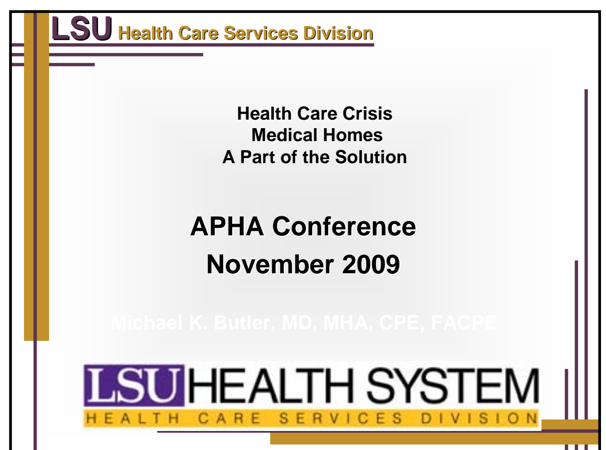
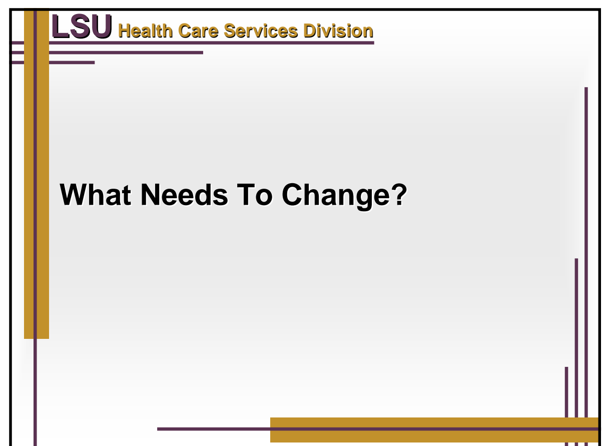

LSU Health Care Services Division
Health Care Crisis
Medical Homes
A Part of the Solution
APHA Conference
November 2009
Michael K. Butler, MD, MHA, CPE, FACPE
LSU HEALTH SYSTEM
HEALTH CARE SERVICES DIVISION

LSU Health Care Services Division
Medical Houses, Homes, and Neighborhoods
Design, Framework, Connections, Transitions and Relationships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What Needs To Change?

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The International Case for U. S. Health Care Delivery Change

The United States ranks internationally

- 31st in Life Expectancy
- 36th in Infant Mortality
- 28th in Male Life Expectancy
- 29th in Female Life Expectancy
- The most costly health system in the world (Twice than the next costly nation)

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Medical Errors

- 48,000-90,000 deaths per year due to preventable medical errors
  - » IOM 2000, To Err Is Human)
- 4th – 8th Leading Cause of Death
  - This is more than breast cancer, HIV, or motor vehicle accidents.
  - » (IOM 2000, To Err Is Human)

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Medication Errors

- 20 % of the medications administered are associated with errors that include: wrong time, omitting medications, wrong dose, and non-authorized medication.
  - » Archives of Internal Medicine, Vol. 162: 1897-1903, September 9, 2002

Appropriate Care

- Preventive Care 50% of the time
- Chronic Care 60% of the time
- Evidence-Based Acute Care 70% of the time

Schuster, McGlynn, and Brook, "How Good Is The Quality of Care in the United States Milbank Quarterly 76, No. 4 (December 1998)

Appropriate Care

More than 50% of patients with diabetes, hypertension, tobacco addiction, hyperlipidemia, congestive heart failure, asthma, depression and chronic atrial fibrillation are currently managed inadequately.

» Institute of Medicine, 2003,b Priority Areas for national Action: Transforming Health Care Quality. K. Adams and J. M. Corrigan, eds. Washington D. C. Press

Dissemination of Effective Therapy

There is a lag between the discovery of more effective forms of treatment and their incorporation into routine patient care averages 17 years.

» Balas, E. A. 2001 Information Systems Can Prevent Errors and Improve Quality (Comment) Journal of the American Medical Informatics Association 8 (4): 398-9

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Adoption of Information Technology

- Hospitals with Comprehensive EHR System—1.5%
- Hospitals with Basic EHR System and Clinician Notes—7.6%
- Hospitals with Basic HER System without Clinician Notes—10.9%

» JHA, etal., "Use Of Electronic Health Records in U. S. Hospitals," NEJM, 2009, 360

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Costs of Care

- Preventable Patient Injury due to mistakes cost the economy from $17 billion to $29 billion annually of which half are health care costs.
  – Institute of Medicine, To Err Is Human 1999
- $400 billion of health care dollars per year is wasted on poor quality care.
  – Midwest Business Group on Health in collaboration with Juran Institute, Inc. and the Seven Group, Inc., "Reducing the costs of Poor-Quality Health care Through Responsible Purchasing Leadership," Chicago, 2002

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#1 Cause of Bankruptcy

- In 2001, 1.458 million American families filed for bankruptcy. To investigate medical contributors to bankruptcy, we surveyed 1,771 personal bankruptcy filers in five federal courts and subsequently completed in-depth interviews with 931 of them. About half cited medical causes, which indicates that 1.9–2.2 million Americans (filers plus dependents) experienced medical bankruptcy. Among those whose illnesses led to bankruptcy, out-of-pocket costs averaged $11,854 since the start of illness; 75.7 percent had insurance at the onset of illness. Medical debtors were 42 percent more likely than other debtors to experience lapses in coverage. Even middle-class insured families often fall prey to financial catastrophe when sick.
  – Himmelstein, D., et al, "Marketwatch-Illness and Injury As Contributors to Bankruptcy," Health Affairs, February 2005

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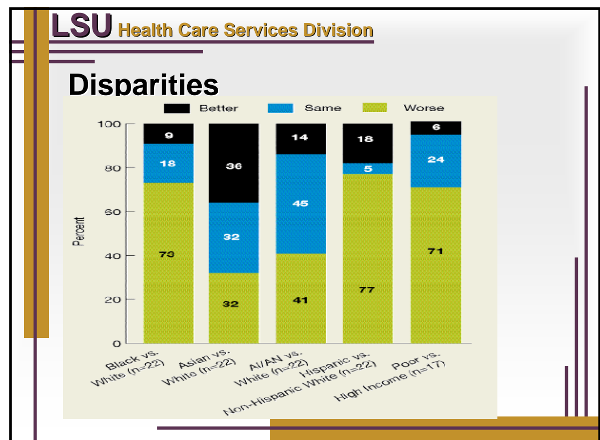
Disparities



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Disparities

Access

- From 2000 to 2003, the proportion of adults who received care for illness or injury as soon as wanted decreased for Whites (from 16.2% to 13.4%) but increased for Blacks (from 17.5% to 18.4%). This corresponds to an increase of 9.8% per year in this disparity.

HIV Incidence

- From 2000 to 2004, the rate of new AIDS cases remained about the same for Whites (from 7.2 to 7.1 per 100,000 population age 13 and over) but decreased for Blacks (from 75.4 to 72.1 per 100,000 population), corresponding to a decrease of 7.9% per year in this disparity.

Adult Pneumonia Vaccine

- From 1999 to 2004, the proportion of adults age 65 and over who did not receive a pneumonia vaccine decreased for Whites (from 48% to 41%) but increased for Asians (from 59% to 65%).

Childhood Vaccination

- However, from 1998 to 2004, the proportion of children ages 19-35 months who did not receive all recommended vaccines decreased somewhat for Whites (from 26% to 17%) but even more for Asians (from 31% to 17%).

Colorectal Screening

- From 2000 to 2003, the proportion of adults that had not received a recommended screening for colorectal cancer decreased for Whites (from 49% to 47%) but increased for AI/ANs (from 51% to 58%).

Communication Problems

- However, from 2002 to 2003, the proportion of adults that reported communication problems with providers decreased somewhat for Whites (from 10.4% to 9.4%) but even more for AI/ANs (from 18.4% to 8.3%).

Pediatric Asthma Hospitalization

- From 2001 to 2003, the rate of pediatric asthma hospitalizations remained the same for non-Hispanic Whites (139 hospitalizations per 100,000 population) but increased for Hispanics (from 188 to 226 per 100,000 population).

Pediatric Vision Screenings

- However, from 2001 to 2003, the proportion of children without a vision check decreased somewhat for non-Hispanic Whites (from 40% to 38%) but even more for Hispanics (from 48% to 42%).

Chronic Diabetes Care

- From 2000 to 2003, the proportion of adults age 40 and over that did not receive three recommended services for diabetes decreased substantially for high income persons (from 54% to 41%) but less for poor persons (from 68% to 63%).

- 2006 National Health Care Disparities Report, AHQR

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Equity

- Gains is health in one sub-population ought not be achieved at the expense of another sub-population

Provider Dissatisfaction

- Less Time with Patients
- Less Interest in Primary Care
- Increased Accountability
- Increased Responsibility
- Increased Pressure To See More Patients
- Lower Payment Margins

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Contributors To Health Care Crisis

- Disparities—Racial, Gender, Ethnic, and Economic
- Overuse, Misuse, and Underuse of Testing and Therapies
- Geographic Variation
- Cultural Traditions
- Incomplete Personal Health Information
- Excessive Administrative Bureaucracy
- Technology Tantalization
- Archaic Information Management Systems and Processes
- Inadequate Access to Medications
- Supply Driven Care
- Lack of Systemness
- Lack of Continuity
- Inadequate Prevention Efforts and Health Screenings
- Litigious Medical Practice Environment
- Futile Care
- Provider Centered Care
- Medical Errors

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Attributes of Redesigned of Health Care System

What would great care look or feel like?

How can we address the multiple

challenges of providing redesigned care?

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JCAHO Dimensions of Care

- Efficacy
- Appropriateness
- Availability
- Effectiveness
- Timeliness
- Continuity
- Safety
- Efficiency
- Respect/Dignity

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Institute of Medicine Goals

- Safety
- Effectiveness
- Patient-Centeredness
- Timeliness
- Efficiency
- Equity

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IOM Delivery System Features

- Evidenced-Base Care Processes
- Effective Use of Information Technology
- Knowledge and Skills Management
- Effective Team Deployment
- Continuum Coordinated Care—Conditions, Services, Settings and Time
- Outcome and Performance Measures
- Continuous Performance Improvement
- Accountability

Triple Aim

- Improve the individual Experience of Care
- Improve the Health of Populations
- Reduce the per capita Costs of Care for Populations

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Chronic Care Model

- Self-Management
- Decision Support
- Delivery System Design
- Clinical Information System
- Health Care Organization
- Community Resources

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21st Century Paradigm Shift

	Old	New
Care Relationships	Episodic	Continuous
Care Focus	Acute	Chronic
Responsiveness	Reactive	Proactive
People	Individual	Population
Information Management	Paper-Based	Electronic-Computerized
Providers	Solo	Teams
Locus of Care	Hospital	Clinic
Consultation/Referral	Random	Evidence-Based
Caregiver Relationship	Fragmented	Coordinated
Knowledge Management	Left to the Individual Provider	Continuous Training, Education, and Decision Support

House To Home To Neighborhoods

- Houses are about elements and structures
- Homes are about the internal relationships.
- Neighborhoods are about external relationships.

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Medical Home Definition

Relation-centered care between a patient (patient population) and his physician-guided provider team which supports the patient's health and health care and where they are mutually accountable for the patient's outcomes of care and health status

LSU

The Patient Centered Medical Home is a method of practice whereby the physician provides comprehensive and coordinated patient centered medical care for those patients with chronic diseases and acts as the "personal physician" to the patient

Michigan BC/BS

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Medical Home Definition(s)

Centralized and Coordinated network of multidisciplinary providers. (Not A Physical Location)

» Pediatrics 2004: 113[Suppl. 5}: 1493-8

Team based care model led by a personal physician that provides continuous, coordinated care, ideally over the long term, to maximize health outcomes.

» Bonnie Darves, NEJM, May 2009

» American College of Physicians

The patient centered medical home is a model for care provided by physician practices that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship.

