

White Paper

New Pueblo Medicine:

Leading Healthcare's Transformation in the Primary Practice

Sponsored by:



www.intel.com/healthcare
www.hitperspectives.com

NEXTGEN
HEALTHCARE nextgen.com

Introduction: Information Tools for New Models of Care

Primary care practices are at the heart of new, patient-centered care delivery models that promise to improve outcomes, while increasing the efficiency and sustainability of the healthcare system. Whether a practice wants to become part of an ACO, or simply improve care, it's clear that today's primary care physicians must deliver more team-oriented, prevention-focused care with tighter coordination across the continuum of care.

Electronic health records (EHRs) and other healthcare information tools are essential to accomplishing this shift. By successfully adopting and utilizing these tools, practices are better able to identify high-risk patients, provide them with more comprehensive care, assess outcomes, earn performance-based compensation, and share information securely both within and outside the practice.

New Pueblo Medicine (NPM), an independent practice of seven board-certified internal medicine physicians based in Tucson, Arizona, is a leader in this transformation. New Pueblo is thriving thanks to an ongoing commitment to improving care, responding to regulatory and compensation changes, and remaining viable as a small, independent practice.

New Pueblo has created new roles and responsibilities and engages patients in novel ways. The practice has deployed a range of healthcare IT solutions and joined in the formation of Arizona Connected Care, a physician-driven ACO. New Pueblo's journey suggests valuable lessons both for practice leaders, and for hospitals and health planners who want to work effectively with primary care practices in a fast-changing healthcare landscape.

Coming Full Circle

Founded in 1969, New Pueblo Medicine cares for 9000 individuals, many of them the children and grandchildren of New Pueblo's original physicians. The practice's seven physicians include six with regular office hours and one full-time hospitalist who is integral to the practice. New Pueblo has a certified family nurse-practitioner, nurse care advocate, pharmacy technicians, and a total of approximately 60 full-time-equivalent (FTE) staff. It has its own onsite laboratory and imaging facilities, its own certified anticoagulation lab, and offers its own diabetes education counseling, among other specialty services.

New Pueblo has actively embraced new models of care. The practice is recognized as a Physician Practice Connections® Patient-Centered Medical Home™ (PPC-PCMH). It sought innovative pay-for-performance arrangements and engaged in a gain-sharing pilot with UnitedHealthcare®. It is also part of a Brookings-Dartmouth ACO pilot that includes UnitedHealthcare and Tucson Medical Center (TMC), a 612-bed community-based nonprofit hospital. Currently, New Pueblo is designing a physician-led ACO that will include TMC, UnitedHealthcare, and other health organizations.

"The concept of primary care-based medicine and ACO principles are not novel—we were looking at them back in the 1970s," says Jeffrey I. Selwyn, MD, FACP, a New Pueblo physician since 1975. "The idea that we have to take control, be more accountable, focus on prevention, and integrate primary-care based medicine with hospitals, specialists, and ancillary facilities is long overdue."

Dr. Selwyn was initially less than enthusiastic about adopting EHR technology (see sidebar). Now, however, he says EHRs and other healthcare information tools are empowering healthcare teams to succeed where past efforts failed. "The problem with the earlier initiatives is that we didn't have data or the infrastructure to assess outcomes," he says. "Now, we can retrieve the data we need, instantly assess how patients are doing, and see where we are in delivering care and achieving outcomes. The ideas of the 1970s are coming full circle."

Kicking and Screaming

Jeffrey Selwyn was the last New Pueblo Physician to adopt EHRs, and he didn't leave the world of paper charts willingly. "I was a Luddite," he confesses. "I had well-organized charts and I was very prevention oriented. It's a costly and time-consuming process to transition. I kicked and screamed."

Now, he's glad he made the move. "It's night and day," Dr. Selwyn says. "The ability to have all the information at your fingertips is absolutely amazing to improve quality and outcomes. Everyone in the practice can see the same data. We can all be on the same page to truly promote wellness and ensure people get what they need when they need it. I can click a button and see where a patient is with their healthcare maintenance and disease management. If I'm at home or traveling, I can retrieve records instantaneously."

Today, Dr. Selwyn sees many of his colleagues going through a similar transition as they consider the issues of pay-for-performance, EHR adoption, and ACO formation.

Initial Steps: EHRs and Better Data

New Pueblo's early adoption of digital technologies was driven by clinical and practical concerns, starting with the need to know more about the practice's patients. "Whether you're in banking, manufacturing, healthcare, or any other field, when you have data about your customer, you do a better job of serving them," says Michael Cracovaner, CEO at New Pueblo. "Medicine is one of the last industries to wake up to that. That was our initial motivation."

