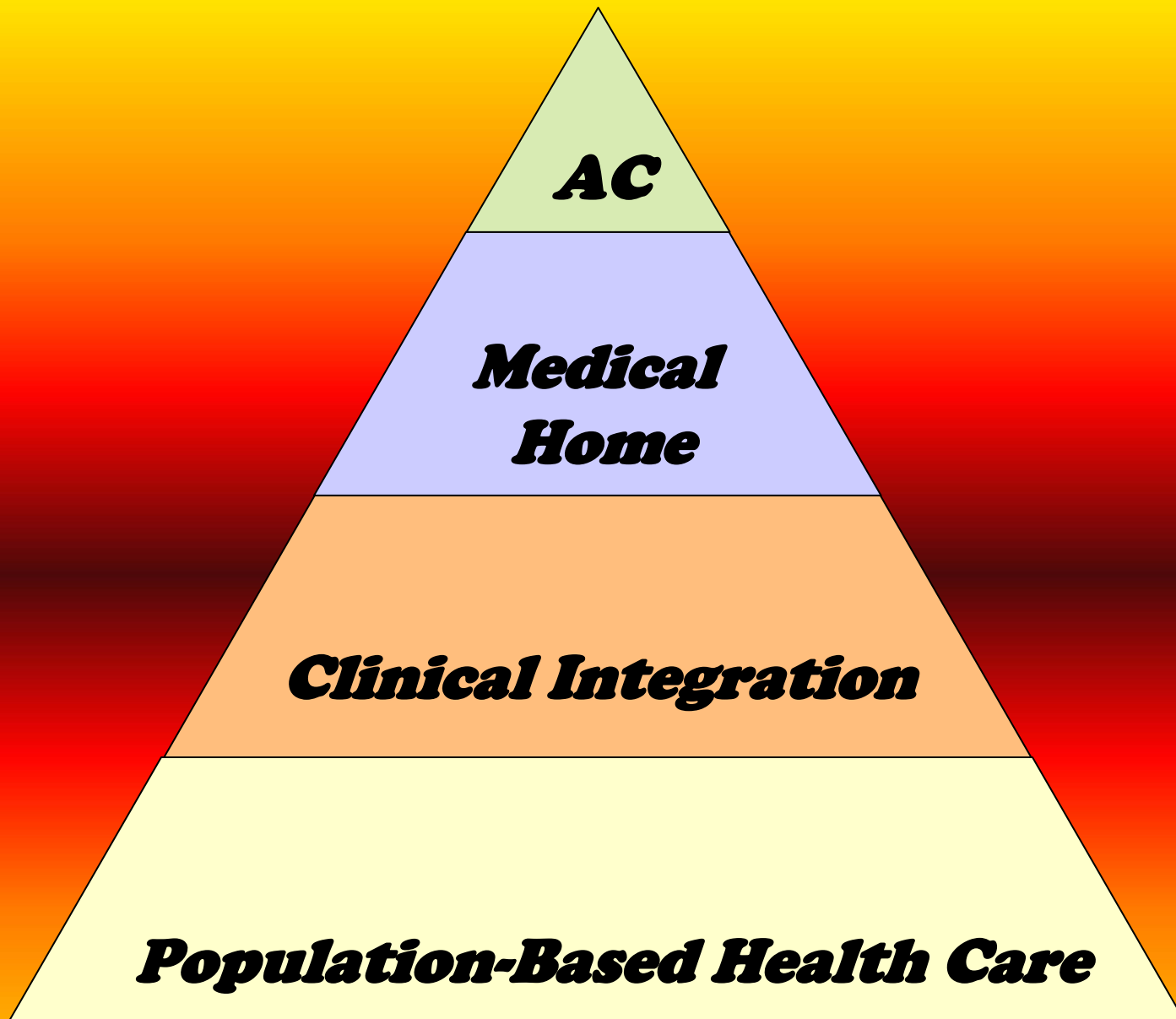


TeleHealth Supported Accountable Care

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Marshfield Clinic TeleHealth

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Quality Improvement

Population-Based Health Care

- “ A perspective that encompasses the ability to assess the health needs of a specific population;**
-implement and evaluation interventions to improve the health of that population;**
-and provide care for individual patients in the context of culture, health status, and the health needs of the population in which the person is a member. (AAMC)**

