

# EXECUTIVE SUMMIT

MAKING TECHNOLOGY INDISPENSABLE IN HEALTHCARE

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San Diego



**ALLSCRIPTS™**

Inform. Connect. Transform.



# *Managing a Connected Community: Operational and Technical Decisions for Success*

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## Hot Topics

- Who We Are
  - Reaching Out to the Small Physician Market
- What We Did & Lessons Learned:  
**MSO ASP Non Sharing Model**
  - Configuration
  - Implementation
  - Support
- Where We Are Going
  - CMS PQRI & Clinical Transformation



## About TeamPraxis

- ▶ **Community-based organization** established in 1992. Our mission is to lower the cost of operating a practice while empowering physicians to improve the delivery of patient care.
- ▶ **Largest physician service organization** in Hawaii, with a staff of 130 people, 13 Certified Professional Coders and 50 offshore full-time contractors, serving more than 1,000 providers throughout the state.
- ▶ **Connective Health Care Strategy** links independent physicians with other community healthcare players.





## HMSA's HI IQ Program

- **HMSA: Hawaii's "Blue" Insurer, Largest Insurer**
- **Innovation and Quality (HI-IQ) Program:** Subsidize 1,000 physicians to acquire integrated PM and EHR systems
  - \$20 Million and up to \$20,000 subsidy per physician
  - Must provide HMSA with same reporting format required by CMS PQRI
- **Program Goals**
  - **Encourage System Adoption:** Increased integrated PM and EHR among physicians provides greater efficiencies and results in better care for members.
  - **Open Delivery System:** Position HMSA as an advocate for preserving patient choice & physician independence.
  - **Shift Toward P4P:** Align payment incentives with performance, giving rewards for e-prescribing, reduced medical errors, reduced variations and duplicated tests, improved chronic disease management and preventative health programs.

**Cost containment + improved healthcare outcomes = competitive advantage**



## Allscripts Touchworks

- ▶ Agreeable to Partnership Framework
- ▶ Technology and Application Functionality
- ▶ Commitment to R&D
- ▶ Leadership within the Company
- ▶ Established and focused presence in the marketplace
- ▶ Financial Strength
- ▶ Existing presence in the Hawaii marketplace



## Configuration

### MSO ASP Non Sharing Infrastructure:

- ▶ Secured Data Center
- ▶ Blade Servers with SAN Technology
- ▶ High Speed Private Network with Internet Access
- ▶ Disaster Recovery
- ▶ 24/7 System Monitoring & System Administration

### Additional Features within our Model:

- ▶ 2 Separate Practice Management Systems (ConnxtMD and Misys) integrated with Touchworks
- ▶ 2 Lab Interfaces (DLS and CLH)
- ▶ 2 Lab Order Entry Interfaces (In Development)



## Configuration: Lessons Learned

### Performance

- ▶ System Monitoring to Accommodate Multiple Physician Sites using a Single Database Model
  - ▶ Terminal Services Option
  - ▶ Capacity Monitoring
  - ▶ Periodic Health Check
  - ▶ 'Go to Assist' Tool to Evaluate Customer Performance
- ▶ Adequate Bandwidth
  - ▶ Physician's Office Network Connectivity
  - ▶ Hardware and Software Compliance
- ▶ Wireless vs. Wired
- ▶ Common Set of Dictionaries



# Implementation

## Preparation = Success

- **Office Assessment & Organization Setup**
- **System Conversions**
- **Phased Implementation**
  - I – Base, Rx+, Scan
  - II – Note, Order, Result, Charge (typically 3-4 weeks after Phase I)
  - III – PQRI/Physician Dashboard
- **Follow up** – high frequency contact (Customer Relations Management)
- **EHR Team** – 40 resources (SME/Implementation Leads, Project Managers, Helpdesk, Developers, Trainers, Client Relations Resources, Touchworks Systems Administrators)



## Support

### Local Support

- ▶ Helpdesk Level 1 and 2 provided by TeamPraxis
- ▶ Level 3 provided by a partnership with Allscripts
- ▶ Incident Tracking Tool
- ▶ Interface Support provided by TeamPraxis

Separate Staging/Dev/QA environment reduces risk to customers



## Three Phases of Adoption

### ➤ Substitutive Phase

- Replace paper chart

### ➤ Efficiency Phase

- Tasking
- eLabs
- ePrescriptions

### ➤ Transformative Phase

- Chronic Disease Management and Preventative Health



## CMS PQRI: Promising but Problematic

- ▶ **Process is costly:** 1.5% bonus will not cover staffing costs for smaller practices and groups
- ▶ **Process is cumbersome:** Quality data must be collected from many different sources
- ▶ **Process is risky:** Claims-based reporting can jeopardize A/R
- ▶ **Process is inflexible:** No interim reporting and no re-filing of quality measures – must be 100% correct upfront
- ▶ **Process is not innovative:** Manual workflow recommended by CMS provides no means for physicians to proactively monitor and improve their outcomes

