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# ACORN
## Virginia Ambulatory Care Outcomes Research Network

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## In This Issue:

## South Korean delegation seek Woolf, Krist expertise on preventive care

In early October, Steve Woolf, MD, MPH and Alex Krist, MD, MPH met with a group from South Korea who was very interested in their knowledge and experience of prevention at the primary care level.

Belong Cho, MD, Department Chief of the Korean Academy of Family Medicine (KAFM), contacted Woolf and Krist to facilitate this meeting as part of their visit to the Washington, DC area, which also included a visit to the Centers for Medicare and Medicaid Services as well as the United States Preventive Services Task Force. The group identified Drs.Woolf and Krist for their experience and expertise in preventative care, serving as reviewers and authors on numerous publications on this topic.

## ACORN clinician's clinical and research interests align with SPARC study

Sarah Rohrs Reves FNP-C (above), a partner and clinician with Chester Family MedCare, is highly interested in the prevention and management of diabetes. Reves will serve as a Peer Mentor with the Supporting Practices to Adopt Registry-Based Care (SPARC) study, having previous experience and knowledge of diabetes registry adoption. SPARC will help practices adopt

The South Korean delegation included the Minister of Health, the Director of the Korean National Health Insurance Service (K-NHIS), representatives from the Department of Family Medicine at Seoul National University Hospital, and the KAFM. In collaboration with the Korean Internal Medicine Physicians Association, this delegation was charged by the K-NHIS to initiate a research program on insurance coverage of preventive services. This alliance will work to manage the increasing burden of non-communicable diseases on the Korean medical system.

The delegation was very appreciative of Woolf and Krist's time, information discussed, and resources shared to assist them in their efforts. Drs. Woolf and Krist enjoyed the opportunity to meet with the delegation as they embark on an exciting research initiative.

## Network efforts, publications nationally recognized

Two ACORN publications were recently recognized by the Journal of the American Medical Informatics Association (JAMIA) and the American Academy of Family Physicians (AAFP). Both are getting significant attention, giving ACORN patients and practices a voice to shape national policies.



## ACORN Current Study Updates

**Redesigning Diabetes Work Processes for Population-Based Primary Care**
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**Implementing Personal Health Records to Promote Evidence-Based Cancer Screening**

diabetes registries in a low cost, low impact manner.

The health of Reves' patients, especially those who are young and can be empowered to avoid the pitfalls of their parents, is her greatest motivation. Addressing issues and concerns early is very important, especially when patients start to slip.
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**What Do Vulnerable Patients Want in Publically Available Health Care Consumer Reports?**
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# Primary Care Resources

**Accountable Care Organization (ACO) Investment Model Applications Now Open**
The Centers for Medicare & Medicaid Services (CMS) is seeking applications for the ACO Investment Model (AIM). AIM is a new model of pre-paid shared savings that builds on the experience with the Advance Payment Model to encourage new ACOs to form in rural and underserved areas, and current Medicare Shared Savings Program ACOs to transition to arrangements with greater financial risk. ACOs participating in the Medicare Shared Savings Program are eligible to apply by **December 1st, 2014**. More information on eligibility requirements and how to apply can be found on the CMS website.

**Quality Improvement in Primary Care: External Supports for Practices**
The Agency for Healthcare Research and Quality (AHRQ) has released a new fact sheet, Quality Improvement in Primary Care: External Supports for Practices. This fact sheet, developed by Mathematica Policy Research under a contract with AHRQ, describes the importance of quality improvement (QI) in primary care and the supports available to help primary care practices engage in ongoing and productive QI efforts.

**National Evaluation of the CHIPRA Quality Demonstration Grant Program**

The Agency for Healthcare Research and Quality (AHRQ) has published the ninth *Evaluation Highlight* from the Children's Health Insurance Program Reauthorization Act (CHIPRA) Quality Demonstration Grant Program, now available on the national evaluation website. This Highlight focuses on how six states are using grant funds to support the use of care coordinators as practices implement patient-centered medical home models. AHRQ is leading the national evaluation of the CHIPRA Quality Demonstration Grant Program and the Centers for Medicare & Medicaid Services funds the evaluation.

**IOM Report on Integrating Research and Practice**

The Institute of Medicine (IOM) has published a new report, *Integrating Research and Practice: Health System Leaders Working Toward High-Value Care: Workshop Summary.* This report summarizes two Patient-Centered Outcomes Research Institute (PCORI)-sponsored workshops focused on accelerating real-time learning in healthcare systems to improve care.

# Ready For Meaningful Use Stage 1 and Stage 2? Timelines and Requirements Have Changed

by Amy Ridolphi & Chris Burkey, Virginia Health Information Technology Regional Extension Center

Healthcare is changing at a rapid pace. Remaining viable as a primary care practice calls for more than delivering good patient care. Your success also depends on efficient business practices, regulatory compliance and the ability to demonstrate clinical performance.