NCQA

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Qualities of A Medical Home

- Memory
- Coordination
- Navigation
- Integration
- Accessible
- Continuity
- Educational
- Anticipating
- Comprehensive
- Welcoming
- Resolution
- Reconciliation
- Effectiveness
- Supportive
- Prioritizing
- Sequencing
- Continuity
- Comprehensible
- Comfortable

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STRUCTURE

Elements and Building Blocks

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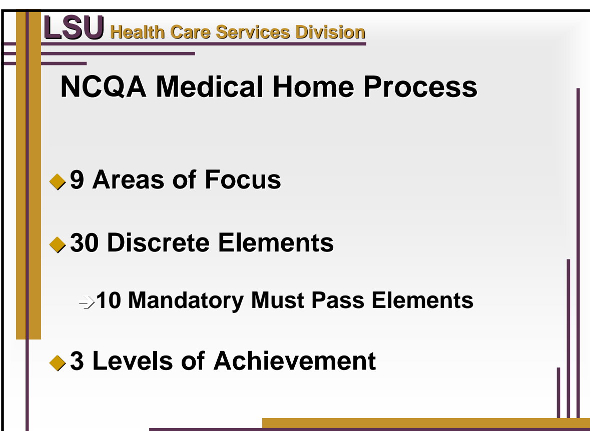
Blueprint To Build Medical House

- Accessibility—Health System Entry Hub
- Continuity—Relationships Maintained Over Time
- Coordination of Care—Across sites, settings, payers, and providers
- Comprehensive—Acute Care, Chronic Care, Preventative Care, Rehabilitation, and “End-of-Life”
- Physician-Directed Medical Practice Teams
- Quality and Safety
- Information Technology



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Physician Practice Connectors
Patient Centered Medical Home

- PPC1: Access and Communication
- PPC2: Patient Tracking and Registry Function
- PPC3: Case Management
- PPC4: Self-Management Support
- PPC6: Test Tracking
- PPC7: Referral Tracking
- PPC8: Performance Reporting and Improvement
- PPC9: Advanced Electronic Communication

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NCQA Focus Areas

Standard	Points	Benefit/Cost Ratio
Access and Communication	9	1.6
Patient Tracking	21	.87
Care Management	20	.89
Self-Management	6	2.00
E-Prescribing	8	1.75
Test Tracking	13	1.0
Referral Tracking	4	1.0
Performance Improvement	15	1.0
Adv. E-Communication	4	1.25
Grand Total	100	

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NCQA PCMH Scoring

Qualifying Level	Points	Must Pass Elements at 50% Level
Level 3	75-100	10 0f 10
Level 2	50-74	10 of 10
Level 1	25-49	5 of 10
Not Recognized	0-24	<5

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Capability	Number of Items	Percentage
Information Technology/Management **19 items for e-prescribing** **18 items for demographics** **14 items on use of email, e-communication, or interactive web site** **11 items on electronic for basis clinical data** **8 items for electronically managing tests** **7 items for electronically managing populations**	77	46%
Care Management—3 Conditions **Care Guidelines** **Self-Management Support** **Care Management**	24	14%
Care Coordination **Multiple Providers Seen on 1 Visit** **4 items on referral tracking** **6 items on test tracking and follow-up** **10 items assess information continuity across settings**	21	13%
Accessibility	15	9%
Performance Reporting	8	5%
Organizing Clinical Data **Problem Lists** **Medication Lists**	7	4%
Use of Non-Physician Staff (Teams)	4	2%
Collection of Patient Data Related Care Experience **1 item on Access To Care** **1 item on Physician Communication** **1 item on Patient Confidence in self-Care** **1 item on Patient Satisfaction**	4	2%
Preventive Services	2	1%
Continuity With A Personal Physician	2	1%
Patient Communication Preferences	2	1%

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Information Strategy-SMARDI

- Clinical Data Repository
- Master Patient Index
- HL 7 Interface
- Authentication and Access Control System
- CLIQ—Web based Results Review Application

Process to NCQA Certification

- Establish Certification Team
- Select A Project Leader
- Print the Standards and Guidelines
- Read Standards Out Loud
- Assign 2-3 People to each standard
- Discuss—Current Processes, Documents, and Explanations
- Collect Evidence That Support Compliance
- Provisionally Self-Score
- Monitor Progress Via Self-Scoring Software

Caveats and Pointers

- Purchase NCQA Interactive Survey Tool
- Use Free-Online Workshop
- Review All Evidence Prior To Submission
- Only Submit What Is Pertinent
- Document Management
  - Scan All Documents To A Local Drive
  - Link To Survey Tool Software Using Document Library
- Chart Audit Management
  - Must Determine top 3 Diagnoses in Population
  - Read the Record Review Workbook Instructions

Application and Submission

- Email Application and Provider List
- Submit Other Documents Via Mail
  - Check
  - Agreements
- Upload Documents
- Use Utilities Tool To Determine completeness
- Submit Final Survey Tool

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NCQA PCMH
Standard 1: Access and Communication

A. Has Written Standards for Patient Access and Patient Communication **(4)

B. Uses Data To Show it meets its standards for patient access and communications**(5)

Total: 9 Points

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NCQA PCMH
Standard 2: Patient Tracking and Registry Function

A. Uses Data System for basic patient information (demographics)(2)
B. Has Clinical Data in Searchable data fields (3)
C. Uses Clinical Data System (3)
D. Uses paper or electronic-based charting tools to organize clinical information**(6)
E. Uses Data to identify important diagnoses and conditions in practice**(4)
F. Generates Lists of patients and reminds patients and clinicians of services needed—Population Management (3)

Total: 21 points

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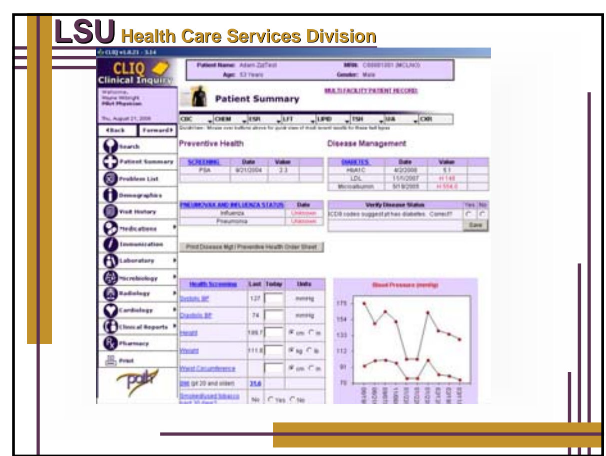
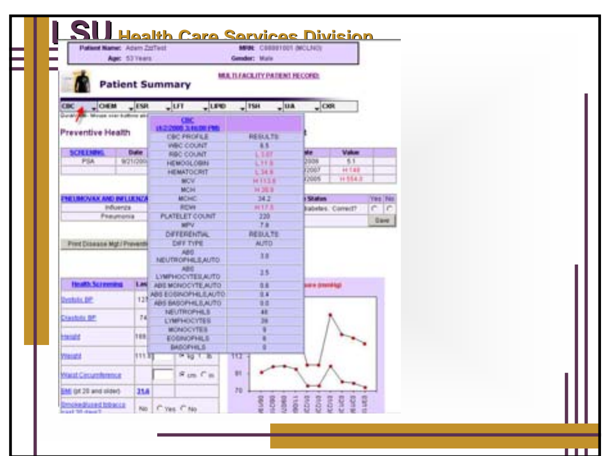
NCQA PCMH
Standard 3: Care Management

A. Adopts and Implements Evidence-based guidelines for three conditions**(3)
B. Generates Reminders about Preventive services for clinicians**(4)
C. Uses Non-Physician Staff to Manage Care(3)
D. Conducts Care Plans Assessing Progress, Addressing Barriers(5)
E. Coordinates care//Follow-Up for patients who receive care in inpatient and outpatient facilities(5)

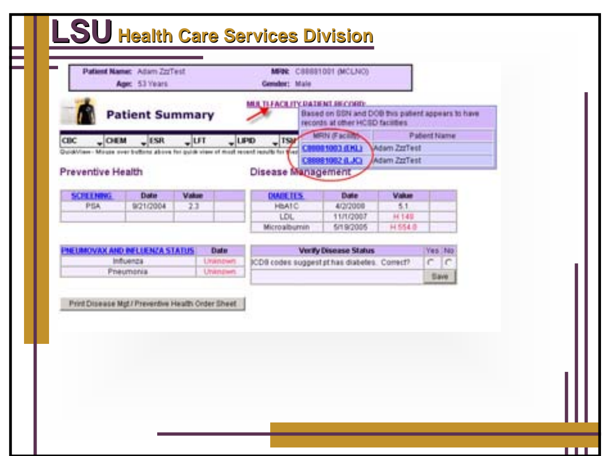
Total: 20 points



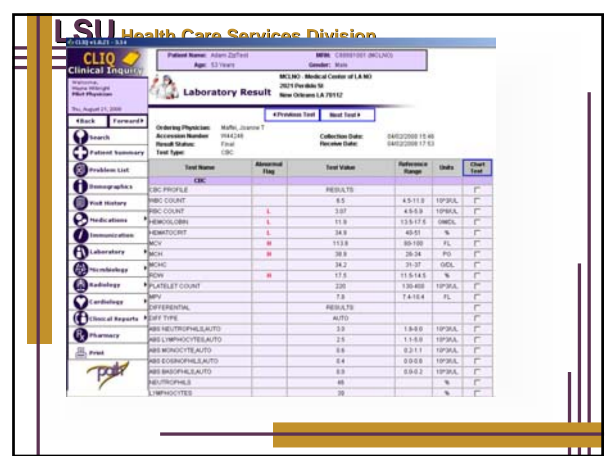
LSU Health Care Services Division
CLIQ
Clinical Inquiry
Patient Summary
Preventive Health
Disease Management

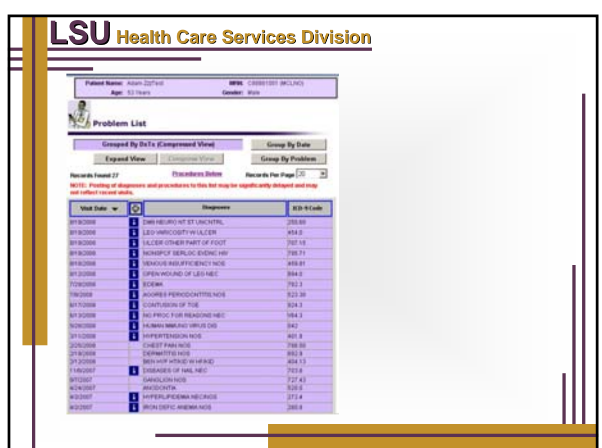


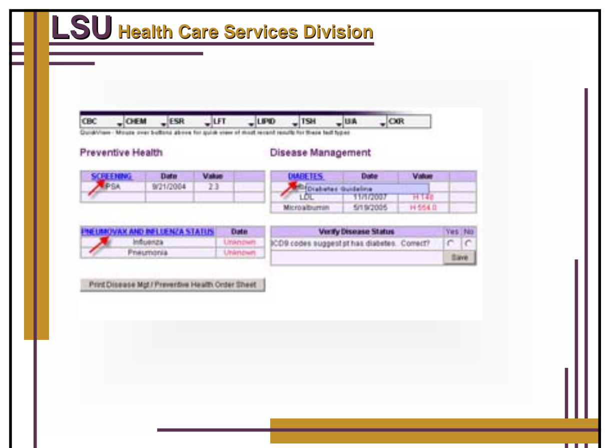
LSU Health Care Services Division
Patient Summary
Preventive Health

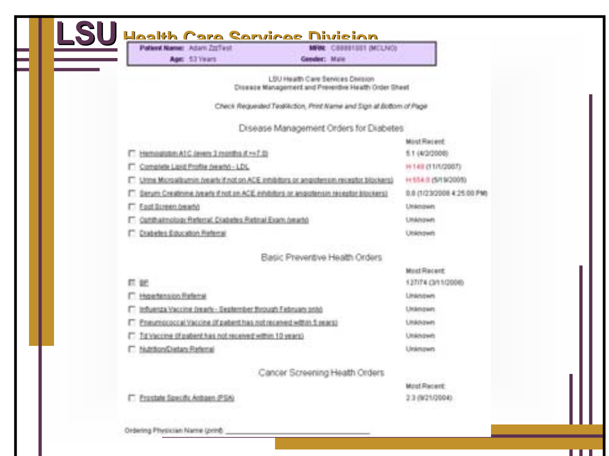


LSU Health Care Services Division
Patient Name: Adam ZzzTest
Age: 53 Years
MRN: C88881001 (MCLNO)
Gender: Male
Patient Summary
MULTI-FACILITY PATIENT RECORD
Preventive Health
Disease Management
Print Disease Mgt / Preventive Health Order Sheet

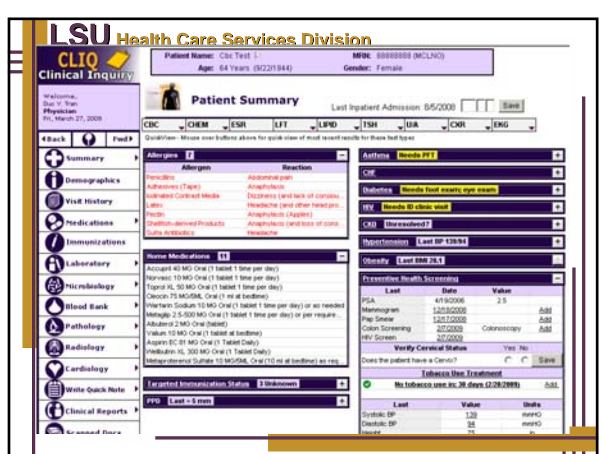

LSU Health Care Services Division
CLIQ
Clinical Inquiry
Laboratory Result


LSU Health Care Services Division
Problem List


LSU Health Care Services Division
Preventive Health
Disease Management

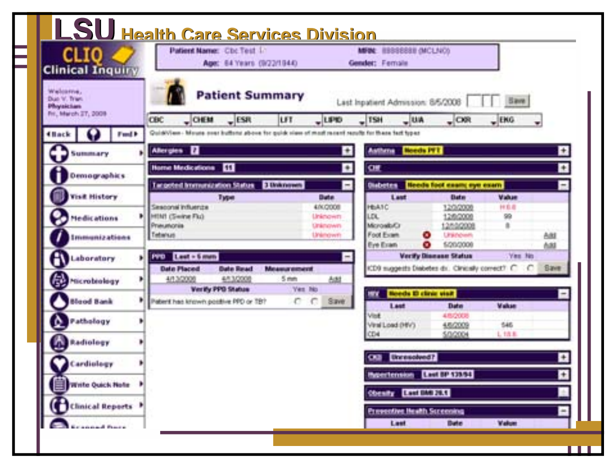


LSU Health Care Services Division
Patient Name: Adam ZzTest
MRN: C88881001 (MCLNO)
Age: 53 Years
Gender: Male
LSU Health Care Services Division
Disease Management and Preventive Health Order Sheet
Check Requested Test/Action, Print Name and Sign at Bottom of Page
Disease Management Orders for Diabetes
Most Recent
Hemoglobin A1C (every 3 months if >=7.0) 5.1 (4/2/2008)
Complete Lipid Profile (yearly) - LDL H 148 (11/1/2007)
Urine Microalbumin (yearly if not on ACE inhibitors or angiotensin receptor blockers) H 554.0 (5/19/2005)
Serum Creatinine (yearly if not on ACE inhibitors or angiotensin receptor blockers) 0.8 (1/23/2008 4:25:00 PM)
Foot Screen (yearly) Unknown
Ophthalmology Referral: Diabetes Retinal Exam (yearly) Unknown
Diabetes Education Referral Unknown
Basic Preventive Health Orders
Most Recent
BP 127/74 (3/11/2008)
Hypertension Referral Unknown
Influenza Vaccine (yearly - September through February only) Unknown
Pneumococcal Vaccine (if patient has not received within 5 years) Unknown
Td Vaccine (if patient has not received within 10 years) Unknown
Nutrition/Dietary Referral Unknown
Cancer Screening Health Orders
Most Recent
Prostate Specific Antigen (PSA) 2.3 (9/21/2004)
Ordering Physician Name (print)



