

# *eClinicalWorks* CASE STUDY



## **MOBILE PHYSICIAN SERVICES**

PATIENT-CENTERED MEDICAL HOME CARE IN CENTRAL FLORIDA

*improving healthcare together*

## CASE STUDY

# Mobile Physician Services

Bringing the doctor's office to the comfort and convenience of your home

### The Challenge

How to achieve recognition for the success that a 100% mobile care practice has had in delivering better care at lower cost to patients throughout Central Florida who suffer from one or more chronic conditions.

### The Solution

Working closely with eClinicalWorks, Mobile Physician Services embarked upon a successful, two-and-a-half year effort to achieve Level 2 Patient-Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance.

### The Results

The PCMH recognition process helped Mobile Physician Services maximize the value of their EHR and the tools and support eClinicalWorks offers, drawing attention as a potential national model for serving the needs of the chronically ill.

### In Florida, Mobility Meets Quality

What does a multispecialty medical practice do when its patients are mostly over 60 years old, have a bevy of chronic health problems,

and face mobility challenges that make it hard to get to a doctor's office?

They bring mobility to the patients.

In fact, for 10-year-old Mobile Physician Services, a multispecialty practice serving much of Central Florida, delivering medicine has



*always* been about mobility. That's because this is one practice that has no offices.

Well, OK, there is one home office, located in New Port Richey, where medical assistants, billing staff, and a few other employees are based. And Mobile Physician Services uses that office for administrative purposes and occasional gatherings for its medical providers.

But the delivery of care takes place exclusively in the homes of patients.

"We have 20 medical professionals, including physicians, nurse practitioners, and physician assistants," says Joanne Turner, a nurse practitioner and former U.S. Navy employee who is now Mobile Physician Services' Clinical Director.

"Our territory covers from Gainesville in the north to as far south as Venice Beach, and from coast to coast across Central Florida," she said. "Providing mobile care is 100% of what we do. We see patients in their homes, or their assisted living or independent living units. We don't have a clinic."

If a clinic-free medical practice defies expectations, so too does the range of services that MPS offers. Its business model isn't about limits, but breaking them. In addition to primary care, it offers podiatry, psychiatry, pain management, and wound management.



"An average patient is perhaps 70 years old, has had a stroke, or has Parkinson's," Turner said. "They need home health services, and may not be walking or speaking very well."

In many places, such circumstances would mean family members or caregivers taking time off from work to take the patient to the doctor's office, urgent care facility, or hospital. It could entail a time-consuming and expensive ride in an ambulance. And it would expose the patient to the stresses and strains of getting dressed, gathering their things, being driven to a clinic, waiting to be seen, and – once the visit ended – of repeating much of that process in reverse.

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— Joanne Turner  
Clinical Director, MPS

### Mobile Physician Services Sees a Better Way

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"We work hand in hand with home health agencies to get patients the therapy they need," Turner said. "They may not have feeling in their feet, so we'll do an exam, to make sure they have the proper shoes. If they need an x-ray, we have a mobile x-ray lab we can bring to them. We treat them holistically, as a whole person. For us, this is how we do business."

Making that business model a success requires many partners, and when it comes to healthcare IT, Mobile Physician Services found in eClinicalWorks the perfect partner for the flexible, fast-paced, and ever-changing business it conducts.

"eClinicalWorks is, in my experience, one of the most robust EHRs I've ever dealt with," Turner says. "It's one of the most user-friendly. It's very intuitive. For our providers, when they're trained, we tell them there are three or four different ways to do anything. When we started 10 years ago, all our providers were on laptops. And now, for the last two-and-a-half years, they've had eClinicalTouch, the

iPad® application, which has reduced their burdens. They're able to do everything they need inside eClinicalWorks. They can send all their home health orders, diagnostic tests, and they can write prescriptions for narcotics."

"All of our providers use the iPad® and eClinicalTouch," said Jimmy Hilton, MPS' Operations Director. "They actually never see the desktop version. We're able to capture all the measures we need for PCMH through the eClinicalTouch application."

MPS has long had the right partner for its healthcare IT needs in eClinicalWorks. But it was missing something: Recognition for a fully mobile business model that delivers high-quality care to a population with significant health challenges.

So, three years ago, Mobile Physician Services began to discuss seeking Patient-Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance (NCQA).