Getting ready for meaningful use (MU) Stage 2 – and understanding how the requirements apply – sometimes can be overwhelming. Eligible professionals and hospitals must meet specific deadlines for implementation and attestation to qualify for MU incentives. In December 2013, the Centers for Medicare & Medicaid Services (CMS) announced an official extension of the Stage 2 deadline to 2016 and a push back of Stage 3 until 2017.

The requirements bar is higher for Stage 2 as providers must show process improvements and meet 17 core measures. Stage 2 now has six menu objectives, reduced from the previously required ten. Providers must meet three of the six following items:

1. Submit electronic syndromic surveillance data to public health agencies
2. Record electronic notes in patient records
3. Imaging results accessible through CEHRT

4. Record patient family health history

5. Report cancer cases to a public health central cancer registry

6. Report specific cases to a specialized registry
(http://www.cms.gov/eHealth/downloads/eHealthU_EPsGuideStage2EHR.pdf)
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Comments and feedback are welcomed and encouraged. If you or your practice would like to share information about your quality improvement and research activities, to submit a question or topic for the ACORN Clinician Perspective, or have other input you would like to provide, contact Camille Washington at 804.827.3403 or cfwashington@vcu.edu.

**ACORN clinician's clinical and research interests align with SPARC Study continued...**

Helping Reves' patients make changes toward remaining healthy is her passion as she would rather monitor health status than manage chronic diseases. "There is something awfully sweet about taking a new patient with challenges and getting them to a point where their diseases are managed…they suddenly feel so much better."

What Reves calls the "best friends" of diabetes, hypertension and high cholesterol, have more recently been connected to nutrition, stress, and exercise. "Even tiny changes in these three areas with repetitive

bursts of movement helps mood and leads to more positive changes. Failure to address any one of those areas can lead to a negative feedback loop." Better access to health records is one of her areas of concern directly related to care management. She indicates that improved interoperability between her practice and those with whom they partner will help to decrease cost and identify holes and duplication in services for patients. Providing patients access to their records is also essential toward becoming a partner in their own health.

One of Reves' greatest achievements, in addition to becoming the first nurse practitioner in Virginia to achieve partnership in her practice, is her team's ability to remain an independent practice. With increases in salary and healthcare costs and decreases in insurance payment, this has been no easy feat. Chester Family MedCare was an early adopter of their EHR in 2007, serving as a beta test site for their software company. She acknowledges that the keys to this success have been a supportive staff who pitches in and adapts to accommodate change in addition to a supportive family who provides constant encouragement.

SPARC is not Reves' only connection to ACORN. In addition to serving as a current ACORN Board member, Chester Family MedCare also participated in the My Own Health Report study. She believes that ACORN has the potential to network a great number of people from a fairly small but diverse community. "Mix Richmond with rural Virginia to the southwest and northern Virginia and almost anything you would like to research is a possibility."

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**ACORN Publication Editor's Choice in JAMIA**
The September 2014 publication of JAMIA, ["Electronic Health Record Functionality Needed to Better Support Primary Care,"](#) was selected as the Editor's Choice for the month. ACORN, in partnership with practice based research networks Oklahoma Physicians Resource/Research Network (OKPRN) and OCHIN, worked collaboratively to complete this effort. Input and perspectives of clinicians within our ACORN network were crucial to success. The article is now the joint policy statement for the American Academy of Family Medicine, American Board of Family Medicine, American Academy of Pediatrics, and the North American Primary Care Research Group defining what primary care needs from electronic health records to better care for patients.

**AAFP News features ACORN online engagement efforts**
ACORN Co-Director Alex Krist MD, MPH was recently interviewed by the [American Academy of Family Physicians News](#) about the publication ["Engaging Primary Care Patients to Use a Patient Centered Personal Health Record"](#) published in the September/October 2014 edition of the Annals of Family Medicine. ACORN network clinicians requested personalized educational tools that would show and explain health information relevant to patients. This would help practices to better engage patients online, a key requirement for Stage 2 Meaningful Use.

The publication reports on the use of an interactive preventive health record, called MyPreventiveCare, by eight of ACORN's primary care practices. MyPreventiveCare provides patients tailored preventive and chronic care patient recommendations.

Overall, practices were successful in getting nearly one in three patients online to use MyPreventiveCare. This was a higher rate of use than previously published by large health systems like Kaiser Permanente and Group Health Cooperative. Patients with a chronic condition were more likely to get online. The most effective way for practices to get patients online was for nurses, phone center staff, and front desk staff to systematically promote MyPreventiveCare and for clinicians to reinforce use. Workflow redesign and a consistent practice-wide approach were both were essential for success.

