

The Public's Coordinating Care, Managing Risk - Meeting the Challenge with Patients

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Valley Health Care, Inc.*

*Annual Community Health Institute
May 9-11, 2012
Resort & Conference Center of Hyannis
Hyannis, MA*



Massachusetts League
of Community Health Centers

Coordinating Care, Managing Risk:

*Meeting the
Challenge with
Patients*

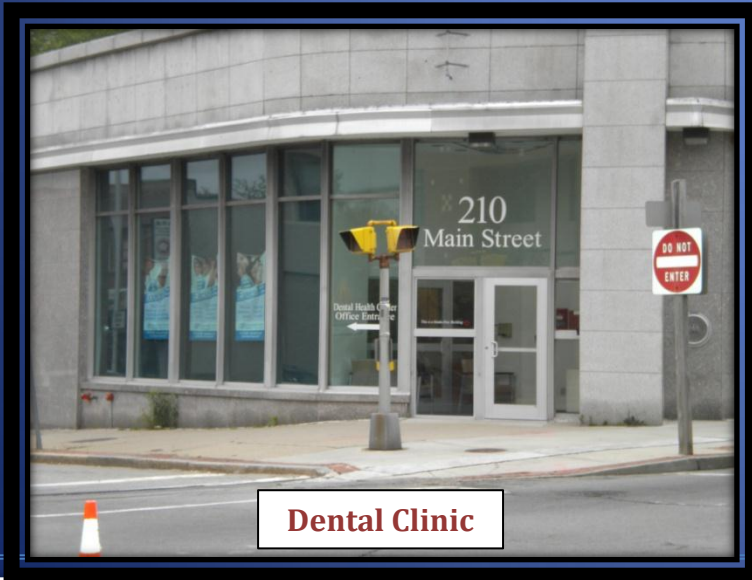


May 10, 2012

Agenda

1. A Bit about Blackstone
2. Demystifying HIT for Care Teams
3. Making a Difference with Data: Utilizing Data at the Point of Care
4. Data-Driven Performance Management
5. Coordinating Care Across Multiple Care Settings
6. Medical Home, Meaningful Use, and Patient Portal
7. Health Reform- Shifting from Volume to Value and ACO Preparedness
8. Results

Blackstone Valley Community Health Care, Inc.



Dental Clinic



New Building

Patients and Services in Pawtucket and Central Falls, RI

Services and Patients

Services		Number of visits
Medical (Family Practice, Internal Medicine, OBGYN)		35,271
Dental		14,724
Behavioral Health		2,379
Other (FRC, etc.)		1,398

Patient Age	Number	Percentage
0 - 19 years	4,152	37%
20 - 85+ years	6,963	63%
Total Patients	11,115	100%

Financial Class	Number	Percentage
Uninsured	4,064	36.6%
Medicaid	5,398	48.6%
Medicare	483	4.3%
Private	1,170	10.5%

Demystifying HIT for Care Teams

Are you SPYING on me?

- How Data is Generated
- Train to Read/Interpret
- Show ways to Use
- Revisit

NextGen Structured vs. Unstructured Data

HPI: Allergies

CONCERN

Onset Duration

Severity of Symptoms mild moderate severe incapacitating

Status improving unchanged worsening resolved

Frequency of Symptoms intermittent occasional constant random

CL	1	2	3	4	5	6	7	8	9	0	.
Min(s)	Hr(s)	Day(s)	Wk(s)	Mo(s)	Yr(s)						

Presenting / Initial Symptoms

<input checked="" type="checkbox"/> burning in eyes	<input type="checkbox"/> skin rash
<input type="checkbox"/> earache	<input checked="" type="checkbox"/> sneezing
<input type="checkbox"/> itchy ears	<input checked="" type="checkbox"/> watery eyes
<input type="checkbox"/> itchy eyes	<input type="checkbox"/> wheezing
<input checked="" type="checkbox"/> itchy throat	other <input type="text"/>
<input type="checkbox"/> post nasal drainage	
<input type="checkbox"/> reddened eyes	

Context

No Yes	No Yes
<input type="radio"/> exposure to dust	<input checked="" type="radio"/> spring season
<input type="radio"/> exposure to mold	<input checked="" type="radio"/> summer season
<input type="radio"/> fall season	other negatives <input type="text"/>
<input type="radio"/> flower exposure	other positives <input type="text"/>
<input type="radio"/> pet / animal exposure	
<input type="radio"/> plant exposure	
<input checked="" type="radio"/> season change	

Relevant History

No Yes	other negatives <input type="text"/>
<input checked="" type="radio"/> asthma	other positives <input type="text"/>
<input checked="" type="radio"/> eczema	nothing <input type="text"/>
<input type="radio"/> other <input type="text"/>	
<input type="radio"/> other <input type="text"/>	

Aggravated by

No Yes	No Yes	No Yes	No Yes	<input type="checkbox"/> nothing
<input checked="" type="radio"/> aerosols	<input type="radio"/> dry air	<input type="radio"/> infection	<input type="radio"/> tobacco smoke	other negatives <input type="text"/>
<input type="radio"/> allergens	<input type="radio"/> dust	<input type="radio"/> pets / animals	<input type="radio"/> weather	other positives <input type="text"/>
<input type="radio"/> chemicals	<input type="radio"/> food	<input type="radio"/> pollution / exhaust		
<input type="radio"/> cold air	<input type="radio"/> heat	<input type="radio"/> season change		

Associated Symptoms / Pertinent Negatives

Ileg Pos	Ileg Pos	Ileg Pos	Ileg Pos	<input type="checkbox"/> No associated symptoms
<input type="radio"/> chest tightness	<input type="radio"/> globus sensation	<input type="radio"/> nausea	<input type="radio"/> sinus infections	<input type="checkbox"/> No pertinent negatives
<input type="radio"/> coryza	<input type="radio"/> headache	<input type="radio"/> pharyngitis	<input type="radio"/> sinus pain	<input type="checkbox"/> All others negative
<input type="radio"/> cough	<input type="radio"/> hoarseness	<input type="radio"/> post nasal drainage	<input type="radio"/> sneezing	other pertinent negatives <input type="text"/>
<input type="radio"/> dizziness	<input type="radio"/> nasal congestion	<input type="radio"/> reddened eyes	<input type="radio"/> tearing	other associated symptoms <input type="text"/>
<input type="radio"/> ear pain	<input type="radio"/> nasal drainage	<input type="radio"/> reflux	<input type="radio"/> urticaria	

Comments

OK Cancel

Structured Data

Unstructured Data

Data Can Drive Changes in Behavior

- Qualities of Data:
 - Relevant
 - Accurate
 - Accessible
 - Timely
 - Actionable
- User-friendly format
- Awareness not punishment
- Continuous updates with changes in practice and EHR



Health Maintenance Reporting

Health Maintenance: EHR Chart Review Summary

Practice: BVCHC, Inc.