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“The founder of the company realized that a lot of the patients he was seeing in the primary care ICU were simply too ill to travel to see their primary care provider. It is a huge problem in Florida, and a problem nationally, as well. There just are a lot more patients who are chronically sick.”

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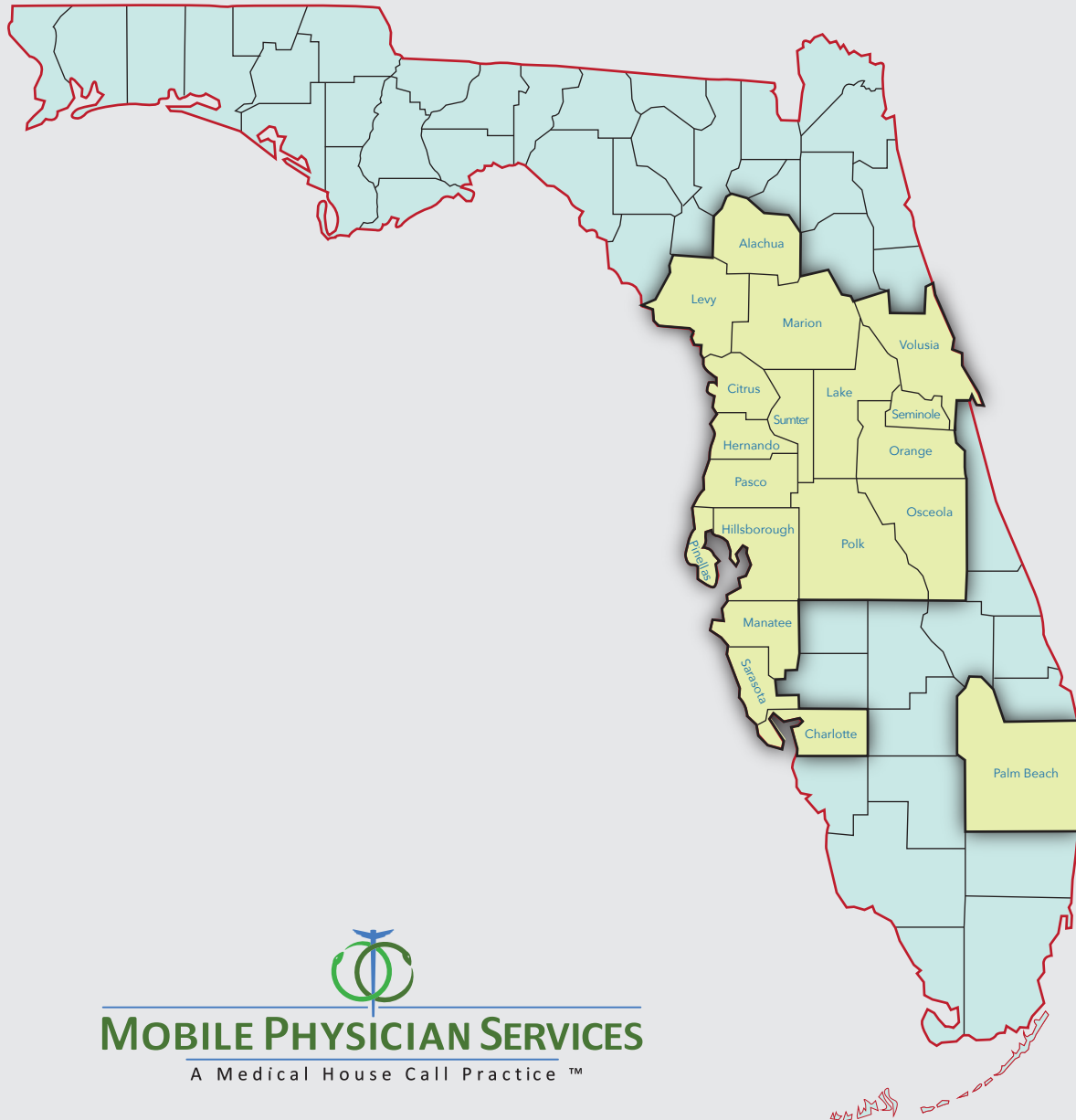
— Joanne Turner, Clinical Director, MPS

Could it be done? If so, what would it take, and how long? Those and many other questions arose as Mobile Physician Services began to prepare for the recognition effort. But for all their excellence and confidence, the team at Mobile wouldn't get this effort off the ground if they couldn't first explain to NCQA and the world exactly why their business model made a difference.

