CPC
Comprehensive Primary Care

Milestone 3: Enhanced access to care

Dr. David Kendrick

Introductory Comments

Laura L. Sessums, JD, MD
Director, Division of Advanced Primary Care
CMMI/CMS

Agenda

- Review MS3 requirements
- Compare with Meaningful Use Requirements
- Choosing a Solution
- Operationalizing the program
- Important considerations

Terms and Conditions for Milestone 3

- Attest that patients continue to have *24-hour/7-day-a-week access* to a care team practitioner who has *real-time access to the electronic medical record*.
- Implement at least *one type* of opportunity for care provided outside of office visits (e.g., through patient portal, email, text messaging, structured phone visit).
- *Communicate a commitment* to timely responses to asynchronous forms of communication (portal messages, email, text messages and voice mail).

Milestone 3: Intent

- Increase access to care outside of the traditional office visit
- 2013: Ensure that EHR content is available 24/7 to support patient care
- 2014: “Opportunities for care and consultation outside of office visits”

Milestone 3 in 2014: Guidance

- Communications may be:
  - Synchronous
    - telephone, video conference
  - Asynchronous
    - text messaging, instant messaging, email, eVisit, etc.

Milestone 3: Quarterly Attestation

- Attest to 24/7 availability of medical record to the provider caring for your patients.
- Between visit care & communications:
  - Identification of approach(es) to be used
  - Estimation of time that provider and staff will spend
  - Indication of how this option is communicated to patients

Consideration of requirements for Meaningful Use Stage 2

- Patient must be provided with the ability to:
  - View a summary of their record in web-based format
  - Download a copy of their record
  - Transmit or share their record with someone else
  - Review an activity log on VDT
- Patient portal is required to do this, with a target of:
  - 50% of all patients seen must be provided with electronic access to their record
  - 5% of all patients seen must actually access their online record

How to evaluate the options?

1. Identify the options that meet the requirements
2. Review the options for efficacy
3. Estimate cost of the options (total cost of ownership)
   - Tech cost (implementation and ongoing)
   - Staff cost (training, ongoing support)
   - Risk (malpractice, etc.)
4. Align with other requirements/investments

Options identified

1. Phone - protocol
2. Secure email or text
3. Direct Messaging email
4. Patient portal with Direct email
5. Patient portal with structured eVisits
6. Patient portal with structured eVisits and Live Video consults

MS3: Potential Solution Spectrum

Stage 2 Meaningful Use

Less complex → More complex

Telephone protocol	Secure email/texting protocol	Secure Direct email protocol	Online patient Portal with unstructured eVisit capability	Online patient Portal with structured eVisit capability	Online patient Portal with structured eVisit capability and synchronous video

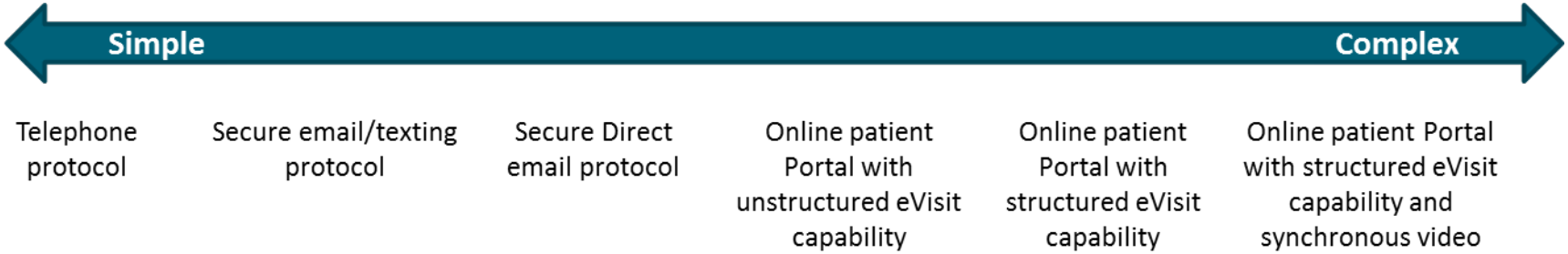
Considerations:

- Assess your access situation: supply vs. demand
  - 3rd next available appointments?
  - Post-hospital, post-ER, and post-Op visits fit in a timely fashion?
- Decide where more demand exists:
  - Need more available visits? *Use eVisits to expand availability, see the most appropriate patients*