Registry: *Established Pat Patients with a kept appointment

From: 1/1/11 To: 1/31/11



Usual Provider: **Dr. Blackstone**

MRN#	Last Name	First Name														Sex and Age Specific				
			Sex	DOB	Age	Med. Rec.	Smok Date	Smok Stat	Smok Cess	Depr. Scrn	Depr Plan	BMI	BMI Adv.	BP Sys	BP Dia	LDL Date	LDL Res	Pap Date	Colon Ref.	Colon Comp.
	Patient Identifiers		F	3/28/80	31		4/7/10	N			31.35		102 / 60			4/7/10	NA	NA	NA	NA
		M	10/12/91	19	2/15/11					24.33	NA	110 / 80	NA		NA	NA	NA	NA	NA	
		F	11/27/89	21	4/1/11					21.29	NA	100 / 60				NA	NA	NA	NA	
		F	12/7/51	59	2/23/11	9/2/10	N			37.07	2/23/11	110 / 70	10/12/10	100						5/13/10

Usual Provider: **Dr. Blackstone**

% of patients who have had Medication Reconciliation in the last year:	90%
% of patients >=13 who had Smoking Status documented in the last year:	34%
% of patients whose last BMI calculated was less than 1 year ago:	99%
% of patients <18, who have received BMI Advice in the last year:	
% of patients >=18, who have received BMI Advice in the last year:	89%
% of patients >=20 whose last LDL Test was less than 5 years ago:	44%
% of patients >50, whose last Colonoscopy Referral was less than 10 years ago:	22%
% of patients >50, whose last Colonoscopy was less than 10 years ago:	9%
% of patients >= 21 and <= 64, whose last Pap Test was less than 2 years ago:	44%
% of patients >= 40 and <= 69, whose last Mammogram Referral was less than 2 years ago:	58%
% of patients >= 40 and <= 69, whose last Mammogram was less than 2 years ago:	44%

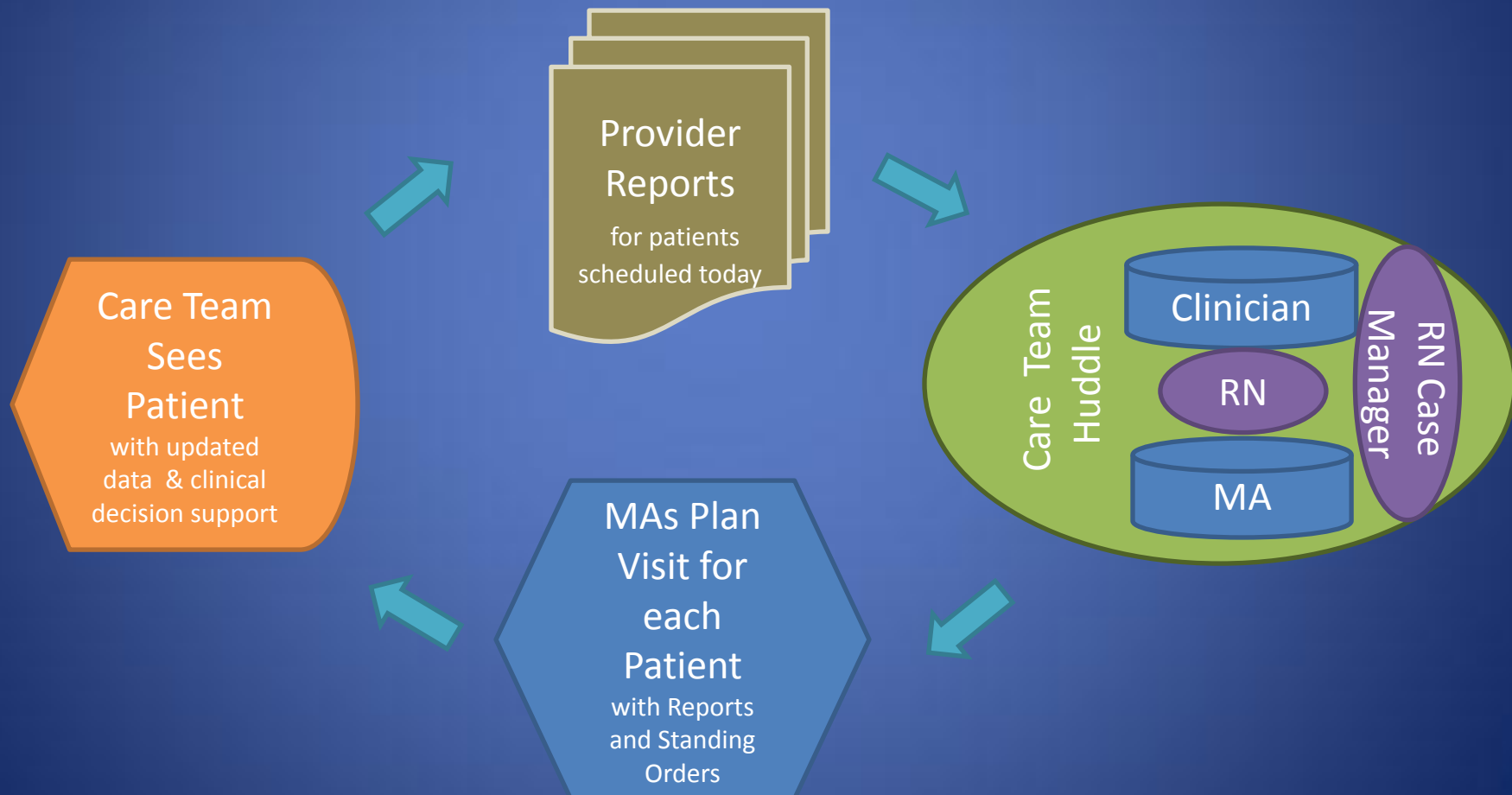
# of Patients:	293	# of Patients >=21 and <= 64:	248	# of Patients >=40 and <= 69:	160
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DOB = Date of Birth	Med Rec = Medication Reconciliation	Smok Date = Smoking Status Date	Smok Stat = Smoking Status	Smok Cess = Cessation Education
Depr Screen = Depression Screen	Depr Plan = Depression Advice/Plan	BMI Adv = BMI Advice	LDL Date = LDL Test Date	LDL Res = LDL Test Result
Pap Date = Pap Smear Test Date	Colon Ref = Colonoscopy Referral Date	Colon Comp = Date of Colonoscopy	Mammo Ref = Mammo Referral Date	Mammo Comp = Date of Mammo

Making a Difference with Data: Utilizing Data at the Point of Care

Integrated Reporting in a Medical Home Model

Patient level reporting used in morning team huddle.