### The Challenge of PCMH Recognition

As the doctors and other medical professionals at MPS began to consider Patient-Centered Medical Home recognition, they realized that the challenge was two-fold. As confident as they were in how they delivered care, they would need to make a detailed

## Counties Served by Mobile Physician Services



and persuasive presentation to the National Committee for Quality Assurance – without losing their focus on their day-to-day work.

The decision to seek recognition was market-driven, said Turner. Demonstrating to a broader audience the quality and value of the work the practice does could magnify its impact.

“The founder of the company realized that a lot of the patients he was seeing in the primary care ICU were simply too ill to travel to see their primary care provider,” she said. “It is a huge problem in Florida, and a problem nationally, as well. There just are a lot more patients who are chronically sick.”

Turner says the practice’s all-mobile approach delivers quality care while saving money.

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“We like to think in medicine that we’ve come a very long way from our ancestors who made house calls in their horse and buggy. The truth is that that was a very good way to deliver care. So we really do embrace that heritage of medicine, and with eClinicalWorks we’re using the latest and greatest software, truly cutting edge.”

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— Joanne Turner, Clinical Director, MPS

“If you have a quadriplegic patient who is bed-bound, the only way they’re getting to the doctor or a clinic is via ambulance, which is hundreds of dollars, no matter how near or far the clinic,” she says. “So it is a common-sense approach. We like to think in medicine that we’ve come a very long way from our ancestors who made house calls in their horse and buggy. The truth is that that was a very good way to deliver care. So we really do embrace that heritage of medicine, and with eClinicalWorks we’re using the latest and greatest software, truly cutting edge.”

In addition to the eClinicalWorks Electronic Health Record and Practice Management solutions, the practice’s providers have embraced the healow family of Patient Engagement tools. And while many practices worry that their patients, especially the elderly, will reject online portals and electronic communication, MPS has found the opposite to be true – a high percentage of their elderly patients have embraced technology, including Patient Portal, email,



# CHRONIC DISEASES DOMINATE LEADING CAUSES OF DEATH IN THE U.S.

and other online resources. This is part of what affords them the luxury of being able to give each patient the attention they deserve and enhance the patient's overall experience.

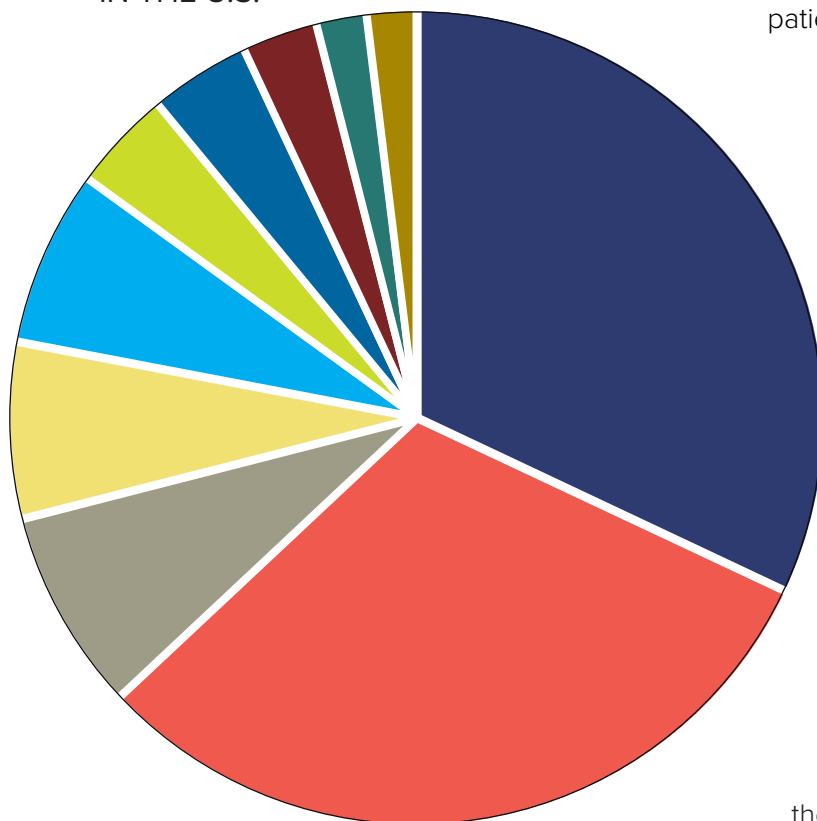
"You can imagine your elderly grandparents," she continues. "Yes, maybe they're able to get out and go to the doctor, but they're going to sit there for two hours. Because of the overhead costs, any traditional practice really does have to see a large volume of patients each day. With us, our providers spend an hour with each patient. In that time, you're able to really address the patient's needs, and they feel like they have been heard because they really have been."