  OR
  - Have excess visit availability? *Use excess/idle time to engage higher risk patients via eVisits*

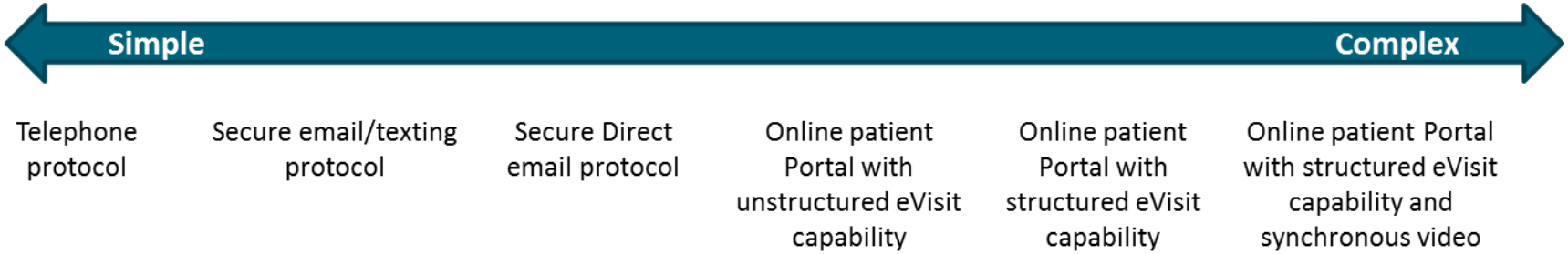
Considerations: Cost

- Technology costs – initial and ongoing
- Staff costs – time
- Provider costs – time



Considerations: Revenues

- Payment: Some payers will reimburse for eVisits
  - Must file and document appropriately
- Shared savings:
  - Avoiding ER and Urgent Care visits will improve SS



Phone visit with protocols

- Requires no new technology
- Protocols used for common conditions
  - UTI, URI, allergies, f/u stable chronic conditions, etc.
- Requires documentation process
- Phone visits should be scheduled
- Excellent resources:
  - http://www.nursingceu.com/courses/290/index_nceu.html
  - National guideline clearinghouse, http://www.guideline.gov

eVisits via email

- Enables patient to communicate with provider or staff asynchronously. Three types:
  - **Unsecured email**: Must ensure that patient initiates or document patient consent to use unsecured email.
  - **Secured email**: Usually a proprietary system. Patients with multiple doctors will need to use multiple secured email systems.
  - **Direct email**: Federal standard required in S2MU, common protocol across all systems enables patient to reach all providers with a single account.

Best practices for eVisits (1)

- Offer e-mail "visits" only to existing patients whose medical history you are familiar with, rather than to patients you have never treated.
- Keep complete records of your email exchanges. One of the benefits of e-mail is that it documents exchanges between physicians and patients.
- Develop Terms of Service, Informed Consent, and other legal documents with your professional legal counsel.
- Be up-front with patients about fees, services and "the ground rules" of email exchanges.
- Establish an explicit turnaround time for messages (e.g., 24 to 48 hours).

https://www.transformed.com/e-Visits/e-Visits_Scherger.cfm

Best practices for eVisits (2)

- Use a disclaimer. A standard disclaimer appended to the footer of your emails could read as follows: "Electronic mail is not secure, may not be read every day, and should not be used for urgent or sensitive issues."
- Clearly differentiate between online consultation for an existing condition and online diagnosis and treatment of new conditions. Develop and implement policies for each type of interaction.
- If you exchange emails two or three times on an issue, or encounter a communication or emotional issue, recommend that the patient schedule an appointment.

https://www.transformed.com/e-Visits/e-Visits_Scherger.cfm

Best practices for eVisits (3)

- Always clearly communicate follow-up plans and “next steps” to patients. Make sure you have a method for tracking follow-up.
- If you provide links to patient education content sources or online services, it is your responsibility to assure that the resources are recognized, credible and authoritative.
- Communicate professionally and politely — Never say in an email what you wouldn’t say in person.
- Avoid sarcasm, irony and jokes — no matter how good your relationships are with your patients. Health care communications should be clear, concise and professional.

https://www.transformed.com/e-Visits/e-Visits_Scherger.cfm

Best practices for eVisits (4)

