Clinical Integration and the Greater Rochester IPA Experience

Web-based sharing of Clinical Data in Support of ACO, Meaningful Use and Medical Home Concepts

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Agenda Overview

- GRIPA as a case study
- What did GRIPA do?
  - FTC Advisory Opinion on its Plan for CI
  - Clinical Integration (CI) Program
  - Web Portal Infrastructure
- How GRIPA’s CI Program supports new concepts:
  - Accountable Care Organization
  - Meaningful Use
  - Medical Home
- Discussion
**Greater Rochester IPA: Providers**

- For-profit partnership (PHO) in Monroe and Wayne Counties in NY
- 50% owned by non-profit Rochester General Health System - 2 hospitals, 650 beds
- 50% owned by physician shareholders who made capital investment
  - 430 private (voluntary)
  - 230 employed by RGHS
  - 120 non-shareholders to complete our network
- 41 medical and surgical specialties

**History of GRIPA**

- Formed 1996 to negotiate & manage HMO risk contracts
- Care Mgmt & “P4P” since 1999
- Full risk contracts with multiple payers
  - In 2005, 70% of our physicians’ revenue through GRIPA
  - contracts with 2 dominant regional insurers
    - 95% of commercial & 70% of Medicare market in their HMO products
- Staff of ~40 to support its payer contracts:
  - Care Mgmt/Provider Relations/Credentialing
  - Information Technology/Data Analysis
  - Financial/Actuarial/Contracting functions

Track record of managing risk, controlling costs and improving quality
Quality Measures Over Time

Efficiency Measures Over Time

GRIPA Medical Expense vs Community Trends
(% above/below community)
Changing Marketplace

• Capitation opportunities decreasing
  • dominant insurers disengaged from all IPA contracting 2005/7
  • Market history of collaboration /community-wide IPA’s, each contracting with only one insurer
  • ...unlike GRIPA, which is a limited panel, contracts with any willing payer, and is the only IPA left

• Insurers direct contract & setting up their own P4P

• Most private physicians in groups <=5 by choice

• Antitrust constraints on fee-for-service contracting

The Antitrust Problem

Sherman Antitrust Act prohibits agreements among private, competing individuals or businesses that *unreasonably* restrain competition

Physicians want to contract with payers through provider-controlled entities

Options:

• Merging of practices - not preferred
• Messenger model - no negotiation/incentive
• Direct contracting - some win, most lose
• Financial integration - risk of loss/no opportunity
• Clinical integration
**Clinical Integration: Definition**

“An active and ongoing program to evaluate and modify the clinical practice patterns of the physician participants so as to create a high degree of interdependence and collaboration among the physicians to control costs and ensure quality.”


**What the FTC looks for:**

- “the development and adoption of clinical protocols
- care review based on the implementation of protocols
- mechanisms to ensure adherence to protocols.”
- “the use of common information technology to ensure exchange of all relevant patient data”

FTC/DOJ, Improving Health Care: A Dose of Competition Ch. 2, p.37 (July 2004).

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**GRIPA Response (planning committee 3/2005)**

- Our private physicians were not ready for a multi-specialty group
- Clinical Integration identified as alternative
  - Achievable, consistent with goals
  - GRIPA already had many components
    - Guidelines, P4P, Care Mgmt
  - Physicians want help with technology
  - Physicians want to provide quality care
GRIPA’s Progress Towards CI (2005-2008)

11/2005 BOD approved CI business plan, contracted with vendor for IT infrastructure

Early 2006 Portal design

2006 Data source contracts & interfaces: Imaging centers, clinical laboratories, hospitals

6/2006 FTC advisory opinion request submitted

7/2006 Contracts to private physicians & hospital system

Late 2006: - Practice Mgmt system interfaces - IBM review of IT readiness

Early 2007 Roll-out web portal to physician offices

Adding data source contracts & interfaces - Imaging centers, clinical laboratories, hospitals

9/17/2007 + FTC Advisory Opinion gives our physicians confidence & incentive to move forward with CI

2008 > CI contracts with Self Insured and Portal enhancements

GRIPA receives (2nd ever) favorable FTC Advisory Opinion on its CI plan 9/17/07

“... it appears that GRIPA’s proposed program will involve substantial integration by its physician participants that has the potential to result in the achievement of significant efficiencies that may benefit consumers.”

