Valley region.

**Only three years of data collected for this measure.

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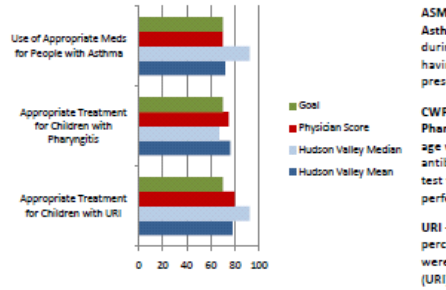
MEDICAL HOME PHYSICIAN QUALITY PROFILE

Respiratory Care



ASM - Use of Appropriate Medications for People with Asthma: The percentage of members 5–56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

CWP - Appropriate Treatment for Children with Pharyngitis: The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing)

URI - Appropriate Treatment for Children with URI: The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

2. NCQA Recognition

Level Awarded: **2**

For more information on NCQA's PPC – Patient Centered Medical Home, please go to http://www.ncqa.org/tabid/631/Default.aspx.

*Goal - The Performance Goal is the percentage score benchmark determined by all participating Health Plans in the THINC RHIO Medical Home program of the Hudson Valley region.

**Only three years of data collected for this measure.

NHIN Direct: Description

b.wells@direct.aclinic.org

Direct Project specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.

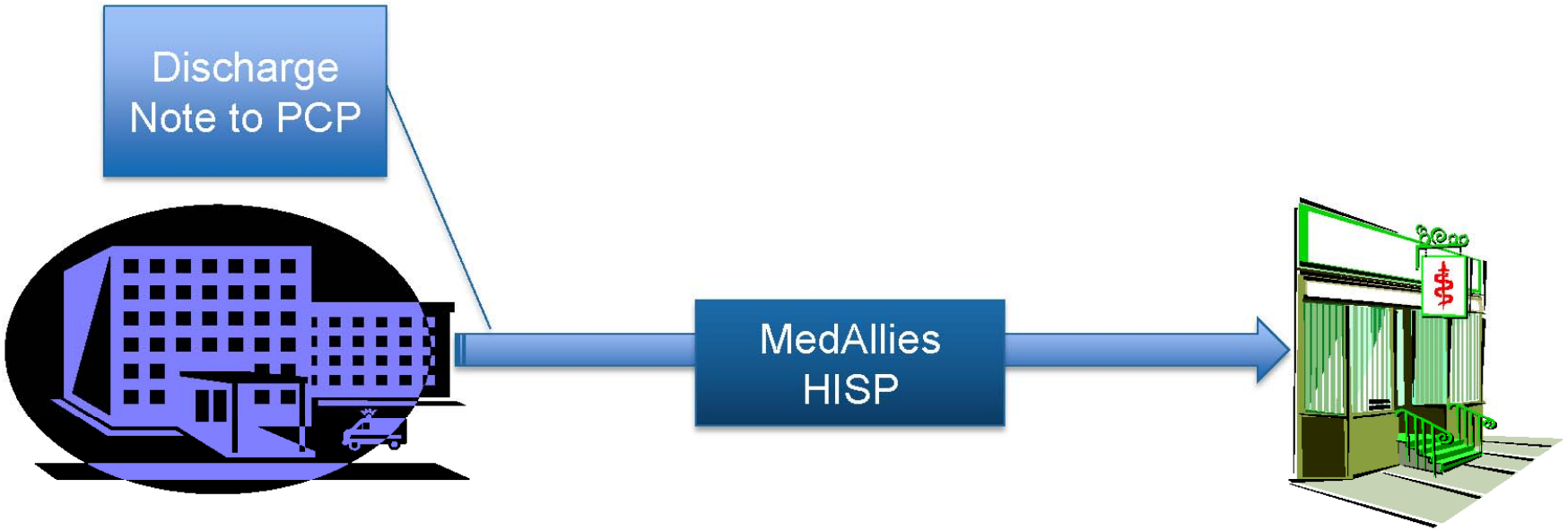
h.elthie@direct.ahospital.org

- **Simple.** Connects healthcare stakeholders through universal addressing using simple push of information.
- **Secure.** Users can easily verify messages are complete and not tampered with in travel.
- **Scalable.** Enables Internet scale with no need for central network authority.
- **Standards-based**. Built on common Internet standards for secure e-mail communication.

ONC Reference Implementation for NYS

- Health Information Service Provider (HISP)
  - MedAllies
- Healthcare Organizations
  - Hospitals: Albany Medical Center, Health Quest Systems
  - Primary Care: Albany Medical Center, Community Care Physicians, Health Quest Systems, Institute for Family Health, Scarsdale Medical Group,
  - Specialists: Albany Medical Center, Asthma and Allergy Associates of Westchester
- EHR Vendors
  - Hospital: Siemens, Cerner
  - Primary Care: Allscripts, Epic, NextGen, eClinicalWorks
  - Specialists: Allscripts, Greenway

Direct Use Case: Hospital Discharge



Albany Medical Center Hospital - Siemens

Healthquest Systems Hospital - Cerner

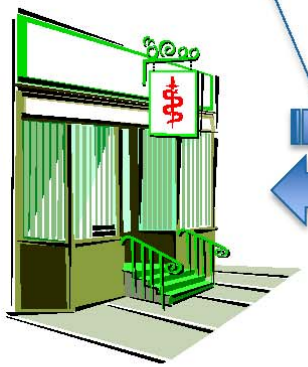
Albany Medical Center Primary Care - Allscripts

Healthquest Systems Primary Care - eCW

Direct Use Case: Closed Loop Consultation

Closed Loop Referral (PCP to Specialist & Back)