- Never use abbreviations with patients. Limit your use of abbreviations in e-mails to close friends or associates. To the average patient, abbreviations most often lead to confusion.
- Check spelling and evaluate your grammar before clicking the “send” button. Misspelled words and poor grammar, even in an email, reflect poorly on you as a professional.
- Append a standard signature text block to each message that includes (at minimum) your full name, your contact information and information about security of the email exchanges.
- Inappropriate uses of secure messaging include medical emergencies, time sensitive issues, communication of bad news, and sensitive issues.

https://www.transformed.com/e-Visits/e-Visits_Scherger.cfm

Portal with Direct Email

- Patient portals required in MU2 (not by CPC)
- Some provide secure messaging, a few Direct Messaging
- Advantages:
  - Clinical data in portal can be exchanged with providers
  - Direct enables patient to interact with all providers

Online Patient Portal with eVisits

- Most EHR vendors offer a patient portal
  - Integrate patient data
  - Secure messaging – likely Direct Messaging in 2014
- Other vendors of patient portals have additional features
- HealthVault is a free patient portal that offers:
  - Direct Messaging
  - Home device interoperability
  - Stage 2 Meaningful Use certification

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HealthVault

Your account | Sign out | Help

David

Edit

Add a person +

Switch person

HEALTH VIEWS

Emergency profile

Weight management

Home

Home > Health information

David's health information

More actions ▼

Conditions

- Allergy (1) +
- Condition +
- Emotional State (1)
- Medical Device +

Custom Data

- Application-Specific Information (16)

Files

- Continuity of Care Document (CCD) +
- Continuity of Care Record (CCR) +

Measurements

- Blood Glucose Measurement +
- Blood Pressure Measurement (5) +
- Body Composition (100+)
- Cholesterol Measurement +
- Height Measurement (2) +
- Lab Test Results +
- Peak Flow Measurement +
- Sleep Session (31)
- Weight Measurement (100+) +

Medications

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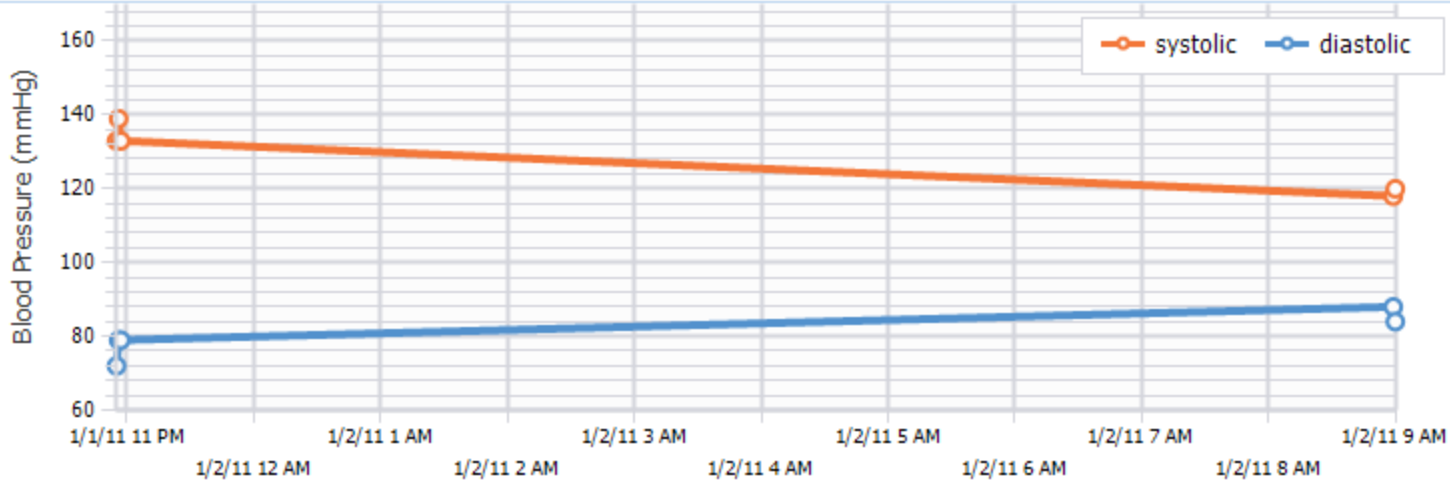
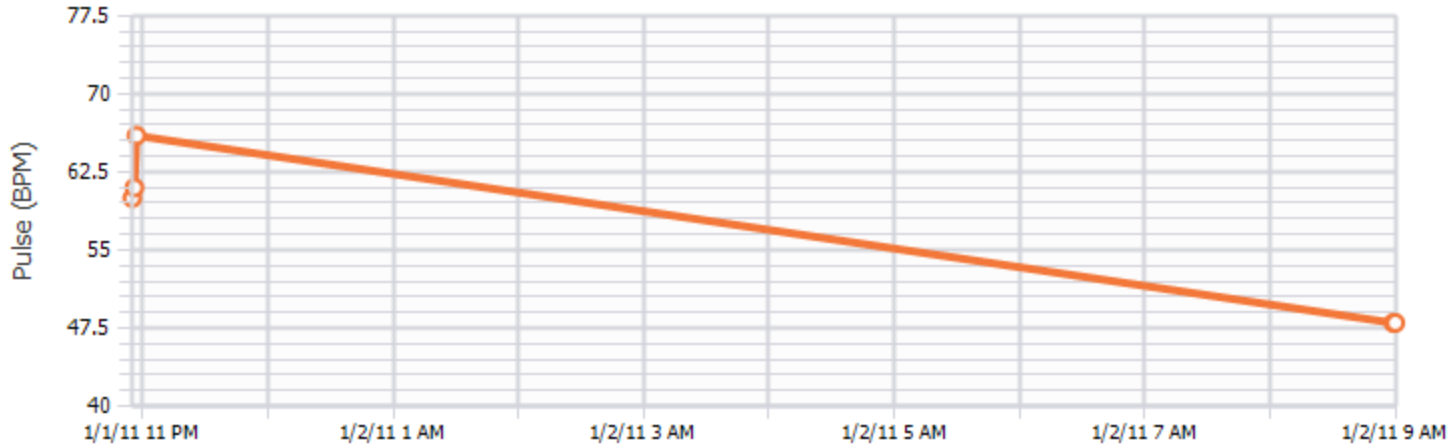
Blood Pressure Measurement

