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Evolving to an ACO: Better Patient Outcomes and Lower Expenditures

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 hfma
healthcare financial management association

Presenter

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North Texas Specialty Physicians
(NTSP)
Board Member

- Practicing Gastroenterologist
- Board certified: American Board of Internal Medicine in Internal Medicine and Gastroenterology
- Retired United States Air Force



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Healthcare Transformation

“We can envision a transformation of our health system to improve healthcare quality, efficiency, equity, and safety through the use of health information technology.”

- David Blumenthal, MD, MPP
Director, Office of the National Coordinator 2009-2011



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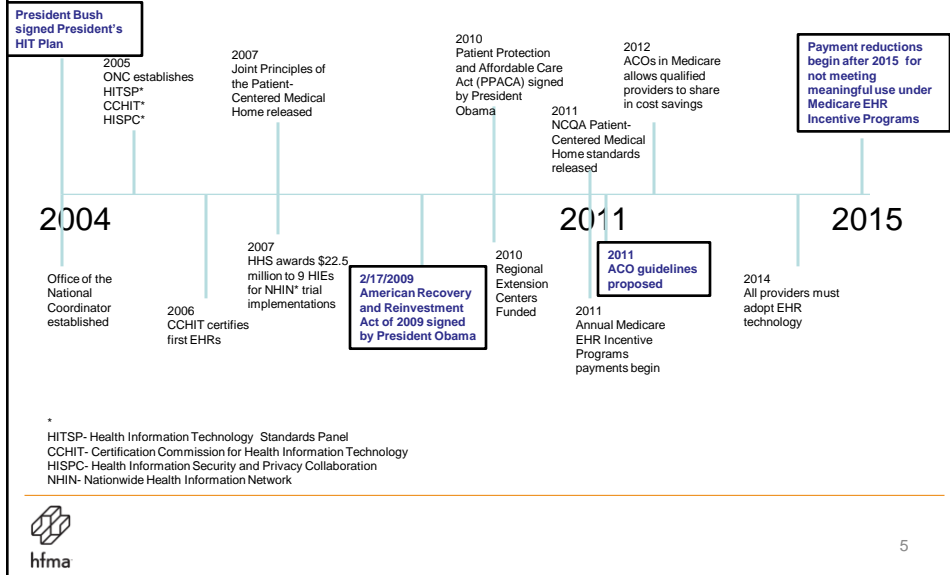
Agenda

- Healthcare Transformation
- Patient Care & HIE
- A Community-wide HIE: History & Status
- Accountable Care and HIE
- Essential Technology Elements
- Patients' Perspective on Health IT
- Preparing for Accountable Care



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Healthcare Model Transformation Timeline



What is Meaningful Use?

- American Recovery and Reinvestment Act (ARRA) of 2009 signed by President Barack Obama allocated money towards education, unemployment benefits transportation, infrastructure, health information technology
 - The Health IT Provisions of the ARRA go under the acronym **HITECH** (Health Information Technology for Economic and Clinical Health Act of 2009) and is allocating **\$21 billion towards the adoption of Health Information Technology**
 - Allocating money by giving incentive payments to physicians who adopt certified electronic health records and meet certain criteria



Polling Question

What stage of HIE integration best describes the status of your organization?

1. Discussion among potential partners
2. Forming an HIE coalition
3. Early operational HIE
4. Optimizing established HIE
5. Don't know/no plans



Objectives of HIT Adoption

Integrate patient care delivery across the community and beyond information silos.

Put patients first with:

- Advanced patient care coordination
- Enhanced physician communication
- Improved quality of care & patient safety
- Increase patient engagement and satisfaction



Patient-centered Care and HIE

- **HIE is the foundation of patient-centered care because of its ability to enhance:**
 - Population disease management
 - Continuity of care management
 - Performance measurement
- **HIE applications and physician connectivity contribute to cost-effective management of the patient population**



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Impact of HIE on Patient Care

- Office visit: 64 year old woman with chronic liver disease
- HIE documented 2 ER visits in the past 2 months, chemistry panels, diagnoses, abdominal US, Head CT, medications, and allergies
- HIE data that was presented prevented the ordering of duplicate diagnostic imaging & laboratory studies
- Alerted the use of **Doxepin**

Potential savings attributed to HIE technology:
2010 Medicare reimbursement: \$15,191.45
Insurance reimbursement: \$24,086.48