GRIPA’s FTC Advisory Opinion 9/17/07
http://www.ftc.gov/bc/adops/gripa.pdf
Our approach to implementing our plan for CI:

- Establish physician committees to develop guidelines and monitor compliance
- Care Mgmt team working more closely with physicians and their offices
- GRIPACConnect portal to include as much relevant clinical data as possible and store data in a central data repository
- Integrate the portal with a clinical decision support system in order to improve quality at the point of care and report on conditions and guideline adherence and measurement
- Provide our physician community with additional IT tools to enhance workflow and improve quality at the point of care

Clinical Integration Components

- Establish Quality & Utilization Goals
- Work with Indiv providers to modify practice patterns (as necessary)
- Provide electronic tools, guidelines & reports
- Measure indiv provider’s cost & quality performance
- Monitor & evaluate Network’s aggregate performance
CI Model in Action

Central Data Repository

Portal

Radiology

Lab

Referral

Pharmacy

Specialist

PCP

Hospital

IPA

CI Model in Action

Central Data Repository

Portal

Radiology

Lab

Referral

Pharmacy

Specialist

PCP

Hospital

IPA

ePrescribing
Goals of the Program

Clinical Guideline Goals:
- Ensure network providers are acting as a unit and adhering to evidence-based guidelines
- Physicians develop, review & approve guidelines
- Guidelines & measures for all specialties
- Guidelines & measures for cost-driver conditions

Performance Management Goals:
- Reduce practice variation
- Monitor/evaluate each provider’s performance
- Identify individual providers who may need assistance to meet quality and efficiency goals
- Compare the network to national benchmarks

Guidelines & Measures Developed

- Advance Directives
- Allergic Rhinitis
- Asthma
- Back Pain, Acute, Chronic
- CAD & Other Atherosclerotic Vascular Diseases
- Childhood Immunizations
- Cholelithiasis
- Colon Cancer, Screening & Surveillance
- COPD
- Depression, Major (Management)
- Depression, Major (Screening)
- Diabetes Mellitus, Adult, Pediatric
- Diverticulitis
- Deep Vein Thrombophlebitis
- Heart Failure
- Hyperlipidemia
- Hypertension
- Hyperthyroidism
- Hypothyroidism
- Ischemic Stroke/TIA (Secondary Prevention)
- Kidney Disease, Chronic, End Stage
- Melanoma, Cutaneous
- Men (Preventive Care)
- Metabolic Syndrome
- Migraine Headache (Management)
- Neuropathic Pain (Management)
- Obesity (Management)
- Osteoarthritis/Degenerative Joint Disease
- Pain (Management)
- Osteoporosis (Management)
- Osteoporosis (Screening)
- Pain, Chronic
- Pediatrics (Preventive Care)
- Pharyngitis, Acute
- Prediabetes
- Prenatal Care
- Prostate Cancer (Management)
- Rheumatoid Arthritis (Management)
- TIA (Management)
- Urolithiasis
- Women (Preventive Care)
## Improving Guideline Compliance using Electronic Tools

### Point of Care Alerts
- Available to all physicians at Point of Care
- Display services that a patient is overdue for or beyond goal (“Actionable Alerts”)
- Updated as transactional data is received
- Physicians are able to provide feedback if a patient is mis-identified with a disease or has a contra-indication related to an alert

### Care Opportunities Report
- Population report to look at all “actionable” items on all patients within a practice at once
- Filters allow physician to focus on a subset of population
- Allows offices to do outreach to those patients in need of services

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### Point of Care (POC) Alerts – patient specific