New Pueblo, which used a DOS-based practice management system since the late 1990s, began evaluating EHR solutions in 2002. After surveying available products, New Pueblo chose NextGen Healthcare as its EHR provider. "We wanted a solution that integrated the EHR and practice management capabilities and would allow us to collect data in a way that was extractable," recalls Kimberly Haspert, Chief Operating Officer at New Pueblo. "We wanted a company that would be there for the long haul."

New Pueblo went live with NextGen® Practice Management in September 2003 and NextGen® Ambulatory EHR and NextGen® Document Management in May 2004, choosing a gradual, physician-by-physician phase-in. It has since deployed Antek Healthcare® LabDAQ® and can now review digital health record data, scanned images, EKG results, and lab data through a single user interface. E-prescriptions are generated within the EHR and communicated to pharmacists through Surescripts®.

Sustaining the Practice: Important Workflow Changes

Along with better information to care for patients, New Pueblo sought tools and approaches that could help the practice sustain itself. "We wanted to stay small and do the best job for our patients, so we had to figure out how to compete as a small firm," recalls Cracovaner. "We felt we could compete on quality of service, and we approached some of our payers with a value proposition: How can we improve the care to your patients, improve outcomes, and improve your bottom line – and would you be willing to share the benefits?"

Two specific targets included reducing ER visits and optimizing inpatient bed-days. "We negotiated performance-based contracts, and task by task, we formed multidisciplinary teams," Cracovaner says.

Among the changes, New Pueblo modified its scheduling to leave more time for same-day visits and help patients avoid ER visits. It created new staff positions to provide more of a team approach to patient care. It established an anti-coagulant clinic so patients don't have to remain in the hospital to be monitored after being placed on Coumadin®.

And in a major innovation, the practice rearranged workloads to shift one of the practice's seven physicians into a full-time hospitalist position. "With the hospitalist, we can manage our patients better while they're in the hospital, help them get out on time, and make sure they're discharged right to the practice," adds Cracovaner.

"We had to figure out how to compete as a small firm. We felt we could compete on quality of service, and we approached some of our payers with a value proposition: How can we improve the care to your patients, improve outcomes, and improve your bottom line—and would you be willing to share the benefits?"

*Michael Cracovaner, CEO
New Pueblo Medicine*

New Tools for New Approaches

To support the new approaches, New Pueblo implemented NextGen® Health Quality Measures for automatic registry reporting of clinical outcomes and quality measures. Multidisciplinary teams created templates and protocols to support the changes and measure the results. Always patient-centered, the practice increased its already high focus on patient engagement and is implementing NextGen® Patient Portal to provide new ways of motivating and communicating with patients. Patients receive a printed report after each appointment.

"The patient relationship is a 50-50 partnership," says Dr. Selwyn. "Patients need to be informed and accountable. Not every patient will buy in, but so often when we engage with patients, they feel energized and motivated. If you can tap into them being accountable for their own wellness, even making a small inroad with them can make a big difference."

New Pueblo is stepping into the world of cloud services with deployment of Medical Referral Source™, a cloud service to help streamline communication with specialty

practices and cut down on hundreds of daily faxes and phone calls that currently go into referrals. It is extending the practice's resources through the Nurse On Call phone center service.

The practice uses Intel® Xeon® processor-based Dell® servers to provide performance, simplicity, and flexibility to run its applications and services. It runs Dell personal computers (PCs) and thin clients with Intel Core™ processors to provide a responsive experience for thin clients and for users for the full team.

Better Data, Better Results

New Pueblo is using its digital tools to help improve patient care, step up its focus on prevention, operate more efficiently, and compete more effectively.

"When we started using the EHR, the first thing we saw was that we could provide more timely care to our patients," recalls Haspert. "We could deliver much better customer

service and better quality of care because the patient's chart was always at our fingertips. The EHR also gives us much better information to work with compared to hand-written charts, so we were much better able to collect discrete data. Since NextGen guides you through the documentation process and prompts you to document things properly, we were able to code at a higher level of service."

Data available through the patient records provides a basis for improving patient outcomes. "The EHR makes it much easier to audit what we're doing and monitor our results," Haspert says. "It provides a huge support for quality improvement."

New Pueblo saw the power of data when it began collecting screening results in 2008. "We've always focused on prevention, but when we actually had the EHR data and started running reports, the numbers surprised us," says Haspert. "Our first report showed that our practice as a whole had a 43 percent rate for colorectal cancer screening. Now, our average is 85 percent. We had similar results with mammography screening. HEDIS is 72 percent for our region; we're in the 90 percent range. Seeing the data

Best Practices for Technology-Enabled Change

Major change requires careful preparation. New Pueblo leaders share best practices they've developed through a decade of technology-supported transformation.

