



Revolutionary health care transformation



# Leading by Example

## The Hudson Valley Initiative

Redwood MedNet

July 19, 2012

A. John Blair, III, MD  
President, Taconic IPA &  
CEO, MedAllies  
Fishkill, NY

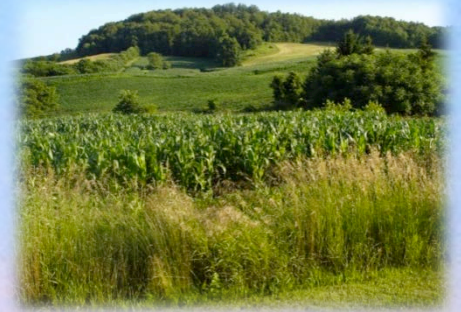
# The Hudson Valley



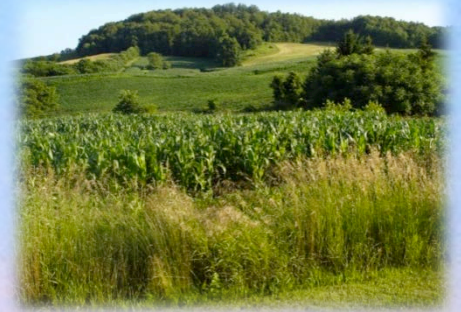
# The Hudson Valley



# The Hudson Valley



# The Hudson Valley

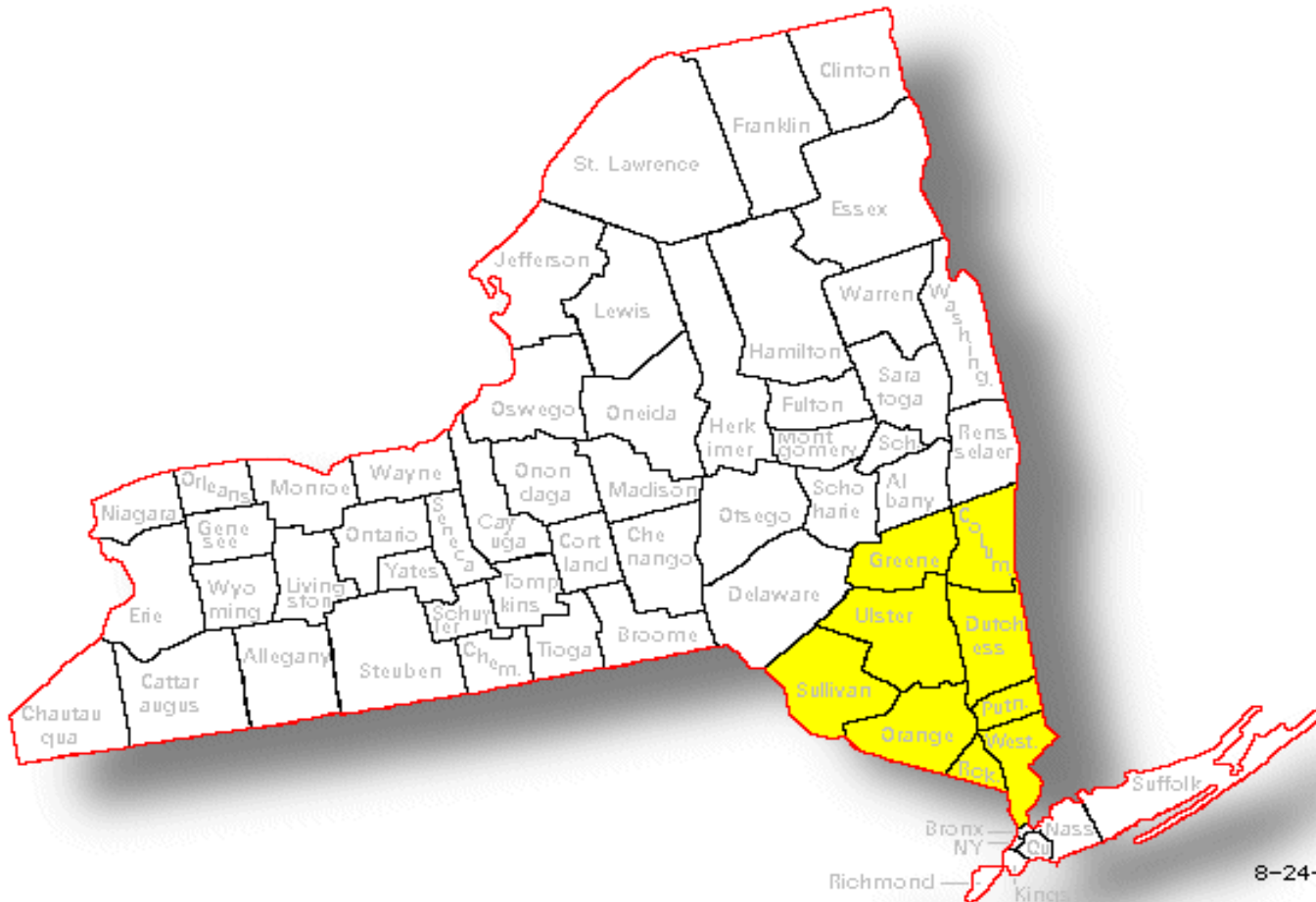


# The Hudson Valley





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8-24-11



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# What is the HVI?

- 9 counties along the Hudson River
- Population of 2.4 M
- Counties have per capita income ranging from lowest to highest in NYS and range from rural agricultural to urban core
- 4800 total physicians, roughly 1/3 primary care
- 25 hospitals
- PCP/100,000 ratios by county range from 22.31 to 104.20
- **HVI efforts affect roughly half all physicians and patients in the region**

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# HVI Organizations



## Community Convener

- Non-profit
- Vendor- and payer-neutral
- REC

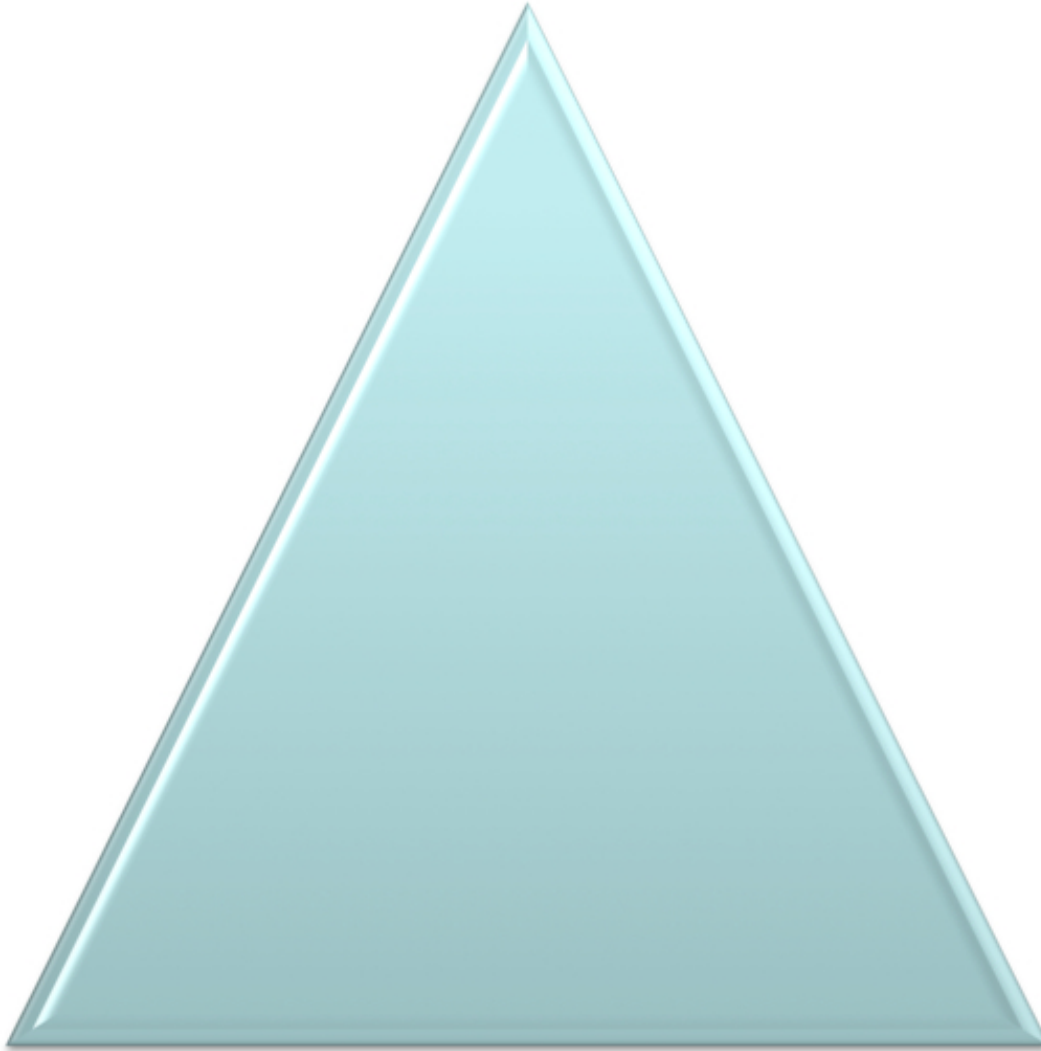
## Technology

- Technology implementation and support
- EHRs and HIE
- Sponsor of national ONC Direct Project