Add: Blood Pressure Measurement

Print | Delete | Export | Hide chart | See sharing | Change date range





Edit
Add a person
Switch person

HEALTH VIEWS
Emergency profile
Weight management

Home
Health information
Apps & Devices
Health messages

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HealthVault

David

Edit

Add a person +

Switch person

HEALTH VIEWS

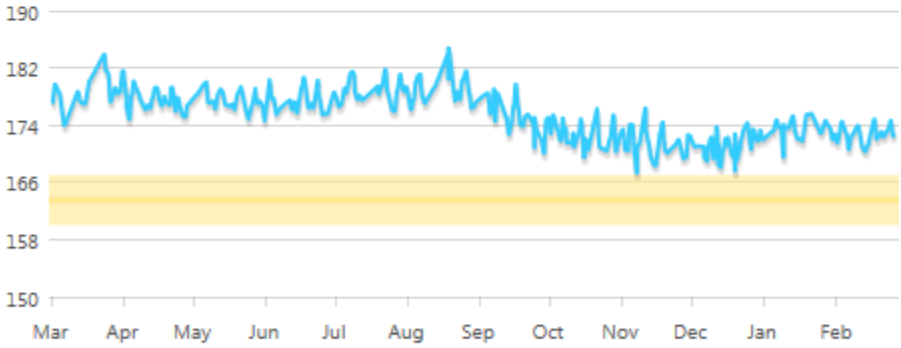
Emergency profile

Weight management

David's weight dashboard

WEIGHT

+ Add a weight measurement Grid view 1 year



Current

172.5 lbs

Goal: 160 - 167 lbs

Reach your goals with connected apps and scales

EXERCISE

Duration | Steps

+ Log an activity Grid view 1 year

Today

0 hrs

Set goal

ww.fitbit.com/from/2012/11/11/to/2012/11/11 | Health Info - HealthVault | Fitbit Dashboard

orites Tools Help

HR Pentaho User Console - T... MyHealth Portal HealthVault Pentaho Dev Mirth Segs GTHAN MyHealthStaging MyHealth Analytics MyHeal

LOG FOOD LOG ACTIVITY TRACK WEIGHT

20% of 70,000 weekly steps Switch Goal

Day Week Month Year

Sun, Nov 11

Activity

updated 1 hr ago

14031 steps taken

23 floors climbed

You have climbed: The Wicked Twister

6.53 miles traveled

2796 calories burned

890 active score

Top Daily Step Badge

Top Daily Climb Badge

NEW Fitbit Zip™

Tracks steps & more.
Syncs to iPhone 4S too.
Only $59.95!

