

EHR/PCMH: Doctor's perspective

Medical Home Summit

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Learning Objectives

- 1. Review the need to convert
- 2. Learn the advantages of ePrescribing
- 3. Learn the advantages of Clinical Decision Support
- 4. Learn the advantages of enhanced physician-patient communication
- 5. Learn the advantages of enhanced physician-family communication
- 6. Learn the advantages of enhanced physician-physician communication
- 7. Learn how the above leads to Meaningful Use and a Patient Centered Medical Home
- 8. Learn the advantages of working with RECs

PCMH Solo Practice Challenges

1. Limited budget
2. Limited number of staff members
3. Lack of interoperability with other practices (assuming they have EHRs)
4. Time management

Is This an Efficient Work Setting?

“Hey Sally!
Where is
Mrs. Jones
x-ray?”

Printer with
results from
one lab

Unsorted
results

About to
ring with
stat results



Prescription
refill request
on fax
machine (Right
behind the joke of
the day)

Unopened
mail

Courier just
dropped off
more
envelopes

Web portal
(from one
hospital)

Examples of Cost Savings

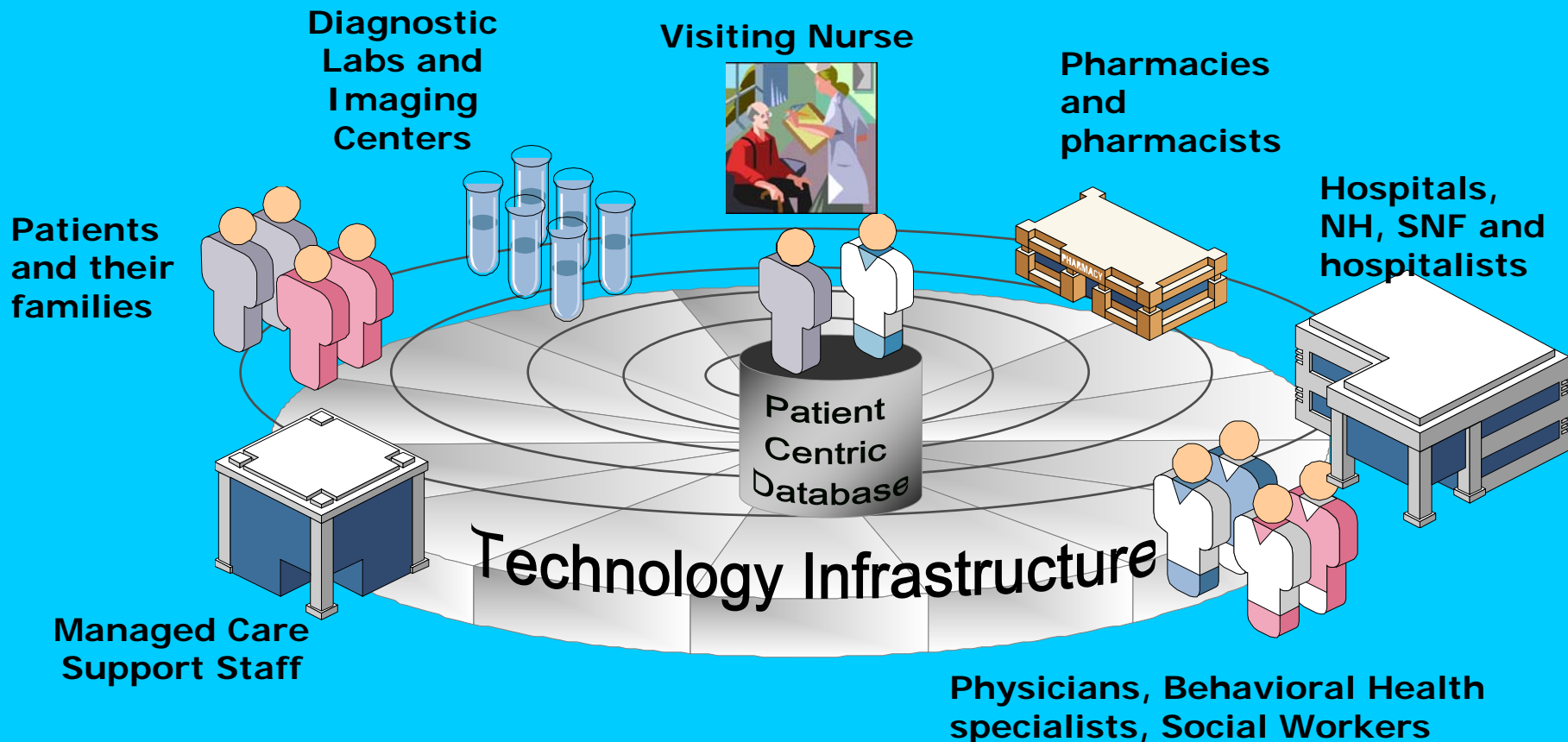
Based on 68 Charts per day: 2 physician practice

