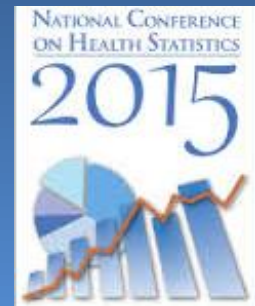# Assessing Readiness, Achievement & Impact of Stage 3 Care Coordination Criteria

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Initial Proposed Stage 3 MU requirements:

- Provide summary of care record when patients are referred or transition between care settings

  - 65% of transitions; 30% electronic

  - Summary of care must include *a free text narrative*

- Reconcile medications (>50%), medication allergies & problems (>10%)

Updated Proposed Stage 3 MU requirements:

- Provide summary of care record when patients are referred or transition between care settings

    - ~~65%~~ 50% of transitions; ~~30%~~ 10% electronic

    - Summary of care must include *a free text narrative*

- Reconcile medications (>50%), ~~medication allergies & problems (10%)~~

Why might these be challenging for PCPs?

- Not clear that practices have the <u>ability</u> to send and receive patient information electronically

- New <u>workflow</u> required

  - Learn how to use EHRs to *generate* (& send) -- and (receive &) *incorporate* patient information

- New <u>approach</u> to clinical decision-making

  - Learn how to factor data from other settings into clinical decisions

Stage 3 Assessment

Aim 1 - Readiness:

Assess current readiness of eligible primary care practices to achieve proposed Stage 3 care coordination criteria

Aim 2 - Achievement:

Identify *barriers and facilitators* to meeting proposed Stage 3 care coordination criteria

Aim 3 - Impact:

Assess the *potential impact* of proposed Stage 3 care coordination criteria, and identify *changes to the criteria & other strategies to increase their value*

Setting

- M-CEITA, Michigan's Regional Extension Center, is working with approximately 1,600 primary care sites with ~4,000 providers across the state.

Characteristics	Potential Research Groups	Number of Practices	Number of Providers
Size	1-2 physicians	378	457
	3-5 physicians	128	483
	6-10 physicians	49	350
	11+ physicians	9	135
Primary Care Specialty	Internal Medicine	169	311
	Family Medicine	204	552
	General Medicine	10	33
	Pediatrics & Adolescent Medicine	78	249
	Obstetrics and/or Gynecology	102	287
	Geriatrics	2	3

Analytic Approach

- **Statewide survey** of Stage 1 attested primary care practices

  - Stratified random sample of ~450 practices; stratified by size

  - Questions for practice manager and physician

  - Survey covers readiness, perceived impact on care coordination, and strategies for enhancing impact of the criteria

- **Implementation study** of 12 practices with confirmed ability to meet criteria

  - Provide <u>technical assistance</u> services to support their meeting care coordination criteria

  - <u>Study implementation process</u> using a variety of methods (interviews, implementation tools, pre-post impact survey)

Findings

Findings targeted to **three audiences**

- Policymakers
  - Should the bar be lowered or raised?
  - How could the criteria be changed to make them more impactful?

- EHR vendors
  - What EHR innovations would help support meeting the proposed criteria?