**Chronic
Disease
Management**

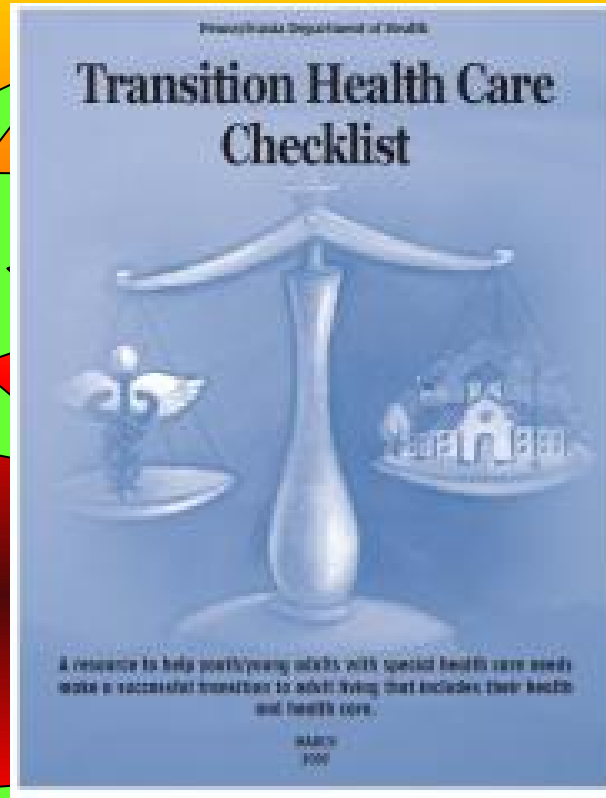
**Case
Management**

**Disease
Management**

**Care
Management**



Care Coordination



Transition of Care

Clinical Integration



“...an active and ongoing program to evaluate and modify practice patterns by the network’s physician participants and create a high degree of interdependence and cooperation among the physician to control costs and ensure quality.” (Statement of Antitrust Enforcement Policy in Healthcare, FTC&DOB, August 1996)

Provider Group Requirements for Clinical Integration

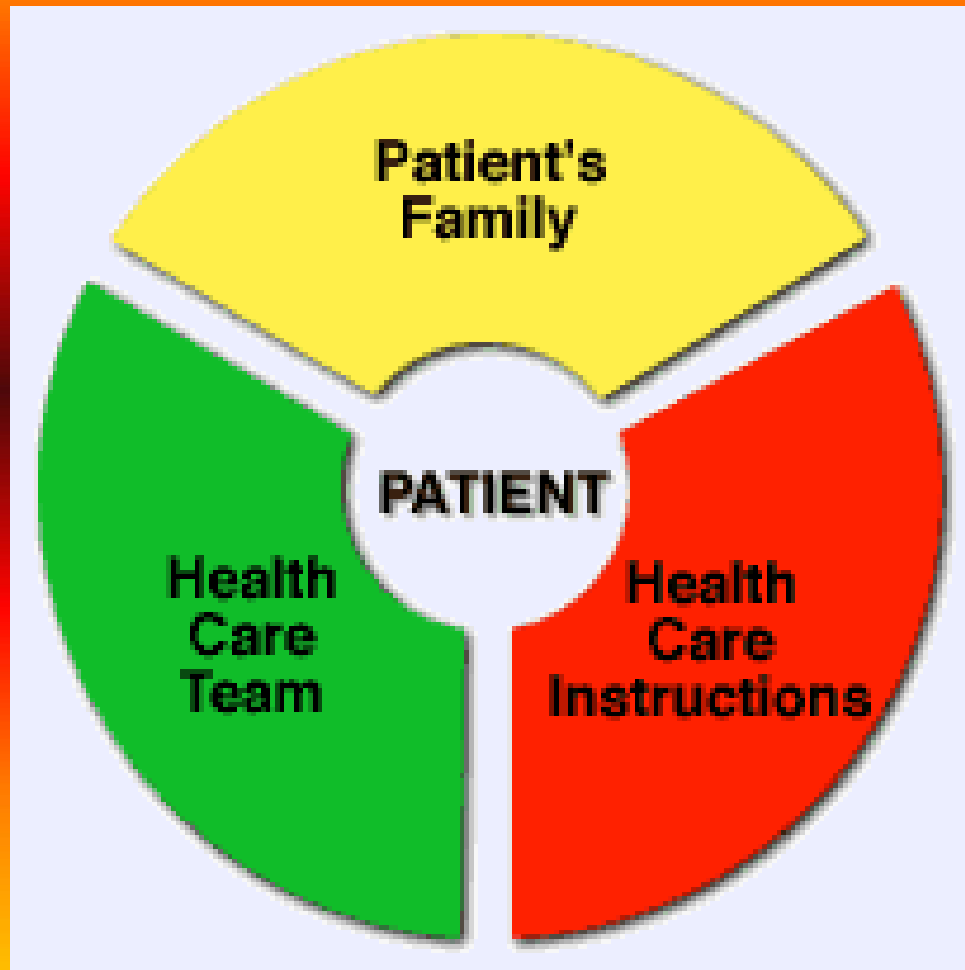


- **Agree on how care is to be provided...**
- **Measure actual performance...**
- **Compares actual to benchmark performance...**
- **Address providers that do not meet performance...**