LSU Health Care Services Division
CLIQ
Clinical Inquiry
Patient Summary

LSU Health Care Services Division
CLIQ
Clinical Inquiry
Patient Summary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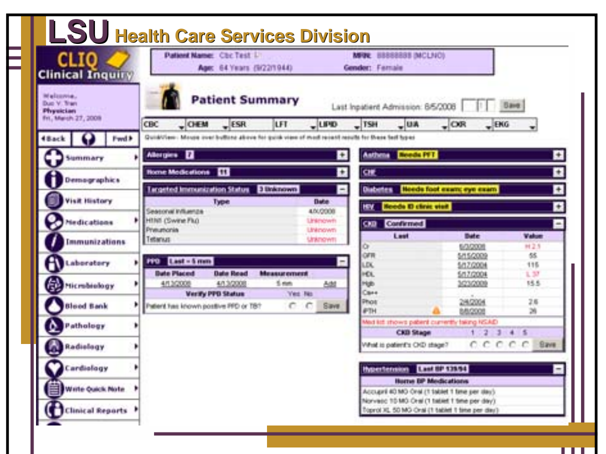
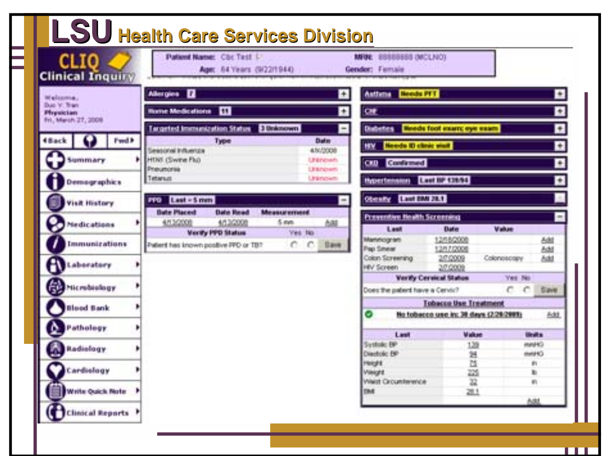
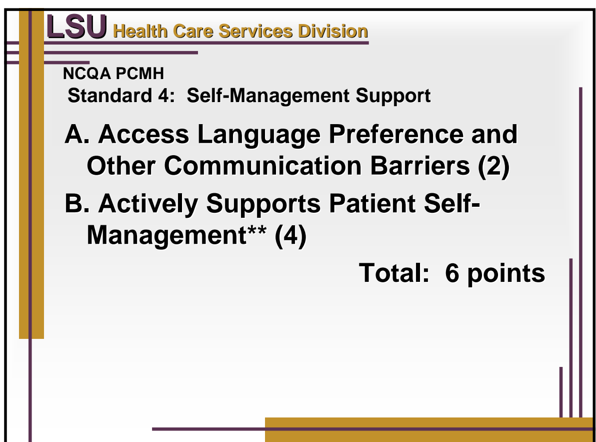
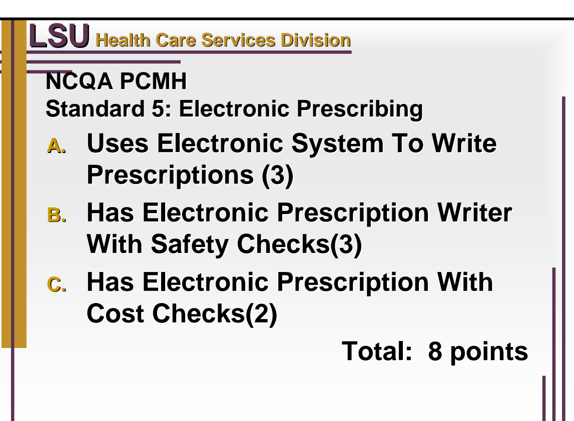
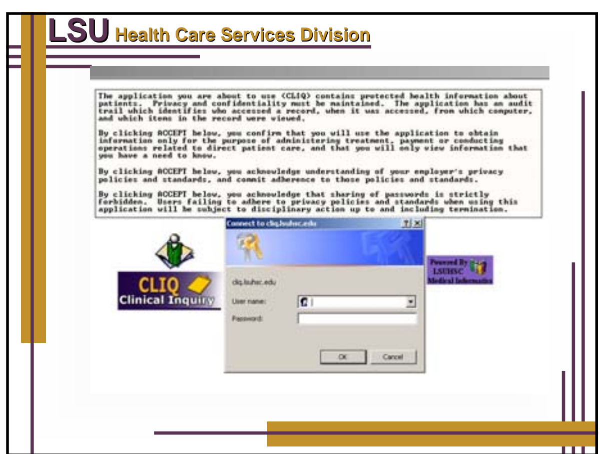
Clinical Inquiry
Patient Summary

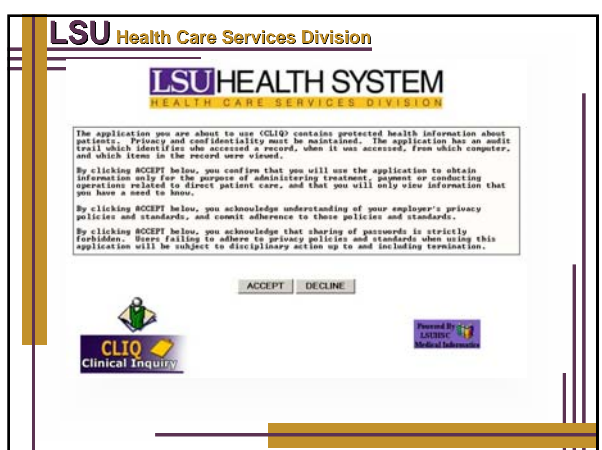

LSU Health Care Services Division
CLIQ
Clinical Inquiry
Patient Summary


LSU Health Care Services Division
CLIQ
Clinical Inquiry


LSU Health Care Services Division
NCQA PCMH
Standard 4: Self-Management Support
A. Access Language Preference and Other Communication Barriers (2)
B. Actively Supports Patient Self-Management** (4)
Total: 6 points


LSU Health Care Services Division
NCQA PCMH
Standard 5: Electronic Prescribing
A. Uses Electronic System To Write Prescriptions (3)
B. Has Electronic Prescription Writer With Safety Checks(3)
C. Has Electronic Prescription With Cost Checks(2)
Total: 8 points


LSU Health Care Services Division
The application you are about to use (CLIQ) contains protected health information about patients. Privacy and confidentiality must be maintained. The application has an audit trail which identifies who accessed a record, when it was accessed, from which computer, and which items in the record were viewed.
By clicking ACCEPT below, you confirm that you will use the application to obtain information only for the purpose of administering treatment, payment or conducting operations related to direct patient care, and that you will only view information that you have a need to know.
By clicking ACCEPT below, you acknowledge understanding of your employer's privacy policies and standards, and commit adherence to those policies and standards.
By clicking ACCEPT below, you acknowledge that sharing of passwords is strictly forbidden. Users failing to adhere to privacy policies and standards when using this application will be subject to disciplinary action up to and including termination.
CLIQ
Clinical Inquiry
User name:
Password:
OK
Cancel


LSU Health Care Services Division
LSU HEALTH SYSTEM
HEALTH CARE SERVICES DIVISION
The application you are about to use (CLIQ) contains protected health information about patients. Privacy and confidentiality must be maintained. The application has an audit trail which identifies who accessed a record, when it was accessed, from which computer, and which items in the record were viewed.
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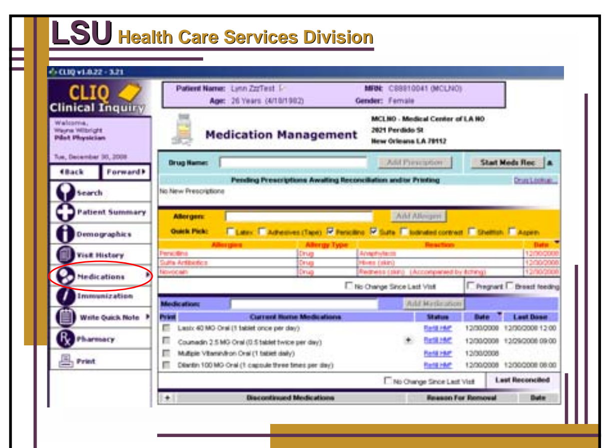
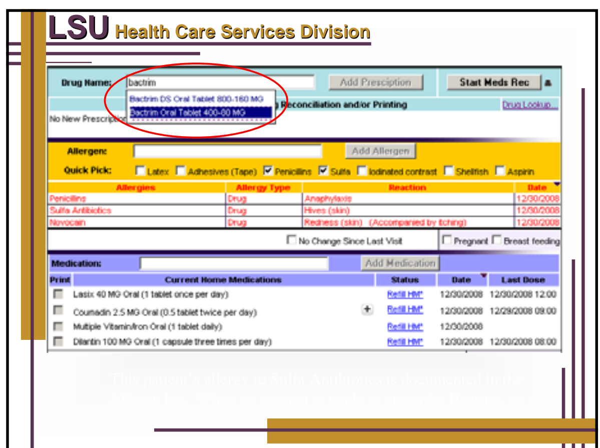
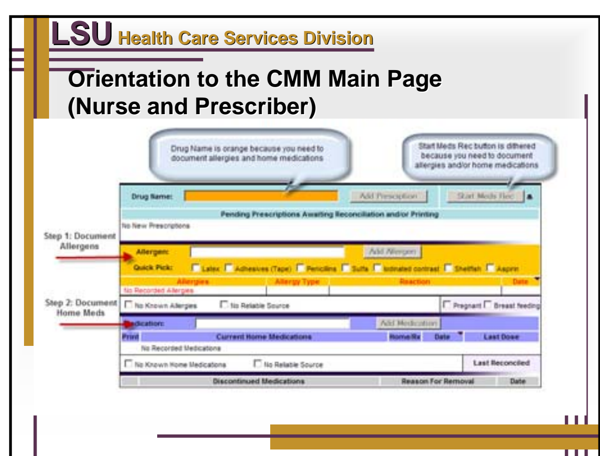
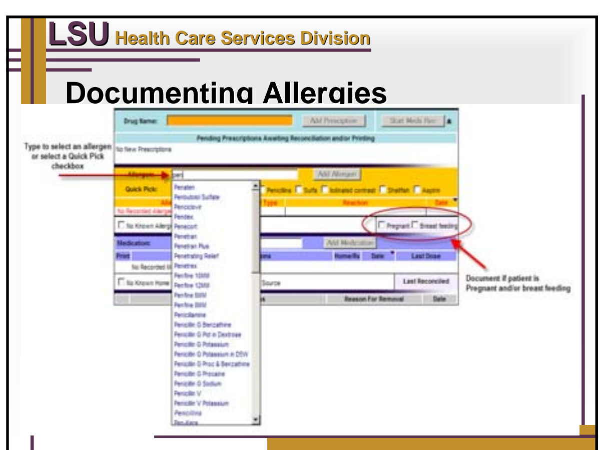
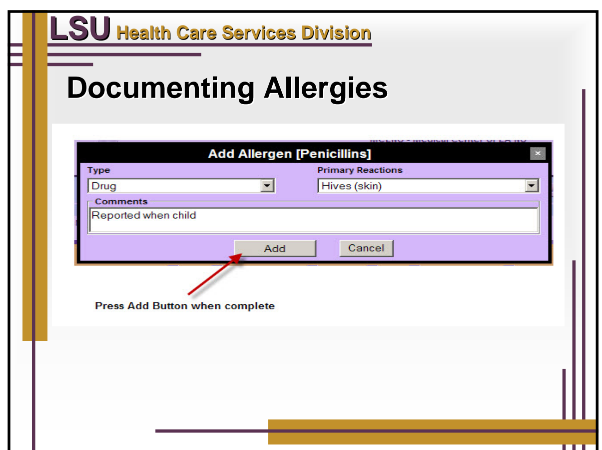
ACCEPT
DECLINE
CLIQ
Clinical Inquiry

