

The Open Source Approach to Quality Improvement

A West Virginia Health Improvement Initiative



Dr. Sarah Chouinard, MD

Chief Medical Officer of Community Care of WV

Chief Medical Advisor of the Community Health Network of WV

Medical Director for Primary Care Systems, Inc.

Do providers understand Meaningful Use?

Generally, no...

22 objectives for EHRs by 2011. The objectives call for qualified EHRs to:

- * Allow patients to access clinical information;*
- * Comply with state and federal privacy, security and data sharing regulations;*
- * Document patient progress and provide clinical summaries;*
- * Exchange critical information with other care providers;*
- * Implement drug interaction safeguards;*
- * Send patient reminders about follow-up and preventive care;*
- * Submit immunization and laboratory data to relevant public health registries; and*
- * Use computerized physician order entry systems to transmit prescriptions.*

EHRs—eCharts or quality improvement tools?

- *With rare exception, every EHR on the market was designed before policymakers began thinking about meaningful use.*
- *EHRs have largely been crafted to digitize clinical practice as we have known it for the last few decades.*
- *Clinicians traditionally have not been trained to function as part of a care team.*
- *Clinicians have not focused on populations of patients but rather on caring for individuals*

Clinician-centric EHRs

- *An integrated patient health record for provider use*
- *Traditional goal of HIT is to e- display what you already should know in a more usable format*
 - *Health Summary*
 - *Reminders*
 - *Lab and Reference Lab Interface data*
 - *Immunizations and State Immunization Sharing data*
 - *Pharmacy*
 - *Allergies*

Population-based Patient-centered EHRs

- 🔑 Software views/applications that allow extraction of data for analysis, evaluation, and improved performance*
- 🔑 Data collection that is more robust than chart auditing*
- 🔑 Includes population and public health measures*
- 🔑 Can be used for achieving meaningful use*
- 🔑 Prepare providers for using PHRs*

RPMS for Community Health...our EHR

- 👉 *Our EHR leverages the work that Indian Health Services has done with their system, RPMS, which is based on a VistA platform, with support from Medsphere System Corporation*
- 👉 *Our network of CHCs is using and adapting that software for our practice setting*

Words of Wisdom (after learning the hard way)

- *Focus on Outcomes*
- *Begin with setting goals for the practice*
- *What are you trying to achieve?*
 - *Better diabetic control*
 - *Reduce medication errors*
 - *Improve patient cycle time*
 - *Improve patient self-management*
 - *Reduce tobacco use*
 - *Improve immunization rates*

Results....

