

Presentation Highlights From Forum Day Two

Track 1: Changing the Game: Insights on how some successful health systems are leveraging simple technologies as part of the medical home to transform care management

Using collaborative care and health IT as part of the medical home, the Henry Ford Health System and Park Nicollet Health Services have achieved industry leading, breakthrough engagement levels and clinical and financial performance improvement, speakers said in this session.

Collaborative care and HIT address delivery system challenges that involve complex and largely uncoordinated relationships between patients, physicians and payers, according to the speakers, Randall E. Williams, MD, chief executive officer of Pharos Innovations; Richard D. Dryer, MD, medical director of the Western and Downriver Regions in the Henry Ford Health System (HFHS); and Patti Rickheim, MS, RN, manager of health support for primary care operations at Park Nicollet Health Services.

Dryer described how use of simple HIT in the medical home improved clinic workflow and patient care delivery at HFHS by improving communication through “team care”; adding additional services for high-risk patients; expanding current staff roles to offset physician burden; and reducing productivity losses through interruptions and rework.

Both HFHS and Park Nicollet used remote patient monitoring and collaborative care technologies, including Pharos Innovations’ “Tel-Assurance” Web-based tool, as part of their care coordination and patient-centered medical home programs.

Technology can increase productivity of care management staff if it includes delegated authority, Dryer said. Other lessons learned: Physicians must be involved in design and engagement process, including determining target population and developing titration protocols; and interdepartmental partnerships — with IT and the call center, for example, are essential.

Rickheim listed her keys to quality improvement as accurate and transparent data and measures, clinic-wide processes, participation by all stakeholders, registry management, visit setup and care plans and clinician and care team engagement.