

Healthcare Innovation NEWS

Collaboration with Technology Determines Success in Comprehensive Primary Care Plus+

by Dinesh Sheth

The Comprehensive Primary Care (CPC) initiative took the bull by the horns in addressing care beyond office hours, management of chronic diseases and personalized care with the intention of strengthening primary care, improving care for chronic conditions and lowering overall costs.

It has proved very effective in empanelling almost 99% of active patients in its chosen regions and risk stratifying almost 91% of them; however, care management for high- or rising-risk patients was limited to just one in five, thus, leading to limited improvement in reducing healthcare costs.

The CPC model established a good base in identifying persons who need more care, experimented with technological methods for improving access to care, created more patient/provider buy-in and indicated more continuity in tracking post-discharge care. The model identified that pre-paid funds allocated at the start of the program and a technological push could augment a successful extension of the CPC program.

Aiming to increase flexibility in delivering care to risk-stratified patients through a multi-payer reform system, the Center for Medicare & Medicaid Innovation introduced the Comprehensive Primary Care Plus (CPC+) model, a national advanced primary care medical home model that builds on the foundation of the CPC initiative. It provides two tracks in which practices can participate. The first is intended to be a pathway for practices that are committed to building the capabilities necessary to effectively deliver comprehensive primary care. The second is designed for practices that are prepared to deliver patient care and address complex needs through stronger, more comprehensive and easily accessible health information technology (IT) patient/provider platforms. Both tracks offer appropriate risk stratification and rewards for care providers.

Regardless of which track a practice participates in, the ability to work with technology platforms will be critical to the overall success of the model. The capabilities provided by existing electronic health record systems, while supportive, should be expanded to allow primary care physicians (PCPs) to deliver care in the advanced manner that the model requires. While the CPC model set the ball rolling with 94% of practices using patient portals to access patient records, these practices will need to leverage more advanced remote monitoring platforms with a telehealth focus to fully achieve the goals of the CPC+ model.

New Expectations

The excitement and support for CPC+ in the marketplace at this time is well justified. The Centers for Medicare & Medicaid Services (CMS) learned from the previous model. The new model brings a sea of change to the system. While CPC clearly identified primary care centers, technology infrastructure, actionable data, incentives and follow-up, behavioral change, engagement and communication as the harbinger of quality care, CPC+ makes data more meaningful and actionable so that a bigger population is catered to at the appropriate times.

The new model has the flexibility to more easily connect patients with reliable, actionable data and make them more visible in the continuum of care. CPC+ focuses on making improvements—more specifically—improvements in addressing access to patients (and patients' access to the system) and also provides a more comprehensive structure for managing the stratification of risky patients. The window of application for both tracks opens on July 15, and practices will have until Sept. 1, to choose a track. The choice is significant, as CMS stated recently that the expectation is for practices to remain in their respective tracks for the five years of the program starting Jan. 1, 2017.

Greater Collaboration Is Key

After evaluating practices participating in the previous model, CMS saw that those who were most successful in improving access to care were the ones leveraging telephone services, web portals and other advanced tools. They were recognized as being technologically proficient, which allowed CMS to offer the more advanced track. Succeeding in the second track requires a degree of sophistication and the ability to operate within the complexity of the environment, but it also will be an avenue that supports the greatest amount of collaboration between practices and health IT vendors, optimizing the use of technology for primary care delivery. It is important that practices vet and select their vendors wisely.

CMS has mandated that electronic specifications for clinical quality measures (eCQMs) must be reported for assessment related to performance payment annually. These measures will also be used for quality improvement in some of the CMS' milestones, such as care management for high-risk patients, access and continuity of care, patient experience, quality improvement, care coordination across the medical neighborhood, shared decision making and attestation for stage 2 of the Meaningful Use Program.

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So the expectation is that all practices have real-time or close to real-time access to performance results to ensure that continuous quality improvement objectives are achieved. CPC+ practices must meet certified health IT requirements in order to report measures, which are intended to target a complex patient care population.

