# Cover Page

**Core Item:** Clinical Quality/Outcomes

**Name of Applicant Organization: Horizon Family Medical Group**

**Organization's Address: 4 Coates Drive, Goshen NY 10924**

**Submitter's Name: Rinku Singh**

**Submitter's Title: Head of Information**

**Systems Submitter's Email:**

**rinku.singh@hfmg.net**

## Executive Summary

Horizon Family Medical Group (HFMG) implemented its new EMR EclinicalWorks in 2012 with the goal of improving overall Patient Care and adapting its focus from reactive to preventative medicine. HFMG Board's aim for 2012 was to improve patient outcomes and increase the overall value of patient care. EclinicalWorks was selected because it offered featured functionalities that enhanced interoperability amongst Providers, improved reporting features to help us focus on specific groups of patients, increased efficiency in outreach by automating the process with Campaigns, and allowed automated notifications for preventative medicine with ease. The technology also improved methods of communication with patients and

provided the ability to customize and streamline specific workflows, which increased efficiency for providers and staff allowing more time to be dedicated to the patients. The excitement and the ability to accomplish so much led to the establishment of Horizon's first EMR Champion Committee—a dedicated training team responsible for consistent additions of new features/software, striving to improve efficiencies on a quarterly basis. Additionally, this team focused on the improvement of overall provider and staff satisfaction. Since the implementation of EclinicalWorks, HFMG has succeeded in reaching its goals to improve patient care/outcomes, patient engagement, decrease the per capita cost of medicine, as well as an increase in overall patient satisfaction and efficiencies. Over time this has led to a significant ROI from financial, clinical improvements and cost avoidance.

## Background

Established in 1999, Horizon Family Medical Group began with four locations and ten providers. The CEO, James Olver, held a vision for HFMG to help the community achieve healthier outcomes and educate patients on self-management so they may learn to live happier, healthier lives. Since then, HFMG has grown to over 100 Physicians and 40 locations, including 17 different specialties. With multiple locations across the Hudson Valley, it was a challenge to share data between our many sites utilizing paper charts. In 2008, HFMG implemented the EMR vendor Prognosis, becoming one of the first organizations to adopt an EMR within the community. Prognosis helped its physicians share data seamlessly across multiple locations to achieve better overall care for patients. HFMG had the ability to track patient outcomes by running reports, increase efficiency of patient outreach initiatives, and improve collaboration between Providers. In 2011, as it was becoming increasingly necessary to track outcomes, there arose the need for a higher sophistication in reporting. In order to take the next step, HFMG started researching a new EMR that could provide tools that would continually grow with Horizon in the future. HFMG signed with EclinicalWorks to help improve overall care and provide the tools needed to take the next step in overall efficiency. In 2015, HFMG was recognized by NCQA for its consistency in practice management quality, sustainable cost savings model, continual patient satisfaction, and yearly improvements in patient outcomes. HFMG was awarded PCMH Level 3 across all of their 15 Primary Care sites.

## Local Problems

The goal for the implementation of EclinicalWorks was to improve patient outcomes, increase quality of care, decrease cost, track outcomes, and automate outreach and patient reminders. The new EMR also helps to improve patient education, track patients' progress past the point of a visit, and improve communication with patients. With the use of the old EMR, HFMG was limited on reporting functionality; there were inefficiencies in communication between support teams and its Providers. For example, our offices and support teams were spending a large portion of their days manually contacting patients, instead of being able to automate patient reminders and patient outreach. With the new EMR, HFMG wasn't limited in reporting and was able to incorporate third party software to build dashboards and translate numbers into actionable

items. As a result, our Providers decided to concentrate on the issue that plagues the local community's substance abuse issues. Stats from the office of the New York State Comptroller showed:
 "Overdose deaths in New York related to heroin use reached a record high of 825 in 2014, a jump of more than 23 percent from the previous year and nearly 25 times the number of a decade earlier. Deaths in which prescription opioids were a contributing factor also reached a new peak in 2014. This problem strikes people of all ages and ethnic groups."
(https://www.osc.state.ny.us/press/releases/june16/heroin_and_opioids.pdf)

"The CDC cites research showing that some risk factors make people particularly vulnerable to prescription opioid abuse and overdose. These include:
• Obtaining overlapping prescriptions from multiple providers and pharmacies.
• Taking high daily dosages of prescription pain relievers.
• Having mental illness or a history of alcohol or other substance abuse.
• Living in rural areas and having low income."
(https://www.osc.state.ny.us/press/releases/june16/heroin_and_opioids.pdf)

Hence a greater focus was placed on capturing information that results in patients' increased susceptibility to substance abuse habits. This lead to HFMG working to improve preventative care initiatives and monitoring substance abuse goals on a yearly basis. With enhanced interoperability, Providers had direct access to patient information from outside of their network. Doctors at HFMG appreciated the improved functionality, finding value in knowing who else the patients are seeing, what they are being treated or tested for by other specialties, what controlled medications they were prescribed, and if there were multiple hospital admissions. Our support teams were also able to communicate better with the offices. EclinicalWorks improved other functionalities, such as tracking no show rates, performing patient recalls, electronic notifications, and the ability to send letters to patients who are past due for outstanding items. With the implementation of the new EMR, there arose a certain excitement by Providers and staff which led to enhanced patient care. From experience, our providers find that engaging patients in their own care leads to better outcomes, as well as an increase in overall patient satisfaction. EclinicalWorks helps our organization continue to improve in all our initiatives and goals.