#### Managed Conditions

<table>
<thead>
<tr>
<th>Managed Condition</th>
<th>ICD-9</th>
<th>Date Diagnosed</th>
<th>Rank</th>
</tr>
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<tbody>
<tr>
<td>Prevention</td>
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<tr>
<td>Diabetes</td>
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<td>delete</td>
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<tr>
<td>Hypertension</td>
<td>6/25/2007</td>
<td>3</td>
<td>delete</td>
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<tr>
<td>Pneumovax Candidate</td>
<td>8/10/2007</td>
<td>4</td>
<td>delete</td>
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</table>

#### Patient Alerts

- Back to Care Opportunity Grid
- Actionable Alerts only

<table>
<thead>
<tr>
<th>Measure (Alert) Name</th>
<th>Last Value</th>
<th>Date Last Value</th>
<th>Patient Goal</th>
<th>Population Goal</th>
<th>Due Date</th>
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<tr>
<td>LDL</td>
<td>74</td>
<td>04/2006</td>
<td>&lt; 7</td>
<td>&lt; 7</td>
<td>1/15/2009</td>
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<td>Triglycerides</td>
<td>150</td>
<td>04/2006</td>
<td>&lt; 150</td>
<td>&lt; 150</td>
<td>04/2009</td>
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</table>

- Back to Care Opportunity Grid
Care Opportunity Report (COR) – provider specific

Please select desired criteria before applying the filter.

<table>
<thead>
<tr>
<th>Site</th>
<th>Dr. Nielsen’s Test Practice</th>
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<tbody>
<tr>
<td>Provider</td>
<td></td>
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<tr>
<td>Condition</td>
<td></td>
</tr>
<tr>
<td>Alert To Display</td>
<td></td>
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</table>

Apply Filter

Care Opportunities Patient List

<table>
<thead>
<tr>
<th>Patient</th>
<th>Age</th>
<th>% of Actionable Alerts</th>
<th>% of all Alerts</th>
<th>Patient’s PCP</th>
<th>Last Action</th>
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<tbody>
<tr>
<td>Gripa, alert 2</td>
<td>41</td>
<td>5</td>
<td>15%</td>
<td>Dr. Nielsen</td>
<td>10-09-2007</td>
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<tr>
<td>Patient, alert 3</td>
<td>10</td>
<td>1</td>
<td>4%</td>
<td>Dr. Nielsen</td>
<td>06-01-2007</td>
</tr>
<tr>
<td>Patient, alert 4</td>
<td>42</td>
<td>9</td>
<td>29%</td>
<td>Dr. Nielsen</td>
<td>06-01-2007</td>
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<tr>
<td>Patient, alert 5</td>
<td>56</td>
<td>4</td>
<td>12%</td>
<td>Dr. Nielsen</td>
<td>06-01-2007</td>
</tr>
<tr>
<td>Patient, alert 6</td>
<td>32</td>
<td>5</td>
<td>15%</td>
<td>Dr. Nielsen</td>
<td>06-01-2007</td>
</tr>
<tr>
<td>Patient, alert 7</td>
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<td>2</td>
<td>7%</td>
<td>Dr. Nielsen</td>
<td>06-11-2007</td>
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<tr>
<td>Patient, alert 8</td>
<td>8</td>
<td>1</td>
<td>3%</td>
<td>Dr. Nielsen</td>
<td>06-14-2008</td>
</tr>
<tr>
<td>Patient, alert 9</td>
<td>54</td>
<td>9</td>
<td>29%</td>
<td>Dr. Nielsen</td>
<td>09-20-2007</td>
</tr>
</tbody>
</table>

Feedback to Providers & Compliance Monitoring

Physician Achievement Report (PAR)

• Not shared with anyone but the responsible provider
• Dynamically updated
• Contains all measures approved for each guideline
• Used to determine which physicians may need assistance
• Care Mgmt staff uses for case finding
• Basis of Pay for Performance Program

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Putting It All Together - The Final Equation

GRIPA Guidelines
- Release to Physician Portal
- Committees (SAG, CIC, BOD)
- Write guideline, select measures
- Research national & local guidelines

Measure & Disease Definitions
- Test accuracy by chart review
- Obtain ICD9, CPT4, NDC, DRG codes
- Define goals, exclusions, etc.
- Research national & local definitions

