Case Studies – Patient Centered Medical Home

A 360 Degree View of the Medical Home in Action

Presented by:

Jackie Hayes, RN
Executive Director of Clinical Services
WellStar Healthcare Systems

Lora Baker
Health Quality Measures Program Manager
NextGen Healthcare Information Systems Inc.

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WellStar Physicians Group

- **339 Total Providers**
  - **242 Physicians**
    - ✓ **111 Adult Medicine Physicians**
    - ✓ **Family Practice, Internal Medicine, Hospitalists, Urgent care**
    - ✓ **38 Pediatricians**
    - ✓ **36 OB-Gyns**
    - ✓ **57 Medical and Surgical Specialists**
  - **97 Midlevel practitioners**
- **74 Practice sites within the Group**
  - **22 sites involved in the BTE P4P Project**

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Need for Transformation in the way Healthcare is delivered

- Healthcare 2015 IBM report states that the US Healthcare system is on an unsustainable path that will force a transformation…to reduce cost and increase quality of care.
- Currently care is episodic: treatment delivered at time of visits, inconsistent care in between visits
- Clinical information is scattered: different data presented in numerous disconnected systems
- Presentation of incomplete data: causes delays in treatment and increased cost.

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Payer Challenges

- Healthcare decisions made with incomplete patient records drive costs higher
- Transition from episode based care to cycle of care has been difficult
- Limited mechanisms for implementing value-based models for the provision of healthcare services
- Provider skepticism about clinical data integration across the full healthcare cycle

Provider Challenges

- Limited to episode based care due to inadequate access to the patient's healthcare community
- Individual provider records are not kept in a form that is easy to integrate across the patient's full care cycle
- Coordinating patient's healthcare with payer plan preferences at the time of treatment
- Trusting health plans as "partner" in patient's healthcare

Requirements for a Successful Model

- Acceptable to patients, employers and physicians
- Easily Understood by all parties
- Sustainable
- Have incentives aligned
- Measurable outcomes
- Have a return on investment at level of DM Programs for MC
- Promote documented improvements in Health Outcomes and health care processes

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Humana /Wellstar Pilot

Douglasville Medical Center

East Paulding Primary Care Center

A Medical Home Model

May 2008

Physician
Motives to Participate

- Potential for more satisfying work environment with potential for better care and improved reimbursement
- Team approach to support management of patients and broad knowledge base required for primary care with new knowledge coming every year
- Reimbursement to support pilot/acquisition of tools and transition to improved care processes
- Potential for future reimbursement based on quality – not quantity

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Payer Incentives to Partner

- Collaboration: Access to payer and provider based information provides the opportunity for data sharing, as a first step in developing a partnership with providers in the patient's healthcare management built on trust
- Coordination: Develop processes to aggregate patient's healthcare data enhancing value of each visit and providing opportunity for better care management over time and among multiple resources

WellStar's Motives to Participate

- Feedback to contracting for future negotiations with managed care
- Opportunity for practices to become recognized as PCMH by NCQA
- Increased patient, physician and staff satisfaction
- Better clinical outcomes
- Decreased costs of care over population – decreased ER visits and Inpatient Admissions and LOS
- Decreased cost of specialty care
- Increased payments to primary care
- Increased interest in primary care as career

Practice Experience – After 9 Months

- Minimal quality improvement initially – much work had already been done through BTE
- Process improvement work has yielded cost reduction and improved provider satisfaction
- Financial investment and shared potential provides incentive to do the “work” of change
- IT solutions necessary

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Practice Challenges

- Time
- Access
- Funding the change
- Need for more licensed staff for practice support

-Integration of Proactive patient management

-Transition from individual patient to patient/family and population management

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Physician Challenges

- Facing reality that “Usual care is not good enough”
- Chronic conditions last a lifetime
- Division of labor and accountability between patient, family, practice
- Awareness of how to connect to community
- EMR Transition

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Medical Home Challenges

- Accepting that old way won't work in order to embrace different practice
- Medical Home verbiage not easily grasped by provider, patient and staff
- Connections to support services, information, community
- Transition to supporting self-management and shared decision making
- Shift from individual to family centered care