### Design and Implementation

With the experience of implementing our first EMR, staff had a good scope of what the process involved. The previous implementation was from paper to EMR, whereas this implementation was simply a HL7 dump from one medical record system to another. Upon signing the contract, management planned to hire more IT members and to create an EMR Champion Team to lead the project. The team consisted of Office Managers, Clinical Staff, Mid-Levels, Providers and IT; management was involved in specific aspects of the process. HFMG paid for EclinicalWorks to come on-site and work alongside its staff for the first month of the implementation process. Unfortunately, on the day of the Go-Live, our area got hit by a big storm and power was out at

all the sites. To the credit of our team, no one lost momentum; the following day HFMG still went live as planned and the process went smoothly. The reason it was seamless was because of the countless hours spent doing QA checks by all offices, as information was being dumped from the old EMR to the new. It was a successful transfer of data, with the exception of prescriptions as the format difference forced staff to manually input all medications from a Prognosis generated report. During that period, staff was trained by EclinicalWorks and the EMR team was given "Train the Trainer" education. This allowed the EMR Champion Team members to help train other staff once the EclinicalWorks team left following implementation. Reporting was an important feature in the EMR and with all the preventative care initiatives that were done manually in the old EMR, staff wanted to ensure it would be efficient in EclinicalWorks. The organization started with Registry reporting in EclinicalWorks, providing canned reports, but that limited the reports. The IT department became involved with reporting and, within a short period of time, they became reporting experts with Eclinical's EBO reporting system. HFMG started with preventative care initiatives to increase overall patient care. The first goal was to capture BMI for patients and counsel any patient whose BMI was out of range. The second initiative was to increase the percentage of alcohol screenings as well as the counseling for patients who have excessive alcohol usage. This initiative lined up perfectly with our substance abuse program goals. Once the reports were generated, staff started automated outreach with campaigns built within the EMR. The initial campaign was through the patient portal and was not very successful, as only a small number of appointments were made. The second attempt was an automated voice campaign, which was sent to all patients who were due for the measures. This attempt was more successful, as many more patients called for appointments. The remaining patients list was given to our RN Outreach team, who called the patients directly and discussed the importance of closing their gaps. This method helped to answer patients' questions regarding the measures, built a level of trust, and encouraged patients to get engaged in their care. As a result, it helped capture patients that had been non-compliant with their care in the past and got them re-engaged, which resulted in great excitement throughout the organization. IT used a third party software which integrated with the EMR, through which IT was able to design dashboards displaying the process of the group as a whole and allowed the providers to filter to their specific progress if desired. Providers viewed their dashboards as report cards and a healthy internal competition formed as a result. As our organization strove to improve its numbers, patient care was at an all-time high. This allowed for improvements in other initiatives like ECQM's, PQRS, PCMH, and HEDIS programs to help the overall population improve their outcomes.

**Utilizations of Health IT:**

After implementation of the new EMR, we had tools to take our organization to the next level. It was our goal to improve patient care and increase staff efficiency. The IT team had been staffed up exactly for this reason, and we had the advantage of learning from our previous mistakes from the last EMR.

To meet our goals, the first step was to eliminate unnecessary call volume, allowing for increased patient interaction with the front desk staff. The autopilots were reformatted to route the calls to the appropriate departments, and for non-urgent matters voicemails were recommended to the patients. To help ensure success of the voicemail scheme, calls with voicemails were returned every 4 hours. As a result, patient satisfaction would remain high and they would not lose faith in the system. The EMR was used to distribute voice messages using the Telephone Encounters feature. It allowed the receptionists to divide the messages accordingly to the appropriate staff members, dependent on the specialty and skill set. This led to improvements in overall efficiencies and organization. Additionally, this feature helped to close the loop with patient requests, and gave IT the ability to track the average time it took to respond to the patients. This increased patient care and allowed staff to have a location of pending requests, so they did not get dropped. Since the front desk staff also serves as a part of the Patient Care Team, it was logical to utilize them to improve the overall outcomes for our patients. From the moment patient's sign-in, staff promoted preventative measures, such as alcohol screening compliancy and capturing BMI. We also controlled the information displayed in our waiting room TVs, using a signage program setup by IT. As part of engaging patients at the front desk level, educational programs about BMI and alcohol abuse ran every hour in the waiting area. These workflows also became a part of our PCMH Level 3 Certification, and we were recognized for patient satisfaction for our PQRS CAPHS survey registry reporting.

Clinical staff also plays a significant role in the efficiency of a Provider's day and can help with providing the best overall care for patients. Staff realized Providers were spending an extended amount of time waiting to communicate where a patient was located within the office. EclinicalWorks includes tools to help with these inefficiencies. The technology allows for staff to know how many patients have been checked in by the receptionists, wait time, patient location, and triage status. To further enhance the efficiency of the Providers, IT reviewed the average time Providers would take to document certain sections of the Progress Note, such as "Review of Systems" and "Examination." IT also noticed an extended time to search for common tests and systems in the EMR. They realized that the creation of templates would rectify these inefficacies. The templates would help the Provider avoid spending time searching for specific systems, such as cardiovascular, general constitution, and skin. Instead, the Provider could spend more time going into detail on those systems with the patient and conduct a more comprehensive examination. To resolve the time-crunch with ordering tests, IT had providers create "Favorites" for common tests. This allowed the provider to simply check a button to display a list of the common tests. By selecting the list, providers could order multiple tests all at once. With new tools built into the EMR, redefined workflows by IT, and constant training of staff by the IT team, we were succeeding in our goals. In late 2013, once proficient in using the EBO reporting feature of EclinicalWorks, we began reviewing quality data to start planning on our quality of care improvement goals. Our initial baseline value for compliancy of alcohol screening for our patient population in 2014 was at 52%. For BMI compliancy and counseling, we were just above 30%. HFMG ran reports, using the EBO reports, to determine which