Elements of Clinical Integration

- **Physician led initiative**
- **Access to data across continuum**
- **Evidence-based metrics and clinical guidelines**
- **Performance reporting that identifies improvement needs**
- **Proactive management tools to support care coordination**

Patient-Centered Medical Home (PCMH)



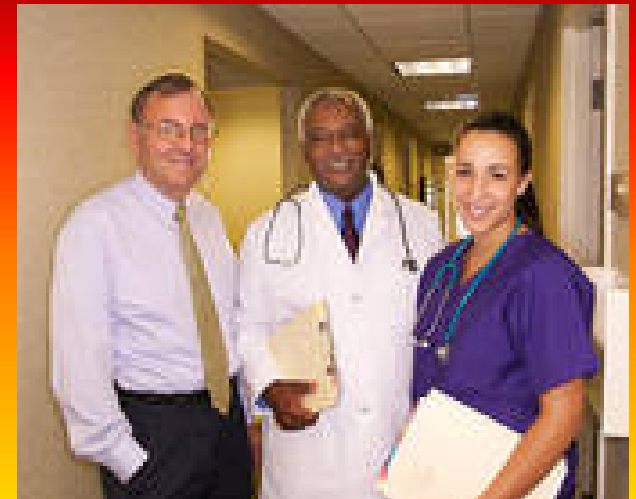
PCMH



The primary care driven PCMH aims to more fully support consumer-driven care through activating patient engagement, rationalizing and coordinating processes, and ultimately improving outcomes by educating patients to better manage their diseases and take more responsibility for improving their health..

PCMH

Patients are cared for by a primary care physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology.



PCMH

**The relationships between the right
clinician and patient offer patients
comfort, convenience, and optimal
health throughout their lifetimes**

(American Academy of Family Physicians, May Board 2008).



- **Care Partnership Support** addresses family access and communication.
- **Clinical Care Organization** addresses standards for practice organization and use of clinical information.
- **Care Delivery Management** addresses the promotion of clinical care that is consistent with scientific evidence, as well as patient and family preference.
- **Resources and Linkages** addresses successfully linking patient and families with community resources to help meet their needs.
- **Practice Performance Measurement** addresses the organization and promotion of safe and high quality care.
- **Payment and Finance** addresses the need to match quality care and NCQA recognition with payment and value

NCQA/CMS 2010 Requirements

Essential areas of performance standards

- 1) PPC 1A Access and Communication Processes
- 2) PPC 1B Access and Communication Results
- 3) PPC 2 Patient Tracing and Registry Functions
- 4) PPC 2A Basic System for Managing Patient Data
- 5) PPC 2B Electronic System for Clinical Data
- 6) PPC 2C Use of Electronic Clinical Data
- 7) PPC 2D Organizing Clinical Data
- 8) PPC 2E Identifying Important Conditions
- 9) PPC 2F Use of System for Population Management
- 10) PPC 3 Care Management
- 11) PPC 3A Guidelines for Important Conditions

- 12) PPC 3B Preventive Service Clinician Reminders
- 13) PPC 3C Practice Organization
- 14) **PPC 3D Care Management for Important Conditions**
- 15) **PPC 3E Continuity of Care**
- 16) **PPC 4 Patient Self-Management Support**
 - 17) PPC 4A Documentation and Communication Needs
- 18) **PPC 4B Self-Management Support**
- 19) PPC 5 Electronic Prescribing
 - 20) PPC 5A Electronic Prescribing Writing
 - 21) PPC 5B Prescribing Decision Support – Safety
 - 22) PPC 5C Prescribing Decision Support – Efficiency
- 23) PPC 6 Test Tracking
 - 24) PPC 6A Test Tracking and Follow-up
 - 25) PPC 6B Electronic System for Managing Tests

- 26) PPC 7 Referral Tracking
- 27) PPC 7A Referral Tracking
- 28) PPC 8 Performance Reporting and Improvement
- 29) PPC 8A Measures of Performance
- 30) PPC 8B Patient Experience Data
- 31) PPC 8C Reporting to Physicians
- 32) PPC 8D Setting Goals and Taking Action
- 33) PPC 8E Reporting Standardized Measures
- 34) PPC 8F Electronic Reporting – External Entities
- 35) PPC 9 Advanced Electronic Communication
- 36) PPC 9A Availability of Interactive Web Site
- 37) PPC 9B Electronic Patient Identification
- 38) PPC 9C Electronic Care Management Support

Accountable Care

...managing the full continuum of care and be accountable for the overall costs and quality of care for a defined population.



