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New Report Shows Care Coordination Model Positively Impacts People Living with Type 2 Diabetes and Heart Disease

June 20, 2011, Washington D.C. – eHealth Initiative announced today a new report that found using care coordination enabled by the electronic health record (EHR) resulted in numerous process improvements for patients with Type 2 diabetes and heart disease in a medical home. The project, which was conducted in partnership with Health & Technology Vector and sanofi-aventis U.S., who supported the design and funding of the project, is available at http://www.ehealthinitiative.org.

The 12-month project tracked 119 patients with Type 2 diabetes and heart disease over a six-month period at two pilot sites: Community Health Center, Inc. in Connecticut and a small primary care practice that is part of Taconic Independent Practice Association in New York. The project focused on narrowing the gaps between the theory and practice of care coordination. Overall, the project demonstrated improvements in care planning, provider-patient communications, intra-office coordination, more advanced use of EHRs, enhanced patient coaching, improved referral process to specialists, expanded nursing role and more user-friendly information for patients.

"We knew going into this project that interaction between caregivers and patients was important, but our observations at the two test sites drove home the fact that care coordination requires ongoing and explicit three-way communication between patient, primary care physician and specialist in order to be successful and sustainable," said Jennifer Covich Bordenick, Chief Executive Officer of the eHealth Initiative.

"This report provides foundational insights on how best to develop care coordination processes for patients with Type 2 diabetes and heart disease, in a medical home," noted Tehseen Salimi, M.D., Vice President, Evidence and Value Development, Global Medical Affairs sanofi-aventis.

The most significant improvements came from building the foundations of care coordination, and initiating a plan with specific care goals and processes to achieve them.

"With use of a care plan enabled by the EHR, we were able to streamline the care process for these patients and more efficiently track their progress. For example, at one site, six separate

cardiology referral forms were used before the project began. Following the intervention a single form was developed and formatted within the EHR," said Victor Villagra, M.D., President, Health & Technology Vector, who worked directly with the clinics on the project.

About the Report

The goal of the project was to develop a successful care coordination model for patients with Type 2 diabetes and heart disease "from the ground up" in a medical home, primary care-based setting using EHRs. The project adopted the National Quality Forum definition of care coordination and metrics as a benchmark. Interventions aimed to narrow the gaps between theory and practice by redesigning processes and using resources already in place.

The most significant improvements in the medical home model came with building staffing, operations and technical support for care coordination, including a dedicated care coordinator and care goal setting. Notably, the EHR systems used at both sites had functions to support care coordination that were not utilized. The report indicates that with proper direction to practitioners, immediate improvements can be achieved with current technology, without requiring substantial new investments. It also points out that additional EHR functionalities could enhance the efficiency and effectiveness of care coordinators.

The report highlighted health information exchange issues that need to be addressed. In particular, the project found that practice communities did not have the tools for electronic data exchange between offices, and found that individual providers within each site did not always have compatible EHR systems.

Findings from the project indicated that while process improvements were noted in many areas, the mere act of initiating practice change was a major task in itself, and some of the underlying processes necessary for proper care coordination were not available.

About the eHealth Initiative: The eHealth Initiative (eHI) is a Washington D.C.-based, independent, non-profit organization whose mission is to drive improvements in the quality, safety, and efficiency of healthcare through information and information technology. eHI is the only national organization that represents all of the stakeholders in the healthcare industry. Working with its membership, eHI advocates for the use of health IT that is practical, sustainable and addresses stakeholder needs, particularly those of patients.www.ehealthinitiative.org.

About Health & Technology Vector: (H&T Vector) is a healthcare consultancy whose mission is "*to assist organizations and providers decrease, postpone or eliminate the physical, emotional and financial burden of illness among all peoples*." Victor G. Villagra, MD the company founder and president is an internationally recognized leader in population health, technology assessment and delivery system redesign. H&T Vector has been in operations for 9 years.

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