patients needed alcohol screenings in the 2014 billing year, and IT made sure the reports were run in a fashion so that actions could be taken for improvement. There was also a smart form created to capture alcohol usage that would satisfy CDSS Alerts once completed. As a result, when a patient came in for a visit, staff quickly knew whether or not he/she needed an alcohol screening performed. This was efficient for the clinical staff, as they did not have to spend any time digging around for any scanned reports or do any extra documentation to know if a patient was compliant with their alcohol screening. For BMI, the EMR would automatically calculate it once the height and weight were entered. It would also flag the provider by turning red if the BMI was out of range, alerting that the patient needed counseling for their BMI. To make this process seamless and proficient for the provider, we created structured data templates for providers to pull in for counseling of the patients BMI. This made documentation easy, leaving the provider more time to engage the patient for their BMI counseling. It was key to provide the physicians with a maximum amount of time to discuss the importance of a diet in order for HFMG to achieve our goals to improve patients' BMI. Multiple training sessions were constantly being provided to our staff throughout the year on the effects of excessive alcohol use, education on how it leads to substance abuse habits and BMI counseling techniques to ensure every patient fitting the criteria was engaged. To support patients with their BMI range, we have recently incorporated Fitbit watches that integrate with the EclinicalWorks smart phone app Healow. This helps patients monitor their daily progress and allows the information to flow into our EMR at the time of the visit.

IT also created a workflow to conduct morning Huddle Report meetings with the care teams at each office, which were approximately ten minutes each. This helped the staff go over which patients needed Alcohol screenings and reiterated the importance of meeting our BMI goals. It allowed staff and providers to get on the same page before the day started, leading to efficient workflows and an increase in patient care. The Care Team would prep for the Huddle Meetings the prior evening, making these meetings precise and efficient.

To ensure the organization achieved its goals, campaigns were used to automate outreach for patients who were due for their alcohol screenings or out of range on their BMI levels. As a result, patients were further engaged in their care. Using campaigns to send out patient portal messages allowed for patients to get familiar with patient portal capabilities. Patients were able to request refills and appointments, send messages to staff, view lab and radiology results, view their medication list, view their visit summaries, view referrals, and receive published patient education according to their diagnosis.

**Telephone Encounter ***

| Answered by | Date | Time | ☑ **High Priority** |
| Singh, Rinku | 7 /12/2016 ▾ | 5:36 PM | |

**Patient**   Sel  Info  Hub

TEST, ACCOUNT ONE
DOB:8/24/1940  Age:75Y  Sex:F
Tel:845-651-1445
Acct No:66809, WebEnabled: Yes
Elgb Status:

**Provider**
test, provider ▾ ...

Pharmacy
1 Stop Pharmacy (P) ▾ ...
1220 Avenue P
Brooklyn, NY 11229
Tel:718-336-2244 Fax:718-513-6991

**Status**
⦿ Open
○ Addressed
○ Addressed and Docs Reviewed

**Caller**

**Facility**
HMG Monroe ▾

**Reason**
Refills ▾

**AssignedTo**
Singh, Rinku IT ▾ ...

☑ Perform Eligibility Check

Message | Rx | Labs/DI | Notes | Addendum | Log History | Virtual Visit

**Message**   Complaints  Browse  Check Spelling
Patient called to get refills for medication

**Action Taken**   Messenger | Reply to patient | Add Action Taken
Singh,Rinku IT 7/12/2016 5:38:25 PM > Refilled medications for patients

Print Script | Fax Script ▾ | Print Report | Progress Notes | Document

OK  Cancel

---

> ➢ The staff member fills the reason for the call.
> ➢ Picks the Provider the message pertains to.
> ➢ Fills in the message.
> ➢ Assigns it to the right staff member to assist the patient.
> ➢ If it is a High Priority message, it will be checked off as High Priority.
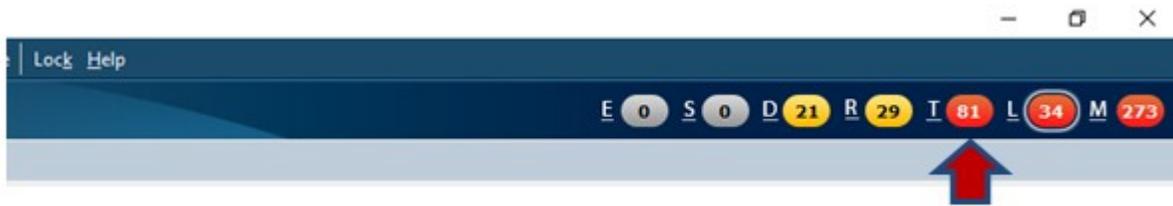
> ➢ Once assigned to the correct staff member, the number of pending tasks will display in their "T" Jelly Bean.
> ➢ The staff member can then take the appropriate action required to help the patient.
> ➢ Once all necessary actions are taken for the item, the Telephone encounter can be addressed, which closes it and takes it out of the total number of pending items in the Jelly Bean.