1) Referral to specialist



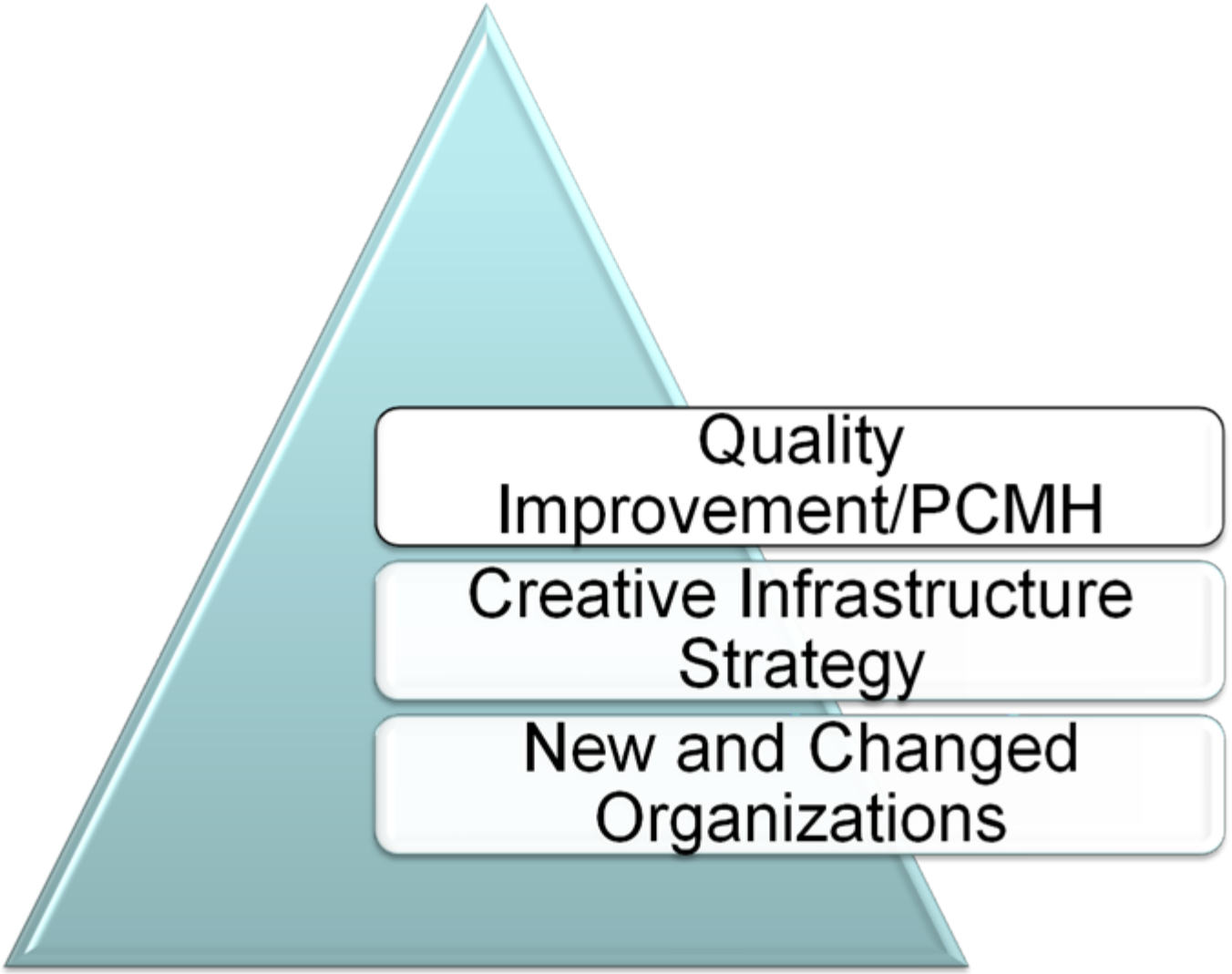
MedAllies HISP

2) Continuity of Care Document back to PCP

Primary Care
Albany Medical Center – Allscripts
Institute for Family Health – Epic
Scarsdale Medical Group - NextGen

Specialist
Albany Medical Center - Allscripts
Community Care Physicians – Allscripts
Asthma and Allergy Associates of Westchester - Greenway

Key Open Community Components



About Taconic IPA

- Not-for-profit
- Established in 1989 by physicians
- Quality improvement organization
- Business model: revenue from health plans and grants
- Network of 4,100 physicians representing ~85% of all physicians in Hudson Valley
- 2008: PCMH project launches
- 2011: Embedded care manager project launches

Community Transformation/PCMH

300+ primary care providers participating

- 64 sites
- Solo providers to 200+ provider groups
- FQHCs
- All recognized at NCQA Level III in 2010/2011

TIPA PCMH Program

Readiness assessment and gap analysis

- Evaluate current practices and performance against NCQA goals.

Optimizing HIT in practice

- Encourage and assist practice in utilizing HIT to fullest extent possible, to including registries, alerts, templates, order sheets, and portals

Workflow

- Redesign as necessary
- Assist practice with workflow to assure enhanced access to care, promote a team environment with an emphasis on patient-centeredness

Webinars

- Recognition process
- NCQA ISS tool training
- Assist with satisfaction surveys

Individualized coaching

- Intended to assist practice with continued workflow improvement, review of documents to be submitted to NCQA for content and completeness on an ongoing basis, and a final department review before submission.

Goals

- Visible and sustainable quality improvement
- Patient and provider satisfaction
- Reduced costs

Embedded Care Manager Program (ECM)

- Complex/multiple co-morbidities
- Avoidable admissions & readmissions
- Seamless transfer of care
  - Inpatient to ambulatory
  - PCP-Specialist-PCP
- Patient Satisfaction
- Reducing unnecessary costs

