

# IT SUPPORT OF PRIMARY CARE'S ROLE IN ACCOUNTABLE CARE ORGANIZATIONS

*Roni Christopher*

*Director of Quality Improvement and Practice Transformation*

*The Health Collaborative*

# INTRODUCTION

- The Beacon Project for Cincinnati Ohio (and why I am here to speak to you today)
  - Cincinnati is **one of 17** National Beacon Teams
  - The Health Collaborative is a subcontractor to HealthBridge (local HIE) for the **Adult Diabetes project**
  - **HIT enhancing Quality Improvement** work for Adult Diabetes
    - Push towards ACO Model
    - Primary Care is at the heart of this movement
    - For Primary Care, managing chronic conditions are the most important for issue to reforming healthcare



# WHY PRIMARY CARE? WHY I.T.?



➤ National trends toward ACO's are upon us (Accountable Care Organizations)

➤ Two Major Characteristics of the ACO model:

**FIRST:**

Provides or manages the continual care of patients as a real or VIRTUALLY integrated system

- The continual care management of patients has to be organized in a central place.
- Core team who knows the patient, the patient's trends, the patient's risks and preferences and who has a relationship with the other provider's the patient may need.

# WHAT IS THE PCP ROLE IN THIS CHARACTERISTIC?



- Managing Transitions in Care-PCP should be aware of and involved in all transitions
- The most common and least costly provider in healthcare is the Primary Care Provider-this is a KEY element to a shared cost system (ACO)
- PCP as Gatekeeper:
  - ✓ ↑ Health and Wellness
  - ✓ ↓ Costs (versus patients who are not managed in this setting)
- Care transitions in Primary Care rely on IT interventions to be successful

# WHAT IS THE I.T. ROLE HERE?



## ➤ IT interventions to help MANAGE CARE:

### ✓ Community Registry

- Population management system to
- Understands how practice operates as a whole

### ✓ Automated voice reminder/call systems

- Engage and encourages patients between visits;
- Remind patients to get pre-visit labs and determine barriers to patient visits (no shows)

### ✓ Utilization Alerts

- Alerts made when patients utilize hospitals versus PCP and how to mitigate this

### ✓ Alternative opportunities

- Text for Health; Bi-directional PHR

# WHY PRIMARY CARE? WHY I.T.?



➤ **SECOND** Major Characteristic of an ACO:

2. Are of a sufficient size to support comprehensive performance measures:

✓ **Key cost containment** areas that the ACO hopes to improve include:

- ✓ Emergency Room utilization
- ✓ Readmission utilization
- ✓ Chronic Pharmacology utilization



# WHAT IS PCP ROLE IN THIS CHARACTERISTIC?



- Are of a sufficient size to support comprehensive performance measures:
  - ✓ Primary Care has to have systems in place to collect measures.
  - ✓ Choose NQF (National Quality Forum) measures as recognized by third party insurers
  - ✓ Primary Care Practices will now become owned by larger systems.
  - ✓ Larger multi-disciplinary systems will require data exchange to report system level measures for the ACO project.
  - ✓ IT will be required to help create a system-ness during acquisition.

# WHAT IS THE I.T. ROLE HERE?



- IT systems will need to support total utilization of the patient through a system
  - ✓ Systems will need to be seamless between settings:
    - Patient enters hospital unit after an ED visit
    - Patient has a 4 day hospital stay and needs Long Term Care
    - Patient has a 28 day Long Term Care stay and needs Home Care

In the ACO, the IT systems need to assure minimal duplication of services, proper documentation and billing systems to ensure that the shared risk is appropriate.





# WHAT DOES IT LOOK LIKE?

Looking for a better approach to healthcare?



Watch this video about the Patient Centered Medical Home.



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<http://www.emmisolutions.com/medicalhome/transformed/index.html>

# WHAT ARE THE BARRIERS?



## ➤ Physicians capacity:

- To see patients
- To manage patients
- To use IT technologies
- To have access to community referral options
- To have access to specialty referral options
- To now be a part of a system
- To want to participate before there are incentives

# WHAT ARE THE BARRIERS?



- Interoperability – systems do not talk to each other!

EPIC!

EPIC!

EPIC!

# WHAT ARE THE BARRIERS?



- User limitations in the use of EHR
  - Users can't maximize the system
  - Users offer work arounds that actually inhibit the ability to run reports or treat populations
  - Users treat the patient by the page of the EHR versus the natural flow of the patient/provider interaction

# WHAT ARE THE OPPORTUNITIES?



- Per Member Per Month payment systems
- Quality Improvement Payment Incentives

# WHAT ARE WE DOING IN BEACON?

- (44) Primary Care Teams and (189) providers are participating in an **HIT enhanced Quality Improvement** program to improve diabetic care.
- We are using standard diabetic measures:



# WHAT ARE WE DOING IN BEACON?



## ➤ IT Intervention #1:

### ✓ Creating a registry:

- Recognized quality metrics around diabetes and giving teams the tools to manage their diabetic patients
- Registry includes (66) reports focused on the key Evidence Based Practice standards for optimal diabetic care
- Includes population ranges for teams to use as an indicator of how they are performing and to submit several reimbursement reports (NCQA/PQRS/Meaningful Use)

# WHAT ARE WE DOING IN BEACON?



## ➤ IT Intervention #2:

### ✓ Utilization Alerts:

- New systems to alert primary care teams about ED and Readmission utilization:

- ✓ Direct Mail
- ✓ HL-7
- ✓ Clinical Messaging



# WHAT ARE WE DOING IN BEACON?



- IT Intervention #3:
  - ✓ Increase the opportunity for PCP to interact with other providers:
    - Clinical Diabetic Educators
    - Pharmacies
    - Hospitals
    - Long-Term Care
    - Home Care

# WHAT ARE WE DOING IN BEACON?



## ➤ IT Intervention #4:

- ✓ Text for Health – Using alternate media to connect and motivate

# IN SUMMARY...



- Enhancing the Primary Care Provider is a NOW initiative
- Providing IT enhanced QI interventions allow the PCP to be the “Best/Least effective”
- If you believe that healthcare reform is critical to the financial health of our country thank your PCP for choosing this profession!