There is a comprehensive list of health IT requirements that is available, but until the final Merit-Based Incentive Payment System (MIPS) regulations are announced in November, the industry will not know which measures will be finalized for inclusion as eCQMs for CPC+. In addition, an outcome performance model will be implemented, and CMS says that it hopes collected data will provide information necessary to address patient-reported outcomes. This will likely not be implemented within the next year, but it reinforces the growing importance of health IT functionality with respect to capturing data. This invariably poses a challenge for primary care centers to adopt relevant technologies to qualify for performance-based, incentive programs that leverage technology. Patient/provider and technology systems can symbiotically benefit to make way for achieving the goals envisioned by the CPC+ program and benefit at the same time.

Technology-Driven Change

Providers continue to struggle with evolving healthcare scenarios and new demands. As the impact of greater adoption of new wearable devices, home health devices and related workflow changes and infrastructure investments continues to be explored, the financial implications from the initial investments, which outweigh the potential short-term revenues, add more challenges. However, next-generation remote monitoring capabilities that leverage modern platforms are available to change the paradigm of healthcare to improve health, reducing costs by aligning the industry's efforts to leverage health data for more efficient care delivery in the most appropriate settings.

Sharing patient medical data across the spectrum of healthcare, from hospitals and primary care centers to walk-in clinics and medical specialists groups with patients and their families, makes it possible to monitor a large population of patients to prevent issues before they escalate and require expensive treatment and procedures. Some of the benefits of widespread data accessibility for practices in managing care for chronic conditions, increasing accessibility to care and increasing patient/provider engagement, include:

- Creation and adoption of care programs for weight, blood pressure, diabetes, prenatal and pediatric care, chronic obstructive pulmonary disease, asthma, sickle cell and the litany of other chronic issues.
- Incorporation of critical and normal ranges of vital values for individual patients and populations, requiring intervention only for exceptions to treatment protocols.
- Increased and ongoing communication with patients that drives daily engagement through automated reminders for appointments, vaccinations and other regular checkups.
- Patient behavioral modification through ongoing coaching and assistance to improve adherence to treatment protocol and focus on wellness.

The engagement required to maximize the successful use of health data is a joint effort, but physicians will need to drive the effort for patients to take active ownership in the management of their own health, which is essential to achieving lifelong behavioral change and driving down healthcare costs. Athenahealth recently reported results from a survey that asked more than 1,000 current medical students how they felt about healthcare,¹ and 73% said they worry about the ability to share records across unaffiliated practices. In addition, 44% said they are concerned about the ability to share records *within* a practice or a hospital. This reflects the awareness of the core issue and also the attitudes of the next wave of healthcare professionals.

CMS recognizes that health information exchanges alone have not worked, and they need innovative solutions from creative people and organizations. To this end, it has issued multiple challenges to foster innovation in engaging patients to aggregate their own health data from any health IT system and healthcare provider into their own personal system.

The Human Roadblock

Leveraging health records to improve outcomes demands not only interoperability of the health IT platforms, but also enhanced processes and attitude changes to bring patients and families into the center of their health and healthcare.

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Consumer information technologies, devices and sensors that are essential to strengthening the delivery and application of a new model of care are becoming available faster than they can be adopted. Leadership of health systems and all providers, however, will need to be influential in instilling the necessary cultural and structural changes.

The primary hurdle to the adoption of stronger remote monitoring technologies in primary care delivery is the human challenge, and overcoming this will require providers to extend care beyond the walls of their clinics to make better communication and the constant exchange of information the norm. The impact of the payment model in CPC+ (along with structural changes occurring that are supporting various evolving payment models) will be profound as the model drives the transition of health and wellness from episodic care to services that support ongoing health throughout an individual's life.

"Top of Mind for Med Students? So Much." *Healthcare IT News*. Sept. 23, 2015.

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Thought Leaders' Corner

Q. How Can Technology Boost Medication Adherence?

Smart packaging is a new area that has the potential to significantly improve medication adherence. Imagine a package that knows who a patient is and the regimen required for a medication; has a complete log of all the times the patient has accessed a medication; and can provide reminders of when the medication needs to be taken. Because standard electronics systems consume too much power, using them to accomplish these objectives is impractical. Glass displays also make the solution unfeasible. An ePaper-based solution removes those limitations.

E Ink and The Palladio Group developed such a prototype, PhutureMed. It is a blister pack that can have a simple module thin enough to be laminated into the packaging. The module contains a plastic, flexible display that is lightweight and shatterproof and requires almost no energy. A PhutureMed-based trifold blister pack can be enabled to read the RFID signature identifying a medication and identifying each pill that is popped.

