



Morehouse Community Physicians Network

**Utilizing Technology to Improve Outcomes in
Diverse Populations**

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Objectives

- ◆ Overview of CPN: Rationale, Goal, funding
 - CPN Initiatives/Projects
 - Quality-improvement at practices using disease-specific registries
 - Quality improvement through increased participation in cutting-edge clinical trials
 - Clinical trial data repository
 - CPN EMR initiative
 - Microsoft Health Vault project
 - Lessons Learned/Challenges



Overview of CPN

- Rationale:
 - That health disparities arise from unequal treatment
- Description:
 - Original funding through the NIH NCMHD and Medtronic foundation which supported the establishment of the Medtronic Clinical Cardiovascular program at Morehouse School of Medicine
 - Membership open to any practice with ~ 30% minority patients
 - CPN membership is a GSMA membership benefit
 - Currently 165 practices with majority in primary care
 - Business associates agreements between MSM and CPN practices allow access to patient clinical information for practice QI



Goal of CPN

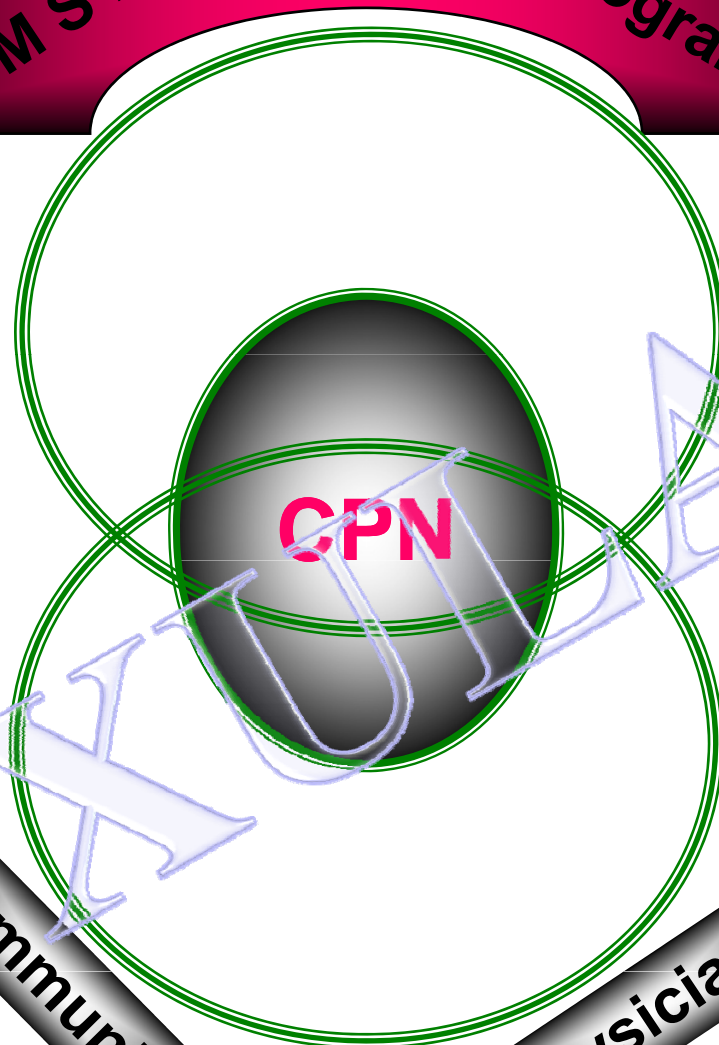
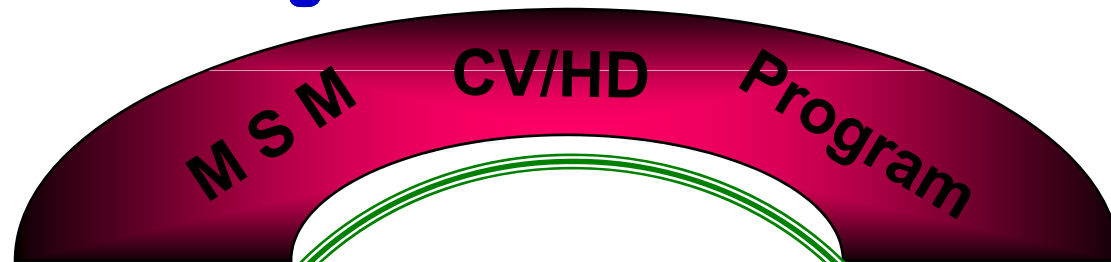
To eliminate disparities in health outcomes by promoting evidence-based practice among consortium members.



