Beacon Leadership Team (BLT) Wrap

Week # 100
June 7, 2013

A look at the past........
the top 100 events that influenced the Southern Piedmont Beacon Community ........

Since this is the 100th edition of the BLT, I’d like to take you on a stroll down memory lane. Please enjoy reading and reminiscing about how far we have come over the last three years.......and then pat yourself of the back if you have helped contribute to our success! Read it in chunks if you need to, hope you enjoy....

2010

1. CCofSP was awarded a $15.9 million Beacon Cooperative Agreement.
2. Our patient population is defined as all patients from any payer sources in Cabarrus, Rowan, and Stanly counties.
3. Hospitals participating are CMC-NE, Rowan Regional Medical Center, Stanly Regional Medical Center, as well as the Cabarrus Health Alliance, Rowan County Health Department, and Stanly County Health Department.
4. First Project Manager is named - Tim Stephens.
5. Communities of Practice and workgroups are formed. Work begins for setting up infrastructure and governance.
6. Deb Aldridge replaces Tim Stephens as Beacon Project Director.
7. Michael Jongkind joins the Beacon team to assist in getting the project kicked off.
8. Beacon project team and leaders travel to New Orleans for first Beacon meeting.

2011

9. Tracy Olson and Kerry Kribbs were named as Project Managers.
10. Beacon Executive Committee is formed.
11. Beacon celebrates its 1st Anniversary!
12. Project Team defines the project goals: to reduce hospital readmissions, promote appropriate ED utilization, and improve transitions of care.
13. Workflow analysis is completed on network care managers and pharmacists and strategies are proposed for effective collaboration between CCoFSP and Beacon funded employees.
14. Project team meets with key stakeholders at each health system, health department/Alliance, and with CCoFSP and Beacon leaders to share possible projects and timelines. Each stakeholder defines their focus areas and projects they will request funding for - to test innovation, build infrastructure, and strengthen current capabilities.
15. Contracts and DUA's are signed for the major health systems, 2 health departments, and health alliance.
16. The Program and Project Toolkit are completed.
17. Project Managers are named at each Health System and Health Department/Alliance.
18. Partnerships are formed with the NWAHEC Regional Extension Center and Charlotte AHEC Regional Extension Center, as well as NC AHEC Regional Extension Center.
19. Members of the ONC visit the Southern Piedmont Beacon Community.
20. NC DHHS Secretary Cansler and Dr. Steve Cline visit our Beacon.
21. First-ever Beacon Leadership Team (BLT) Wrap is published! Dr. Wright comes up with the creative name for the newsletter.
22. Jean Wright replaces Cindy Oakes as Principal Investigator.
23. Project funding requests begin in the summer of 2011.
24. CMC - NE – decides to implement: Transitional Care – additional care managers – both in the hospital, emergency department, and in practices; especially with a focus on COPD, Virtual Home visits with remote monitoring; and Patient Safety Net.
25. Rowan Regional Medical Center decides to implement – forming a Transitional Care Department – adding a care manager in the hospital and in two practices, as well as a Diabetes Educator and NP to run CHF programs. They also added social workers to their ED, and Medicine Reconciliation Technicians in the ED. RRMC also implemented Project RED and Louise for education and discharge. RRMC also requested funding for an Urgent Care Project and Bedside Computers.
26. Stanly Regional Medical Center decides to implement – Transitions of Care – including embedding care managers in the hospital and in practices, as well as in the ED. They also choose to fund a Discharge/Transitional Care Clinic.
27. Cabarrus Health Alliance decides to further its EMR implementation through additional scanning and module creation. CHA also decides to develop a Daily Disease Registry (DDR) for school nurses, providers, and parents.
28. Rowan County Health Department decides to further its EMR implementation through additional scanning and module creation and upgrades.
29. Stanly County Health Departments decides upon an EMR and plans on implementation.
30. We receive approval and NGA (Notice of Grants Award) from the ONC and OGM for funding the projects we submitted.
31. Beacon stakeholders take a field trip to Raleigh to visit the Informatics Center (IC).
32. Beacon Project Team meets with the local QO, CCME.
33. A local Federally Qualified Community Health Center receives HRSA grant.
34. Asthmapolis Project is evaluated and determined to not be feasible due to product not being FDA or FCC approved.
35. ONC holds Regional Meeting in Atlanta and Beacon Project team members attend at Deb presents.
36. All health departments and alliance commit to working with Engineered Care to develop an avatar for Women, Infants, and Children (WIC) Education.
37. All health departments and alliance commit to creating a NC Public Health Portal that will enable authorized users to view demographic and community health data.
38. Infrastructure is set up at CCNC’s Informatics Center (IC) to receive data into its Clinical Data Repository from numerous sources in our catchment. Admission/Transfer/Discharge (ADT) data begins to flow to the IC.
39. Clinical Pharmacists are embedded into practices.
40. Members of the ONC visit North Carolina HiT partners and grant recipients – NC HIE, DMA, SPBC, RECs, and Workforce Development.
41. Patient Activation Measure (PAM tool) is piloted in the three major health systems in the catchment.
42. Enhanced CMIS/Provider Portal/Medication Management application.
43. Beacon Project team visits other CCNC networks to glean and share best practices.
44. We are named a Vanguard Beacon.
45. First providers in SPBC attest for MU.
46. First Annual Beacon report is submitted to ONC.