| Visit Type | Appt Time | Patient Name | P/R | Reason | Sex | Age | Visit St | Arr Time | Duration | Room | Status | Notes S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OV | 09:00 AM | | AH | | F | | CHK | 09:14 AM | 33 m | 1 | | ✓ |
| OV | 09:15 AM | | AH | | F | | CHK | 09:16 AM | 42 m | 2 | | ✓ |
| OV | 09:30 AM | | AH | | M | | CHK | 09:26 AM | 56 m | 5 | | ✓ |
| OV | 09:45 AM | | AH | | M | | CHK | 10:13 AM | 25 m | 6 | | ✓ |

| Visit Type | Appt Time | P/R | Sex | Visit St | Arr Time |
|---|---|---|---|---|---|
| FLT2 | 10:30 AM | AH | F | CHK | 10:23 AM |
| OV | 10:30 AM | AH | F | CHK | 10:19 AM |
| SDU | 10:45 AM | AH | F | CHK | 10:36 AM |
| OV | 11:00 AM | AH | F | CHK | 10:54 AM |
| OV | 11:15 AM | AH | M | CHK | 10:32 AM |
| OV | 11:30 AM | AH | F | CHK | 11:21 AM |
| FLT2 | 11:45 AM | AH | F | CHK | 11:31 AM |
| OV | 11:45 AM | AH | M | CHK | 11:38 AM |
| OV | 12:00 PM | AH | F | CHK | 12:02 PM |
| SDU | 12:15 PM | AH | M | CHK | 12:17 PM |
| FLT2 | 12:30 PM | AH | F | CHK | 12:28 PM |
| SDU | 12:45 PM | AH | F | CHK | 12:50 PM |
| MCEXAM | 02:00 PM | AH | F | CHK | 02:15 PM |
| FLT2 | 02:00 PM | AH | F | | 01:56 PM |
| OV | 02:15 PM | AH | F | | 01:57 PM |
| MCEXAM | 02:30 PM | AH | M | | 03:31 PM |
| MCEXAM | 03:00 PM | AH | F | | 03:31 PM |
| SDU | 03:45 PM | AH | M | | 03:35 PM |
| SDU | 04:00 PM | AH | F | | 03:46 PM |
| SDU | 04:15 PM | AH | F | | 04:06 PM |

| Visit Type | Appt Time | Patient Name | P/R | Reason | Sex | Age | Visit St | Arr Time | Duration | Room | Status | Notes S |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| OV | 09:00 AM | | AH | | | | CHK | 09:14 AM | 33 m | 1 | | ✓ |
| OV | 09:15 AM | | AH | | | | CHK | 09:16 AM | 42 m | 2 | | ✓ |
| OV | 09:30 AM | | AH | | | | CHK | 09:26 AM | 56 m | 5 | | ✓ |
| OV | 09:45 AM | | AH | | | | CHK | 10:13 AM | 25 m | 6 | | ✓ |

➤ Provider and Clinical are able to see which patients have been checked in by the receptionist, reason for the visit, and their arrival time.

➤ Clinical and Provider are able to efficiently communicate which room the patient is in, the status of the patient, and whether the clinical is done with the patient and ready for the provider or if the Provider needs further work up done by the clinical. This can be seen in the status section.

➤ For patient satisfaction tracking we are able to see the duration of the full visit to narrow down where further inefficiencies exist.

**My Favorite Templates**

- AA PE ffup OV
- BS - Diabetes (1)
- Consult Template 99241/99251
- dnc - ECD
- Hirsch ROS 9-Exam 14
- Hirsch - ROS 11/exam
- J CASTRO'S TEMPLATE
- kg - diabetes/hypertension
- MB TCM
- MB-Hypertension
- Medicare Annual Wellness - Initial Visit
- Medicare Annual Wellness - Subsequent Visit

**ROS:** ▽

General/Constitutional
   Chills denies. Fatigue denies. Fever denies. Headache denies. Lightheadedness denies.
ENT
   Ear pain denies. Swollen glands denies.
Endocrine
   Excessive thirst denies. Frequent urination denies. Weakness denies.
Respiratory
   Chest pain denies. Cough denies. Shortness of breath denies. Wheezing denies.
Cardiovascular
   Chest pain denies. Fluid accumulation in the legs denies. Irregular heartbeat denies. Shortness of breath denies.
Gastrointestinal
   Abdominal pain denies. Blood in stool denies. Change in bowel habits denies. Nausea denies. Vomiting denies.
Musculoskeletal
   Muscle aches denies. Painful joints denies.
Neurologic
   Headache denies. Loss of strength denies. Tingling/Numbness denies.
Psychiatric
   Depressed mood denies.

> ➢ Templates allow the Providers to avoid having to search for the body systems they typically use for a certain diagnosis. They can further document as needed within the section through typing, macros, and Dragon dictation software to efficiently document a patient's visit.

**Examination:** ▽

General Examination

GENERAL APPEARANCE: well developed, well nourished, in no acute distress.

HEAD: normocephalic, atraumatic.

EYES: pupils reactive, sclera non-icteric.

EARS: normal pinna, tms normal, .

ORAL CAVITY: mucosa moist, no suspicious lesions.

THROAT: no tonsillar exudate, no abnormal lesions.

NECK/THYROID: neck supple, no cervical lymphadenopathy, no thyromegally or masses appreciated.

LYMPH NODES: no genaralized adenopathy.

HEART: regular rate and rhythm, S1, S2 normal, no murmurs, rubs, gallops.

LUNGS: clear to auscultation bilaterally.