Data-Driven Performance Management

Quality PDSA Cycles

- Validate data often, data is never perfect
- Transparency- share data with staff, providers, and patients
- Data and Performance Improvement cannot be owned by IT, need for clinical and executive sponsorship
- Define QI Plan

Diabetes Metric of the Month Program

Diabetes Quality Scorecard

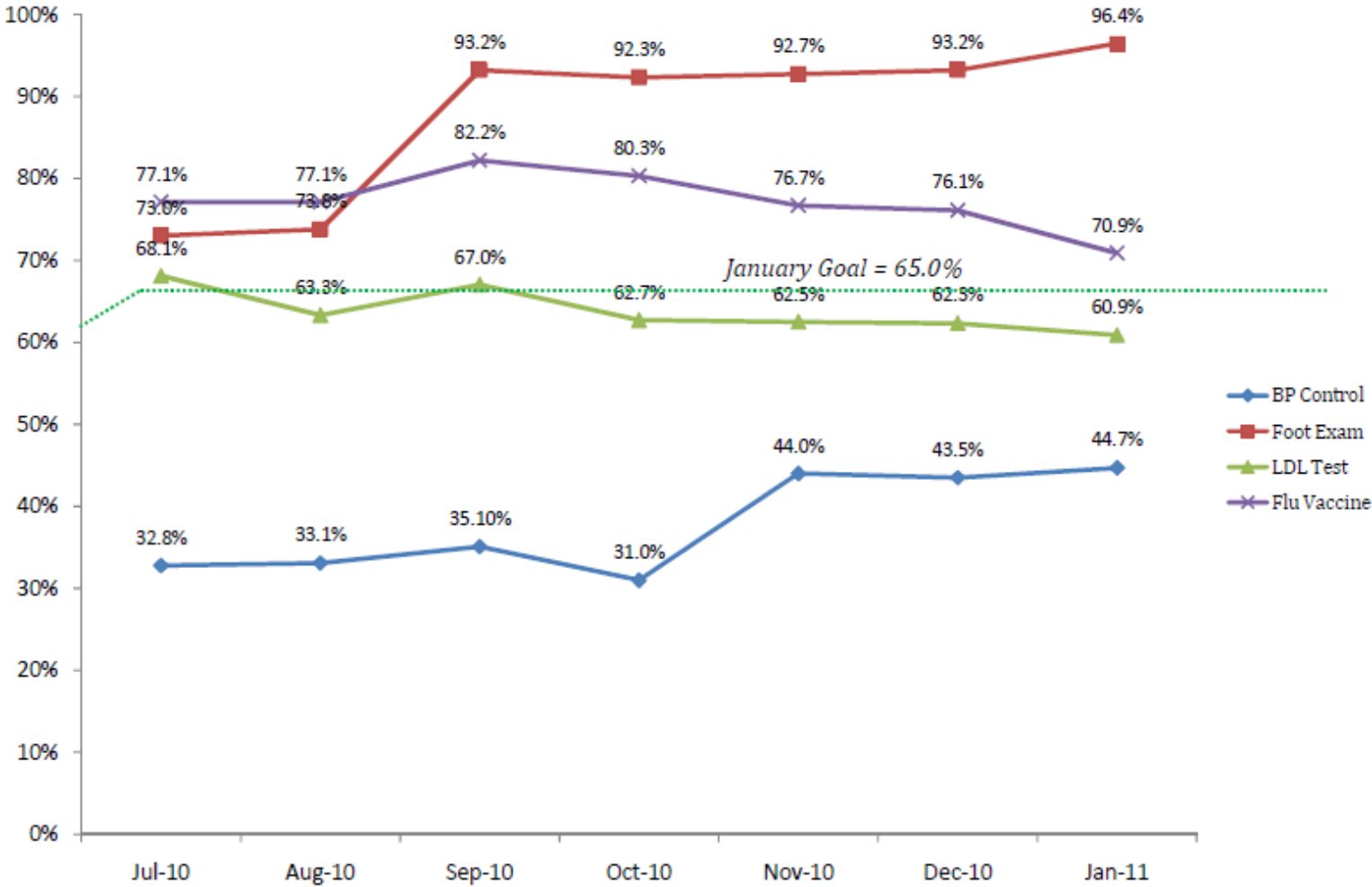
Trend	Month	Measure	Baseline%	Goal %	Realized %	% Delta from Baseline	National Benchmark	Other Benchmark Source
●	10.9	November	BP Control (<130/80)	33.1	36	44	10.9	33.40% National Quality Compass
●	0.5	December	Foot Exam	92.7	93	93.2	0.5	81.30% AHRQ Best in Class State Avg www.ahrq.gov/qual/diabqual/diabgui/etabd.1.htm
●	-1.4	January	LDL Screening	62.3	65	60.9	-1.4	84.80% National Quality Compass Joint Commission Resources (JCR) www.infectioncontroltoday.com/news/2010/08/hcw-flu-vaccination-rates-up-13pct-in-annual-challenge.aspx
●	-2.7	February	Flu Immunization	73	77	70.3	-2.7	63.00%
●	6.4	March	A1c Screening	89.8	95	96.2	6.4	89.00% National Quality Compass
●	-5.5	April	LDL Screening	75.1	77	69.6	-5.5	84.80% National Quality Compass
●	0.7	April	LDL Control (% <100)	41.3	45	42	0.7	45.50% National Quality Compass
●	0	May	Nephropathy (Urine Microalbumin)	57.7	60	0	-57.7	82.40% National Quality Compass
●	0	June	Smokers Advised to Quit, Offered Cessation	1	30	1	0	76.70% NQC, but patients not limited to Diabetes Dx
●	0	July	Self-Management Goal Recorded	66	70	66	0	60.00% RI-CCC 2007 www.qualitypartnersri.org
●	0	August	Depression Screen Using PHQ2/PHQ9	71.4	75	71.4	0	50.00% Collaboratives, Diabetes: www.healthdisparities.net/hdc/html/co
●	0	September	A1c Control (% in Poor control (>9))	24.6	22	24.6	0	28.40% National Quality Compass
●	0	October	Eye Exam	38.7	45	38.7	0	56.50% National Quality Compass
●	0.7	November	Dental Evaluation	37.6	60	37.6	0	71.00% Measure 5-15, HealthyPeople 2010: www.healthypeople.gov

Process:

1. Fix and Test related reporting before month begins
2. Provide training updates with Diabetes Team and other related staff
3. Announce Monthly Measure at Diabetes Meeting
4. Post Monthly Measure with Baseline
5. Post Previous Monthly Measure with Baseline and Month End %