2012

47. Rowan ADT feed live to the IC.
48. Stanly Clinical Feed live to the IC.
49. Beacon Project Managers attend Lean Health Training.
50. Beacon celebrates its 2nd Anniversary!
51. Office of Grants Management visits with SPBC for a site visit and we received a positive report.
52. We adopted the “Grow, Enhance, Measure” strategy.
53. NC HIE ramps up hiring and collaborates with BCBSNC and Allscripts to offer an affordable EMR for eligible practices. (NC PATH).
54. Deb Aldridge presents at NeHC.
55. Brad Marino and Dr. Joe Hunter are invited to Washington DC to a Health IT Town Hall to share “Health IT Stories” with senior White House and HHS officials.
56. Dr. Farzad Mostashari visits with our Beacon Project Team at CCNC in Raleigh.
57. Patient Safety Net pilot is live and operational in eventually used in 7 units at CMC-NE.
58. More than 100,000 health care providers are paid for using electronic health records nationally.
59. NC MIPS portal is launched for eligible providers to attest for NC Medicaid.

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60. COPD – 4,441 patients were screened and 25% were found to be high risk for COPD. Results have shown a 25% decrease in readmissions when touched by Beacon funded Care Manager and other staff.

61. Respiratory Therapists join the COPD team in the outpatient setting.

62. All 120 patients have been recruited in the Virtual Care Study at Cabarrus Family Medicine.

63. Our beloved project manager at RRMC, Lybby Brown, passes away.

64. Interface is written between Invision and RED server at RRMC, and discharge booklets are able to be created.

65. Louise teaches discharge booklet to the first patient.

66. ADT and Gaps in Care Alerts are loaded in CMIS / Provider Portal for use by providers.

67. Medicaid data is being shared via Health Systems ‘HIEs to the Informatics Center and we are now receiving messages for Medicaid patients.

68. NC Health Information Portal (NC HIP) live for Phase 1.

69. Beacon Application – TOC Module is complete and the application is released in production.

70. Tracy Olson replaces Deb Aldridge as Beacon Program Director.

71. Dr. David Lobach presents “IT-enabled Care Management: The Southern Piedmont Community Plan story” and the Wow Tech Journey” at an ONC – Robert Wood Johnson meeting.

72. Southern Piedmont Community Care Plan video is created and uploaded to Youtube.

73. Dr. David Lobach represents SPBC at AMIA with a poster abstract presentation titled “IT-enabled Care Management: The Southern Piedmont Community Plan story” . Our new video runs throughout the meeting.

74. CMC-NE Cabarrus Family Medicine creates a stunning video, “Veronica’s Story”, a patient story about dealing with diabetes and other chronic diseases and how virtual care monitoring has helped her.

