



## MedPeds HIMSS Application: Innovation

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Core or Menu Item: **Innovation**

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## Executive Summary

Paperless since 2004, MedPeds utilized eClinicalWorks comprehensive EHR to collect information using structured data, a recognized keystone to monitoring compliance in meeting clinical quality measures. To motivate ancillary and clinical staff to improve patient care, MedPeds leveraged the use of structured data to incentivize staff to improve performance. In addition, MedPeds began offering Telemedicine visits to patients in 2012. Offering telemedicine visits after regular office hours could improve the likelihood that patients would receive care in a timely manner, avoiding high-cost emergency room and urgent care visits. The technology functioned as a convenience for patients who may not have had the time, ability, or transportation for a traditional office visit. Telemedicine visits can occur any time, including when the office closes or when either the patient or the doctor cannot get to the office.

## 1. Background Knowledge

MedPeds, a private practice of eight providers and 23 employees situated in the DC suburb of Laurel, Maryland, provided outpatient services to nearly 18,000 patients over the past three years. Patient demographics included 854 patients over the age of 64, and 4,606 patients under age 18. The patient population also included various ethnic and socioeconomic groups.

Implementing eClinicalWorks in May 2004, MedPeds became a paperless practice and was an early adopter of the Patient Portal in 2007. Other notable achievements for the practice include selection for participation in the CareFirst PCMH pilot in 2008 and becoming one of only 50 practices in Maryland selected for the state's PCMH pilot program in 2011.

## 2. Local Problems being Addressed and Intended Improvement

Leveraging EHR to Reach Nationally Recognized Quality Measures - As the industry gravitates towards a "pay for performance" system and away from the "fee for service" model, providers and practices must demonstrate improved patient outcomes. As practices attest their performance of metrics related to Accountable Care Organizations (ACO), Patient Centered Medical Homes (PCMH), and Meaningful Use (MU), practices commit to improving practice functionality and care for patients.

MedPeds wanted to improve its existing EHR to motivate providers and staff to achieve nationally recognized quality measures and unifying staff to improve patient care.

### Increasing After Hours Access for Patients.

To accommodate its patients, MedPeds extended its office hours, both in the morning and evening, and even on Saturdays. However, the practice still had patients who visited urgent care facilities and emergency rooms because the office was closed. Unfortunately, patients and insurance companies had to pay expensive fees for these visits, compared to a typical office appointment. Providers at MedPeds searched for a solution where it could provide needed care

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around the clock, even if the office was closed. A senior partner at the practice explored the possibility of offering telemedicine visits as option for some patients who needed to follow up on certain chronic and urgent health issues. Telemedicine visits provided a convenient strategy for providing care to patients, without disrupting their lives or forcing providers and staff to work longer hours.

### 3. Design and Implementation

Leveraging EHR to Reach Nationally Recognized Quality Measures – After reviewing the quality goals set by the government programs, MedPeds partners agreed that meeting the national goals would likely improve patient outcomes. The partners also agreed that budgeting towards these initiatives would equate to money spent wisely. As a result, the practice constructed a budget to incentivize both providers and staff to reach the quality measures. For example, partners agreed to pay nearly twice the normal amount allocated for yearly holiday bonuses, and replaced them with incentive-based bonuses. The practice created guidelines and goals for both providers and staff, which aligned with quality measures.

To stress the importance of meeting the quality measures, both a senior partner and the practice manager presented to staff during a regularly scheduled meeting to encourage unification amongst employees. The practice did receive minimal resistance from staff. However, the incentive-based quarterly bonuses provided most staff with the opportunity to earn nearly double typical holiday bonuses, and also stirred excitement and a spirit of competition. To maintain commitment, providers and staff met quarterly to discuss progress toward the goals at hand.

Top performing medical assistants (MA) to receives \$500 per quarter. The top scoring MA receives an additional \$100 with an additional \$50 going to the second top scorer. For MA's we measure on a number of criteria using either the registry or custom eBO reports. Some areas measured include rates of lead testing in children, alcohol use, depression screening, breast, cervical and colon cancer screenings, BMI, nutritional counseling, and rates of various vaccinations.

Increasing after Hours Access for Patients – In late 2012, senior partners at MedPeds explored the possibility of offering telemedicine visits to patients.

After ensuring that major insurance payers would reimburse telemedicine visits, and that their malpractice insurance would cover the visits, the practice signed up online with ExamMed. To educate patients on telemedicine, the practice updated its website and telephone system messages. These initiatives provided a smoother introduction of the service and led to patients asking fewer questions of the practice. To make access to telemedicine easier, the practice provided a link on its website directing the user to ExamMed. In addition, scheduling staff offered the service for patients with mental health, attention deficit, and blood pressure follow-up appointments.