Learn more

Top Badges My Achievements

15,000 ? 10 ?

See all badges

Friends

Friends make fitbit more fun!

enter.healthvault.com/Default.asp

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HealthVault

Your account | Sign out | Help

Home > Health messages

Health messages for David Kendrick

Switch person

New | Refresh | Delete

Settings

From	Subject	Received (EST)	Size
david.kendrick.mh@directmyhealth.net	processed: BP Control	2/27/14 9:59 PM	1 KB
Joe.Walker.MH@direct.myhealthaccess.org	processed: RE: Your lab results	10/2/12 7:43 AM	1 KB
Joe.Walker.MH@direct.myhealthaccess.org	processed: RE: Your lab results	10/1/12 10:12 PM	1 KB
Joe.Walker.MH@direct.myhealthaccess.org	RE: Your lab results	10/1/12 12:13 PM	1 KB
David.Kendrick.MH@direct.myhealthaccess.org	processed: Re: Your lab results	10/1/12 11:11 AM	1 KB
David.Kendrick.MH@direct.myhealthaccess.org	processed: Re: Your lab results	10/1/12 11:11 AM	1 KB
David.Kendrick.MH@direct.myhealthaccess.org	Your lab results	10/1/12 11:07 AM	1 KB
healthvault@direct.healthvault.com	Welcome to Message Center	10/30/11 12:47 AM	679 bytes

Untitled Message - HealthVault Message Center - Internet Explorer

https://messagecenter.healthvault.com/Message/New

Send | Close

You can send messages only to Direct addresses; make sure to ask your health care provider for their Direct address. Please note that sent messages won't be saved in HealthVault.

From: DavidKendrick@direct.healthvault.com

To: david.kendrick.mh@directmyhealth.net

Cc:

Subject: BP Control

Attachment: Attach health info from HealthVault | Attach a file

Message:

Dr. Kendrick-
My home BP readings have been getting higher. Can you please advise me on a medication change?
Thanks
David

Untitled Message - HealthVault Message Center - Internet Explorer

https://messagecenter.healthvault.com/Message/New

Select information to attach

Select all | Clear

- [x] Basic Demographic Information (1)
- [x] Blood Pressure Measurement (5)
- [x] Personal Contact Information (1)
- [x] Family History (1)
- [x] Height Measurement (2)
- [x] Medication (1)
- [x] Personal Demographic Information (1)
- [x] Procedure (1)

For these dates

- (•) All dates
- ( ) Date range

Next | Cancel

Untitled Message - HealthVault Message Center - Internet Explorer

https://messagecenter.healthvault.com/Message/New

Preview selected health info

Basic Demographic Information (1)

Gender	Birthyear	Country/Region	Postal Code
male	1972	United States	74120

Blood Pressure Measurement (5)

Date	Systolic	Diastolic	Pulse
1/2/2011 9:00:00 AM	120 mmHg	84 mmHg	48 BPM
1/2/2011 8:59:00 AM	118 mmHg	88 mmHg	48 BPM
1/1/2011 10:57:00 PM	133 mmHg	79 mmHg	66 BPM
1/1/2011 10:56:00 PM	139 mmHg	79 mmHg	61 BPM
[illegible]	[illegible]	[illegible]	60

Back | Attach | Cancel

Message Sent - HealthVault Message Center - Internet Explorer

https://messagecenter.healthvault.com/Message/SendMessage

✕ Close

Your message was successfully sent to:

david.kendrick.mh@directmyhealth.net

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Direct Message Web Mail

Mail

All Inbox (26)