Performance Management
- Blinded Review & Action Plans
- Physician Achievement Report
- Care Opportunities Report
- Point of Care Alerts

Measure & Disease Definitions

IDENTIFY CARE OPPORTUNITIES
- Chronic Conditions (e.g., Diabetes and Cardiac Care)
- Prescribing Inefficiencies
- Pre-curators to Chronic Conditions (e.g., pre-diabetes)
- Overuse of services (e.g., Emergency Visits, Inpatient, Imaging)
- High Volume Acute Conditions (e.g., Low Back Pain)
- High Cost Patients
- Patients without a Primary Care Physician (PCP)
- Quality Indicator Baseline Rates

PHYSICIAN & HOSPITAL ACTIVITY REPORTING
- % of physicians using Population Management reports
- # of prescriptions done using e-Prescribing
- # of discharged pts that had f/u w/in 30 days
- # of Adverse Events Avoided
- # of Referrals done electronically
- # of Referrals followed to completion

PROVIDE PHYSICIAN PRACTICES & HOSPITAL WITH DATA/TOOLS
- Use ofPopulation Management Reports (e.g., Physician Achievement Report)
- Clinical Care (e.g., screening tests, vaccinations, risk assessment, clinical decision support)
- Strategy of Care (e.g., chronic care management)
- Case plans for patient self-management (e.g., patient hand-off to specialist)
- Use of Population Management Reports (e.g., Physician Achievement Report)
- Use of Population Management Reports (e.g., Physician Achievement Report)

PHYSICIAN & HOSPITAL ACTIVITY REPORTING

DEPLOY CARE MANAGEMENT SERVICES

OUTCOMES REPORTING
- Overall Cost trend
- Utilization Changes (e.g., Emergency Visits, Inpatient, Imaging)
- CMS/Patient Satisfaction Results
- Standardized Screening Assessments -pre/post analyses
- % of Patients Assigned a Primary Care Physician
New/Proposed Regulatory Programs

- **“Accountable Care Organizations”**
  - Specific criteria yet to be defined
  - eligible for shared savings from CMS
    - maybe [partial] capitation
  - Senate bill: payments available 2012
  - House bill: 3-5 yr pilot in 2012

- **“Meaningful use” of a “certified EHR”**
  - physicians: $44K Mcare/$63.7K Mcaid over 5 yrs

- Patient-centered “Medical Homes”

GOOD NEWS: ALL BUILD ON CONCEPTS FROM PRIOR MODELS!
Proposed Aspects

- Accountable Care Organization (ACO)
  - Goal: A collection of health care providers accepting joint responsibility for the quality and cost of care provided
  - What providers compromise an ACO?
    - It will vary depending on organization
    - Likely Primary Care, Hospitals and Specialists
    - Could also include Home Health, Rehab Facilities, etc.
  - 3 Components of ACO Infrastructure
    - Local accountability for cost, quality and capacity
    - Performance Measurement
    - Shared Savings

How is GRIPA’s CI Programmed Positioned

<table>
<thead>
<tr>
<th>ACO Concepts</th>
<th>GRIPA Clinical Integration Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group of providers (physicians/hospitals) jointly caring for patients as collaborators</td>
<td>Physician-centered organization (vs hospital system that employs physicians); GRIPA BOD consists of 6 hospital executives and 6 practicing physicians</td>
</tr>
<tr>
<td>Coordinated care with the goal of improving quality compared to benchmarks</td>
<td>Web portal allows coordinated communication and patient care; Robust reporting structure provides feedback and actionable patient lists</td>
</tr>
<tr>
<td>All providers share in cost-savings stemming from quality gains through a fair structure</td>
<td>Pay for Performance program allows all health care providers to participate in gain share</td>
</tr>
<tr>
<td>Designated administrator/formal organization that could work with payers, monitor performance and collect any shared savings</td>
<td>GRIPA is a PHO with existing committees, Board of Directors with long history of working with payers and trusted among its member physicians and hospitals</td>
</tr>
<tr>
<td>Local leadership, engaged stakeholders and broad participation</td>
<td>Committee structure that encourages physician champions and participation of all providers</td>
</tr>
<tr>
<td>Improved communication and care coordination between physicians</td>
<td>GRIPA Portal provides tools to enhance communication and minimize redundant health care services</td>
</tr>
</tbody>
</table>
## Proposed Aspects