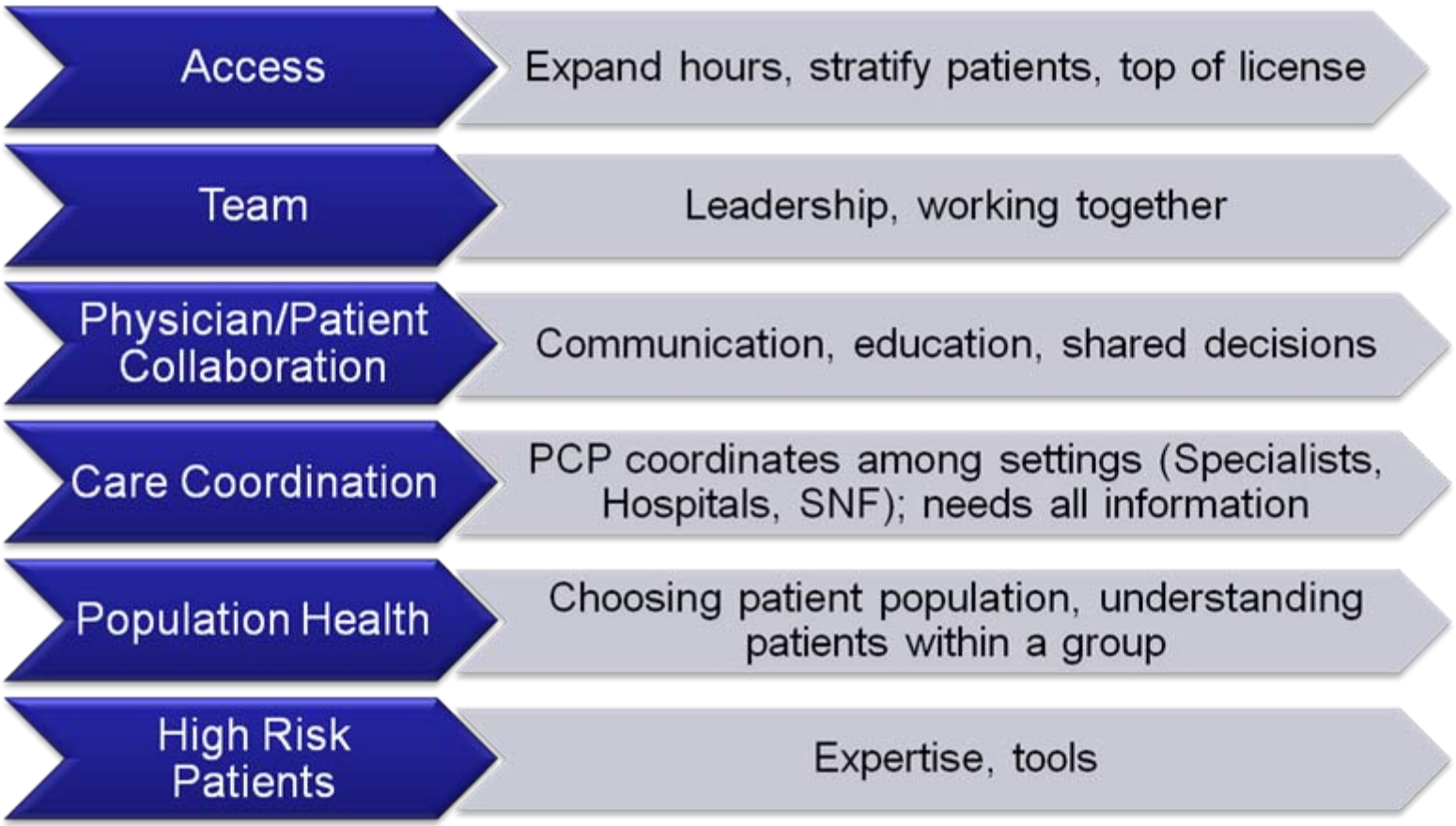
Characteristics of TIPA ECM Pilot

- 125 patients per RN
- 10 PCPs per RN
- On-site at practice
- IPA employees
- Central infrastructure
- Compliance

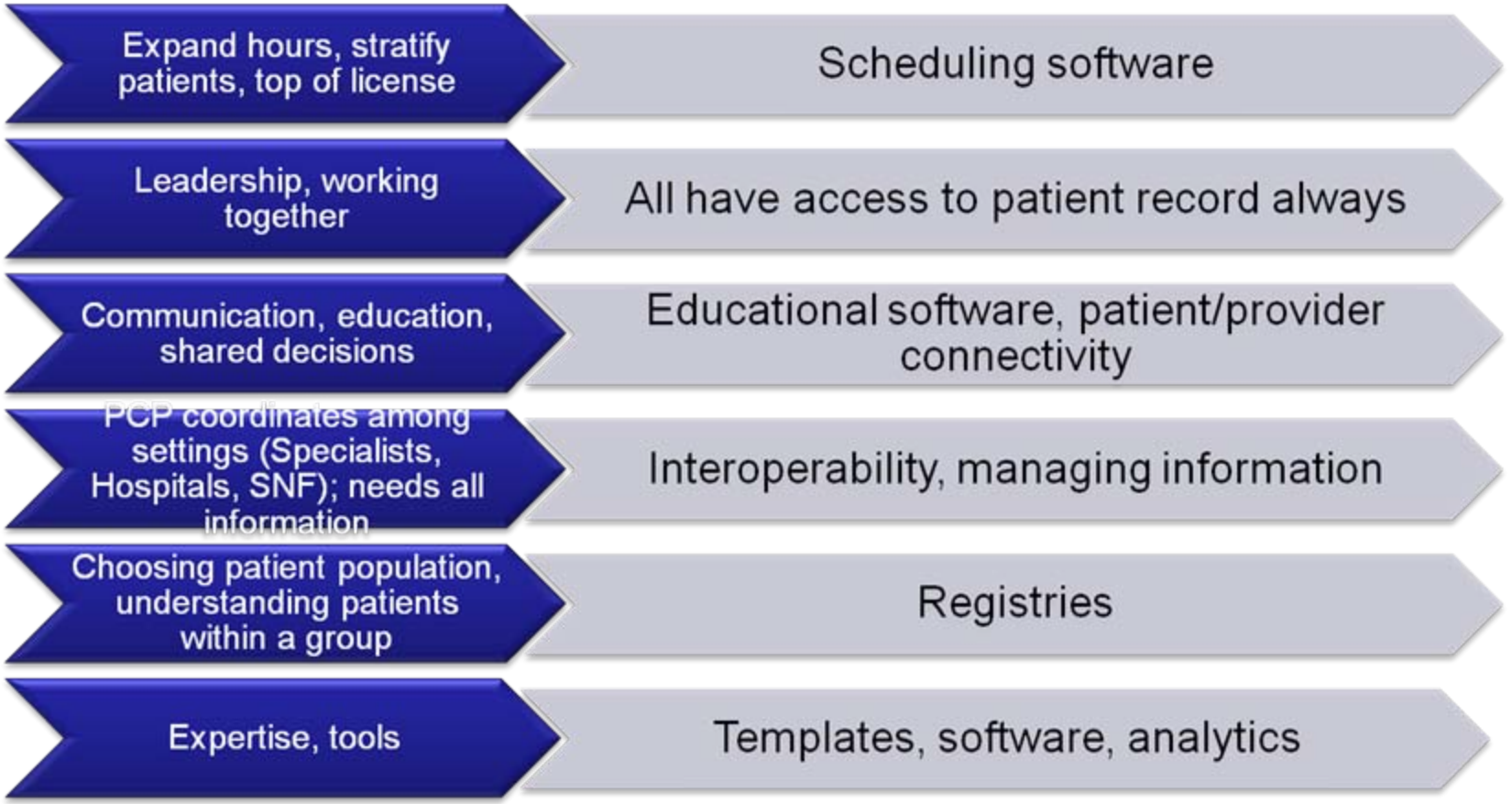
Workforce Considerations of TIPA Case Managers

- Highly experienced RNS in both acute and community care
- Certified in case management
- 8-10 week TIPA training program –includes immersion
- experience at Geisinger ProvenHealth Navigator sites
- Flexible
- Committed
- LOVE WHAT THEY DO!