Metric of the Month Progress Graph

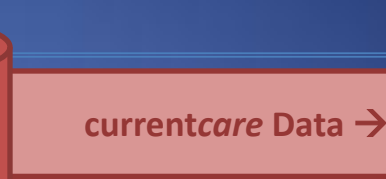
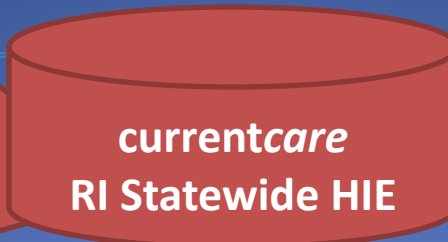
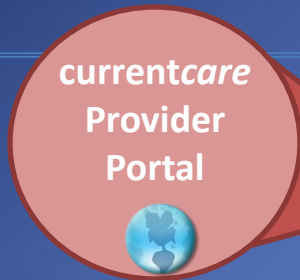
Trending - Diabetic Quality Measures



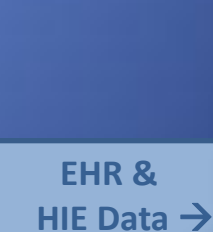
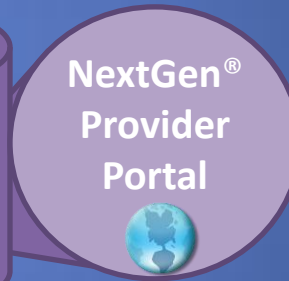
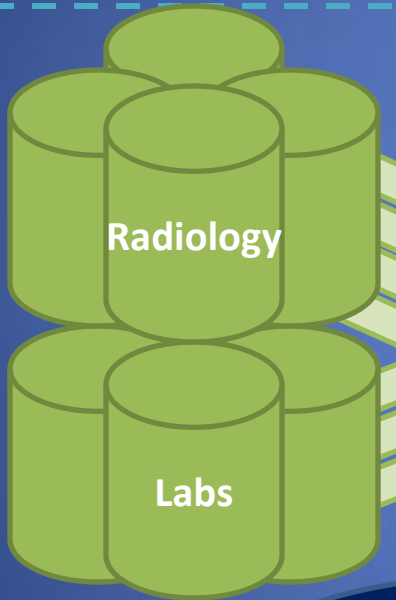
Care Coordination Across Multiple Settings: The Role of Interoperability & HIE

Incorporating REC, Beacon and State Infrastructure

RI Beacon
Community
& Statewide
HIE



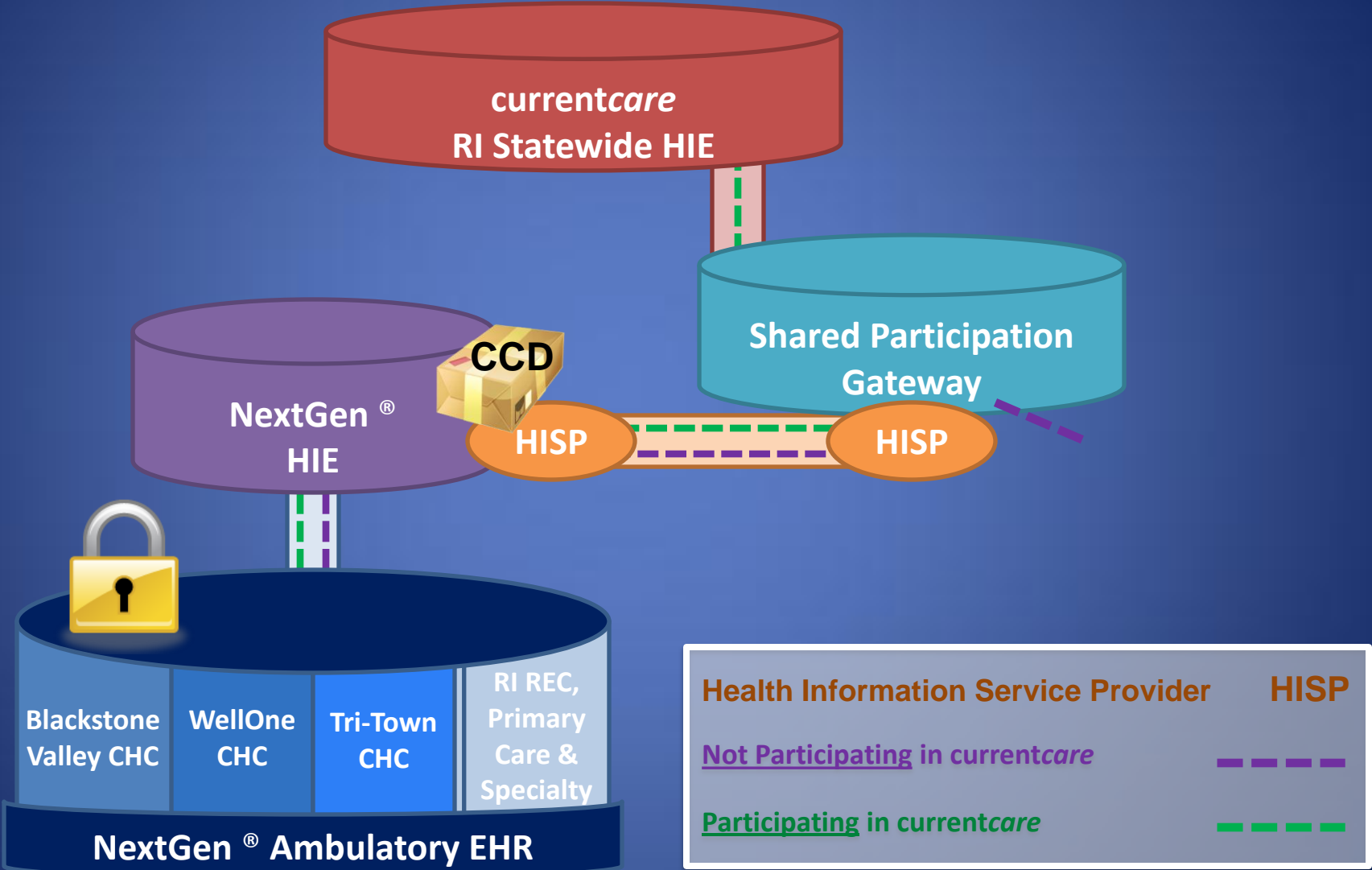
Blackstone Valley Network



Health Information Exchange in the Rhode Island Beacon Community

- Approach:
 - **Automate** (trigger event in EHR)
 - **Simplify Transport** (Direct protocol)
 - **Standardize** (CCD standard)
- Goals:
 - **Interoperability**: Exchange patient data to **improve care coordination across multiple providers**
 - **Aggregate data** across platforms and practices
 - **Report** on population health and quality by practice to **drive performance improvement**

