Health IT Policy Committee Meaningful Use Workgroup Hearing
Care Coordination
Meeting Notes August 5, 2010

[Meeting Agenda]

On August 5th, the Health IT Policy Committee Meaningful Use Workgroup hosted the final of a series of hearings designed to advise the Workgroup on the development of Meaningful Use Stage 2 recommendations. The August 5th meeting focused on Care and Coordination. Previous hearings focused on Public and Population Health, Consumer Engagement, and Elimination of Health Disparities through the use of Health IT.

Workgroup Chair, Dr. Paul Tang, welcomed the workgroup and reviewed the agenda and goals for the meeting. He then turned the meeting over to Dr. David Bates, who moderated the first panel.

Panel 1: Current HIT Support of Care Coordination

Ann O'Malley, Center for Studying Health System Change

- EMRs facilitate within-office communication by providing access to data during patient encounters.
- Current EMRs are less able to support coordination between clinicians and settings. Interfaces for data exchange and improved EMR functionalities for specific coordination tasks are needed.
    - Realizing HIT's potential for facilitating coordination requires an evolution of practices' operational processes and work flow.
    - Current EHR design is heavily driven by billing and documentation needs, rather than by patient and provider need.
- Clinicians believe current EMRs do not adequately capture the medical decision-making process and future care plans to support coordination. More research/design work is needed.
- Roles and responsibilities of specialists, hospitals, labs, and community based services regarding information transfer need to be clearly delineated and facilitated via meaningful use.

Rushika Fernandopulle, MD, Renaissance Health

Recommendations:

- Systems that allow multiple disciplines to document in the same record, but in formats that are appropriate to the care they deliver
- Easy and unfettered data flow between labs, pharmacies, other doctors, and hospitals
- The ability of patients to view their entire record- including notes, labs, and results, and update their own data
- Real time analytics to flag providers with alerts on patients
- Dashboards to track how providers are performing.

Peter Basch, MD, Medstar Health

What EHR "needs" to be an effective tool that would support actual care coordination:

- Ability to easily attribute multiple providers to a patient
- Ability to use attribution to create" virtual care teams."
- Ability to operationalize these virtual care teams:
    - New pertinent results are available
    - A change in therapy is necessary
    - A new symptom / side effect develops
    - The patient / family / care-giver have questions / concerns.
- Ability to anticipate when an expected result should arrive (or should arrive and does not).
- Ability to create, share, and modify care plans between providers and patient.

Panel 2: Transitions and Care Coordination

Thomas Graf, MD, Geisinger

- role of the physician in optimizing chronic disease should be to focus on complex medical decision making and patient relationships
- All other activities should be performed by advanced practitioners, care managers, office nurses, non-clinical staff, the electronic health record, and patients
- Care transitions are enhanced by HIT through automatic notification of admissions, transmission of medication lists, test results pending, and needed procedures and follow up appointments from the outpatient to inpatient settings
- Transition management for non-employed physicians that are not part of the health system is challenging

Michael A. LaMantia, MD, University of North Carolina, Center for Aging & Health

- What issues and deficiencies in care transitions can be effectively addressed by HIT?
    - the communication of medical information alone isn't good enough to ensure effective transitional care for patients
    - structured patient transfer records may improve the frequency and the accuracy of transfer of medication lists and advance directives when patients transition between care settings
- How is HIT being used, or will be used, within care to expedite referrals with a team, referrals outside of a team, and transitions between settings?
    - Biggest Challenges: the implementation of HIT to assist in the transfer of patients transitioning into our hospital system from unaffiliated, local nursing homes.
    - Lack of access to computers by nursing staff.
    - Lack of network infrastructure and presence of corporate firewalls.
    - Outdated certificates
    - Lack of computer literacy
    - High turnover rates among staff
    - Local leadership who championed referral system's use was critical to success.
- How can HIT assist with care coordination in chronic disease management?
    - Allow sharing of the medical record across different practice sites, facilitating coordination of care.
    - Permit monitoring of drug therapies and review for potential medication interactions.
    - Prompt physicians to perform indicated disease management testing at intervals.

    - Facilitate monitoring of patients with select conditions or in institutional settings via telemedicine.

Jeffrey Schnipper, MD, Partners Healthcare

- Believes the MU Stage 1 specifications, implemented widely, will greatly improve patient safety during transitions in care
- Disappointed that Medical Reconciliation is only a Menu criteria in MU Phase 1
- Systems need to pull data from inpatient and outpatient EHRs and from community pharmacy prescription fill data
- Most errors are due to missing medication information
- EHRs need to document the pre-admission medication list and the discharge medication list and display any changes clearly to both the patient and providers.
- More guidance should be given for what should be included in a discharge summary and in discharge instructions
- In Stage 2, we should not only look at the ability of a hospital to provide a summary of care, but also confirm the receipt of that information by the next provider
- US Healthcare system needs “a single source of truth”: one medical record, accessible to providers with permission, and owned by the patient

Panel 3: Care Coordination in the Ambulatory Environment

Rajeev Chaudhry, MD, Mayo

- To support the care coordination during acute episodes, having a shared EMR between inpatient and outpatient facilities and between emergency room and outpatient physicians is a must.
- A shared EMR between primary care physicians and specialists helps with the coordination of care.
- Electronic notification to primary doctor of admission to hospital and Emergency room helps , however, processes must be in place to provide the continuity of care to reduce unneeded admissions
- EHRs must support the privacy and confidentiality requirements for patient care.
- Standards should be developed for sharing health care data across the continuum of care team,.
- Standards should be enhanced so that they are easy to understand and implement with the patient health records.

Christine A. Sinsky, MD, FACP Medical Associates Clinic

- Biggest challenge for ONC: Promoting interoperable and more usable EHRs
- Current EHR Benefit
    - Multiple users have simultaneous access to data without the delays associated with paper chart
    - Information is accessible immediately when patient calls in for advice
    - Information from outside sources can be integrated into patient care.
    - Updated medication lists and past medical history can be provided to patients.
- Due to usability issues with the EHR, sees approximately 20% fewer patients each week than prior to implementation
- Other problems: Data overload or difficulty finding data due to multiple screens; EHRs set up on a visit based platform instead of showing the continuity of care timeline

- Recommendations: Web Portals for patient access; patient/provider collaborative documentation; COE instead of CPOE (staff other than the doctor doing the physical entry of an order, allowing the doctor to increase personal interaction with patients); support EHR implementation that allows eye contact with patients

Gordon Schectman MD, Acting Chief Consult, Primary Care, Patient Care Services, Department of Veterans Affairs

- In the Veterans Health Administration, the EHR creates transparency system-wide, allowing a patient's medications, test results and notes to be retrieved in real time by any provider in the system
- EHR enhances the coordination of care between primary care and specialist even within the same facility
- HIT infrastructure needs to partner collaboratively with the clinical team to ensure that features are relevant and useful EHR must be constructed to ensure confidentiality and privacy concerns of patients