Electronic Health Records and Quality Metrics
Using the right expertise to make full and meaningful use of your EHR investment
Today a well-run medical practice is one which effectively meets the challenges of both quality patient care and payer reimbursement. There is little doubt that new information technologies are increasingly common tools for meeting these challenges, but they are not always effectively adopted.

It is not unusual for a practice to invest in well-designed, valuable software while having access to only limited use of its potential. Expert guidance is crucial to the effective and efficient use of the full technology platform. Experts in managed healthcare technology know that navigating a screen is only the beginning. Clinicians need to understand how their new system can help them achieve the highest quality of care, in ways that may include new work flows and care coordination support, with a focus on care of the whole patient or a practice’s patient population.

This paper provides an overview of the uses of information technology for medical practices. It also suggests the ways practices can make full and meaningful use of this technology as a way to provide the best care to their patients and document this care for payers.

**Technology is a tool, but not the whole story**

Leaders of well-run practices recognize that true patient care has always involved not episodic treatment, but a holistic, in-depth knowledge of each patient’s history, condition, and status. Patient visits, to be truly impactful, must be understood and recorded in a way that enables every member of the medical team to understand patient needs over time.

New technologies, with their dashboards, databases, and ease of use, are tools to support such quality care. But clinicians must receive expert assistance in using this technology if they are to achieve their goals.

It’s also important to emphasize that technology coupled with expert guidance enables practices to meet payer reimbursement requirements, which are increasingly focused on quality metrics and the resulting value-based payment.
Consider the following two examples:

In a medical office where staff have learned how to use their technology effectively, a patient has an office appointment in two weeks and is also due for certain blood tests such as cholesterol and thyroid function. The practice’s nurses and other staff members have learned to use both electronic health records and available dashboards to see if patients with upcoming appointments are overdue for those tests. They may then call the patient and ask them to have bloodwork completed, as needed, before the office visit. As a result, immediate data is available during an office visit – commonly referred to as the “point-of-care”. With decision-support tools right at hand, the physician can advise and treat most effectively during the visit.

Another patient arrives for treatment with a cough. The physician sees via correctly used information technology, that the patient has Chronic Obstructive Pulmonary Disease (COPD) and hypertension. Rather than only providing episodic treatment for the cough, the provider is able to take a holistic approach, looking for underlying causes and perhaps rethinking the treatment plan. Furthermore, the physician’s decisions and actions are recorded in the longitudinal care plan for the entire medical team to access. Later, a care coordinator may follow up with the patient to make sure that the protocol is being followed. In addition, the testing, care plan data and disease state metrics are then available for reporting to payers.

In both cases, technology supported these approaches to treatment, but it was expert training and coaching which facilitated the work flows and follow-up calls, and these in turn enabled the practice to realize the full potential of their investment.

Effective electronic reporting

Today’s highly detailed, and complex, demands for reporting on patient care are unlikely to be met without both technological support and the expertise to maximize its use. Anyone with any doubt about the need for expertise in technology need only consider this definition of quality measures from the Centers for Medicare and Medicaid:

Quality measures are tools that help us measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care. These goals include: effective, safe, efficient, patient-centered, equitable, and timely care.¹

Two important steps in leveraging your technology

As a start in meeting such goals, staff should be coached on the different data fields in the EMR, and the importance of correct data entry. A complete and accurate set of patient data is crucial to every aspect of practice performance. The decision-support tools offered by a strong technology solution will reflect an accurate assessment of each patient’s real health status.

In addition, simplicity of sign-on will mean that physicians avoid logging into several separate applications in accessing patient data. “Single sign-on technology,” a

seamless experience, renders a physician’s work easier and follows best practices.

Here are three ways in which fully-leveraged health information technology, when introduced with expert training, can document performance for payers while supporting high quality patient care:

Coordination of care for each patient

Data which is well organized and easily accessible means that the entire patient team is well informed about the condition and the needs of each patient. The primary care physician, nurse practitioner, physician assistant, care coordinators, as well as the patient and his/her family, are all prepared to choose the right care, at the right time, in the right location.

During a clinical session, providers can communicate with the patient using a single sign-on electronic chart and corresponding dashboards at the point-of-care, drawing on a range of electronic data well-organized and immediately available. This means discussions between any member of the medical team and the patient result in more informed decisions about the patient’s medical needs, treatment progress and overall health. Information about ER utilization, weight loss, smoking cessation, cancer screening, immunization, existing diagnoses of diabetes, asthma, COPD and Congestive Heart Failure (CHF) are also invaluable during the visit, along with falls risk and medication reconciliation.

“Quality Gap Closure”

Electronic data enables a medical practice to determine the health of its whole population panel and identify gaps in patient care. Some point of care technology solutions actually “layer” over existing EMRs and display patient and population gaps that aid in clinical decision support. This “quality gap closure” is reflected, for example,
in the percentage of women receiving mammograms. With such information at hand, a practice can evaluate its overall effectiveness in patient treatment, and identify patients who should receive communications alerting them to the need for testing.

**Detailed reporting to payers**

In addition to the clinical value of electronic records, medical practices also have the data on hand to report to payers according to increasingly demanding outcome metrics. For example, for most payors it is no longer enough to simply document application of the HbA1c test. Instead, payers may reimburse a reduced amount for HbA1c results above or below a certain level. To track such data, well-designed electronic reporting is essential.

Furthermore, at least two different measurement systems are used by payers: HEDIS and MACRA. As medical practice leaders are learning, while these overlap in many areas, they are not precisely the same. With the right technology for medical records, medical practices are in a position to achieve what is nearly impossible with paper records: track, analyze and report quantities of highly detailed data which prove their high performance in quality of care.¹

Finally, providers must stay abreast of the most current CPT codes and modifiers, particularly since proper coding can help meet quality measures and deliver additional revenue to practices.

**What to look for in an enablement partner:**

Medical practices today are face-to-face with an alphabet soup of metrics. An effective enablement partner is an expert who will help them navigate these metrics and build tools that enable accurate reporting to payers. The most valuable partners are interested in collaborating with physicians on achieving their goals: high quality care, patient satisfaction, and lower cost. They are not technologists focused solely on software.

The right partner understands that a medical practice is not simply buying a word processor for note taking, but a tool for improving patient care. And the right partner also understands that workflows and processes adopted from manufacturing or architecture are far less likely to succeed than systems which directly reflect the needs of physician practices.

The electronic health records industry is undergoing a huge transformation. Large numbers of vendors are entering, and then leaving the market, and not all of them understand the needs of medical practices from the inside. Indeed, many have little or no experience in medicine.³

Medical practices would do well to choose a partner whom they feel they can trust, who understand their particular needs and operating style. Ideally this partner will also be financially and operationally sound with proven metrics that demonstrate the validity of its methodologies.

Effective medical practices have always understood the need to be cognizant of the underlying metrics for both individual and population health in their panels. But in the past this has been achieved, not always effectively, with hard copy charts and records. Medical practices should invest in technology that supports comprehensive patient care first, while being mindful of payer reporting demands.

³“IT entrepreneurs rush into healthcare, but will human touch be missing?” from ModernHealthCare.com, posted September 6, 2014, downloaded October 3, 2014