- Primary Care Practices
  - What specific changes to workflow and decision-making are required?
  - What strategies help ensure that meeting criteria improves care coordination?
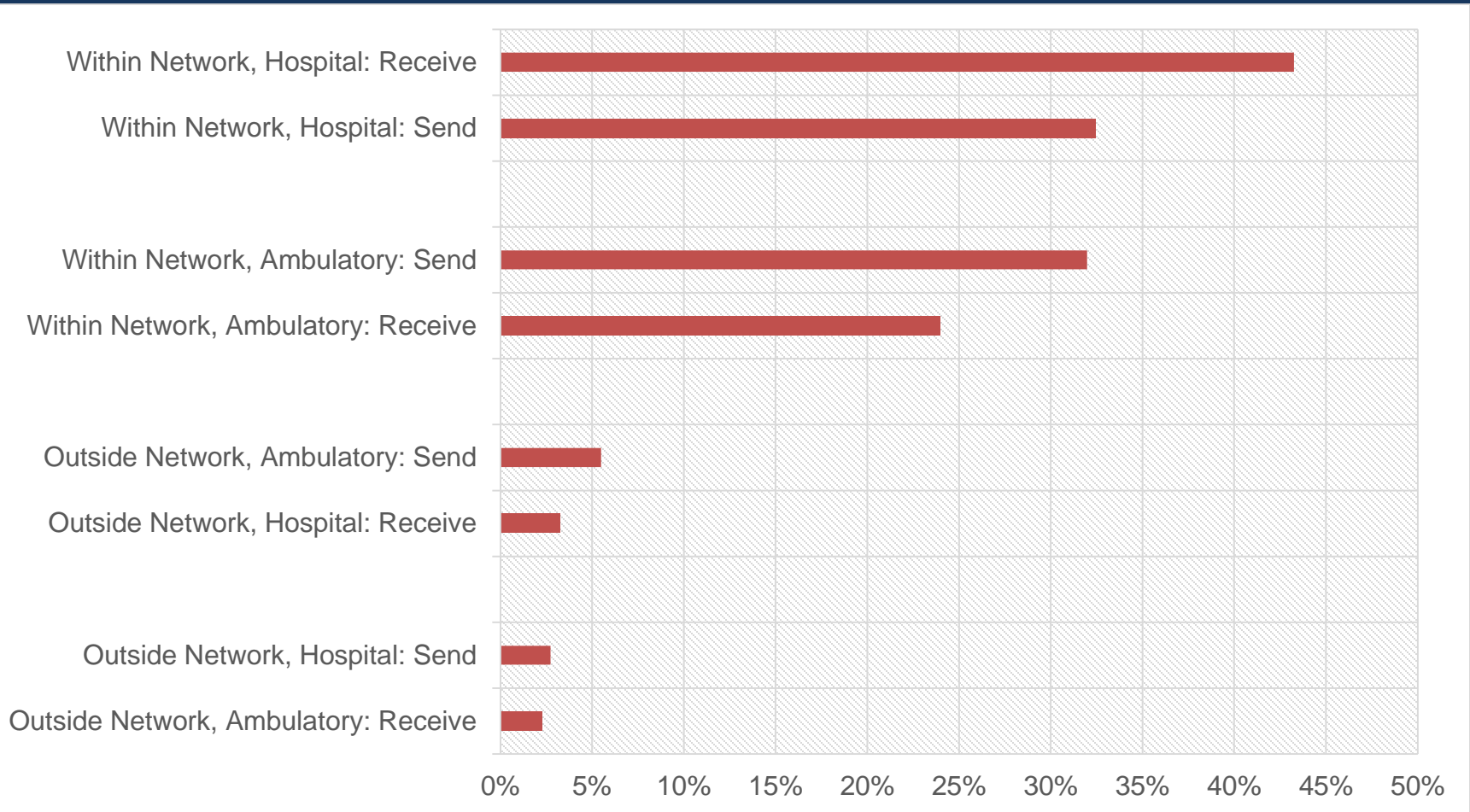
Survey Results: *Readiness to Meet Criteria*

