

How I Crossed the Bridge

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Successfully navigating the Bridges to Excellence process involves satisfying NCQA's performance standards from the Physician Practice Connections (PPC) program in three areas: clinical information systems, patient education and support, and care management. At first blush, crossing the Bridge appears a daunting task. Having successfully completed the crossing, perhaps my experience will aid others in their journey.

Most likely, you may be fearful of the clinical information systems module. Here is how our group approached this challenge.

For those practices that fully utilize a "sophisticated" Electronic Medical Record (EMR), crossing the Bridge may be a comfortable and swift journey. Realistically, this is still the exception in our current healthcare environment. Most of our providers lack the financial and IS infrastructure to consider such a resource. Finally, our providers cannot incorporate these operational changes overnight. Bridges to Excellence recognizes this reality and provides a system of both intermediary change and financial resources for providers to make the transition into the inevitable world of an EMR.

Most practices, although without an EMR, utilize electronic tools on a daily basis. Their registration and scheduling system, more than likely computerized, can be the key to data management. All patients are given a unique identifier for billing, scheduling and paper filing. Medical Practices and providers are inundated with data from insurers, PBM's, MSO's, local hospitals, and integrated systems. Most importantly, the practice generates procedure codes (CPT4) and diagnostic codes (ICD-9).

Over the past few years our practice requested that all externally generated data be provided centrally to our Medical Management Department in electronic spreadsheet format, such as Microsoft Access or Microsoft Excel. Internally all data is linked to our internal patient unique identifier and placed in an open source database.

An EMR, simplistically, is a front end, or viewer of data composed of all this clinical information that flows through our organization. By owning and managing our own data with open source database standards, we are



The Bridgewater team that "Crossed the Bridge": Pat Cullen, Mitch Selinger, MD, and Rachael Sweeney

able to display or query it in many different formats.

So let me refocus on Bridges to Excellence. Our internal database allows identifying disease states such as diabetes by ICD-9 queries. Integration with lab data generates lists of those patients overdue for HEDIS measures such as glycohemoglobin. Prescription data can focus on non-compliance. Our internal database system, although not a true EMR, provided the basis for success in crossing the first NCQA Bridge.

By adding a pharmacy database, drug interaction database, an ICD-9 problems database, allergies, social history, and some basic "smart" logic concerning HEDIS standards, we have internally created the recipe for an EMR. Our next challenge is working with our providers to move forward with the additional modules of the Bridge.

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