Figure 1. Patients as Portrayed by Actors in the Video Component of the Survey. Panel A shows a 55-year-old black woman, Panel B a 55-year-old black man, Panel C a 70-year-old black woman, Panel D a 70-year-old black man, Panel E a 55-year-old white woman, Panel F a 55-year-old white man, Panel G a 70-year-old white woman, and Panel H a 70-year-old white man.



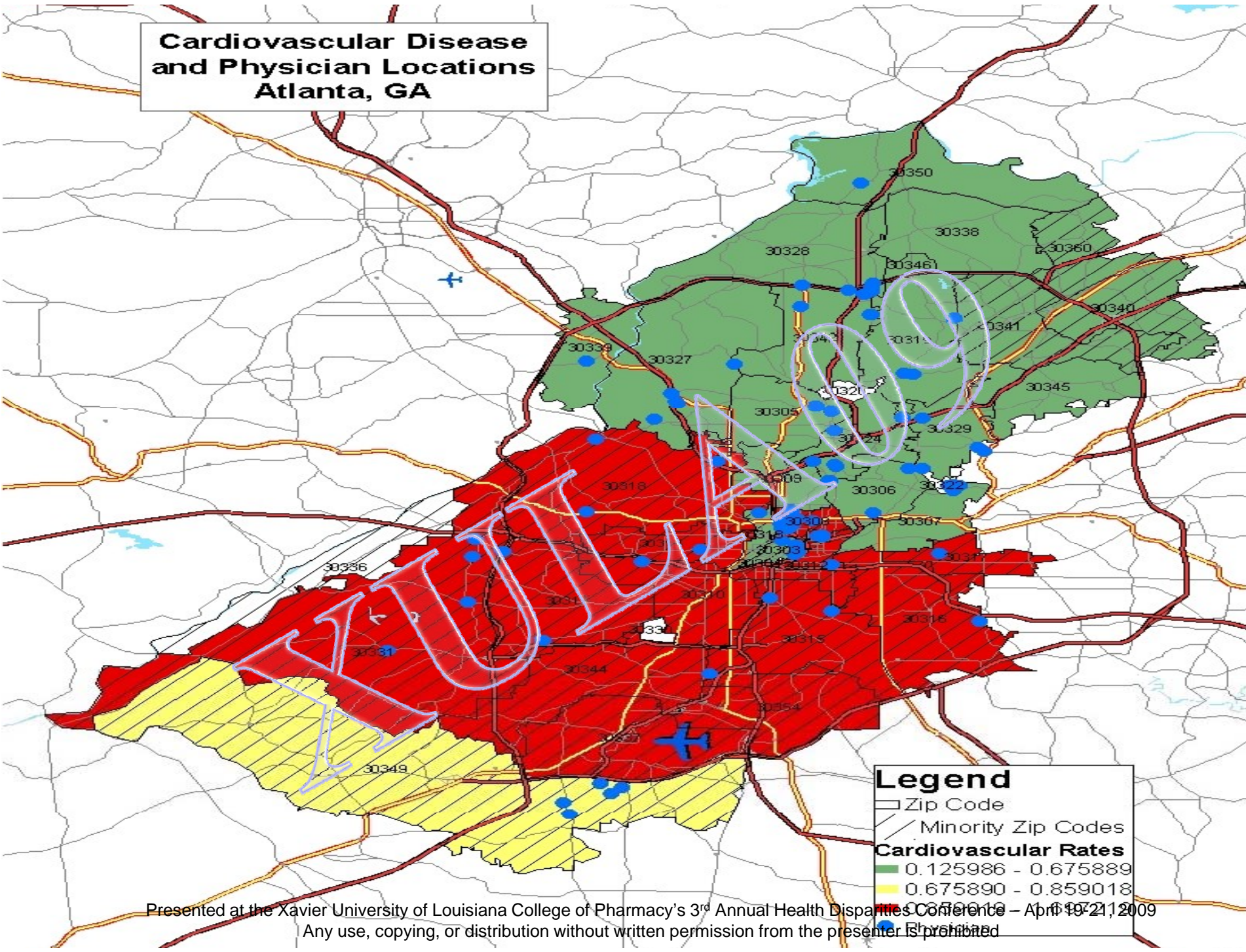
CPN Program at Morehouse School of Medicine