Approaches to Information Sharing

Fax/eFax	**56%**
Shared EHR	20%
Mail	15%
HIE Effort	8%

Readiness to Implement Criteria

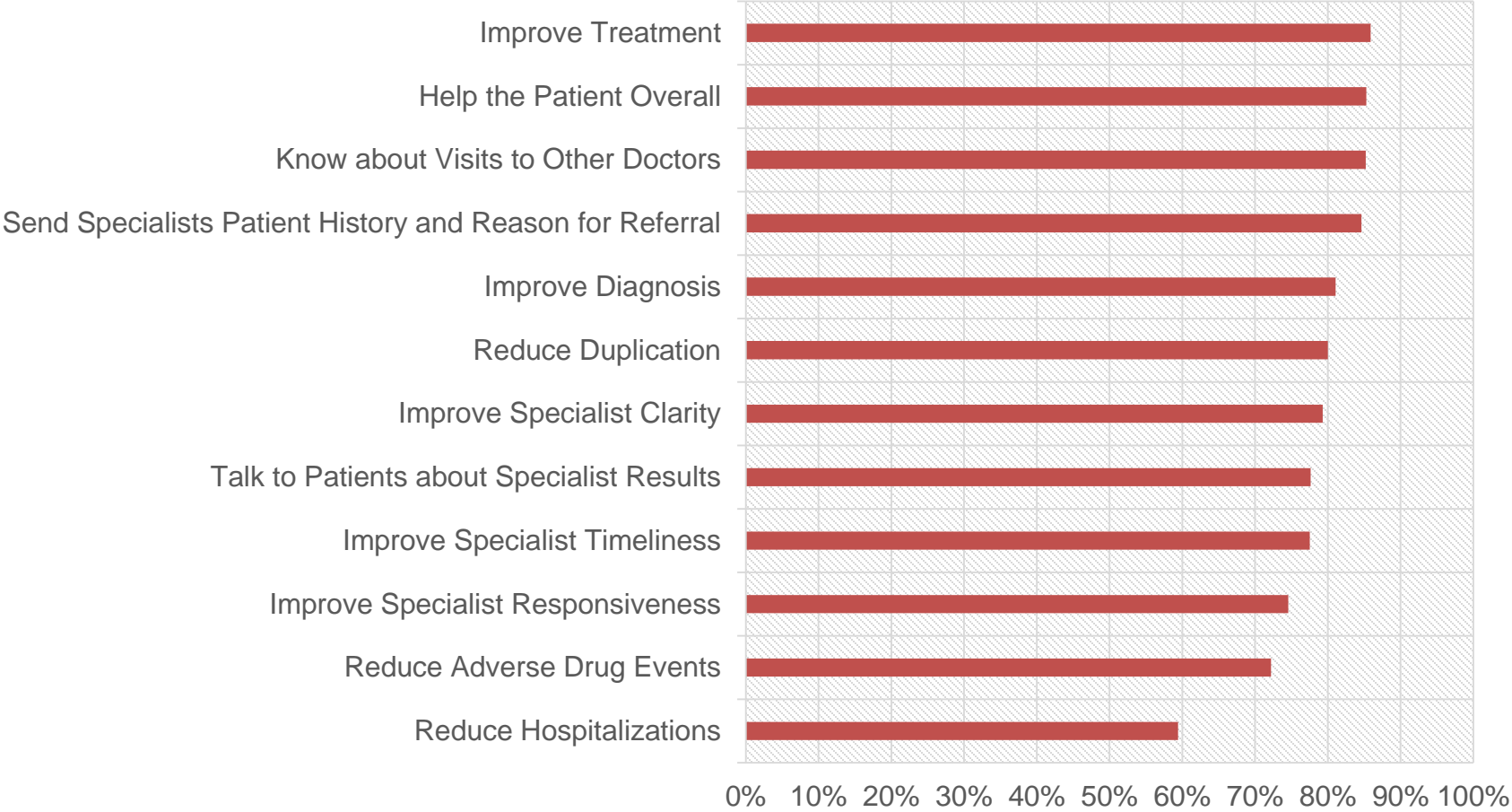| Criteria	Yes	No	Unsure
Reconcile medication allergies during a relevant encounter for >10% of TOCs	86%	9%	5%
Reconcile problems during a relevant encounter for >10% of TOCs	78%	17%	5%
Provide a summary of care record for at least 65% of TOCs and referrals	66%	29%	4%
Receive referral results for at least 50% of referrals	60%	34%	6%
Provide an SCR electronically for at least 30% of TOCs and referrals	45%	51%	4%
Include in the SCR a concise narrative in support of referrals	43%	44%	14%
Receive at least 10% of referral results electronically	38%	58%	5%

Percent of Practices Using Predominantly Electronic Means to Share Information with Different Partners

Partner	Percent
Within Network, Hospital: Receive	~43%
Within Network, Hospital: Send	~32%
Within Network, Ambulatory: Send	~32%
Within Network, Ambulatory: Receive	~24%
Outside Network, Ambulatory: Send	~5%
Outside Network, Hospital: Receive	~3%
Outside Network, Hospital: Send	~3%
Outside Network, Ambulatory: Receive	~2%

