

At a Glance

Organization

Washington Hospital
Washington, Pa.

- 24 residents
- 15 faculty
- 58,000 visits per year

Solution Spotlight

- Practice Partner® Patient Records
- Practice Partner® Medical Billing
- Practice Partner® Appointment Scheduler

Critical Issues

- Limited continuity of care and missed opportunities for managing chronic diseases
- Low level of financial return on quality bonuses

Results

- Instituted process changes using the EHR that empowered administrative and nursing staff to take an active role in diabetic disease management
- Significantly improved performance against quality standards for diabetic patients as measured by a national research organization
- Maximized pay-for-performance incentives offered by primary payor, resulting in an additional \$50,000 per year in quality bonuses

Washington Hospital Uses EHR to Reap Clinical and Financial Gains for Chronic Disease Management

Managing quality improvements in chronic disease treatment is a challenge for any physician practice, but even more so in a family practice residency where much of the clinical staff includes residents in constant transition. To improve the continuity of care provided by its three-office family medicine residency, Washington Hospital implemented a fully integrated electronic health record (EHR) from McKesson, overhauled processes within the practice, and enlisted support from a research network to benchmark quality measures. The transformation has helped the residency enhance patient care and benefit from a regional pay-for-performance program, increasing annual revenue by \$50,000.

Challenges

Because it hosts a training program for residents, Washington Hospital's clinical staff is always changing. In fact, patients are not seen by their regular doctor 40% of the time, resulting in missed opportunities for managing chronic diseases. Continuity of care was further inhibited by the practice's use of paper records. With three residency sites separated by 20 miles, it was difficult for residents to evaluate patients in the hospital without the information in their records. And when patients moved from office to office, record transfer was a problem.

Answers

Washington Hospital selected McKesson's Practice Partner® Patient Records, Practice Partner® Medical Billing and Practice Partner® Appointment Scheduler solutions. (Practice Partner version 9.2 from McKesson is a CCHIT CertifiedSM product for CCHIT Ambulatory EHR 2006 and 2007.) This integrated system of medical billing software and practice management software gives physicians access to patient data anywhere, anytime.

"Practice Partner has become a regular part of our physicians' daily care of patients," explains Jeff Minter, M.D., associate residency director, Washington Hospital. "McKesson's system gives our training physicians the ability to access information in multiple settings — from one of our offices, the hospital or home."

Dr. Minter extended the practice's use of the EHR when Highmark, one of Washington Hospital's largest payors, instituted a pay-for-performance program based on quality improvement measures. The incentives ranged from \$3 to \$9 per visit, depending on the practice's performance against the measures. Dr. Minter chose to focus on a disease management initiative for diabetics, a significant portion of the practice's patient population.

Using the Practice Partner EHR in conjunction with historical

Case Study

“McKesson has given us a step toward a longitudinal patient record that is helping us resolve the segmentation of healthcare.”

Jeff Minter, M.D.

*Associate Residency Director
Washington Hospital*

population and patient data compiled by Practice Partner Research Network (PPRNet), Washington Hospital identified the diabetic patients at highest risk for complications and measured the effectiveness of its new process changes.

Two major process changes were instituted. The first identified diabetic patients when they came in for an office visit. Staff created a workflow chart in the Practice Partner solution with a diabetic-specific flowsheet that was completed prior to the patient's visit. When the patient arrived for the visit, the resident would know the patient was diabetic and could order any necessary lab work.

The second process change established outbound communication for preventive care. Nurses were trained as diabetes educators and communicated with the diabetic patients through e-mail messages and mailings to help ensure they scheduled and completed their visits.

“Already having an EHR in place was crucial for instituting a disease management program,” Dr. Minter explains. “Our EHR provides accurate clinical information extracted directly from the chart — and that information is available to multiple members of the healthcare team.”

Results

Washington Hospital achieved substantial improvements in clinical outcomes among its diabetic patient population. Prior to the disease management initiative, Washington scored three points greater than the median and zero at benchmark (defined as 90th percentile of performance) on 13 diabetes-specific measures when compared against its peer group within a national research organization (PPRNet). After the process changes, the hospital scored nine points greater than the median and four points greater than the benchmark against the same peer group.

Washington Hospital's financial performance also skyrocketed. Prior to the new processes, the residency received Highmark's lowest level of quality bonus. After the new processes, the bonus increased to the highest level, resulting in additional annual revenue of \$50,000. The financial gain enabled the practice to hire another nurse to run the disease management program.

“McKesson has given us a step toward a longitudinal patient record that's helping us resolve the segmentation of healthcare,” says Dr. Minter. “We have better control and access to data and can evaluate practice patterns, improve pay-for-performance activities and lessen errors with electronic reminders.”

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