- **Chart handling/searching**: 136 charts managed/day (5 min per); 680 min @\$12/hr = \$35,088/yr
- **New chart creation**: 10/day @ 10 min per chart; 100 min @ \$12/hr = \$5,160/yr
- **Transcription**: transcribing, filing, managing: \$1,200/mo = \$14,400/yr
- **Chart Storage**: ex. 10' x 14' room @ \$20 per sq ft = \$33,600/yr
- **Chart Supplies**: charts, encounter forms, progress notes, lab sheets, history forms, problem lists, printing and photo copying = \$10,000/yr

Estimated Total Annual Savings: \$ 98,248

The Connected Healthcare Community: (ACO?)

- Patient-centric design
- Disparate IT systems are unified through a shared information architecture
- Collaborative Care Model
- All providers have access to complete, up-to-date patient information



TWO IMPORTANT STEPS TO EHR ADOPTION SUCCESS

Step 1: Get a partner – ie., Local Regional Extension Center

Regional Extension Centers (RECs) have various resources to facilitate better HIT adoption.

Step 2: Engage your practice

They are your biggest asset!

Experts in the workflows!

Clinical, front office and back office need to be engaged in the process

Need to have support before during and after implementation

In the small office we wear many hats and share many tasks

PCMH Successes

1. Daughter who agreed to collate her parent's medical record into one binder
2. Children who live out of state assisting in the care of their mom
3. Neurologist who confirmed a diagnosis upon review of the EHR record
4. "Snowbirds" sharing information with their docs down South
5. ER visit made more efficient because mom had copy of office visit and recent labs

Patients as proof readers

The screenshot displays a WebEx PCNow window titled 'EHR (Volpe, Salvatore)'. The main application window is 'Sample EHR' with a sidebar containing navigation icons for Admin, Practice, Resource Scheduling, Consultant, LPG, DER, Volpe, Salvatore, Office Visits, Progress Notes, Telephone/WebTel, Labs/Imaging, Recalls, Referrals, Messages, Documents, and Billing. The top right of the application shows a status bar with 'S 0 D 13 R 0 T 1 L 1 M 0'. The central focus is a 'New Patient Encounter Summary' window for 'Patient Hub (Test, Sal)'. This window has tabs for Labs, Diagnostic Imaging, Immunizations, Referrals, Allergies, Alerts, and Notes. The 'Telephone Encounter' form is open, showing the following details:

- Answered by:** Volpe, Salvatore
- Date:** 10/10/2006
- Time:** 9:12 AM
- Status:** Open (radio button selected), Addressed, High Priority (checkbox)
- Provider:** Volpe, Salvatore
- Patient:** Test, Sal; DOB: 1/1/1930; Age: 76Y; Sex: M; Tel: 718-351-2222; Acct No: 14123
- Pharmacy:** (Empty field with 'Sel...' button)
- Caller:** Patient's spouse
- Facility:** Dr Salvatore Volpe
- Reason:** Office visit take home review
- Assigned To:** Volpe, Salvatore

The form also includes sections for 'Message' and 'Action Taken' with buttons for 'Complaints', 'Browse', and 'Check Spelling'. The message text reads: 'Hi Doc, I looked over my husband's office visit. I just wanted to let you know that his kidney stones were on the right and not the left. Sally Test'. The action taken text reads: 'Thanks Sally, I'll update my records. Dr Volpe'. At the bottom of the form are buttons for 'Print Script', 'Fax Script', 'Print Report', 'Progress Notes', 'Patient Hub', 'Document', 'OK', and 'Cancel'.