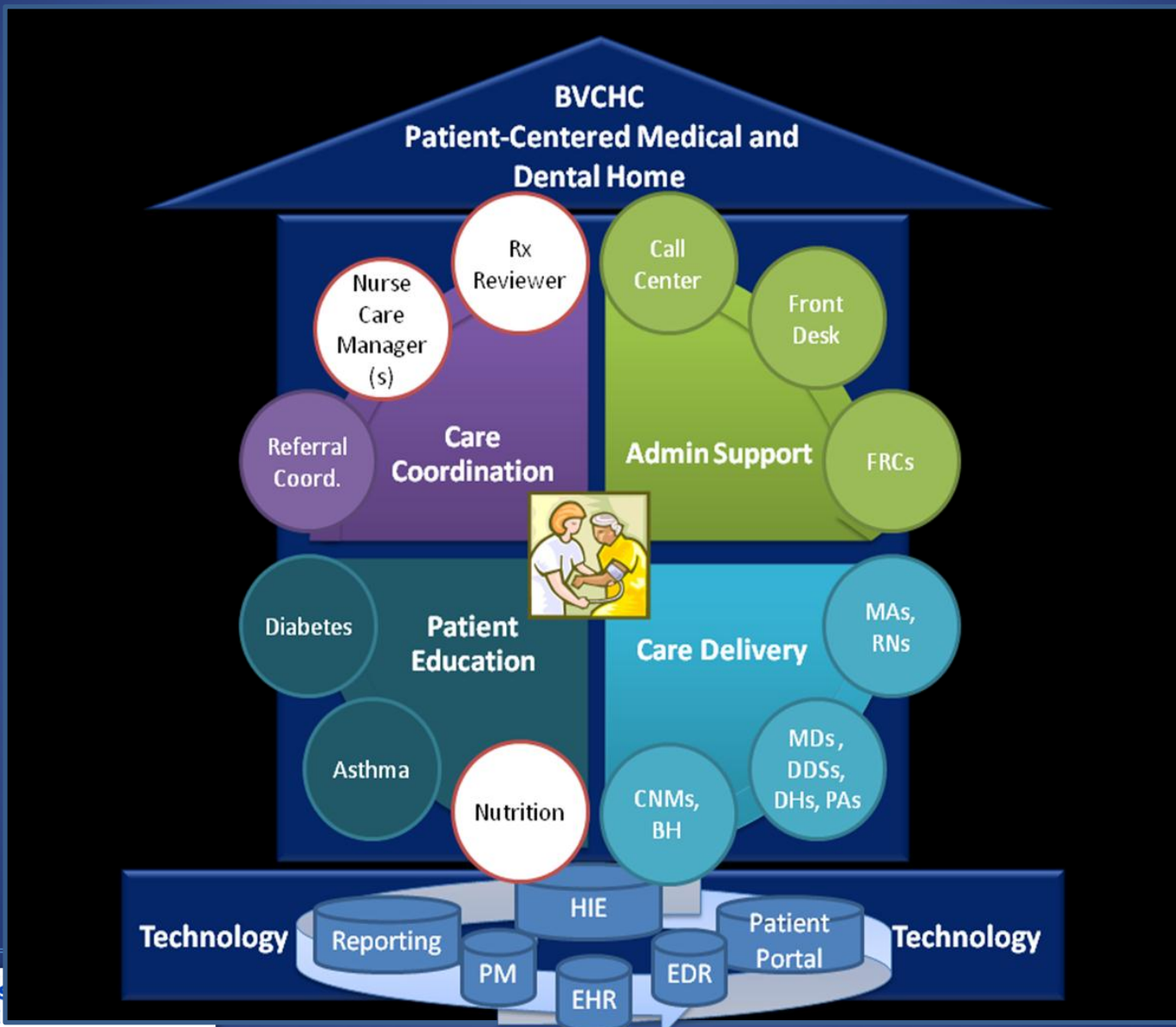
Sharing Data from with the Statewide HIE



Patient-Centered Medical Home
and Meaningful Use:
Patient Portal as a Care Coordination, Engagement
and Education Tool

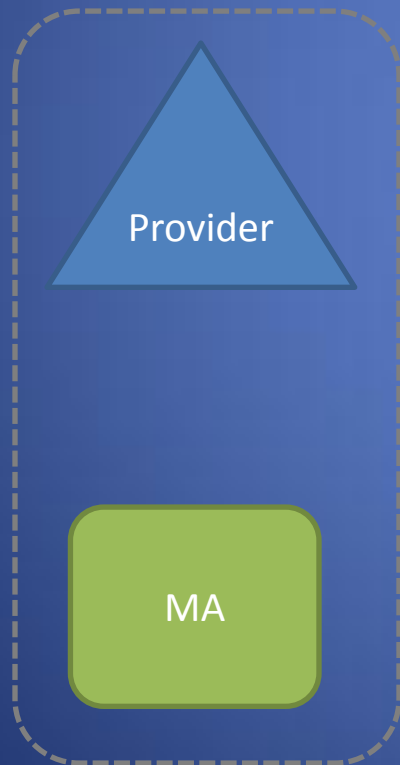
BVCHC is a PCMH

Recognized as an NCQA Level 3 PCMH in July 2011, but we can do even more...