***So....where does
remote health care
fit in all of this?***

Influence of TeleHealth

- **Improves Access**
- **Improves Communication**
- **Improves Referral Process**
- **Improves Economic Stability in Communities**
- **Improves Health Status of Populations**



Historical Influence of Remote Monitoring

- Improves patient self management
- Improves health behaviors
- Improves medication compliance
- Improves communication
- Supports care management
- Improves Outcomes
 - Reduces hospitalization
 - Reduces re-hospitalization
 - Reduces length-of-stay



ACO Regulations

An ACO will be innovative in the service of the three-part aim of better care for individuals, better health for populations, and lower growth in expenditures. It will draw upon the best, most advanced models of care, using modern technologies, including telehealth and electronic health records, and other tools to continually reinvent care in the modern age. CMS Notice of Proposed Rulemaking, 76 FR 19533, (April 7, 2011)

Remote Applications

- Remote monitoring of physiological data
- Remote monitoring of medication compliance
- Remote monitoring of daily health status
- Implementation of health coaching
- Communication and connection with Care Coordinator

Live Video Interactions

1. Video visits with RN care coordinator
2. Video education events
3. Video support from family members
4. Video chats with social network
5. Video consultations with clinicians



Use of Web Portals

This screenshot shows the registration page for the My Marshfield Clinic Patient Portal. The browser title is "My Marshfield Clinic Patient Portal Registration - Windows Internet Explorer p...". The address bar shows the URL: <https://www.marshfieldclinic.org/mymarshfieldclinic/default.aspx?page=reg>. The page features the Marshfield Clinic logo with the tagline "Don't just live. Shine." and navigation tabs for Patients & Visitors, Grateful Patients & Donors, Employers & Business, Health Professionals, and My Marshfield Clinic. The main content area is titled "My Marshfield Clinic Registration" and includes instructions: "There are three simple steps you need to complete for registration. Please enter your full last name, your date of birth, and your Medical History Number. Your Medical History Number is listed on your Marshfield Clinic Medical Record ID card." Below this is a "Sample ID Card" for MARSHFIELD CLINIC with the following information:

| Medical History | NAME |
|-----------------|-------------|
| 123456 | JOHN H DOE |
| 98765 | JANE S DOE |
| 1154321 | ROBERT DOE |
| 1198765 | WILLIAM DOE |
| 1183949 | REBECCA DOE |

The left sidebar contains links for "My Marshfield Clinic Home", "FAQs", "New Features", "Registration Checklist", "Register Now", and "Take a Video Tour".

This screenshot shows the home page of the My Marshfield Clinic Patient Portal. The browser title is "Marshfield Clinic Home - Windows Internet Explorer provided by Marshfiel...". The address bar shows the URL: <https://www.marshfieldclinic.org/mymarshfieldclinic/>. The page features the Marshfield Clinic logo and navigation tabs for Patients & Visitors, Grateful Patients & Donors, Employers & Business, Health Professionals, and My Marshfield Clinic. The main content area is titled "About My Marshfield Clinic" and includes the following sections:

- My Marshfield Clinic: Personalized Health Care Information**
Your personal health information is available to you through a secure online portal. My Marshfield Clinic. Once registered, you can manage your health information and that of your minor children wherever Internet access is available.
- My Marshfield Clinic Benefits**
 - [Request and View Appointments](#)
 - [Health Reminders](#)
 - [Test Results](#)
 - [Refill Prescriptions and Contact Lenses](#)
 - [Secure Registration](#)
 - [Update Insurance and Contact Information](#)
 - [Pay Bills Online](#)
 - [Health Summary](#)
- Request and View Appointments**

The right sidebar contains a login section with fields for "User Name" and "Password", and buttons for "Login" and "New User? Register". Below the login section is a photo of a family.

TeleHealth assists in attaining the quality metrics of an ACO model of care by:

- >connecting the clinician to the patient where the patient lives and experiences life,**
- >through physiologic monitoring of critical vital signs based on condition;**
- >by providing education and reinforcing education through simple push-out videos and educational materials through the system;**
- >by making virtual home visits to the patient with the health care team;**
- >by using medication reminders to improve medication compliance;**
- >and by implementing early symptom management in patients with congestive heart failure, diabetes, and hypertension.**



TeleHealth strategies support patients caring for themselves in a way that maintains or supports health, which leads to decreased hospitalizations and readmissions, as well as reduced days of stay when an admission is required. Metrics for accountable care include the same outcomes that remote monitoring and processes that enable patients to take better care of themselves. When a physician uses TeleHealth in a care coordination strategy, the metrics of accountable care are achieved.