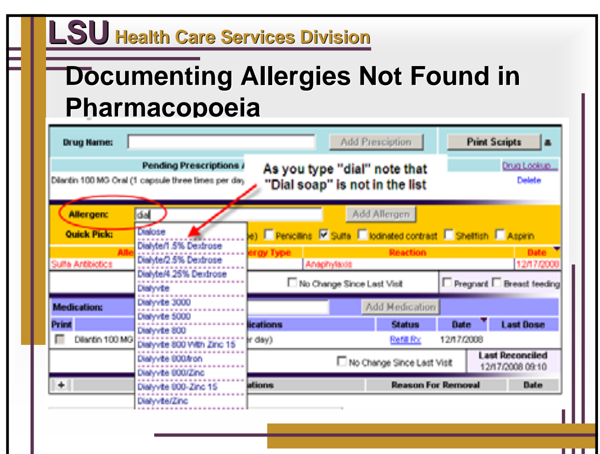

LSU Health Care Services Division
CLIQ
Clinical Inquiry
Medication Management
Search
Patient Summary
Demographics
Visit History
Medications
Immunization
Write Quick Note
Pharmacy
Print
Drug Name:
Start Meds Rec
Allergen:
Quick Pick:
Medication:
Current Home Medications
Discontinued Medications

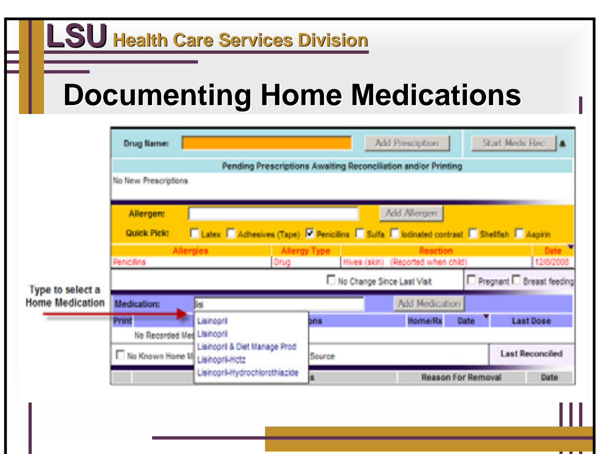

LSU Health Care Services Division
Drug Name:
bactrim
Bactrim DS Oral Tablet 800-160 MG
Bactrim Oral Tablet 400-80 MG
Add Prescription
Start Meds Rec
Allergen:
Add Allergen
Quick Pick:
Latex
Adhesives (Tape)
Penicillins
Sulfa
Iodinated contrast
Shellfish
Aspirin
Allergies
Allergy Type
Reaction
Date
Penicillins
Drug
Anaphylaxis
12/30/2008
Sulfa Antibiotics
Drug
Hives (skin)
12/30/2008
Novocain
Drug
Redness (skin) (Accompanied by itching)
12/30/2008
Medication:
Add Medication
Current Home Medications
Lasix 40 MG Oral (1 tablet once per day)
Coumadin 2.5 MG Oral (0.5 tablet twice per day)
Multiple Vitamin/Iron Oral (1 tablet daily)
Dilantin 100 MG Oral (1 capsule three times per day)

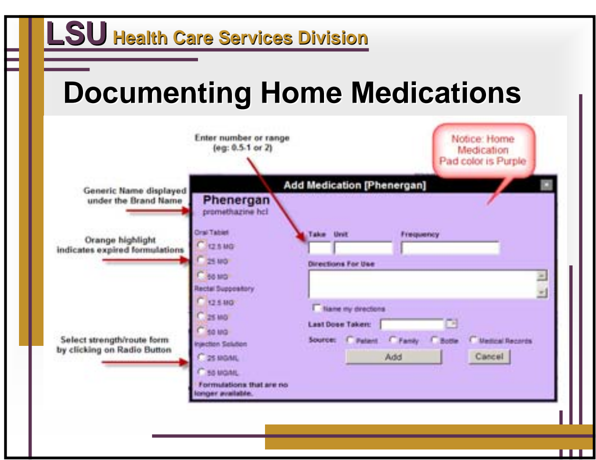

LSU Health Care Services Division
Orientation to the CMM Main Page (Nurse and Prescriber)
Drug Name is orange because you need to document allergies and home medications
Start Meds Rec button is dithered because you need to document allergies and/or home medications
Step 1: Document Allergens
Step 2: Document Home Meds
Drug Name:
Add Prescription
Start Meds Rec
Pending Prescriptions Awaiting Reconciliation and/or Printing
Allergen:
Add Allergen
Quick Pick:
Allergies
Allergy Type
Reaction
Date
Current Home Medications
Last Dose
Last Reconciled
Discontinued Medications
Reason For Removal

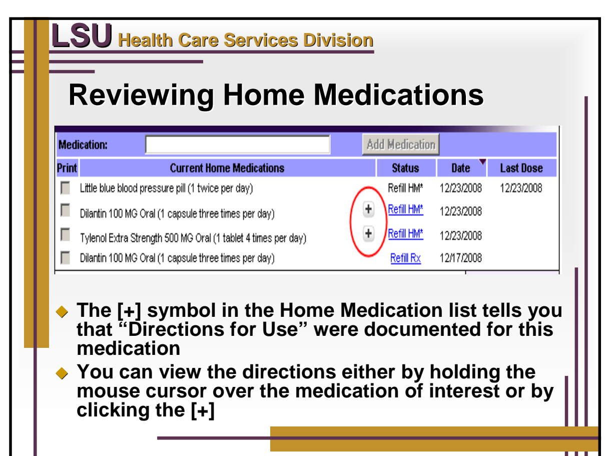

LSU Health Care Services Division
Documenting Allergies
Type to select an allergen or select a Quick Pick checkbox
Document if patient is Pregnant and/or breast feeding

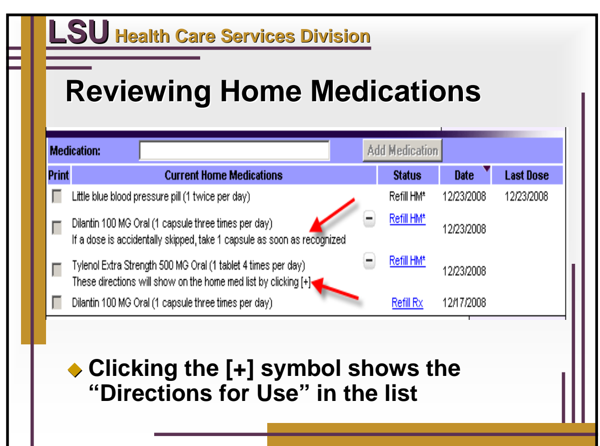

LSU Health Care Services Division
Documenting Allergies
Add Allergen [Penicillins]
Type
Drug
Primary Reactions
Hives (skin)
Comments
Reported when child
Add
Cancel
Press Add Button when complete

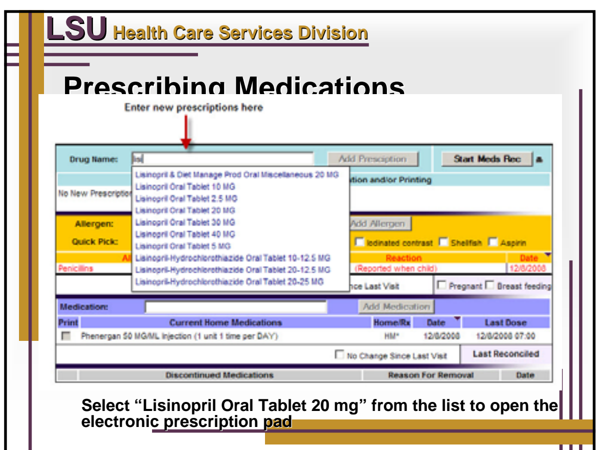

LSU Health Care Services Division
Documenting Allergies Not Found in Pharmacopoeia
As you type "dial" note that "Dial soap" is not in the list

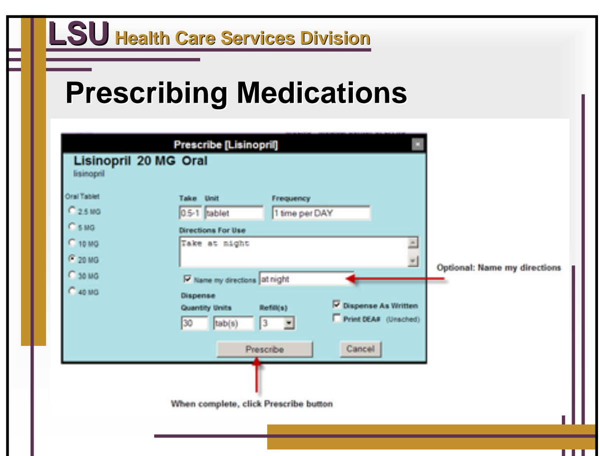

LSU Health Care Services Division
Documenting Home Medications
Type to select a Home Medication


LSU Health Care Services Division
Documenting Home Medications
Enter number or range (eg: 0.5-1 or 2)
Notice: Home Medication Pad color is Purple
Generic Name displayed under the Brand Name
Orange highlight indicates expired formulations
Select strength/route form by clicking on Radio Button
Add Medication [Phenergan]
Phenergan
promethazine hcl

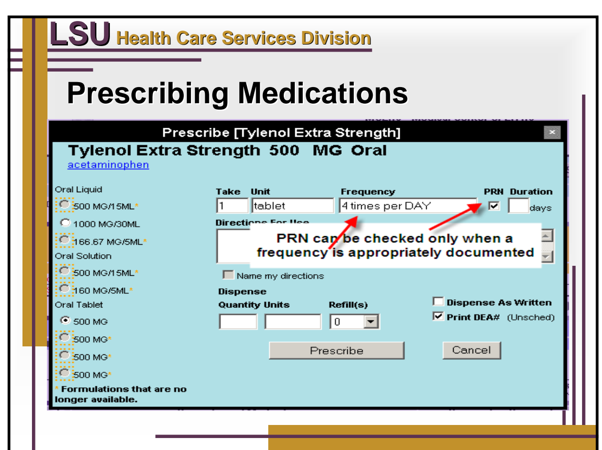

LSU Health Care Services Division
Reviewing Home Medications
Medication:
Add Medication
Print
Current Home Medications
Status
Date
Last Dose
Little blue blood pressure pill (1 twice per day)
Refill HM*
12/23/2008
12/23/2008
Dilantin 100 MG Oral (1 capsule three times per day)
Refill HM*
12/23/2008
Tylenol Extra Strength 500 MG Oral (1 tablet 4 times per day)
Refill HM*
12/23/2008
Dilantin 100 MG Oral (1 capsule three times per day)
Refill Rx
12/17/2008
The [+] symbol in the Home Medication list tells you that "Directions for Use" were documented for this medication
You can view the directions either by holding the mouse cursor over the medication of interest or by clicking the [+]


LSU Health Care Services Division
Reviewing Home Medications
Medication:
Add Medication
Print
Current Home Medications
Status
Date
Last Dose
Little blue blood pressure pill (1 twice per day)
Refill HM*
12/23/2008
12/23/2008
Dilantin 100 MG Oral (1 capsule three times per day)
If a dose is accidentally skipped, take 1 capsule as soon as recognized
Refill HM*
12/23/2008
Tylenol Extra Strength 500 MG Oral (1 tablet 4 times per day)
These directions will show on the home med list by clicking [+]
Refill HM*
12/23/2008
Dilantin 100 MG Oral (1 capsule three times per day)
Refill Rx
12/17/2008
Clicking the [+] symbol shows the "Directions for Use" in the list

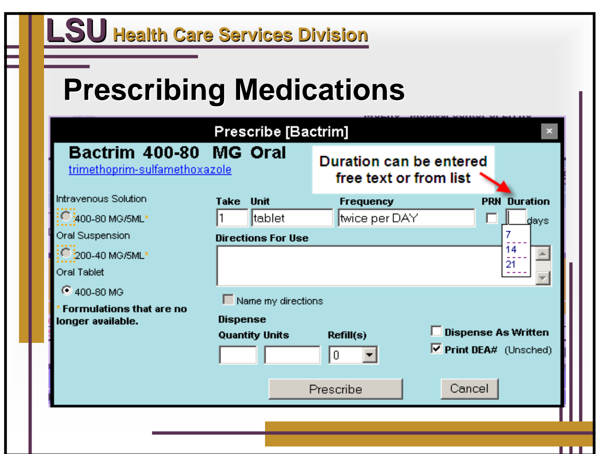

LSU Health Care Services Division
Prescribing Medications
Enter new prescriptions here
Drug Name:
Add Prescription
Start Meds Rec
Lisinopril & Diet Manage Prod Oral Miscellaneous 20 MG
Lisinopril Oral Tablet 10 MG
Lisinopril Oral Tablet 2.5 MG
Lisinopril Oral Tablet 20 MG
Lisinopril Oral Tablet 30 MG
Lisinopril Oral Tablet 40 MG
Lisinopril Oral Tablet 5 MG
Lisinopril-Hydrochlorothiazide Oral Tablet 10-12.5 MG
Lisinopril-Hydrochlorothiazide Oral Tablet 20-12.5 MG
Lisinopril-Hydrochlorothiazide Oral Tablet 20-25 MG
Allergen:
Quick Pick:
Penicillins
Add Allergen
Iodinated contrast
Shellfish
Aspirin
Reaction
(Reported when child)
Date
12/8/2008
Pregnant
Breast feeding
Medication:
Add Medication
Print
Current Home Medications
Home/Rx
Date
Last Dose
Phenergan 50 MG/ML Injection (1 unit 1 time per DAY)
HM*
12/8/2008
12/8/2008 07:00
No Change Since Last Visit
Last Reconciled
Discontinued Medications
Reason For Removal
Date
Select "Lisinopril Oral Tablet 20 mg" from the list to open the electronic prescription pad