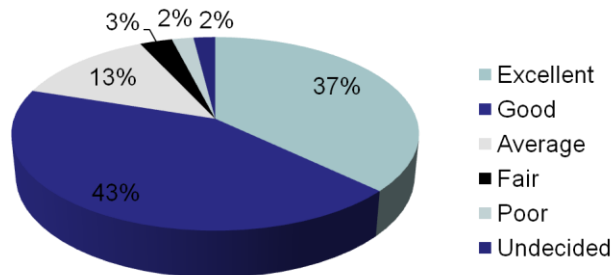


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Impact of HIE on Patient Satisfaction

“And how would you rate the overall **quality of the doctors in your community?** Would you say they are excellent, good, average, fair or poor?”



Source- NTSP Patient Satisfaction Survey October 2010



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North Texas Specialty Physicians (NTSP)

- 600+ physician-driven IPA in Fort Worth, TX
- Capitation management since 1997

Physicians make better clinical decisions with more information at the point of care

- Real time patient information
- Information from multiple sources
- Enhanced physician communication
- Knowledge-based decision support tools



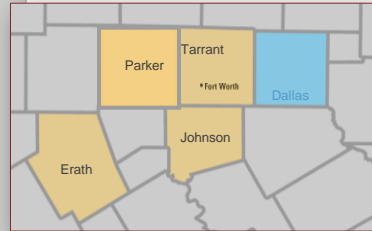
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Current Geographic Footprint

NTSP serves these counties:

NTSP serves these counties:

	Pop	Hosp	Phys
Tarrant	1,809,034	23	3,471
Johnson	146,400	2	150
Parker	116,927	3	96
Erath	36,303	1	40



NTSP Goals & Methods

Goals:

- Transform model of patient care
- Create value
 - ↑ Increase quality
 - ↓ Costs
- Healthcare reform ready
 - Accountable Care
 - Meaningful Use

Methods:

- Provide clinical information at the point of care
- Coordinate care for complex diseases
- Incent HIT adoption
- Eliminate information silos
- Incorporate evidence-based guidelines at the point of care

NTSP and Accountable Care

NTSP's IPA provides clinically integrated accountable care supported by a community-wide HIE with point of care decision making tools and guidelines within a virtual structure.

- 30,000 Traditional Medicare patient base
- Build on current core business (i.e. risk model)
- Utilize current HIE infrastructure
- Deliver point of care clinical integration tools
- Share governance with hospital partners
- Expandable footprint: Medicare, Medicaid, commercial



Successful ACOs Will Require Community-wide EMR and HIE Functionality

- Clinical integration of independent physicians
- Improved physician communication
- Evidence-based care model
- Reminders and clinical decision support
- Patient registries
- Real-time access to quality measures
- Integrated risk-adjustment tools





NTSP's Health Information Exchange

Health Information Exchange

reinventing HIE



- 1.7 million patients
- 1,700+ physicians and staff trained
- 350+ physicians feeding EMR data
- 65,000 clinical transactions per day

HIE in the North Texas Community

- 11 Area Hospitals on EpicCare
- 2 National Laboratory Providers
- 2 Radiology Groups
- 2 e-Prescribing Applications
- 3 Interoperable EMR Applications
 - Allscripts
 - eClinical Works
 - NextGen



Essential Technology Elements for Quality Improvement and Accountable Care

1. Continuity of Care Documents (CCDs)
2. Secure web portal for non-EMR users
3. Quality Measure Reporting



1 - Continuity of Care Document (CCD)

- Provides a longitudinal healthcare record for each patient in an existing EMR by combining disparate health information – irrespective of the source.
- NTSP current vendor footprint:

NextGen	Allscripts
eClinicalWorks	Epic
LabCorp	Quest



CCD

Type: CCR - Pulled from External		Status: Final	
Owner: Deas,Thomas		Location:	
2010-01-01	Coagulation Testing	RESULT	Prothrombin Time 30.5 secs (PT): International Normalized Ratio (INR): 2.78
			12.6-15.0 secs
2010-04-07	Hematology (LabCorp)	RESULT	WBC: 8.4 x10E3/uL
		RESULT	RBC: 3.52 x10E6/uL
		RESULT	Hemoglobin: 11.0 g/dL
		RESULT	Hematocrit: 32.3 %
		RESULT	MCV: 92 fL
		RESULT	MCH: 31.3 pg
		RESULT	MCHC: 34.0 g/dL
		RESULT	RDW: 14.4 %
		RESULT	Platelets: 203 x10E3/uL
		RESULT	Neutrophils: 72 %
		RESULT	Lymphs: 15 %
		RESULT	Monocytes: 10 %
		RESULT	Eos: 2 %
		RESULT	Basos: 1 %
		RESULT	Neutrophils (Absolute): 6.0 x10E3/uL
		RESULT	Lymphs (Absolute): 1.3 x10E3/uL
		RESULT	Monocytes(Absolute): 0.8 x10E3/uL
		RESULT	Eos (Absolute): 0.2 x10E3/uL
		RESULT	Baso (Absolute): 0.1 x10E3/uL
		RESULT	Sedimentation Rate- 25 mm/hr

Open Print Fax Sign Task Copy Doc CB Copy Sel. CB Verify Req Corr



2 - Secure Web Portal Functions

- Secure physician communication
- Electronic referrals
- E-prescribe (without EMR)
- Order and receive lab and radiologic tests



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Portal



88y Female DOB: 04/20/1922

History of Carotid Thromboendarterectomy 01 Jan 2005 2/16/20

Allergies Edit Settings | Hide Data

Description	Reactions	Severity	Type
Clonidine HCl TABS			Medication
Levaquin TABS			Medication

Meds Edit Settings | Hide Data

Drug Name	Sig	RX Date	Ordered By
Phosphoglycine-APAP	pm		
PEG 3350/Electrolytes	TAKE AS DIRECTED.	2/16/2010	
DasVita	Take 1 tablet daily		
Nasonex	pm		
Imodium	pm		
Galatus	pm		
Furosemide	Take 1 tablet daily		
Cilostazol	Take 1 tablet daily		
Atenolol	1/2 tablet bid		
Aspirin	Take 1 tablet daily		
Aspirin	Take 1 tablet daily		
Acetaminophen	pm		

Quantitative Lab... Edit Settings | Hide Data

Drawn Date	Panel Name	Test Name	Result	Ordered By	Facilit
02/20/2010 04:34 AM	Chemistry	Calcium	8.8 L	Soroush Behnam	PATHNI
02/19/2010 01:00 AM	Urinalysis	Mucous, urin	Light	JEFFREY S PEEBLES	PATHNI
02/18/2010 10:58 PM	Cardiac	BNP (B-Type Natriuretic Peptide 37		JEFFREY S PEEBLES	PATHNI



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Secure Web Portal Community Impact

- Improved decision-making with access to a robust medical history
- Enhanced communication among care providers
- Better management of chronic conditions
- Expedited care delivery



3 - Quality Module Functions

1. Point of Care Decision Support
2. Population Reporting
3. Patient Registry
4. Physician Utilization Reports
5. Point of Care Availability



Quality Measures Reporting

SAVILLOTT, BLUE 46y Female 05/05/1965

TEST, MILDRED 78y Female 03/02/1933

TROY3, ANDY 69y Male 08/04/1941

VZMUDS, ODVU 79y Male 11/08/1931

home

message center

my referrals

patient data

useful resources

news

policies

tools

help

log off

Patient Population Quality Measures Edit Measures

Select Context: My Patient
Comparison Population: My Practice Submit

Measure	Action Required	Ratio	%Diff vs Comparison	Ratio
<input type="checkbox"/> Cardiology				
5 CMC - Cholesterol management for patients with cardiovascular conditions(CMC)	6	7/13(53%)	↑ 44	9
<input type="checkbox"/> Preventive Care and Screening				
5 AAP - 5 Star Access to preventive/ambulatory health services (AAP)	32	4/36(11%)	↑ 11	0
5 COL - 5 Star - Colorectal Cancer Screening (COL)	15	5/20(25%)	↑ 25	0

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Quality Measures Reporting

SAVILLOTT, BLUE 46y Female 05/05/1965

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TROY3, ANDY 69y Male 08/04/1941

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OTHERS: 5 CMC - CHOLESTEROL MANAGEMENT FOR PATIENTS WITH CARDIOVASCULAR CONDITIONS(CMC) Back to Scorecard