*IMPROVED HEALTH OUTCOMES and
IMPROVED PRACTICE WORKFLOW*

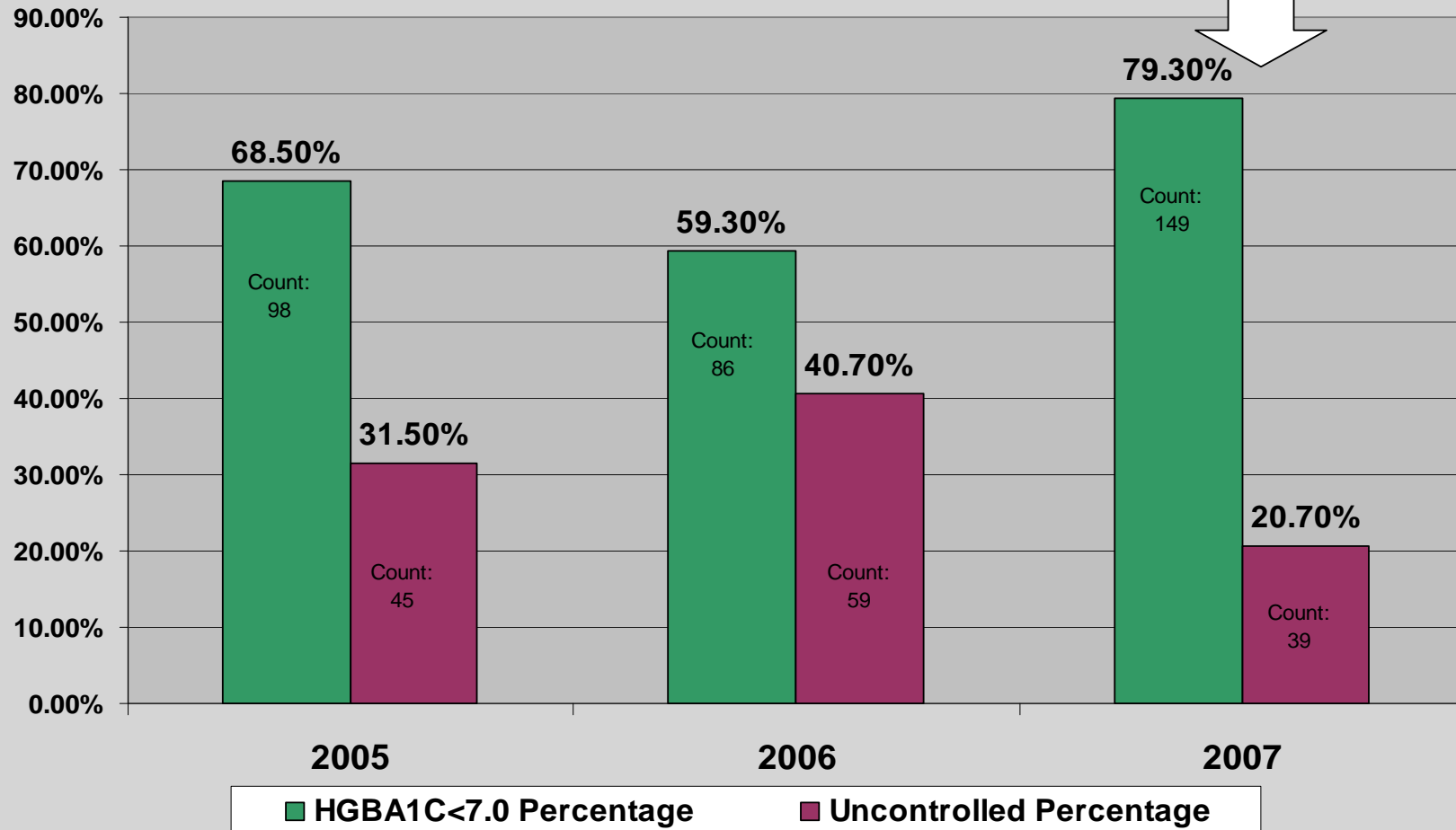
How did we get there?



