Making Meaningful Use of Meaningful Use

Dr. Christopher H. Tashjian, FAAFP

December 11, 2013

Objectives

• Discover why you should think of Meaningful Use as a team sport
• Learn how using your basic EHR functionality and performing common tasks can meet Meaningful Use and Million Hearts goals
• Learn how a team based care model can improve blood pressure control and screening rates in your clinic
Making Meaningful Use of Meaningful Use

Combining Medicine and Technology to Improve Quality and Transform Healthcare to Improve Blood Pressure Control

Wednesday December 11th, 2013

Stratis Health, Minnesota’s Medicare Quality Improvement Organization (QIO) and REACH, Regional Extension Center for HIT for MN and ND
Christopher H. Tashjian, MD, FAAFP

HIT fellow using the EHR and practice innovations to increase participation in the Million Hearts Initiative and improve performance on the Million Hearts goal

Chief Medical Advisor WHITEC

Active Decision to Improve Care

We changed our overall thinking from:

- It’s a physician problem

  To

- It’s a team challenge
What does that mean?

- Physicians had to give up TOTAL ownership

- Staff had to be trained to understand the problem
  - Nurses
  - Lab
  - Care Coordinators
  - Front Office

What does that mean? (Part II)

- My patients are my partner’s patients
- My partner’s patients are my patients

- Every visit is a hypertension visit!
MU and MH built into the patient visit

Using basic EHR functionality and performing common tasks can meet MU and Million Hearts goals.
Stages of Meaningful Use

Stage 1: Data capture and patient access
Stage 2: Information exchange and care coordination
Stage 3: Improved outcomes

Million Hearts®

Goal: Prevent 1 million heart attacks and strokes in 5 years

- National initiative co-led by CDC and CMS
- Partners across federal and state agencies and private organizations
Heart Disease and Stroke Leading Killers in the United States

- Cause 1 of every 3 deaths
- More than 2 million heart attacks and strokes each year
  - 800,000 deaths
  - Leading cause of preventable death in people <65
  - $444B in health care costs and lost productivity
  - Treatment costs are ~$1 for every $6 spent
- Greatest contributor to racial disparities in life expectancy

Key Components of Million Hearts™

**CLINICAL PREVENTION**
*Optimizing care*
- Focus on ABCS
- Health information technology
- Clinical innovations

**COMMUNITY PREVENTION**
*Changing the context*
- No smoking
- Salt
- Trans fat
As a Health Care Provider

- **TREAT** high blood pressure and cholesterol in your patients.
- **TREAT** appropriate patients with Aspirin.
- **ESTABLISH** and **DISCUSS** with patients their specific goals for treatment and the most effective ways that they can help control their risk factors for heart disease and stroke.
- **COACH** your patients to develop heart-healthy habits, such as regular exercise and a diet rich in fresh fruits and vegetables, and stress reduction techniques. Provide tools to show their progress and access to team members to help them succeed.
- **ASK** your patients about their smoking status and provide cessation support and medication when appropriate.
- **ASK** about barriers to medication adherence and help find solutions.
- **USE** health information technology, such as electronic health records and decision support tools, to improve the delivery of care and control of the ABCS.

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**Clinical Prevention**

**Optimizing Quality, Access, and Outcomes**

**Focus on the ABCS**

- Simple, uniform set of measures
- Data collected or extracted in the workflow of care
- Link performance to incentives

<table>
<thead>
<tr>
<th>NQF#</th>
<th>Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>NQF#0064</td>
<td>Comprehensive Diabetes Care: LDL-C Control &lt;100 mg/dL</td>
</tr>
<tr>
<td>NQF#0018</td>
<td>Controlling High Blood Pressure</td>
</tr>
<tr>
<td>NQF#0075</td>
<td>Ischemic Vascular Disease (IVD): Complete Lipid Profile and LDL-C Control &lt;100 mg/dL</td>
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<tr>
<td>NQF#0068</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
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<tr>
<td>NQF#0028</td>
<td>Preventive Care &amp; Screening: Tobacco Use: Screening &amp; Cessation Intervention</td>
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</table>
# Getting to Goal

Unpublished estimates from Prevention Impacts Simulation Model (PRISM).

