

Small Practice Transition to 'Paperless Practice' Gains NCQA Recognition

The following is presented to highlight medical "best practice" in the CareFirst and CareFirst BlueChoice service areas and to share with medical professionals throughout the region the innovative approaches being adopted in Maryland, Washington, D.C. and Northern Virginia. The "best practice" approach to patient care not only improves the quality of care, it also helps limit rising costs.

The first small primary care physicians' group in the Baltimore-Washington region to offer advanced and secure Internet access to their patients' medical records has become a model for the paperless physician's practice.

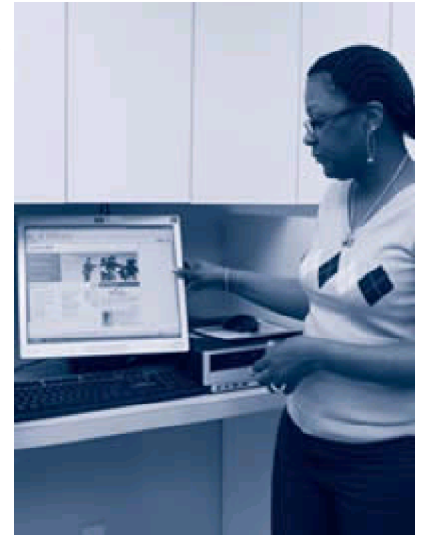
MedPeds, a five-physician practice with a nurse practitioner, two nurses and a 16-member support staff, was an early adopter of computer technology. Last October, it received NCQA (National Committee for Quality Assurance) "Physician Practice Connections" recognition for its innovative use of new technology that offers patients superior service and care.

The NCQA's Physician Practice Connections program is a national initiative to encourage greater use of the Internet, electronic medical records, and other new office technology and procedures to systematically expand and improve communications between primary care physicians and their patients.



MedPeds was the only new physicians group in Maryland last year to receive the NCQA's Physician Practice Connections seal of approval. And less than 200 primary care physician practices throughout the entire United States have Physician Practice Connections endorsement from the NCQA.

The National Committee for Quality Assurance is a not-for-profit organization dedicated to improving health care quality.



The organization's seal indicates that the medical services offered by care providers who display it have passed a rigorous and comprehensive review of their care procedures and performance.

Dr. Seth Eaton, M.D., a physician partner at MedPeds who took the lead in expanding the practice's use of information technology, points out that small and medium sized medical practices deliver 70 percent of the health care provided in the United States. Dr. Eaton acknowledges that our system of health care is starting to make greater use of new technology, but he says the process can be accelerated if more small and mid-size physician groups adopt such innovations as electronic medical records (EMR).

"Many physicians are reluctant to adopt EMR technology if it does not mirror workflow," Dr. Eaton says. "An intuitive, easy-to-use system is the key to adoption."

For MedPeds, the path to expanded use of Information Technology (IT) began in 2004 when it made the transition from a practice operating with paperbased charts to one using electronic medical records. MedPeds was encouraged to build out the advantages of EMR the following year through participation in a CareFirst BlueCross BlueShield initiative called Bridges to Excellence, a three year pilot program that offered recognition and financial incentives to primary care physicians who adopt procedures that support optimum care and better outcomes for patients.

At the core of MedPeds' solution for fully integrating what doctors do to deliver care and what patients need to conveniently access, apply and pay for that care is a computer-based system called eClinicalWorks. The system consists of four related modules that handle the workflow routines in a typical physician practice: appointment scheduling, office management – including electronic medical records, practice management (PM) that tracks the status of claims electronically and a "patient portal" that lets patients and doctors communicate on-line with ease and security.

With the introduction and growing acceptance of electronic medical records and IT applications focused on medical practice management, eClinicalWorks provides of unified end-to-end clinical information systems. The development of such systems is guided by two prime objectives — streamlining the way doctors do business and ensuring that their patients receive superior care.

MedPeds' suite of offices in Laurel, Md., includes 15 examination rooms, each equipped with a computer terminal. A doctor treating a patient in one of the examination rooms uses a portable laptop computer to access patients' EMR anywhere in the office

and can review past treatment, medical results, referrals to specialists as well as their medical findings, medications, lab tests and other useful information.

Prescriptions can be written and forwarded via the Internet directly from the examination room to the patient's pharmacist. Follow up appointments as well as referrals to medical specialists can be evaluated and determined "on the spot," and appointments made and confirmed.

Chart tacks have been eliminated at MedPeds, and as a result the staff no longer searches throughout the office for patient information. Instead, those staff members who need access to records have it under a set of procedures that protects the confidentiality of personal information. The system results in patient charts that are more accurate, more complete and provide greater depth and history.

One of the biggest advantages is that the system allows the physician members to work together in ways that were not possible before. For example, a doctor "on call" when the office is closed can view from home the complete medical history of a patient who calls. The doctor can review the patient's past visits, current medications, allergies, lab reports and other related information. He or she can recommend treatment and then send a full report of the telephone encounter with the patient to the MedPeds office where it will be waiting for the patient's regular physician when he or she arrives for work on Monday morning.

For MedPeds patients, both the quality and the continuity of their health care are richly enhanced by the introduction of EMRs. Medical reminders and alerts become easily tagged and recognized by physicians and other care providers, lab results are tracked and available, trends can be followed and measured.

A Web-based "Patient Portal" was recently added to the MedPeds system that allows patients and doctors to communicate through the Internet easily and securely. Each patient has their own password that allows them to log into their physician's system to see their own private set of documents, including lab results, diagnostic tests, statements and messages. Doctors can use this same portal to automatically remind patients about health maintenance and dates for procedures or treatment.

Patients also have access to a computer kiosk in the MedPeds waiting room so they can review and update their personal information, if necessary.

All of this activity, based upon EMRs and integrated through the introduction of more user friendly computers, is systematically gathered and recorded for use by MedPeds back office staff. Claims are processed, billing is managed and payments received and accounts reconciled. The system automatically reviews and confirms each patient's insurance and co-pay information at check-in. Referral information is also checked and updated and reports easily generated to track no-shows, day charges and cash receipts for individual patients.

Significantly, the MedPeds physician partnership has seen financial benefits since adopting the electronic office model. Dr. Eaton estimates that the introduction of EMR technology has reduced the non-physician support staff by about one-third and that the office overhead has decreased by about 15 percent. The number of past due accounts is half what it was before EMRs were introduced and the income per visit has increased as doctors document more detailed progress.

The practice has also expanded. Patient volume has increased by 10 percent and new patient volume is up almost 50 percent. The partnership's substantial investment in EMR has been recovered in the first two years of use.

Perhaps most importantly, patients are also pleased. Recent satisfaction surveys show they like the ease of access to their own medical records and the new channels of communication now open to their doctors and to the specialists to whom they are referred. EMR, IT and PM... alphabet soup that makes sense on the front line of health care – the doctor's office.