- Academic Leadership
- Innovative Research
- Clinical & Research Training

- African American Patient base
- Busy Practitioners

**Cardiovascular Disease
and Physician Locations
Atlanta, GA**



Legend

- Zip Code
- ▨ Minority Zip Codes
- Cardiovascular Rates**
- 0.125986 - 0.675889
- 0.675890 - 0.859018
- 0.859019 - 0.972120
- Physician

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CPN Initiatives/Projects

- CPN practice locations: Metro Atlanta area, Fort-Valley, Columbus, Macon, Augusta and Savannah, GA
 - Patients in these practices can visit any of ~129 hospitals 2-3x that number of nursing homes; 4-5x that number of pharmacies and other physicians' offices.
 - Keeping track of the information generated is vital to ensuring good patient outcomes.
- Quality-improvement at practices using disease-specific registries
 - » Hypertension Registry
 - » Metabolic syndrome registry
 - » Heart failure registry



Exemplary Leadership Award (CHT)
Proclamation State of GA BTE

CPN

Platform:
Quality Improvement

Best Practice

Tools:

Hypertension/Diabetes Registry
Georgia Diabetes and Obesity Project
Adoption of Electronic Medical Records
Adoption of Personal Health Records
Clinical Patient Data Repository
Microsoft Health Vault

Outcome:
DPRP certification
Comparative Effectiveness
Research
Risk Adjustment(P4P)

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Hypertension Registry

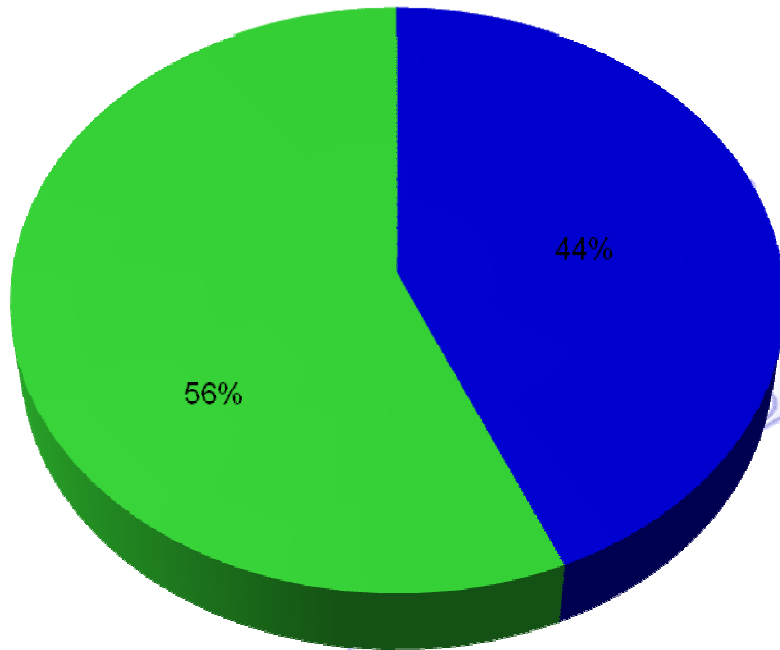
Gender	Female 65%	Male 35%	
Race/Ethnicity	African American 96%	Asian 1%	Caucasian 2%
Age	54 ± 13 yrs		
Insurance status	Uninsured/self-pay 4%	Insured 96%	
Co-Morbid Conditions			
DM	27%		
LVH	8%		
CHF	7%		
Renal disease	7%		
Stroke	6%		
Cancer	6%		
Angina	4%		
Myocardial infarction	3%		
PVDx	2%		