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Wellstar Analysis

Metric	5/1/08 – 9/30/08 Wellstar	5/31/08 – 9/30/08 Control Group
ER Utilization	$5.84 PMPM ↓ 32%	$6.20 PMPM ↓ 10%
Inpatient	$76.47 PMPM ↑ 17%	$92.34 PMPM ↑ 46%
PAR Facility	92% ↑ 13%	93% ↑ 4%
Generic Dispense Rate	67% ↑ 5%	68% ↑ 6%
Diagnostic Imaging Cost	$40.83 PMPM ↓ 17%	$40.04 PMPM ↓ 22%
Primary Care Office Visits	$8.53 PMPM ↑ 2%	$8.64 PMPM ↑ 3%

Note: % change compared to respective baseline

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Future Rewards

- Financial rewards for improved results/outcomes
- Practice transformation skills for continued improvement
- Cultural change

  Comfort with identifying needs and bad processes with resulting negative outcomes

  Improved communication between physicians and staff

  Staff involved in “how” to do their jobs

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Value to the Healthcare Community

- Enhanced Quality of Care
  - Better processes through technology and information provide clinical flags for care, based upon evidence based medicine.
- Lower Disease Management, Case Management and administrative costs
  - using technology to replace paper and telephone
- Contributes to healthcare reform and more initiatives like Medical Home

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* To Err is Human, Institute of Medicine, Novem

Critical Success Factors

- Quality Measures
  - Clinically sound, nationally recognized and accepted
  - Both Outcome and Process measures
- Reimbursement Alignment
  - Physicians, Employers, Payers
- Strong Implementation Team
  - Practice staff involvement at all levels
  - Outside support for initial data collection and process improvement
- Regular meetings with physicians/payers
  - Identify issues and reinforce goals through concise information and data
- Use of New Technology
  - EMR will be critical going forward

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An Electronic Medical Record

- Patient information instantly available for all team members
- Integrates decision support/patient safety tools for POS care delivery
- Allows information sharing across physicians
  - improving communication and decision making
  - reducing chance for errors
  - eliminating redundant services
- An information platform from which results and metrics can be easily extracted to provide useful data and reporting
- Lowers the cost of maintaining manual records
- Great economic incentives for both providers and payers

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HIT Challenges and Success Factors

A train coming at you or light at the end of the tunnel?

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About NextGen Healthcare Information Systems

- NextGen Healthcare provides integrated electronic health record (EHR) and practice management systems, connectivity solutions, and billing services for hospitals and ambulatory practices.
- Formalized Health Quality Measures Outcomes Program in 2007
- Work with clients to leverage NextGen Health Quality Reporting Module as well as “operationalize” outcomes reporting and P4P programs within their practice
- Further supported by Grants and Funding Services

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Top 5 HIT Challenges

1. PCMH is in its infancy
   - ✓ Variations in payer reporting requirements
   - ✓ Variations in definition of PCMH
2. Administrative Reporting
   - ✓ Written procedures
   - ✓ Operational performance
3. Clinical Tracking
   - ✓ Discrete Clinical Data Element Capture
   - ✓ Patient Outreach/Self-Management
   - ✓ Care Management Planning and Execution
   - ✓ Referrals
   - ✓ Orders
   - ✓ External Diagnostic Tests
4. Measurement
   - ✓ Claims vs. Clinical Data
   - ✓ Integrated reporting for all PCMH requirements
5. Financial and clinical analysis for operational efficiencies

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Integration is Key… Transformation from Data Rich to Information Rich!

- Integrated reporting of Practice Management and EHR data
- Seamless clinical data point capture during course of documenting encounters/physician workflow
- Work log tasks integrated into outcomes reporting
- Automated solutions to increase patient care and practice efficiencies
  - Patient outreach
  - Follow-up care
- Assistance in mapping PCMH requirements into Practice Management and EHR solution

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Thank You

Q&A

For questions about this presentation contact:

Lora Baker

404-467-1500 or lbaker@nextgen.com

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