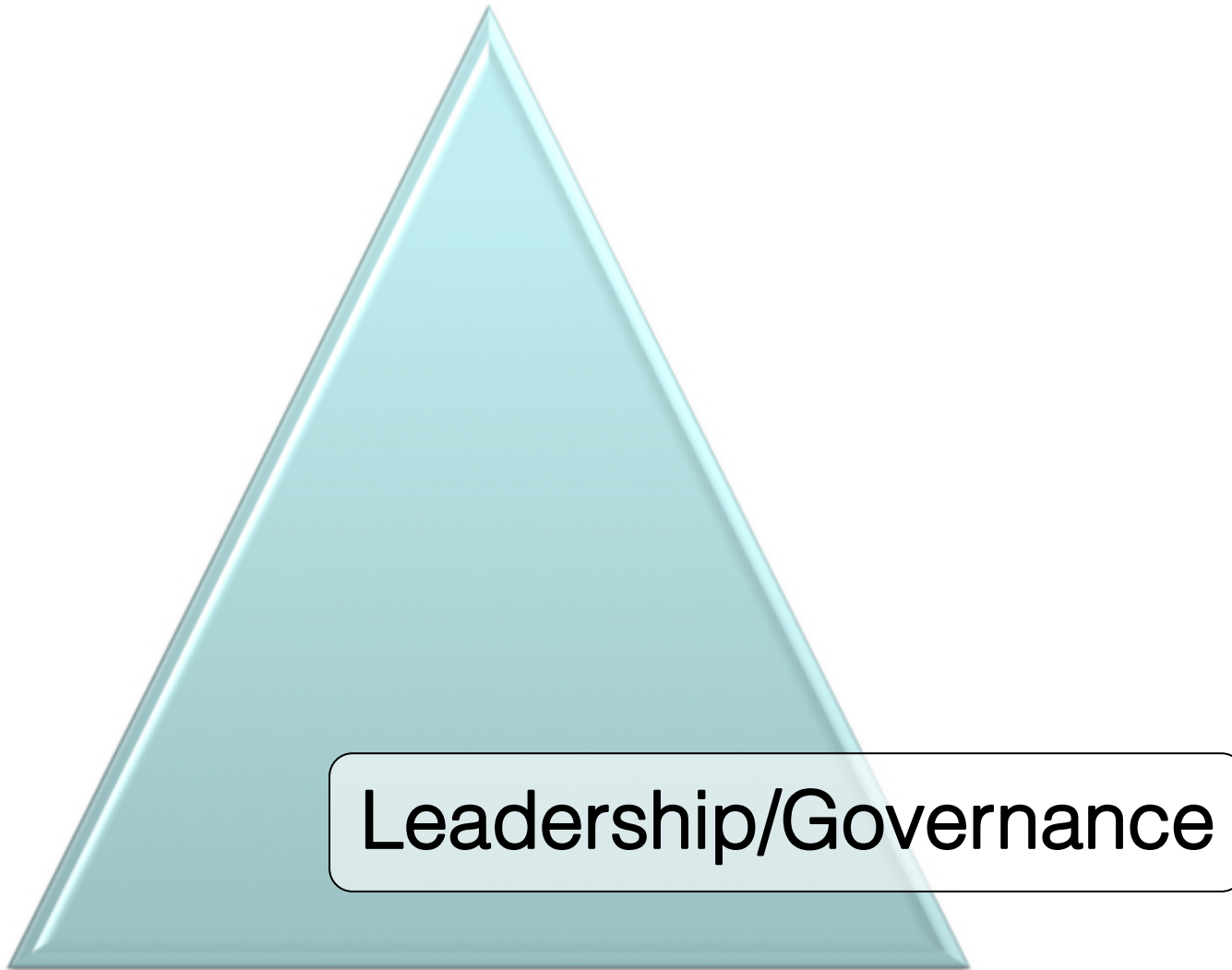
## Practice Transformation

- Physician Leadership
- Advanced Primary Care Transformation

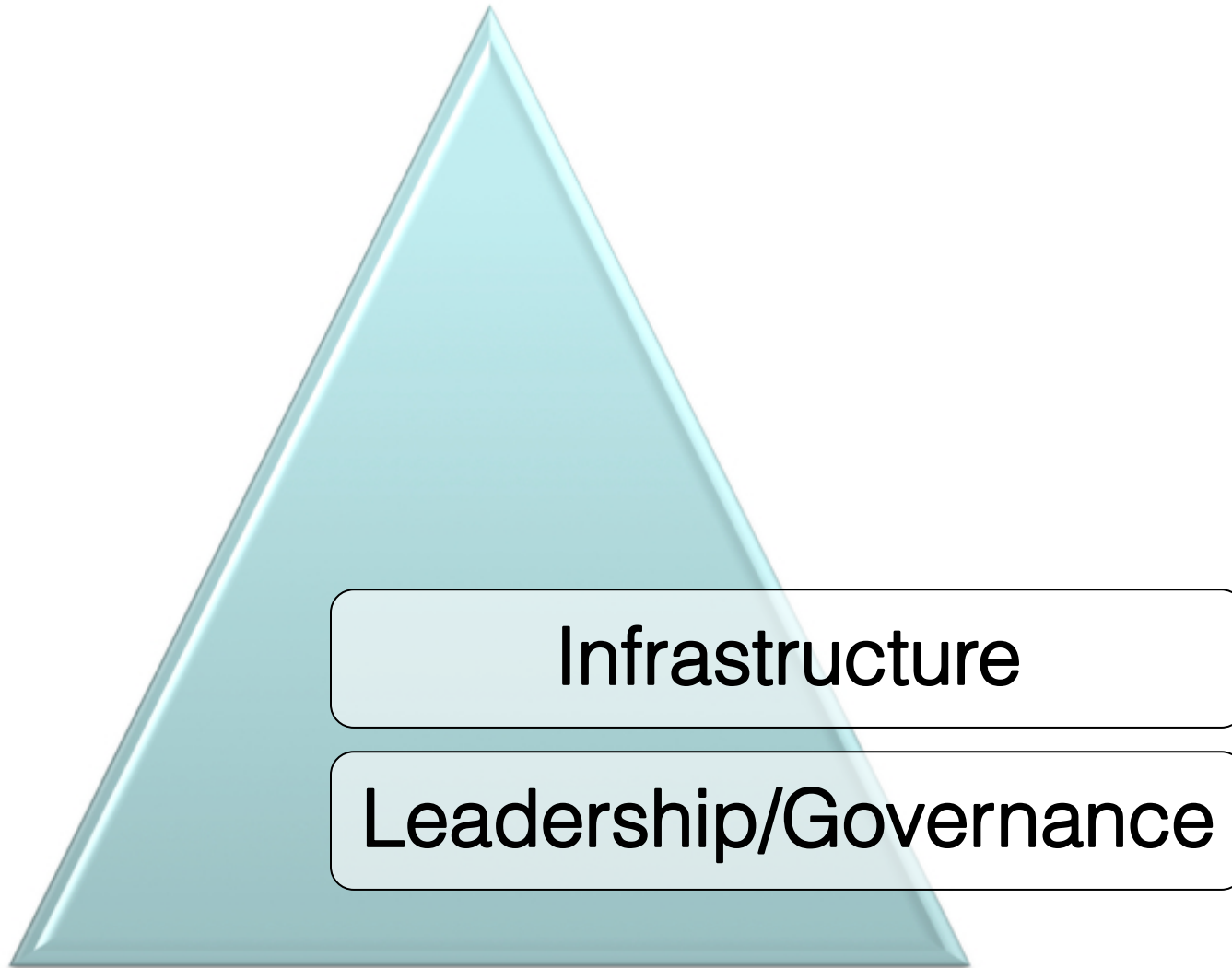
# Key IDN Components



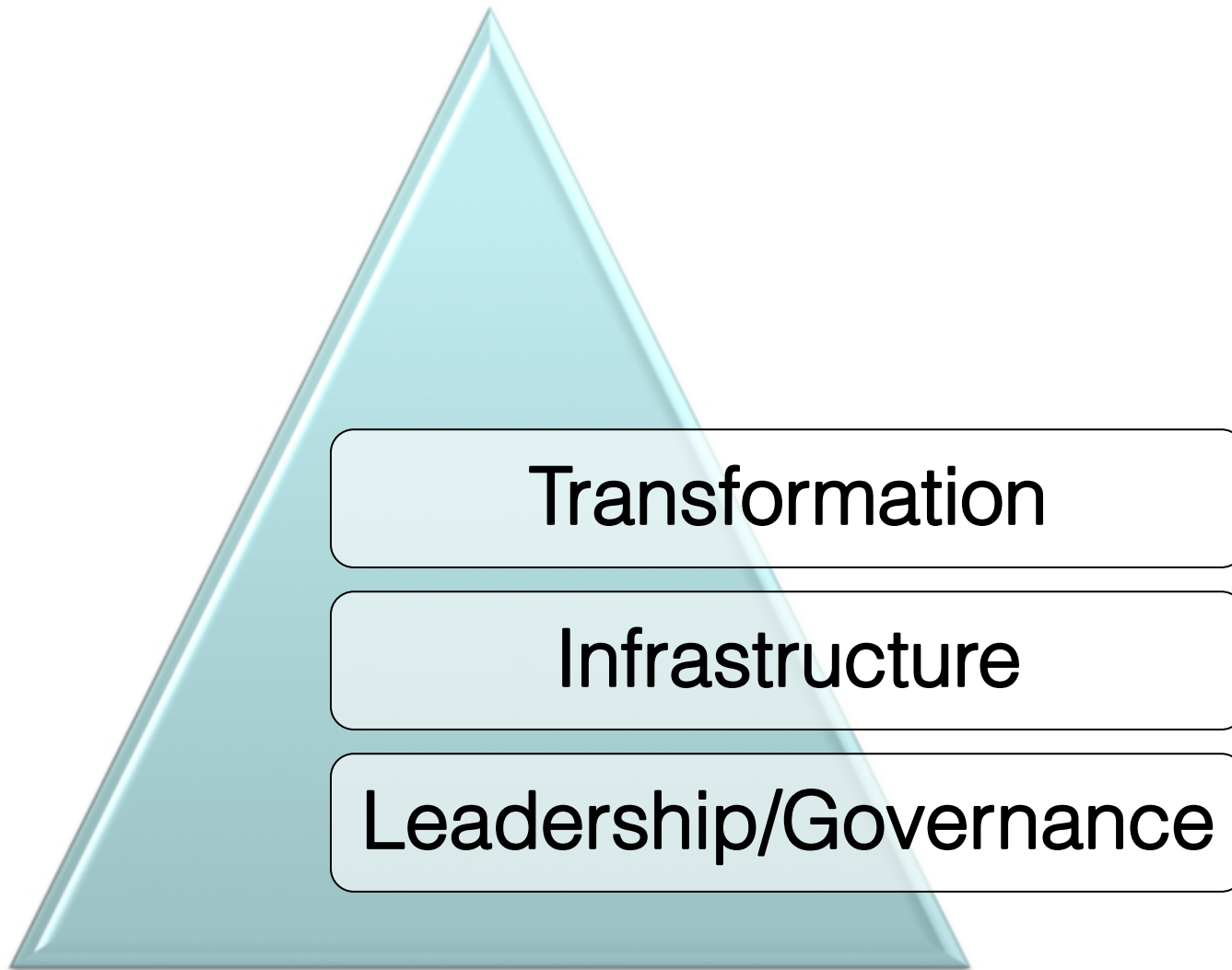
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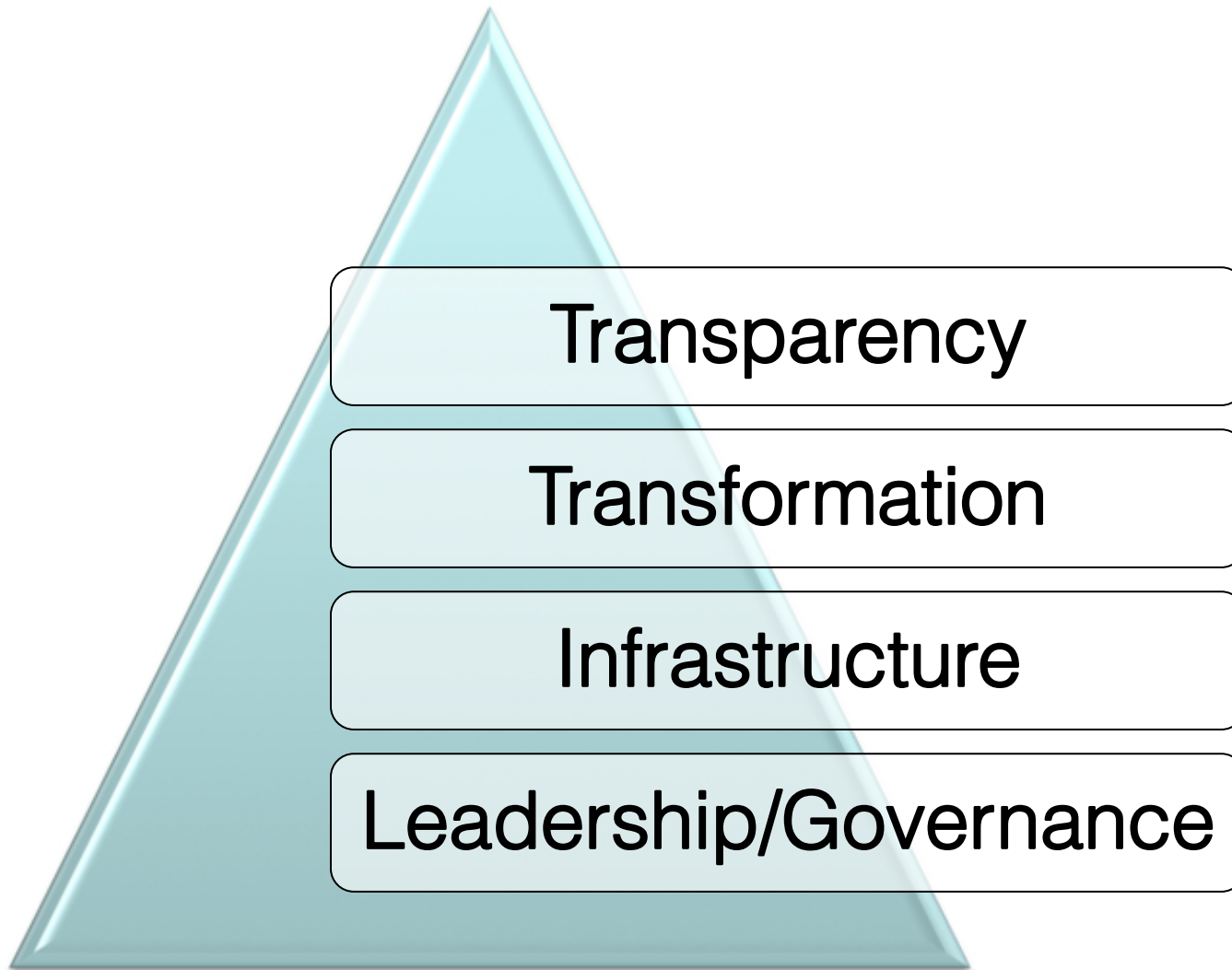
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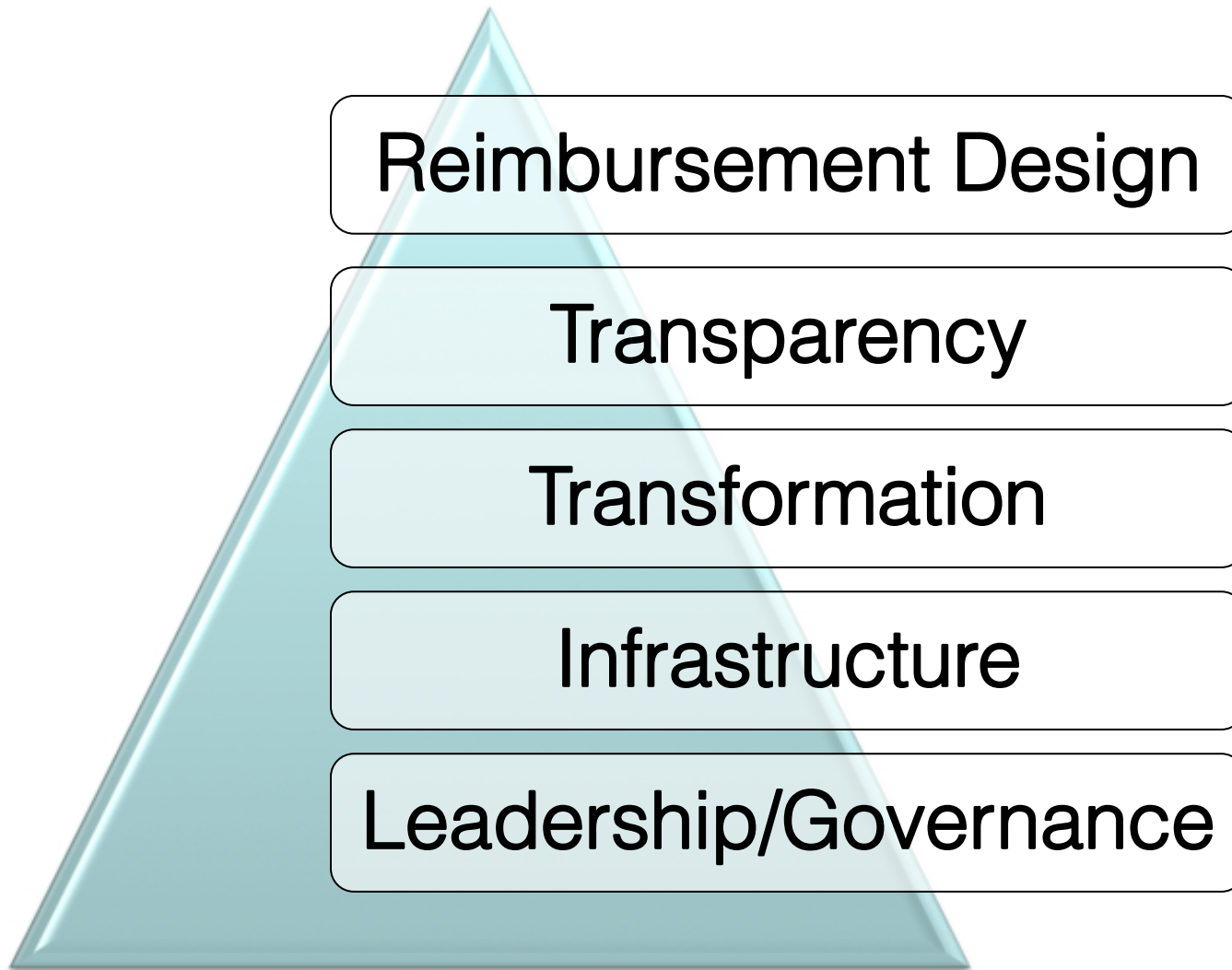
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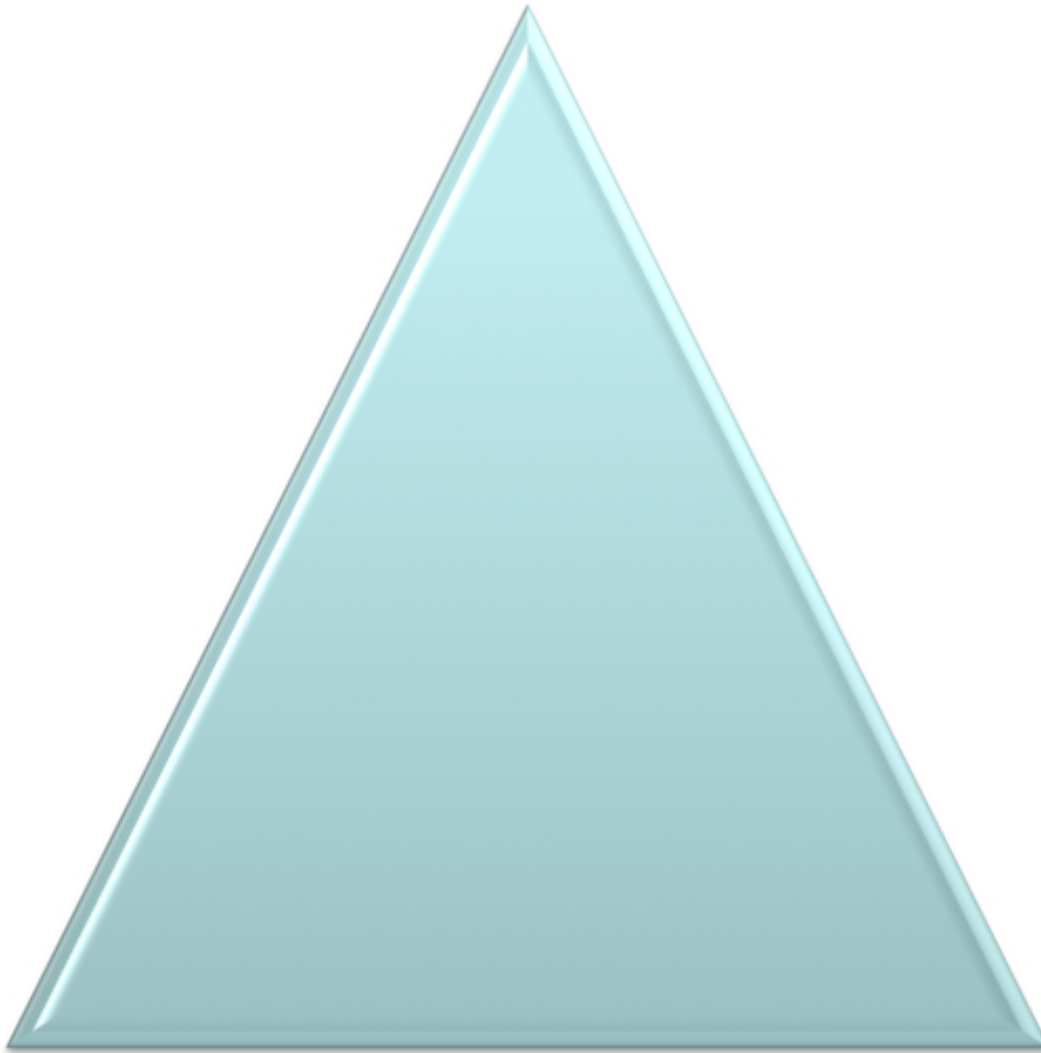
# Key IDN Components



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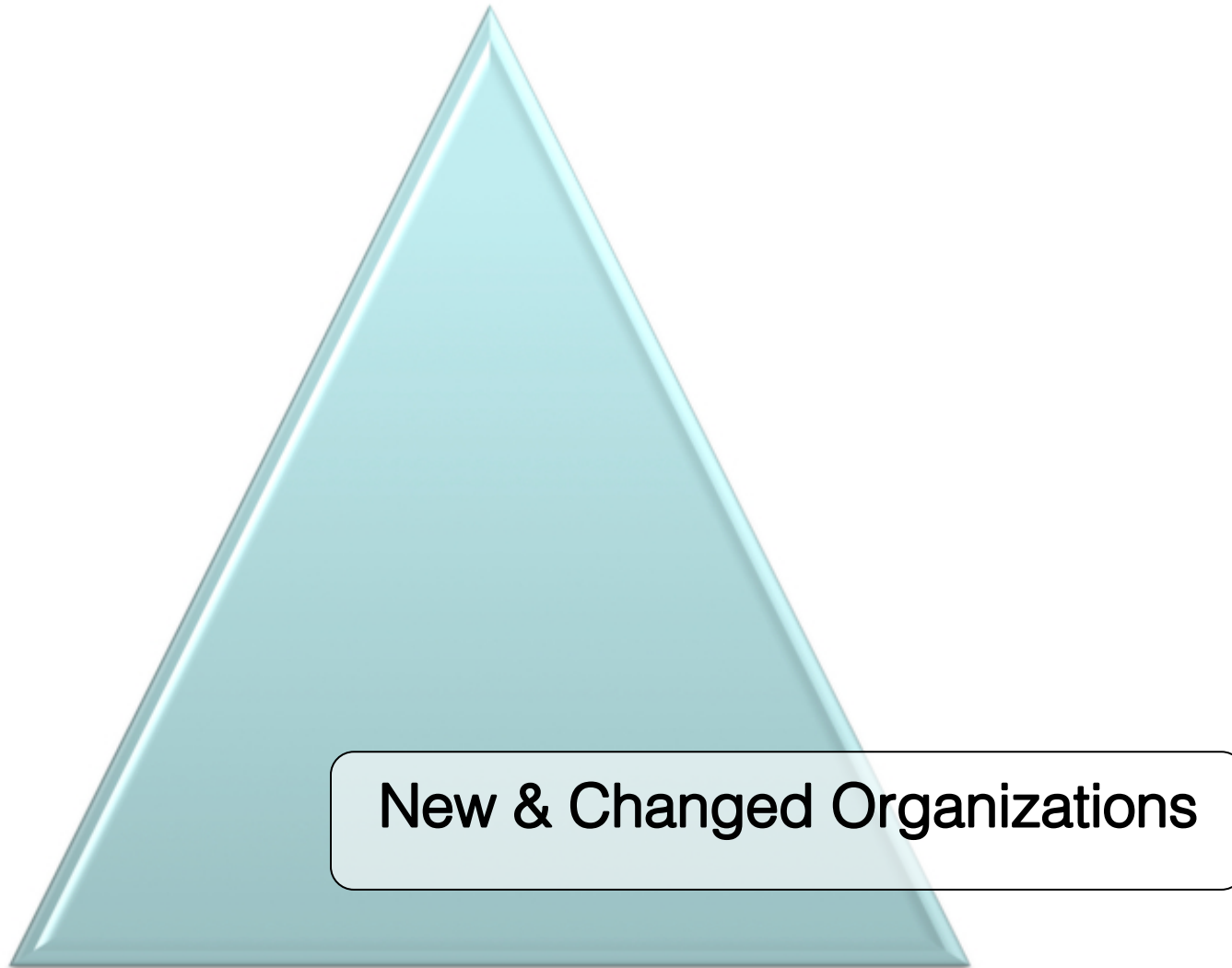