ABDOMEN: soft, nontender, nondistended, no rebound or guarding.

MUSCULOSKELETAL: normal global muscular tone and structure.

EXTREMITIES: no clubbing, cyanosis, or edema.

NEUROLOGIC: nonfocal, motor strength normal upper and lower extremities, sensory exam intact.

**ORDER SET:** est 7 ⌄ | Select All | Order | **MEASURE:** | **QUICK ORDER SET:** NO  ≪

**DIAGNOSES (TRIGGER):** ◎

**DIAGNOSES (LINKED):** ◎

**AGE (TRIGGER):** All Age

**GENDER (TRIGGER):** Unknown

**MESSAGE**
Remember to bring you updated medication list with you at each visit. Thank you

**Rx** — Order

| | ☺ | Name | Strength | Take | Freq | Duration | Refills | Route | Formulation | Dispense | Date | Status | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | 🔆 | diovan | 160MG | 1 tablet | 1 a day | 30 Days | | Oral | Tablet | 30 | - | Other Actions ⌄ | 💾 |

**Labs** — AssignedTo: Rogers, Michael IT ⌄ ... — Order

| | | Description | Lab Company | Frequency | Duration | Date | Status | |
|---|---|---|---|---|---|---|---|---|
| ☐ | | VENIPUNCTURE | Labdaq | - | - | - | Other Actions ⌄ | 💾 |
| ☐ | ◎ | CBC (INCLUDES DIFF/PLATELET) | Labdaq | - | - | 06/30/2016 | Other Actions ⌄ | 💾 |
| ☐ | | Venipuncture | LabCorpBi | - | - | - | Other Actions ⌄ | 💾 |

**Diagnostic Imaging** — AssignedTo: Rogers, Michael IT ⌄ ... — Order

| | | Description | DI Company | Frequency | Duration | Date | Status | |
|---|---|---|---|---|---|---|---|---|
| ☐ | ◎ | US ABDOMINAL | - | - | - | 04/05/2016 | Other Actions ⌄ | 💾 |

> ➢ Order sets allow the Provider to quickly order tests, medications, referrals, education, specific instructions, injections, and immunizations by simply checking off desired boxes and with one click order them all at once. This allows for efficiency in ordering items throughout the day for our providers.

# Huddle Report

| Age | Provider Name | | D.O.S | Visit | Care Team | | App Time |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Appt. Notes | | | Balance Due | Insurance | | PCP | |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

| Last 5 Visits -Provider Only | | Next 5 Visits -Provider Only | | Next 5 Visits Nursing/Lab Visits | |
|---|---|---|---|---|---|
| DOS | Provider Name | DOS | Provider Name | DOS | Lab Site |
| | | n/a | n/a | n/a | n/a |
| | | n/a | n/a | n/a | n/a |
| | | n/a | n/a | n/a | n/a |
| | | n/a | n/a | n/a | n/a |
| | | n/a | n/a | n/a | n/a |

| Last 5 discharge dates | Last 5 Scanned Documents | (Not all folders included) |
|---|---|---|
| n/a | | |
| n/a | | |
| n/a | | |
| n/a | | |
| n/a | | |

**7- Outstanding Orders Continued on Open Orders Page.**

| Date: | Provider Name: | Order Name: |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**0- Outstanding Referrals**

| Date: | From: | To/Specialty: | Reason: | Status: | Appt Date: |
|---|---|---|---|---|---|
| n/a | n/a | n/a | n/a | n/a | n/a |
| n/a | n/a | n/a | n/a | n/a | n/a |
| n/a | n/a | n/a | n/a | n/a | n/a |
| n/a | n/a | n/a | n/a | n/a | n/a |
| n/a | n/a | n/a | n/a | n/a | n/a |

As a provider if you do not feel that a care gap below is clinically relevant or beneficial for a particular patient, please close the gap by using exclusions that are available in ECW

**3- Care Opportunities**

Hedis/Insurance   -Please see Hedis/Insurance page for detailed descriptions

| | |
|---|---|
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |

PQRS Measures - Please see P.Q.R.S page for detailed descriptions

| |
|---|
| n/a |
| n/a |
| n/a |
| n/a |
| n/a |

C.D.S.S Alerts - Please see C.D.S.S page for detailed descriptions

| | |
|---|---|
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |
| n/a | n/a |

| Last Wellness Visit | Last Annual Physical |
|---|---|
| N/A | |

Acct#:
DOS#:
Page: 1
Created: 10/14/2016

- ➢ The Huddle Report concept was the vision of the CEO and created internally by the IT team.
- ➢ Office staff uses the Huddle Report to prep for patient visits with efficiency and it allows the visits to be through, improving patient outcomes.
- ➢ Providers get a one page overview of the patient and all the care opportunities are in a one page summary, listed as actionable items. It saves providers time from flipping through many different screens, trying to remember all the preventative care measures for the patient.
- ➢ With the Huddle, we were able to increase overall Group efficiency in every aspect of the practice, increase patient outcomes, which led to improvement in financial returns across all incentive programs.
- ➢ It has the changed the Groups culture from volume to outcomes based care.