Clay Primary Care Systems

Diabetes HgBA1c

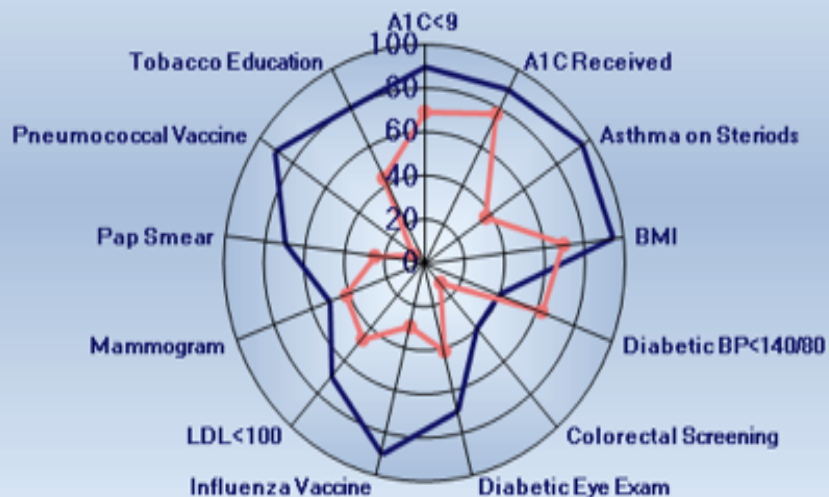
After EHR Implementation



Measures

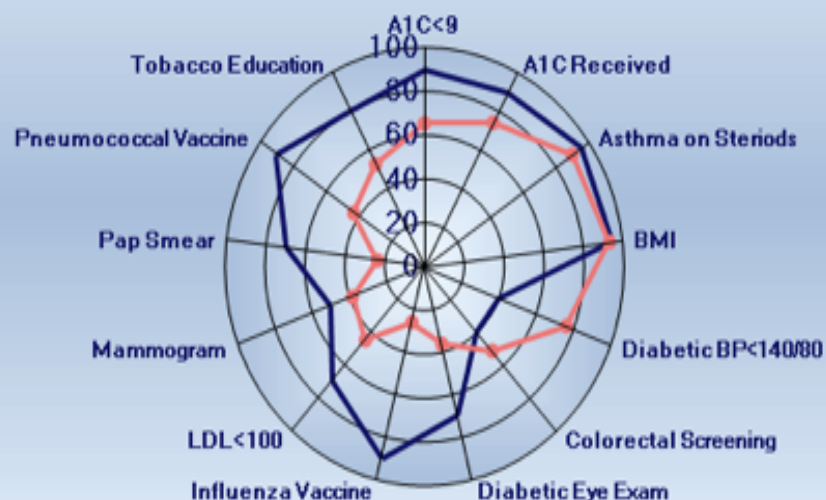
Report Date - 8/1/2009

— HII Benchmark — Results

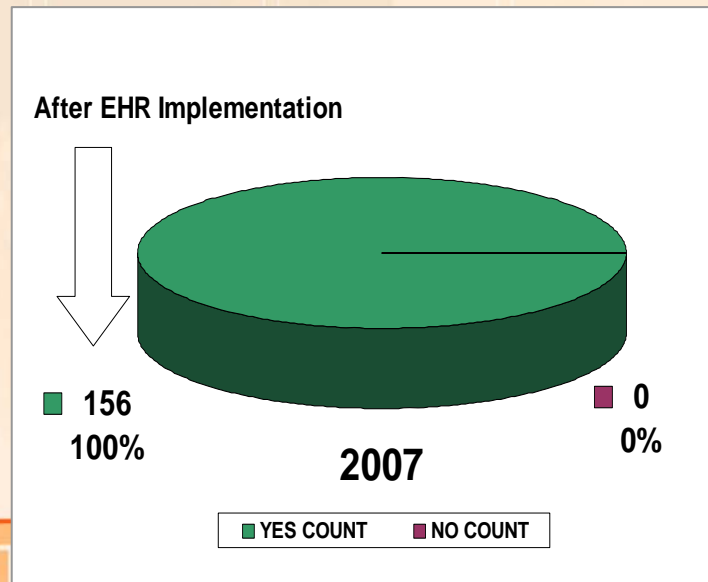
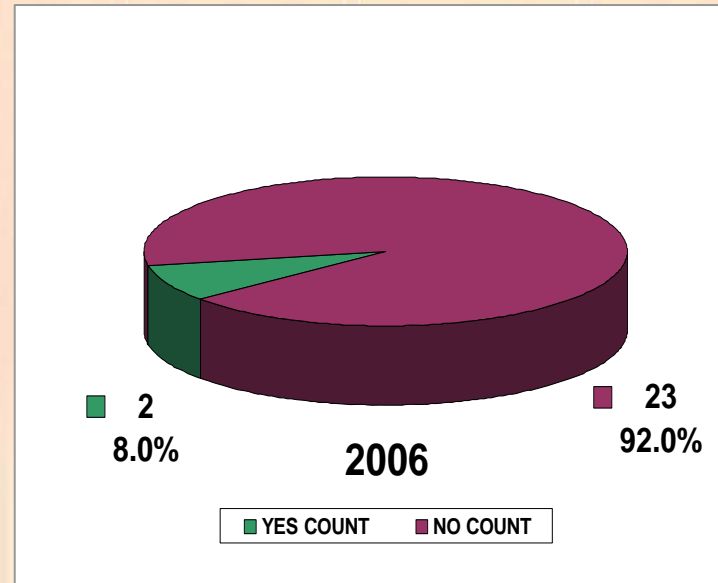
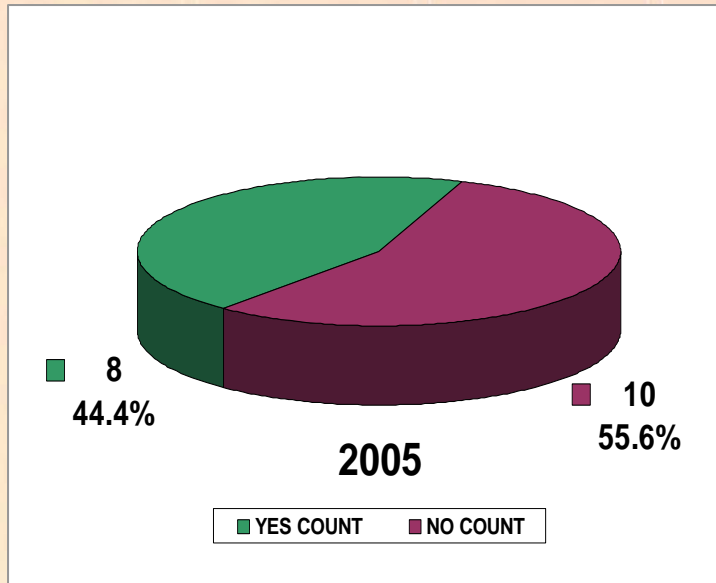


