Once upon a time...

The story of this guy I know...

Moral:

“You are not alone!”
Use of the EHR for Chronic Disease Management in the Practice Setting

Presented by
Patrick J. Casey, MBA, CPHIMS
Meaningful Use & Quality Assurance Specialist
North Texas Regional Extension Center
Mr. Casey has disclosed that he is a consultant for the North Texas Regional Extension Center.
Learning Objectives

By the end of this activity, the participant should be better able to:

- Discuss how Clinical Quality Measures apply to identifying target populations for disease management.
- Discuss ways to use EHR and other systems to implement disease management programs.
- Find resources that support best practices to leverage EHRs to implement such programs.
“I’ve got an EHR - now what am I supposed to do with it?”

Todays Goals?
&
Why should you even listen to me?
Presentation Outline

► Let’s face it, this is life...
  ► Healthcare now and what’s coming
► How do you drive change?
  ► For better outcomes, patients have to change
  ► ...And you are expected to drive that change
► How can your EHR leverage your ability to do that?
  ► Target populations
  ► Target changes
  ► Using the EHR (and other technology) to do both
A Few Assumptions...

- Not happy
- Go with the flow or go concierge
- Broad principles
- Capabilities at different levels - no size fits all
- Shooting for the middle
- Your EHR may not be able (yet) to do everything described, but it’s coming!
Let’s face it, this is life...
What are the changes?

- Payment models
  - from fee for service to pay for quality

- Regulation and oversight
  - from occasional chart reviews => 90 reporting => full-year granular analysis

- Care models
  - from encounter based to comprehensive, collaborative care

All rely heavily on better use of your patient data.
Let’s face it, this is life...
Change is a’comin’

You simply **will not** be able to comply/survive/thrive long-term if your whole practice doesn’t learn how to use your EHR beyond documenting encounters to effectively manage patients’ health.
Let’s face it, this is life…
Shake hands with your CQMs

Meaningful Use, PQRS, VbM, MIPS, ACOs, (and future???)...

- They **ALL** use CQMs
- CMS increasingly pays for “quality, not quantity”
- Clinical Quality Measures (CQMs) - benchmarks for payment
  - *You have to understand how they work to control your destiny*
- Many CQMs relate to chronic conditions, especially
  - *Hypertension & Diabetes*
Let’s face it, this is life...
Shake hands with your CQMs (2)

- Clinical Quality Measures - “They’re not relevant!”
  - Developed by doctors by specialty
  - Designed to be measurable, relevant, achievable
  - Help to identify at-risk populations
  - Help to show where you can make a difference
  - Your target list - job #1 in pop health!
Driving Change
Review of Change Management/Quality Improvement

► Quality improvement is really about *driving change*
  
  Target the patients who most need help to change
  
  Target the change you want to accelerate
  
  Identify the levers to drive that change
  
  Implement the strategies/tactics to make it happen
  
  Measure your effectiveness
  
  Analyze & modify (as necessary)
  
  Repeat!
Driving Change
Extending your influence...

“If only my patients would follow my instructions!”
You have to find ways to extend your voice beyond the exam room
“Patient Engagement” = “Patient accepting responsibility”
Increasing the length of your encounter - outside the clinic
Facilitating an ongoing two-way conversation
Demonstrating availability
...Efficiently!
Maximize the effect, minimize the burden
Driving Change...
What works

- Evidence based treatments
- Education
- Reinforcement
- Monitoring
- Feedback
- Incentives

Already doing these!

Need some help here!
Driving Change...
Evidence Based Treatment

How can the EHR help with treatment?

- Use schedule review & reminders to reduce no-shows
- Standardized treatment protocols - templates
- Drug/drug & Drug/allergy checks
- Other Clinical Decision support
  - Patient has recent injury/trauma?,
  - African American? (don’t use ACEIs or ARBs)
  - Etc.....?
Driving Change...
Patient Education

How can the EHR help with education?

- Stored, ready to print/email materials
- Edu sessions/materials on patient portal
- Email/Txt reminders  – (but stay HIPAA compliant!)

Look for ways in your EHR to facilitate getting targeted educational resources in front of your patients easily, more frequently, & in multiple modalities without adding to your workload.
Driving Change... Reinforcement

The problems with treatment & education are...

- Non-compliant patients - ex. Fail to come in for follow up and fail to pick up/take meds as ordered
- Patients *immediately* forget what you tell them
- Patients don’t read/assimilate/internalize info from resources you provide
Driving Change...
Reinforcement

But reinforcement works if it’s...
- Timely
- Regular
- Persistent
- ...And demonstrates concern

But you don’t have the time to chase patients!
Driving Change... Reinforcement

- Automate outreach & ongoing contact management
- New Customer Relationship Management (CRM)
  - CRM features increasingly included in EHR products
  - New 3rd party solutions that wrap CRM around any EHR.
- Shifting/driving communications from just phone contact
  - To robo-calls/email/txt/patient portal - put something useful on it!
- Reduce inefficient, hard to documented phone-tag marathons with more efficient, auto-logging asynch communications.
- Time off the phone becomes available for managing care
Driving Change...
example: Reinforcing Patient Edu

How can the EHR help with reinforcing *education*?