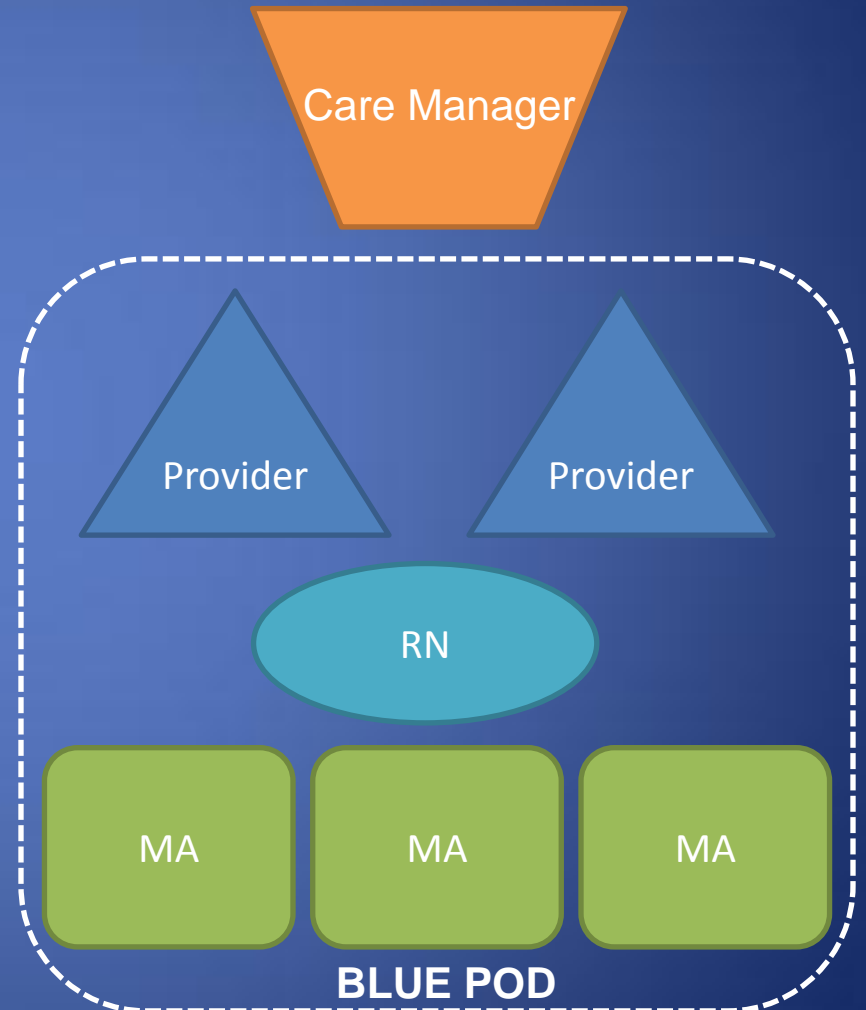


Care Team Re-Design

Original Model



Pilot Model



Care Team Transformation Pilot

- Focus is on addition of an MA, but work will be done to help identify the best role for the RN in the pod
- Add care managers to provide additional assistance for patients, and help coordinate care across settings
- Enable provider to do less chasing and follow-up, utilize team members
- Culture shift for providers around delegation



Extend Care Team's Reach and Capacity

- NextGen Patient Portal
 - Secure email with Care Team (convenience)
 - Communications automatically charted
 - Automated Appointment and Recall reminders
 - Patient Outreach, Education, and Engagement



Patient Portal Home Screen

NextMD

Home | Inbox | Sent Items | My Account

My Practices | My Appointments

Blackstone Valley Community Health Care (34 New)

*Welcome to HealthKey Patient Portal, your medical home on the web! With HealthKey Patient Portal, you can connect with your doctor through a secure, safe, and convenient environment. HealthKey Patient Portal allows you to play an active role in your plan to stay healthy - you are the key to taking care of yourself.

Contact Information
Blackstone Valley Community Health Care
42 Park Place
Pawtucket, RI 02860
Patient Portal Questions, please call 401-729-0080 x128.

Appointment Reminders [See All](#)

Date	Time	Provider
4/8/2011	8:30 AM	Neves, Neusa

Alerts [See All](#)

No Alerts

Home (Sidebar): My Practices, My Appointments

Mail (Sidebar): Inbox, Sent Items

Tasks (Sidebar): Compose Message, Request Appointment, Research Center

My Account (Sidebar): Account Settings, My Information, Manage User Grants, Manage Practices, Having Trouble?

Footer: You have (34) new items, click here to view

Patient's Inbox

Home Inbox Sent Items My Account

Compose Message | Request Appointment | Research Center

Practice: All To: All Type: All

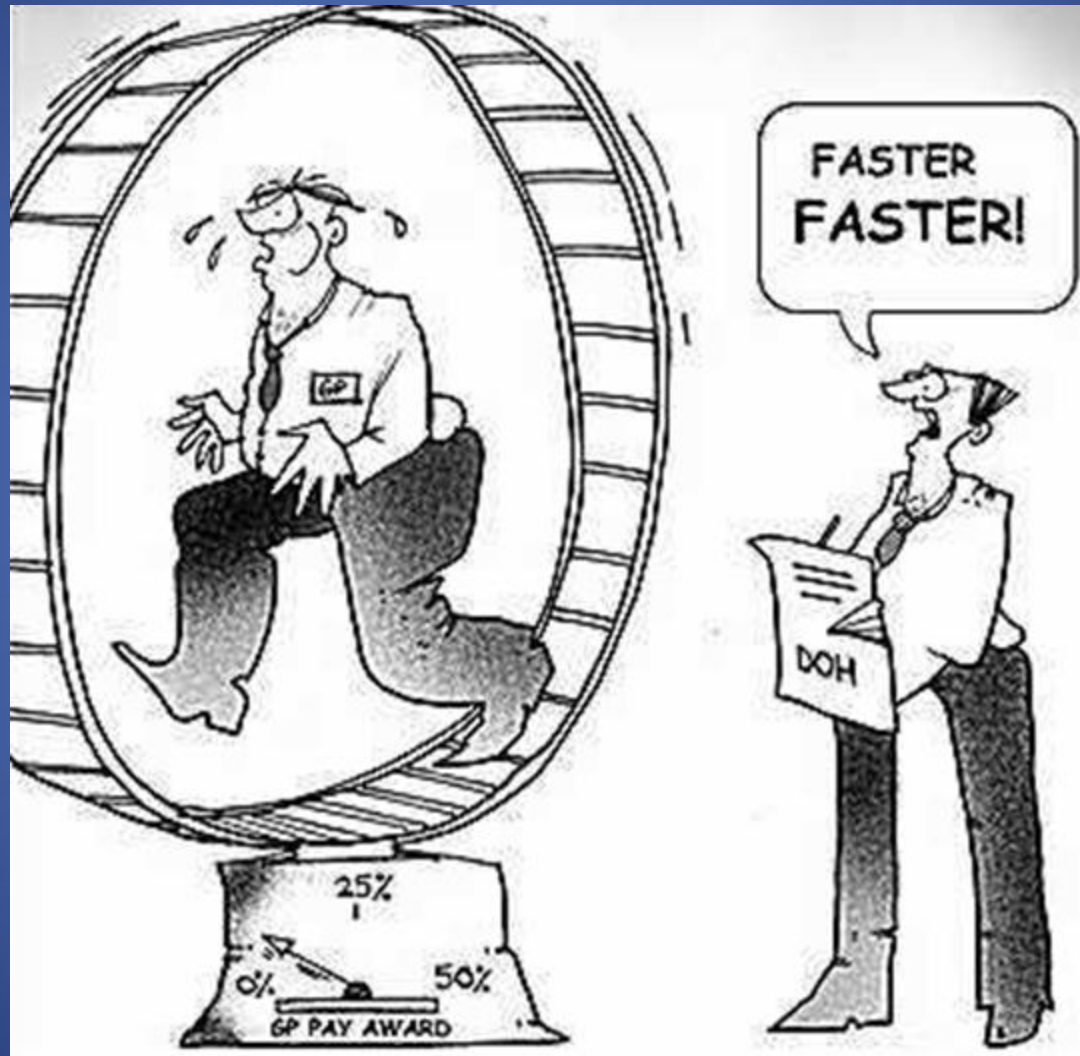
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<input type="checkbox"/>	Documents	Female Test	Blackstone Valley Community Health Care	Patient Plan	Blackstone Va Community He
<input type="checkbox"/>	Documents	Female Test	Blackstone Valley Community Health Care	Letter_Generic	Blackstone Val Health Care
<input type="checkbox"/>	Documents	Female Test	Blackstone Valley Community Health Care	Office Visit	Blackstone Val Health Care
<input type="checkbox"/>	Messages	Baby Test	Christine Constant	RE: Symptoms	Blackstone Val Health Care
<input type="checkbox"/>	Messages	Baby Test	Nikki King	Diabetes Educational Material	Blackstone Val Health Care
<input type="checkbox"/>	Documents	Baby Test	Blackstone Valley Community Health Care	LabResults_ALL	Blackstone Va Community He
<input type="checkbox"/>	Messages	Baby Test	Nikki King	Lab Results	Blackstone Va Community He
<input type="checkbox"/>	Documents	Baby Test	Blackstone Valley Community Health Care	Office Visit	Blackstone Va Community He
<input type="checkbox"/>	Documents	Baby Test	Blackstone Valley Community Health Care	Immunization_Record	Blackstone Va Community He