# Key Open Community Components

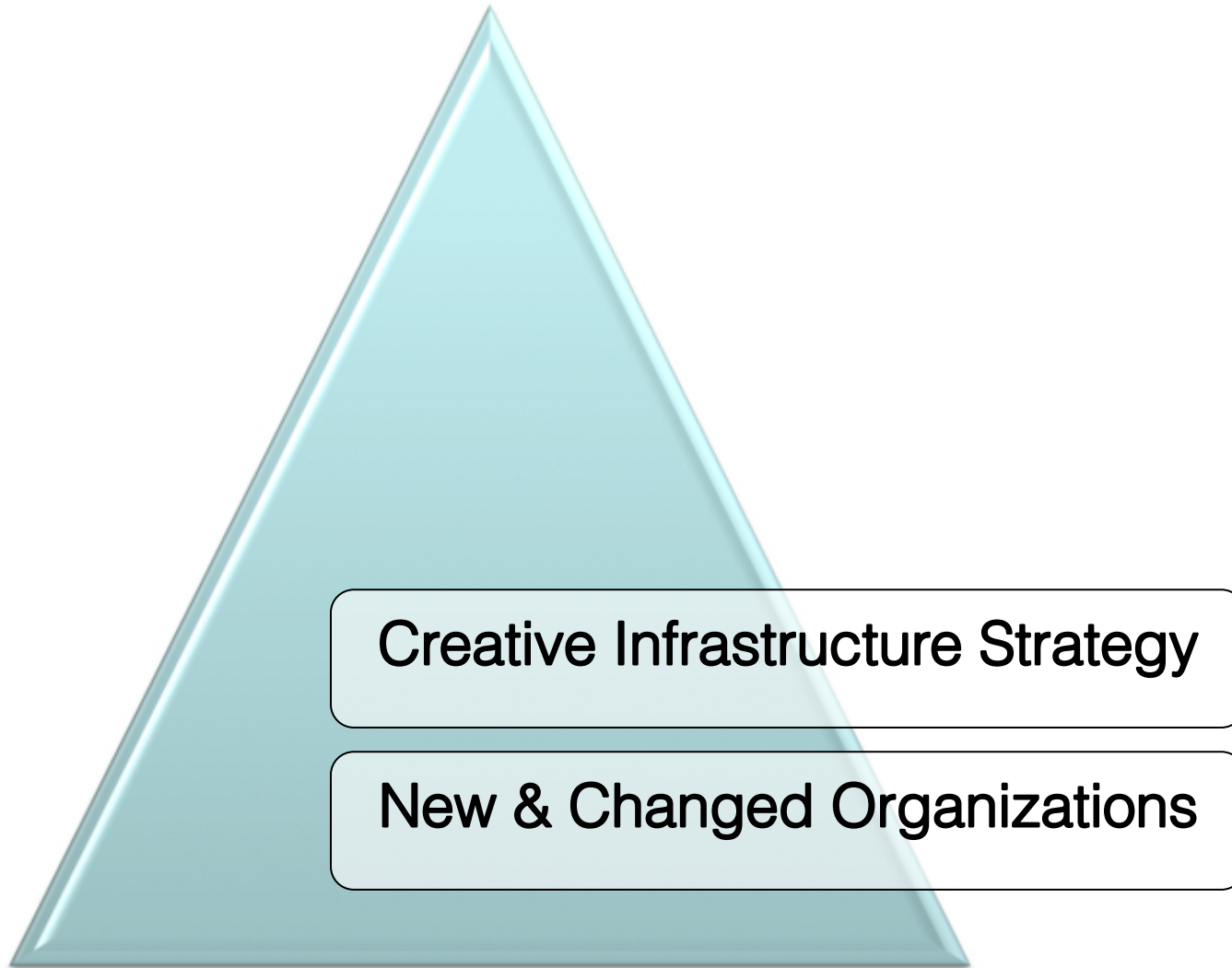




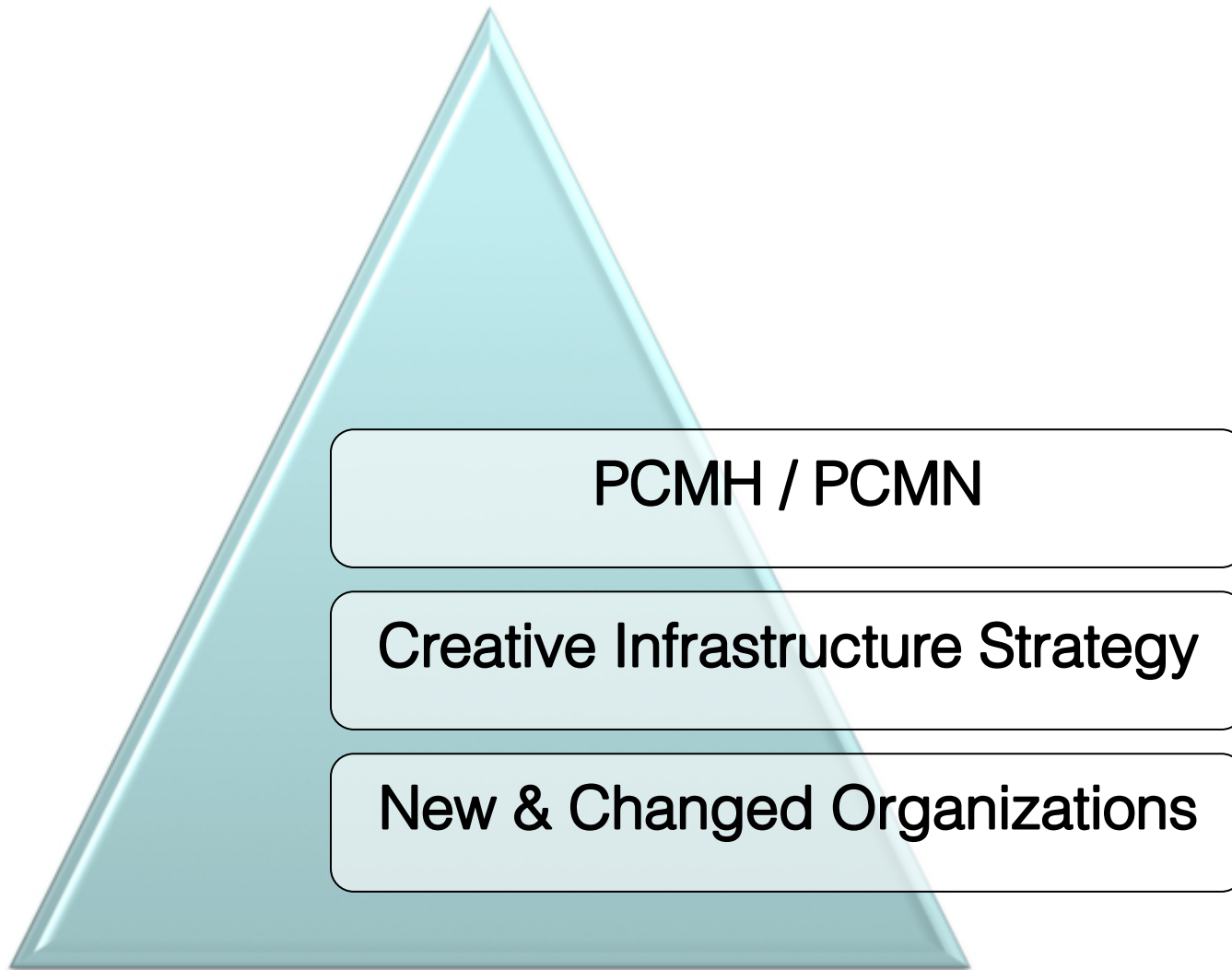
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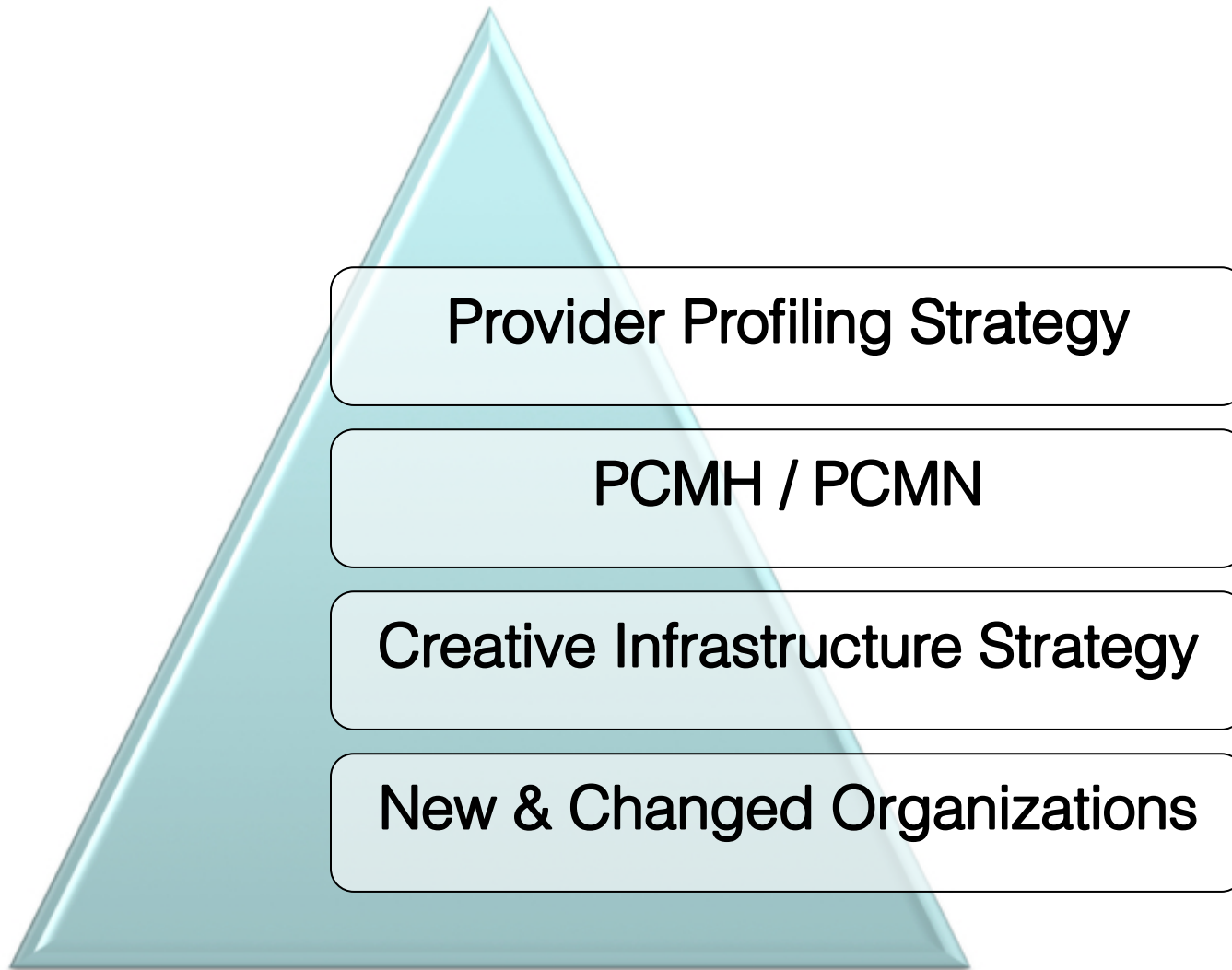
# Key Open Community Components



