

# Meaningful Use Workgroup

August 5, 2010

8:00 a.m. to 2:30 p.m./Eastern Time

Washington, DC

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## Instructions and Questions for Panelists

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### Panel 3: Care Coordination in the Ambulatory Environment

**What is the evidence for effective use of HIT to support coordination of care in the ambulatory environment?**

Published evidence base to support HIT innovations in care coordination have been scanty. The limited evidence is confined to two areas:

- i) The role of HIT to impact favorably upon primary care team design or function that might ultimately enhance care coordination or management, or
- ii) The positive influence of innovations in care coordination itself to improve health care outcomes. Although there are preliminary published studies suggesting that Care Coordination offered within the context of Patient Centered Medical Home environments can reduce hospital admissions, length of stay and emergent/urgent care visits short term (within two years), most reports do not, as of yet, reflect longer-term studies and/or randomized controlled trials.

**What might EHRs do in the future to assist with care coordination?**

While the direct contribution of HIT to directly improve health outcomes may be uncertain, there is little doubt that HIT can improve the clinician computer interface and assist the provider to provide better care coordination. The computer interface can be designed to identify patients at high risk for adverse

health outcomes, assist the health care team in tracking interventions on these patients, and provide an assessment of outcomes at the provider, team or facility level.

Similarly, the confusion regarding the care of a patient receiving care from several providers simultaneously can be managed with an appropriate HIT interface, optimally with one that connects electronically the medical records of the different providers. Within the VHA the EHR allows a transparency throughout the organization, allowing a patient's medications, test results and progress notes to be retrieved immediately from anywhere within the system. This electronic transparency also enhances the coordination of care between primary care provider and specialist even within a facility, as the care plan between primary and specialty care can be shared and jointly implemented to help ensure optimal outcomes for the patient.

A separate area where an appropriate HIT interface with the clinician can improve care is in the area of in-patient/out-patient transitions. Once a veteran is admitted, the potential exists for a template populated with relevant information regarding diagnosis, acuity, potential discharge plans and recommended follow-up provide relevant information to the primary care team, allowing a rationale decision about appropriate follow-up with the primary care team following discharge. Such templates are currently under construction within the VHA, in an effort to enhance the input of the primary care team and encourage the most appropriate care coordination with the health care team following discharge.

Another area where HIT innovations can improve care is through the establishment of electronic links among practices from different health care organizations. Since many patients seek care from multiple providers from different practices within a community, coordinating this care between is a common yet difficult challenge. These electronic links allow providers from the community to partner with each other through this health technology interface, seamlessly sharing information and progress notes. This interface with community practices is currently being piloted within VHA to allow primary and specialty care VA practices to communicate efficiently with non VHA practices.

Additional areas where the EHR can assist in care coordination are outlined below:

- Identify high risk veterans based upon:
  - Multiple admissions

- Multiple ED visits
- Multiple comorbidities

Provide tracking tool for high risk veterans to allow the health care to:

- Target appropriate resources with care
- Direct level of management by the primary care team
- Document connection with caregivers
- Measure and record impact on quality of life

Track medication compliance/refill data

Performance Monitoring and Reporting, such as

- ED visit rate
- Continuity of care rate
- Non face-to-face care
- Admission rate for ambulatory care sensitive conditions
- Other important PCMH parameters

Identify recently admitted and/or discharged veterans to:

- Facilitate in-patient visits and transfer notes
- Enhance coordination with primary care staff

### **How can the electronic record help reduce readmission rates, and unnecessary emergency room visits?**

The electronic record has the potential to help organize and/or manage a care coordination program to facilitate the health care team's ability provide comprehensive, integrated, coordinated care. In other words, the HIT infrastructure needs to partner collaboratively with the clinical team to ensure that features are relevant and useful. The health care team then can build a platform of care which potentially could result in improved health care outcomes. The particular HIT architecture will need to be tailored to each health care organization and complement the care coordination processes established by that organization.

### **How do privacy and trust issues affect these areas?**

The EMR must be constructed to ensure the confidentiality and privacy concerns of patients with respects to their health care. This relates to issues of:

- Sharing health care data among the entire health care team. This is particularly important as the extended primary care team frequently includes members who have never met nor had any interaction with the patient. Yet they may still play a role in patient management within the context of team meetings, huddles or virtual rounds.

- ii) Dual care issues concerning sharing information from one health care team/facility to another
- iii) Use of patient information for research and/or performance improvement.

Within the context of data management and data sharing among health care teams to fulfill principles consistent with a patient centered medical home, criteria to manage and regulate these privacy and trust issues must be developed.