Winter 2012-2013

CQI Notes

Continuous Quality Improvement
at the Institute for Family Health

Now Open: Family Health Center of Harlem

The Family Health Center of Harlem

On December 17th, the Institute for Family Health opened the Family Health Center of Harlem, a newly-renovated health care facility located at 1824 Madison Avenue at 119th Street. The new center will provide approximately 80,000 visits annually to patients, including primary care, women's health, prenatal care, mental health, and dental care. The center also offers podiatry, cardiology, ophthalmology and HIV care.

Not long before moving to the new building, the Harlem staff were recognized for their ongoing quality improvement efforts in diabetes care when they received recognition from NCQA's Diabetes Physician Recognition Program (DPRP), along with the Parkchester and Urban Horizons practices.

Meaningful Use: Protecting patient safety and improving care through Electronic Health Records

Electronic health records (EHR) improve health care and protect patient safety. However, their impact depends on providers using it to its maximum potential. Enacted as part of the American Reinvestment & Recovery Act (ARRA), an initiative called "Meaningful Use" encourages providers to use EHRs consistently and effectively to enhance quality of care and protect patient safety.

Since 2002, the Institute for Family Health has used the Epic system, considered one of the best EHR systems in the country. The Centers for Medicare and Medicaid Services (CMS) has begun reimbursing providers who can demonstrate that they are using the technology in a meaningful and effective way. According to Dr. Sarah Nosal, the medical director of Urban Horizons and an Epic "super user," more than 100 of the Institute's medical providers have been working to meet Meaningful Use requirements from the very beginning. Meaningful Use criteria help providers to communicate effectively, improve care, protect patient safety, and reduce costs.

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THE INSTITUTE FOR FAMILY HEALTH

Meaningful Use: Electronic Health Records, continued from page 1

Specific "Meaningful Use" requirements include:

- Electronic prescribing (e-prescriptions)
- Maintaining patients' medication and allergy lists
- Recording vitals
- Using electronic lab results
- Providing patients with an after-visit summary

According to Dr. Nosal, "E-prescriptions decrease errors from handwriting, check for drug interactions, and decrease wait time for medications." Other "Meaningful Use" criteria, such as providing an after-visit summary, ensure patients leave the health center with an understanding of what was discussed, and how to stay healthy.

Since Meaningful Use requires the Institute to collect and review EHR data, the Institute's Clinical Practice Management Team, directed by Michelle Pichardo, looks for patterns of strengths and weaknesses across the organization. Ms. Pichardo and her team then provide training and support as needed. Best practices are also incorporated as "alerts" and "Smart Sets" in the Epic system, making it easier for staff to provide high quality care.

Meaningful Use also facilitates communication with other health and social service providers. Special functionality, such as EPIClink and Care Everywhere, allows providers to safely share health information. With permission, specialists or other providers can access a patient's record to see their medical history. This protects patients' safety and reduces costs by avoiding service duplication.

According to Dr. Nosal, the EHR system must be used to help patients live healthier lives. "Quality measures are as important as objective measures," says Dr. Nosal, "though not as easily measured." While recording weight is important, Institute providers are also trained to ask questions, or recommend solutions such as a nutritionist.

"Staff play a big role in communicating with patients and gathering much of the documentation that makes Meaningful Use possible," says Dr. Nosal. "There is a triangle of engagement between the patient, provider and computer that empowers the patient to be a co-author of their record by asking questions, and working to understand how to stay healthy."

What's next? Starting in 2014, the Institute will be focusing on the second stage of Meaningful Use criteria, which emphasizes patient access to medical records, among other things. All Institute staff can help by enrolling patients, parents/guardians, and caregivers in MyChart-MyHealth/MiRecord-MiSalud.

Health Home: A supportive "home" for patients' health care needs

"Navigating the health system is challenging," says Director of Care Management, Dorit Margalit, LCSW. "That causes health to take a step backward." "Health Home," a new program sponsored by New York State Medicaid, aims to make it easier for patients with complex conditions to get needed services. The program's goal is to take the stress away from navigating health care, while avoiding treatment gaps, and costly duplication of services.

Outreach postcard for Health Home program

The typical Health Home patient is a Medicaid fee-for-service patient with at least two chronic conditions, such as asthma, hypertension, HIV or schizophrenia. These patients often receive care from multiple organizations or many different providers. These providers are often not in contact and not aware of the treatment the patient receives or the medications prescribed. This lack of communication creates fragmented care. Receiving care from multiple sources also creates difficulties for patients, such as forgetting appointments or unsafely combining medications – mistakes that can lead to health problems and hospitalization.

Through the Health Home program, the Institute for Family Health takes central responsibility for coordinating participating Medicaid patients' care, helping them navigate the health system and manage their health conditions. The Institute for Family Health received their first list of Health Home-eligible patients in 2012, and continues to enroll new participants.

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Ms. Margalit explains, "All aspects of the patient's life, including psychosocial stressors such as housing, hunger, employment, or relationships affect health and ability to navigate health care. We are learning that the psychosocial stressors the patient faces are often the leading cause of treatment non-adherence."

Although the Health Home program is only open to certain Medicaid patients, many of the goals reflect larger trends in health care. Read more about care coordination initiatives in "Shared Savings Plan", *p.4*

How does the Health Home work? Each participant works with a care manager to create a care plan listing their treatment goals. The care manager helps the patient follow the plan by making reminder or follow-up phone calls, coordinating transportation, or helping patients overcome other barriers that prevent them from receiving the best quality care. Care managers also facilitate communication and information sharing with patients' various providers. Care managers may also involve family members, support groups, or specialists, as needed, to work toward the patient's health goals.