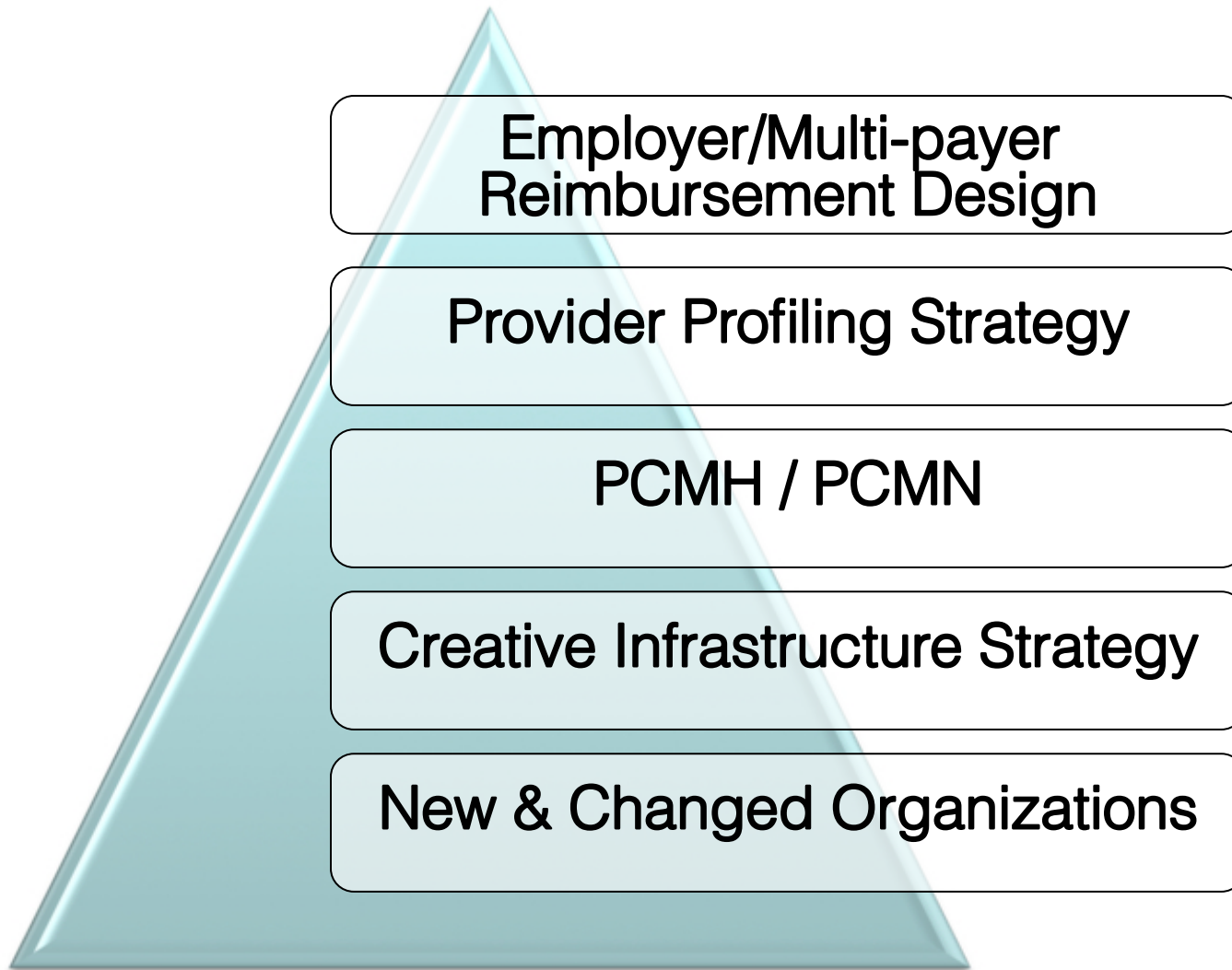
# Key Open Community Components



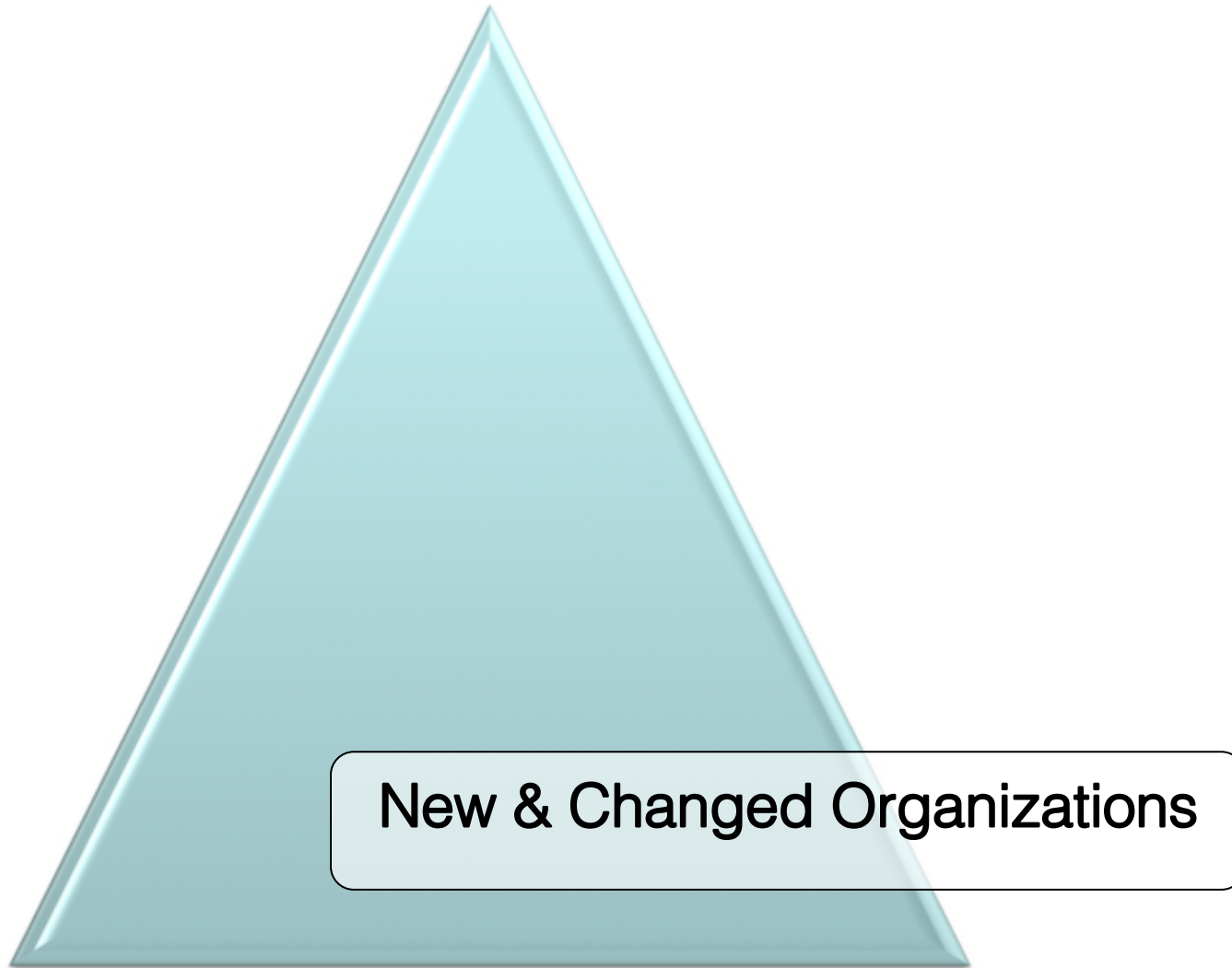
# Key Open Community Components



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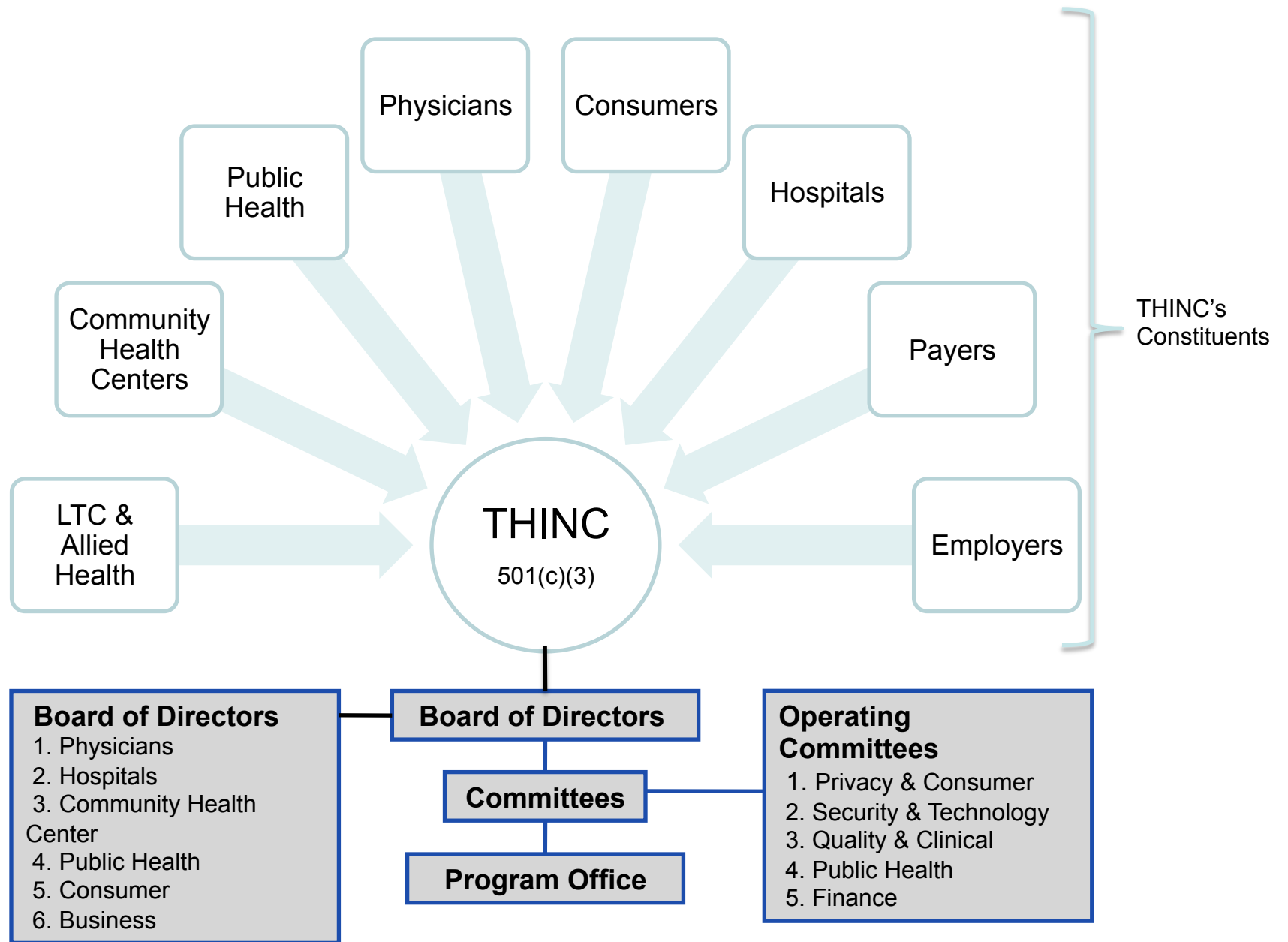


# About THINC

- Founded 2005
- 501c3 non-profit
- Policy
- Convener
- Leadership
- Culture
- Reimbursement

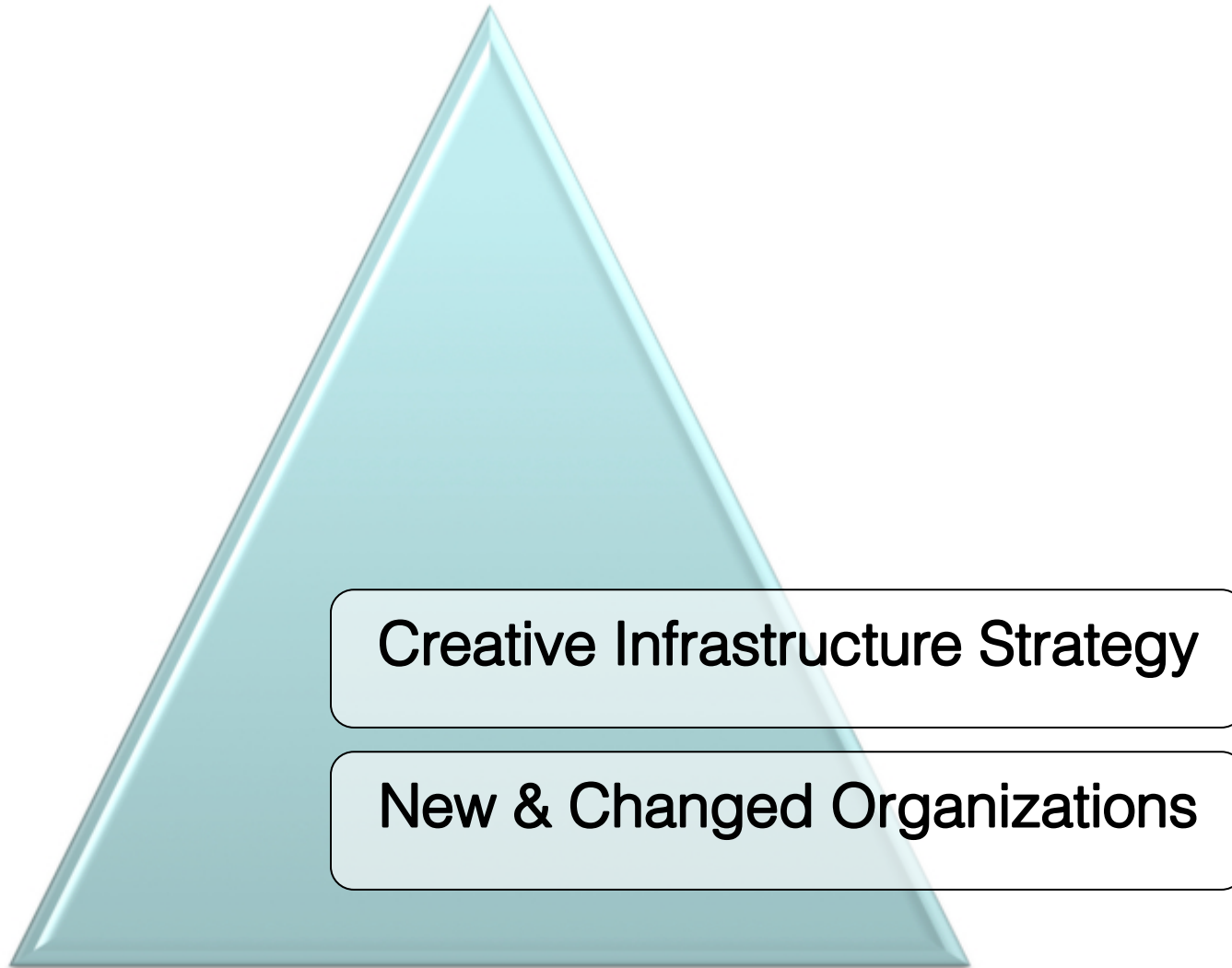
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# Key Open Community Components





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# About MedAllies

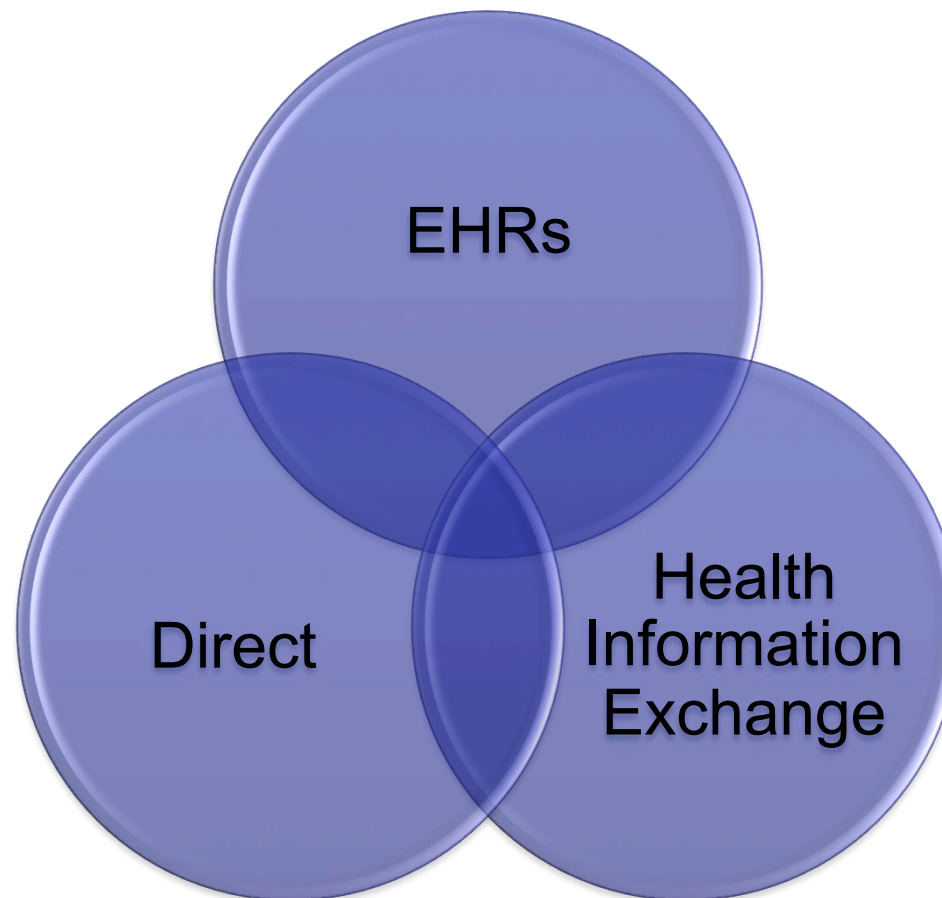
- Started in 2001
- For-profit
- EHRs
- HIE
- Direct



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# HVI Technology Infrastructure



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# HVI Technology Infrastructure





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# MedAllies/REC

Local experts to support clinical practices

Advances practices to highest level of utilization of HIT

Supports multiple applications

Connects third parties

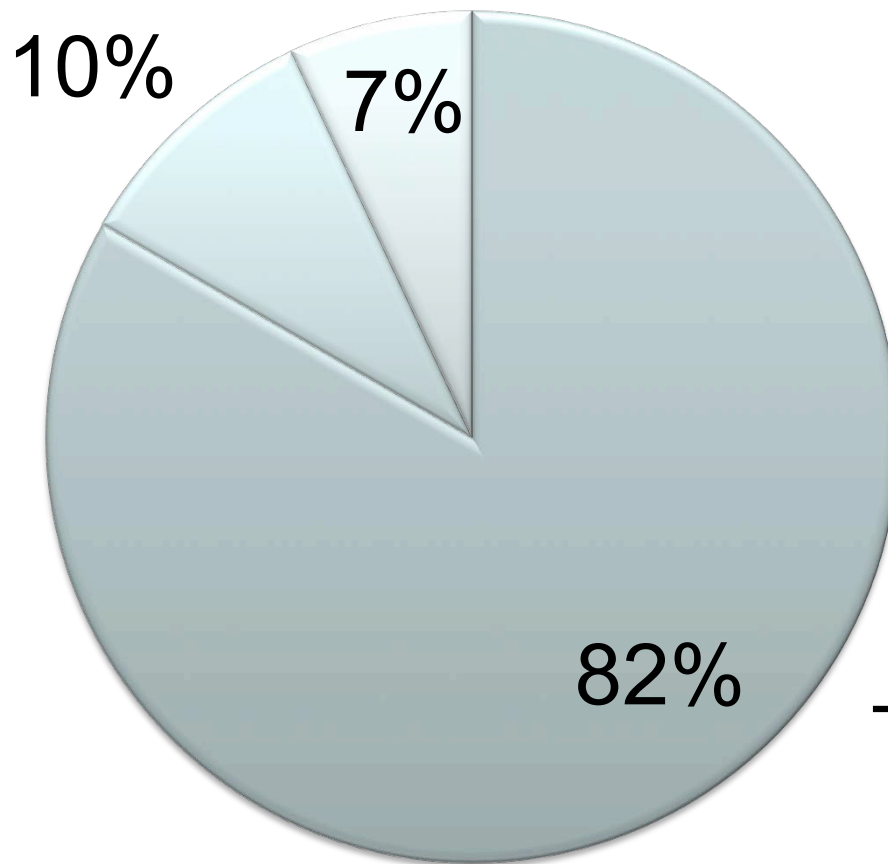
Works to help community achieve Meaningful Use



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# Certified EHR Adoption in the Hudson Valley

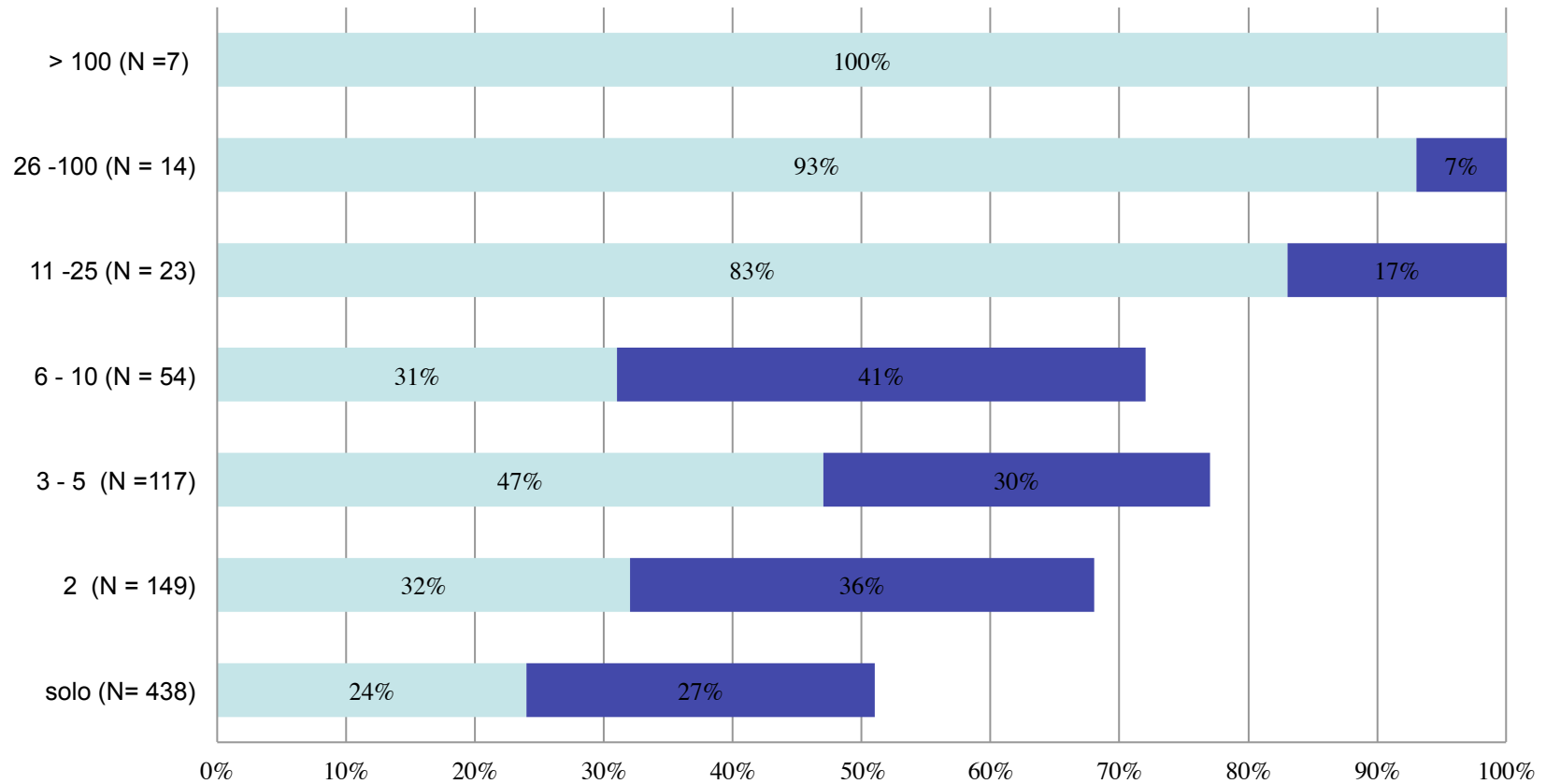


- a. Yes, we only use an EHR
- b. No, but we plan to adopt in the next 12 months
- c. No, we have no plans to adopt in the next 12 months