Action Required (6)	Total Requiring Action	Indicator
DOVE1130,JAN	2	◆
DOVE1263,JAN	3	◆
DOVE205,JAN	3	◆
DOVE224,JAN	3	◆
DOVE400,JOHN	3	◆
JOLLEY,SALLY	2	◆
<input type="checkbox"/> Well Controlled (7)		
Pending (0)		
Dismissed (0)		
Total		13

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Quality Measures Reporting

Dove1130, Jan 69y Female DOB: 01/12/1942

Patient Summary

Quality Measures

Action Required (2) [Edit Measures](#) [Hide Details](#)

Measure	Indicator	Description	Action	History
5 CMC - Cholesterol management for patients with cardiovascular conditions(CMC)	◆	The percentage of members 18–75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1–November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had each of the following during the measurement year: 1) LDL-C screening 2) LDL-C control (<100 mg/dL)	Action	History
5 AAP - 5 Star Access to preventive/ambulatory health services (AAP)	◆	The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line. 1. Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year 2. Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year	Action	History

Well Controlled (1)
 Pending (0)
 Dismissed (0)



Quality Measures Reporting

Patient Summary Information - Windows Internet Explorer

https://clinical3.healthvision.com/WebApps2/PatientSummary/QualityMeasureAction.aspx?measureCD=5 CMC&specCD=OTHERS&btnId=ch00_cphSummary_usrCtrlQu

Measure action for measure code: 5 CMC and specification code: OTHERS.

Action	Physician	Comments	Expected Date	
<input type="text" value="Diagnostic"/> <ul style="list-style-type: none"> Diagnostic Lab Prescribe Schedule Dismiss 	Takata Theodore		06/20/2011	<input type="button" value="Add"/> <input type="button" value="Submit"/>



Quality Measures Clinical Impact

- Improves adherence rates to quality standards (PQRS, HEDIS, Meaningful Use, Five Star, ad hoc)
- Improved adherence = lower total cost
- Achieve Risk Adjustment Factors (RAF) that accurately match the populations' disease burden



Essential Technology Elements for Quality Improvement and Accountable Care

1. Continuity of Care Documents (CCDs)
2. Secure web portal for non-EMR users
3. Quality Measure Reporting



HIE Transforms Care

- A 78 year old man was referred to me for colonoscopy to remove a large colon polyp. He came to the clinic with a hand-written list of medications.
- **The HIE was accessed with the following relevant findings:**
 - *The medication list in the SandlotConnect CCD included **Coumadin** (warfarin) which was not on his written list.*
 - *Coumadin had been added 2 weeks prior and he had forgotten to add it to his list.*



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Patients' Perspective on Health IT

- “And do you feel that having your medical records kept and stored electronically improves the quality of health care you receive from your doctor?”
 - 70%-Yes 18%-No 12%-Undecided
- “And do you agree or disagree that health insurance plans or Medicare should require doctors to keep and store medical records electronically and send prescriptions electronically to your pharmacy?”
 - 35%-Strongly agree 24%-Somewhat agree 13%-Somewhat disagree 16%-Strongly disagree 13%-Undecided

Source- NTSP Patient Satisfaction Survey October 2010



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Polling Question

- What best describes your organization's current position on participating as an ACO?
 1. Discussion among potential partners
 2. Forming an ACO coalition
 3. Early operational ACO
 4. Optimizing established ACO
 5. Don't know/no plans/no interest



Preparing For Accountable Care

- 1. Know the Risk**
 - Risk adjust patients now
 - Implement pay for performance programs
- 2. Start Sharing**
 - Integrate clinical data across the community
 - Encourage adoption and utilization of HIT among providers
- 3. Take Action**
 - Improve disease management with solutions that include integrated clinical decision support tools
 - Better manage chronic conditions with point of care prompts
- 4. Track and Measure Success**
 - Compare progress against national benchmarks
 - Know the big picture to improve patient and physician satisfaction



A Business Case

- HIE is the foundation of the ACO
 - population management
 - care management
 - performance measurement
 - payment mechanism
- HIE applications and physician connectivity contribute to cost-effective management of the IPAs Medicare at-risk population
- HIE functions can increase at-risk revenue through improved risk adjustment and five-star rating



Future Goals for NTSP

- Reduce total health care costs
- Improve quality and safety of care through care coordination
- Evolve to an ACO based on the HIE/Quality Module infrastructure
- Provide a patient portal for better engagement and education
- Continue to meet Meaningful Use objectives



Questions?

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