"It's very liberating for them that they can be so engaged with their provider," Turner said. "They can have an open dialogue with their providers and are very appreciative. I know that any patient insists

on the best, and making sure everything is being taken into consideration. And they want to make sure their providers are following what are the most relevant guidelines. We're able to do that, and in good part it's because of having those things embedded in the eClinicalWorks software."

The decision to seek recognition was also fueled by the confidence that comes with having a network large enough to pay attention to the details that come with modern healthcare.

"If a solo provider wanted to venture out and do this on their own, there's nothing to stop them," Turner said. "Two years ago, there was a physician's assistant in the Gainesville area who had gone out on his own, and he had amassed a panel of patients that was just beyond what he could handle on his own. We acquired his practice. You have to manage, keep up with the latest and greatest. That's very difficult for a single person to do."



HEART DISEASE.....	32%
CANCER.....	31%
CHRONIC LOWER RESPIRATORY.....	8%
ACCIDENTS.....	7%
STROKE.....	7%
ALZHEIMER'S DISEASE.....	4%
DIABETES.....	4%
INFLUENZA AND PNEUMONIA.....	3%
NEPHRITIS.....	2%
SUICIDE.....	2%

Chronic health conditions, led by heart disease, account for 7 of every 10 deaths in the U.S. annually, according to the Centers for Disease Control.

So, as it considered seeking PCMH recognition, Mobile Physician Services realized that the model, while different from most, didn't present any serious barriers. Its providers had the medical expertise, the right IT provider, sufficient size, and a network of partners.

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— Joanne Turner, Clinical Director, MPS

“We have vendor partners in the communities,” Turner said. “For patients, all of their bloodwork can be drawn right in their home. We have companies that go out and do ultrasounds and chest x-rays, right in the patient's home. We can even conduct sleep studies. And we are about as paper-free as we can be.”

“Ninety percent of our operation hasn't changed and won't change,” said Jeff Wacksman, Vice President of Operations for MPS. “The headache was trying to prove it.”

The stage was set. Confident in its care model, and eager to show the

world that that model could improve care while controlling costs, Mobile Physician Services was ready to approach the NCQA.

## Mobile Physician Services Proves Their Case

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As Turner puts it, MPS has “fought, from day one, to gain recognition.”

If you're going to develop a fully mobile care model that meets patients in their homes, improves the quality of the care you deliver, and reduces costs, why not tell the world?

So the decision was made to seek recognition as a Patient-Centered Medical Home.

Questions abounded. How could a practice with no bricks-and-mortar clinics or labs meet all the traditional guidelines as laid out by the National Committee for Quality Assurance? While the providers themselves knew their program was delivering quality care – and deserved the validation and attention that would come with recognition – they knew they would have to demonstrate that to the NCQA.



The first and perhaps biggest question of all was this: Would the NCQA be willing to even consider Mobile Physician Services for PCMH recognition? Would they, so to speak, even let them through the door?

“That was definitely one of the big obstacles that we faced in getting recognition from the NCQA,” Turner said. “From its standpoint, we were the only 100% house call practice that had ever tried to attain PCMH recognition. For a practice like ours that is 100% home-bound, it had simply not been done before.”

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Patient-Centered Medical Homes (PCMH) are transforming primary care practices into what patients want, focusing on patients themselves and all their healthcare needs. More than 10% of U.S. primary care practices, approaching 7,000 altogether, are recognized as PCMHs by the National Committee for Quality Assurance (NCQA), which has the nation’s largest PCMH program.

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“So we actually had to make a request with NCQA to even make us eligible. There was some debate, they came back to us some weeks later, and said, ‘It’s novel, we don’t really know what to do with it, but we’re going to say yes.’”

“We started working on PCMH recognition two-and-a-half years

before we attained it,” said Turner, who, in addition to being the Clinical Director for MPS, is a Family Nurse Practitioner. “I was really a committee of one. When I first started working on it, I was still seeing patients and running the practice.