Health IT and the Medical Home



Health IT and the Medical Home



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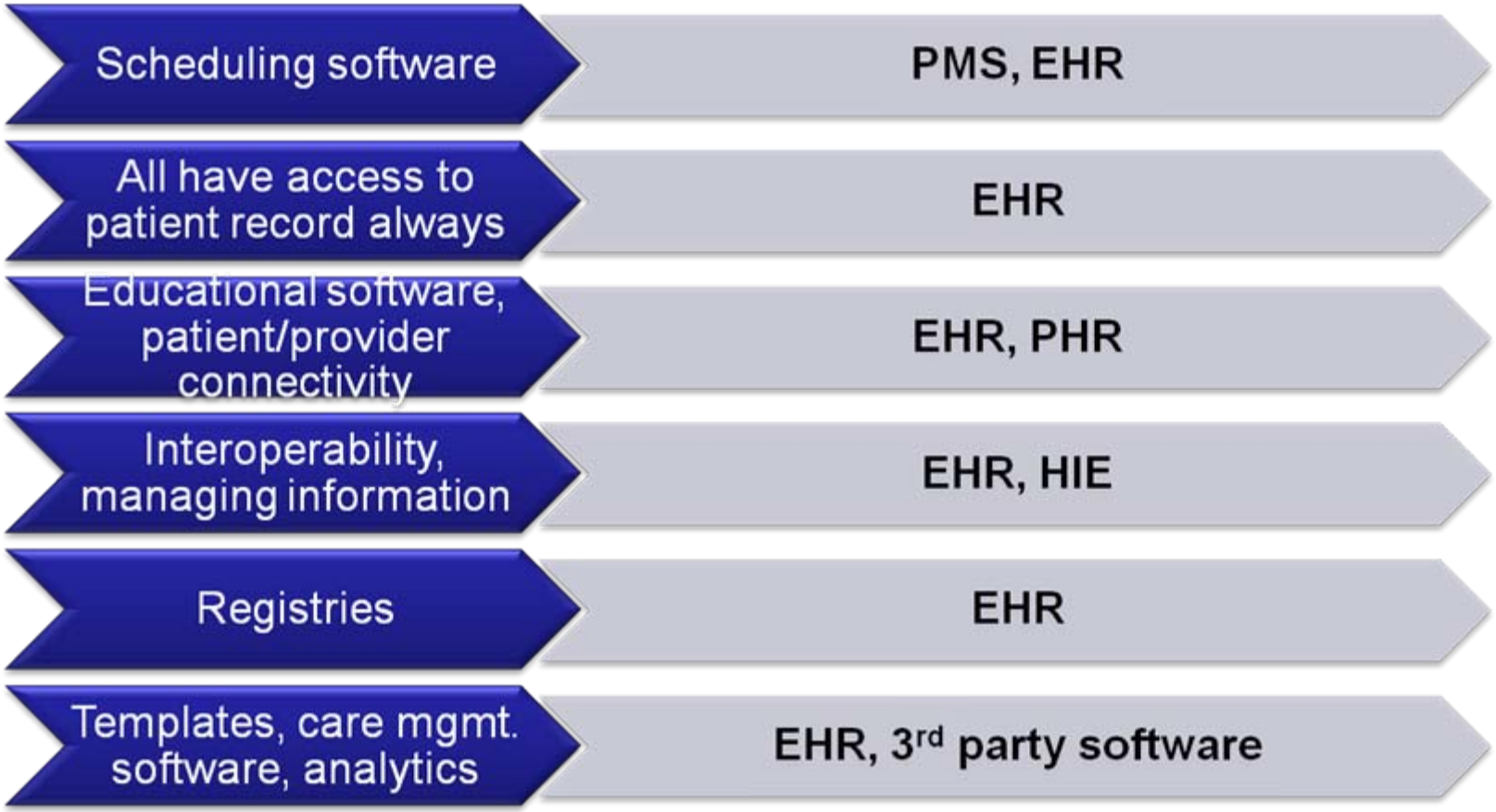