Survey Results: *Barriers to Meet Criteria*
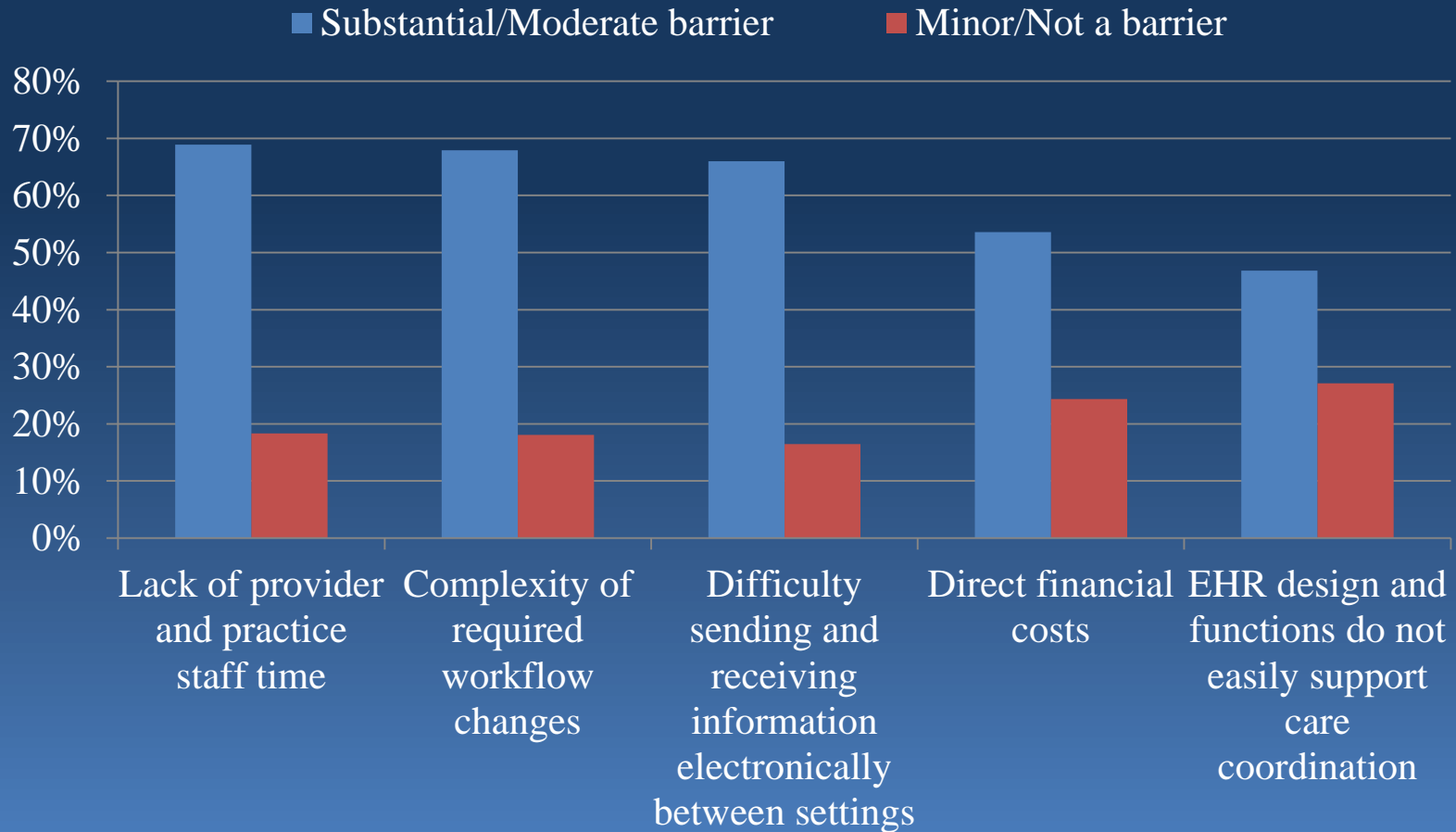
Overall Strategies to Increase the Impact of Meeting the Criteria

Results:

- Maximize effective use of available EHR and HIE functions

- Utilize the lowest level of staff appropriate for managing referrals, information exchange, and integration of information related to care coordination

- Engage the local community and referral network to learn strategies for EHR and HIE use, and to set community norms

Specific Strategies to Overcome Barriers

Results:

- **Barrier 1: Difficulty generating referral materials from the EHR, including a usable Summary of Care Record**
    - *Create processes to clearly identify required data and reduce extraneous data for referrals.*

- **Barrier 2: Tracking referral requests throughout the referral process.**
    - *Leverage existing HIE options and develop standard processes with individual specialists where possible.*

Specific Strategies to Overcome Barriers, cont.

- Barrier 3: Processing incoming information from referrals and discharges.

  - *Establish clear protocols for where referral report and discharge information is documented, by whom and by when, and leverage automated processes when possible.*

    - *Personnel and process strategies*
    - *Technology strategies*
    - *Community strategies*

Thank You!

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