75. Continuity of Care Documents (CCD) are created successfully.

76. 95.2% of practices in CCofSP network are reported to have implemented EMR, based on CCNC QMAF 2012 audit.

77. NC HIP live for phase 2.

78. Beacon Project team attends ONC All grantee meeting in Washington DC.

79. NC DHHS publishes and distributes a resolution establishing the NC Department of Heath and Human Services’ intentions for the integration of health information technology and statewide health information exchange into DHHS’ business processes.

80. Second Annual Report is submitted to ONC.

2013

81. CCNC/HIE acquisition and strategy alignment occurs.

82. Data Submission to the ONC shows a favorable trend for lower rates of readmission for the Medicaid population.

83. Data Submission to the ONC shows a favorable trend for lower rates of readmission for the all payers in our catchment.

84. Data Submission to the ONC shows a favorable trend of improving glucose control for patients with diabetes for the Medicaid population.

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85. NORC visits Southern Piedmont Beacon Community to complete an evaluation of our Beacon. The team meets with project leaders and implementers to gather highlights, successes, barriers, lessons learned, and best practices.

86. CDC contracts with RTI to complete a case study of “Anna”, the WIC educator for publication and interviews and site visits begin.

87. Dr. David Lobach presents our Sustainability Plan to other Beacons and various stakeholders via webinar. “Attach to the bigger bird” and “Show me the money” (ROI) are the main tenants of the plan.

88. Beacon Project Manager for Anna applies for funding from the Dept of Agriculture and Baylor School of Medicine for the development of a nutrition and breastfeeding module.

89. Health Departments and Alliance have success with implementing numerous modules in their EMRs.

90. Jamie Barnes replaces Cindy Oakes as CCofSP Network Director.

91. NC HIE hosts a NC HIT Stakeholders Summit in Raleigh. HIE Landscape, MU2, and Upcoming HIT initiatives are reviewed and discussed. NC DIRECT is discussed as an option to communicate securely with other providers, labs, and public health departments.

92. Patient Registries are being created for diabetes, hypertension, asthma, and ischemic heart disease – identifying the data elements to capture.

93. Stanly Regional Medical Center receives CHS Touchstone Awards for their ED Care Management and Care Management Program.

94. CMC-NE’s Case Management receives a CHS Touchstone Award for a Care Management Program – Social Workers in the ED and the “running man.”

95. Cabarrus Family Medicine receives a CHS Touchstone Award for providing excellent patient care and building a genuine patient centered medical home.

96. SPBC continues working with AHEC REC to help providers meet MU and approves EMR Scanning Project at Salisbury Pediatrics to assist providers in achieving Meaningful Use.

97. CMIS tablet project is designed and will be piloted - will be piloted in 4 networks.

98. New alerts will be released in CMIS.

99. Clinical Decision Support to include clinic values and rules will be available in Provider Portal and CMIS reports.

100. 100th BLT is sent out to over 150 people across the nation!

Carolinas Healthcare System extends an opportunity through the CHS Quality Day of Application process to showcase the work and innovation of its teammates. Congratulations to Cabarrus Family Medicine for receiving a Touchstone Award acknowledging their efforts and dedication to providing excellent patient care and building a genuine patient centered medical home.

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**Meaningful Use (MU) Update**

If you are a provider who has attested for a NC Medicaid under AIU (Adopt, Implement, and Upgrade) in 2011 or 2012, please assess whether you are now ready to attest for Meaningful Use, and if so, please do! Meaningfully using your electronic medical record will benefit both you and your patients and help to achieve the triple aim of better health, better care, at lower cost! If you need help, contact Kerry Kribbs or your local AHEC REC contact. If you don’t know who they are, contact me at [KerryKribbs@CCofSP.com](mailto:KerryKribbs@CCofSP.com)

**Must Read**

**News Release**

FOR IMMEDIATE RELEASE
June 3, 2013

**Secure health data helping patients, doctors improve care and health**

Health and Human Services (HHS) Secretary Kathleen Sebelius today announced the release of new data and new opportunities for researchers and developers at the beginning of Health Datapalooza IV. This is the fourth annual national conference on health data transparency, which brings together government, non-profit, and private sector organizations to look at the potential for open data from HHS and other sources to help improve health and health care.