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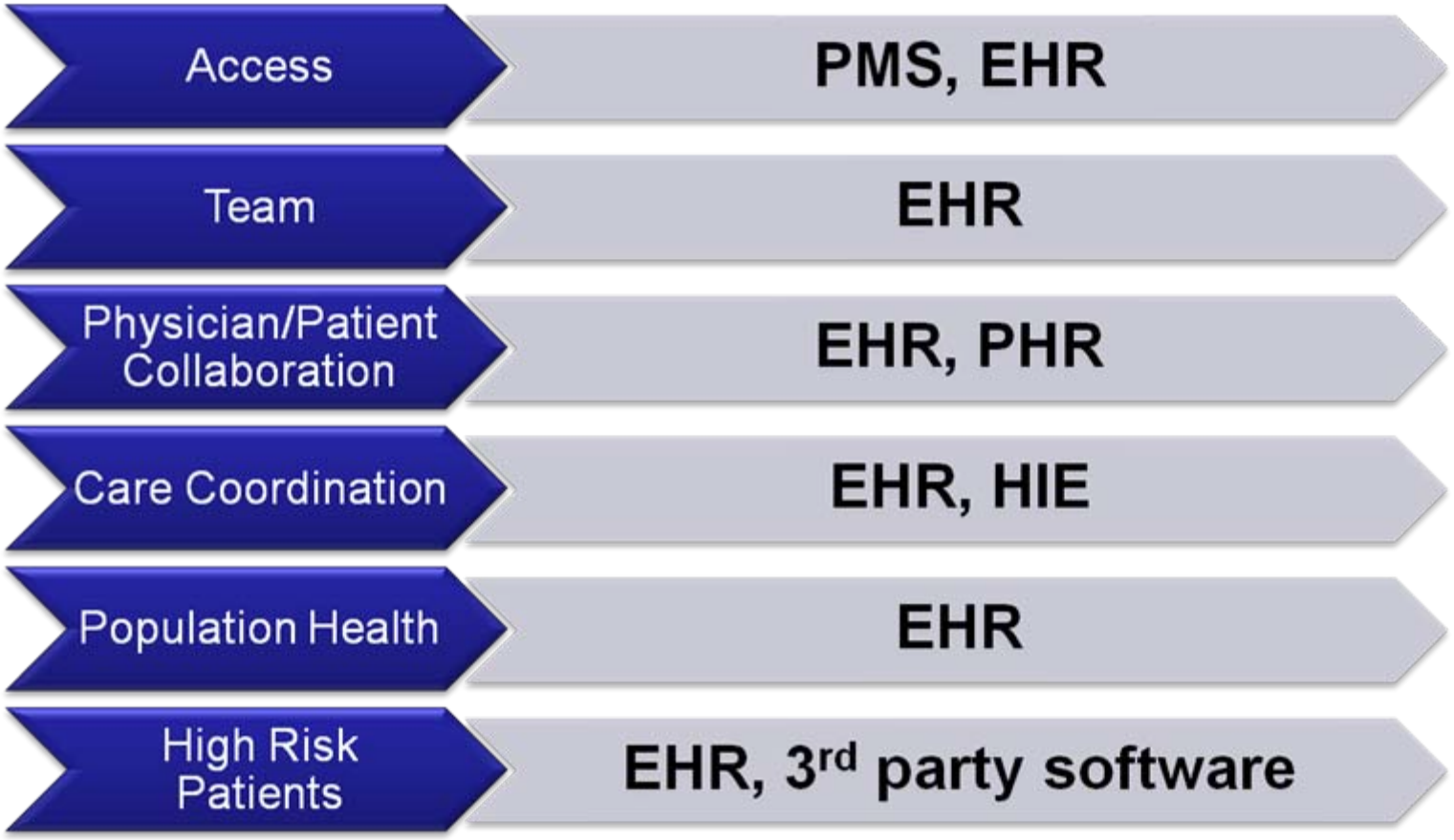
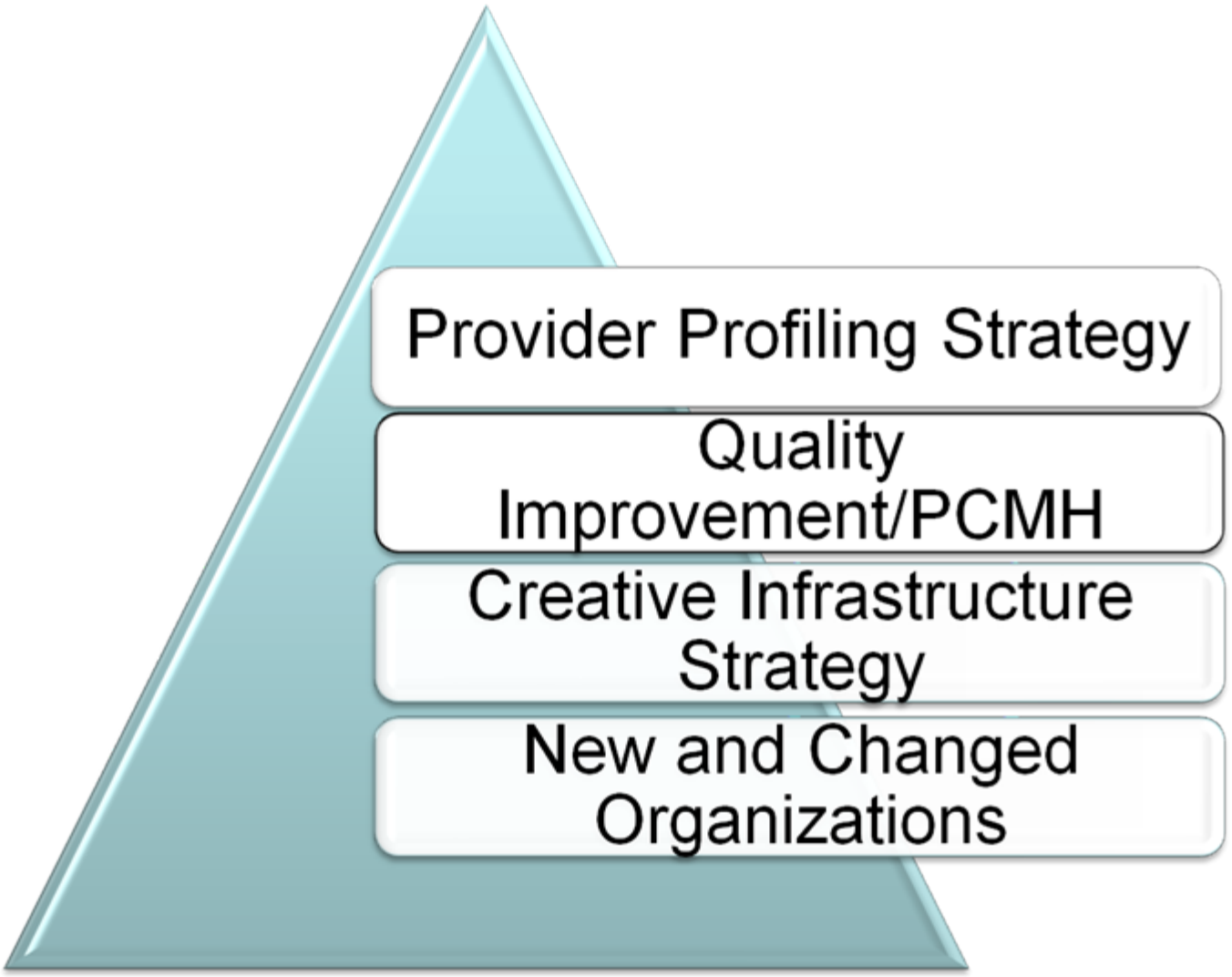


Requirements for Success

EHR	HIE	PHR
• Configuration • Workflow • Monitoring	• real interoperability	• patient usage