- Create a culture of trust and teamwork. "Culture can be the biggest challenge," says Kim Haspert. "The development of policies, procedures, and decisions about care protocols and software need to be done as a team. Get everyone involved." Within the New Pueblo practice, no one rules by fiat, and people look for the win-win. Beyond the practice, New Pueblo benefits from long-established relationships with UnitedHealthcare, Tucson Medical Center, and others in Tucson's medical community.
- Establish a process to guide change. New Pueblo analyzes data to identify problems and root causes, establishes goals, and uses multidisciplinary teams to plan and implement solutions. This includes modifying workflows and identifying new tools that can support change. Each project has a physician champion.
- Do your homework before selecting technologies. "Look at lots of different EHRs," Haspert recommends. "Get recommendations from others in the community. Look for integrated practice management and EHR suites. Otherwise, you end up having to do a lot by hand, and it's harder to upgrade. Make sure you can discretely document the data you need to report for a PCMH or ACO environment."
- Build vendor relationships. "Choose a vendor open to collaboration," says Haspert. "Talk about the enhancements and new features you want to see. Get involved in focus groups and user group forums, and develop relationships with the local reps."
- Keep ACO and pay-for-performance requirements in mind. "Make sure you fully understand how to use the tools in ways that support quality reporting and clinical outcomes reporting," Haspert adds. "Don't just let your doctors dictate their notes because you can't pull the data out and run a report. Use check-boxes, pick-lists, radio buttons, and electronic calendars."
- Provide training. Make sure everyone understands why changes are important and is clear on new workflows and tools.
- Evaluate and adjust. After a new process is established, New Pueblo continues to monitor results, modify its processes, and provide further training as needed.

was when it all came together. It got us focused on doing root cause analysis and developing a procedure to fix the problems. We continued to monitor the data and adjust our processes, and the results skyrocketed.”

“We’ve always focused on prevention, but when we actually had the EHR data and started running reports, the numbers surprised us. Seeing the data was when it all came together. It got us focused on doing root cause analysis and developing a procedure to fix the problems. We continued to monitor the data and adjust our processes, and the results skyrocketed.”

*Kimberly Haspert, COO
New Pueblo Medicine*

Coordination at the Hospital

Creating a hospitalist as part of the practice is an innovation that has delighted patients, reduced stress for physicians and office staff, improved care coordination, increased efficiency, and reduced bed days.

The practice previously sent two physicians on alternating weeks to admit and manage patients in the hospital. “The week you were on, you’d spend the entire day in the hospital,” explains Andrea B. Miller, MD, the practice’s full-time hospitalist at Tucson Medical Center. “On your off week, you’d spend half the day at the hospital and half the day in the practice. Our practice physicians know what it’s like when you have a crisis in the hospital and patients in the office waiting to see you.”

With a full-time hospitalist, the other six physicians see more patients per day and the practice operates more efficiently. Patients appreciate the lack of disruptions in the office and the consistent care they get from Dr. Miller while they’re hospitalized.

Because of her integration into the practice, Dr. Miller can provide more consistent, coordinated care. She accesses the practice’s records from the hospital, office, or home, and uses the hospital’s EpicCare Inpatient Clinical System to chart while in the hospital.

“I have fingertip communication with my New Pueblo colleagues and full remote access to our practice’s EHR from TMC,” Dr. Miller says. “As a result, my care can be much more informed. When a patient comes in, I can see immediately when our patients come in to the hospital, when they were last seen in our office and by which specialists, the results of their last CAT scan and last lab results. The thread is unbroken—that is the key. I carry their care forward in an unbroken way when they are in the hospital, and we carry back the care in the same way when they are discharged. The EHR makes it much more possible to work together to get the follow-up care nailed down before the patient leaves the hospital.”

“I have fingertip communication with my New Pueblo colleagues and full remote access to our practice’s EHR from TMC. As a result, my care can be much more informed. The thread is unbroken—that is the key. I carry their care forward in an unbroken way when they are in the hospital, and we carry back the care in the same way when they are discharged.”

Andrea Miller, MD, FACP

Dr. Miller’s access to the practice’s records saves time for herself and her patients and optimizes the use of healthcare resources. “Using the EHR is more efficient for me and the patient,” says Dr. Miller. “The minutes that I don’t have to spend asking the patient about their already well-documented history are minutes that can make a difference in their care. Our practice is doing great on bed days, and our results are solid—we’re not discharging prematurely.”

Part of Dr. Miller’s ability to discharge patients at the right time lies in her knowledge of what capabilities the practice can provide. “If you’ve got a patient on Coumadin, you might feel obliged to keep a patient in the hospital longer if you’re not confident that they’ll get appropriate follow-up after discharge,” she says. “With our anti-coagulation clinic, I don’t have to do that.”

The lesson, Dr. Miller says, is that hospitalists should work closely with local practices and understand what services are available in the community. “Some newer hospitalists have never been part of a primary care process,” she says. “They need to make a field trip—spend part of the

day in a primary care practice and become more aware of what resources the practices have to support the patient. Some hospitals are adopting a collaborative model where a hospitalist is dedicated to a particular practice. The more the hospitalist and practice physicians can collaborate, the better for the patient, and the better the use of resources.”