As busy as she was, Turner had reason to be confident about the recognition process, because MPS had found the right healthcare IT partner in eClinicalWorks.

“What they (NCQA) look for is interoperability, the ability to communicate inside and outside your group. With P2P, it makes it wonderfully convenient,” said Turner, who calls the eClinicalWorks EHR and related products the best system she has worked with.

“Everything that can be turned on is turned on in our system,” she added.

And while even Turner and her team had a few doubts about meeting some of the measures laid out by NCQA, their eClinicalWorks analyst helped them through those.

*The National Committee for Quality Assurance is a private, 501(c)(3) not-for-profit organization dedicated to improving healthcare quality. NCQA accredits and certifies a wide range of healthcare organizations. NCQA’s Healthcare Effectiveness Data and Information Set (HEDIS) is the most widely used performance measurement tool in healthcare.*

“Our analyst and project manager learned about us, understood how we did things,” Turner said. “When we discussed a measurement, he was very helpful in guiding me. You look at the (NCQA) standard and say ‘Well, there’s no way to hit that,’ but, in fact, he was instrumental in helping us get there.”

#### KEY FACETS OF PATIENT-CENTERED MEDICAL HOMES

- Enhanced access after hours and online
- Long-term patient and provider relationships
- Shared decision making
- Patient Engagement on health and healthcare
- Team-based care
- Better quality and experience of care
- Lower costs from reduced emergency department and hospital use

Finally, two-and-a-half-years after it began seeking recognition, Mobile Physician Services achieved Level 2 recognition for PCMH.

What did it mean to the group?  
What did it get out of it?

“It was validation,” Turner said. “People had not understood the house-call model, and we have fought, from day one, to gain the recognition that what we were offering was equivalent to, if not superior to, what was available in a stick-built practice.”

MPS has continued to make full use of the many options eClinicalWorks provides its clients, including Patient Portal and healow Hub, not to mention eClinicalWorks’ increasing integration of data from health monitoring devices into patient records in the main Electronic Health Record.

The PCMH transformation process includes periodically checking

that the practice is using the most up-to-date, evidence-based guidelines for patient care. Rather than a burden, MPS found relief.

“For us, the move from JNC7 to JNC8 – the Joint National Committee reports – was a leap, and the allowance for a slightly higher blood pressure was welcome. About 90% of our population is over the age of 60. So when you explain to a patient who has continually been told “120/80, 120/80, 120/80” and let them know it’s OK to back off a little bit, they are very relieved.”

But such details, although interesting, should not obscure the verdict and validation that NCQA delivered: Level 2 PCMH recognition.

## Lesson Learned: A New Model For Care

“Personally, I am a perfectionist, so the fact that we didn’t get a Level 3 hurts a bit!” said Turner, describing her reaction when she heard the news that the recognition had been approved.

But, of course, Turner recognized that achieving Level 2 recognition was a huge step forward for the practice, which delivers care to senior residents throughout Central Florida.

And she admits that when MPS achieved Level 2 recognition, she took a moment to revel in the victory.

“I even cried a little,” Turner said.

Turner’s reactions are both appropriate and understandable because what Mobile Physician Services attained was reached in the face of long odds.

The physicians and other medical providers who work so hard to make the mobile delivery model a success understood from the start that success was far from guaranteed.

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“But that certainly wasn’t a stumbling block for us,” Turner says. “Any provider realizes that medicine moves at the speed of light, so our providers are very open to the fact that there was very little evidence out there for our model.”

That was true then, but these professionals, while fully cognizant that traditional, clinic-based models of care had great value, were dedicating their professional careers to a new, all-mobile model of care. That model might have been new in the eyes of today’s medical world, but a closer examination showed that it borrowed much from the wisdom of the past, including the distant days when doctors would pack up their black bags and journey from place to place, caring for the sick in their homes.

That sense of balance and understanding of history meant that Mobile Physician Services would be determined, realistic, and patient in pursuit of their goal. Happily, with the help of eClinicalWorks, they would also prove to be unstoppable.

Going through a rigorous recognition process was about more than proving their medical model worked – it actually helped improve the way Mobile Physician Services operates.

“No practice is perfect, and so, for us, the referral process was one of the things that we refined a little more,” Turner said. “We really have started utilizing all of the features in eClinicalWorks that will help us refine the referrals. The other was the Messenger feature.”