**Total of 93% EHR adoption by 2013**

# EHR Adoption in Hudson Valley

(total n surveyed=3216)



	solo (N= 438)	2 (N = 149)	3 - 5 (N =117)	6 - 10 (N = 54)	11 -25 (N = 23)	26 -100 (N = 14)	> 100 (N =7)
■ Certified EHR	24%	32%	47%	31%	83%	93%	100%
■ Imminent Adopters	27%	36%	30%	41%	17%	7%	

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# Meaningful Use

MedAllies				to meet all 15)													MENU (Need to meet 5 of 10 including 1 *Public Health)								
PRACTICE NAME		LOGIN	NAME, PROVIDER	Core with %					Menu Attest	Menu with %					Score										
MedAllies Practice Name		APU# / User	Password	Name, Provider	Permissible e-prescriptions	Active Medication List	Active Med Allergy List	Record Demographics	Record Vital Signs	Record Smoking Status	Electronic Copy of Health Info	Clinical Visit Summaries	* PH-Immunization Registry	* PH-Syndromic Surveillance	Drug Formulary Check	Patient Lists by Condition	Clinical Lab Results	Patient Reminders	Timely Electronic Access	Patient Education	Medication Reconciliation	Transition of Care Summary	MU Score	Core Measures Total Score (Maximum of 75)	Total Menu Score (Maximum of 25)
11	A	5295	F		G	G	R	G	G	R	G	G	R	G	G	G	Y	G	G	Y	Y	Y	70	50	20
12	B	10127	m		G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	95	70	25
13	B				G	G	G	G	G	G	G	G	G	G	G	G	G	G	R	G	G	G	95	70	25
14	B				G	G	G	G	G	G	R	G	G	G	G	G	G	G	R	G	Y		90	65	25
15	B	5355	M		G	G	G	G	G	G	G	G	G	G	G	G	G	R	R	G	G	G	100	75	25
16	B				G	G	G	G	G	G	G	G	G	G	G	G	G	R	Y	G	G	G	100	75	25
17	B				G	G	G	G	G	G	G	G	G	G	G	G	G	G	R	Y	G	G	100	75	25
18	B				G	G	G	G	G	G	G	G	G	G	G	G	G	R	R	G	G	G	100	75	25
19	B				G	G	G	G	G	G	Y	G	G	G	G	G	G	R	R	G	G	G	95	70	25
20	B				G	G	G	G	G	G	Y	G	G	G	G	G	G	R	Y	G	G	G	95	70	25
21	B				G	G	G	G	G	G	Y	G	G	G	G	G	G	R	Y	R	Y	G	80	55	25
22	C	12119	IH		G	G	G	G	G	G	G	R	G	G	G	R	G	G	Y	Y	Y	Y	95	75	20
23	C	4292	M		G	G	R	R	G	Y	Y	Y	R	G	G	G	R	Y	Y	Y	Y	R	55	40	15
24	C				R	G	R	R	G	Y	Y	Y	R	G	G	G	G	Y	Y	Y	R		55	35	20
25	C	1667	J		G	G	G	G	R	G	R	G	G	G	G	G	G	G	R	G	Y		80	55	25
26	C				G	G	G	G	R	R	G	R	G	G	G	G	G	G	R	G	Y		75	50	25





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# HVI Technology Infrastructure





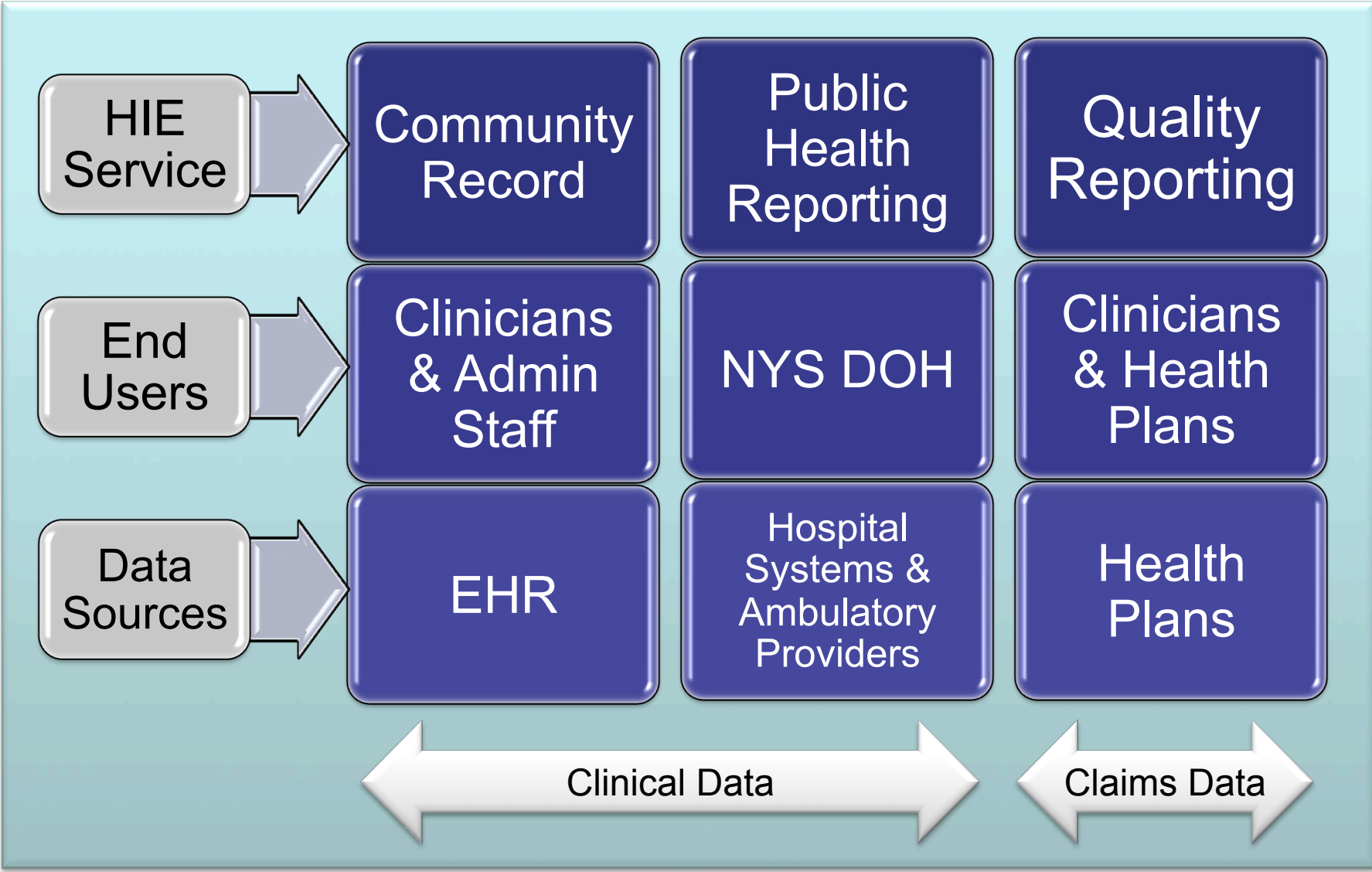
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# The Hudson Valley Health Information Exchange

- 10+ years experience
- Community Record
- Public Health Reporting
- Quality Reporting

# HIE Services: Data Sources and End Users



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# Patient Record

http://localhost:57776/csp/healthshare/hsaccess/HS.UI.PatientRecord.cls?CSPSHARE=1&CSPCHD=00000 - Windows Internet Explorer

http://localhost:57776/csp/healthshare/hsaccess/HS.UI.PatientRecord.cls?CSPSHARE=1&CSPCHD=000000100001vfMLn7q0v0000BMsGkzguUIU56

Google Search More >> Sign In

HealthShare Management Home Patient Search View Summary My Account Logout

**NG4977, CCDEExport Anne** Male 01/01/1950 62 Years

Select All  
Deselect All  
Preferences

<ul style="list-style-type: none"> <li>Summary</li> <li>Allergies &amp; Alerts</li> <li>History</li> <li>Documents</li> <li>Lab Results</li> <li>Radiology Results</li> <li>Medications</li> <li>Conditions</li> <li>Procedures</li> <li>Discharge Summaries</li> <li>Physical Exams</li> <li>Plan</li> <li>Encounters</li> </ul>	<b>Allergies</b>			<b>Medications</b>		
	drug allergy	DISINFECTANT	red skin rashes.	DIBENZYLIN	06/20/2007	
	drug allergy	ACETAMINOPHEN	red skin rashes.	HUMULIN R	06/20/2008	
	drug intolerance	FIG	red skin rashes.	TYLENOL	06/20/2007	
	propensity to adverse reactions to drug	MACROLIDE ANTIBIOTICS	skin rashes.	DIBENZYLIN	06/20/2007	
	<b>Problems</b>			<b>Documents</b>		
	heartburn	heartburn				
	dysphagia	dysphagia				
	<b>Laboratory Results</b>			<b>Radiology Results</b>		<b>Other Results</b>

Done Local intranet | Protected Mode: Off 100%



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# Drill Down: Medications

http://localhost:57776/csp/healthshare/hsaccess/HS.UI.PatientRecord.cls?CSPSHARE=1&CSPCHD=00000 - Windows Internet Explorer

http://localhost:57776/csp/healthshare/hsaccess/HS.UI.PatientRecord.cls?CSPSHARE=1&CSPCHD=0000000100001vFMLn7q0v0000BMsGkzguUIUS6

HealthShare Management Home Patient Search View Summary My Account Logout

**NG4977, CCExport Anne** Male 01/01/1950 62 Years

Select All  
Deselect All  
Preferences

### Recent Medications

Order Item	Dose	Duration	Frequency	Priority	Quantity Administered	Status	Entered On	Entered By
<b>TYLENOL</b>	0			Normal	0/0	In Progress	06/20/2007 00:00, ,	NextGen Admin
<b>DIBENZYLIN</b>	200 MG			Normal	0/0	In Progress	06/20/2007 00:00, ,	NextGen Admin

### Historical Medications

Order Item	Dose	Duration	Frequency	Priority	Quantity Administered	Status	Entered On	Entered By
<b>DIBENZYLIN</b>	200 MG	31 days		Normal	0/0	Inactive	06/20/2007 00:00, ,	NextGen Admin
<b>HUMULIN R</b>		2 days		Normal	0/0	Inactive	06/20/2008 00:00, ,	NextGen Admin

### Vaccinations

Order Item	Status	Entered On	Entered By
<b>Vaccine against Varicella</b>	Inactive	01/04/2007 00:00, ,	NextGen Admin

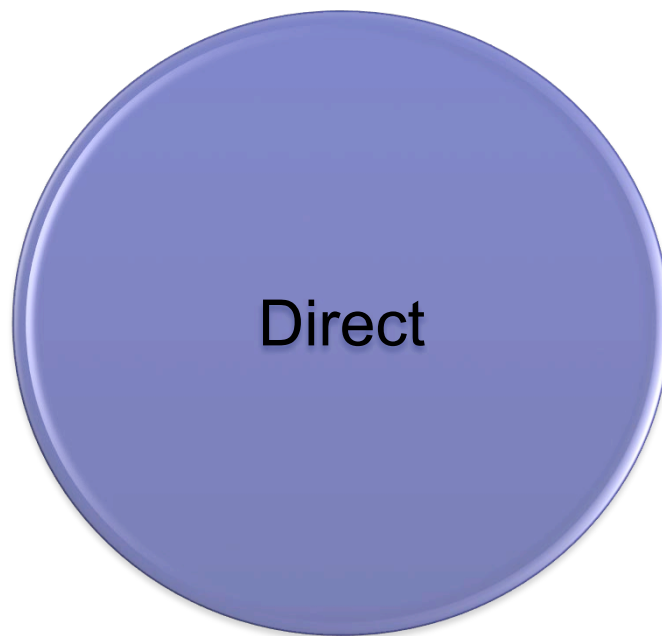
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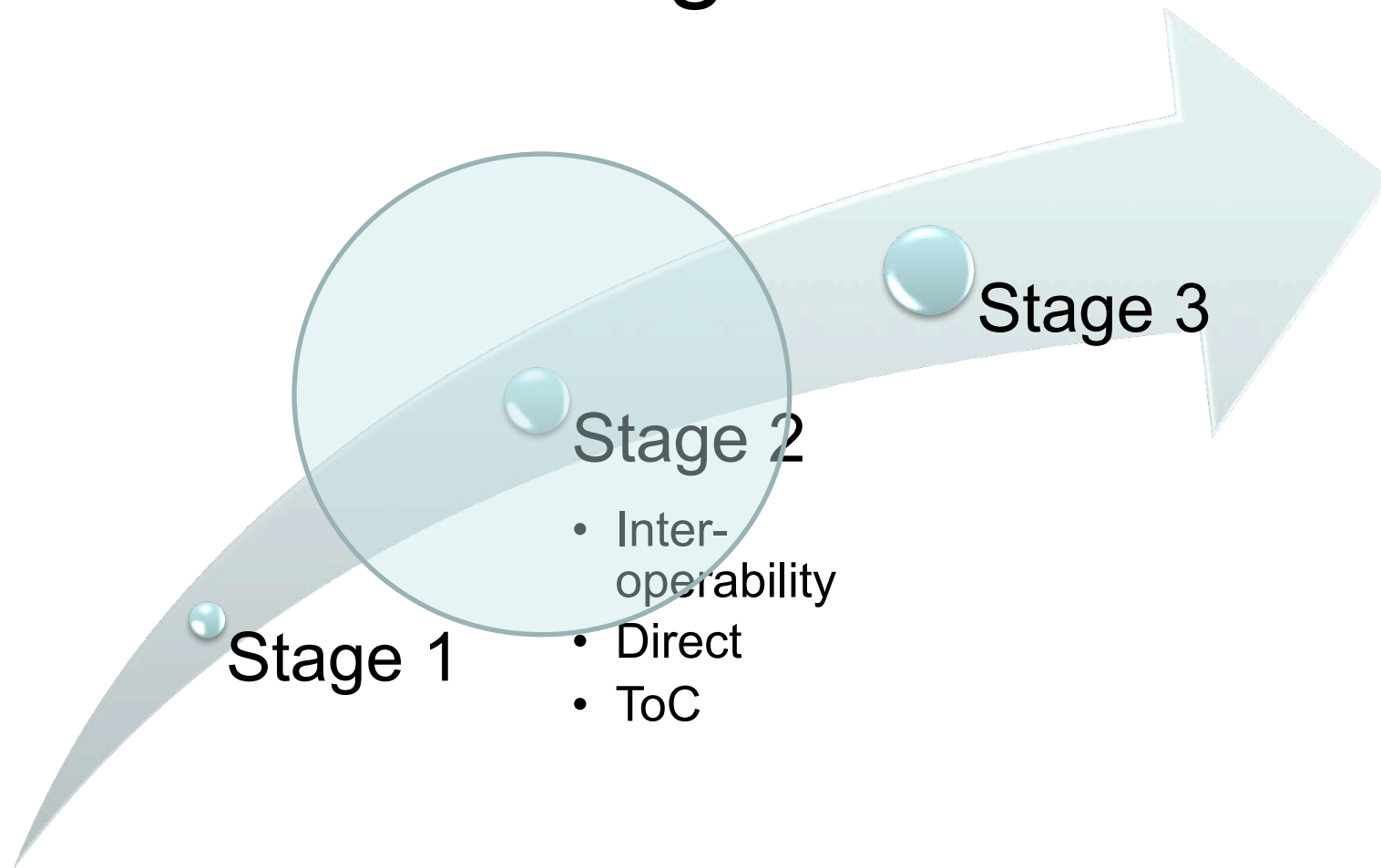


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# Meaningful Use





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# Connect Disparate EHR Systems



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# Direct Use Case: Hospital Discharge

Discharge  
Note to  
PCP



Hospital

Direct  
HISP



Primary Care



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# Direct Use Case: Closed Loop Consultation

