

The Electronic Record in the Patient Centered Medical Home

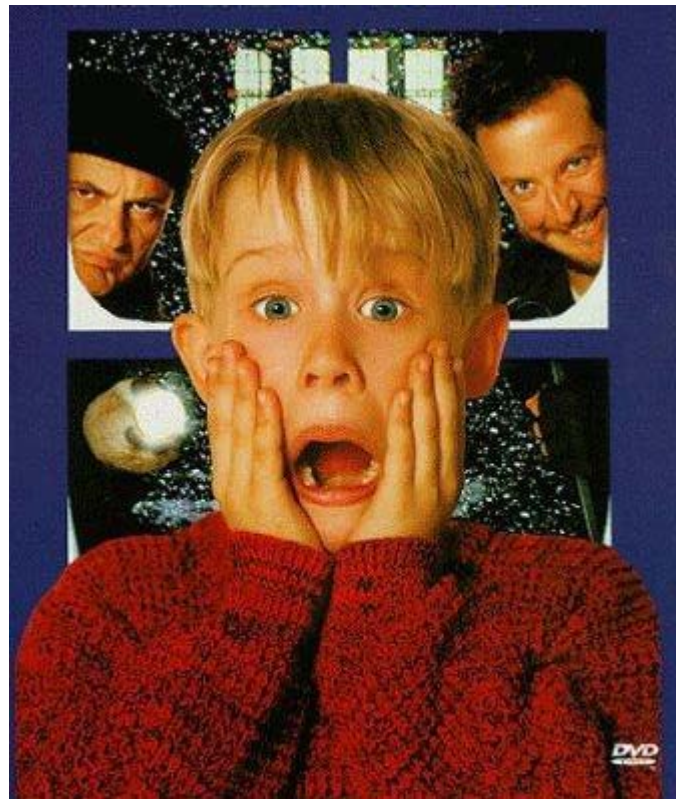
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Going Electronic



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Coastal Medical at a Glance

- Physician-owned, physician-governed.
- 101 Providers, predominantly primary care.
- 19 offices, 105,000 patients (10% of RI population)
- Formed in 1995. eClinicalWorks since 2006
- Our strategic commitment in 2009:

PCMH practice transformation as the cornerstone

Became part of Blue Cross Medical Home project in 2011



PCMH Practice Transformation: Successful to Date

- NCQA level 3: every office.
 - NCM's and Clinical pharmacists: every office
 - Hitting every quality target
 - 9.0 Upgrade; Meaningful Use payments
 - Patients, providers, and staff are happy.
- ~ ***Physician culture is our greatest asset***

eClinicalWorks: An Important Clinical Tool

Supports PCMH workflows:

- Integration and tracking of test results
- Health Screening: MA's: structured data: Tob, PHQ2
- Med reconciliation
- Care coordination: referrals; Saturday clinic
- Interoperability: hospitals, Health Information Exchanges (HIE's), Patient portal, P2P
- Quality improvement



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eClinicalWorks: An Important Business Tool

- Improved coding
- Pay for Performance
- NCQA level 3 recognition
- Meaningful Use
- Beacon Program
- Recruiting (Residents) & Growth (Practice Mergers)

Our Goals in the New Paradigm

- Improve patient experience of care
- Improve population health (quality measures)
- Reduce per capita cost of care
- **Measure and report: Patient Experience, Quality, Cost**

This approach **creates value** in any scenario of payment reform.

In The Medical Practice

- Practice Transformation
- Population Management
- Case Studies in Patient-Centered Care:
 - EHR and team approach bring new enhancements to patient care

Practice Transformation

- Requires a change in office work flow
- Improved documentation
- Real time information
- Nurse Care Managers
- Working to the top of your license



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Population Management

- Registry Function
- Identify and Manage Quality Markers
 1. HgbA1c
 2. LDL Cholesterol
 3. Blood Pressure
 4. BMI
 5. Electronic Prescribing



Population Management: Diabetes

- NCM identifies DM patients not at goal through the EHR
- Invited to group management classes
- Well attended and received



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Case Study – David O.

- 52 y/o male requesting amphetamines for weight loss
 - Obesity, Hypertension, Hyperlipidemia, GERD, Asthma
 - Noncompliance with medications and treatment recommendations
 - Identifies he is not at target for blood pressure and BMI
- *Office visit* – counseled on lifestyle management – diet, exercise and weight loss, developed a plan
 - Achieved 20 lb. weight loss in 4 weeks, changed eating behaviors, helped patient identify triggers for overeating
 - Blood pressure medication discontinued



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Case Study – Carl P.

- 48 y/o firefighter, ER evaluation for needlestick injury:
 - BP 152/120
 - Identified by community NCM, obtained information from the EHR
- Office NCM contacted patient:
 - Arranged urgent office visit, BP 146/100
 - Treatment initiated and follow up arranged



On Call Coverage

- Covering provider has remote access to EHR
- Weekend Clinic – physician, MA, secretarial staff
- Complete patient information available through EHR
- Assists in patient care
- Communication directly to PCP through the EHR

A Great Team!



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