According to Ms. Margalit, care managers are the "glue that holds everything together." Care managers with the Health Home program not only help patients stay safe and feel comfortable with their care; they also help providers avoid problems of fragmented care by enabling high quality, continuous care.

Controlled Substances: A unified approach to prescriptions

A patient arrives with lasting pain from a car accident. Their provider decides to include pain medication in the treatment plan. Prescribing pain medication, however, provokes uncertainty. Does this patient already have an addiction? If the provider mentions overdose prevention, will they be offended and seek a more willing provider? As a result of this uncertainty, Clinical Pharmacy Faculty, Regina Ginzburg, PharmD, explains, "The Institute's Pharmacy and Therapeutics Committee developed a Controlled Substance Review subcommittee whose mission is to empower providers and protect patients by providing uniform guidelines for prescribing controlled substances."

Institute for Family Health patient education poster

According to Dr. Raymond Harvey, the Institute's Controlled Substance Director, "substance abuse problems are at an epidemic level in the U.S." Prescribing medication for pain or substance dependency presents challenges for providers who may have limited training on addiction, alternatives or how and when to refuse substance requests. "These issues are critically important in family medicine practices," explains Harvey, "and need to be solved with a team-based approach. Everyone needs to take an interest."

The Institute's Pharmacy and Therapeutics Committee includes doctors, social workers, pharmacists and psychologists. They meet monthly to review difficult cases and standardize how providers manage patients on controlled substances. Most notably, the committee created policies to help providers feel supported and confident in their decisions regarding controlled substances.

The policies require providers to screen all patients for substance abuse and keep complete documentation, such as justification for prescriptions. By screening all patients, providers can avoid mistrust from patients and design informed treatment plans. Dr. Ginzburg explains: "these actions also protect providers who could lose their license without properly documenting prescriptions."

The Epic EHR system is crucial to this effort. Smart Sets remind providers to screen patients and record information. Prompts appear for high dose prescriptions, reminding providers to give patients a prescription for Narcan, and include overdose training – a conversation typically difficult to introduce. Epic can also generate reports that help compare practices or identify areas for improvement. Preliminary data show a decrease in controlled substance prescriptions at the Kingston Family Health Center, indicating providers may be more comfortable suggesting alternative treatments, decreasing high doses or addressing addiction.

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Coordinating Controlled Substances practices: continued from page 3

Providers can access the Institute's controlled substances policy in the Patient Care Documents section of the Epic intranet. To request that the committee review a patient chart, providers can inbasket (C[space] Controlled Substance Review Committee). The committee aims to help providers to feel supported and in control of the prescriptions written at their office. This allows providers to protect patient safety, improve quality of care, and address the complex issues of substance treatment and abuse as a unified team.

Shared Savings Plans: Expanding accountability beyond Institute care

The Institute for Family Health is joining other leaders in health care to put primary care back into the center of patient care. It has achieved the highest-level recognition as a Patient Centered Medical Home from the National Committee for Quality Assurance, and is participating in the New York State Health Home initiative.

The Institute is also exploring the possibility of becoming an Accountable Care Organization (ACO) or joining another ACO. ACOs promote care coordination to help patients stay healthy and avoid costly specialty care, emergency room visits, and inpatient stays. The Institute expanded evening and weekend hours as part of this effort.

The Institute has also entered into "Shared Savings" contracts with numerous health plans. Through these agreements, Institute providers will be accountable for the total cost of each patient's health care – including outside services such as visits to the emergency room or specialists.

"By the end of March 2013, about 15,000 to 20,000 Institute patients will be in health plans with shared savings agreements," says ACO Executive Director Mary Keegan, marking a significant expansion in provider responsibility. Providers, patients and staff can expect to experience many exciting and positive changes.

Improvements for Providers:

A team-based approach to care. Ms. Keegan explains, "clinical staff will notice a more vibrant concept of team care," with providers working together to ensure each patient receives complete care. Care teams may include partners such as social service agencies or home care organizations.

Collaboration with care managers. A care manager may join the team, especially for patients with multiple chronic diseases. The care manager will coordinate care; including following up with patients after visits to the Institute or to hospitals – steps that help patients access care when needed, and avoid unnecessary emergency room visits.

Improvements for Patients:

Patient engagement. According to Ms. Keegan, "providers will prioritize engaging patients to reach an understanding of their condition and how to stay healthy." Providers will also include patients in making decisions about their care based on more individualized attention to culture and personal preferences.

Improvements for Staff:

Diversity training. Non-clinical staff can also expect to be included in this new model of effective and patient-centered care. "Patient Service Representatives (PSRs)," says Ms. Keegan "are an integral part of the team. As the first line of patient interaction, they will likely be reengaged in outreach and receive additional training on the diversity and special needs of Institute patient populations."

Access to new information. "New information will include how patients utilize services outside of the Institute, and the related costs so staff can intervene with care management to make sure patients get the most efficient, high quality care," says Ms. Keegan.

This initiative "is expected to bring real, lasting improvements to the national health care system," explains Mary Keegan. Innovation and dedication from staff on task forces such as Patient Engagement or Care Coordination will enable these transitions to happen more effectively and ensure that patients receive the quality of care envisioned with these reforms.