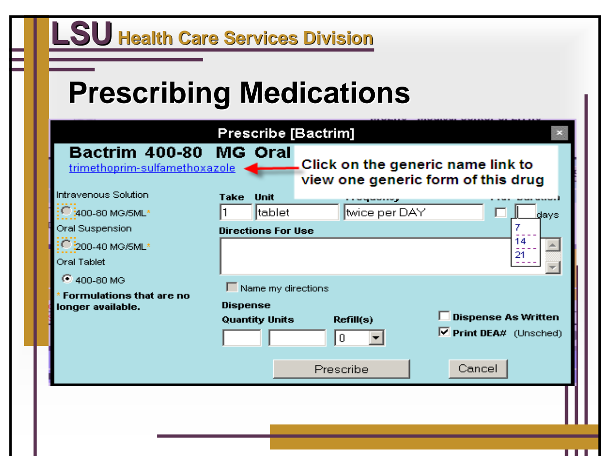
LSU Health Care Services Division
Prescribing Medications
Prescribe [Lisinopril]
Lisinopril 20 MG Oral
lisinopril
Take
Unit
Frequency
0.5-1
tablet
1 time per DAY
Directions For Use
Take at night
Name my directions
at night
Dispense
Dispense As Written
Print DEA#
Prescribe
Cancel
Optional: Name my directions
When complete, click Prescribe button

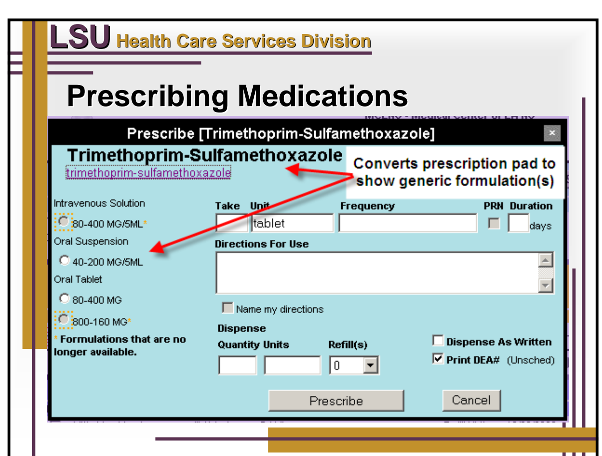


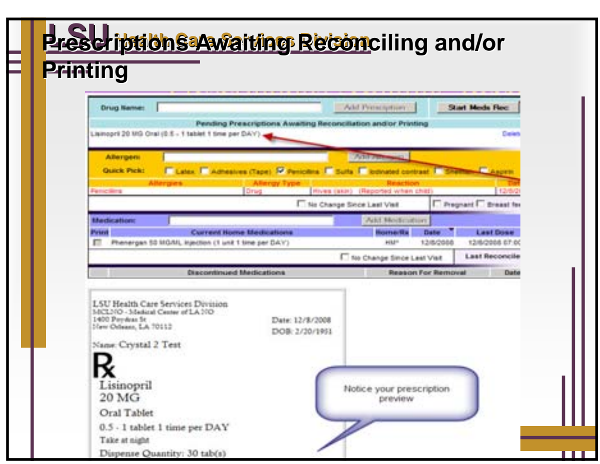
LSU Health Care Services Division
Prescribing Medications
Prescribe [Tylenol Extra Strength]
Tylenol Extra Strength 500 MG Oral
acetaminophen
Oral Liquid
500 MG/15ML
1000 MG/30ML
166.67 MG/5ML
Oral Solution
500 MG/15ML
160 MG/5ML
Oral Tablet
500 MG
500 MG
500 MG
500 MG
Formulations that are no longer available.
Take
Unit
Frequency
PRN
Duration
1
tablet
4 times per DAY
days
PRN can be checked only when a frequency is appropriately documented
Name my directions
Dispense
Quantity Units
Refill(s)
0
Dispense As Written
Print DEA# (Unsched)
Prescribe
Cancel

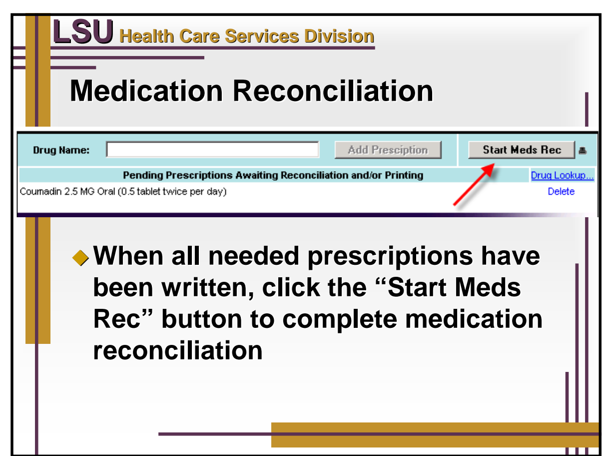


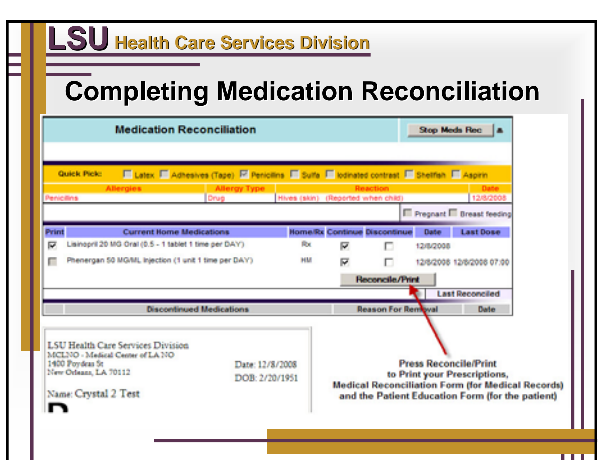
LSU Health Care Services Division
Prescribing Medications
Prescribe [Bactrim]
Bactrim 400-80 MG Oral
trimethoprim-sulfamethoxazole
Duration can be entered free text or from list
Intravenous Solution
400-80 MG/5ML
Oral Suspension
200-40 MG/5ML
Oral Tablet
400-80 MG
Formulations that are no longer available.
Take
Unit
Frequency
PRN
Duration
1
tablet
twice per DAY
days
7
14
21
Directions For Use
Name my directions
Dispense
Quantity Units
Refill(s)
0
Dispense As Written
Print DEA# (Unsched)
Prescribe
Cancel

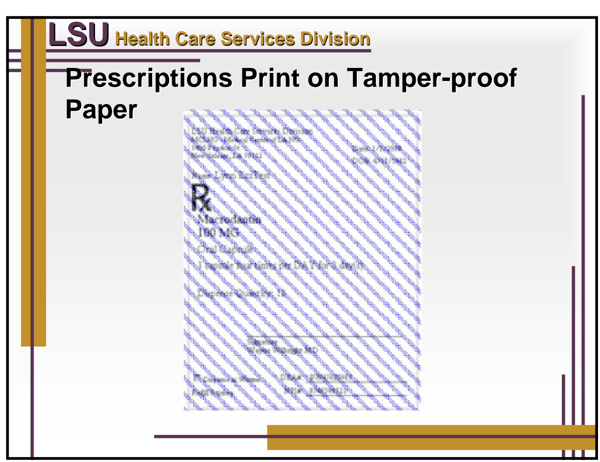

LSU Health Care Services Division
Prescribing Medications
Prescribe [Bactrim]
Bactrim 400-80 MG Oral
trimethoprim-sulfamethoxazole
Click on the generic name link to view one generic form of this drug
Intravenous Solution
400-80 MG/5ML*
Oral Suspension
200-40 MG/5ML*
Oral Tablet
400-80 MG
* Formulations that are no longer available.
Take
Unit
1
tablet
twice per DAY
days
Directions For Use
Name my directions
Dispense
Quantity
Units
Refill(s)
0
Dispense As Written
Print DEA# (Unsched)
Prescribe
Cancel

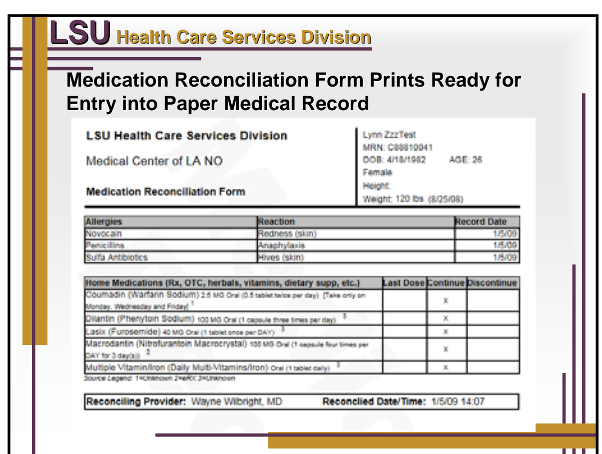

LSU Health Care Services Division
Prescribing Medications
Prescribe [Trimethoprim-Sulfamethoxazole]
Trimethoprim-Sulfamethoxazole
trimethoprim-sulfamethoxazole
Converts prescription pad to show generic formulation(s)
Intravenous Solution
80-400 MG/5ML*
Oral Suspension
40-200 MG/5ML
Oral Tablet
80-400 MG
800-160 MG*
* Formulations that are no longer available.
Take
Unit
tablet
Frequency
PRN
Duration
days
Directions For Use
Name my directions
Dispense
Quantity
Units
Refill(s)
0
Dispense As Written
Print DEA# (Unsched)
Prescribe
Cancel


Prescriptions Awaiting Reconciling and/or Printing
Pending Prescriptions Awaiting Reconciliation and/or Printing
LSU Health Care Services Division
Name: Crystal 2 Test
Date: 12/8/2008
Lisinopril
20 MG
Oral Tablet
0.5 - 1 tablet 1 time per DAY
Take at night
Dispense Quantity: 30 tab(s)
Notice your prescription preview


LSU Health Care Services Division
Medication Reconciliation
Drug Name:
Add Prescription
Start Meds Rec
Pending Prescriptions Awaiting Reconciliation and/or Printing
Drug Lookup...
Coumadin 2.5 MG Oral (0.5 tablet twice per day)
Delete
When all needed prescriptions have been written, click the "Start Meds Rec" button to complete medication reconciliation


LSU Health Care Services Division
Completing Medication Reconciliation
Medication Reconciliation
Stop Meds Rec
Current Home Medications
Reconcile/Print
Last Reconciled
Discontinued Medications
Reason For Removal
Date
LSU Health Care Services Division
Date: 12/8/2008
DOB: 2/20/1951
Name: Crystal 2 Test
Press Reconcile/Print
to Print your Prescriptions,
Medical Reconciliation Form (for Medical Records)
and the Patient Education Form (for the patient)


LSU Health Care Services Division
Prescriptions Print on Tamper-proof Paper
Macrodantin
100 MG



LSU Health Care Services Division

Medical Center of LA NO

Medication Reconciliation Form

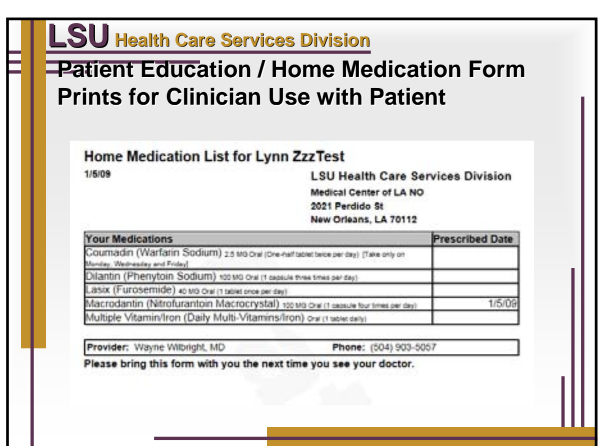
Lynn ZzzTest
MRN: C88810041
DOB: 4/18/1982 AGE: 26
Female
Height:
Weight: 120 lbs (8/25/08)

Allergies	Reaction	Record Date
Novocain	Redness (skin)	1/5/09
Penicillins	Anaphylaxis	1/5/09
Sulfa Antibiotics	Hives (skin)	1/5/09