Referral  
to  
specialist



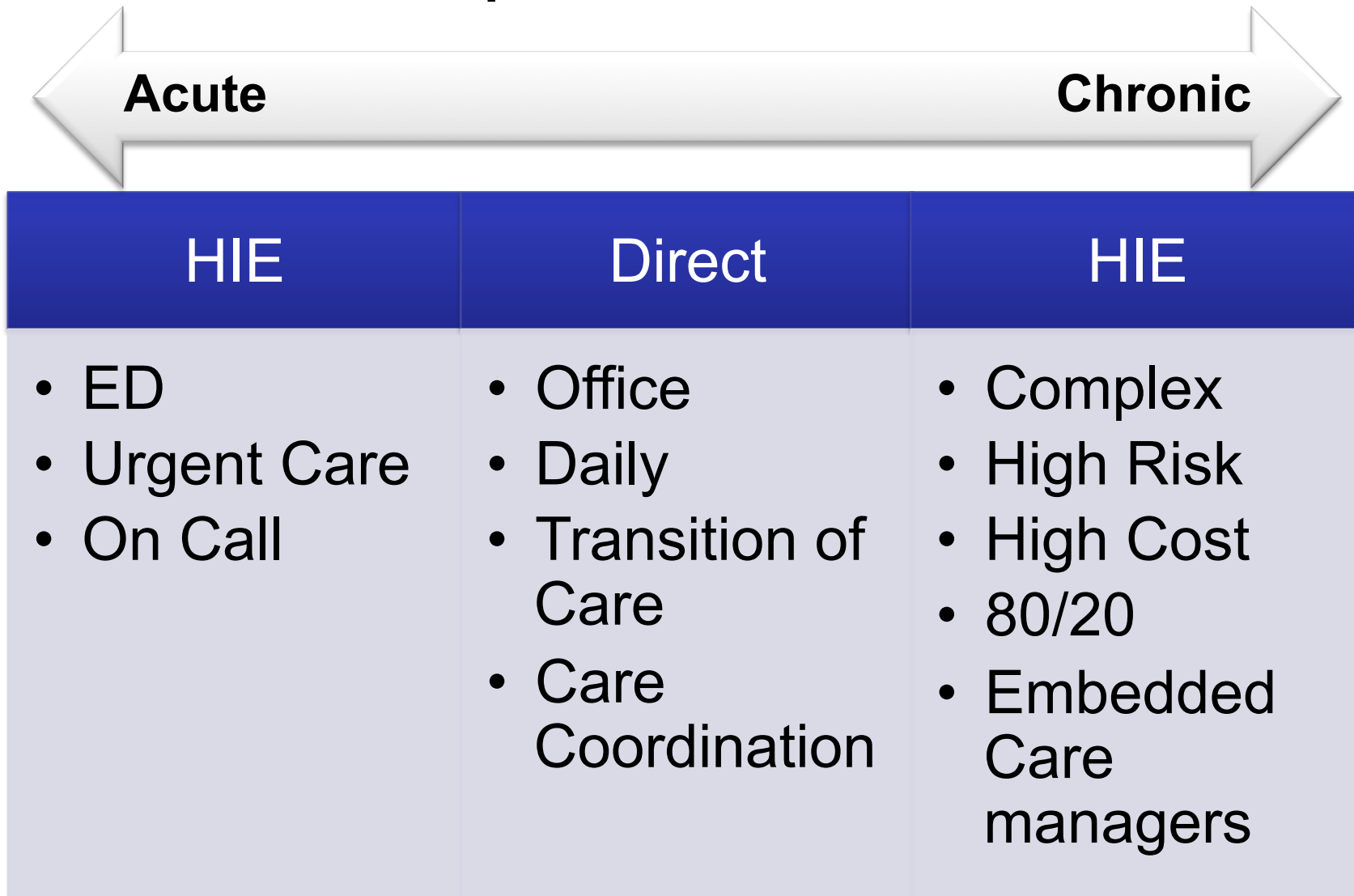
**Primary Care**



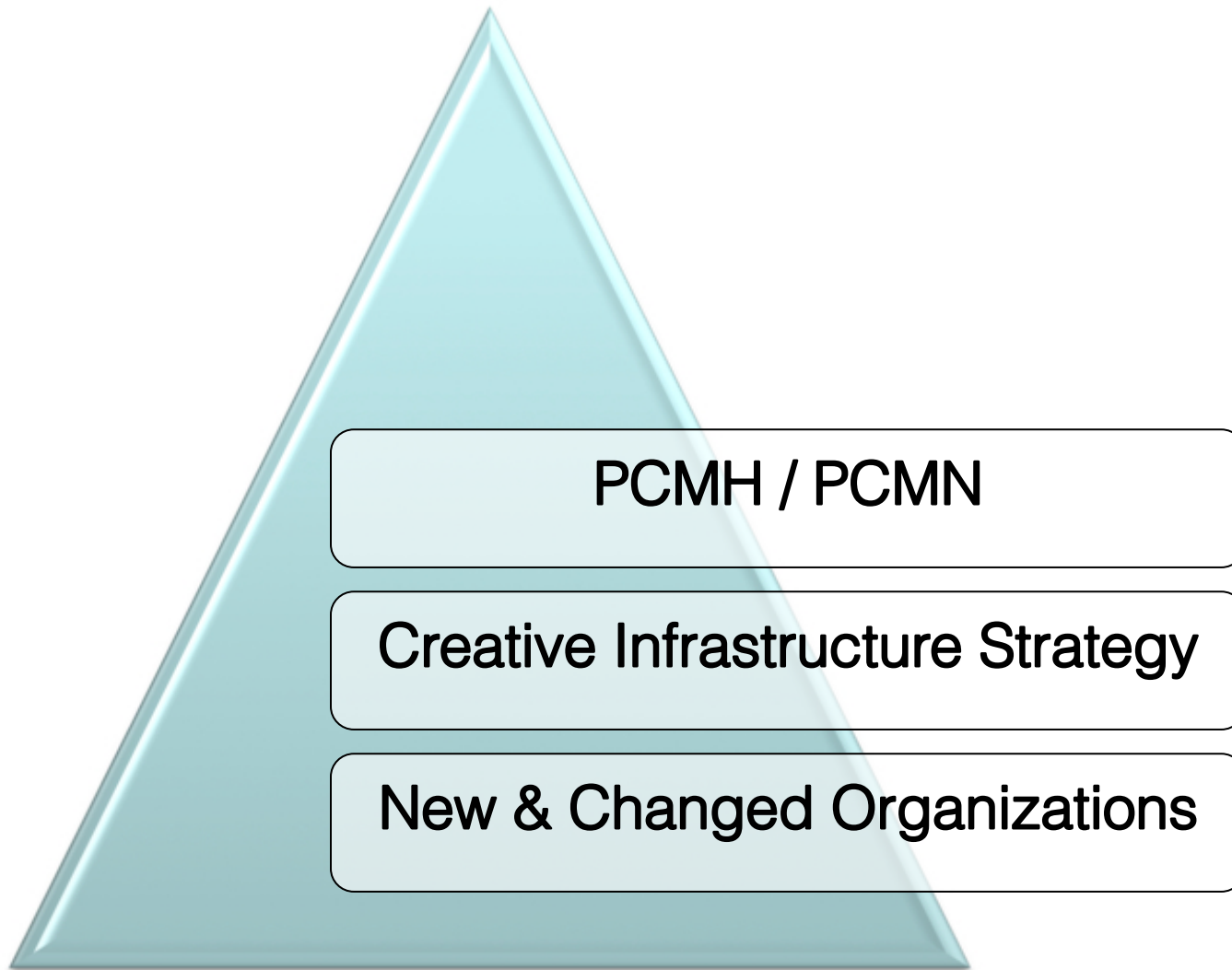
Continuity of  
Care  
Document  
back to PCP

**Specialist**

# Full Spectrum of Care



# Key Open Community Components





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# About Taconic IPA

- Not-for-profit
- Established in 1989 by physicians
- Quality improvement organization
- Business model: revenue from health plans and grants
- Network of 5,000 providers including ~90% of all physicians in Hudson Valley
- 2008: PCMH project launches
- 2011: Embedded care manager project launches



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# Advanced Primary Care Program and PCMH

- 350+ primary care providers participating
  - 64 sites
  - Solo providers to 200+ provider groups
  - FQHCs
  - All recognized at NCQA Level III in 2010/2011



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# TIPA Care Managers

- Highly experienced RNs in both acute and community care
- Certified in case management
- 8-10 week TIPA training program
- Immersion experience at Geisinger ProvenHealth Navigator sites
- Flexible
- Committed
- LOVE WHAT THEY DO!



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# Embedded Care Manager Program

- Complex/multiple co-morbidities
- Avoidable admissions & readmissions
- Seamless transitions of care
  - Inpatient to ambulatory
  - PCP-Specialist-PCP
- Patient Experience
- Reducing unnecessary costs

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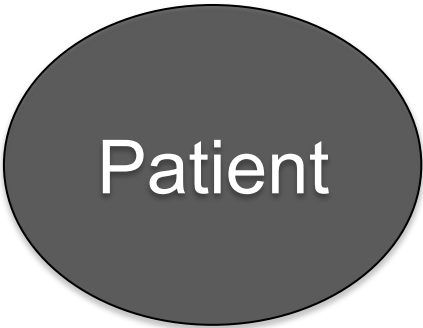


# Characteristics of TIPA ECM Pilot

- 125 patients per RN
- 10 PCPs per RN
- On-site at practice
- Central infrastructure
- IPA employees
- Compliance



# The Patient-Centered Medical Neighborhood

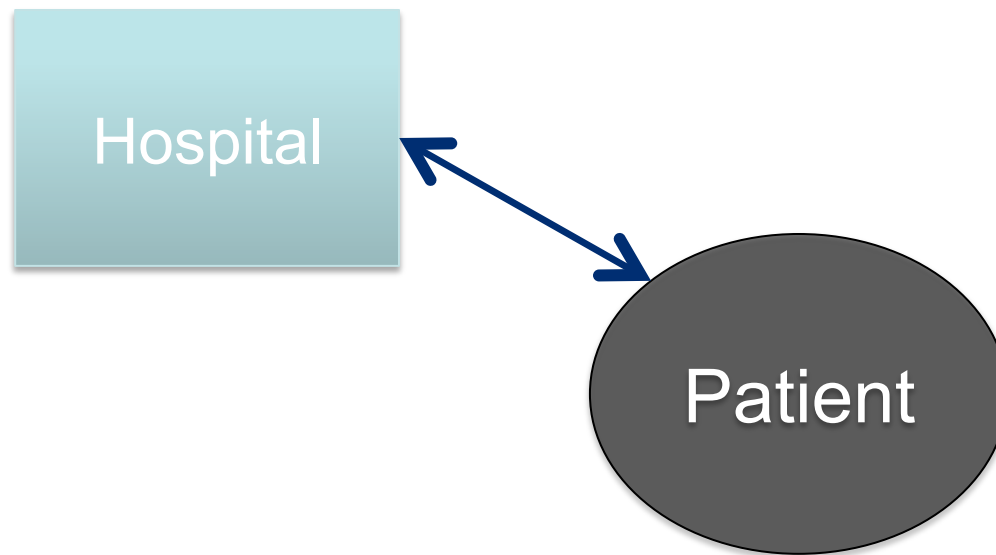




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# The Patient-Centered Medical Neighborhood

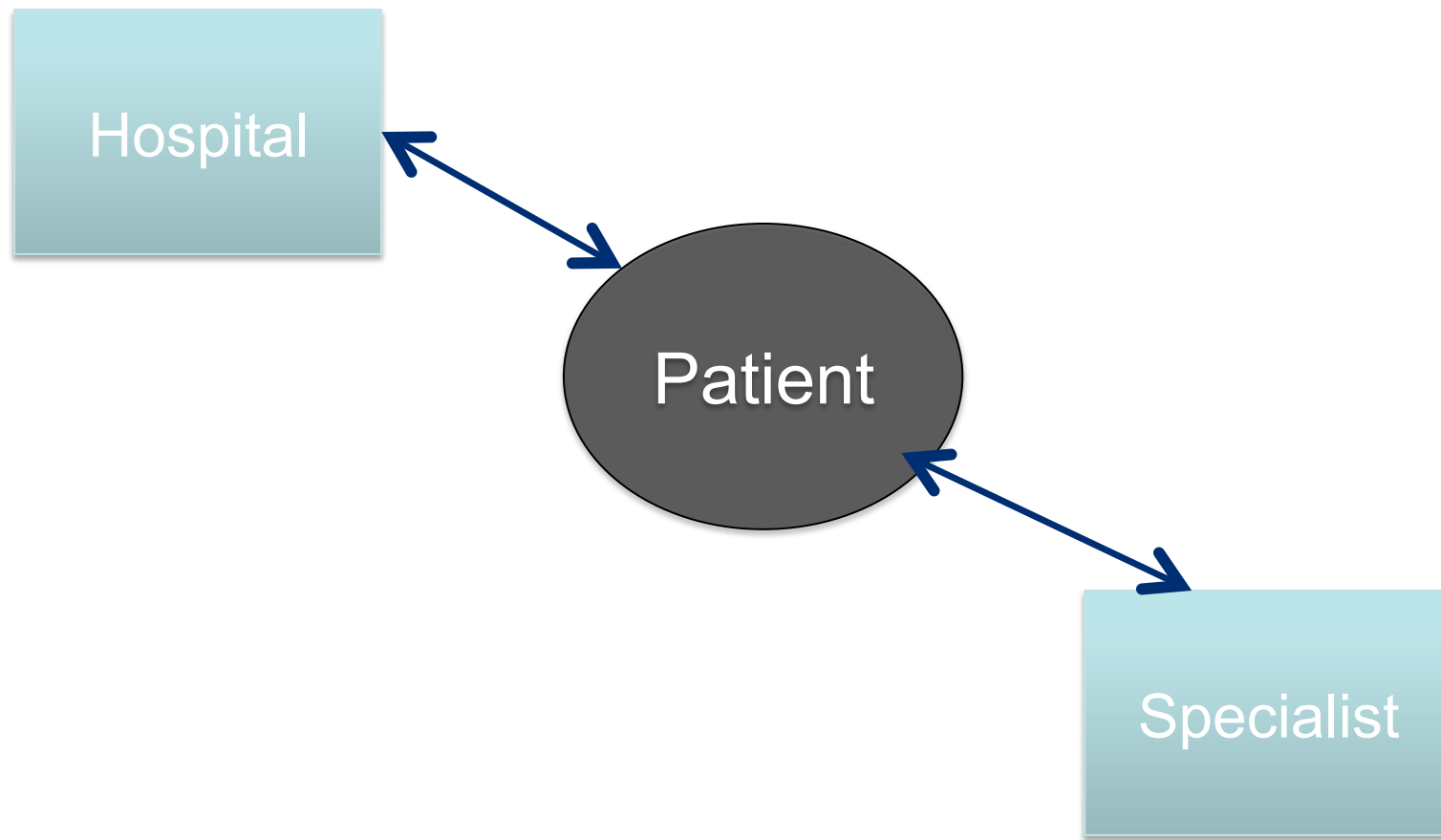




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# The Patient-Centered Medical Neighborhood



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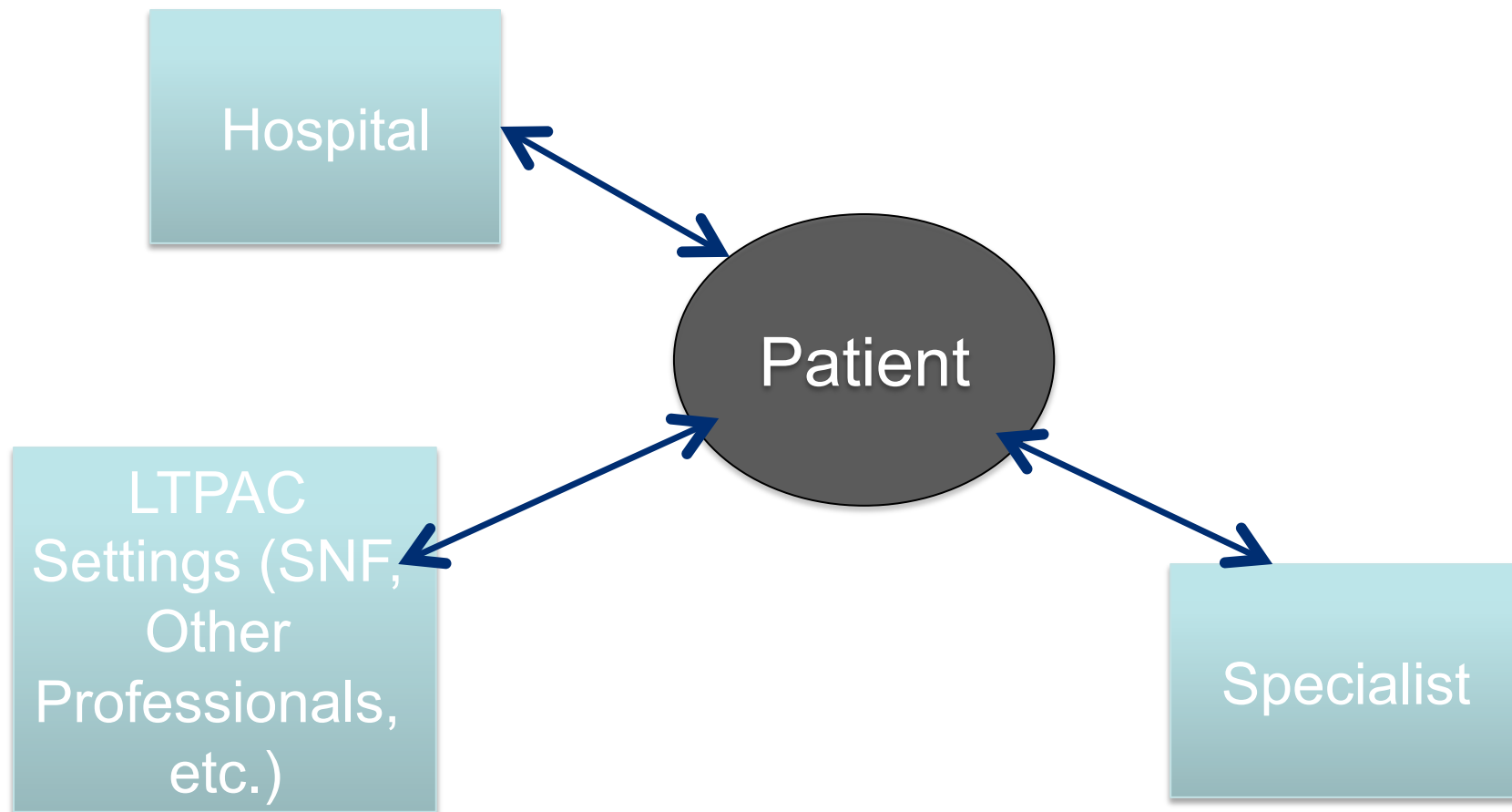
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# The Patient-Centered Medical Neighborhood