“And, like most practices, we were under the false impression that our geriatric population would not be inclined to use the electronic features. They do. And we’ve started working on social media. We have found that patients do like that electronic connection.”

While reflecting on the journey toward recognition, Turner recalled a moment at the most recent eClinicalWorks National Conference. During a presentation on Patient-Centered Medical Home, one attendee stood up, declaring that PCMH was an impossible and worthless venture.

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“We have looked, probably for the last two-and-a-half years, at starting a telemedicine program. We’re kind of halfway there. We have not yet rolled that out. But when we get there, we know eClinicalWorks will already be there, ready and waiting.”

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— Joanne Turner  
Clinical Director, MPS

After finally achieving Level 2 status, Turner is looking forward to the next conference when she can stand up and tell everyone exactly the opposite: “PCMH is valuable, it’s possible, and you *can* do it.”

Turner says that the recognition process has shown her firsthand how difficult it is for any non-traditional practice to gain recognitions normally conferred on more traditional models. But having done so, they are now getting inquiries from others, including fellow members of the American

Academy of Homecare Medicine, about how their care model works, and how it might be implemented elsewhere.

“We have been approached by practices in North Carolina, New York, and Colorado about moving in those directions,” Turner said. “It’s not outside the realm of possibility. We want to make sure we have our processes refined. Going toward a more national model is amazing.”

“For me, it was kind of a common-sense opportunity,” she adds. “I have been here three years, prior to that in internal medicine, and worked for the Navy. And it was even before that, during my

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eClinicalWorks is certified as a Consumer Assessment of Health Care Providers and Systems (CAHPS®) Patient Centered Medical Home (PCMH) Survey Vendor, making it an effective partner for providers seeking to gain recognition for their efforts to improve the quality of patient care while controlling costs.

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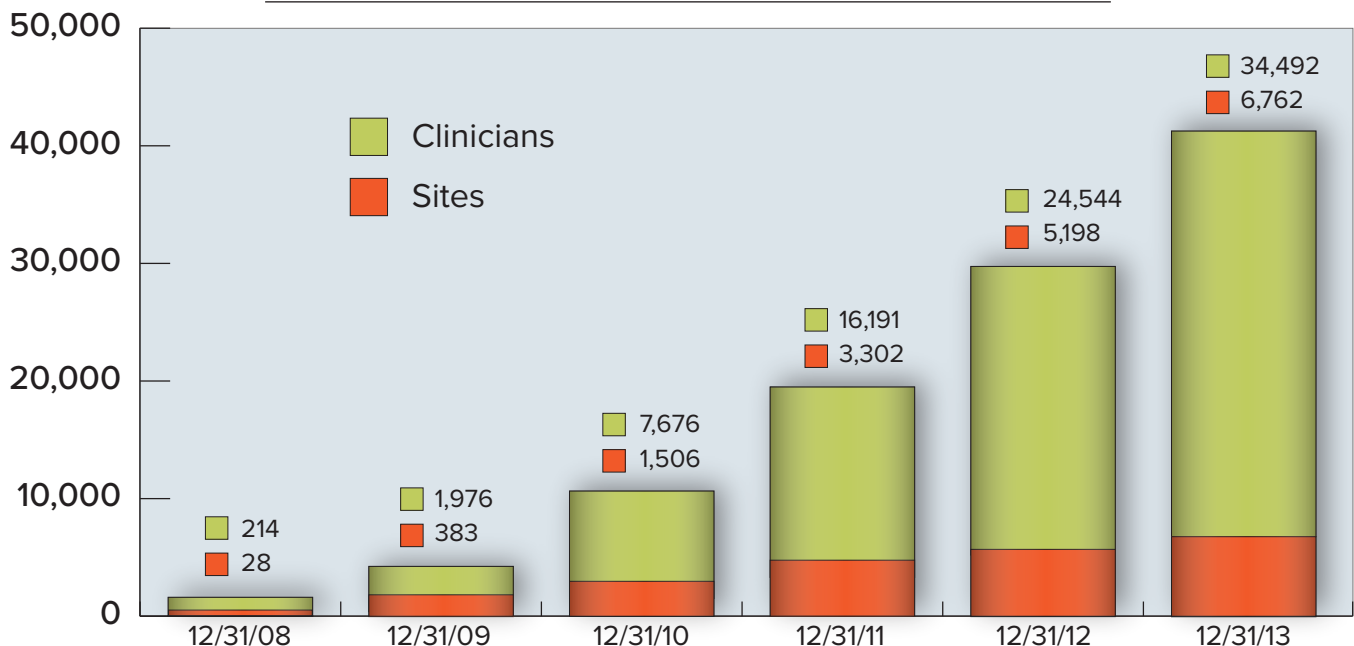
undergraduate days, that I first thought about this. Well, when I got here, I realized that they actually do it much better than I had envisioned.”