Home Medications (Rx, OTC, herbals, vitamins, dietary supp, etc.)	Last Dose	Continue	Discontinue
Coumadin (Warfarin Sodium) 2.5 MG Oral (0.5 tablet twice per day) [Take only on Monday, Wednesday and Friday] [1]		x	
Dilantin (Phenytoin Sodium) 100 MG Oral (1 capsule three times per day) [3]		x	
Lasix (Furosemide) 40 MG Oral (1 tablet once per DAY) [3]		x	
Macrodantin (Nitrofurantoin Macrocrystal) 100 MG Oral (1 capsule four times per DAY for 3 day(s)) [2]		x	
Multiple Vitamin/Iron (Daily Multi-Vitamins/Iron) Oral (1 tablet daily) [3]		x	

Source Legend: 1=Unknown 2=eRX 3=Unknown

Reconciling Provider: Wayne Wilbright, MD **Reconciled Date/Time:** 1/5/09 14:07



Home Medication List for Lynn ZzzTest

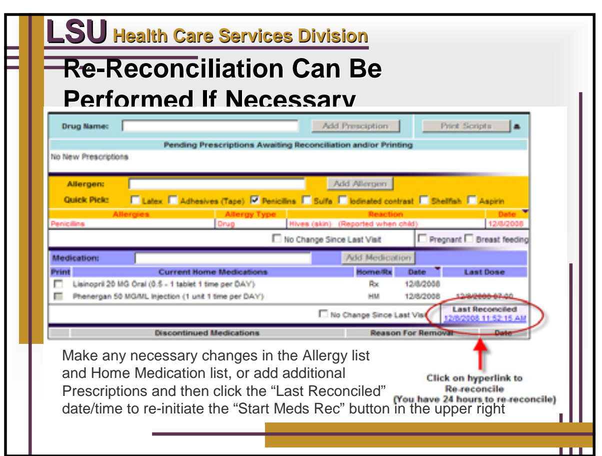
1/5/09

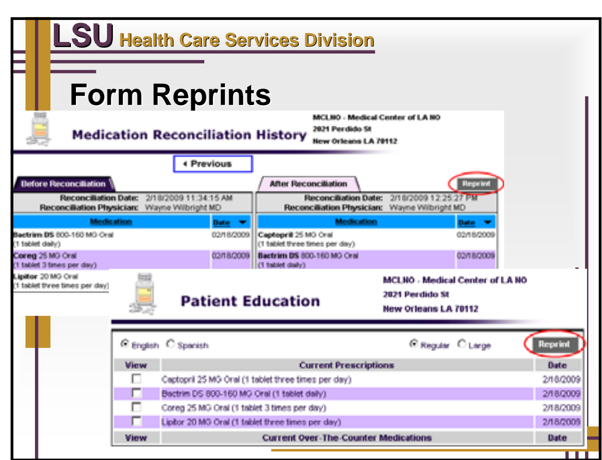
LSU Health Care Services Division
Medical Center of LA NO
2021 Perdido St
New Orleans, LA 70112

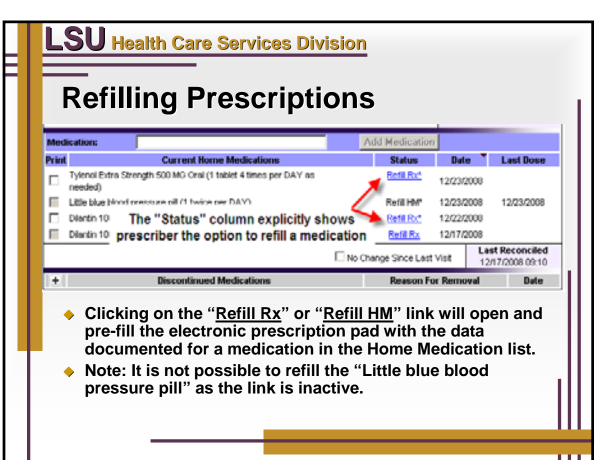
Your Medications	Prescribed Date
Coumadin (Warfarin Sodium) 2.5 MG Oral (One-half tablet twice per day) [Take only on Monday, Wednesday and Friday]	
Dilantin (Phenytoin Sodium) 100 MG Oral (1 capsule three times per day)	
Lasix (Furosemide) 40 MG Oral (1 tablet once per day)	
Macrodantin (Nitrofurantoin Macrocrystal) 100 MG Oral (1 capsule four times per day)	1/5/09
Multiple Vitamin/Iron (Daily Multi-Vitamins/Iron) Oral (1 tablet daily)	

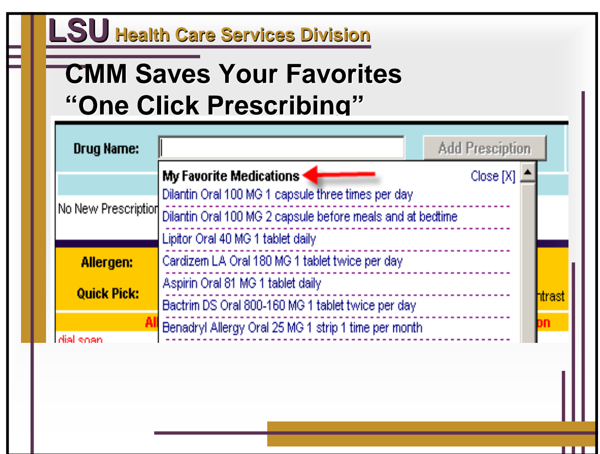
Provider: Wayne Wilbright, MD **Phone:** (504) 903-5057

Please bring this form with you the next time you see your doctor.

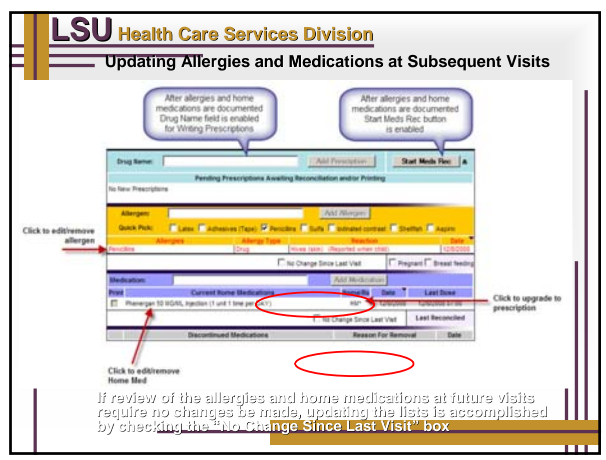



LSU Health Care Services Division
Form Reprints
Medication Reconciliation History
Patient Education

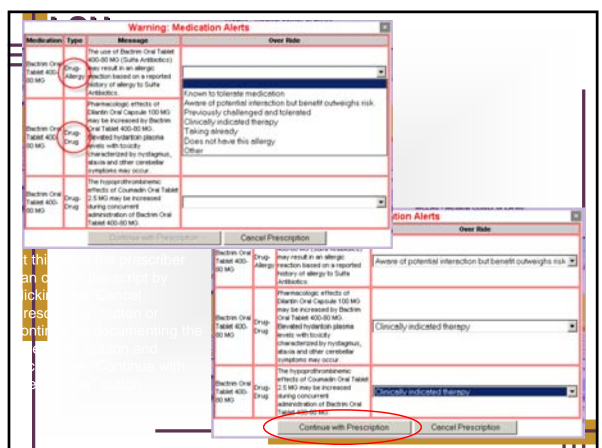

LSU Health Care Services Division
Refilling Prescriptions
The "Status" column explicitly shows prescriber the option to refill a medication
Clicking on the "Refill Rx" or "Refill HM" link will open and pre-fill the electronic prescription pad with the data documented for a medication in the Home Medication list.
Note: It is not possible to refill the "Little blue blood pressure pill" as the link is inactive.


LSU Health Care Services Division
CMM Saves Your Favorites
"One Click Prescribing"
Drug Name:
Add Prescription
My Favorite Medications
Close [X]
Dilantin Oral 100 MG 1 capsule three times per day
Dilantin Oral 100 MG 2 capsule before meals and at bedtime
Lipitor Oral 40 MG 1 tablet daily
Cardizem LA Oral 180 MG 1 tablet twice per day
Aspirin Oral 81 MG 1 tablet daily
Bactrim DS Oral 800-160 MG 1 tablet twice per day
Benadryl Allergy Oral 25 MG 1 strip 1 time per month
Allergen:
Quick Pick:

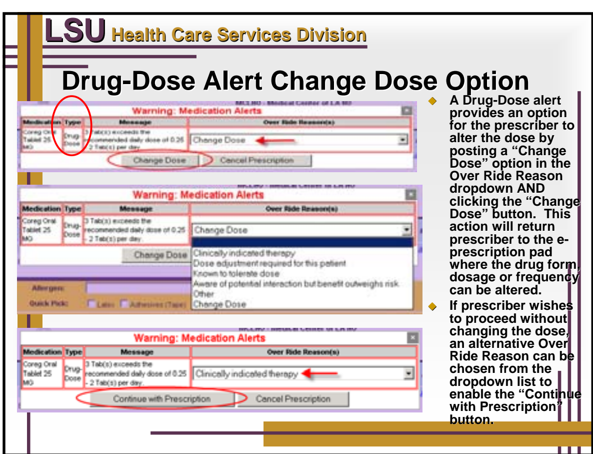
Updating Allergies and Medications at Subsequent Visits



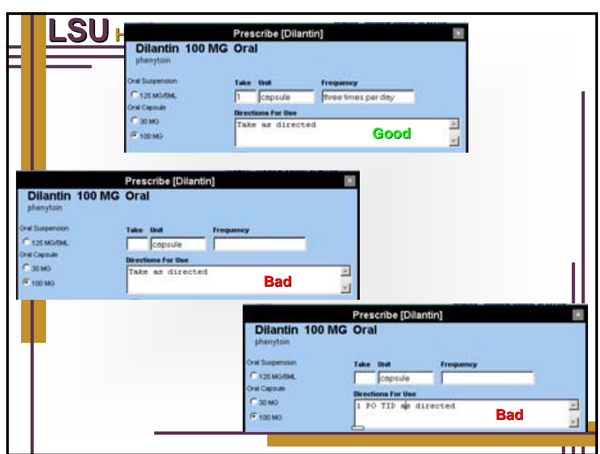
If review of the allergies and home medications at future visits require no changes be made, updating the lists is accomplished by checking the "No Change Since Last Visit" box

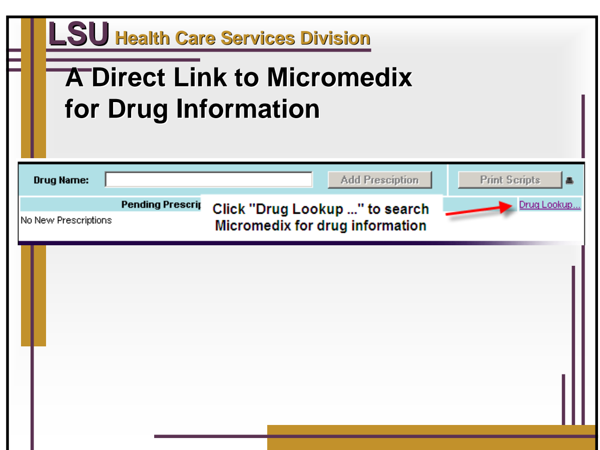


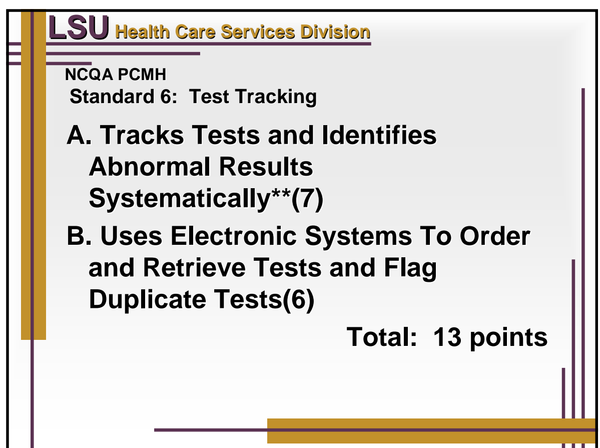
Drug-Dose Alert Change Dose Option

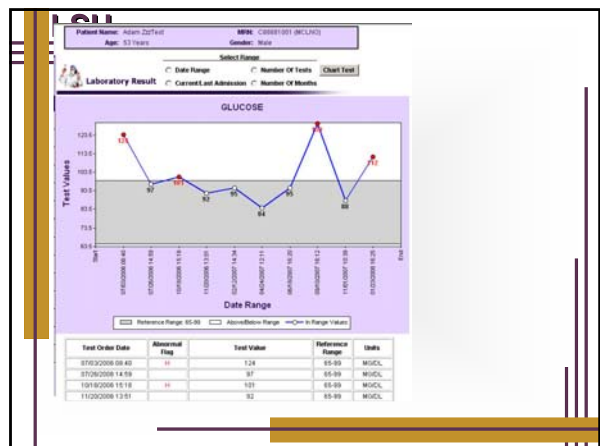


- A Drug-Dose alert provides an option for the prescriber to alter the dose by posting a "Change Dose" option in the Over Ride Reason dropdown AND clicking the "Change Dose" button. This action will return prescriber to the e-prescription pad where the drug form, dosage or frequency can be altered.
- If prescriber wishes to proceed without changing the dose, an alternative Over Ride Reason can be chosen from the dropdown list to enable the "Continue with Prescription" button.


