PCP and Specialist Communication and Collaboration

May 4, 2011
Lowell General PHO

- 280 Physicians
  - 200 Specialists
  - 80 PCPs: Pediatricians, Family Practice and Internal Medicine

- Lowell General Hospital
  - 217 Bed Community Hospital
Cottage Industry

<table>
<thead>
<tr>
<th>PCPs</th>
<th>Specialists</th>
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<tbody>
<tr>
<td>• One and two Physician Practices Dominate</td>
<td>• Solo/single group representation for majority of Specialties</td>
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<td>• 10% of PCPs employed by the hospital</td>
<td>• Radiology, ER, Pathology and Hospitalists contract directly through Hospital</td>
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<td>• Oncology and majority of OB/GYNs employed by Hospital</td>
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Collaboration Opportunities

- Two areas of collaboration that the PHO is focusing on

<table>
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<tr>
<th>PCPs</th>
<th>PCPs/Specialists</th>
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<tbody>
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<td>Increased collaboration within organization</td>
<td>Physician to Physician Communication</td>
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<td>Data Sharing</td>
<td>Transitions of Care</td>
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<td>Best Practices Sharing</td>
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<td>Show value of collaborating as a community to improve care within the community</td>
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Collaboration amongst PCPs

- By working together we can promote increased clinical and financial integration to optimize operations

- Historical data revealed wide variation of performance in a variety of areas – HEDIS Measures, Pharmacy Prescribing Patterns, ER Utilization, Referral Patterns

- Opportunity to identify best practices for quality and efficiency metrics
Collaboration Opportunities – PCPs/Specialists

- Transitions of Care/Handoffs is an area of great opportunity for improved quality and efficiency

- PCPs and Specialists need to collaborate to promote quality and efficiency of performance.

- Collaboration leads to:
  - Reduction in duplication of services
  - Reduction in medical errors
  - Enhanced patient satisfaction
Collaboration Opportunities – PCPs/Specialists

Feedback from Physician Surveys: Wide Spectrum of behavior when patients are referred to another physician

Little to no collaboration

Patient shows up at an appointment to a Specialist. No information sent over. Patient and Specialist unsure why patient is there.

Unnecessary data sharing

10 pages of notes faxed to Physician’s office

Overall Main Issue: Need a set of identified standards of what information should be shared when patients are sent to a Specialist and after Specialist sees a patient
Business Case For Collaboration

- Early adoption of electronic health record

- Emergence of Risk Contracts
  - Significant improvements in quality metrics and efficiency (inpatient and outpatient)

- Increased demands at practice level to improve performance – promote concept of central engagement
  - Example - HEDIS Measure Sets – Registries

- Aligned Hospital Based Quality Measure Set with Appropriate Specialists to enhance performance

- Future = Increased Transparency
Barriers

1. Simple Inertia/Status Quo
2. Transparency
3. Changing work flows/patterns
4. Schizophrenic Environment: FFS versus Risk Contracts
5. Capital Costs for IT Investments/Administrative Costs (Practice Level and PHO/Community Level – formation of Central Data Repository)
6. TRUST – PCP to PCP, PCP to Specialist and PCP to Hospital
## Initial Areas of Focus

<table>
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<th>Domain</th>
<th>Focus</th>
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| Referral Management   | • Improved communication amongst PCPs and Specialists  
                         • PCPs need to be aware of Specialists individual areas of expertise and be able to communicate to patient benefits of being treated locally for appropriate conditions  
                         • Specialists need to follow up with PCP when member needs to be referred to another Specialist  
                         • When a member needs to be seen urgently PCPs need to pick up the phone and speak to the Specialist!! |
| Registry Management   | • Formal Registry Management – pre-populated with lab data  
                         • Centralized scheduling and patient outreach |
| Transparent Data Sharing | • Individual PCPs HEDIS Results shared within PCP community - identifies best practices  
                                • Practice Pattern Variation Reports for Specialists – opens up a conversation regarding care patterns |
| Emergency Room Registries | • Identify ways to improve messaging from ER re: importance of PCP  
                                   • Share information with PCP when ER refers a member to a Specialist |
2011: Physician to Physician Year

- Committee formation to review transition of care – PCPs, Specialists
- Current State – wide spectrum
- Goal - fundamental clinical data sharing, real time at time of transition between PCPs, Specialists, and Hospital

![Diagram of care transition between PCP, Specialist, Emergency Department, and Hospitalist]
Outcome of Collaboration

- Provide data to demonstrate improved performance as a result of improved collaboration/communication

1. Demonstrate improved physician and hospital quality performance
2. Demonstrate ability to relieve physician of administrative burden; focus on patient care
3. Demonstrate enhanced financial performance