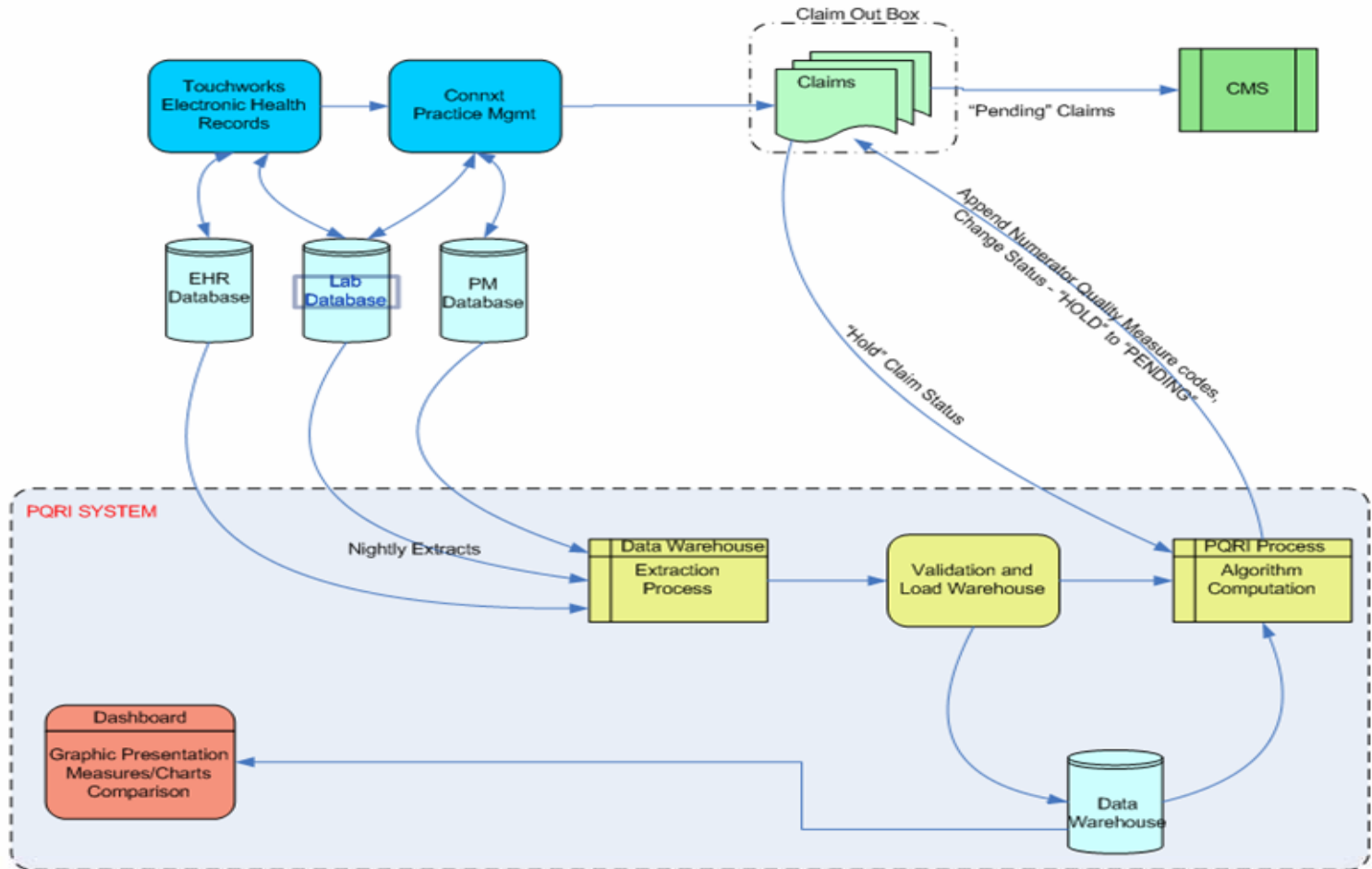


## TeamPraxis PQRI Solution

- Created an automated, “no touch” system
- EHR, PM and lab result data aggregated into a clinical data warehouse
- Clinical algorithm engine determines applicable quality codes and modifiers
- Claim files are annotated with quality codes before transmission to CMS
- Guaranteed 100% reporting accuracy with minimum delay
- Real-time Physician Dashboard with drill-down to individual patients provides visibility to quality results and makes data actionable
- System is modular and can be easily expanded to other payers and quality initiatives, as well as registry-based reporting



# CMS PQRI System Flow





# CMS PQRI: Dashboard

## Physician Dashboard

Office #3600 (#3600)

### PQRI

Hemoglobin A1c Control 25 Claims



Legend Patient List Compare Documentation

Diabetes LDL Control 25 Claims



Legend Patient List Compare Documentation

Diabetes BP Control 25 Claims



Legend Patient List Compare Documentation

CAD Anti-Platelet Therapy 31 Claims



Legend Patient List Compare Documentation

Beta-Blocker Therapy, Post MI

Legend Patient List Compare Doc

http://dash.connxtmd.com - Patient List - Hemoglobin A1c Control - Mozilla Firefox

### Patient List - Hemoglobin A1c Control

Filter All ■ ■ ■ ■

Print

Patient	Birth Date	Scored Value	Visit Date
<input checked="" type="checkbox"/> ■ PONIMOI, SANDY M Date      Scored Value      Lab 06/09/2007      11.4      DLS 03/03/2007      8.2      DLS 11/25/2006      8.1      DLS 04/29/2006      9.9      DLS 01/21/2006      8.6      DLS 10/15/2005      8.0      DLS 07/16/2005      6.6      DLS	02/17/1938	11.4	03/06/2007
<input checked="" type="checkbox"/> ■ TOYOTA, JAMES	10/16/1941	12.9	04/16/2007



## Clinical Quality: A Product for the Future

- ▶ A Clinical Quality System has become an essential third component (along with EHR and PM) for a competitive MSO offering
  - ▶ Compelling to physicians: automated participation in payer bonus programs
  - ▶ Compelling to payers: bridges the gap between value-based initiatives and physician behavior
  - ▶ Ultimately, improves clinical outcomes



## Physician Testimonials Video



## Summary

- ▶ **MSO is Key in Race to Secure Independent Physicians**
- ▶ **Allscripts is a Great Partner**
- ▶ **A Clinical Quality System is an Essential Component**

**Thank You and Aloha**  
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