Medical Home: Health IT’S Next Evolution

BY JOHN MORRISSEY

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Electronic health records are “focused on delivering good care to the patient in front of you,” says Daniel Bates, M.D., a long-time exponent of the role of IT in patient safety and quality. Things like a highly functional problem list and good presenting tools are available to help manage patients, and doctors get access to needed patient documentation in those electronic records, he says. “But none of the records are a long way from doing a really good job of all the things that someone might need in a medical home.”

Others go so far as to say that the current generation of EHRs is not capable of building an ambulatory medical center, which requires close relationships, patient visits in groups, keeping tabs on them, and helping together teams of physicians, medical assistants and health coaches. “Typical electronic health records don’t even know those [patient’s] visits,” says Bobbi Fenstermacher, M.D., CEO of Iora Health, which designs and operates clinics for intensive management of chronically ill people. The company is building a IT system from scratch to suit its very different needs, he says.

Still, some entrepreneurial thinking has enabled providers to step into the existing EHRs as they’ve built successful medical home models.

The Hudson Valley Medical Home project in New York, for instance, involves six health plans and 15 practices within Taconic IPA that piloted a model with teams of two physicians, nurse managers and various others to enter information into the chart afterward, all while keeping in communication with one another, she says. The information can then contribute to clinical decision support, and the follow-up that’s necessary for closed-loop management of chronically ill people. The practice brought in experts on nutrition, physical activity, medication management and exercise, facilitated by a registered nurse, says Watson. “Being able to use the EHR purely through some of the new and improving functionalities — the registries and other reporting tools — has really been part of the process.”

CASE STUDY

A medical home isn’t just the result of adding components and sophistication to a PC practice. It’s transformational change. “Health IT is a necessity but insufficient component of that,” says Thun.

“EHRs in ambulatory settings.

A panel with a high percentage of geriatric patients can take in a variety of ways they wouldn’t or couldn’t be before, says Annette Watson of Taconic IPA. Activities such as nutrition counseling, exercise education, and other interventions that may not need one-on-one visits can be built into IT reporting, he says.

A team with sufficient health IT and a strategy that also manages costs. After

• Cloud-based services

• Care collaboration/HIE platform

• Seamless connecting patients, Physicians, Providers and Payers

From health plans to hospitals to physicians to patient homes; we’re connecting stakeholders across the continuum of care, using smart networks and mobile technologies that help create a healthier world.

IT capabilities required for medical home

1. CLINICAL DECISION SUPPORT: Systems that aim to improve decision-making around diagnosis, treatment, prevention and disease management. They make predictions, transmit routine care reminders and e-prescribe medications.

2. REGISTRIES: Applications that define patients with specific conditions and identify disease status. Some also facilitate disease management.

3. TEAM CARE: Communication tools that allow practices to record goals shared by providers and patients, and to track medical interventions and progress.

4. CARE TRANSITIONS: Communication tools that automatically compare medication lists and other treatment aspects that can change from one care setting to another.

5. PERSONAL HEALTH RECORDS: Electronic source of patients’ health information that can be used by a patient or proxy to help manage illness and become more engaged in improving health.

6. TELEHEALTH: Technologies allowing providers to check in with moderately or severely ill patients at a distance to assess vital signs and symptoms, or to regularly monitor patients with stable chronic conditions to prevent worsening.

7. MEASUREMENT: Ability to determine performance in areas such as preventive screenings and immunizations, treatment goals met for chronic diseases, and cost of care being delivered.

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About the series

As health care moves rapidly toward a value-based delivery model, greater emphasis will be placed on care coordination. Ensuring that patients not only get the right care at the right time in the right setting, but also that every part of the delivery system is connected and understands that a patient’s need will be critical going forward. Information technology will be instrumental in ensuring that these connections take place and in providing clinicians with valuable new decision support tools.

H&HN, with the support of AT&T, has created this yearlong series called Connecting the Continuum to explore how hospitals and health systems are addressing the care continuum in their strategic and operational plans.

Each month, we will examine such topics as health information exchange, mobile health and transitions of care. Follow the series in H&HN, H&HN Daily and on our website.

www.hhnmag.com/connectingthecontinuum

Will patients ‘like’ their experience?

Social media is the communications tool hospitals use to enhance the patient experience. Facebook, Twitter, YouTube, Patient and blogging are the major channels being used. “Top applications include community engagement, sharing health care tips, patient education and crisis communication. More than 25 percent of Most Wired hospitals offer care management messages and share with physicians.”

“Engaging patients effectively requires a coordinated effort,” says Justin Lombardo, vice president and chief learning officer, Children’s Medical Center, Dallas. “Enhanced patient experience is achieved by implementing a strategized program that includes multiple sources of information availability, access, presentation, and interaction through the use of a top-tier EHR, engaging social media, and offering multiple engaging and supportive programs,” he adds. The hospital’s system supports creating from a personal health record to notifications of events through social media and tracking patients’ condition at home and in physicians’ offices. — ALAN KRAMER

ADVICE FROM THE FIELD...

Hospitals are using social media for every aspect of information availability, access, presentation, and interaction through the use of a top-tier EHR, engaging social media, and offering multiple engaging and supportive programs.

Is social media integrated in the hospital’s strategic plan?

We recently completed a strategic and marketing plan to go along with it. Social media is integral to our marketing strategy and part of our family-centered care approach. We also use our resources are exploring the use of social media to enhance patient engagement, identify risks and trends, and build support communities. Finally, our social media presence presents benefits for recruitment, employee engagement and fundraising efforts. Its importance in support of these areas will continue to increase.