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**ACORN Current Study Updates**

**Redesigning Diabetes Work Processes for Population-Based Primary Care**
Short Study Title: Supporting Practice Adoption of Registry Based Care (SPARC)
Purpose: To evaluate the effectiveness of a multi-faceted organizational change intervention focused on diabetes registry adoption.
Update: Practice recruitment concludes this month. Thirty practices are confirmed for participation thanks to the support of ACORN members. Baseline chart audits are expected to begin soon.

**Implementing Personal Health Records to Promote Evidence-Based Cancer Screening**
Short study title: MyPreventiveCare (MPC)
Purpose: To learn how practices engage patients to provide tailored, patient centered, preventive care recommendations, educational materials, resources and tools to inform and activate patients.
Update: Practices have been recruited from ACORN, Oregon Community Health Information Network (OCHIN), and the University of New Mexico's RIOS Network. Learning collaboratives to guide implementation and understand practices' experiences engaging patients online through portals have begun while integrating MyPreventiveCare into the EMRs.

**An Interactive Preventive Health Record to Increase Colorectal Cancer Screening**
Short study title: My Colorectal Cancer Screening (My CRCS+)
Purpose: To develop an effective, interactive, web-based tailored decision aid tool within a personal health record that promotes informed decisions and increase colorectal cancer screening.
Update: Development of the MyCRCS+ Project tailored patient portal tool is underway and the research team is meeting regularly with a script-writer to create videos addressing test-specific colorectal cancer screening barriers.

**Understanding Patient Preferences for Informed Decision Making (IDM)**
Short Study Title: Patient Preferences for IDM
Purpose: To explore patients' preferred approach to cancer screening using an interactive website about informed decision-making preferences, study the assistance offered by clinicians, its congruence with patient preferences, and effect of website exposure on conversation and decision outcomes. Update: More than 2000 patients have taken a survey regarding how they approach cancer screening decisions. Analysis of responses has begun and is already revealing fascinating results.

**What Do Vulnerable Patients Want in Publically Available Health Care Consumer Reports?**
Short Study title: Health Care Consumer Reports
Purpose: To make recommendations for consumer reports for Type 2 Diabetes by engaging vulnerable populations' perceptions of their needs.
Update: Development of a consumer report on diabetes is in process. This document will be based on two rounds of focus groups comprised of Type 2 Diabetic patients' perspectives on information that could assist them in self-management.

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**Ready for Meaningful Use Stage 1 and Stage 2? continued...**
Eligible professionals demonstrating 2014 clinical quality measures (CQMs) will need to report nine measures. Measures selected must cover at least three of the six available National Quality Strategy domains, including patient/family engagement, patient safety, care coordination, population/public health, efficient use of healthcare resources, and clinical process/effectiveness. While Stage 1 MU focused on data capture and sharing, Stage 2 requires advancing clinical processes such as:

- More rigorous health information exchange
- Increased requirements for eRx and incorporating lab results
- Patient engagement and secure communications

As you navigate your 2014 journey, here are four need-to-know MU tips:

1. No matter what year or Stage, everyone reports on a 3-month calendar quarter even if you think you should be doing 365 days.
2. Make sure you have a good understanding of the Final Rule released on August 29, 2014 to determine which set of MU measures to use for your 3-month quarter.
3. You need to have attested by October 1, 2014 if this is your first year attesting to MU, in order to avoid a 1% penalty to Medicare claims in 2015.
4. Clinical Quality Measures (CQMs) and Physician Quality Reporting System (PQRS) are now aligned if you are reporting 2014 CQMs. Again, consult the Final Rule released on August 29,

2014 to ensure you are reporting the correct version.

Meeting MU requirements is a growing concern for providers nationwide. The [annual National Ambulatory Medical Care Survey](#) from the Centers for Disease Control (CDC) shows most office-based physicians who have never met MU requirements are not prepared to meet the 2014 requirements. Overall, the CDC report states that physician adoption of EHRs is increasing and that they are recognizing the value of EHRs. As you work toward meeting meaningful use requirements, **The Virginia Health IT/Regional Extension Center [(VHIT)](#)** can provide clinical and business consulting services designed to help your practice or facility understand the requirements and where to focus your efforts. VHIT works closely with CMS and ONC and now ranks as the top regional extension center in the nation. VHIT representatives understand Meaningful Use and can help you reach MU requirements in 2014, no matter what stage or year of participation.

*For more information, email Barbara Pompili, VHIT Outreach Coordinator, at [bpompili@vhqc.org](mailto:bpompili@vhqc.org) or call her 804-289-5359.*

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