LSU
Prescribe [Dilantin]
Dilantin 100 MG Oral
phenytoin
Take as directed
Good
Prescribe [Dilantin]
Dilantin 100 MG Oral
phenytoin
capsule
Take as directed
Bad
Prescribe [Dilantin]
Dilantin 100 MG Oral
phenytoin
capsule
1 PO TID as directed
Bad


LSU Health Care Services Division
A Direct Link to Micromedix for Drug Information
Drug Name:
Add Presciption
Print Scripts
No New Prescriptions
Click "Drug Lookup ..." to search Micromedix for drug information
Drug Lookup...


LSU Health Care Services Division
NCQA PCMH
Standard 6: Test Tracking
A. Tracks Tests and Identifies Abnormal Results Systematically**(7)
B. Uses Electronic Systems To Order and Retrieve Tests and Flag Duplicate Tests(6)
Total: 13 points



LSU Health Care Services Division

NCQA PCMH

Standard 7: Referral Tracking

A. Tracks Referrals Using Paper-based or Electronic System**(4)

Total: 4 points

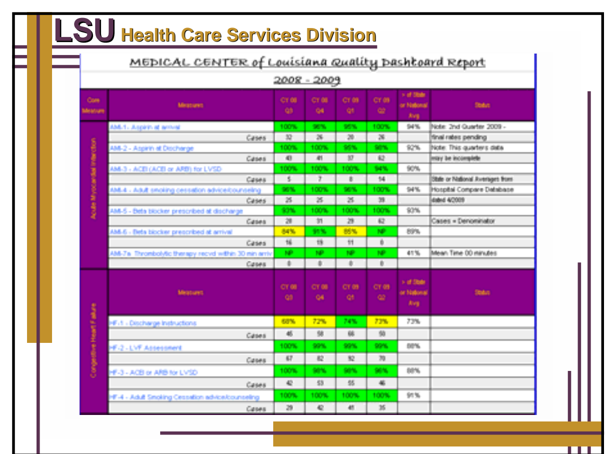
LSU Health Care Services Division

NCQA PCMH

Standard 8: Performance Reporting and Improvement

A. Measure Clinical and/or Service Performance by Physician or across the Practice**(3)
B. Survey of Patient Care Experience (3)
C. Reports Performance Across the Practice or by Physician**(3)
D. Sets Goals and Takes Action To Improve performance(3)
E. Produces Reports Using Standardized Measures (2)
F. Transmits Reports To External Entities

Total: 15 points

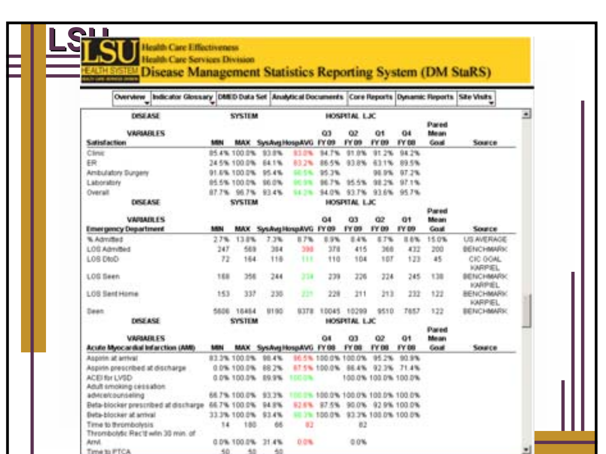


LSU Health Care Services Division

MEDICAL CENTER of Louisiana Quality Dashboard Report

2008 - 2009

Core Measure	Measures	CY 08 Q3	CY 08 Q4	CY 09 Q1	CY 09 Q2	> of State or National Avg	Status
Acute Myocardial Infarction	AMI-1 - Aspirin at arrival	100%	96%	95%	100%	94%	Note: 2nd Quarter 2009 -
	Cases	32	26	20	26		final rates pending
	AMI-2 - Aspirin at Discharge	100%	100%	95%	98%	92%	Note: This quarters data
	Cases	43	41	37	62		may be incomplete
	AMI-3 - ACEI (ACEI or ARB) for LVSD	100%	100%	100%	94%	90%	
	Cases	5	7	8	54		State or National Averages from
	AMI-4 - Adult smoking cessation advice/counseling	96%	100%	96%	100%	94%	Hospital Compare Database
	Cases	25	25	25	39		dated 4/2009
	AMI-5 - Beta blocker prescribed at discharge	93%	100%	100%	100%	93%	
	Cases	28	31	29	62		Cases = Denominator
	AMI-6 - Beta blocker prescribed at arrival	84%	91%	85%	NP	89%	
	Cases	16	19	11	0		
	AMI-7a Thrombolytic therapy recvd within 30 min arriv	NP	NP	NP	NP	41%	Mean Time 00 minutes
	Cases	0	0	0	0		
Congestive Heart Failure	Measures	CY 08 Q3	CY 08 Q4	CY 09 Q1	CY 09 Q2	> of State or National Avg	Status
	HF-1 - Discharge Instructions	68%	72%	74%	73%	73%	
	Cases	46	58	66	50		
	HF-2 - LVF Assessment	100%	99%	99%	99%	88%	
	Cases	67	82	92	70		
	HF-3 - ACEI or ARB for LVSD	100%	98%	98%	96%	88%	
	Cases	42	53	55	46		
	HF-4 - Adult Smoking Cessation advice/counseling	100%	100%	100%	100%	91%	
	Cases	29	42	41	35		



LSU Health System

Health Care Effectiveness

Health Care Services Division

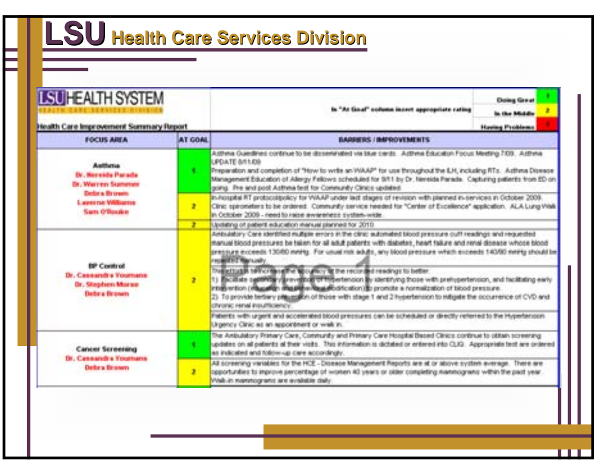
Disease Management Statistics Reporting System (DM StaRS)

Overview | Indicator Glossary | DMED Data Set | Analytical Documents | Core Reports | Dynamic Reports | Site Visits

DISEASE VARIABLES Satisfaction	SYSTEM MIN	MAX	SysAvg	HospAVG	HOSPITAL LJC Q3 FY 09	Q2 FY 09	Q1 FY 09	Q4 FY 08	Pared Mean Goal	Source
Clinic	85.4%	100.0%	93.8%	93.0%	94.7%	91.8%	91.2%	94.2%		
ER	24.5%	100.0%	84.1%	83.2%	86.5%	93.8%	63.1%	89.5%		
Ambulatory Surgery	91.6%	100.0%	95.4%	96.5%	95.3%		98.9%	97.2%		
Laboratory	85.5%	100.0%	96.0%	96.9%	96.7%	95.5%	98.2%	97.1%		
Overall	87.7%	96.7%	93.4%	94.2%	94.0%	93.7%	93.6%	95.7%		

DISEASE VARIABLES Emergency Department	SYSTEM MIN	MAX	SysAvg	HospAVG	HOSPITAL LJC Q4 FY 09	Q3 FY 09	Q2 FY 09	Q1 FY 09	Pared Mean Goal	Source
% Admitted	2.7%	13.8%	7.3%	8.7%	8.9%	8.4%	8.7%	8.8%	15.0%	US AVERAGE
LOS Admitted	247	569	384	398	378	415	368	432	200	BENCHMARK
LOS DtoD	72	164	118	111	110	104	107	123	45	CIC GOAL
LOS Seen	168	356	244	234	239	226	224	245	138	KARPIEL BENCHMARK
LOS Sent Home	153	337	230	221	228	211	213	232	122	KARPIEL BENCHMARK
Seen	5606	18484	9190	9378	10045	10299	9510	7657	122	KARPIEL BENCHMARK

DISEASE VARIABLES Acute Myocardial Infarction (AMI)	SYSTEM MIN	MAX	SysAvg	HospAVG	HOSPITAL LJC Q4 FY 08	Q3 FY 08	Q2 FY 08	Q1 FY 08	Pared Mean Goal	Source
Aspirin at arrival	83.3%	100.0%	98.4%	96.5%	100.0%	100.0%	95.2%	90.9%		
Aspirin prescribed at discharge	0.0%	100.0%	88.2%	87.5%	100.0%	86.4%	92.3%	71.4%		
ACEI for LVSD	0.0%	100.0%	89.9%	100.0%		100.0%	100.0%	100.0%		
Adult smoking cessation advice/counseling	66.7%	100.0%	93.3%	100.0%	100.0%	100.0%	100.0%	100.0%		
Beta-blocker prescribed at discharge	66.7%	100.0%	94.8%	92.6%	87.5%	90.0%	92.9%	100.0%		
Beta-blocker at arrival	33.3%	100.0%	93.4%	98.3%	100.0%	93.3%	100.0%	100.0%		
Time to thrombolysis	14	180	66	82		82				
Thrombolytic Rec'd w/in 30 min. of Arvl	0.0%	100.0%	31.4%	0.0%		0.0%				
Time to PTCA	50	50	50							



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LSU HEALTH SYSTEM

Health Care Improvement Summary Report

In "At Goal" column insert appropriate rating: Doing Great 1; In the Middle 2; Having Problems 3

FOCUS AREA	AT GOAL	BARRIERS / IMPROVEMENTS
Asthma Dr. Nereida Parada Dr. Warren Summers Debra Brown Laverne Williams Sam O'Rourke	1	Asthma Guidelines continue to be disseminated via blue cards. Asthma Education Focus Meeting 7/09. Asthma UPDATE 8/11/09 Preparation and completion of "How to write an WAAP" for use throughout the ILH, including RTs. Asthma Disease Management Education of Allergy Fellows scheduled for 9/11 by Dr. Nereida Parada. Capturing patients from ED on going. Pre and post Asthma test for Community Clinics updated.
	2	In-hospital RT protocol/policy for WAAP under last stages of revision with planned in-services in October 2009. Clinic spirometers to be ordered. Community service needed for "Center of Excellence" application. ALA Lung Walk in October 2009 - need to raise awareness system-wide.
	2	Updating of patient education manual planned for 2010.
BP Control Dr. Cassandra Youmans Dr. Stephen Morse Debra Brown	2	Ambulatory Care identified multiple errors in the clinic automated blood pressure cuff readings and requested manual blood pressures be taken for all adult patients with diabetes, heart failure and renal disease whose blood pressure exceeds 130/80 mmHg. For usual risk adults, any blood pressure which exceeds 140/90 mmHg should be repeated manually. The [illegible] to increase the accuracy of the recorded readings to better 1) Facilitate secondary prevention of hypertension by identifying those with prehypertension, and facilitating early intervention [illegible] modification to promote a normalization of blood pressure. 2) To provide tertiary prevention of those with stage 1 and 2 hypertension to mitigate the occurrence of CVD and chronic renal insufficiency. Patients with urgent and accelerated blood pressures can be scheduled or directly referred to the Hypertension Urgency Clinic as an appointment or walk in.
Cancer Screening Dr. Cassandra Youmans Debra Brown	1	The Ambulatory Primary Care, Community and Primary Care Hospital Based Clinics continue to obtain screening updates on all patients at their visits. This information is dictated or entered into CLIQ. Appropriate test are ordered as indicated and follow-up care accordingly.
	2	All screening variables for the HCE - Disease Management Reports are at or above system average. There are opportunities to improve percentage of women 40 years or older completing mammograms within the past year. Walk-in mammograms are available daily.

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NCQA PCMH
Standard 9: Advanced Electronic Communication

A. Availability of Interactive Website
B. Electronic Patient Identification
C. Electronic Care Management Support

Total: 4 points

Grand Total for 9 focus areas: 100 points

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Houses To Homes

Relations Between the Team and the Patient

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Potential Medical Home Team Composition

- Physician
- Nurse
- Medical Assistant
- Clerical Personnel
- Physician Extender—Nurse Practitioner, Physician Assistant, Clinical Nurse Specialist
- Behavioral Health Specialist
- Nutritionist/Dietician
- Social Worker
- Clinical Pharmacists
- Respiratory Therapists
- Patient Educators

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Steps To Medical Home Patient Assignment

- Determining The Practice Panel
- Determining the Individual Provider Panel
- Determining the Target Panel
- Determining the Panel Size

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Medical Home Patient Assignment

- Claims Based Algorithms
- Physician Identification of Patients
- Patient Identification of Physician
- Blended Model

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Practice Panel Determination

Unique number of patients who have seen any provider (MD, PA, or NP) in the last 18 months (Your Current/Real Panel**)**

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Determination of Target Panel Size

Practice Panel/Full Time Clinical

FTE Providers

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Individual Provider Patient Assignment

- Patients who have seen only one provider for all visits are assigned to that provider.
- Patients who have seen more than one provider are assigned to the provider they have seen most often.
- Patients who have seen multiple providers the same number of times but have not had a sentinel exam are assigned to the provider they last saw.
- Once a preliminary list is made, patients are asked to validate their provider assignment
- Once a patient has validated their assignment to a provider the provider validates the patient.