**Value Derived**

Implementing EclinicalWorks has provided many benefits, including its multiple tools and enhanced reporting capabilities. HFMG wanted to be strategic in its approach, and after meeting with providers and management, it was determined that, in order to improve patient outcomes, efficiencies had to be enhanced first to extend the time providers spent counseling patients. Learning from experience and with the implementation of PCMH, it was clear that enhanced patient engagement results in improved patient outcomes. To achieve this, staff and providers required additional time to speak with the patients about their care gaps. Our care team consisted of a combination of receptionists, clinical staff, IT team, RN team, mid-levels, and providers. With the help of the IT team, HFMG implemented enhanced workflows for its receptionists so that they would spend less time on the phone and more time speaking to patients in front of them. As a result, the conversation was started with patients about scheduling appointments for their care gaps. This also increased the time for front desk staff to accomplish more tasks throughout their day, and led to a reduction in staffing hours for the front desk. Similar efficiencies were also implemented for our clinical staff and providers. New workflows were created in the EMR with the help of the IT team to allow its care teams to engage patients.

With the new reporting capabilities, we started tracking certain measures in our group. This also helped with incentive programs such as PQRS and HEDIS. HFMG, with the addition of the new EMR and its internal Dashboard software, was able to accomplish a higher level of compliancy in its measures. As a result, the amount of incentives captured by the Group increased.
