Testimony of

Meryl Moss, MPA, EMHL
Chief Operating Officer
Coastal Medical, Inc.

Achieving the promise of health IT: What Can Providers and HHS Do to Improve the EHR User Experience?

Committee on Health, Education, Labor, and Pensions
United States Senate
June 16, 2015

COASTAL MEDICAL

Coastal Medical: A Snapshot

Coastal Medical is Rhode Island's largest physician owned and governed primary care driven ACO (Accountable Care Organization). Coastal manages the quality, cost and experience of healthcare for 120,000 patients at 20 community-based offices across Rhode Island. Our 84 physicians and 27 advanced practitioners work closely with nurse care managers and clinical pharmacists in a team-based model of care. A centralized infrastructure offers a broad range of administrative, IT, and analytic support functions to the office practices, as well as clinical programs that serve every Coastal patient. Most Coastal physicians hold ownership in the organization, and many serve in significant leadership roles.

All practices utilize the same eClinicalWorks electronic health record. New practices that join are converted immediately to use of this EHR. The majority of Coastal patients receive care under one of six shared savings contracts based on total cost of care.

Coastal's Journey to Meaningful Use and Accountable Care

Coastal first implemented the eClinicalWorks EHR in 2006, and began pay for performance contracting shortly thereafter. This was our first foray into "value based payment". In 2009, Coastal decided to make the patient centered medical home (PCMH) model of care a cornerstone of its plan for the future. By early 2011, every practice had achieved NCQA Level III recognition. Coastal practices were also amongst the "Meaningful Use Vanguard" - the first practices in the country to achieve Meaningful Use of an EHR. In 2012, Coastal received the HIMSS Davies Award, given to just one ambulatory care organization in the country each year in recognition of "utilizing health information technology to substantially improve patient outcomes while achieving return on investment."

In January of 2012, Coastal implemented its first commercial and Medicare Advantage shared savings contracts with Blue Cross Blue Shield of RI, and then in July of 2012 Coastal went live with both the Medicare Shared Savings Program (MSSP) and the Advanced Payment Model.

Success in Accountable Care, and the Requirement of a Sufficient EHR

Happily, in Performance Year 1 of the MSSP, Coastal was able to reduce the total cost of care for its population of 10,000 Medicare beneficiaries by 5.4% below benchmark, pay all advanced funds back to CMS, and earn an additional shared savings payment from the MSSP. For every $6 saved by the Coastal MSSP ACO in Performance Year 1, $3 went to CMS, and $2 went to repay CMS the advances that were used to cover the incremental costs of providing accountable care. There was $1 left for Coastal to reinvest or distribute. A portion of Coastal's shared savings payment from CMS was reinvested to support new clinical programs, and the remainder was distributed to *every* Coastal employee - not just the physician owners. The shared savings

distribution checks were hand delivered by Coastal leadership with a message of thanks for supporting all of the change that was required to achieve success. That change is ongoing.

The transition to population health management has driven the creation of a variety of new and innovative clinical programs at Coastal. These include an Annual Wellness Center for our Medicare and Medicare Advantage members; a pharmacist-led Diabetes Management Team for blood sugar regulation and insulin titration, a Transitions of Care Team to ensure that patients transition safely from the emergency room and hospital to home, and a "Coastal 365" clinic that provides urgent primary care visits every day of the year. Coastal is also in the process of opening a specialty clinic to serve our highest risk cardiac and pulmonary patients, and is expanding a pilot of embedding behavioral health specialists directly in primary care offices.

Our work in population health management has improved performance on quality, enhanced the patient experience of care, and reduced the overall cost of care. (Data regarding Coastal's recent performance in pursuit of the Triple Aim is shown in Appendix A). None of this success would have been possible without our CCHIT certified EHR.

The Evolving Role of the EHR

When Coastal implemented an electronic health record in 2006, we had no idea that the electronic record would play such an important role in changing the way that we actually deliver care. Our initial notion was that the EHR would function like a glorified word processor. In 2006, providers, office staff and leadership were thinking of the EHR only in terms of scheduling, billing, and documentation of care. Over time, Coastal recognized the power of the EHR as a tool for mining data to guide *proactive* outreach and provision of care to patients. It also became clear that the EHR is an essential tool for communication between the professionals working in our office based teams, and for coordination of care with community-based specialists and hospital-based providers. Today we view the electronic health record first and foremost as an essential tool for population health management.

