eClinicalWorks

CUSTOMER SUCCESS STORY

MMR Healthcare Florida

Using Data to Defeat Diabetes

The Challenge

In 2014, MMR Healthcare, a small primary care practice in Boynton Beach, Florida with a focus on geriatrics, recognized that they needed to take a more team-based approach to care to handle a growing number of patients with chronic health conditions, including type 2 diabetes.

The Solution

Working with eClinicalWorks, MMR Healthcare has earned recognition as a Patient-Centered Medical Home, established team-based care teams, trained patients in the use of Patient Portal, and made full use of HEDIS® dashboards to give them deeper insight into their patients' overall health.

The Results

Using the eClinicalWorks Transition Care Management module has driven hospital readmission rates below the national average. HEDIS dashboards mean that instead of waiting 90-120 days for patient information, the practice has data in real time to better manage diabetes and other conditions.

HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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Martha M. Rodriguez, MD

Realigning a Practice's Approach

Dr. Martha Rodriguez, president and CEO of MMR Healthcare in Boynton Beach, Florida, has always believed that technology is the key to the future of medicine. So, five years ago, faced with a growing number of diabetes patients, Dr. Rodriguez realigned her practice for a more team-based — and technology-rich — approach.

"Our biggest goal and mission is to create a multidisciplinary team that delivers excellent healthcare not only to the patients but to the community as a whole," she said. "What we have seen is that we have improved healthcare tremendously."

MMR Healthcare was recognized as a Patient-Centered Medical Home and for excellence in cardiovascular disease care and stroke prevention. In 2018, the Centers for Disease Control and Prevention noted that MMR Healthcare was the first internal medicine practice in the country to implement a comprehensive diabetes prevention program focused on stopping patients' progression from prediabetes to diabetes.

Putting an End to Data Lag

Historically, Dr. Rodriguez noted, insurers have provided her practice with lots of data that could potentially be used to improve patient outcomes. The problem has been that such data has lagged 90 to 120 days behind the point at which it was collected.

"That's not very helpful if you want to make impacts," said Dr. Rodriguez.

MMR Healthcare has a large number of patients with diabetes, hypertension, heart disease, and/or vascular disease — the result of an aging population, poor diets, and disconnects in the healthcare system, including lack of access and delays in receiving patient data.

"The beauty of having a tool like eClinicalWorks is that we can change outcomes when we have the patient," Dr. Rodriguez said. "If we can create a plan with a patient in front of us with a software that will record every step, the difference is incredible."

Coming Together to Beat Diabetes

While providers now have access to timely information, the real test has been among patients.

"It has been marvelous," said Doris Harrison, a retiree who has been able to better control her type 2 diabetes since coming to MMR Healthcare — in part because the staff have helped her overcome her fear of needles needed for insulin injections. "Everybody in here is so nice and friendly. You know that you are welcome and it's just enjoyable to be here."

Julio Rodriguez, a retired anesthesiologist, appreciates the weekly group meetings that help diabetics better understand their disease and how to manage it, including diet, weigh-ins, exercise, and medications.

"It's nice to have one person you can contact and immediately get a response and follow-up with your care," he said. "And the direct connection to the Portal is very important. It saves me a lot of time. I can do it in the middle of the night, I can do it in the middle of the day. I don't have to worry about bothering anybody."

Why Better Healthcare IT Matters

Jazmine Quesada, who works as the practice's referral coordinator, said the difference that eClinicalWorks has made is dramatic, allowing her to put everything on a single form.

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— Julio Rodriguez, MMR patient

"If I'm sending something to a urologist and I had to send a culture, for example, it's all very accessible, very easy to use," she said. "I mean, I learned it in less than a week. The whole program!"

Using Join the Network (JTN) through eClinicalWorks, she added, means doctors receive documents much more quickly than in the past.

CCM: Helping Reduce Readmissions

Improved accessibility and speed, Dr. Rodriguez said, have helped her practice implement a Chronic Care Management program.

"It's not only better understanding," she said, "but we're able to pick them up more easily because the program even warns us when the patient qualifies for Chronic Care Management."