- Stored, ready to print/email materials
  - *EHR can alert you when patient fits profile for edu materials and track whether you gave/referred them to the resource(s).*

- Edu sessions/materials on patient portal
  - *EHR can log what/when edu resources were accessed by patient*

- Email/Txt reminders - (but stay HIPAA compliant!)
  - *EHR can schedule & auto-email/txt reminders - maybe even log when patient opened/read the reminder*
Driving Change…

*Plus Monitoring & Feedback*

- Patients in poor health often open to be monitored to improve health
- Family member caregivers may appreciate help monitoring older patients
- Remote monitoring devices
  - (blood pressure cuffs, scales, blood glucose tests, home exercise devices, activity trackers, sleep monitors, etc.)
  - The more “automated” the better in some ways
- Is Telemedicine an option for your clinic?
Driving Change...
Incentives *(maybe?)*

- Incentives *can* work on patients
- Both life and health insurance payers already penalize/reward for...
  - Smoking or Quitting smoking
  - Obesity vs lower weight and BMI
  - Participation in healthy exercise programs or gym memberships
- Alert patients of payer policies that may affect them.
Using Your EHR to Target the Population...

- Target at-risk populations
- Target desired changes
- Use EHR (and other stuff) to do both
- Measuring efforts & results
Using your EHR...
Targeting *hypertension*

3 Hypertension CQMs

- Rule 22: Hypertension - Blood Pressure *Measurement*
- Rule 165 (PQRS 0018) - *Controlling* High Blood Pressure
- Rule 65: Hypertension: *Improvement* in Blood Pressure

**EHRs collect these measures for you**
Using your EHR...
Targeting *hypertension*

Rule 22: Hypertension - Blood Pressure *Measurement*

- Numerator is all patients =>18 who had their BP measured and received a plan
  - Target these for follow up - reinforcement/monitoring/feedback on their plan
  - Click on this measure and get a list
Using your EHR...
Targeting *hypertension*

**Rule 165 (PQRS 0018) - Controlling High Blood Pressure**

- Numerator is all patients whose BP are under control
- Click on the CQM or run a list
- Target the *out of control* for...
  - Increasing frequency of checkups?
  - Adjustment/Reinforcement of plan (meds, compliance, exercise)?
  - Monitoring/feedback?
  - Increased patient/family engagement? Via portal, email/txting?
  - Referral to specialist/self-mgmt/exercise program?
Using your EHR...
Targeting *hypertension*

- Rule 65: Hypertension: *Improvement* in Blood Pressure
- Targets ALL hypertension patients for improvement
  - Use this measure to set practice-wide goals
  - Use it to monitor your practice effectiveness
  - Use this measure to check on comparative effectiveness of your meds, your plans, programs, referrals, etc.
Things to consider...

Don’t know what’s useful ‘til you actually try to do something!

- Look for “population health” tools in your EHR
  - What’s available now already in the EHR or
  - As add-on module(s) or
  - In their new product/version development efforts

- Alternatively, cobble together your own process/program using...
  - A target list from your EHR
  - A corresponding phone/email/cellular list from your scheduler/portal
  - A secure text messaging/reminder solution
  - A 3rd party patient education solution
Using your EHR...
These CQMs (among others)...

- Yardsticks by which your practice will be evaluated
- Understanding them and how to impact them is essential
- Critical tools for measuring your own performance in managing the care of your hypertension patients.
- Tools, yes. Automated solutions? Not so much...

But now you have to learn to use your EHR to reach beyond your clinic walls.
Using your EHR...
Where CQMS admittedly fall short...

**How do you track & improve...**
- Checkup frequency
- Medication adherence
- Program attendance
- Exercise adherence
- Dietary/Weight loss adherence

**Additional input needed...**
- Scheduling software? Portal access? Map on website?
- Rx confirmation from pharmacy?
- Confirmation from program?
- Activity Tracker reporting?
- Program attendance/digital scale?
Things to consider...
Where do you want to be in the future...

Where do you want to land in the MACRA world?

► An Alternative Payment Model?
  ► An ACO affiliation?
► Merit-Based Incentive Payment System (MIPS)?
► Stay as you are and brace for the penalties?
Things to Consider...
Resources needed in the future...

Staff functions needed...
Care Manager/Navigator
Quality Program Specialist
Outreach coordinator
Health IT expert
Health Information Security Specialist

Who could do it?
Mid-Level or RN or hire experience
RN/Practice Manager or hire
Receptionist or outsource
IT champion or outsource
IT champion or outsource
Things to consider...
Resources needed in the future...

These skillsets and resources are more easily acquired in larger entities.

Advantages to affiliating with entities who can provide these services.

Third party alternatives still affordable to you.
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- Better Blood Pressure Control: A National Priority
  - (Interview with CDC Director Tom Frieden)
  - Medscape, November 2013
- Patient portals helping increase revenue, decrease costs
- Doctor: Patient portals, mobile apps can improve wellness, boost bottom line
References:

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- Why Passivity Is Key to the Healthcare Internet of Things
  - [http://healthitanalytics.com/news/why-passivity-is-key-to-the-healthcare-internet-of-things?elqTrackId=b5b15531641d49668f981bf9f7462e08&elq=35498c288ac548828eb96038a5377f70&elqaid=94&elqat=1&elqCampaignId=24](http://healthitanalytics.com/news/why-passivity-is-key-to-the-healthcare-internet-of-things?elqTrackId=b5b15531641d49668f981bf9f7462e08&elq=35498c288ac548828eb96038a5377f70&elqaid=94&elqat=1&elqCampaignId=24)

- Applying Multiple Methods to Comprehensively Evaluate a Patient Portal’s Effectiveness to Convey Information to Patients

- TexLa Telehealth Resource Center (at Texas Tech - excellent resources for starting telemedicine services in Texas and Louisiana)
  - [http://www.texlatrc.org](http://www.texlatrc.org)

- Southeast Texas Medical Associates (example of old dogs, new tricks with respect to EHR maximization)
  - [www.setma.com](http://www.setma.com)