

E-Quality Update

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Hot Topics

HIT in the Patient-Centered Medical Home

By Ted Epperly, MD, and Dana Hamilton, RHIT

All of us in the medical community face challenges as we implement more integrated and coordinated patient-centered care for our patients, but perhaps none more than primary care physicians. The Patient-Centered Medical Home — coupled with health information technology — is proving to be a successful model that allows physicians to provide comprehensive primary care in communities across the country. Similar to Kaiser Permanente's care model, PCHMs facilitate partnerships between individual patients and their personal physicians and their teams, and when appropriate, the patient's family.

In our PCHM, a large integrated family medicine residency practice in Idaho, there are three essential points that have helped HIT revolutionize our operation. These points have not only helped us grow, but have enabled us to thrive:

- 1. Do not skimp on IT resources.** Having the right equipment is crucial. This includes enough computing power to not only run your practice management and electronic health record software, but to also allow for immediate growth. Growth starts before you even get the new server out of the box, so be sure to include capacity for extra users, storage, and add-on software when calculating for hardware needs.
- 2. Hire qualified IT support staff.** Historically, IT support has been a place of bare-bones staffing in the health care arena. That has changed in the last few years, and having IT staff with health care knowledge will move you light years ahead. There are a number of teaching institutions that graduate-qualified health information management folks — including the Office of the National Coordinator for HIT, which now has its own program to educate HIT staff. Ensuring that your IT staff "gets" what is happening in the clinic will foster great working relationships with end users.
- 3. Training!** Too often, we start the provider workforce with too little training to get started successfully. Technology is made to look easy, but operating the huge



KP Corner

HIMSS Honors Kaiser Permanente for EHR Implementation

The Health Information Management Systems Society announced that Kaiser Permanente is the 2011 recipient of the coveted and highly respected annual [HIMSS Organizational Davies Award](#). The award recognizes excellence in the implementation and value derived from health information technology.

"We're honored to receive the HIMSS Davies Award for organizational excellence in health care IT," said Philip Fasano, chief information officer and executive vice president, Kaiser Permanente. "Every one of our nearly 9 million members today has an electronic health record because of the tremendous talent and vision of our leadership, technologists and clinicians. Kaiser Permanente HealthConnect® allows us to offer our members the highest quality, most affordable, and most efficient health care anywhere."

Kaiser Permanente Genomics Project Completes First Phase

Kaiser Permanente and scientists at the University of California, San Francisco have genotyped the DNA in more than 100,000 Kaiser Permanente members. The [project](#) was possible only because of the alignment of a number of critical factors, including Kaiser Permanente's extensive health records and thousands of willing participants from the diverse Northern California region.

The project is a novel resource for health science research because it will provide scientists with high-quality, genome-wide genetic data on a large population.

"By funding this project, the National Institutes of Health has significantly accelerated research into conditions such as cardiovascular disease, diabetes, cancers, mental health disorders and age-related diseases such as

number of applications requires, at least, basic training. This has been, in our opinion, the greatest downfall for health information technology working for the masses. Too many times we give just barely enough training to get teams started, but we don't give enough to make the end user successful. By improving training, we can set up users to be knowledgeable enough to not just squeak by, but to be efficient and more independent of IT support for daily tasks.

Bringing the PCMH to Idaho and other parts of rural America poses challenges of its own, including fragmented care and lack of communication for follow-up. With few providers going into these rural areas, patients are shunted throughout communities to get the care they need for preventive services, chronic diseases, and specialty care. The PCMH model addresses these challenges directly by creating a broad-based team, which can include multiple providers, community services, and specialists. The PCMH model and the associated IT services can create a well-formed home for high-risk patients and integrates the rural community as one team.

Access, quality, management, continuity and integration of care, test and referral tracking, and registry creation are all enhanced by HIT. When implemented well, they can start working for the practice to reduce costs, improve quality, and increase patient and team satisfaction.

It is an exciting time to be a primary care provider, and to start to see what the promise of HIT and the Information Age will bring to the practice of medicine.