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The **Centers for Medicare & Medicaid Services** (CMS) today released new data – including county-level data on Medicare spending and utilization for the first time, as well as selected data on hospital outpatient charges. In addition, the HHS Office of the National Coordinator for Health Information Technology (ONC) released additional information on the adoption of specific electronic health record (EHR) systems, as well as the winners of new opportunities for building innovative tools that build off health data.

“A more data driven and transparent health care marketplace can help consumers and their families make important decisions about their care,” said Secretary Sebelius. “The administration is committed to making the health system more transparent and harnessing data to empower consumers.”

Today HHS released data and tools that will help researchers and consumers take advantage of health information:

- Building on the release last month of the average charges for the 100 most common inpatient procedures, CMS today released selected hospital outpatient data that includes estimates for average charges for 30 types of hospital outpatient procedures from hospitals across the country, such as clinic visits, echocardiograms, and endoscopies.

- CMS today released new data sets for the first time at the county level: one on Medicare spending and utilization, and another on Medicare beneficiaries with chronic conditions. Both data sets will enable researchers, data innovators and the public to better understand Medicare spending and service use, spurring innovation and increasing transparency, while protecting the privacy of beneficiaries. The data will also be available through an interactive state level dashboard based on the spending information, allowing users of any skill level to quickly access and use the data.

- ONC released data today from the Regional Extension Centers about the different brands of EHR products used by 146,000 doctors by state, specialty, and each doctor’s stage in meaningful use attestation.

- HHS is also co-sponsoring a national competition – known as a “code-a-palooza” – to design an innovative app or tool using Medicare data that primary care providers can use to help manage patient care. The national competition, sponsored by ONC, the Health Data Consortium, and the cloud software company Socrata, will give $25,000 in prizes to the teams of coders and medical experts that build the best tools or apps by the end of Datapalooza.

- The Agency for Healthcare Research and Quality (AHRQ) is demonstrating the latest applications of its two powerful health databases, the Healthcare Cost and Utilization Project (HCUP) and the Medical Expenditure Panel Survey (MEPS). HCUP is the largest collection of longitudinal hospital care data in the U.S., representing 97 percent of all inpatient hospital discharges. MEPS is the most complete source of U.S. data on the cost and use of health care services and insurance coverage, obtained through large-scale, annual surveys of families, individuals, medical providers and employers.

- ONC in coordination with the Health Resources and Services Administration selected the winners of the Apps4TotsHealth Challenge, which was launched to help parents and caregivers of young children better manage their nutrition and physical activity. The winning developers, researchers,
and other innovators make use of Healthdata.gov data to strengthen these tools and make them more user-friendly. More on the winners here.

- ONC also announced today the launch of the Blue Button Co-Design Challenge, designed to spur the creation of new applications that will allow patients to better use their own health data to improve their own care. The challenge will ask the public to vote on ideas from which developers will build tools to address health priorities determined by public voting.


Must see media clips/internet links

Dr. Mark Robinson, Lara Fink, RN, Sandra Michael, RN

We are pleased to share that we have now gone public with our HiTech + HiTouch video!

Click the link here
http://www.youtube.com/watch?v=GiupJSl2t6E&playnext=1&list=PL9CZabk3nD4H8nck6xZ7MWcBFo9kWLrui&feature=results_main

Cabarrus Family Medicine – Kannapolis and Concord released “Veronica’s Story”, a story that shares how their Virtual Care project for monitoring diabetes helps Veronica cope and successfully manage her condition. Please click the link here
http://www.youtube.com/watch?feature=player_embedded&v=pf7wj7BiE
Upcoming Meetings and Events

July 10th-12th - National Association of County and City Health Officials (NACCHO), Dallas, TX
July 15th – last data submission due to the ONC
September 30th – Beacon grant ends
September 30th – Annual report due to ONC
December 30th – Grant Closeout

Career Opportunities

Community Care of Southern Piedmont
Community Care of Southern Piedmont (CCofSP) is a nonprofit organization and one of fourteen (14) Community Care Networks currently serving Medicaid and dually-eligible enrollees across the state of North Carolina. The foundation is physician led and includes implementation of evidence-based practice guidelines, targeted care and population management, physician engagement and buy-in, local partnerships and collaborative arrangements with local hospitals, health departments, mental health providers and departments of social services. CCofSP serves three counties, Cabarrus, Rowan and Stanly.