“And yes, we sing the praises of eClinicalWorks to all our vendor partners,” Turner concludes. “We have looked, probably for the last two-and-a-half years, at starting a telemedicine program. We’re kind of halfway there.

We have not yet rolled that out. But when we get there, we know eClinicalWorks will already be there, ready and waiting.” ■

*eClinicalWorks and Mobile Physician Services have enjoyed a long relationship, including the two-and-a-half year effort that led to MPS’ receipt of Level 2 Patient-Centered Medical Home (PCMH) recognition in February 2016 — an achievement that had not before been reached by an all-mobile medical practice. This study is based on 2016 data from MPS and the National Committee for Quality Assurance.*

The Patient-Centered Medical Home Program’s Rapid Growth



Source: National Committee for Quality Assurance

# EXECUTIVE SUMMARY

## An All-Mobile Model of Care

At Mobile Physician Services, a 10-year-old multispecialty practice serving much of Central Florida, delivering medicine has always been about mobility. That's because MPS has no brick-and-mortar offices. Providers deliver 100% of care in patients' homes, assisted living residences, or independent living units.

MPS patients are mostly age 60 and older, with multiple chronic health problems and mobility challenges, making an all-mobile model of care both appropriate and feasible. Working with a large network of home healthcare agencies and patients and their families, MPS has been successfully delivering a wide range of services to vulnerable patients in nearly two dozen counties, ranging from primary care to podiatry, psychiatry, and pain and wound management.

The results have been seen in both cost and quality. MPS has reduced the cost of care by avoiding ambulance trips, emergency room visits, and hospital admissions. More importantly, providers report that patients are able to remain at home.

"Quality in our practice is defined as keeping the patient at home, aging comfortably," says Jeff Wacksman, MPS' Vice President of Operations.

## Entering a New Phase

Although MPS had been using the eClinicalWorks EHR for several years, the practice entered a new phase beginning in 2013. It was then that MPS providers began using the iPad® application eClinicalTouch to deliver care, from sending home health orders to conducting diagnostic tests to writing prescriptions.

From a clinical perspective, not that much had changed. MPS providers continued to provide the same quality care as before. They were simply doing so with greater efficiency than ever before. MPS leadership recognized that their success was something that ought to be recognized and shared. They decided to seek Patient-Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance.

The first hurdle was persuading NCQA that an all-mobile practice could qualify for PCMH recognition to begin with. After all, it was something that no all-mobile practice had ever done before. MPS applied, then waited several weeks to hear back. NCQA's answer was clear: "It's novel, we don't really know what to do with it, but we're going to say yes."



Thus began a two-and-a-half-year effort to achieve PCMH recognition. The practice worked closely with their eClinicalWorks analyst, discussing each quality measure and how to achieve it.

Fortunately, MPS was already making effective use of many of the features of the eClinicalWorks EHR. In addition to eClinicalMobile, providers were using P2P, were taking advantage of Patient Portal, the healow Hub, interoperability, and increasingly integrating data from health monitoring devices directly into patient records.

## Improving the Practice Further

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As they worked through a rigorous recognition process, MPS discussed that they were not only demonstrating their effectiveness but further improving their practice. Geriatric patients proved more willing to use online Patient Engagement tools. The practice's workflows became more efficient. Providers made greater use of the features in the eClinicalWorks EHR.

Level 2 PCMH recognition proved to be more than an internal honor, as well. Following recognition, MPS began to receive inquiries from fellow members of the American Academy of Homecare Medicine, wondering how their care model worked, and how it might be implemented elsewhere. Practices from around the nation, including North Carolina, New York, and Colorado, wanted to know more.

