

Health Info Exchange Can Improve Patient Care

BY SUSAN BIRK

CHICAGO — The cooperative pooling and exchange of data on underinsured and uninsured patients has enabled a local alliance of health care providers to identify and stratify frequent users of emergency department (ED) services and create interventions targeted to the needs of subpopulations and individuals.

The group's longitudinal study using a master index of 750,000 patients called the I-Care database offers an example of how health information exchange at the grassroots level can be successfully used to pinpoint problems, devise solutions, and reduce overutilization, according to Anjum Khurshid, Ph.D., director of clinical research and evaluation for the nonprofit Integrated Care Collaboration (ICC), an Austin-based safety net consortium.

The ICC includes 24 major providers in central Texas, and a total of 70 sites, including hospitals, clinics, academic institutions, jail health services, mental health agencies, and public health departments.

According to Dr. Khurshid, "Our data analysis is immediately picked up by people who are decision makers who want to translate that research into action. We are making decisions based on data, and at the same time, we have a mechanism by which we can collaborate and do something at the community level."

An analysis of I-Care data for May 2006 to June 2008 on frequent ED users, defined as patients who made six or more ED visits in a quarter, showed these patients to be a heterogeneous and dynamic group. Dr. Khurshid reported in a session on developments in health information exchange at the annual research meeting of AcademyHealth.

The consortium has used the findings as a basis for efforts to improve the delivery of care, he said. "Once we've identified patients, we're not just starting programs blindly, but are focusing on subpopulations so that we get the maximum effect."

The study calculated changes in patient lists from one quarter to the next. Only 20%-26% of frequent users in one quarter were frequent users in another quarter, and 2% of patients were frequent users in all eight quarters. In all, 1,348 unduplicated patients were frequent users during the 2-year period. The number of frequent users in a quarter ranged from 178 to 251 (mean 215).

The pooling of information among providers in the I-Care database allowed the identification of many more frequent ED users than would have been possible had individual providers or hospital systems conducted independent analyses, because many frequent users visited more than one location.

For May-July 2008, for example, 205 frequent users were identified in the I-Care database, but the number of frequent users identified at individual sites reached a combined total of only 128 (range 2-55).

An analysis of visits by patients who were frequent users every quarter revealed a staggering number of ED visits among a very small group, Dr. Khurshid said.

The study identified nine individuals who, on further investigation, were found to have made a total of 2,678 ED visits between 2003 and 2009. One patient had made more than 100 ED visits per year over a 4-year span.

"There is a small number of [patients] whose frequent use of the system takes up a disproportionate amount of resources," said Diana Resnik, senior vice president of community care at the Seton Family of Hospitals, Austin, an ICC member. "It stood out pretty quickly that if we focused on those patients we were going to have an impact."

The data analysis identified three primary subpopulations of frequent users: patients with chronic medical needs who did not have access to primary care, individuals with behavioral health and/or chemical dependence diagnoses, and homeless individuals. The analysis offered the numbers needed for consortium members to develop plans to address these patients' needs.

The patient who had been visiting the ED 100 times yearly, for example, was found to have a diagnosis of Asperger's syndrome. Intervention included helping this individual find an appropriate group home where she would receive social support. After entering the group home in late 2008, the patient made only two unnecessary ED visits during 2009.

Similarly, a diabetic patient who had made multiple visits to the ED and had been hospitalized was connected for the first time with a primary care clinic and provided with glucose testing strips and a glucose meter for home use.

In an initiative known as High Alert, the consortium flags frequent ED users and posts their care plans to a shared site. The information sharing among members facilitates continuity of care and reduces duplication of efforts.

The ICC is also developing parameters to identify frequent users proactively "before they've been through the system 50 times" and to generate daily reports from the I-Care database, Ms. Resnik said.

Added Steve Conti, director of disease management at Seton, "the challenge we often face in the ER is that patients with complex chronic diseases don't always present with the same diagnosis. A diabetic may come in one day with a glucose issue, but then another day with foot pain, so we may not recognize the same person coming in." High Alert prompts providers that the patient has an ongoing medical condition so that "we can recognize and deal with that rather than work through this as a whole new case," he said. ■

For more information about the Integrated Care Collaboration, go to www.icc-centex.org.