The system can eliminate uncertainties about whether or when to take the next dose. In addition, it provides alerts to patients if they forget to take the next dosage, or even notifies a caregiver to check in on a patient. The data log can be analyzed and shared with medical practitioners for an accurate account of when medication is taken. It has been shown that such reminders improve adherence and ultimately healthcare.



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Medication adherence remains a substantial problem in the last few inches of care. We know from multiple studies that a high percentage of patients don't fill their prescriptions regularly. Those that do fill them don't always take the medication consistently or even at all. Even the timing of medication is significant, and compliance is spotty at best.

Technology offers tremendous potential for closing the loop on medication refills. It can help us understand if and when patients refill the medication, as well as offering an opportunity to intervene when prescriptions are not filled. New pill tracking and individualized medication services provide the ability to customize packaging, making compliance easier. Additional technology can prompt and even monitor a patient's medication adherence. And a new innovation from Proteus offers digital tracking of medication that is attached to the pill itself, which monitors and reports actual purchase, storage and ingestion time to offer the ultimate in closed loop, medication adherence.

Helping patients and clinicians confirm medication adherence with real-time support and information should be our goal. Innovations in technology allow us to simplify the process and ease the challenge associated with complex prescription requirements that are faced by many complex and chronic disease sufferers.



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Thought Leaders' Corner

Adherence to taking medications can be a significant problem, leading to increased complications, worsening of medical conditions, higher costs and poorer quality of life. Poor adherence can involve not taking the medications at all, not taking them as prescribed or skipping doses. One would think that patients would make sure to take their medications regularly, but there are several reasons why they might not: unaffordability, side effects and poor follow-up or communication with providers, the latter often making it impossible for patients to try different but more suitable medications.

Technology can be used in the following ways:

- Health apps can serve as an alarm on cellphones or watches/wrist bands to notify patients when they should be taking their medication(s).
- Patients can look up their medications on the Internet to ensure they are taking them as prescribed (correct dose and correct time), as well as noting side effects. The Internet also enables patients to compare prices and find out if there are other medications that can be beneficial but at a lower cost or with fewer side effects.
- Physician/patient portals allow doctors to notify patients when they are due for a medication check-up, and patients may ask questions of their doctors about treatments or any new symptoms or possible drug side effects.
- Insurance companies have databases containing information on patient diagnosis and medications. They are able to monitor their members' medical conditions and notify doctors when they detect that patients are not refilling their medications on a timely basis. Since they pay for medications, insurers can use technology to track refills and when they note irregularities, notify the doctor and patient.



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Industry News



CMS Plans Hospital Improvement, Innovation Networks

Seeking to improve patient safety and reduce hospital readmissions, the Centers for Medicare & Medicaid Services (CMS) is readying a series of hospital improvement and innovation networks (HIINs).

They will be part of CMS' Quality Improvement Organization (QIO) initiative. CMS published a request for proposals to develop the HIINs with a goal of achieving a 20% decrease in overall patient harm and a 12% reduction in 30-day hospital readmissions from a 2014 baseline, according to CMS Chief Medical Officer Patrick Conway, M.D. "The further integration of work across these influential networks will permit the continued and increased systematic use of proven practices to improve patient safety and reduce readmissions at a national scale in all U.S. hospitals," Conway wrote on *The CMS Blog*.

The HIINs will engage with the nation's hospitals, patients and caregivers to implement best practices. These organizations, working under the umbrella of the Partnership for Patients initiative, have decades of experience with quality improvement and are currently supporting more than 250 communities nationally to improve care transitions and reduce adverse drug events across a wide variety of healthcare and community-based organizations.

Efforts to improve patient safety are already making progress. A report by the Agency for Healthcare Research and Quality in December showed an unprecedented 39% reduction in preventable patient harm in U.S. hospitals compared to the 2010 baseline, Conway says. This has resulted in 2.1 million fewer patients harmed, 87,000 lives saved and nearly \$20 billion in cost savings from 2010 to 2014. The nation has also made substantial progress in reducing 30-day hospital readmissions.

Mari Edlin serves as editor of *Healthcare Innovation News*. She is a graduate of Stanford University and a long-time San Francisco Bay Area freelance writer, specializing in healthcare. Mari invites you to submit bylined articles on innovations in healthcare and case studies describing forward-thinking examples. For more information, contact her at MLEdlin@comcast.net.