

At a Glance

Organization

Cookeville Primary Care Associates
Cookeville, Tenn.

- 2 physicians
- 4 staff members

Solution Spotlight

- Practice Partner® Patient Records
- Practice Partner® Research Network

Critical Issues

- Continuous quality improvement
- Participation in pay-for-performance programs

Results

- Ability to benchmark against other practices and measure improvement
- Improved patient care:
 - The proportion of hyperlipidemia patients using anti-platelet therapy rose from 32% to 58%
 - The percentage of coronary heart disease and stroke patients with their most recent LDL < 100mg rose from 57% to 71%
 - The proportion of atherosclerotic patients with an LDL measurement in the past year rose from 56% to 75%
 - The percentage of adult diabetic patients who had a pneumococcal immunization is 80% compared to the national average of 20%

Cookeville Primary Care Associates Combines EHR System and Research Network to Boost Care Quality

Cookeville Primary Care Associates, a two-provider family practice, sidestepped the challenges many small physician offices face in delivering the quality and efficient service payors demand through pay-for-performance initiatives. When it was established, the practice implemented Practice Partner® Patient Records, an EHR (electronic health record) system from McKesson, to access critical patient data usually isolated in paper files. It later registered with a clinical benchmarking and research network, Practice Partner® Research Network (PPRNet), to get exposure to best practices and specific quality of care reports for a variety of conditions.

By combining a world-class EHR system with PPRNet membership, Cookeville Primary Care gained a comprehensive quality-control tool that gives it the power to provide the evidence-based, preventive care payors now require.

Challenges

Dr. Thomas Jenkins and Dr. Harold Chertok built Cookeville Primary Care Associates from the ground up with quality in mind. Their emphasis was continuous quality improvement, teamwork and standardization of workflow. “We remodeled an old radiation oncology clinic into a modern primary care office with a ‘racetrack’ design of patient flow,” explains Chertok.

The office was wired for advanced

information systems. Since the physicians were already aware of the efficiencies an EHR system could provide, they purchased the Practice Partner® system, a fully integrated EHR, medical billing and appointment scheduling software suite. (Practice Partner from McKesson is a CCHIT CertifiedSM product for CCHIT Ambulatory EHR 2006 and 2007.*)

The physicians also hired dedicated staff members who are self-starters and independent workers and thinkers. Each staff member received Practice Partner training and attended the Practice Partner annual user group meeting. In addition, staff members were given remote access to the system from home. The physicians wanted to ensure that staff members had the all the tools necessary to be successful.

“All charting, charges and staff communication are through the Practice Partner system, and all hospital-related charting or charges are through Practice Partner,” states Chertok. “We make extensive use of the reminder and recall features and try to get everything done while the patient is in the office.”

Although these critical components were in place – the right facility, technology and people – the practice also wanted a mechanism that would enable it to measure and pursue continuous quality improvement.

Case Study

“Without an electronic health records system like Practice Partner combined with PPRNet, participating in a pay-for-performance program would be almost inconceivable.”

Norma Martin
Office Manager
Cookeville Primary Care Associates

Answers

The physicians at Cookeville decided to join PPRNet, a joint venture between the Department of Family Medicine at Medical University of South Carolina and McKesson, which allows the practice to compare its outcomes with those of other practices and to identify potential areas for improvement. PPRNet provides participating practices with quarterly reports that cover 80 preventive healthcare indicators such as hypertension, hyperlipidemia and diabetes. The practice is now prepared to take advantage of the incentives offered by rapidly emerging pay-for-performance (P4P) programs.

Cookeville uses the quarterly PPRNet reports to target areas for quality improvement. With these reports, it identifies patients who are overdue for care such as immunizations, lab tests or prescriptions. The practice then uses flags in Practice Partner to set reminders for staff to follow up with patients.

Lab results from Quest Diagnostics, such as lipid profiles, are downloaded electronically into Practice Partner through an interface. They are then automatically analyzed in the PPRNet reports without any need for data entry.

The practice has taken advantage of the twice-yearly site visits by

PPRNet project consultants, who have extensive experience with Practice Partner and quality improvement in physician practices. The consultants meet with the providers and staff to review the practice reports and to provide recommendations on how the practice can use Practice Partner to make quality improvements.

Results

Using the Practice Partner application and data from PPRNet reports, the practice has dramatically improved patient care. For example, the percentage of coronary heart disease and stroke patients with their most recent LDL less than 100mg rose from 57% to 71%.

The physicians at Cookeville Primary Care use Practice Partner and PPRNet as powerful tools to provide the highest quality of care for their patients. The practice is well prepared (and excited) to participate in the Blue Cross of Tennessee pay-for-performance program. “Without an EHR system like Practice Partner combined with PPRNet, participating in a pay-for-performance program would be almost inconceivable,” says Norma Martin, office manager.

** Practice Partner Patient Records 9.0 and 9.1 are CCHIT Certified for Ambulatory EHR 2006. Practice Partner Patient Records 9.2.1 and 9.2.2 are CCHIT Certified for Ambulatory EHR 2007.*

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