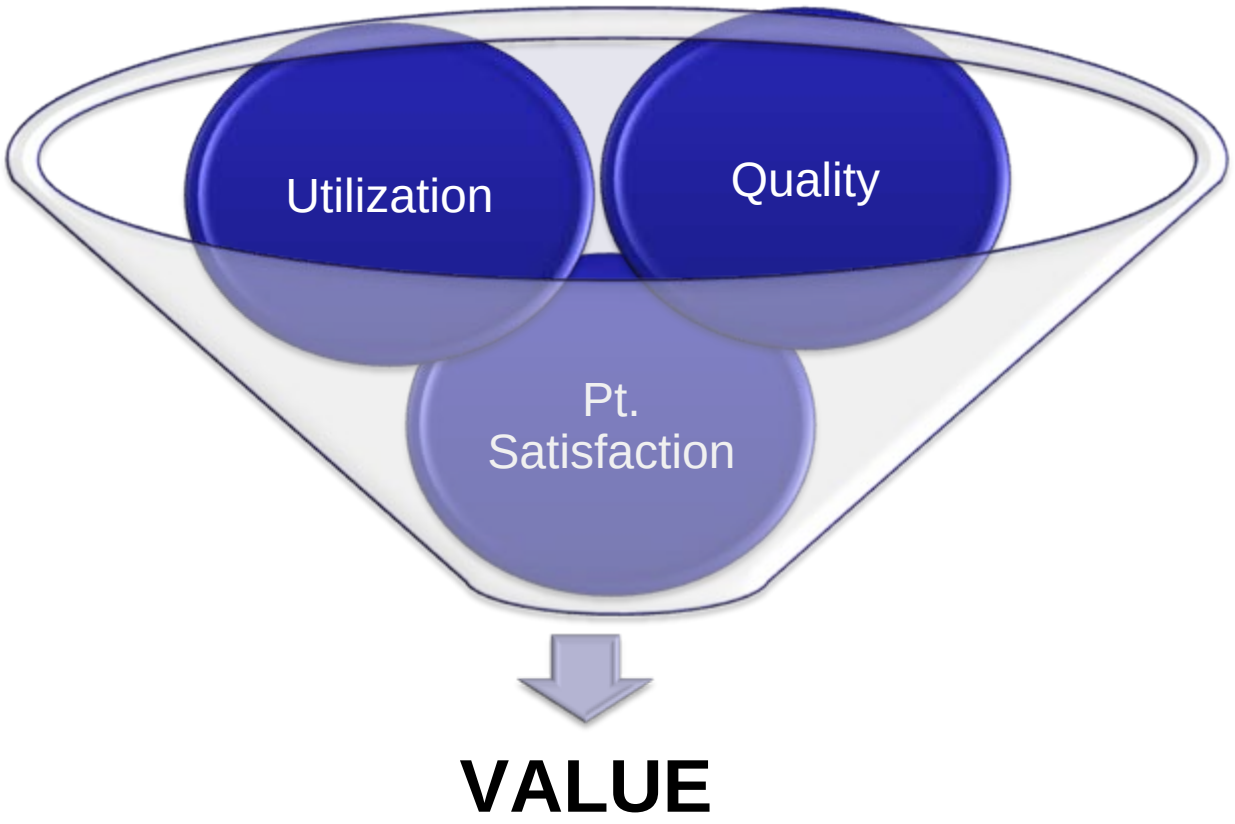
Key Open Community Components



Transparency

- 10 years experience
- Pay-for-performance
- Process
- Outcomes
- Costs

Community Value Profile



Current Data Collection

Data Types	Data Sources
Physician characteristics	Taconic IPA
Quality outcomes (10 HEDIS measures)	Health plans, EHRs
Cost outcomes (comprehensive utilization measures)	Health plans
Consumer experience	CG-CAHPS

- Longitudinal from baseline year (2008)-today
- Compared with national benchmarks

Ongoing Data Collection

- Quality
  - Claims
  - EHR
- Cost and Utilization
  - Claims
  - Utilization Metrics
  - Validation
  - Attribution
  - Total $

EHR Quality Data

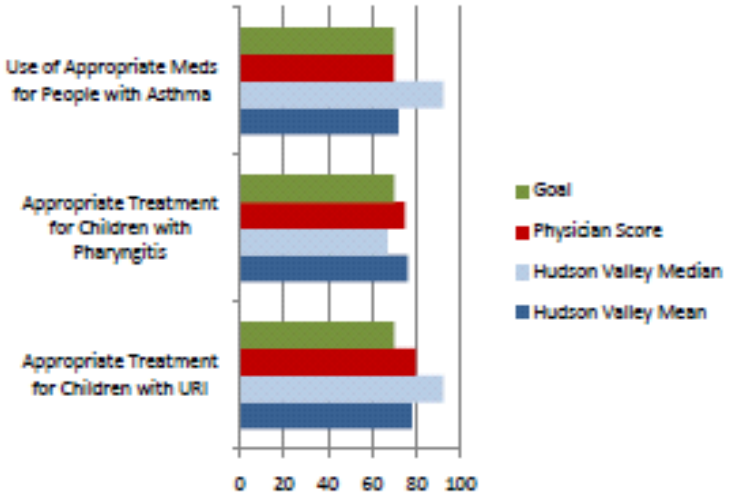
THINC

Taconic Health Information Network and Community

Physician: Gen Eric

MEDICAL HOME PHYSICIAN QUALITY PROFILE

Respiratory Care



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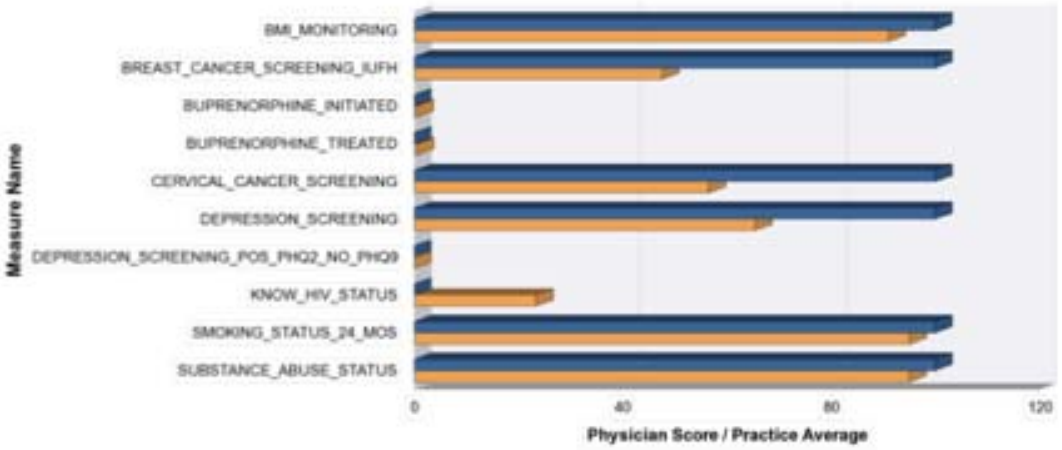
EHR Quality Data

