

5 WAYS IDENTIFYING PATIENT CARE GAPS WILL BENEFIT YOUR SMALL MEDICAL PRACTICE

As a medical care provider, your main priority is to provide the best level of patient care possible, of course, but there are many factors that keep that from happening:

Your time is limited because you have to worry about all aspects of the practice. This includes hiring new employees, keeping up with medical innovations, building issues, marketing strategies and seeing patients.

- Insurance companies, referring physicians, and hospitals place great demands on practice time for patient records and information.
- Increased government requirements to provide more accurate quality metrics are steadily moving the industry toward reimbursement founded on value-based care.
- There just doesn't seem to be enough time in the day or information in the chart to make fully-informed care decisions. Some patients have difficulty remembering, see multiple providers, or neglect to share vital information.
- Paper records can be cumbersome to deal with. They make it difficult to track trends or quickly find pertinent details in the press of daily practice activities.

As a result of the move toward quality metrics for better patient care, industry pundits started noticing increases in patient care gaps a number of years ago.

In a landmark study, "Closing Gaps in Care through Health Data Exchange," WEDI (The Workgroup for Electronic Data Interchange) defined patient care gaps as the "discrepancy between evidence-based best practices and the care that is actually delivered to patients.

Five key takeaways about the patient care gap identified in the study included:

1. Education and communication are essential to making providers aware of the value of identifying and closing gaps in care. Many providers are still not aware of the magnitude of the problem and how to fix it.
2. Gaps in care can adversely affect provider performance. Because the provider is not aware of gaps in care, he/she takes no action to prevent or treat patient diseases.
3. Programs to address gaps in care offer a high return on investment. As a practice learns to provide more care, additional revenue streams can be generated.
4. A better consensus is needed to develop and standardize quality measures and methodologies for data exchange. To date, practitioners are unable to effectively exchange vital patient data.
5. Fixing care gaps will grow in importance as value-based models evolve and access to care and coverage expands. This is not something that is "nice" or voluntary; more reimbursement will be based on these criteria.

WEDI concluded that a more widespread implementation of programs which can address these critical gaps in care programs is essential to realizing the value of population health management and improving patient care.

HOW TO IDENTIFY PATIENT CARE GAPS

When implementing a care gap program, providers need to first identify the high-priority population on which they will concentrate so they can select the critical care components for each substrate. From there the practice can develop and implement a Population Health Management (PHM) strategy, along with establishing office and administrative routines that will drive each aspect of care. Along the way the practice must have a system for monitoring performance, and a reliable method for intervening when necessary to improve patient compliance.

Perhaps one of the most important factors physicians need to be aware of in the drive toward quality outcomes comes from the Centers for Medicare and Medicaid Services' (CMS) "Meaningful Measures" framework.

The "Meaningful Measures" initiative identifies the highest priorities for quality measurement and improvement. It involves only assessing those core issues that are the most critical to providing high-quality care and improving individual outcomes.

"Meaningful Measure Areas" cover some 19 patient/practice health delivery variables including "Healthcare-Associated Infections and Prevention," "Care is Personalized and Aligned with Patient's Goals," and "Treatment of Opioid and Substance Use Disorders." In addition, CMS is increasingly utilizing cost measures in its quality reporting programs. Physicians are now being required to assess total care, and take more proactive measures to plan and follow-up on patient care, but strict practice adherence to CMS guidelines can increase the likelihood of provider reimbursement for services provided.

Variables inherent to identifying and addressing patient care gaps include:

- The practice shows evidence of a total patient focus.
- There is a value-based internal culture.
- Team-based patient care is the norm.
- Both the individual provider and the practice share accountability.
- Health information technology is a routine part of daily patient management.
- Quality assurance measures are in place and fully trackable.
- The practice has a high degree of financial preparedness.

Improving quality metrics can be directly correlated to addressing care gaps in order to improve practice and overall population health. Perhaps one of the most significant tools in the search to identify and close patient care gaps is the electronic health record, or EHR. In order to receive medical care today, patients may very well see several physicians or specialists. They might require diagnostic tests in various facilities, or they might need some type of in-patient care. The primary physician needs instant access to a comprehensive array of data and prescription information in order to address the entire range of care needs and develop an in-depth care and treatment plan. Electronic health records reduce errors and improve time management by giving care providers instant access to crucial patient background information, and making it easier to share information with other care givers.

According to Managed Healthcare Executive, additional ways to close gaps in care and build a successful quality improvement program include patient engagement, quality scorecards, and population health management. The goal of proactively and creatively engaging with patients throughout the entire care process is to assist independent physicians in meeting patient needs more effectively and more efficiently.

Does it work? An article in Becker's Clinical Leadership and Infection Control reported that one Louisiana-based independent practice saw a 77 percent increase in its ability to identify and close care gaps and a 97 percent increase in improved risk-level identification by focusing on such needs as eye exams, blood pressure and immunizations.

5 BENEFITS OF IDENTIFYING PATIENT CARE GAPS

In its 2001 report, “Crossing the Quality Chasm,” the Institute of Medicine (IOM) determined that there are six basic principles for improving health care. The Institute stated that health services should be safe, effective, efficient, timely, equitable, and patient-centered. Significant strides have been made in integrating those goals into the health care system since the report was published. Now the focus has been placed squarely on the patient experience of care including such factors as quality and satisfaction, improving the health of populations, and reducing the per capita cost of health care.

Using technology and implementing processes to identify and eliminate patient care gaps can have many benefits for the patient and the provider. The top five include:

1. Saving Time

As a medical care provider, your time is at a premium. If you can consistently maximize the number of patients you can see and efficiently treat, that will lead directly to an increase in practice revenue. For patients, a faster timeline is also a benefit for early intervention and improved pain management. Instant access to organized data from the individual practice as well as other providers will help in more quickly confirming a diagnosis or developing an appropriate treatment plan.

2. Better Patient Care

Time and again it has been proven that patients who are more engaged in their care experience better outcomes. This can be achieved when providers have better access to the entire spectrum of care a particular patient is experiencing. This allows the primary provider to note gaps, and more closely coordinate treatment plans with other providers. Providers can then involve patients more actively in their own care in order to reduce office visits, lower costs, and improve outcomes.

3. Improved Population Health

Practices can easily use data to identify patients who fall into a health care gap. Before the end of the fiscal year, for example, the provider can generate a list of patients who are in need of immunizations, lab tests, or preventive screenings, and schedule appointments with those who have not yet been seen. This generates a constant flow of revenue to the practice, but also ensures that patients are taking all necessary proactive health measures. Making sure that each patient has at least one face-to-face appointment with a primary care provider each year is one undeniable way to close the patient care gap. Medical services can be provided before the patient’s condition devolves into a critical and costly phase.

4. Faster Reimbursements

The reimbursement paperwork has become frustratingly overwhelming for small medical practices as each payment remitter demands different information, or rejects claims due to a lack of information. Using a digital program to gather and provide quality metrics makes it much easier to communicate with third party reimbursement entities such as CMS or insurance companies.

5. Financial Growth

By eliminating the patient care gap and improving the quality of care provided, a medical practice ensures that it provides the full range of available services to each patient. This not only improves patient health, but also benefits the practice financially. Focusing on quality care and coordinating with other medical providers allows the small independent practice to fully optimize its fee schedule while transitioning to the value-based model. Instead of investing time and resources trying to get paid, the process becomes more automated and automatic. Providers will also be able to increase revenue by billing for additional services that were provided as being necessary to close care gaps.