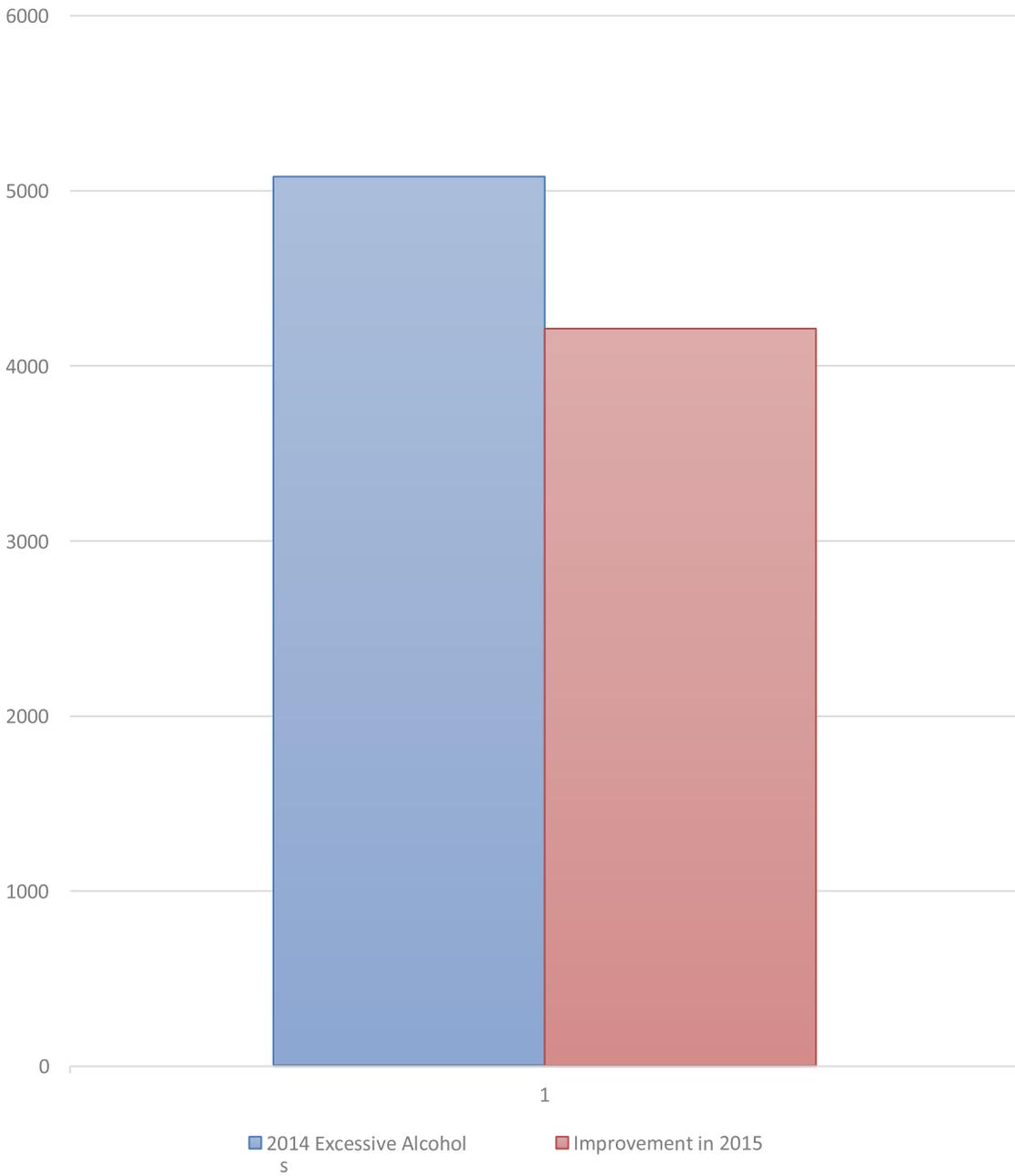
In 2014, the organization decided to focus on BMI compliance and alcohol screening compliance, as well as counseling if required. Our providers felt it was important to keep patients' BMI in compliance as it affects nearly two-thirds of the U.S. population. Having an elevated BMI also increases a patient's risk in developing diseases such as diabetes, increases the risk of cardiovascular disease, arthritis, asthma, colon cancer, breast cancer, renal cancer, and leads to many other health issues. Alcohol screening was chosen as the second measure since about 17 million people suffer from alcohol use disorder in the United States. This also tied in to our initiative to help the community with substance abuse issues. People who do not drink responsibly have a higher risk of depression, liver disease, sleep disorders, stroke, heart disease, several types of cancer, and a higher rate of abusing other substances.
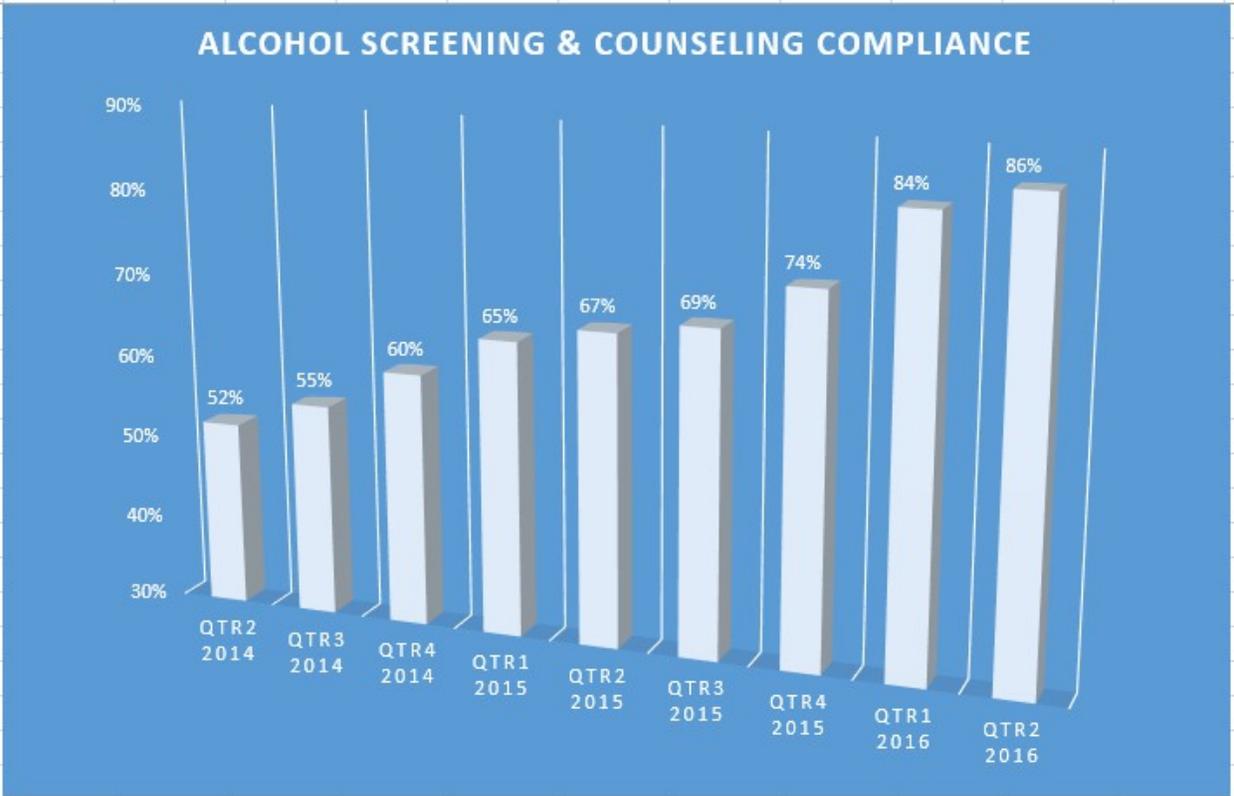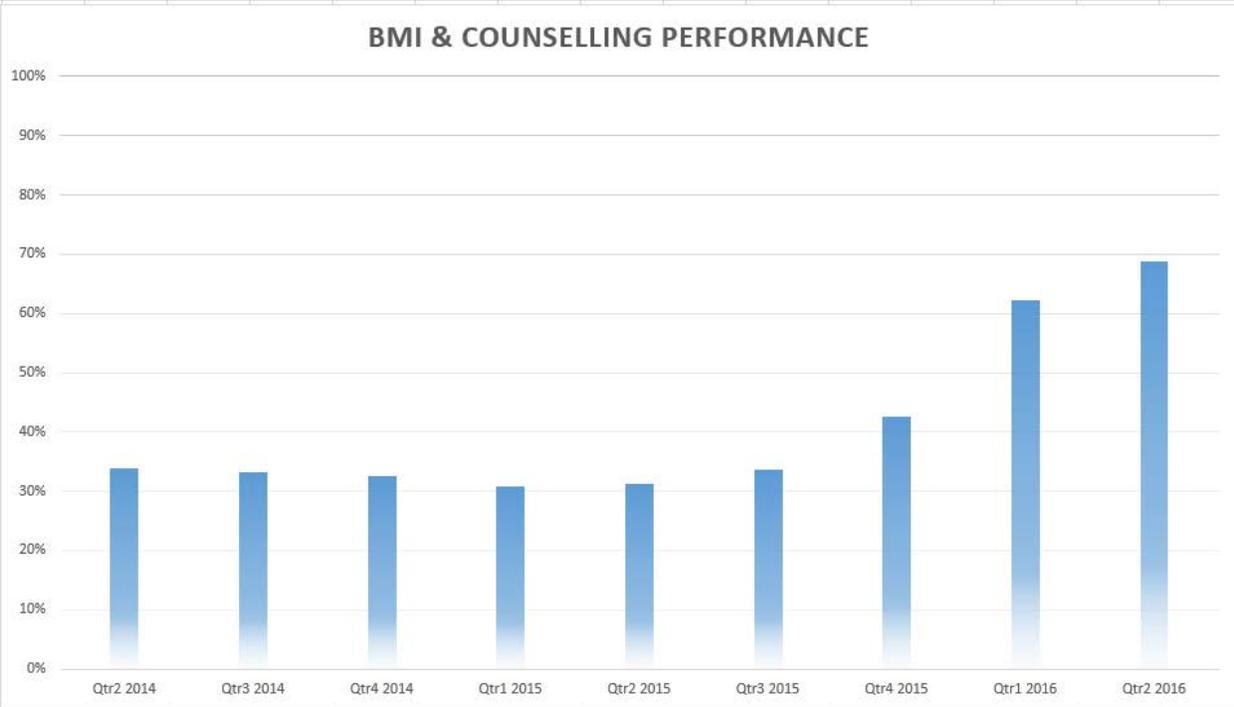
To start, the organization ran initial reports to gauge compliance on both measures. Seeing the results, HFMG's goals were to increase both measures by 10%. The BMI compliance rate was slightly over 30% and the alcohol screening was around 50%. To achieve its goals, the organization began with training all 40 offices on the importance of patient compliance with each measure and ensured staff knew the EMR workflow to capture all relevant patient data. The members of the IT team were each assigned five offices to train, provide weekly updates, and answer any questions. To assist further, the IT team ran reports to determine the date of