**Meaningful Use of a certified EHR**

- **Goal:** To adopt and **consistently** use technology to improve quality and cost of care
  - Through use of certified EHR “modules”
  - Over a period of 90 consecutive days (in 2011 and every day thereafter)

## How is GRIPA’s CI Programmed Positioned

<table>
<thead>
<tr>
<th>GRIPA Tools: Self Assessment</th>
<th>Meaningful Use Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Use Computerized Provider Order Entry (CPOE)</td>
</tr>
<tr>
<td>2</td>
<td>Implement drug/allergy checks</td>
</tr>
<tr>
<td>3</td>
<td>Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT</td>
</tr>
<tr>
<td>4</td>
<td>E-Prescribing</td>
</tr>
<tr>
<td>5</td>
<td>Maintain active medication/allergy list</td>
</tr>
<tr>
<td>6</td>
<td>Record Demographics</td>
</tr>
<tr>
<td>7</td>
<td>Record and Chart changes in vital signs</td>
</tr>
<tr>
<td>8</td>
<td>Record smoking status for patients 13 years old or older</td>
</tr>
<tr>
<td>9</td>
<td>Incorporate clinical lab-test results into EHR as structured data</td>
</tr>
<tr>
<td>10</td>
<td>Generate lists of patients by specific conditions</td>
</tr>
<tr>
<td>11</td>
<td>Report ambulatory quality measures to CMS or the States (EP only)</td>
</tr>
<tr>
<td>12</td>
<td>Send reminders to patients for preventive/follow-up care</td>
</tr>
<tr>
<td>13</td>
<td>Implement five clinical decision support rules relevant to specialty or high clinical priority</td>
</tr>
<tr>
<td>14</td>
<td>Check insurance eligibility electronically</td>
</tr>
<tr>
<td>15</td>
<td>Submit claims electronically to public and private payers</td>
</tr>
</tbody>
</table>
How is GRIPA’s CI Programmed Positioned

<table>
<thead>
<tr>
<th>GRIPA Tools: Self Assessment</th>
<th>Meaningful Use Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Provide patients with an electronic copy of their health information upon request.</td>
</tr>
<tr>
<td>17</td>
<td>Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request (Hospital only).</td>
</tr>
<tr>
<td>18</td>
<td>Provide patients with electronic access to their health information within 96 hours of the information being available (EP only).</td>
</tr>
<tr>
<td>19</td>
<td>Provide clinical summaries to patients for each office visit (EP only).</td>
</tr>
<tr>
<td>20</td>
<td>Exchange key clinical information among providers of care and patient authorized entities electronically and provide summary of care record.</td>
</tr>
<tr>
<td>21</td>
<td>Perform medication reconciliation at relevant encounters and each transition of care and referral.</td>
</tr>
<tr>
<td>22</td>
<td>Submit electronic data to immunization registries and actual submission where required and accepted.</td>
</tr>
<tr>
<td>23</td>
<td>Provide electronic submission of reportable lab results to public health agencies and actual submission where it can be received (Hospital only).</td>
</tr>
<tr>
<td>24</td>
<td>Provide electronic surveillance data to public health agencies and actual transmission according to applicable law and practice.</td>
</tr>
<tr>
<td>25</td>
<td>Protect electronic health information through the implementation of appropriate technical capabilities.</td>
</tr>
</tbody>
</table>

**How is GRIPA’s CI Programmed Positioned**

- **Meaningful Use of a certified EHR**
  
  - **Suggested Regulations imply that an organization can use a “modular” EHR but...**

  - **GRIPA will have to ensure that all vendors get certified (GRIPA Portal vendor plus e-prescribing vendor plus Individual Practice Management systems)**

  - **Even with technology in place, Providers must USE EHR to receive incentive $$ AND...**

  - **GRIPA already has incentives in place to reward providers for using EHR**
Proposed Aspects