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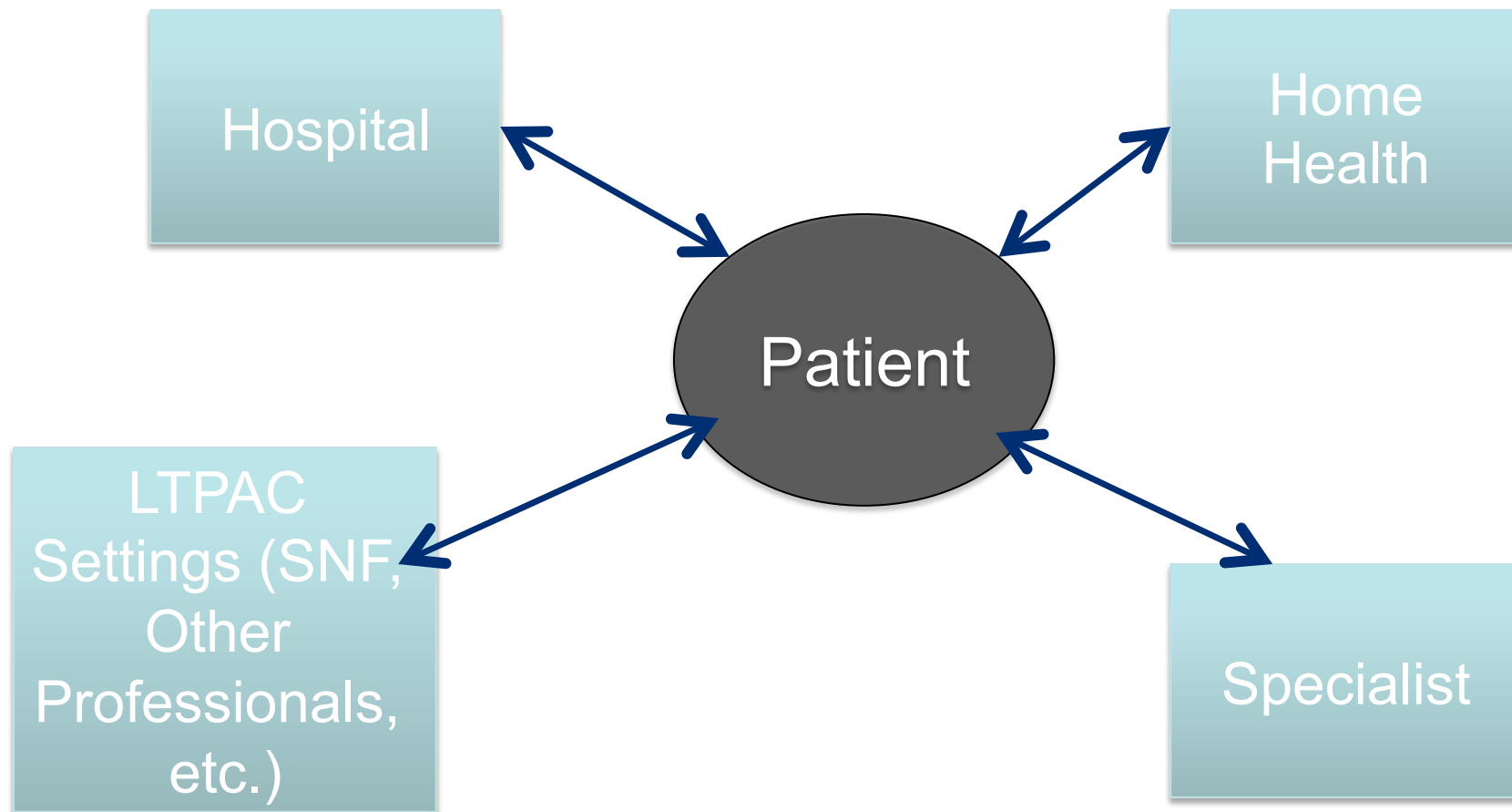
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# The Patient-Centered Medical Neighborhood



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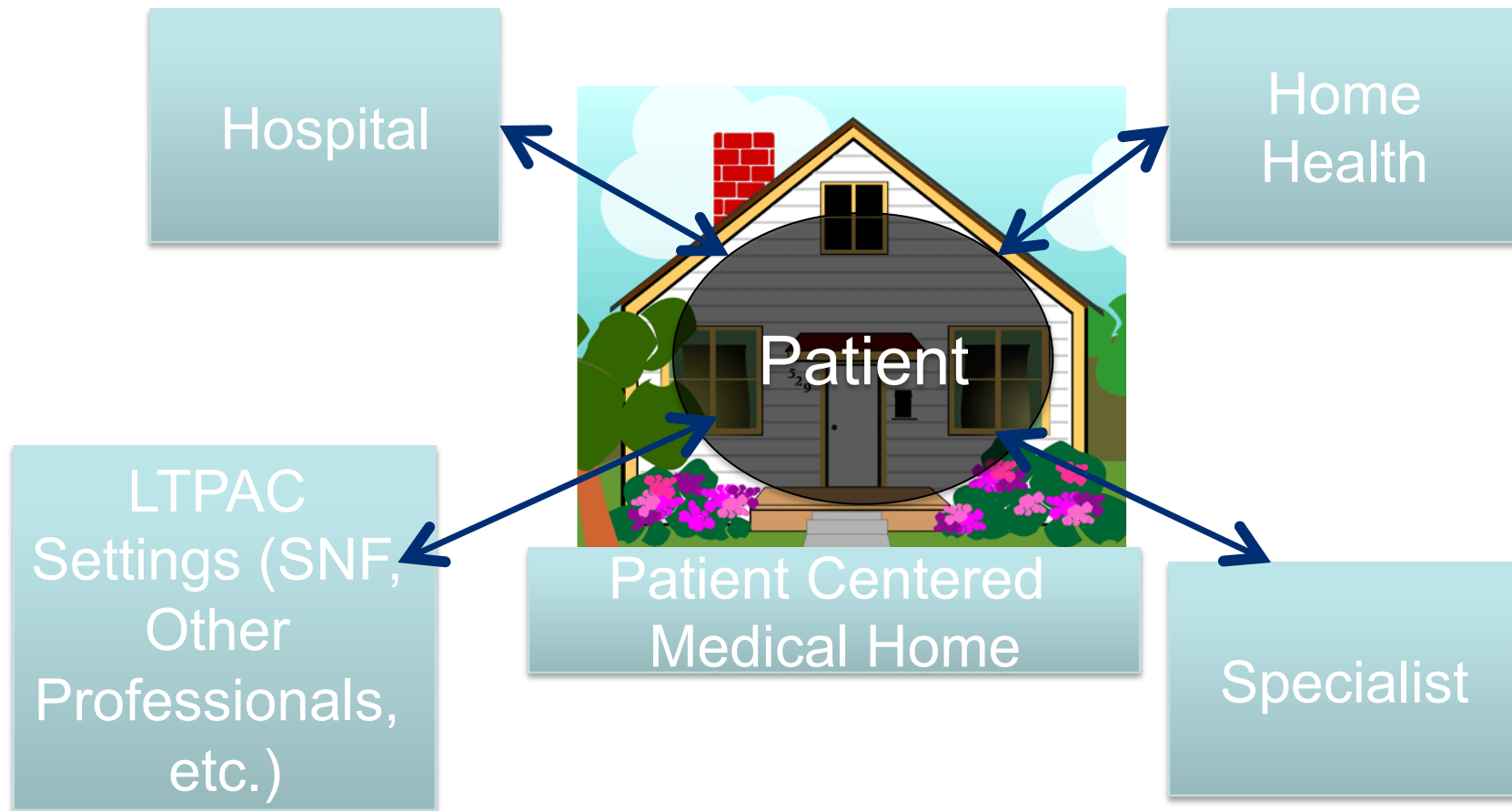
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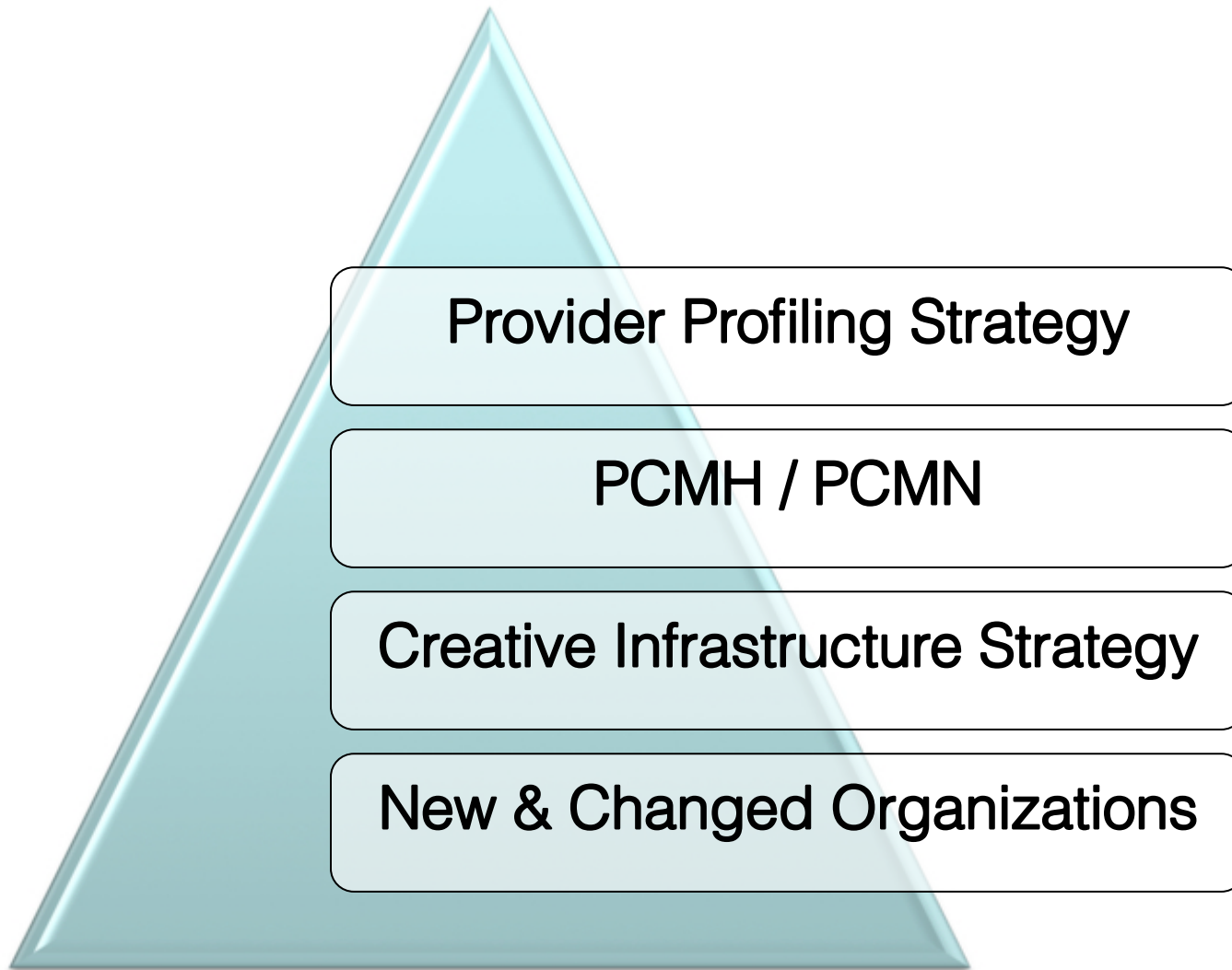
# The Patient-Centered Medical Neighborhood



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# Key Open Community Components



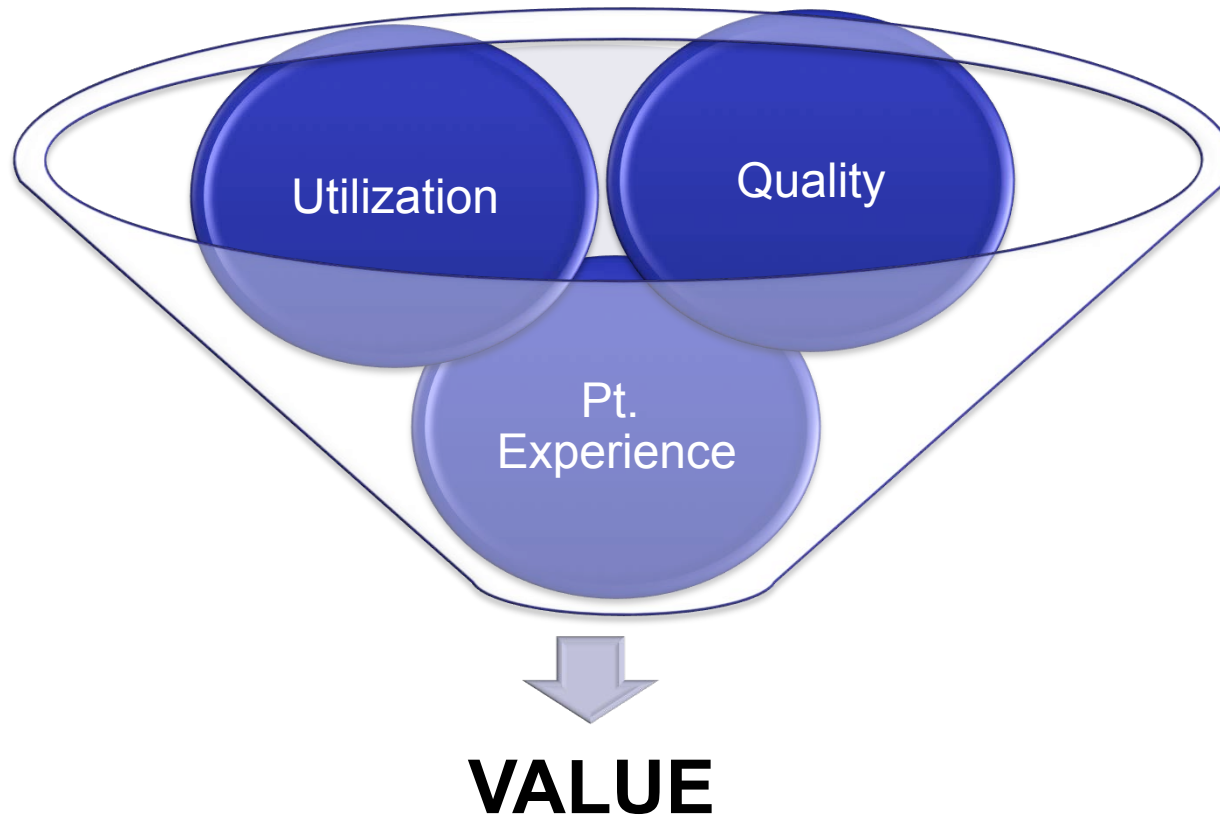




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# Provider Profile





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# Ongoing Data Collection

- Quality
  - Claims
  - EHR
- Cost and Utilization
  - Claims
- Patient Experience
  - CAHPS surveys



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# Quality Data

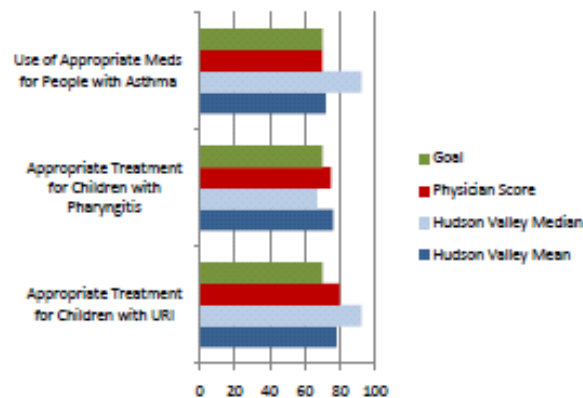
## THINC

Taconic Health Information Network and Community

### MEDICAL HOME PHYSICIAN QUALITY PROFILE

Physician: Gen Eric

#### Respiratory Care



**ASM - Use of Appropriate Medications for People with Asthma:** The percentage of members 5–56 years of age during the measurement year who were identified as having persistent asthma and who were appropriately prescribed medication during the measurement year.

**CWP - Appropriate Treatment for Children with Pharyngitis:** The percentage of children 2–18 years of age who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus (strep) test for the episode. A higher rate represents better performance (i.e., appropriate testing)

**URI - Appropriate Treatment for Children with URI:** The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

## 2. NCQA Recognition



Level Awarded: **2**

For more information on NCQA's PPC – Patient Centered Medical Home, please go to <http://www.ncqa.org/tabid/631/Default.aspx>.