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Practice Revenues Decline

Medical practice revenues fell in 2008, possibly because of declining patient volumes and payments from people in financial hardship, according to the Medical Group Management Association. Medical practices responded by trimming overhead costs more than 1%, but that wasn't enough to offset shrinking revenues, the MGMA found in its 2009 practice cost survey. Multi-specialty group practices saw a 1.9% decline in total medical revenue last year from 2008, with substantial drops in both the number of procedures and the number of patients. Bad debt in multispecialty group practices from fee-for-service charges increased 13% from 2006 to 2008. Practices trimmed their expenses mostly by cutting support-staff costs. Total worker count remained constant, suggesting that practices may have eliminated raises and bonuses or even cut pay, rather than laying off employees, the MGMA said.

Student Posts Are Unprofessional

A majority of medical schools say they have experienced incidents of students posting unprofessional content online, including material that violates patient confidentiality, researchers reported in the Journal of the American Medical Association. However, only 28 of the 78 schools surveyed said they had policies to address such postings, which typically occur on social networking sites, media-sharing sites, blogs, wikis, and podcasts, the authors said. Only six schools said they had encountered patient confidentiality violations, such as online descriptions of identifiable patients, and issues of conflict of interest were rare. But posts using profanity, discriminatory language, depictions of intoxication, and sexually suggestive material were common. Two-thirds of the schools gave students informal warnings, while three schools said they dismissed the students involved. The study authors recommended that medical schools include a digital media component in their training on professionalism.

NIH Grants Total \$5 Billion

The National Institutes of Health has awarded more than 12,000 grants for \$5 billion in stimulus package funds toward research in HIV, cancer, heart disease, and autism. Announced at a press conference by President Obama, the grants come from the American Recovery and Reinvestment Act passed and signed last spring. "This represents the single largest boost to biomedical research in history," the president said. Some of the funds will be used to apply findings from the Human Genome Project to treatment and prevention of the target diseases. For example, NIH will expand the Cancer Genome Atlas so that it even-

tually sequences DNA from 20,000 tissue samples and 20 types of cancer. Other stimulus package funding was designated by the Department of Health and Human Services for chronic disease prevention and wellness programs as well as for information technology at large federally funded health centers. The Centers for Disease Control and Prevention will administer \$373 million for the chronic disease programs and community-based approaches that increase physical activity, improve nutrition, and decrease obesity. Part of that initiative also will focus on reducing tobacco use and exposure to secondhand smoke, the HHS said. Eighteen grants totaling more than \$22 million will fund new electronic health records projects and support existing EHR systems and other information technology in medicine, the department said.

Medicaid Funds More Home Care

Annual Medicaid spending for assisted living and community-based services ballooned by more than 80% in the past 7 years as states sought alternatives to costly nursing home care, a report from the National Center for Assisted Living found. Over the same period, Medicaid's nursing home spending grew only about 10%, and the number of nursing home beds dropped nearly 1.6%, the report said. The program's bills for nursing home care, at \$47 billion in 2007, were still far higher than the nearly \$17 billion states spent on alternative services such as home care and assisted living. But "consumer preferences for options to institutional care and the states' interest in reducing Medicaid-expenditure growth rates have created a shift in the supply and utilization of nursing homes over the past several years," the assisted living group concluded in its report.

Resistance Cuts Antibiotic Sales

Antibacterial drugs will soon see a slump in sales, partly because of declining effectiveness and partly because of generic competition, according to the market research company Kalorama Information. The segment had sales growth of just over 3% in 2008 and 2009, but sales will rise only 1.1% in 2010 and will decline by 0.6% in 2011, Kalorama estimated in its report "Worldwide Market for Anti-Infectives (Antifungals, Antibacterials and Antivirals)." The company pegged the 2009 world market for antibacterial drugs at \$24.5 billion. It forecast global sales of all classes of anti-infectives to hit \$53.3 billion, up from \$45.3 billion in 2006. Kalorama predicted that antiviral sales will grow vigorously, with increases of 18% in 2009, 12% in 2010, and 9% in 2011. By 2013, worldwide antiviral sales should hit \$34.1 billion.

—Jane Anderson