- **Patient-centered Medical Homes** (aka “advanced primary care system”)

  - **Goal:**
    - To enhance the relationship between patients and their primary physicians to instill more preventive measures and save costs down the road
    - To increase care coordination across elements of the health care system

- **Using Clinical Decision Support tools to guide decision-making and enhance communication**

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How is GRIPA’s CI Programmed Positioned

<table>
<thead>
<tr>
<th>BTE/NCQA Categories</th>
<th>GRIPA Clinical Integration Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access and Communication</td>
<td>Network of 600 local physicians 100% have Electronic Practice Management System</td>
</tr>
<tr>
<td>Patient Tracking and Registry Functions</td>
<td>Electronic Master Patient Index, Managed Condition/Problem Lists, Point of Care Alerts, Care Opportunities Reports</td>
</tr>
<tr>
<td>Care Management</td>
<td>Care Management Services for conditions including Diabetes, Hypertension, Heart Failure, Coronary Atherosclerosis Disease, Asthma, Metabolic Syndrome, Hyperlipidemia</td>
</tr>
<tr>
<td>Patient Self-Management Support</td>
<td>Case Management Support in Physician Office (including group visits) or at Patient’s home; includes Patient Education materials developed/approved by GRIPA providers</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
<td>Majority of GRIPA Physicians currently use an EMR with e-Rx or the GRIPA-supported e-Rx application</td>
</tr>
<tr>
<td>Test Tracking</td>
<td>Clinical Data Exchange connections to multiple clinical labs and imaging centers</td>
</tr>
<tr>
<td>Referral Tracking</td>
<td>Referral Management: Providers can refer to in-network physicians quickly and easily</td>
</tr>
<tr>
<td>Performance Reporting and Improvement</td>
<td>Point of Care Alerts, Care Opportunities Reports: Providers are measured against agreed-upon quality and utilization standards</td>
</tr>
<tr>
<td>Advanced Electronic Communications</td>
<td>Secure Messaging, Referral Management</td>
</tr>
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</table>
### How is GRIPA’s CI Programmed Positioned – con’td

<table>
<thead>
<tr>
<th>Patient-Centered Medical Home</th>
<th>Elements</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Elements</td>
<td>For Max Score</td>
</tr>
<tr>
<td>PPC 1 Access and Communication</td>
<td>17</td>
<td>14</td>
</tr>
<tr>
<td>PPC 2 Patient Tracking and Registry Functions</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td>PPC 3 Care Management</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>PPC 4 Patient Self Management Support</td>
<td>9</td>
<td>5</td>
</tr>
<tr>
<td>PPC 5 Electronic Prescribing</td>
<td>19</td>
<td>12</td>
</tr>
<tr>
<td>PPC 6 Test Tracking</td>
<td>14</td>
<td>9</td>
</tr>
<tr>
<td>PPC 7 Referral Tracking</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>PPC 8 Performance Reporting and Improvement</td>
<td>32</td>
<td>29</td>
</tr>
<tr>
<td>PPC 9 Advanced electronic communications</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total Points for Program</strong></td>
<td><strong>100</strong></td>
<td><strong>63</strong></td>
</tr>
</tbody>
</table>

Total Points Needed to reach Level 1: 25
Total Points Needed to reach Level 2: 50
Total points Needed to reach Level 3: 75

### Benefits of our CI Program
- Increased quality of care/efficiency at patient/population levels
- Decreased costs, medical errors and variations in care
- Improved outcomes, safety, communications, & patient satisfaction
- Allowed to negotiate contracts with payers
- New market opportunity: self-insured employers
- Physicians are more connected to our hospital partner and are incentivized to refer in-network
- Physician trust, commitment, & acceptance of performance monitoring to achieve goals
- P4P across payers
- Measure/report on physician/network level
- Ability to succeed at risk contracts with same processes/staff
- E-prescribing using one medication list per patient
- Ease IT transition
Benefits of our CI Program

- All of this positions providers and organization to be prepared for new regulations:
  - Accountable Care Organizations
  - Meaningful Use
  - Medical Home

CONTACT INFORMATION

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