New | Print | Delete | Reply | Reply All | Forward | Contact List

From	Subject	Date
DavidKendrick@direct.healthvault.com	**BP Control**	**8:59 PM**
jessica.england.mh@directmyhealth.net	FW: smrtnet_docs_retrieved.zip	Feb 10
joe.walker.mh@directmyhealth.net	FW: smrtnet_pat_doc_retrieve.zip	Feb 10
Joe.Walker.MH@direct.myhealthaccess.org	failed: RE: Test Direct	Dec 31
chuck.tryon.mh@directmyhealth.net	FW: 5 Test CCD's from Friday	Dec 26
chuck.tryon.mh@directmyhealth.net	FW: MyHealth - Jenks Samples - with Rich Text	Dec 20
chuck.tryon.mh@directmyhealth.net	**Rich text in eMDs feeds**	**Dec 20**
chuck.tryon.mh@directmyhealth.net	FW: Test CCD with vitals and lab	Dec 19
chuck.tryon.mh@directmyhealth.net	FW: CCD's for OSU CHS	Dec 12
jessica.england.mh@directmyhealth.net	Read: RE: RE: FW: DocSite Validation Errors	Nov 14
Mike_Reeves_Tulsa@direct.healthvault.com	Test Direct	Nov 5

Page 1 of 3 | Displaying 1 - 25 of 68

From: DavidKendrick@direct.healthvault.com 02/27/2014 8:59 PM
To: david.kendrick.mh@directmyhealth.net
Subject: **BP Control**
HealthVault Record Data (CCD).xml (839.3 KB) HealthVault Record Data (HTML).htm (128.2 KB)

Dr. Kendrick-
My home BP readings have been getting higher. Can you please advise me on a medication change?
Thanks
David

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HealthVault IndiGO Mirth Segs My Home CMS Innovatio... MyHealth Analytics MyHealth Clinical Analytics MyHealth Portal MyHealth Staging

Direct Message Web Mail

Mail

New Print Delete Reply Reply All Forward Contact List

All Inbox (26)

Preview

HealthVault Continuity of Care Document

Created On: February 28, 2014

Patient: David Kendrick
mailto:david@medunison.com
ID:
Date of Birth: ,
Gender:
Guardian:
Next of Kin:

Table of Contents

Allergies and adverse reactions
Medication
Procedures
Family History
Vital Signs

Allergies and adverse reactions

Allergy	First Observed	Reaction	Treatment
Allergy to pollen	1975-01-01	nasal congestion / runny nose	

Medication

Medication	Date Started	Date Discontinued	Dose	Frequency	Instructions
Zyrtec, 10 mg oral tablet			1 Tablets	1	

Print Create PDF file Close

of 68

9 PM

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Direct Message Web Mail

Mail

New | Print | Delete | Reply | Reply All | Forward | Contact List

All Inbox (26)

Preview

2012-08-07T12:32:43	Weight	80.9 kg
2012-08-07T12:31:45	Weight	81 kg
2012-08-07T11:38:38	Weight	81.5 kg
2012-08-06T12:59:25	Weight	80.8 kg
2012-08-05T21:09:28	Weight	81 kg
2012-08-05T13:58:02	Weight	81 kg
2012-08-04T15:09:11	Weight	80.7 kg
2012-08-03T11:57:21	Weight	80 kg
2012-08-03T01:33:34	Weight	80.7 kg
2012-08-02T12:28:58	Weight	79.5 kg
2012-08-01T12:01:09	Weight	80.7 kg
2012-08-01T11:51:04	Weight	81.1 kg
2012-07-26T10:23:39	Weight	80 kg
2012-07-25T12:05:49	Weight	80.9 kg
2012-07-25T11:55:34	Weight	80.9 kg
2012-07-25T11:47:45	Weight	80.4 kg
2012-07-25T11:40:54	Weight	80.8 kg
2012-07-25T11:39:55	Weight	82.6 kg
2012-07-25T01:30:22	Weight	82.5 kg
2012-07-25T00:49:27	Weight	82.7 kg
2012-07-25T00:09:40	Weight	82.3 kg
2011-10-30T01:00:52	Weight	79.37866475 kg
2011-10-30T01:00:52	Height	1.8034 m
2011-10-29	Height	1.8034000000072137 m
2011-01-02T09:00:00	Blood Pressure	Systolic: 120 mm[Hg], Diastolic: 84 mm[Hg], Pulse: 48 /min
2011-01-02T08:59:00	Blood Pressure	Systolic: 118 mm[Hg], Diastolic: 88 mm[Hg], Pulse: 48 /min
2011-01-01T22:57:00	Blood Pressure	Systolic: 133 mm[Hg], Diastolic: 79 mm[Hg], Pulse: 66 /min
2011-01-01T22:56:00	Blood Pressure	Systolic: 139 mm[Hg], Diastolic: 79 mm[Hg], Pulse: 61 /min
2011-01-01T22:55:00	Blood Pressure	Systolic: 133 mm[Hg], Diastolic: 72 mm[Hg], Pulse: 60 /min