Sample EHR

9:19 AM

Office Home Page

Salvatore Volpe MD PC - Mozilla Firefox

File Edit View History Bookmarks Tools Help


http://www.svolpemd.com/

Most Visited Firefox Help Firefox Support Plug-in FAQ StatCounter Free invi...

Domain Registration, Website Design a... Site Builder Salvatore Volpe MD PC

Please call 911 for medical emergencies.

Office hours and helpful links	
Office hours Monday 9 AM to 3 PM Tuesday 3 PM to 7 PM Thursday 3 PM to 7 PM	Patient Portal Click here to register on Patient Portal Click here to confirm or make an appointment Click here to request medication refills Click here to request a referral Click here to update your address or phone number Click here to update your insurance information Click here to check your lab results Click here for lab test descriptions
Medical Reference Sites Centers for Disease Control Medical Encyclopedia NYC Public Health Library	Medical Informatics:blogs and links
NYC PUBLIC ASSISTANCE PROGRAMS EPIC/HEALTHPLUS/MEDICAID	Local self help or fitness sites American Cancer Society American Heart Association YMCA
NYC Flu Vaccine Centers	



Done

unes - your YouTube is i

5 Now: Overcast, 51 °F Wed: 53 °F Thu: 53 °F

start Microsoft A... America On... 4 Firefox 2007 HIT-Yester... Contacts - ... 9:17 AM

Stage 1 EP Meaningful Use Criteria

- Stage 1 meaningful use objectives and clinical quality measures include required core set and menu set choices

	Core Set	Menu Set
Meaningful Use Objectives	15 core objectives	5 of 10 menu set objectives
Clinical Quality Measures	3 core measures, or 3 alternate core measures	3 of 38 menu set measures

Criteria for Achieving Meaningful Use & PCMH

- Meaningful Use

- • Improve quality, efficiency and reduce health disparities
- • Engage patients & families
- • Improve care coordination
- • Improve population & public health
- • Ensure privacy & security

- PCMH

- • Access & communication
- • Patient tracking & registry
- • Care management
- • Patient self-management
- • Electronic prescribing
- • Test tracking
- • Referral tracking
- • Performance reporting & improvement
- • Advanced electronic communications