Report Date - 12/1/2009

— HII Benchmark — Results



Obesity DX for Ages 2 – 19 (with and without counseling) 2005, 2006, and 2007



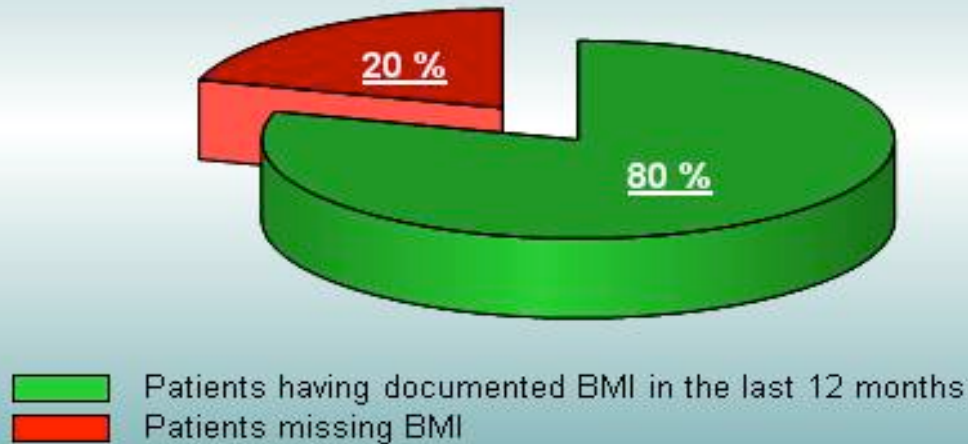
Provider specific data

Primary Care HII Outcome Report

Report Date: August 2009

Primary Provider: KLAES,JANE

Percentage of Patients with documented BMI



Total Patients

397

BMI

316

Missing BMI

81

Getting there...

- The only way we have found to get results is to create a workflow in the office around the concepts of Dr. Ed Wagner's Care Model and The Advanced Medical Home. It is the creation of our CARE TEAMS that drives us to meaningful use of our technology. The hardware and software are necessary tools to get to the desired destination, but it is the people using the technology in a deliberate, cooperative way that matters!*

Dr. Wagner's Care Model

- *Improved Outcomes*
- *Productive Interactions*
 - *Self Management Support*
 - *Clinical Decision Support*
 - *Clinical Information System (EHR)*
 - *Delivery System Design*

The Team Approach

- *Patient Navigator (front desk)*
- *Work-up Nurse*
- *Care Manager*
- *Clinician*
- *Health Educator for Self Management Support*
- *Clinical Outreach Coordinator*
- *Support staff—scanning, referrals, facilities*

Who does what and when and how?

- *Patient Navigator—cycle time*
- *Work-up Nurse—tobacco cessation advice*
- *Care Manager—chronic illness care reminders*
- *Clinician—delivery of medical care*
- *Health Educator—extended education*
- *Outreach Coordinator—lost to follow up*
- *Others—specialists referrals*

Payment reform to support the new workflow...Meaningful Medical Care Delivery incorporating Self Management

- *Outreach coordination is not cost effective, yet it is critical to improving the health of our population—there need to be codes for outreach*
- *Personal Health Records key for self-management. Providers need incentives to adopt them.*
- *eCare Coordination saves money yet providers are not reimbursed for time spent minimizing duplicate test ordering.*
- *Will there be new codes for posting personal wellness plans on a PHR?*
- *If providers adopt advanced communications, will there be an enhanced payment for implementing it?*

Provider tech adoption—how states can help

- *Providers need ongoing reimbursement, not just upfront money*
- *Personal Health Records (PHR) need to be included as a component of the EHR movement; data exchange is patient-centric*
- *Care teams need to become mainstream so that providers are not forced into becoming data entry clerks*
- *Care Managers should be able to increase the level of coding that providers use, or care manager should have billable services.*
- *Self Management needs to be rewarded through patient incentives*
- *Providers should receive quarterly bonuses for improved health outcomes*

Get On Board!

- The real key to success in EHR implementation is getting the people together to develop a plan for improving health outcomes for their patients. Involving the patients through a PHR is a great driver for engaging patients in self management. Once patients and clinicians see what they can achieve by using technology to improve office efficiency, the health status of the community, and data exchange, we will have achieved the goal of electronic health records. The time is now.*