Friday General Session

Use of the EMR for Chronic Disease Management in the Practice Setting

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Educational Objectives
By the end of this activity, the participant should be better able to:
1. Discuss how Clinical Quality Measures apply to identifying target populations for disease management.
2. Discuss ways to use EHR and other systems to implement disease management programs.
3. Find resources that support best practices to leverage EHRs to implement such programs.

Speaker Disclosure
Mr. Casey has disclosed that he is a consultant for the North Texas Regional Extension Center.

Supporter Disclosure
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Once upon a time...

The story of this guy I know...

Moral:

“You are not alone!”

Alt title...

“I’ve got an EHR - now what am I supposed to do with it?”

Today’s Goals?

&

Why should you even listen to me?

Use of the EHR for Chronic Disease Management in the Practice Setting

Presented by

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North Texas Regional Extension Center

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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

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 asynchronous 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 - (seeopy 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/texting?
  - 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? Family members?
- 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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