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# Utilization Reports

Report Refresh Date 11/14/11 2:07 PM

## Utilization Measures Report

### Practice: Primary Care Physicians of Westchester

Utilization Description	Number
Number of Patients	108
Number of Physicians Contributing to Score	3
DCG Mean	7.04
<b>Out Patient Utilization</b>	
Number of Office Visits with* Primary Care Physician	507
Number of Office Visits with Specialists	200
Number of Laboratory Tests (blood and urine tests)	1,774
Number of Radiology and Other Diagnostic Tests (not included in laboratory results above)	133
Generic Prescribing Rates	0.64
<b>Emergency Department and Hospital Utilization</b>	
Number of Hospital Admissions	2
Number of Emergency Department Visits	11
Number of Readmissions (within 30 days of discharge)	0



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# Patient Experience

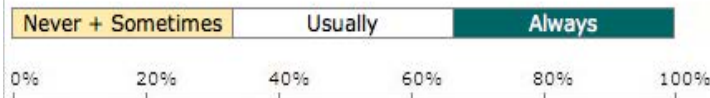
## (Examples from 2010 CG-CAHPS)

Table 2. Top Box Composite and Doctor Rating Scores by Physician Specialty Category  
(Adult Primary Care Survey, 6-point Scale)

Composite/Item	All Physician Specialties (N = 128,030)	Family Practice (N = 15,972)	Internal Medicine (N = 99,603)	Other Primary Care* (N = 6,995)	Other Specialty* (N = 4,353)
Access to Care Composite	55.02%	54.97%	54.71%	57.81%	60.19%
Doctor Communication Composite	76.73%	76.98%	76.36%	80.65%	77.59%
Office Staff Composite	63.99%	67.34%	62.75%	67.95%	71.60%
Overall Rating of Doctor: % selected 9 or 10	75.49%	75.51%	74.98%	81.00%	77.01%

### 2010 Adult Primary & Specialty Care 4 Point

**How Well Doctors Communicate With Patients** Combines responses from six questions regarding how often doctors communicated well with consumers.



**National**  
National Distribution (n=41,786)

[View additional characteristics](#)



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# Patient Experience

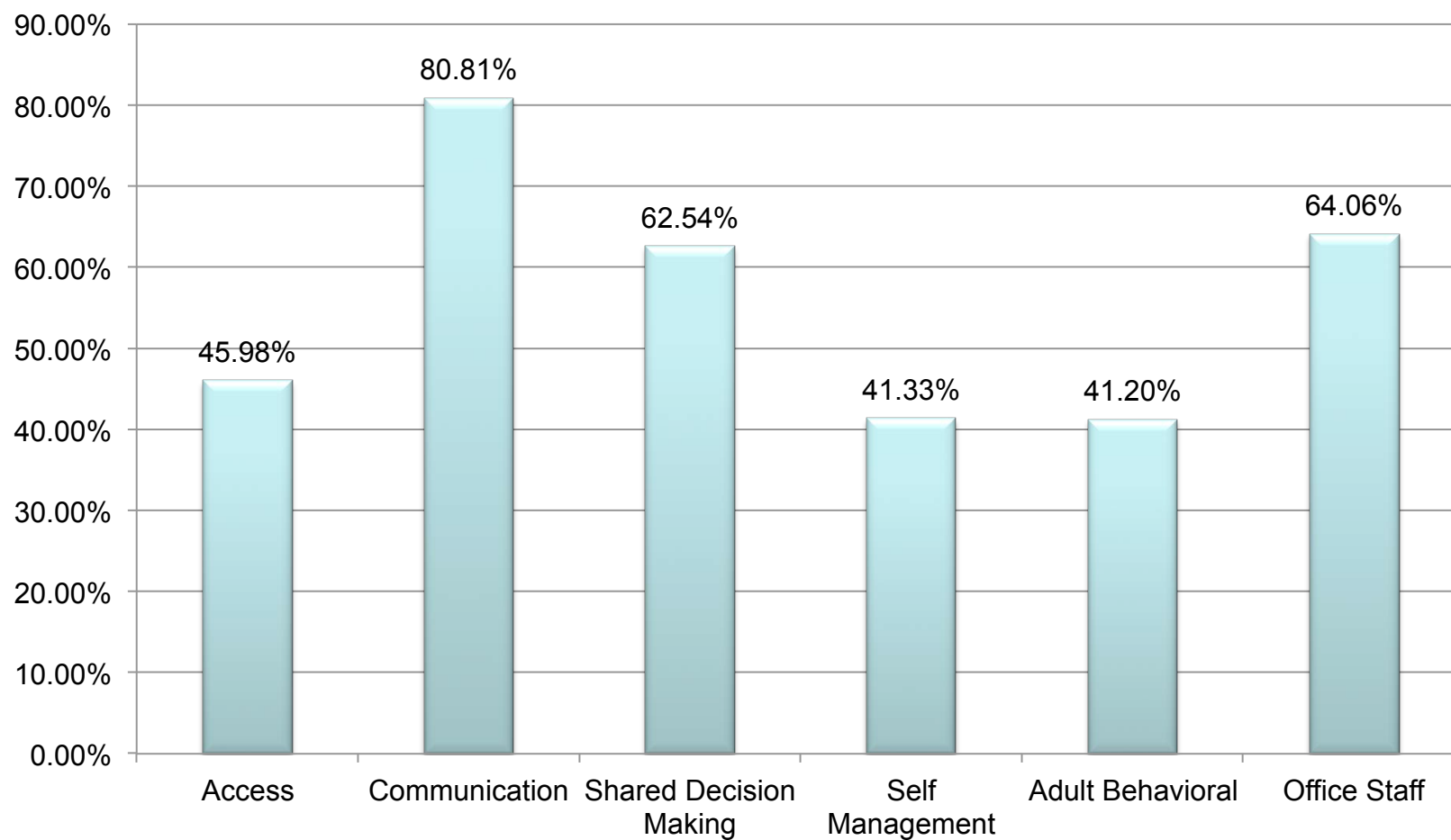
- NCQA Medical Home CAHPS Adult and Pediatrics survey
- Minimum 45 completed annually per primary care provider
- Ongoing and annual administration
- Benchmarked to practice, project, and nationally



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# Overall Adult CAHPS Top Box Scores to date



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# Learning from Data

Only **46%** of patients  
gave highest possible  
score on Access

(Source: 2011-2012  
TIPA PCMH-CAHPS  
surveys across 11  
practices representing  
290,000 patients.)

- A comment written on the survey in response to the question “Did this provider’s office give you information about what to do if you needed care during evenings, weekends, or holidays?”

***No. Other doctors will  
take care of me in the  
Emergency Room.***





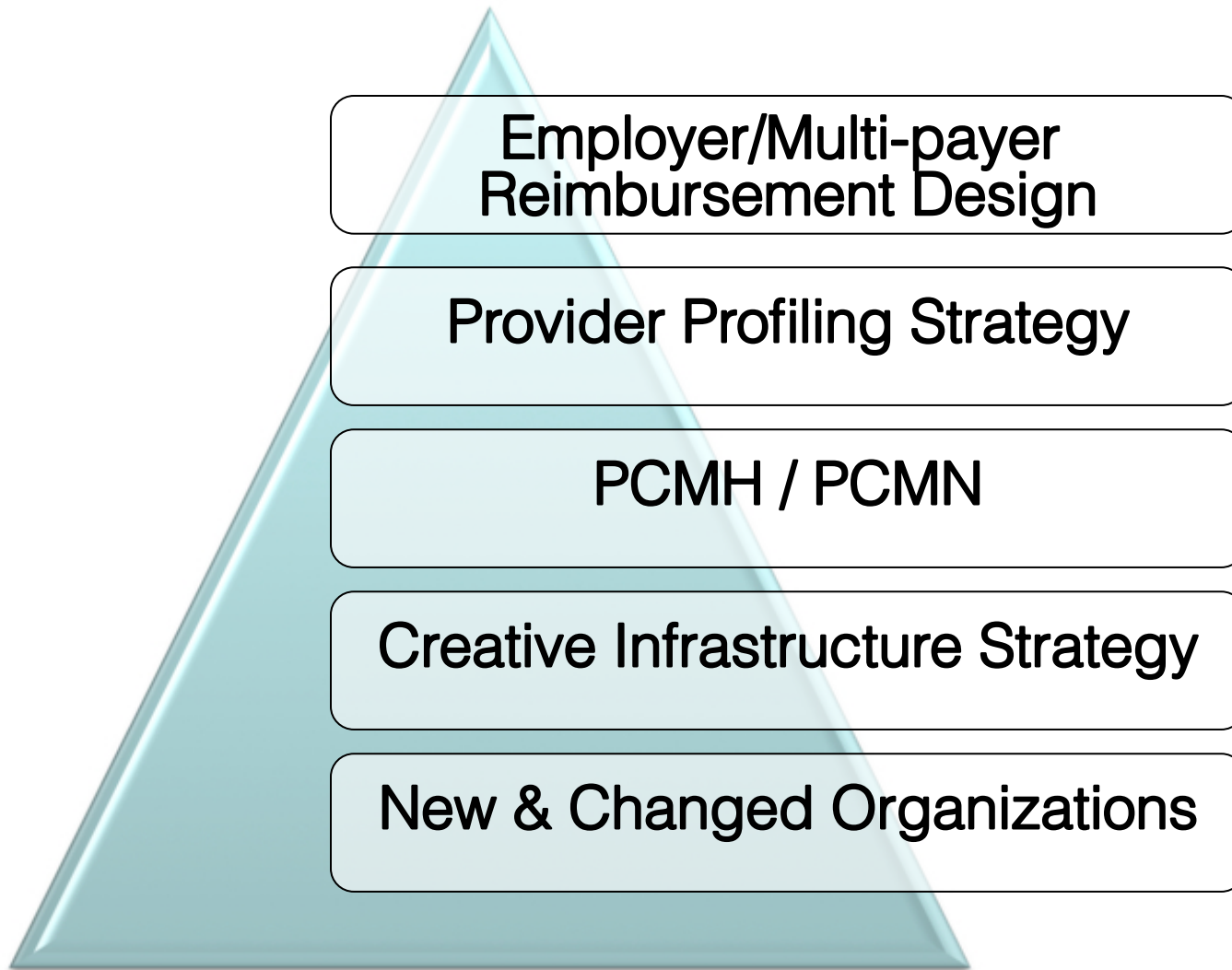
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# Considerations

- Attribution logic
- Validation of utilization measures
- Calculation of cost per episode
- Ongoing quality improvement and the importance of real-time data collection
  - EHR-based reporting from five different systems

# Key Open Community Components





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# Reimbursement Redesign

- 10 years experience
- Multi-payer
- Employers



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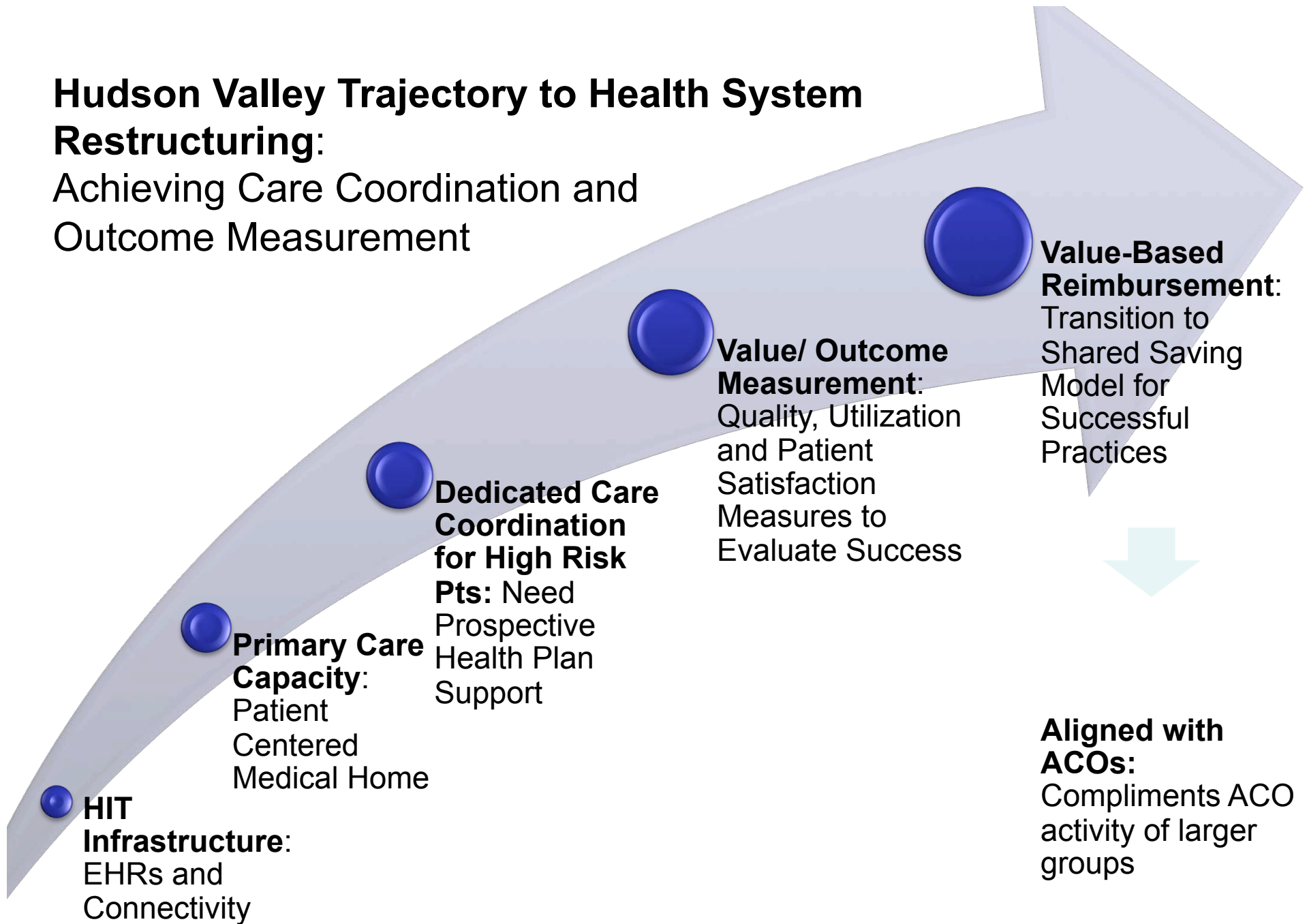
# Current Approach

- FFS
- PCMH
- Gainsharing

# Hudson Valley Trajectory to Health System

## Restructuring:

Achieving Care Coordination and Outcome Measurement



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# Comprehensive Primary Care Initiative

- Under the CPCI, CMS will work with commercial and state health insurance plans to support primary care practices that deliver coordinated and seamless care based on the tenets of the patient-centered medical home.
- Monthly Care Management Fees and Shared Savings for Medicare FFS
- Project will select 75 practices in each target market



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# CPCI in the Hudson Valley

- THINC convened several planning meetings, provided application narrative text and technical assistance to these organizations to support their CPCI applications.
- Selection of Hudson Valley-Capital Region backed by six payers announced in June
- Practices applying currently - process closing July 20
- 80 Hudson Valley practices known to have applied to date



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# Evaluation

- Currently underway
  - Impact of EHRs and Medical Home on Costs and Quality of Care
  - Impact of Case Management on Costs and Quality of Care
  - Evaluating Reliability of Key Utilization Measures to Predict Transformation Impact



# Research-based Proof Points

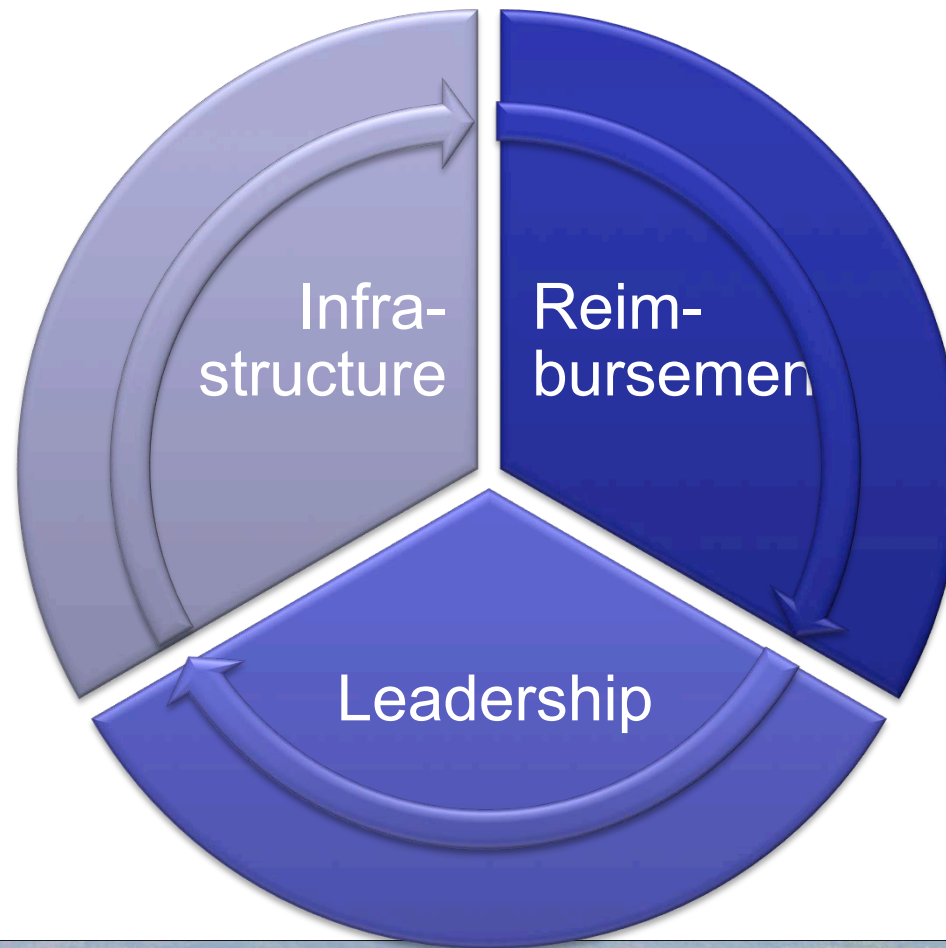
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# Lessons Learned



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# Discussion

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