each patient's follow up appointment. This report was then given to our support teams so they could filter out any patients whose BMI was out of range, as well as filter any patients that did not have an appointment in the calendar year so they could then reach out to those patients to schedule an appointment. The first attempt for outreach was an automated patient portal message, since 60% of its patients were enabled on the patient portal. Once completed, a second attempt was made through a voice campaign. Any remaining patient received a call from a live representative of the support team to try to engage the patient in their care. Similar workflows were implemented for the alcohol screening measure, and we found it had a higher rate of success compared with the BMI screenings. After a year of capturing and counseling patients on their BMI, we failed to reach our goal of a 10% increase in compliancy. In turn, the alcohol screening increased by 15% after the first year.

During that year we were also successful in reducing 17% of our patients from excessive alcohol consumption. Given our success, we wanted to continue to implement campaigns to further increase measure compliancy. The organization created a per office report card to encourage competition between locations, with the results distributed weekly. It was believed competition would motivate staff to work harder to improve overall patient outcomes. With the help of our IT team, staff had the ability to review their progress in real-time. A considerable amount of training was dedicated for both measures, and the staff wanted to succeed. Between 2015 and 2016, BMI compliance had doubled. Alcohol screening also increased in compliancy by 19%, far exceeding our goal of 15% for the second year.

# EXCESSIVE ALCOHOL CONSUPTION CHART
## HFMG Was Able To Reduce 17% Of Its Patients From Excessive Alcohol Consumption From 2014 to 2015



■ 2014 Excessive Alcohols     ■ Improvement in 2015

**BMI & COUNSELLING PERFORMANCE**



**ALCOHOL SCREENING & COUNSELING COMPLIANCE**

**Lessons Learned**

Implementing a new EMR had its obvious challenges. Learning from past mistakes the conversion went smooth and, with a lot of QA work in each step, data integrity was maintained. Maintaining a checklist and proper documentation of the processes allowed staff to stay organized and eliminated careless mistakes. It was very important for the organization to keep IT involved in the whole process because they were able to learn the technical aspects as far as the servers, hardware, and software setup. Building workflows with a full understanding of how the software works helped to eliminate future mistakes and ensured the organization was able to report on all data entered into the EMR. Along with IT, management wanted an EMR Champion Team created to ensure proper use of the technology for all our offices. With our recent growth, our staff has learned very important lessons on what it takes to successfully work towards positive patient outcomes. To achieve success requires everyone's involvement. Engaging the staff and providers is just as important as engaging the patient in his/her care. Staff initially resisted; however, they quickly saw results, and no longer needed convincing.

**Financial Considerations**

The initial set-up cost of the EMR implementation with hardware, software, and training was in the mid six figure range. Included was in-house networking equipment, servers to host the EMR, equipment for all our locations, setup fees, and implementation of EclinicalWorks. With time HFMG started off with lab and DI interfaces which cost between $5,000 to $12,000. It allowed the organization to share data electronically, which helped to save in staff time and reduced human errors. It also made the process faster and allowed for the ability to graph test results and trend data, which resulted in improved patient outcomes. This led to a soft ROI and would pay for itself in a few years. There was also an increase in IT staffing, QA staffing, and overall training costs for the group. Dashboard software cost to integrate with the EMR averaged around $20,000, with ongoing support averaging $4,000 annually. Ongoing costs include licensing costs per provider for the EMR, support contracts for hardware for the EMR, monthly offsite backups, security/compliancy services, and yearly increase in storage devices for data storage. Most of the EMR cost was offset by Meaningful Use dollars initially. Recently, with increases in efficiencies of our workflows, we are able to accomplish and capture incentive dollars from programs like pay for performance contracting, PCMH, and Meaningful Use for certain new providers. We are able to capture dollars in the seven figure range. We are currently going for one deviation above the standard for PQRS, which leads to a two to four percent increase in Medicare Reimbursements. As we become more efficient in our process and patient outcomes improve, we feel we will be able to fully overcome the costs associated with owning an EMR. We are also in the process of working with various vendors on technical pilot programs which will lead to additional financial gains.