BP Control in Hypertension Registry

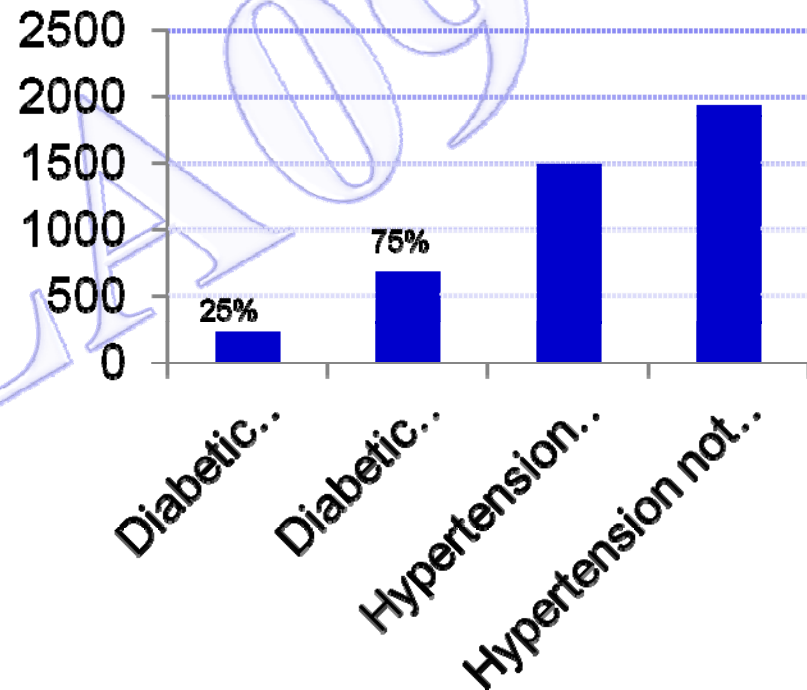
n = 3420 all hypertensives

Blood Pressure Control



n = 903 Diabetic Hypertensives

BP Control by category



In Clinical trials 85% are controlled at end of titration. 66% still controlled at end of trial. ALLHAT HTN control at 1st annual visit 55%. Healthy people 2010 target is 68%

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Quality Improvement in CPN

- ◆ Feedback to physicians
- ◆ Identification of issues contributing to their outcomes and development of targeted strategies:
 - involved all levels of staff and most aspects of the practice
 - Appointments and scheduling
 - The encounter and follow-up; managing referrals for sub-specialty services
 - Prescription management
 - Education around specific diseases of patient and family
- ◆ Served as a framework for managing chronic diseases which contribute to morbidity/mortality
- ◆ The Challenge?
 - Very busy solo or small practices no EMR
 - Informed, engaged patient population? no
 - Limited access to information: hospitalization, ER visit, pharmacy use, other physicians visited



Chart Abstraction: Not as easy as it sounds!

F.O. on a 'good' day at the practice



S.O. hard at work abstracting charts It was 'easy' as pie!!





Rationale for CPN Trials

- ◆ Quality of care depends on access to the most up-to-date therapies and devices.
- ◆ Patients of physicians who participate in clinical trials usually have best chance of becoming part of such trials
- ◆ Minority participation in trials is limited in part by access to physicians who take part in these trials
 - Reasons: Inexperienced investigators or staff, slow recruiting, slow turnaround on contract documents



Quality Improvement Through Clinical Trial Participation

- CPN has worked to increase participation in cutting-edge clinical trials through
 - Clinical trials training for CPN Physicians/coordinators
 - Entering into master agreements with pharmaceutical companies to ease the burden of navigating the complex clinical trial contracts
 - Mentoring for site coordinators during clinical trials
 - Creation of disease-specific registries to facilitate rapid determination of trial feasibility/recruitment
- Heart failure network studies
- Pharmaceutical studies in hypertension, heart failure, angina, obesity etc



CPN EMR initiative

- ◆ Rationale: Elimination of poor health outcomes requires a patient-focused intelligent system of health delivery interacting with an engaged and empowered community of patients



“Lost” in Translation

Translational Blocks

Regulatory burden limitation(EMR)
Fragmented infrastructure
Incompatible databases
Lack of qualified investigators

Career disincentives
Practice
Lack of funding

1

2

Basic Biomedical Research

Translation of Basic Sciences Into Human Sciences

Clinical Science + Knowledge

Translation of New Knowledge Into Clinical Practice + Health Decision Making

Improved Health

Clinical Research

Population Research

JAMA 2003;289:1278-1287

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CPN EMR Initiative

- ◆ Activities:
 - Educating providers about EMRs, desired features, standards, contracting
 - EMR committee led by Drs. MJ Collier/Ken Barnwell
- ◆ Serving as a resource for disseminating information on initiatives related to EMR
 - Bridges to excellence (DPRP certification)



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Outcome:
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Best Practice

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Challenges: Implementing EMR in Primary Care