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Matching Appointment Supply to Demand

Panel size X visits per patient per

year (demand)= Provider Visits per

day X provider days per year

(supply)

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Access

Access is the result of multiple factors that relate to the system in which providers operate.

- Patient behavior and characteristics
- Provider behavior and characteristics
- Provider Support
- Delivery Model

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Specialty and Sub-Specialty Medical Homes

- Cardiology for CHF Patients
- Endocrinology for Diabetes Mellitus Patients
- Infectious Disease Clinic for AIDS/HIV Patients
- Neurology for Epilepsy Patients
- Oncology for Cancer Patients
- Obstetrics For Pregnant Women
- Gastroenterology for Inflammatory Bowel Disease Patients

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Barriers To Medical Home Adoption

- Resistance to Collaboration
- Lack of Public Support
- Lack of Political Support
- Inability To Control Costs
- No Defined Payment Mechanisms/Systems
- Technology Costs

» Fisher, Elliot NEJM, 359:12, 9/2008

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Neighbor Status

- Requires:
  - Patient Communication
  - Focused Care Coordination
  - Evidence-based Care
  - Quality Improvement
- Does Not Require
  - First Contact Care
  - "Whole Person" Care
  - Primary Care Responsibilities

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Medical Home Connections

- Consultant
- Pharmacist
- Ancillary Service Providers
  - Home Health
  - Therapists-Occupational, Physical, Speech, Respiratory
- Behavioral Health Professionals
- Dentists

Evidence—Based Referrals

A Very Significant Part of This Work Is Based On Materials prepared by Terrence Conway, MD and the Cook County Health Collaborative

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HISTORICAL PROBLEMS

- Multiple referral pathways
- No clinical prioritization
- Extensive administrative overhead to track by all parties
- Patients were often lost
- No records of actual demand
- Vulnerable to abuse
- No one was happy!
- Indigent Patients Have Other Entry Barriers

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Make Every Appointment Count

- Pre-Visit Testing
- Appropriate Cancellations
- Trial of Therapy
- Avoid Futility
- Manage Medico-legal Issues wherever possible without Appointments
- Unavailable Information

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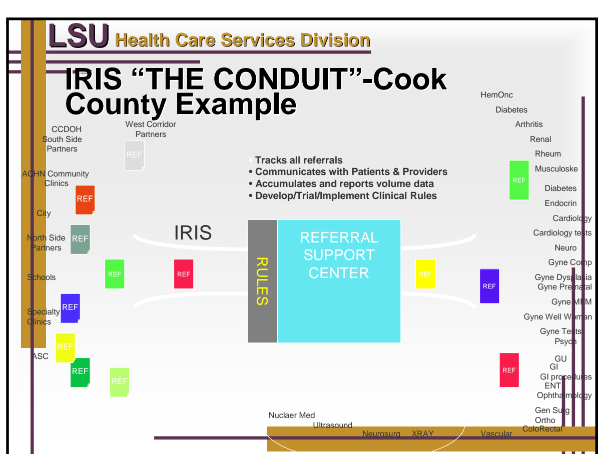
Consultant Relationships
Evidence—Based Referrals
Structured Information Capture and Communication Standard
Establish Mutually Assured Expectations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IRIS "THE CONDUIT"-Cook County Example
Tracks all referrals
Communicates with Patients & Providers
Accumulates and reports volume data
Develop/Trial/Implement Clinical Rules
IRIS
RULES
REFERRAL SUPPORT CENTER
CCDOH South Side Partners
West Corridor Partners
ACHN Community Clinics
City
North Side Partners
Schools
Specialty Clinics
ASC
REF
HemOnc
Diabetes
Arthritis
Renal
Rheum
Musculoske
Endocrin
Neuro
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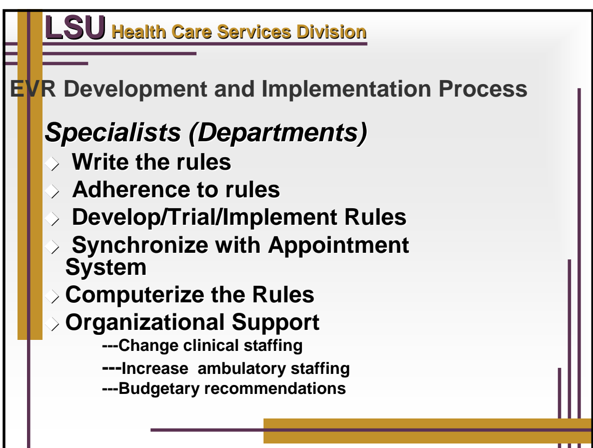
ColoRectal
Nuclaer Med
Ultrasound
Neurosurg
XRAY
Vascular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EVR Development and Implementation Process
Specialists (Departments)
Write the rules
Adherence to rules
Develop/Trial/Implement Rules
Synchronize with Appointment System
Computerize the Rules
Organizational Support
---Change clinical staffing
---Increase ambulatory staffing
---Budgetary recommendations

EVR Infrastructure Development

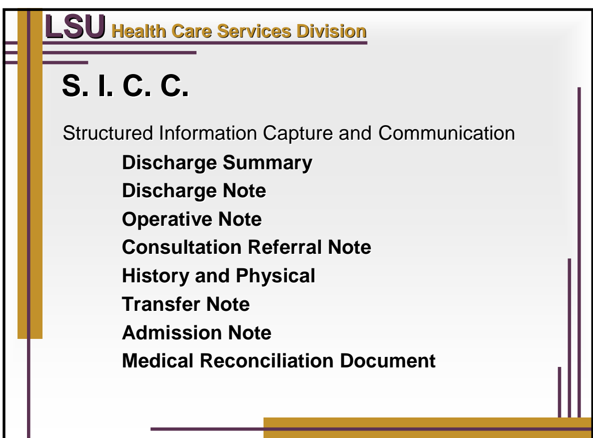
- Results Management System
- Bi-directional Communication
- Standard Transcription Contracts (Priority for Referrals and Consultations)
- Email System
- Organizational Practice Support

Medical Home Transitions

- In-patient to Home or Caregiver's Home
- ED to In-Patient
- In-Patient/Out-patient to the Operating Room
- ED/In-Patient to the Critical Care Unit
- In-Patient to Skilled Nursing Facility (SNF) or Long-Term Acute Care Unit (L-TAC)
- In-Patient to Hospice
- Transfer to Another Facility

Transition and Connection Management Process

- Identify Needed Connections
- Prioritize For Action
- Establish A Collaborative Team
- Identify Transition Issues Bi-Directionally
- Assign responsibility for each issue
- Keep Written Records
- Develop Consensus Documents to Manage Transitions
- Establish S. I. C. C. Standards
- Obtain Formal Approval of Consensus Documents
- Educate Bi-directionally and Deeply
- Formally Adopt and Schedule Roll-Out/Implementation Plan
- Identify Problem Solvers (Always Unintended Consequences)
- Continue Teams For Performance Improvement



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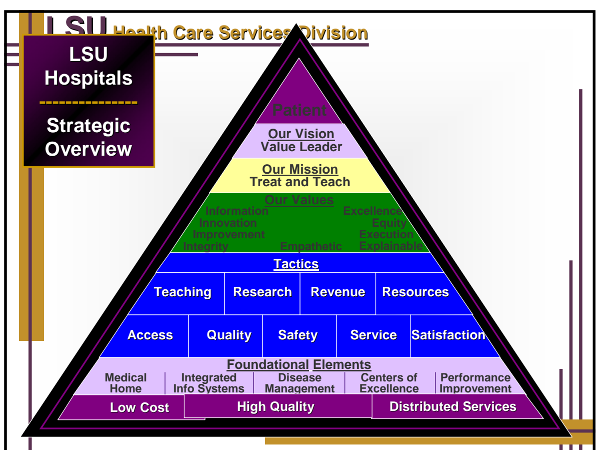
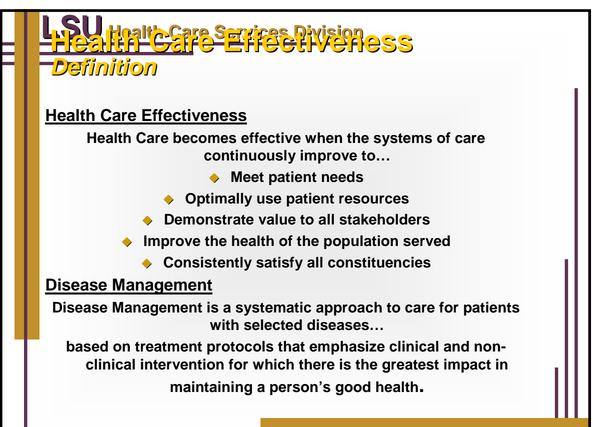
Organizational Context

- Vision—Future Orientation
- Mission—All Absorbing Present
- Values—How Do We Go About Our Work?
- Strategy—Choosing The Road To Success
- Tactics—Specific Actions To Achieve Strategic Goals
- Culture—Operational Milieu





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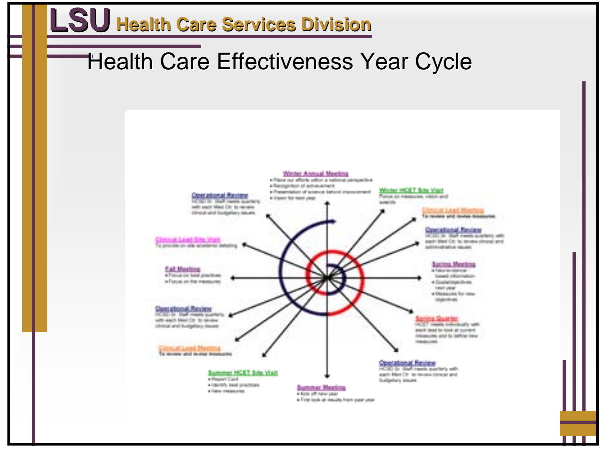
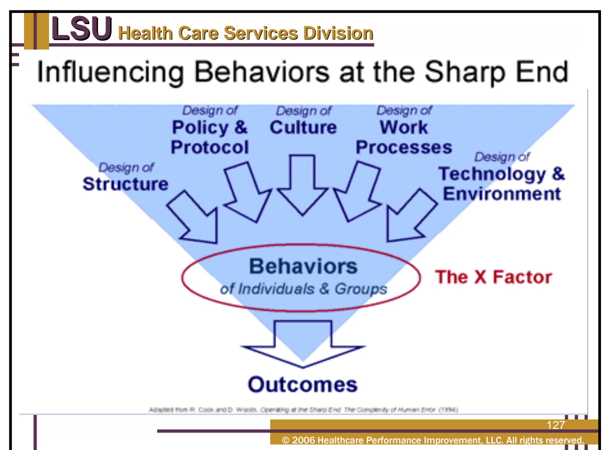
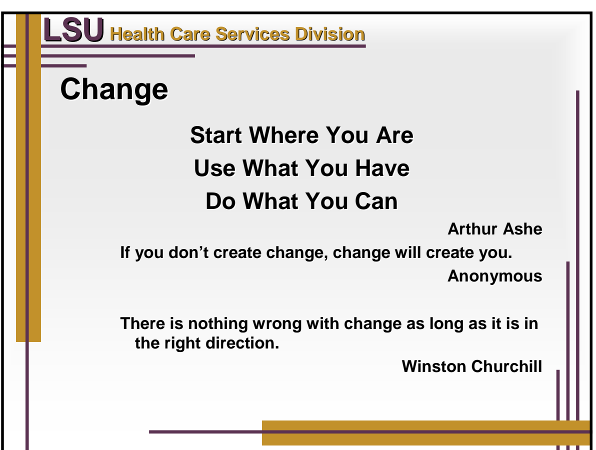
Disease Management
Components

- Evidence-Based Guidelines
- Knowledgeable Providers
- Engaged Patients
- Actionable Patient Goals
- Medication Assistance Program







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Manage Resistance To Change

- Communicate Rationale—Use Data
- Communicate Plan
- Provide Education on Change Management
- Involve Everyone-Employees, Managers, and Physicians
- Anticipate Questions
- Balance Goals

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Lessons Learned

- Must Involve Teams
- Requires Committed Physician Leadership
- Plan Your Program
- Do Not Jump To Solutions
- Anticipate Change
- Data Collection Should Be In The Background
- Do Not Get Hung Up On Jargon/Methodology
- Establish Baselines
- Anything Worth Doing Is Worth Doing Badly
- Standardize For Outcomes Not Processes
- Focus On System Not Individuals
- Use Evidenced-Based Medicine
- Focus
- Avoid Mission Creep
- Celebrate Closer Approximations
- Communicate In Many Formats and As Often As Possible
- Experiment

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Lessons Learned (2)

- Empower Change Teams
- Requires Committed Administrative Leadership
- Minimize Abstraction
- Use Currently Collected Data More Effectively
- Do Not Stretch the Data
- Use Data As Intended
- Acknowledge Data Limitations
- Avoid Heroics and Special Handling
- Reward and Recognize Improvements (Absolute and Relative)
- Link Change to Mission, Vision, Values, and Plans
- Make Business Case For Change
- Benchmark
- Take Advantage of Internal Competition
- Build Infrastructure for Change
- Develop Infrastructure for Executive Oversight

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Always Remember

“A Good House Is Never Done”