It is interesting to note that in the early days of our electronic health record implementation, we were really forced by circumstances to begin the work of standardizing documentation. That exercise was a harbinger of our work today to accomplish standardization in so many more domains of care delivery, such as clinical quality improvement, patient engagement, cost efficiency, and customer service. In 2006, we simply could not foresee the crucial role that the EMR would play in population health management. Today, the EMR plays a crucial role in functions such as:

- measuring and reporting quality of care
- identifying cohorts of patients (such as patients with diabetes) for specific interventions (e.g. our Diabetes Management Program)
- identifying and closing "gaps in care" (e.g. scheduling a procedure for a patient who is overdue for a screening colonoscopy)
- analysis of variation in performance from provider to provider (e.g. comparing how well one provider does in treating high blood pressure vs. her peers).

The Importance of Federal Incentive Programs and the Value of EHR Certification Standards
Coastal providers have embraced the EHR. Incentive programs helped make that possible. The Meaningful Use, Beacon Communities, and Regional Extension Center programs supported a higher level of EHR functionality and EHR use in four concrete ways:

1. They focused on improving care for patients.
2. They provided a clear road map and guidelines for achieving program goals
3. They supplied dollars for infrastructure development and support; and
4. They created a financial incentive for physicians.

We would recommend that incentive programs continue to reward EHR adoption, interoperability, improved patient access, and improvement of performance on quality measures. This is still new work for many in our industry, and we are learning how to better care for populations of patients every day. These programs help us to focus on what is most important, and provide revenue for infrastructure support that is in short supply in many physician groups.

In addition to financial support, the Meaningful Use program organized providers and vendors around a single set of measures designed to positively impact patient care. This was most important. Individual physicians and physician groups often do not have the expertise, sophistication or bandwidth to differentiate between individual electronic health records and ensure that the required functionality truly exists in an EHR product. We greatly appreciated the fact that CCHIT certification was necessary for meaningful use submission. Vendors rushed to comply and the physician community could be certain that the record would allow the practice to achieve meaningful use if used appropriately.

Now, as organizations embrace population health management and successive iterations of payment reform, we can see that the cause of improving performance of our health care system will once again be well served if certification standards can stay out ahead of where most providers are working.

One Solution to Redundancy: The "Coastal Core"
We believe that tracking and reporting on quality truly makes a difference in the care of patients. However, the complexity of this work has been daunting at times. Coastal currently reports on 129 different quality measures, many of which differ only slightly among payers. To help channel our providers' focus, we created the "Coastal Core": 30 streamlined measures with a single set of instructions. Coastal created processes in each practice that are focused just on these 30 measures, and we hired and trained quality staff to audit progress. We track our performance on these measures each month. Every day our offices use Coastal Core "exception reports" and "alerts" to close gaps in care.

EHR Certification: Core Quality Measures:
We are coming to the realization, through our most recent experience, that there should be harmonized quality measures that all medical groups can use as a standard. The government uses one set of measures for CMS ACOs and a different set for Meaningful Use. Insurers require us to achieve different quality targets and these are ever-changing. NCQA requires different measures as well. All are good, but many are overlapping. This just creates unnecessary complexity and confusion

If CMS and commercial payers were to establish an agreed upon "core" group of quality measures, and if electronic health vendors were driven to support that "core" through certification standards, this could greatly improve the efficiency of quality measurement, quality reporting, and quality improvement across our industry. The physician community could be certain that whatever record that they purchased would have the basic functionality to manage the core measures that should be used by insurers, the government and accrediting bodies. It is worth noting that several state-based collaboratives have already attempted to "harmonize" quality measures in order to reduce the burden of measurement and reporting and allow aggregation of performance data relative to a standard set of performance metrics. An analogous process on a national level would likely yield significant benefit and produce substantial system wide cost savings.

EHR Certification: Analytics, both Clinical and Financial:
One of Coastal's biggest challenges has been in the area of data analytics. We are fortunate that we receive claims files from CMS, United, Tufts, and Blue Cross. However, extensive work needs to be done by our analysts to process those files in a way that helps us to understand how we can intervene with patients to impact the quality and cost of care. This work is currently very costly and inefficient. Smaller physician groups probably cannot afford to make the investment needed to do this work, and in which case the cost of investing in analytics becomes a barrier to their entry into population health management and new payment models.

We believe that this is another area where the physician community could use help. We are moving to population health management and this work is virtually impossible without the right information. We would recommend that future iterations of EHR certification criteria include a requirement that data analytics capabilities be integrated into the electronic health record, so that both the financial and clinical data can be analyzed and presented in an efficient and effective manner. This would reduce the need for labor intensive and expensive "manual" report preparation by analysts.

Some vendors have already developed this technology as an add-on. Coastal has worked very closely with eClinicalWorks, our EHR vendor, to design an integrated solution for some of the analytic functionalities that ACOs will require, and we are just now poised to go live with this new analytics platform. We will need such tools if we are to succeed in our mission to provide better care, better health, and lower cost of care for the populations we serve.