THiNC

Last RefreshDate: 6/1/11 11:30 AM

Quality Report [redacted]: February 2011

Physician: [redacted]



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Claims Utilization Measures

Outpatient utilization

- Number of office visits with primary care physician
- Number of office visits with specialists
- Number of laboratory tests (blood and urine tests) by the primary care physician
- Number of laboratory tests (blood and urine tests) by specialists
- Number of radiology and other diagnostic tests (not included in laboratory results above) by the primary care physician
- Number of radiology and other diagnostic tests (not included in laboratory results above) by specialists
- Number of ancillary services
- Number of therapeutic services (e.g. PT/OT/Speech)
- Generic prescribing rates

Emergency department and hospital utilization

- Number of emergency department visits
- Number of hospital admissions
- Average length of stay
- Number of readmissions (within 30 days of discharge)
- Number of skilled nursing days
- Number of ancillary services
- Number of therapeutic services (e.g. PT/OT/Speech)

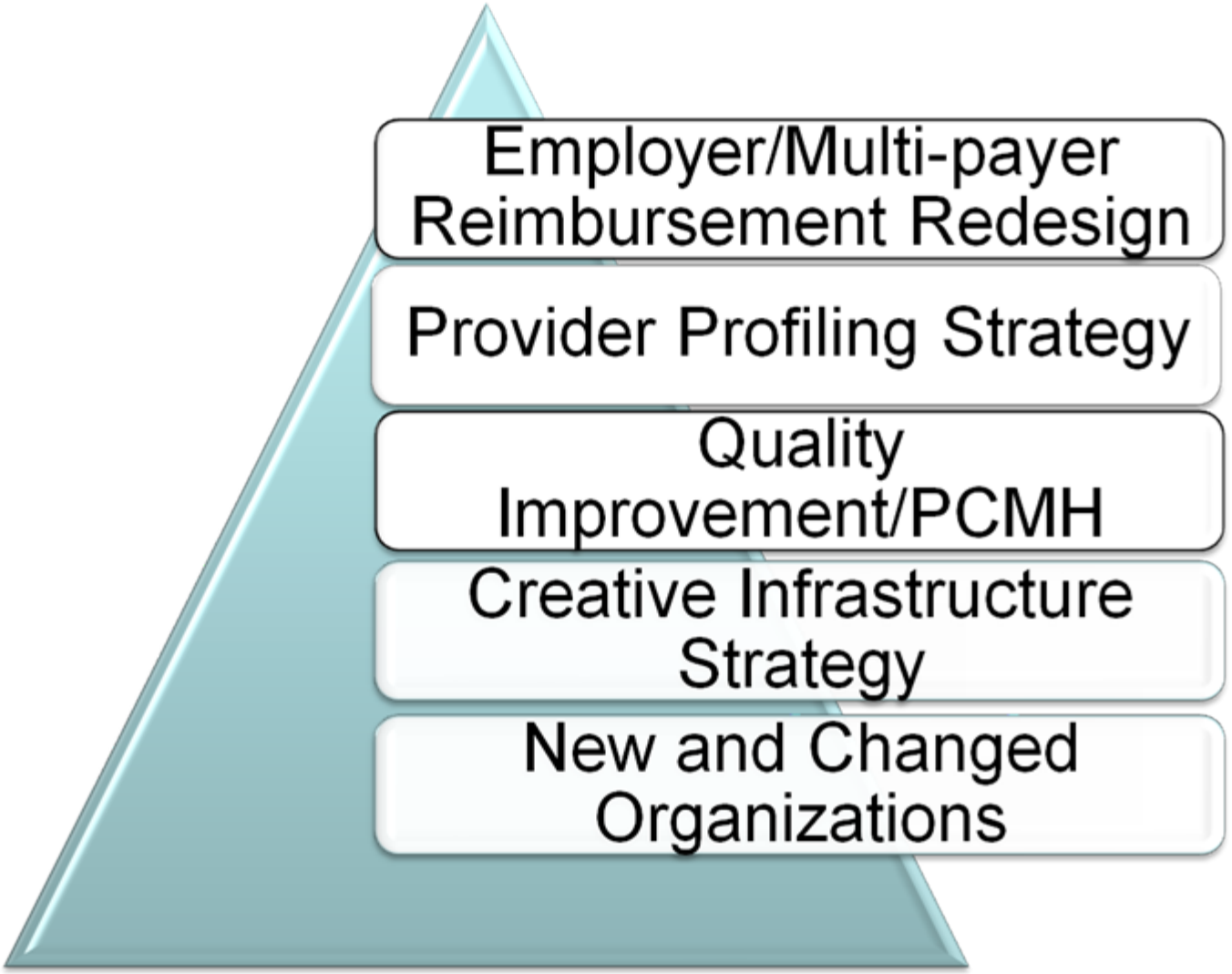
Referral care

- Number of skilled home care visits
- Number of custodial home care services

Patient Satisfaction

- Complete CG-CAHPS 6 point Adult Ambulatory survey (moving to Medical Home version when ready)
- Administered annually to 45 patients per primary care physician
- Patients consented in the offices and then contacted by outside vendor
- Benchmarked to practice, all HVI, and nationally
- Data made available through Portal
- Eventually to be made available to the public

