A Sense of Urgency – the Rubber Meets the Road

Keeping Optometry competitive where regulations have *already* changed

Two recent regulation changes serve to illustrate the urgency for Optometry to step up to the plate:

A. Diabetic Retinopathy Community Reading Centers.

A recent change in HEDIS regulations removed the requirement for the dilated annual eye exam to be performed by an *optometrist or ophthalmologist* and replaced it with a more open regulation, making it possible for *any physician* to order the HCPCS SO625 code (for the interpretation of fundus photos) and thereby meet a new best-practice requirement for diabetic patients.

Needed: Portability software to provide HIPAA compliant and CCHIT compatible communications between offices (**ImageManager**)

Portability technology allows any optometrist to:

- establish a community reading center for diabetic retinopathy photos; and
- provide imaging services to all health care providers in the community.

Reimbursement depends on insurer policies at the state level. In Pennsylvania, for example, BCBS pays $81 for the interpretation of fundus photos and also pays for a complete annual eye exam when scheduled on a different day.

B. Communications Solution for "Continuity & Co-ordination of Care" Teams.

Another new HEDIS regulation, taking effect 01 January 2009, requires physicians to create a "continuity & coordination of care" plan for every patient with a chronic-condition diagnosis. Under this new regulation, all members of the care team must be identified in advance, the appropriate visits scheduled and the plan approved by both the patient and the primary care provider. To be eligible for team participation, each provider must be capable of high-level, electronic communications with the rest of the team, far beyond writing letters. The provider must be able to utilize information from the rest of the team and consistently provide the specialty information he or she is expected to contribute to the team. This must be done in a manner consistent with the "Medical Home" concept of communications.

Needed: Portability software to provide HIPAA compliant and CCHIT compatible communications with the rest of the care team (**ImageManager**).

Keeping Optometry compliant with health care reform practices now being recognized as key features of a successful VDHC system.

A. Incorporating best-practice procedures in routine care, tracking clinical outcomes.

Recent studies show that EHR software that simply moves paper to computer for documentation purposes does not improve the quality of care. Quality of care is only improved when the EHR contains clinical decision support capability and the ability to incorporate and monitor best-practice procedures and processes.

Needed: **ActiveEHRs™** with **ActiveProtocols** (i.e. embedded decision support capability and best-practices integration).

B. Data-mining capability to track and monitor all clinical outcomes.

A shift is occurring in the PQRI program from being able to report via traditional billing to having outcomes monitored and reported through the EHR. We know too that, in the near future, the most powerful health care marketing will take the form of reporting outcomes to the public. This is what HHS Secretary Leavitt has called "Transparency", already well under way. Medicare is already reporting hospital-based outcomes to the general public and is preparing to report individual physician outcomes. Medicare will soon put in place incentives to the public to select their health care providers based on the reported quality/cost outcomes.

Needed: **ActiveEHRs™** that allow sufficient data tracking to track outcomes and identify why outcomes were as expected, or below expected best-practice results. This requires:

- an analytical tool to datamine and analyze clinical outcomes (**ActionTracker**)
- participation by providers in a recognized national monitoring program.

This program will provide the ability for Optometry as a profession to:

1. identify the outcome measures that are best for Optometry; and
2. have direct input capability to the PQRI program, circumventing the current system in which the Academy of Ophthalmology proposes and submits all outcome measures for eye care.

C. ActiveCE™

A significant amount of training of both ODs and staff is required in order to incorporate best practices consistently into optometric clinical care. Continuing Education is currently very costly from the standpoint of both dollars and time, and has been shown through many studies to be relatively ineffective in changing actual clinical practice. EMRlogic's ActiveCE™ is a three-step program that leads the participant not only through the process of understanding a CE topic, but into the clinical implementation process as well, applying the knowledge to everyday clinical practice.

i. **Rapid-response ActiveEHRs** that allow lecturers to place all new processes, procedures or best practice guidelines within the EHR prior to delivery of the CE material. This dramatically decreases barriers to implementing new knowledge since clinical processes are already in place to incorporate the material immediately.

ii. **Tele-education clinical grand rounds** that demonstrate how to incorporate new knowledge into clinical practice. In traditional continuing education, the lecture is the end of the learning experience; in **ActiveCE**, it is the beginning. The experience continues with clinical cases, delivered over the ensuing month(s), which directly demonstrate the use of the learned material in actual clinical cases.

iii. **Curb-side consulting**. Participating clinicians are able to present back to the CE presenter, in the form of educational telemedicine scenarios, actual patient cases in which there are questions about related clinical decisions. The presenter can use the clinician's actual patients to further clarify how to apply knowledge from the **ActiveCE** presentation or course.

This process allows individual providers to improve clinical skills, but also allows a whole organization to consistently and efficiently improve skills across the board for all members. Since other components of the EMRlogic solution provide reporting and outcome measurement (**ActionTracker**), it becomes possible for an organization to implement voluntary reporting mechanisms that measure the effectiveness of CE presented, as well as changes in practice patterns across the organization. Unless existing organizations provide this benefit to members, other competitive organizations will appear offering such services.

The first series of courses already created for **ActiveCE**™ are:

- Understanding Health Care Reform
- Understanding Spectral OCT
- Implementing a Community Diabetic Retinopathy Reading Center