## A National Model Looks Ahead

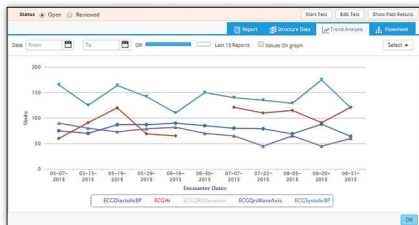
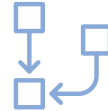
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In the year following recognition, MPS has continued to expand its reach throughout Central Florida. In addition to a remarkably successful, and potentially national model for all-mobile care delivery, providers now have the added confidence that comes with validation from an outside authority.

Building upon their past success and a close partnership with their healthcare IT partner, MPS is now looking forward to new opportunities, including striving for Level 3 PCMH recognition, as well as new programs to serve their growing patient population.

"We sing the praises of eClinicalWorks to all our vendor partners," said Joanne Turner, who served as MPS' Clinical Director throughout the PCMH process, adding that the practice is considering providing telemedicine services, as well. "We have not yet rolled that out. But when we get there, we know eClinicalWorks will already be there, ready and waiting." ■

# Device Integration and Interoperability



## Trend analysis:

By simply selecting a date range or number of tests with a slider, trending analysis is available for tests performed over an extended period of time.

The screenshot shows a 'Structured Data' window with a table of patient attributes. The table has columns for 'Attribute Name', 'Value', 'Unit', and 'Reference Range'. The data is organized into a grid with rows for various attributes like Heart Rate, Blood Pressure, etc.

Attribute Name	Value	Unit	Reference Range
Heart Rate	72	bpm	60-100
Systolic Blood Pressure	120	mmHg	90-120
Diastolic Blood Pressure	84	mmHg	60-90
P-R Interval	70	ms	120-200
QT Interval	394	ms	400-470
QTc Interval	384	ms	400-470
QRS Duration	88	ms	60-100
P-R-T Axis	-85	Degrees	0-90
Q-T Wave Axis	-85	Degrees	0-90
T Wave Axis	85	Degrees	0-90

## Structured data:

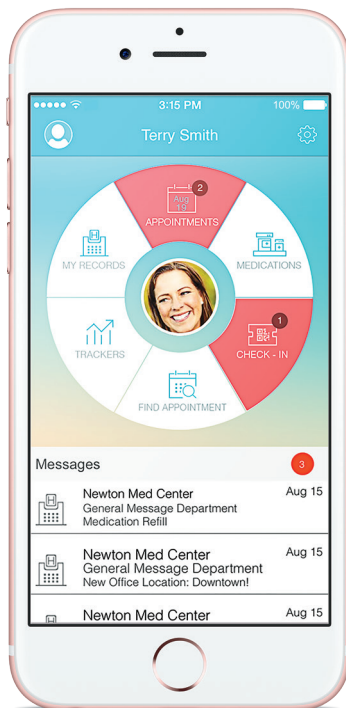
Structured elements for current and past results — with reference ranges, markers for abnormal results, and units of measure — result in enhanced patient care.

The screenshot shows a 'Flowsheet' window for a patient named 'Cardiac Flowsheet'. The table displays various patient data points over time, including heart rate, blood pressure, and other vital signs. The columns represent dates from 01/01/2015 to 03/15/2015.

Attribute Name	01/01/2015	01/15/2015	02/01/2015	02/15/2015	03/01/2015	03/15/2015
Heart Rate	72	72	72	72	72	72
Systolic Blood Pressure	120	120	120	120	120	120
Diastolic Blood Pressure	84	84	84	84	84	84
P-R Interval	70	70	70	70	70	70
QT Interval	394	394	394	394	394	394
QTc Interval	384	384	384	384	384	384
QRS Duration	88	88	88	88	88	88
P-R-T Axis	-85	-85	-85	-85	-85	-85
Q-T Wave Axis	-85	-85	-85	-85	-85	-85
T Wave Axis	85	85	85	85	85	85

## Flowsheets:

Now you can have a customized embedded Flowsheet, which enables you to have a holistic view of multiple attributes (RX, Ht, BP, Wt, T-axis, P-R Interval, etc.).



## Patient Portal

The Patient Portal, powered by eClinicalWorks, provides a secure communication channel between you and your patients and allows patients to be proactive in the management of their own health. They can review their personal health records (PHR), view lab results, request refills of authorized prescriptions, request referrals, request education material, or simply ask general questions. Fully integrated with the healow app, patients can access their Patient Portal account securely and manage their family's healthcare anytime, anywhere.