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Medical Information Technology

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The Patient Centered Medical Home and EHR Technology: *Opportunity or Threat?*

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In this edition of Miami Medicine, in the “Message from your President”, I have focused on the concept of a Patient-Centered-Medical-Home. The successful implementation of such a medical home is based on a metrics developed and refined by the National Committee for Quality Assurance (NCQA) in 2007. These measures, which were created in collaboration with the four primary care specialty societies, offer an excellent starting point in the process of developing comprehensive medical home standards. According to NCQA’s national measures, to qualify as a patient-centered medical home a practice must demonstrate proficiency in at least five of the following 10 areas:

1. written standards for patient access and patient communication;
2. use of data to show they are meeting this standard;
3. use of paper-based or electronic charting tools to organize clinical information;
4. use of data to identify patients with important diagnoses and conditions;
5. adoption and implementation of evidence-based guidelines for three conditions;
6. active support of patient self-management;
7. tracking system to test and identify abnormal results;
8. tracking referrals with paper-based or electronic system;
9. measurement of clinical and/or service performance by physician or across a practice;
10. reporting performance across the practice or by physician.

All of the above-mentioned elements of a successful medical home practice are interrelated and should be interconnected with the help of medical information technology tools. Financial institutions have for years developed and used standards for the electronic exchange of financial information, but medicine has lagged far behind in the electronic exchange of medical information. The successful deployment of a fully integrated Electronic Health Record will facilitate not only the horizontal medical information exchange between multiple specialty physicians but also between physicians, hospitals and health insurance payors.

The key elements of such an integrated EHR system include:

1. the automation of the prescribing process (Electronic Prescribing);
2. disease and population tracking tools to improve chronic disease management;
3. evidence-based decision support tools to choose and select customized and effective care modalities for each individual patient;
4. patient portal functionality to grant each patient access to his/her medical record;
5. utilization of social networking functionality including e-visit, online appointment scheduling and direct communication tools including text messaging and e-mail;
6. outcome analysis tools including medication management, quality improvement and patient satisfaction feedback utilities.

These are just some of the core features that an integrated medical information management system can offer. But there is more. We MUST emphasize that these components are not toys but essential tools to transform our medical offices into smart and financially viable healthcare delivery entities. Nobody can expect physicians and hospitals to invest in healthcare IT without measurable financial incentives. The reimbursement modalities must be realigned to reward innovation and to encourage more physicians to embrace these new technologies. Otherwise, we will face an avalanche of unfunded mandates to change our practices resulting in the implosion and collapse of the private healthcare market. Change management will be as important as change itself.

We will keep you informed about the upcoming changes and will guide you throughout this process.

Disclosure: *The author is a practicing family physician, addiction specialist and computer consultant. In addition, he is a founder and managing partner of a medical IT company.*