Earlier detection leads naturally to more timely treatment, which has a direct impact upon rates of hospitalization and readmissions.

"When a patient is hospitalized, a cascade of things starts," Dr. Rodriguez said, "and one of them is that they need follow-up. The number one goal when a patient enters the hospital is to keep them out of there when they get out. In the past, it was difficult to have one place where the whole team would know what the goals were to avoid that."

By effectively coordinating two eClinicalWorks tools — for CCM and Transition Care Management (TCM) — MMR Healthcare succeeded in reducing its hospital readmission rate to well below the national average.

"We have a staff member that calls them at the hospital every single day," Dr. Rodriguez said. "The day of discharge, or the day after, we try to get them in the office. We do documentation in the tool every day about what goes on, so everybody who opens the chart knows what's going on with that patient."

How HEDIS & HCC Are Helping

Dr. Rodriguez's favorite part of healthcare IT are the HEDIS dashboards that give her practice comprehensive and timely views of each patient's health.

Patient Doris Harrison went from concern and fear over how to deal with her type 2 diabetes to feeling welcomed by her physician and office staff and is now more confident about managing her condition, including using the computer and Patient Engagement tools.

"When we see a patient, we see what measures are accomplished, what measures are not. We take care of them, and that's it," she said. "Honestly, I believe it has changed healthcare."

Dr. Rodriguez admits that she was not always a fan of risk-estimation tools. When Hierarchical Condition Category (HCC) coding first came out, she was very much against it.

"I've always had a concern about ethics and people overutilizing the diagnosis to get paid more," she said. "But in reality, it's not that. It's really identifying the true risk of a patient that is so important. This module helps you to do that and to know what you don't know. So, I am a very big advocate of the HCC model now."

Changing Patients' Lives and Perspectives

As Dr. Rodriguez and her colleagues will tell you, helping patients make lifestyle changes is hard work. No one enjoys taking insulin. Few people like sticking to a strict diet. And it is always hard to instill a regular exercise habit in patients.

But being able to show patients that their efforts are paying off can help.

"For instance, we show them that their hemoglobin A1c is 10," Dr. Rodriguez said. "We create a plan, and on the next visit, their hemoglobin A1c is 6. Well, you know, that's tangible. That's something we can build on. And then, if the patient is in an exam room, I send a Skype message and the whole staff applauds the patient as they walk down the hall, because everyone gets involved, and everyone can see that we're making a difference."

A More Sustainable Practice

MMR Healthcare's embrace of Population Health tools is also helping the practice itself by reducing costs and lowering the risk of physician burnout.

"Reducing healthcare costs is a big, big goal for all of us," Dr. Rodriguez said. "Our priorities are improving access and quality, but that goes together with financial."

Soon after starting the CCM program, for example, the practice was notified that its costs for the first six months of 2015 alone were $7 million lower than before.

More efficient healthcare is also having a beneficial impact by reducing the risk of physician burnout.

"If you look at Population Health as a tool, and the patient is part of that toolset, and you can use the EHR to help you manage that, it becomes easier," Dr. Rodriguez added. "I believe that the key to stopping burnout is to focus on what we really are supposed to do. And our job is to change healthcare!"

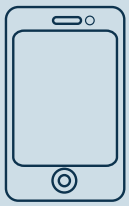
"My first recommendation is that you educate yourself and your staff," Dr. Rodriguez continued. "I strongly advise that from day one you get a tool that helps you track patients, because it's that tool that will make your data incredibly useful." ■

What Is a Patient-Centered Medical Home (PCMH)?

It's not a place... It's a partnership with your primary care provider.

PCMH puts the patient at the center of their care, working with the healthcare team to create a personalized plan for reaching goals.

The primary care team is focused on getting to know the patient and earning their trust. They care about the patient while caring for them.



Technology makes it easy to get healthcare when and how it's needed. The patient can reach their doctor through email, video chat, or after-hour phone calls. Mobile apps and electronic resources help monitor health and medical history.