Demystifying HIT for Patients

- Patient Engagement Coordinator
 - Assists with portal enrollment
 - Educates patients about value of portal
 - Assists patients with creating personal email
- Explain Documents you plan to send
 - Care Summaries
 - Lab Results
- Diabetes Patient Portal Education Program
 - Make portal meaningful to patient

Health Reform- Shifting from Volume to Value and ACO Preparedness

The Situation in Primary Care...



The Challenge: Move from Volume to Value

Getting Paid for Better Outcomes

Fee for service (volume) based payment
to quality outcomes (value) based payment to care for our
patients...

How do we prepare for success?

The key is data- we have to look at it
and see where we can make bets we
will do well, and continue managing
patient care using data so we drive
further improvement in outcomes.

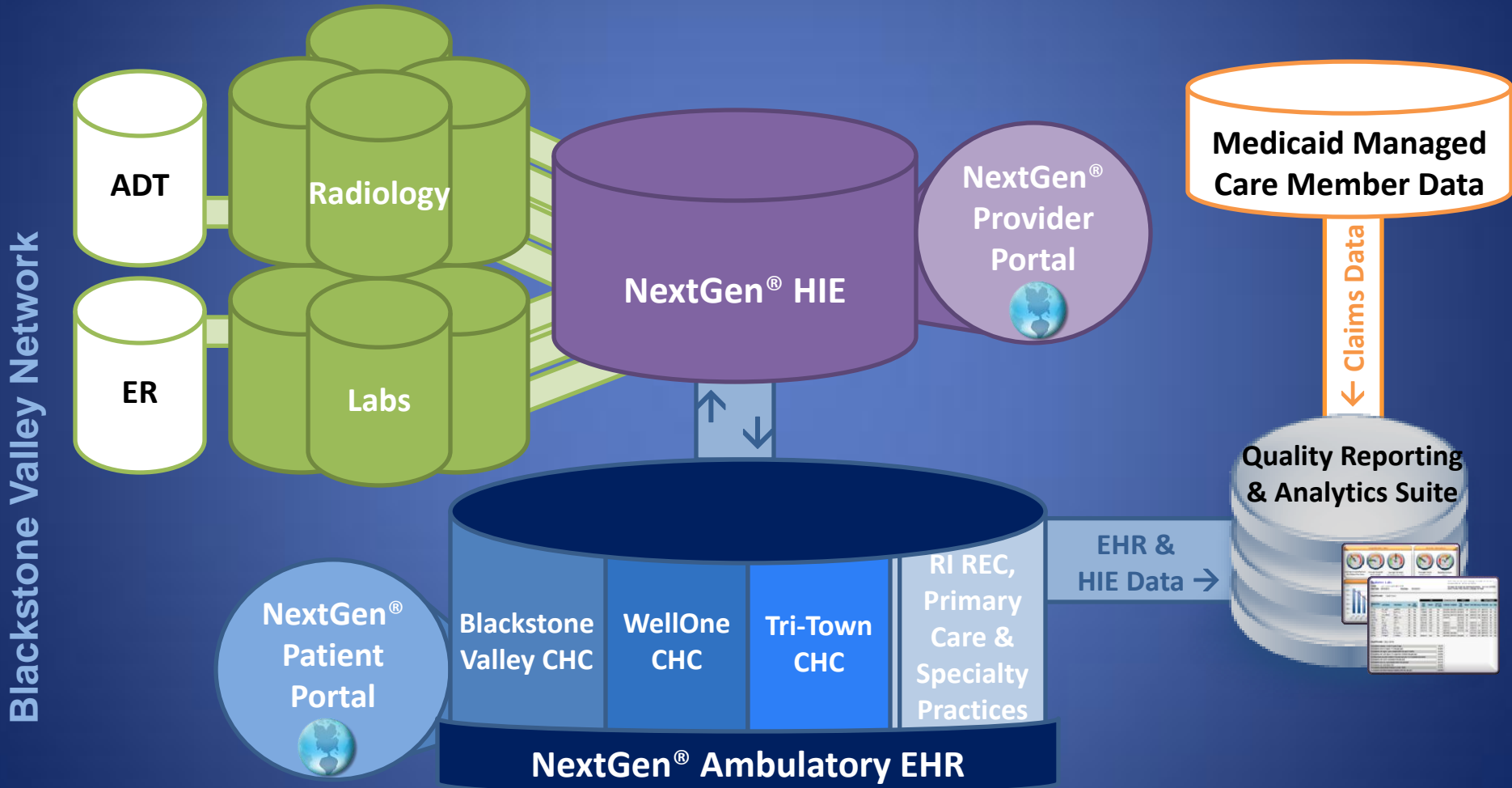


The Value of Data: Understanding your Performance

- DATA IS YOUR BIGGEST ASSET.
 - be cautious about outsourcing calculations or being without your own calculations to maintain leverage in a shared savings/risk environment
 - when you own your data you control your destiny