If you want to join a dynamic team, enhance your career and make a difference in the lives of others, then CCofSP is the place to work. We offer a great work environment in all three locations, competitive salaries, excellent benefits (health, dental, vision, 403b), vacation/sick time after 90 days of employment and much more.

Currently recruiting for the following open Positions (click on position for link to job description)

Clinical Pharmacist
Director of Quality Improvement

Care Manager

Executive Administrative Assistant

To apply, please email your resume and the position you are applying for to: HR@CCofSP.com
www.ccofsp.com

CCNC Career Opportunities

Community Care of North Carolina is a nonprofit organization that works collaboratively with physicians and other health care professionals to improve health care quality and restrain costs. We serve beneficiaries of Medicaid, Medicare and have begun partnerships with private sector organizations, including Blue Cross and Blue Shield of North Carolina. If you want to make a difference in the health of North Carolinians, CCNC might be the place for you. Currently, we are seeking to fill the openings listed below. For more information contact HR Director John Dowd

Applications are currently being accepted for the following positions. For more information, please see the CCNC Careers page.

- Senior Analyst, Quality Measurement and Reporting
- IC Reports Developer
- Staff Accountant-AP/AR
- Specialty Pharmacist
- CHIPRA Pediatric Electronic Health Record Coach

Positions at local CCNC networks

If you’re interested in position at one of the 14 CCNC networks, please go to our Network Careers Page.

- Quality Improvement Director- Pinehurst, NC (Community Care of the Sandhills)
- Telephonic Care Manager (RN)- Wilmington, NC (Community Care of Lower Cape Fear)
- Active Health Care Manager (RN)- Wilmington, NC (Community Care of Lower Cape Fear)
- Data Analyst- Fayetteville, NC (Carolina Collaborative Community Care)
- Psychiatrist- Winston-Salem, NC (Northwest Community Care Network)
Helpful Links

Beacon Communities
http://www.healthit.gov/policy-researchers-implementers/beacon-community-program

Southern Piedmont Beacon Community
http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__southern_piedmont_beacon_community/3327

NC Office of Health Information Technology
http://www.ncdhhs.gov/healthIT/

NC MIPS - North Carolina's Medicaid EHR Incentive Payment System
https://ncmips.nctracks.nc.gov/

The NC Department of Health and Human Services (DHHS) Medicaid Electronic Health Record Incentive Program
http://www.ncdhhs.gov/dma/provider/ehr.htm

Medicaid service providers may attest for incentive payments on the NC-MIPS Portal at https://ncmips.nctracks.nc.gov/

North Carolina AHEC REC
https://www.ncahecrec.net/

Charlotte AHEC REC
http://www.charlotteahec.org/continuing_education/quality_initiatives/rec_hit_ipip.cfm

Northwest AHEC REC
http://www.wakehealth.edu/Northwest-AHEC/Regional-Extension-Center.htm

Stay connected, communicate, and collaborate with ONC

Browse the ONC websites at: healthIT.gov

Office of the National Coordinator for Health Information Technology

Subscribe, watch, and share:
- Twitter: @ONC_HealthIT

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Stay connected with CMS

Browse the CMS Innovations website at: http://www.innovations.cms.gov/

CMS EHR Incentive Programs  Centers for Medicare and Medicaid EHR Incentive Program

Potential Beacon Headlines in 2013:

A Beacon Community has safer hospitals
A Beacon Patient is a better informed patient
A Beacon Physician has the information they need to direct patient care
A Beacon Community keeps patients and families from falling through the cracks
A Beacon Community is a community that has bent the cost curve

Do you need to find a previous edition? They are available on our website located at 


Have a safe and wonderful weekend!

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