Ted Epperly, MD, is a primary care physician, CEO of the Family Medicine Residency of Idaho, co-chair of the Patient-Centered Primary Care Collaborative Center on Accountable Care, and Past President and Past Chairman of the Board American Academy of Family Physicians.

Dana Hamilton is Director of Clinical Informatics Family Medicine Residency of Idaho.

Research Roundup

Integrated Health Care Delivery System and EHRs Support Medication Adherence

A [Kaiser Permanente study](#) published online in the [Journal of General Internal Medicine](#) shows people who receive medical care in an integrated health care system are more likely to collect their new prescriptions for diabetes, cholesterol, and high blood pressure medications than people who receive care in a non-integrated system.

“Having electronic health record medication order-entry linked to pharmacy dispensing information makes it much easier for clinicians and researchers to identify patients

Alzheimer’s disease,” said Cathy Schaefer, PhD, executive director of the Kaiser Permanente Research Program on Genes, Environment and Health.

Hot Off the Press

FDA Releases Mobile Medical App Guidance

The FDA has released the proposed rules for providing guidance on mobile medical applications, or “apps.” The draft establishes the types of devices that would fall under the FDA scrutiny, including:

- Apps that connect to a medical device for the purpose of A) controlling the device; or B) displaying, storing, analyzing, or transmitting patient-specific medical device data;
- Apps that transform the mobile platform into a medical device by using attachments, display screens or sensors, or by including functionalities similar to those of currently regulated medical devices;
- Apps that allow the user to input patient-specific information and output a patient-specific result, diagnosis or treatment recommendation to be used in clinical practice, or to assist in making clinical decisions.

The FDA will accept comments on the draft through Oct. 19, 2011. Read the FDA proposed rules [here](#).

Mobile Health Industry Leaders on Capitol Hill to Discuss Spectrum Expansion

The [mobile health industry](#) is on the verge of a historic transformation, with the national broadband spectrum serving as the bridge to the future, according to industry leaders who spoke at a mobile health panel discussion on Capitol Hill.

The briefing focused on the Federal Communications Commission’s proposal to expand the national broadband spectrum, transferring 120 MHz of television spectrum from broadcasters to mobile broadband carriers.

Evidence Network Lets Beacon Communities Share Info in Real Time

The Office of the National Coordinator for Health IT’s

who are not getting their new prescriptions filled,” said study lead author Marsha Raebel, PharmD, an investigator in pharmacotherapy with the [Kaiser Permanente Colorado Institute for Health Research](#) and with the [University of Colorado School of Pharmacy](#). “The next step is to better understand what the barriers are to people picking up the medications their doctors have prescribed to help them manage diabetes and heart disease.”

Study Finds Exposure to Magnetic Fields in Pregnancy Increases Asthma Risk

Children of women who experience high exposure to magnetic fields during pregnancy may have a higher risk of asthma, according to a Kaiser Permanente study appearing online in the [Archives of Pediatrics & Adolescent Medicine](#).

In this prospective study, researchers compared the daily magnetic-field exposure of 801 pregnant women in Kaiser Permanente Northern California and used [electronic health records](#) to follow their children for 13 years to see which children developed asthma. The study found that women with high magnetic field exposure in pregnancy had a more than threefold risk of asthma in their offspring compared to mothers whose exposure level was low.

Computer-Aided Detection Increases False Positive Breast Cancer Screenings

The [Journal of the National Cancer Institute](#) found that computer-aided detection technology actually does a poor job of detecting breast cancer tumors. Specifically, the study found that the use of CAD correlated with an increased number of false positive tumor findings. Patients are more likely to undergo unnecessary testing because of this.

Insured Patients the Most Likely to Look Up Health Data Online

Among adults 18 to 64, about 59 percent of those with private health insurance went online in the past 12 months to look up health information, compared with about one-third of those without insurance and one-third of Medicaid beneficiaries, according to a [data brief](#) from [CDC's National Center for Health Statistics](#).