New Data Integration Needed

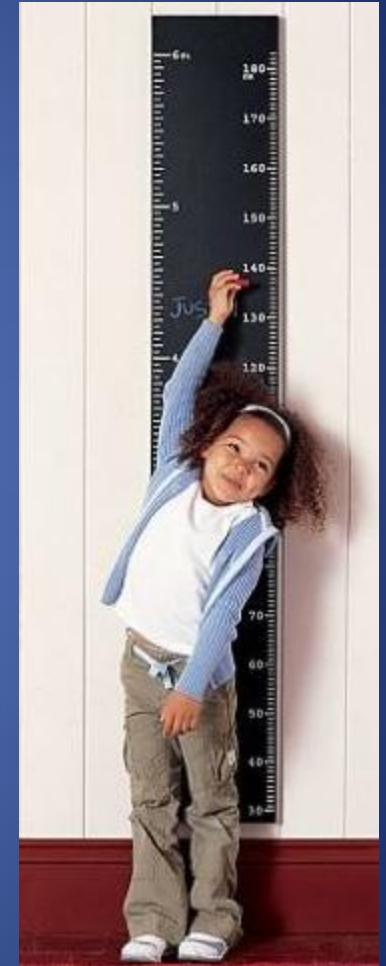


Benefits of Claims Integration

- Summary Cost
 - BVCHC can leverage this measure to target high risk/cost utilizers to assign them a care manager.
 - Educate patients about cost.
- Non-Ambulatory Encounters
 - Understanding the drivers of non-ambulatory encounters can help care managers develop care plans for high non-ambulatory utilizers.
- Risk Scoring
 - Proactively engaging high risk members in the medical home model can result in immediate savings.

BVCHC's Motivations

- BVCHC's primary (Managed Medicaid Care Organization) MMCO realizes over \$3 million in savings from BVCHC primary care annually on 5,000+ patients.
- Current incentives are misaligned; cost savings generated by the quality measures managed by BVCHC do not currently trickle back to the providers coordinating care.
- Need to complete cycle to continue to grow.
- PARTNERSHIP with Payers.



Buy-In From Payers

- Payers need to be given confidence that any data they share with you will remain confidential.
 - Data Sharing Agreements protect both parties
- Need data at the member level to make intervention possible.
 - Payers need to protect proprietary fee schedules
 - We used the “Amount Allowed” (vs. Amount Billed or Amount Paid) field as a monetary proxy to generate a summary cost
- Develop detailed business requirements before making the request for data as making changes costs payer \$.



Getting to the Bottom Line on Savings

– Primary Payer (Managed Medicaid)



- Constrained by the Federal Government which has not started paying for value yet. In RI, with Global Waiver, payers balance losses and gains from practices

– State

- Savings don't benefit States except when their contracts with MMCO include profit caps.

– Savings should accrue to primary source of generation (practice) and tech investment (Fed, State, Payer, practice, other).

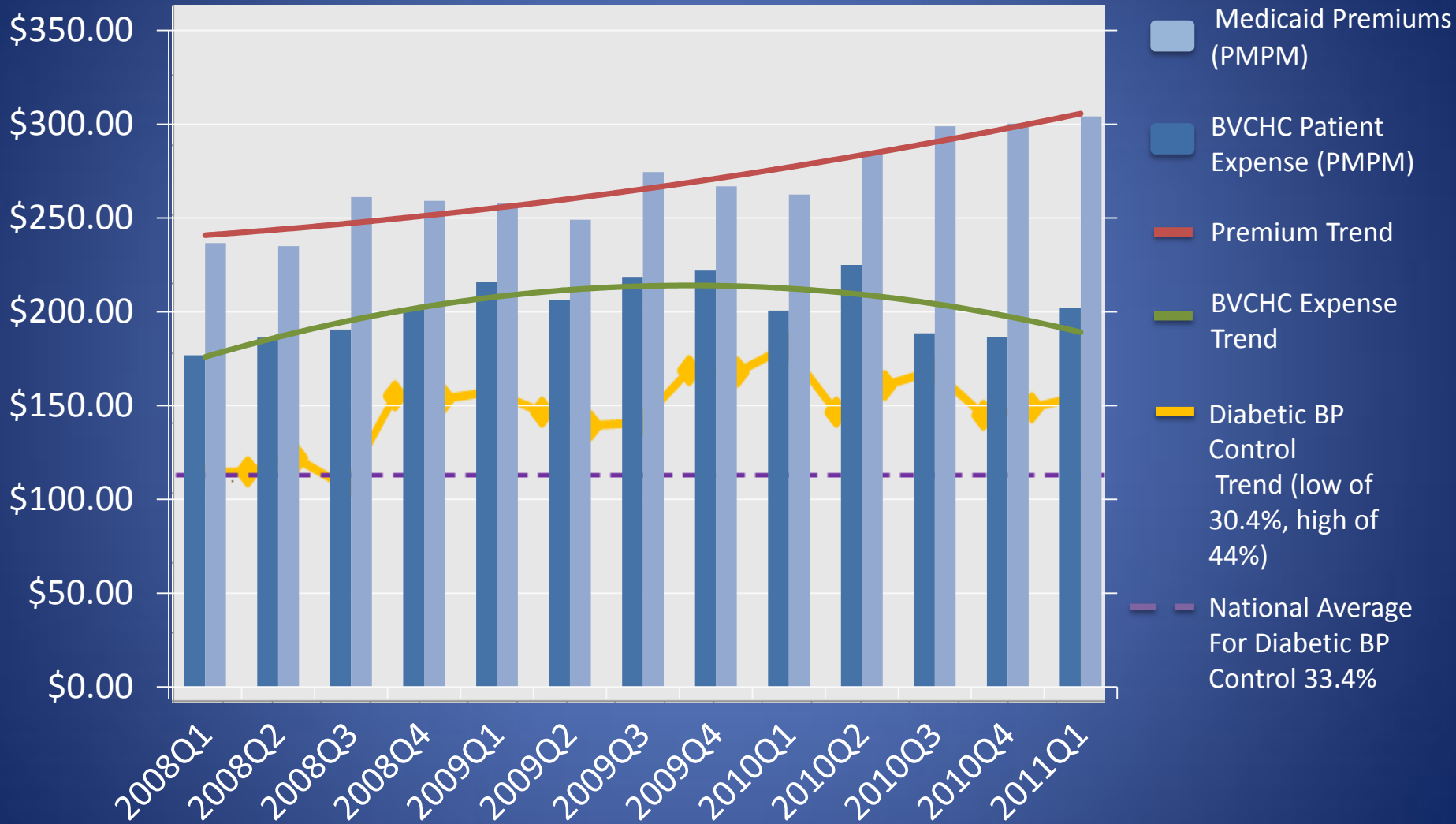
The Intersection of Cost and Quality

Managing quality without cost or cost without quality, will not deliver the reform we need in healthcare delivery.

The two must be evaluated together.



BVCHC's Total Cost and Quality Accountability



Contact Information

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