How have you addressed privacy and security?

We follow the guidelines published by the Federation of State Medical Boards, the National Council of State Boards of Nursing and various professional associations dealing with dual relationships and appropriate boundaries. These guidelines state that staff should not use personal social media to interact with current or past patients or families when they have met while providing care, and our staff are trained to maintain, communicate and enforce appropriate boundaries with patients and families. We always obtain consent from a patient who is being featured on our social media venues.

What is the next horizon for social media and health care?

The data that are accumulated in real time, coupled with increasingly sophisticated predictive analytics tools, can really impact the way we interact with patients and will help us do a better job of time care coordination, at anticipating issues and at intervening before these issues become serious health problems.

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The Journey has Just Begun

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The next challenge after achieving a mature EHR and won’t in the foreseeable future. "We want to connect to other patients who are already up and running with their own EHR choices. “We don’t want to be disconnected from the continuum entities not on the health system’s own EHR network, to be operational this month, is key to integrate information on patients outside those settings," says James Walker, M.D., vice president and chief medical information officer at Geisinger Health System, Danville, Pa. Organizational connections to skilled nursing facilities exhibiting clinically risky. In central Pennsylvania, however, "you can reach out to that patient and find out what he’s doing, says Elm. But new models of providing care and getting paid for it have made yesterday’s stitch guide for technology today’s basic building blocks. "We’ve made major investments to the past that are considered stable today, just to get going," says Ed Marx, senior vice president and chief information officer at Texas Health Resources, Arlington, which is rolling out a clinical IT strategy, high-performing electronic health record like TRH’s, operating among connected hospitals and integrated with offices of its employed physicians, is a prevalent solution in data sharing, says Sean Cassidy, vice president and principal manager of the Premier Data Alliance. But despite all that, he tells executives, “The journey is just beginning.

To become financially accountable for the related health of patients against a set of accountability, health care organizations must be able to track and manage those people, individually and as members of defined illness groupings. That requires efficient use of post-acute facilities, home care, and health promotion options like medical homes and workplace wellness—in short, the continuum of care.

The next challenge after achieving meaningful use of hospitals and physician-based EHRs is to connect care for patients outside those settings, says James Walker, M.D., chief health information officer of Geisinger Health System, Danville, Pa. Organizations have to connect all members of the care team in ways that are simple, purpose-focused, and smart enough to help in their in-home agencies, skilled-nursing operations, and other partners that don’t have an EHR, and it won’t be the foreseeable future.

For example, Geisinger has engineered a method of retrieving information on post-acute patients from standard electronic reports that these entities already are sending to the Centers for Medicare & Medicaid Services, says Walker. [See Cool Tech: Through a patient from a skilled nursing facility who’s in the hospital emergency department with a condition that has a long history behind it. If the ED doctor does his professional best, however, he has to account to the patient’s history, and that makes his efforts inefficient and clinically risky. Only in central Pennsylvania, however, a new data-integration process invented by Geisinger Health System can consume high-field data from IBM patient reports sent in at intervals to CMS, upload to the Key- stone Health Information Exchange, or Keystone, and be available to any authorized provider.

The new data-integration tool, called the Gobbler, is up and running for the mixed development organization Health Level Seven International, says Walker. “The Gobbler’s mission is to integrate, to identify the highest-cost conditions, guide the risk of how to help.”

Some health care organizations are spending millions of dollars on sophisticated evaluation or information from enterprise-wide data warehouses, but commercially available population management tools can get health systems outside the realm of cost and scale to whatever size needed, Cassidy says. [See Case Study] They can look at patient claims and other data for chronic problems to target, or evaluate factors that give rise to unmeasured consequences such as readmissions. Solutions are in need to invest IT solutions for coordinating the continuum, but Walker cautions that the process has to trump the product. "Start with the care team. What would the team need to share—to know when it’s their turn to do something, if it’s already been done, to know what the patients’ preferences are. Thus start to build information technology that meets those needs."

5 levels of maturation for information management

1. ACHIEVING MEANINGFUL USE

Productive use of an EHR across an organization is foundational. Capabilities must include health information exchange to gain standards-based connectivity with other health care entities, and quality and performance measurement and improvement.

2. ASSISTING CARE COORDINATION

Use of, and adherence to, best practices and evidence-based medicine must span providers and the care continuum. It must drive the use of clinical decision support, care management, and registries, and analysis of demographics to virtually risk and report against benchmarks.

3. FACILITATING CLINICAL INTEGRATION

Information systems are established to deliver baseline outcomes (quality, cost, etc.) for episodic care, coordinate services across the virtual care team, and support the engagement of covered individuals in their care.

4. POPULATION MANAGEMENT

Support systems are built around evidence-based standards with true team-based care collaboration, and they foster accountability in people for their appropriate role in optimizing their own health status.

5. SUPPORTING ACCOUNTABLE CARE’S SUSTAINABILITY

A comprehensive capabilities is achieved to implement integrated, continuous process improvement, management of financial risk, and advanced analytics that support optimized health of the covered population while controlling costs and maintain fiscal viability.

The result is a management capacity and skill that drive continual improvement in the continuum of care, using smart networks and mobile technologies that help create a healthier world. From health plans to hospitals to physician offices to patients’ homes, we’re connecting stakeholders across the continuum of care, using smart networks and mobile technologies that help create a healthier world. AT&T is fueling healthcare in exciting, efficient new ways to help you enhance clinical collaboration, improve patient engagement and care outcomes, lower costs, and move to value-based care.

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