HIMSS: Hospital IT Budgets Rebound From Economic Recession

Hospital budgets for health IT are bouncing back after being affected by the economic downturn, [according to a](#)

[Beacon communities](#) — the 17 model entities across the U.S. that are using electronic health records to improve various patient outcomes — soon will be able to document and share their results in real time.

The initiative — the Beacon Evidence and Innovation Network — combines the efforts of AcademyHealth, the Commonwealth Fund, and ONC. The organizations will assist the communities in “accelerating the identification, documentation and dissemination of the lessons and results of their individual efforts.”

Disease Surveillance Needs to Include EHRs, Social Media, IOM says

The Institute of Medicine has proposed that the federal government take the lead in organizing a national surveillance system to track trends in chronic health conditions. [The IOM report](#) points out that growth in the use of electronic health records and consumer trends provides new opportunities for strengthening disease surveillance.

The report brief also points out that consumers are electronically storing “a wealth of health data on their own, with or without initiation or direct support from health providers or organized care systems.” It points to the “emergence of the Internet and new online social relationships,” hinting at the use of social media in health care.

iPad EHR Gains Meaningful Use Certification

A free iPad EHR platform from a company called drchrono is the [first app of its kind](#) to gain official approval under the new Meaningful Use requirements. The distinction means that doctors using the app are eligible to receive up to \$44,000 in incentives under the new health reform law.

Features in the iPad app include:

- Real-time clinical speech-to-text
- Custom workflows, and the ability to integrate photos and videos into a patient chart
- Integrated electronic medical billing
- Electronic prescribing
- A streamlined user interface that allow doctors to complete their clinical notes before the patient leaves the exam room

Meaningful Use Stage 2 Requirements Likely to Be Delayed

National health IT coordinator Farzad Mostashari [said](#) he

[new market report](#) from HIMSS Analytics. The report is based on data from 5,200 hospitals and 32,000 medical facilities, including 24,000 ambulatory care sites.

Landmark Study for Mobile Health System to be Published in *Diabetes Care*

The first randomized controlled trial study using a mobile health solution to track reduction in blood glucose levels was published in the September issue of [Diabetes Care](#).

The study shows the application DiabetesManager, made by the health care technology company [WellDoc](#), met the primary endpoint of reduction in blood glucose levels over one year compared with treatment via usual care alone.

“We studied the impact of combining web- and mobile-based patient coaching with clinical decision support for community primary care providers, and compared this approach with standard diabetes management or usual care alone,” said Charlene C. Quinn, RN, PhD, University of Maryland School of Medicine, lead investigator of the study. “The trial results indicate that doctors and patients can engage more effectively using mobile health tools like the WellDoc system to enhance patients’ diabetes care and their blood glucose.”

WellDoc is set to release DiabetesManager commercially this fall. [It received FDA clearance last year.](#)

agreed with the conclusions of the Health IT Policy Committee that the start of Stage 2 of Meaningful Use — the next set of EHR functionality requirements — should be delayed from 2013 to 2014.

The committee reasoned that industry ability to meet tougher Stage 2 qualification requirements on the original schedule may be “infeasible, and therefore could have a detrimental effect on keeping providers on the Meaningful Use escalator,” Mostashari said. A delay in applying these requirements is not expected to alter Meaningful Use payment schedules that are fixed in the text of the Recovery Act law.

Health IT Happenings

- [iHT2 Health IT Summit](#)
Nov. 2-3, 2011 | Los Angeles, Calif.
- [Institute for Healthcare Improvement 23rd Annual National Forum](#)
Dec. 4-7, 2011 | Orlando, Fla.
- [mHealth Summit](#)
Dec. 5, 2011 | Washington, D.C.
- [Care Innovations Summit](#)
Jan. 26, 2012 | Washington, D.C.
- [HIMSS12](#)
Feb. 20-24, 2012 | Las Vegas, Nev.

If you have an upcoming event you would like to see in our next newsletter, contact e-quality@kp.org.

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