“Some newer hospitalists have never been part of a primary care process. They need to make a field trip—spend part of the day in a primary care practice and become more aware of what resources the practices have to support the patient. The more the hospitalist and practice physicians can collaborate, the better for the patient, and the better the use of resources.”

Andrea Miller, MD, FACP

New Pueblo and TMC work closely to make the most of Dr. Miller’s dual roles. The practice shares admission planning information with Dr. Miller for any scheduled admission. TMC is a HIMSS® Analytics Stage 7 implementer of Epic, and it automatically sends an HL7 message to downstream systems when a patient is admitted, discharged, or transferred. In addition, TMC and NPH use Excel® spreadsheets and a custom application to provide TMC with a secure, up-to-date list of the NPH patient base, and the hospital notifies Dr. Miller via text message when a New Pueblo patient comes to the ER.

While New Pueblo encourages patients to go to TMC, they don’t always do so. The practice’s care manager coordinates with other Tucson hospitals to ensure appropriate follow-up for patients who have been seen in their ER or discharged from the hospital.

Forming an ACO

With the formation of the ACO, New Pueblo is again looking at enabling technologies. It has joined TMC, UnitedHealthcare, and other organizations in creating Innovative Practices, a managed services organization (MSO), to facilitate ACO operations. In addition to her COO responsibilities at New Pueblo, Haspert is part of the MSO’s Office of Transformation and Practice Management.

The ACO is working with OptumHealth™, a health technology and services company, to develop needed information tools and administrative infrastructure. The ACO is also creating a health information exchange (HIE) to meet the ACO’s business needs, and has selected OptumHealth’s OptumInsight™, formerly Axoloty!®, as its HIE vendor. This private HIE will connect to a statewide HIE that Arizona is developing, improving information flow for the ACO’s members, even if patients are treated at a non-ACO hospital or facility. The ACO is also working to more fully integrate the various health record systems used by its member organizations.

New Pueblo’s leaders say new care models, including ACOs, call for further improvements to healthcare IT tools. Tops on their list is better interoperability and information exchange between independent healthcare applications and EHR systems. “The more integration we have, the more we can get away from silos and work together as a team,” says Haspert. Improved population management and case management capabilities are also crucial, both to support a team approach and to identify the most complex patients, provide them with needed services, and monitor results to identify the most effective approaches.

A Foundation of Trust

As a mid-sized metropolis with a regional population of just over one million, Tucson benefits from strong, collegial relationships across many elements of its medical community. Those relationships, and the respect and trust they engender, provide a solid foundation for building a collaborative ACO that draws on the strengths of hospitals and practices alike.

“The primary care physician practice is the bedrock of the ACO, so practice physicians have to be very involved in helping this evolve,” he says. “To make this transition successful, it has to be collegial, collaborative, and physician-to-physician. Data is key and being primary care-driven is key.”

New Pueblo is expanding its leadership and educational roles within the Tucson medical community, advocating for the benefits of ACOs and other new models of care. “It’s a painful transition,” says Dr. Selwyn. “It’s scary, and it involves taking risks. But with a lot of hard work and leadership, this is how things will go for the healthcare system. We’re bringing the best ideas of the last 30 years of ideas to fruition, and I’m excited to be a part of it.”

For More Information

How can healthcare IT support your strategic initiatives? Talk to your Intel representative, or visit Intel's Healthcare IT websites:

intel.com/about/companyinfo/healthcare/index.htm

premierit.intel.com/community/ipip/healthcare

For information about NextGen Healthcare and its Ambulatory EHR, financial, and HIE solutions for hospitals, health systems, physician practices, and other healthcare organizations, visit: www.nextgen.com.

Intel and NextGen Healthcare appreciate the contributions of the healthcare and IT professionals who contributed to the preparation of this case study: From New Pueblo Medicine: CEO Michael Cracovaner, COO Kimberly Haspert, Dr. Andrea Miller and Dr. Jeffrey Selwyn; from Tucson Medical Center: Director of Application Services Michael Griffis.

Copyright © 2012, Intel Corporation and NextGen Healthcare Information Systems, Inc. All rights reserved. Intel, the Intel logo, Intel Core, and Xeon are trademarks of Intel Corporation in the U.S. and other countries.

NextGen is either a registered trademark or trademark of NextGen Healthcare Information Systems, Inc. in the United States and/or other countries. Patent pending.

Excel is either a registered trademark or trademark of Microsoft Corporation in the United States and/or other countries.

All other names and marks are property of their respective owners.

Sponsored by:



www.intel.com/healthcare
www.hitperspectives.com

NEXTGEN
HEALTHCARE

nextgen.com