Key Open Community Components



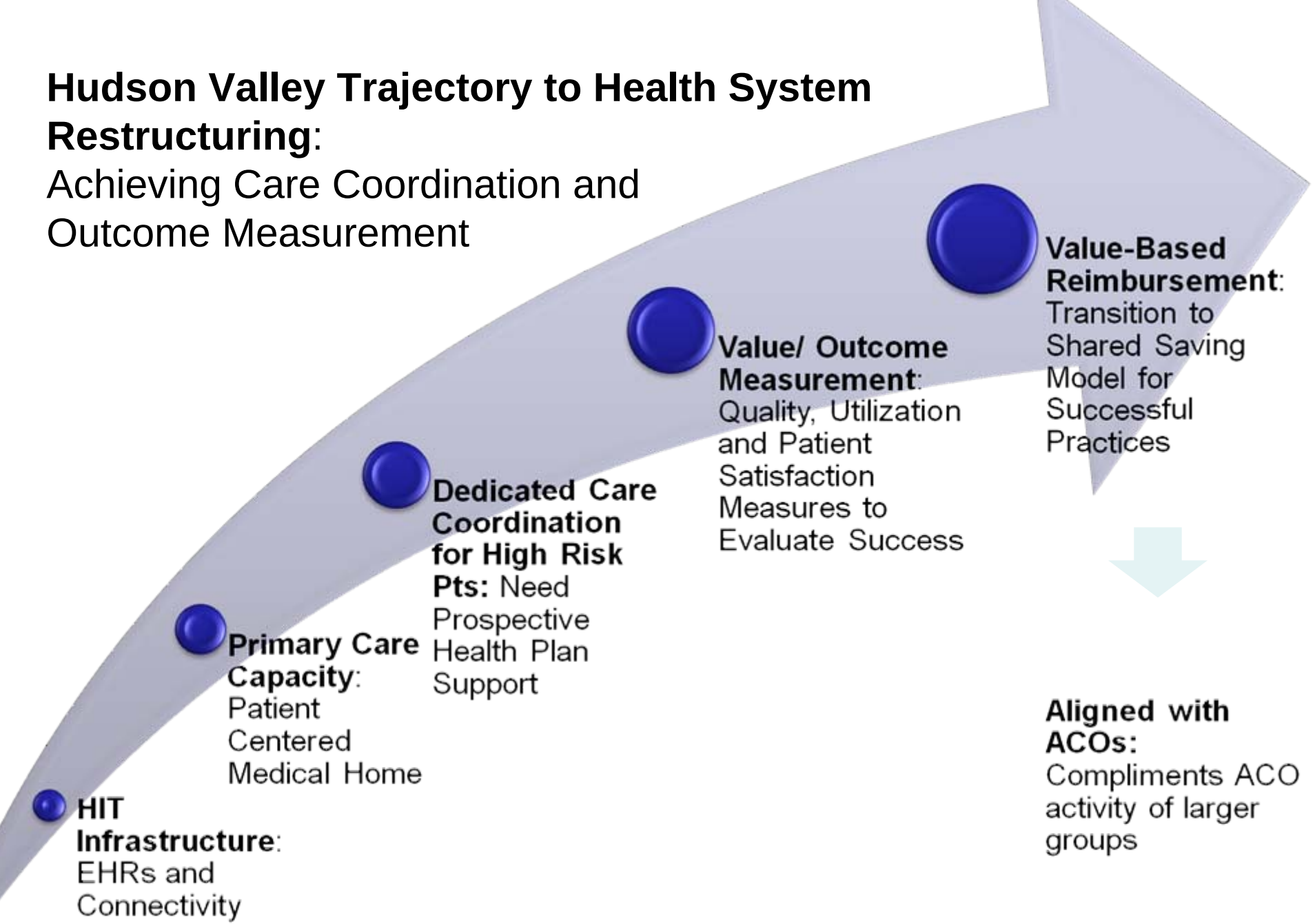
Reimbursement Redesign

- 10 years experience
- Over $3M distributed in pay-for-performance incentives to date
- Multi-payer
- Employers
- Portal
- E-prescribing
- Embedded Care Managers

Current Approach

- FFS
- Administration
- Embedded Care Management
- Gainsharing

Hudson Valley Trajectory to Health System Restructuring:
Achieving Care Coordination and Outcome Measurement



Evaluation

- Currently underway
  - Impact of EHRs and Medical Home on Costs and Quality of Care
  - Impact of Case Management on Costs and Quality of Care
- Planning Stages
  - Medication Reconciliation and Patient Safety
  - Psychosocial Strategies in Pediatric Case Management
  - Impact of Pediatric Case Management on Adult Caregiver Health Literacy

Research-based Proof Points

- *Healthcare Consumers' Attitudes Towards Physician and Personal Use of Health Information Exchange* O'Donnell HC, Patel V, Kern LM, et al. Healthcare Consumers' Attitudes Towards Physician and Personal Use of Health Information Exchange. Journal of general internal medicine 2011.
- *Electronic Prescribing Improves Medication Safety in Community-Based Office Practices* Kaushal R, Kern LM, Barron Y, Quaresimo J, Abramson EL. Electronic prescribing improves medication safety in community-based office practices. Journal of general internal medicine 2010;25:530-6.
- *Measuring the Effects of Health Information Technology on Quality of Care: A Novel Set of Proposed Metrics for Electronic Quality Reporting* Kern, Lisa M.; Dhopeshwarkar, Rina; Barrón, Yolanda; Wilcox, Adam; Pincus, Harold; Kaushal, RainuJoint Commission Journal on Quality and Patient SafetyVolume 35, Number 7, July 2009, pp. 359-369(11)
- *Achieving the Potential of Health Information Technology* Burstin, Helen R. (editorial) Journal of General Internal MedicineJ Gen Intern Med 23(4):502–4DOI: 10.1007/s11606-008-0552-xSociety of General Internal Medicine 2008
- *The Approaching Revolution in Quality Measurement Bates*, David W. (editorial) Joint Commission Journal on Quality and Patient SafetyVolume 35, Number 7, July 2009, p. 358(1)
- *Electronic Result Viewing and Quality of Care in Small Group Practices* Barron, Yolanda; Blair, A. John; Salkowe, Jerry; Chambers, Deborah; Callahan, Mark A.; Kaushal, Rainu; Kern, Lisa M.JGIM: Journal of General Internal Medicine (0884-8734)4/1/2008. Vol.23,Iss.4;p.405-410

Lessons Learned

Discussion

www.hudsonvalleyinitiative.com