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MedPeds created a template and 9921X CPT codes with appropriate GT modifiers specifically for telemedicine visits, simplifying billing and allowing for the practice to track any visit in the future.

### How as Health IT Utilized?

Leveraging EHR to Reach Nationally Recognized Quality Measures – To improve patient care and experience, MedPeds utilized specific IT to meet quality and other practice goals:

- eClinicalWorks Registry- The registry permitted reporting of structured data, with 40 standard Clinical Decision Support System (CDSS) objectives, with measures tracked on the back end by the registry.
- eClinicalWorks Meaningful Use Dashboard (MAQ Dashboard)
- eClinicalWorks eBO – Custom report generation using any structured data (Cognos)
- Scanner OCR technology to place driver's license photo in the patient record and improve patient identification.
- Tablet computers to “snap” a patient's photo and attach to the chart to improve patient identification.
- Emdeon Vision reporting software (internet based) – Used for rejection rate for front desk staff incentive to collect relevant demographic information.
- ShoreTel (phone system) reporting software (server based) – Used to measure abandoned calls for the telephone staff.
- Survey Methods (previously used Survey Monkey) (internet based) - Used in patient satisfaction surveys of staff and experience.

Increasing after Hours Access for Patients – MedPeds utilized ExamMed to maximize after- hours access for patients to self-schedule telemedicine visits. <http://medpeds.exammed.com/> Note: Patients must have access to high-speed internet and a computer with a camera to take advantage of telemedicine visits.

### 5. Value Derived/Outcomes

#### Leveraging EHR to Reach Nationally Recognized Quality Measures

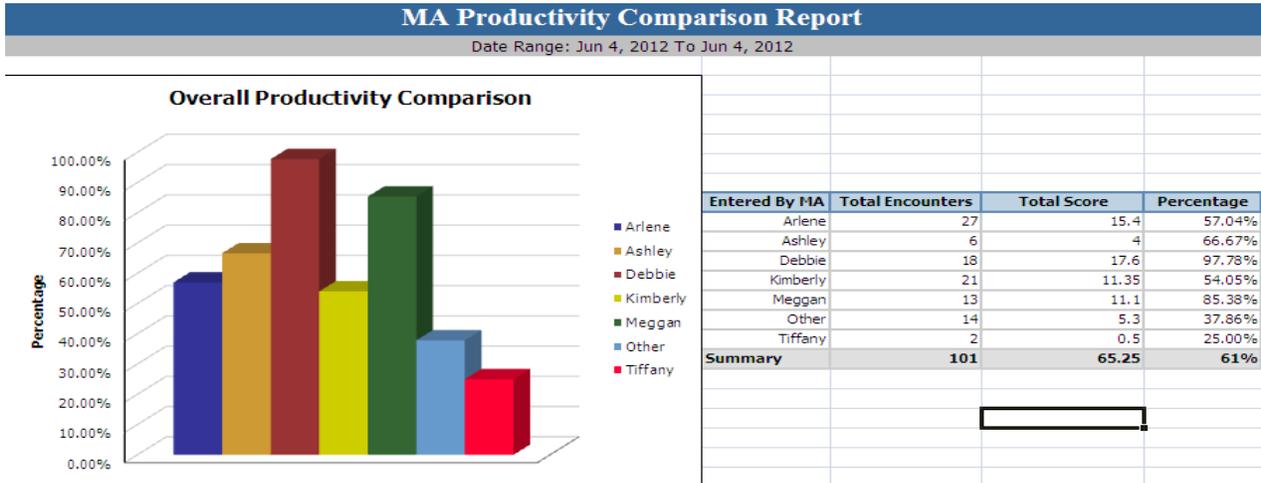
With the help of an employee-wide incentive program, providers had the ability to attest to meaningful use and MedPeds recertified as a level 3 PCMH. In contrast, prior to the incentive program, meeting the quality measures for either meaningful use or PCMH recertification did not occur. Improvements included:

- Collection of race, language and ethnicity data
- Documentation of cigarette usage
- Enhanced transition of care
- Increased mammogram and colonoscopy orders for appropriate patients
- Increased vaccinations for recommended adult and pediatric patients

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- Improved productivity (reduction in patient wait time)
- Reduction of aged claims over 180 days
- Reduction of clearinghouse rejections

Using eClinicalworks, MedPeds leadership generates reports used to compare how thoroughly MAs gather certain types of information about their patients. Some MAs worked with more patients than other MAs, and the report weighted the results. MAs who worked with fewer patients had to complete the tasks at a higher rate. Here is an example of the daily MA productivity report for single day in June 2012.