Print | Create PDF file | Close

of 68

9 PM

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MyHealth ACCESS NETWORK

Welcome David Kendrick! My account Support Sign Out

Home | Patient Search | Direct Inbox | Provider Directory | Audit | Secure File Exchange | Doc Deletion

Direct Message Web Mail

Mail

All Inbox (26)

Send | Save | Cancel | Attachments | Request Delivery Receipt | Request Read Receipt

To... DavidKendrick@direct.healthvault.com

Cc...

Subject: RE: BP Control

Mark as Important?:

Tahoma

David-
I have called in a prescription for Hydrochlorothiazide 25mg once daily. Please send me daily BPs for the next 2 weeks so I can monitor.
Thanks
Dr. Kendrick

From: DavidKendrick@direct.healthvault.com
Sent: Thu, Feb 27 2014 8:59 PM
To: david.kendrick.mh@directmyhealth.net
Cc:
Subject: BP Control

Dr. Kendrick-
My home BP readings have been getting higher. Can you please advise me on a medication change?
Thanks
David

Internet Explorer

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Page

David

it

vitch person

Benjamin

David

Katherine

Matthew

See all

Add a person

Sharing

History

Create or update your emergency profile
PREPARE

Learn about ways to get information into HealthVault
LEARN

Find apps and devices that work with HealthVault
FIND

Share your health information with others
SHARE

For expert recommendations and tools to make the most of your HealthVault data, try Mayo Clinic Health Manager. LEARN MORE

Apps (?)

Find more apps

yourHealth powered by unival

yourHealth
Not yet connected
CONNECT NOW

Microsoft HealthVault Connection Center

Microsoft HealthVault Connection Center
Not yet connected
CONNECT NOW

Quest Diagnostics

Quest Diagnostics
Not yet connected
CONNECT NOW

zweena it's your health.

The Zweena Health Record
Not yet connected
CONNECT NOW

account.healthvault.com/viewitems.aspx?typeid=5d Microsoft Corporati... Health Info - HealthVault Fitbit Dashboard

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Matthew

Edit

Switch person

Health views

Emergency profile

Weight management

Home

Health information

Apps & Devices

Sharing

Home | Health information | Peak Flow Measurement

Peak Flow Measurement

Add: Peak Flow Measurement

Delete | Export | See chart | See sharing | Change date range

When	PEF	FEV1	FEV6	Measurement flags	Details
11/11/2012 12:09:00 PM	204 l/min	0.98 liters			
11/9/2012 7:26:00 PM	104 l/min	0.92 liters			
11/8/2012 8:20:00 PM	115 l/min	0.89 liters			
11/8/2012 8:15:00 PM	165 l/min	2.18 liters			
11/7/2012 8:26:00 AM	209 l/min	1.59 liters			
11/5/2012 9:52:00 PM	207 l/min	1.27 liters			
11/5/2012 9:50:00 PM	77 l/min	0.74 liters			
11/5/2012 9:50:00 PM	361 l/min	2.02 liters			
11/5/2012 9:49:00 PM	91 l/min	0.86 liters			
11/5/2012 9:49:00 PM	70 l/min	0.68 liters			

Structured eVisits

- More advanced than Direct Messaging
- Condition-specific templates used to gather detailed patient history
- Workflows employed to support
  - Staff management
  - Provider engagement in appropriate cases
  - Reporting

Video Visits – synchronous

- Considered Telemedicine
- Reimbursements vary by location but rarely to PCP office
- Patient must have equipment
- Skype can technically be used but best to get patient approval
- Must document video visit in chart

Operationalizing eVisits

- Communication:
  - What messaging to give patients about the eVisits? Brochures, handouts, emails, etc.?
  - Add practice Direct Messaging address to appt. card
- Enrollment:
  - Where will the patient account be created and given to the patient?
  - What training will the patient receive?

Operationalizing eVisits

- Support:
  - How will patient accounts be serviced (password changes, tech support, etc.)?
  - What is the escalation path for concerning messages?
- Monitoring:
  - Who will monitor the communications and ensure timely responses?
  - How to deal with inappropriate use of the communications system?