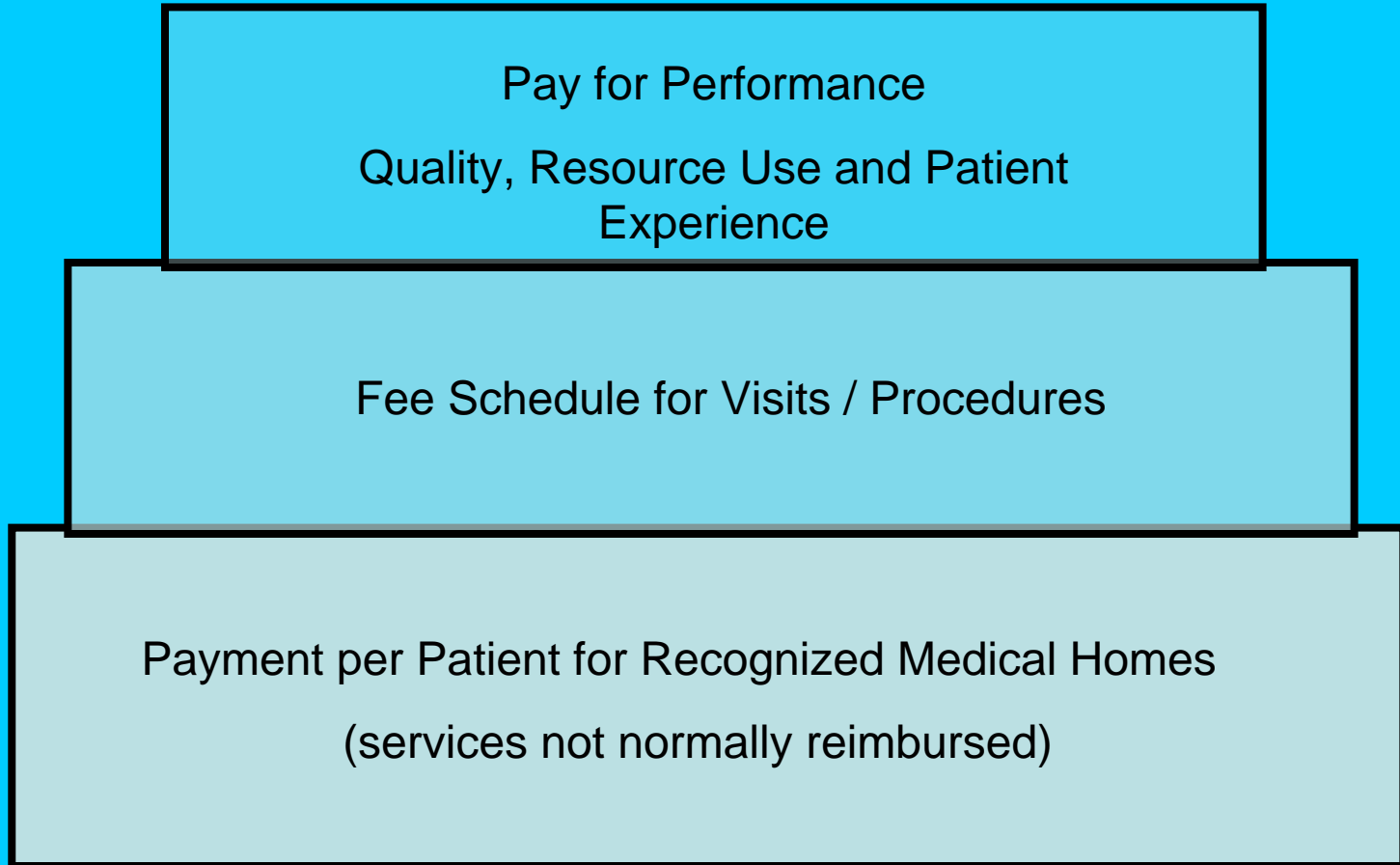
Tiered Payments

- Capital District Physicians' Health Plan
 - Risk Adjusted Capitation using Primary Care Activity Score (Patient Acuity)
 - A 25 year old without problems: \$18/month
 - A 25 year old with diabetes: \$44/month

Tiered Payments

- Capital District Physicians' Health Plan
 - Predicted capitation was within 2.6% of “shadow fee for service billing”
 - Overall Costs: 69% of non-PCMH practices
 - In addition to the one time \$35,000 “transformation” stipend, bonuses ranged from \$10,000 to \$35,000 per physician
 - CDPHP patients only represented 40% of the average practices total panel

Tiered Payments



Lessons Learned

- **PCMH is a good guide for office transformation, but the practice staff has to buy into the concept first**
- **Sometimes, the transformation is the easiest part. Proving it is the challenge**
 - Care coordination efforts are rarely documented
 - EMRs not yet ready to facilitate capture of that information
 - Hard to get aggregate look (many fields are not queryable/no reports available)
 - How do you prove something was given or printed?
- **Chicken/Egg: Implementation/Wait for Reimbursement**

References

- Rich:RUC Recommended Payment Model 2008
- Health Affairs March 2011
- Patient Centered Primary Care Collaborative

Thank You for Attending

- Questions?
- svolpe@svolpemd.com
- www.ehrphrpatientportal.blogspot.com
- www.svolpemd.com