- **Practice behavior: changing from free text/dictation to templates**
- **Cost: EMR systems with adequate reporting capability are more expensive; CCHIT certification is minimum standard**
- **CPN EMR committee working with certified EMR vendors**
- **Implementation will include common medical records/documentation templates, and agreement to pull data into Health Information Exchange/Data repository in order to meet CMS quality reporting benchmarks**
- **This is a work in progress**



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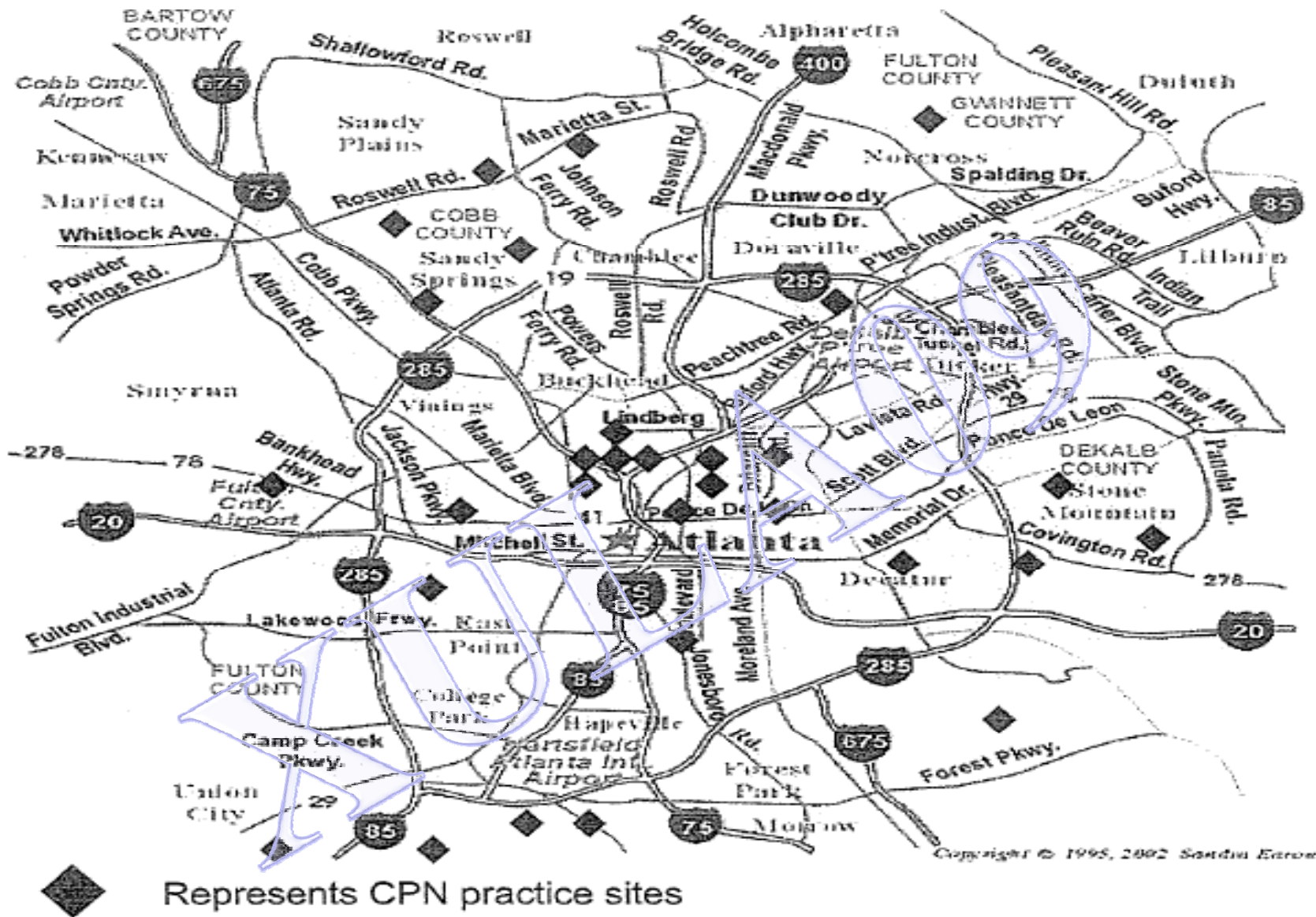


Figure 1. CPN Sites Locations

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Four ‘G’s needed for success:

- 1. Geduld....patience**
- 2. Geschick....skill**
- 3. Gluck....luck**
- 4. Geld.....money**

**Demon under the
microscope: one doctor’s
search**