### Enhanced Collection of Demographic Information

One notable area of improvement for MedPeds consisted of the collection of race, language and ethnicity data; all of which attesting to meaningful use in 2011 required. Despite staff's mandate to gather specific data, MedPeds management discovered that staff collected only 15% of patients' race, language, and ethnicity information. To solve this glaring issue, MedPeds created an eBO report (in HTML format) that displayed patients' race, language and ethnicity data. Front desk staff trained to run each report at the conclusion of every day. The front-desk staff independently discovered the report could be run in Excel format and filtered to display blanks. As a result, staff easily completed the missing information, reached its intended goal, and became eligible for its incentive payment. Not surprisingly, all MedPeds doctors attested to Meaningful Use in 2011.

### Increasing After Hours Access for Patients

Telemedicine is fairly new for the practice and its patients. MedPeds anticipates that as patients learn more about telemedicine, its acceptance and use will increase. MedPeds providers and management want to use telemedicine to prevent costly ER and urgent care visits, as well as increase access and flexibility for patients who cannot visit the office. MedPeds expects telemedicine will create new health care delivery options for patients with mobility or transportation issues, or when the office is closed.

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## 6. Lessons Learned

### Leveraging EHR to Reach Nationally Recognized Quality Measures

**Keep goals consistent.** A few years ago, MedPeds updated its goals each quarter, which proved time-consuming and inefficient. Staff had difficulty working toward current goals set forth by management. Subsequently, the practice established goals for the year, although some tightened as staff achieved improvement. The practice believed that predefined, important long-term goals merited more focus than smaller quarterly achievements.

**Tie goals to meeting state or national quality measures, improving patient care or the patient experience.** By incorporating worthy goals and dovetailing with state and national pay – for-performance initiatives, MedPeds motivated providers and staff to make improvements, both out of concern for patients, and to collect state and national incentives (HITECH, Meaningful Use, ACO, and PCMH goals). Non-clinical staff enjoyed the reward of improving the patient experience.

### Increasing After Hours Access for Patients

Few patients had used telemedicine at the time of this report because the practice only recently adopted the technology. As a result, the practice will comment on lessons learned when it gathers more complete data.

## 7. Financial Considerations

Investment in an EHR creates a large undertaking for any organization, especially a small organization. Likewise, practices that decide to engage in an employee-based incentive program must invest both time and money, which brings its own risks. MedPeds determined the financial risk of adopting an EHR was worth the undertaking. The practice worked to improve care for its patients, advance the method for finding and accessing charts, and enhance the management of patient health. Overall, the practice found that the investment of its resources yielded a worthwhile return for the practice, employees, and patients. Incentivizing medical assistants to capture critical data has significantly impacted quality of care, as demonstrated through PCMH performance metrics.

See below for recent examples of quarterly bonus payments.

# pats	% scored	Final Score	Payout
671	0.4758	319.2618	\$ 400.00
816	0.6293	513.5088	\$ 500.00
644	0.2436	156.8784	\$ 300.00
766	0.4497	344.4702	\$ 400.00
608	0.153	93.024	\$ 250.00
599	0.6203	371.5597	\$ 400.00
707	0.3278	231.7546	\$ 350.00

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MedPeds matured significantly since the adoption of the EHR. Its providers and staff worked as a team to improve the health outcomes for its patients. All staff at MedPeds reached out to patients via the Patient Portal, voice messaging, and text messaging to schedule appointments for patients who required appointments, labs, or other studies, or to notify patients about referrals, lab results, and more. As a result of the EHR, MedPeds grew substantially as an innovative organization, and improved its ability to deliver unparalleled patient care.

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## APPENDIX: I – Samples of some reports used for incentive system.