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Baseline</th>
<th>Target</th>
<th>Clinical target</th>
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</thead>
<tbody>
<tr>
<td>Aspirin for those at high risk</td>
<td>47%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Blood pressure control</td>
<td>46%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Cholesterol management</td>
<td>33%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>23%</td>
<td>65%</td>
<td>70%</td>
</tr>
<tr>
<td>Sodium reduction</td>
<td>~ 3.5 g/day</td>
<td>20% reduction</td>
<td></td>
</tr>
<tr>
<td>Trans fat reduction</td>
<td>~ 1% of calories</td>
<td>50% reduction</td>
<td></td>
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</table>

Low Tech
HIGHTECH
First Take Data from HER and Export to Excel

Excel to Access Database
Generate Patient Lists

Use of Filters
Patient Scorecards

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2012</td>
<td>Test</td>
<td>Passed</td>
</tr>
<tr>
<td>01/02/2012</td>
<td>Test</td>
<td>Failed</td>
</tr>
<tr>
<td>01/03/2012</td>
<td>Test</td>
<td>Passed</td>
</tr>
</tbody>
</table>

Provider Scorecards

### Provider Statistics
- Provider: John Doe
- Statistics:
  - Quality Care: 90%
  - Efficiency: 85%
  - Patient Satisfaction: 95%

### Healthcare Outcomes
- Outcome 1: 90%
- Outcome 2: 85%
- Outcome 3: 95%
Results!

- In just four years, Ellsworth Medical Clinic reported the following improvements in blood pressure control:
  - Among patients with diabetes, hypertension control increased from 73% to 97% (2007–2011)
  - Among patients with cardiovascular disease, BP control increased from 68% to 97% (2007–2011)
  - Currently as of December 2012
    ALL patients with hypertension controlled at 90%

Current progress

<table>
<thead>
<tr>
<th>Percentage (%) of Patients in Control by Category</th>
<th>November 2013 Review</th>
<th>August 2013 Review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category</td>
<td>In Control</td>
<td>Total Patients</td>
</tr>
<tr>
<td>BP</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Hgb A1c</td>
<td>74</td>
<td>100</td>
</tr>
<tr>
<td>LDL</td>
<td>85</td>
<td>100</td>
</tr>
<tr>
<td>ASA</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Tobacco</td>
<td>82</td>
<td>100</td>
</tr>
<tr>
<td>Total Patients in Control</td>
<td>52</td>
<td>100</td>
</tr>
</tbody>
</table>
For our Patients – We have a Million Hearts

HYPERTENSION CONTROL CHAMPION

Million Hearts™ congratulates
Ellsworth Medical Clinic,
a Division of the River Falls Medical Clinic
On your high performance in helping your patients control their blood pressure and prevent heart attacks and strokes

This Year

River Falls is a Million Hearts Finalist!
The Difference it Makes – Ask our Patients!

It Takes Teamwork!
Join Us: Take the Pledge

http://millionhearts.hhs.gov

MillionHearts™
What We Found

70,000 Total Patients in all 3 clinics

<table>
<thead>
<tr>
<th>Simvastatin Dose</th>
<th>Total Number</th>
<th>Amiodarone</th>
<th>Amlodipine</th>
<th>Verapamil</th>
<th>Diltiazem</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>95</td>
<td>8</td>
<td>241</td>
<td>13</td>
<td>49</td>
</tr>
<tr>
<td>40</td>
<td>976</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>80</td>
<td>365</td>
<td></td>
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Other Itracnazole Ketoco nazole Posaconazole Erythromycin Clarithromycin Telithromycin Nelfazone Gemfibrozil Danazol

0 2 0 1 1 0 0 23 0

Be BOLD!

Don’t be afraid to take a big step if one is indicated.

You can’t cross a chasm in two small steps
For More Information contact:

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Questions?
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  Phone: 952-853-8540

Next Webinar
February 19, 2014
12:00 p.m.

Shared Decision Making
Thank You!