Risk and liability

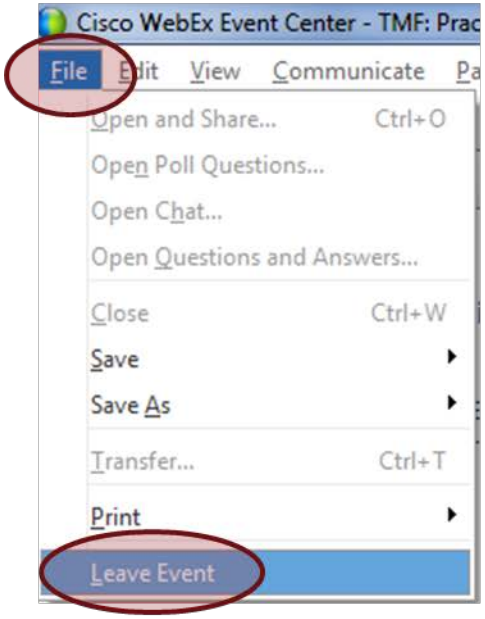
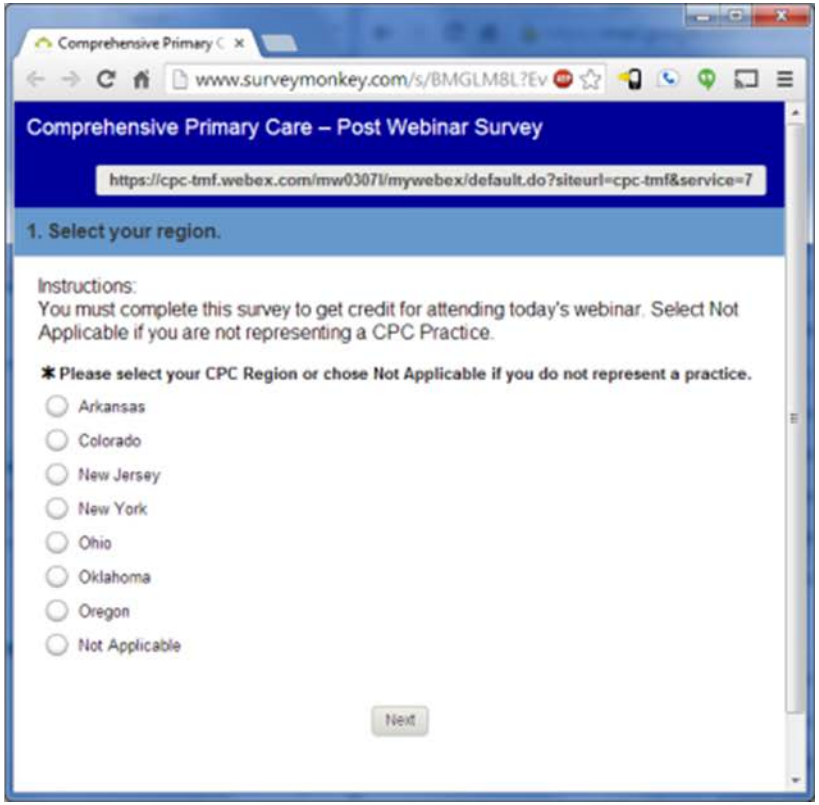
- Make sure that critical policies and procedures are documented and in effect
- Ensure that patient consent documents clearly call out the patient portal or eVisits
- If entertaining eVisits, emails, or video conferencing with patients consider adding:
  - Telemedicine coverage to your med-mal insurance (often a no cost option)
  - These new modalities of communication to your consent documents

Questions?

918-236-3434

David-Kendrick@ouhsc.edu

What's Next

Event Date and Time	Title
Tues., March 11, 1 p.m. ET	Put a Feather in Your CAHPS: Reviewing CAHPS Results *Come prepared with questions and copies of your survey results.*
Tues., March 18, 1 p.m. ET	Deep Dive into Behavioral Health Integration
Thurs., March 20, 11:30 to noon ET	CPC Attributions Refresher
Thurs., March 20, noon to 12:30 p.m. ET	National Open Mic
Tues., March 25, 2 p.m. ET	Deep Dive into Self-Management Support

Post Event Attendance & Feedback