### Race, Language, Ethnicity Collection

Patient Name	Patient Account Number	Patient Date of Birth	Patient Language	Patient Race	Patient Ethnicity	Appointment Date	Encounter Type	Visit Type	Appointment Provider Last Name
Wall	9208	Nov	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	URG	Duncan
Tutt	9285	Aug 2	English	White	Not Hispanic or Latino	May 21, 2012	1	Prob-F/U	Rosenstock
Brov	9364	Sep	English	White	Not Hispanic or Latino	May 21, 2012	1	Nurse	Penn
Herr	9393	Nov 1	English	White	Not Hispanic or Latino	May 21, 2012	1	Nurse	Penn
Harr	9653	Jan 2	English	Hispanic	Hispanic or Latino	May 21, 2012	1	URG	Duncan
Nola	9705	Dec 2	English	White	Not Hispanic or Latino	May 21, 2012	1	Prob-F/U	Duncan
Lukz	9769	Mar 3	English	White	Not Hispanic or Latino	May 21, 2012	1	Prob-F/U	Jalali
Stef	10110	Mar 2				May 21, 2012	1	Prob-F/U	Rosenstock
Bunf	10328	Apr 2	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	WC 0-17yrs	Duncan
Clev	10408	Dec 1	English	Other Race	Not Hispanic or Latino	May 21, 2012	1	Nurse	Penn
Rue	11008	Sep	English	White	Not Hispanic or Latino	May 21, 2012	1	Prob-F/U	Rosenstock
Whi	11974	Dec	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	URG	Jalali
Ster	12791	Aug 2	English	White	Not Hispanic or Latino	May 21, 2012	1	URG	Plunkett Reid
Coll	13121	May 1	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	WC 0-17yrs	Jalali
Sala	13513	Oct 1	English	Hispanic	Hispanic or Latino	May 21, 2012	1	URG	Rosenstock
Orla	13603	Apr 2	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	WC 0-17yrs	Duncan
Garr	13750	Nov 2	English	White	Not Hispanic or Latino	May 21, 2012	1	URG	Rosenstock
Mar	13764	May 2	English	White	Not Hispanic or Latino	May 21, 2012	1	Prob-F/U	Penn
McN	13794	Mar 2	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	URG	Duncan
Fea	13868	Jun 1	English	Black or African American		May 21, 2012	1	URG	Duncan
Ros	13878	Sep 1	English	White	Not Hispanic or Latino	May 21, 2012	1	Care Call	Care Manager
Now	13908	Oct	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	URG	Plunkett Reid
Gou	13991	Nov 2	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	PHYS+	Duncan
Brov	14113	Aug 1	English	Black or African American	Not Hispanic or Latino	May 21, 2012	1	Care Plan	Lopes

9 minutes.

Patient Name	e.patientid	e.date	e.encounterid	u.umobileno	e.visittype	e.status	e.enctype
erman	9,393	Jun 4, 2012	712,251	301-821-3657	Nurse	XCHK	1
yland	9,578	Jun 4, 2012	712,210	301-537-5840	URG	XCHK	1
ansky	9,762	Jun 4, 2012	711,468		Nurse	XCHK	1
M ansky	9,947	Jun 4, 2012	711,469		Nurse	XCHK	1
linger	10,191	Jun 4, 2012	712,184	301-467-3384	URG	XCHK	1
ilmes	10,389	Jun 4, 2012	712,222	410-227-4699	URG	XCHK	1
a King	10,639	Jun 4, 2012	694,155	301-803-9800	PHYS+	XCANC	1
M ombie	10,701	Jun 4, 2012	690,454	301-805-9413	WC 0-17yrs	XCHK	1
Jones	11,249	Jun 4, 2012	709,874	240-687-8411	PHYS+	XCHK	1
Jones	11,913	Jun 4, 2012	712,211		URG	XCHK	1
White	11,974	Jun 4, 2012	694,001	240-280-5872	PHYS+	XCHK	1
son Jr	12,293	Jun 4, 2012	712,375	301-602-8662	URG	XCHK	1
vares	12,311	Jun 4, 2012	702,655		WC 0-17yrs	XCHK	1
r Cole	12,333	Jun 4, 2012	712,250	443-517-7131	URG	XCANC	1
yland	12,942	Jun 4, 2012	712,209	301-537-5840	URG	XCHK	1
s Deal	13,257	Jun 4, 2012	712,167	443-668-1681	URG	XCHK	1
ish IV	13,314	Jun 4, 2012	712,219		URG	XCHK	1

Example of Quality Measures used in 2013

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Asthma assessment	Asthma rx ages 11-49
Tobacco Use Assessment	Asthma rx ages 4-49
Colorectal screening	asthma pharmacologic therapy 5-40
BMI pediatric	antidepressant rx > 84 days
Nutrition Counseling pediatric	antidepressant rx > 180 days
Physical Activity counseling pediatric	DM HgA1c <8
DtAP vaccine	DM HgA1C>9
IPV vaccine	DM BP management
MMR vaccine	CAD oral antiplatelet rx
HIB vaccine	ischemic vascular disease, LDL test done
Hep B Vaccine	ischemic vascular disease, LDL<100
VZV vaccine	CHF ACE or ARB
Pneumococcal vaccine	BMI and FU > 65
Hep A vaccine	BMI and FU 18-65
Rotavirus vaccine	Influenza Immunization >50
Influenza vaccine	Tobacco Cessation Intervention
Combination 1 pediatric vaccine	pneumococcal vaccine
Combination 2 pediatric	<b>Timely electronic access (not PCMH)</b>
Pharyngitis testing age 2-18	HBP measurement
asthma rx age 4-10	Controlling HBP
	<b>Diabetes LDL control (not PCMH)</b>

### MedPeds Telemedicine through ExamMed.

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**Access It Everywhere**

We invite you to use the link above to register as a new user or to login to your registered account and schedule a telemedicine appointment with your provider today!

LEARN MORE

Welcome to the MedPeds telemedicine clinic powered by ExamMed.  
*We invite you to use the link above to register as a new user or to login to your registered account and schedule a telemedicine appointment with your provider today!*

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