DENVER MEDICAL BULLETIN

Official Publication of The Denver Medical Society

Volume 106/Number 2 February 2016

New Primary Care Models Being Explored in Denver

The Denver Medical Society has observed a growing trend among primary care practices in our area. Many primary care physicians are exploring "cash-only" and "retainer-based" payment models to bypass insurers and be able to provide more personalized care to patients. Various models are appearing in the market including "direct primary care," "direct pay," "concierge," and other hybrid arrangements that are all seen as a way for physicians to gain more control over how they deliver patient care while ensuring adequate and predictable reimbursement. Proponents of these models say they allow physicians to spend more time with patients, focus on prevention and chronic care management while also improving work-life balance, patient satisfaction, and restoring joy in the practice of medicine.

Most practices using a direct patient pay model charge patients a monthly or annual fee, or retainer, that covers a portion or all of their primary medical care, including check-ups, preventive care, and coordinating care with specialists. Practices often provide an itemized, coded bill that patients can submit to their insurance carrier if appropriate. Some practices will work with insurers to pay for portions of a patient's care and some practices will see both patients in a direct pay arrangement and some patients for

The hottest thing in Primary Care!

Join interested primary care colleagues for an evening of discussion and exploration hosted by two DMS physicians in direct primary care practices,

Lisa Davidson, DO, and Michael Keller, MD.

Wednesday, February 17 — 6 PM

1850 Williams Street, Denver, CO

Cocktails and Heavy Hors d'oeuvres

RSVP info@denvermedsociety.org or 303-377-1850

by February 12

Mix @ Six March 2 . . . Page 3

whom they bill traditional insurance. There are also practices that charge a flat fee collected at the time of service, which is generally significantly discounted from typical "charge master" fees billed to insurance plans. Regardless of the details of a specific practice's model, eliminating the costs and delays involved in billing and dealing with insurance companies results in reduced staffing and overhead and can result in improved practice profitability.

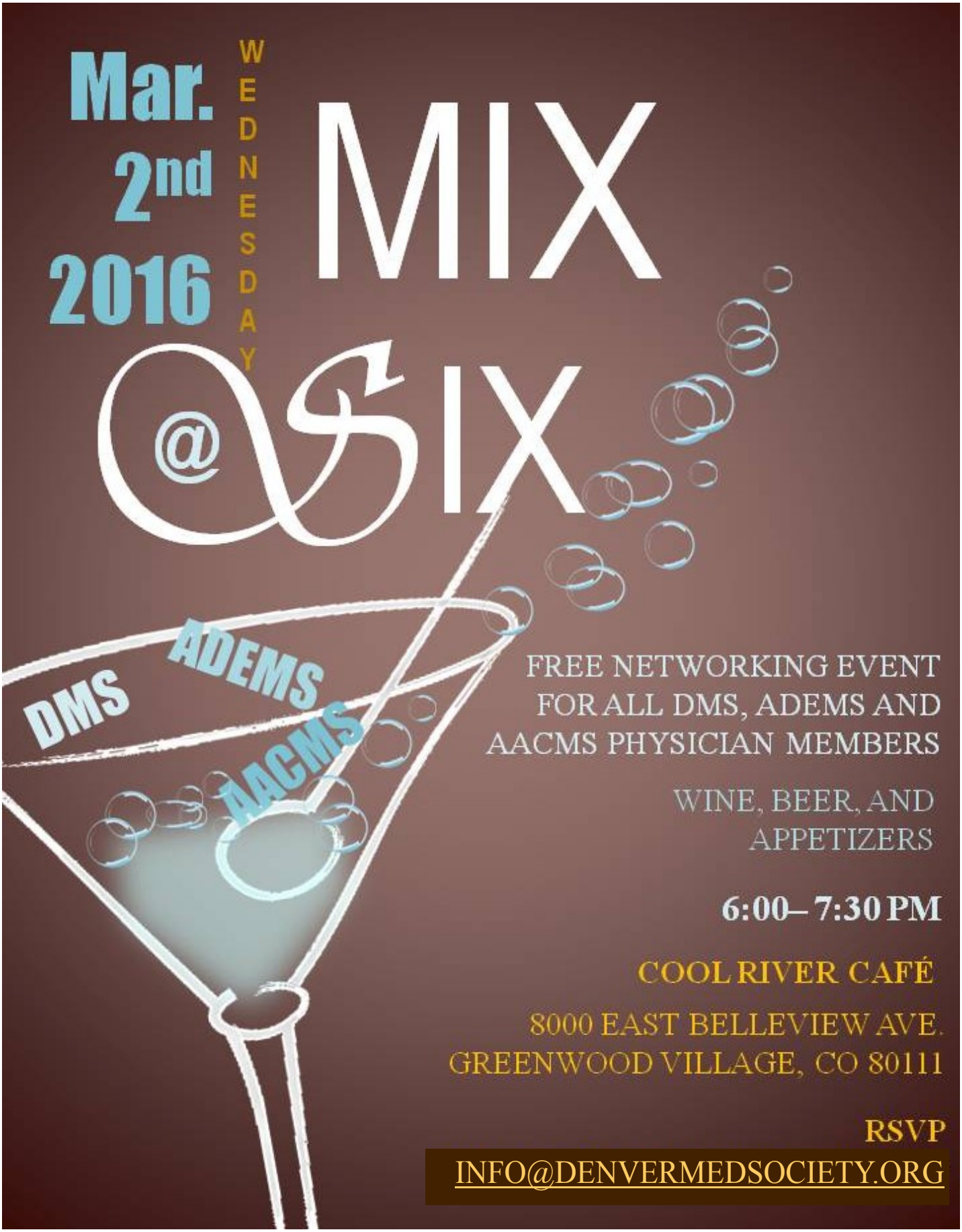
According to the American Academy of Private Physicians (AAPP), approximately 5,500 physicians in the United States operate with some form of direct financial relationship with their patients, beyond standard insurance. That number has increased around 25 percent a year since 2010, the AAPP said.

A recent study, "Direct Primary Care: Practice Distribution and Cost Across the Nation," published in the November/December issue of the *Journal of the American Board of Family Medicine*, examined differences between the typical DPC practice and those that describe themselves as concierge. The authors note that patients and physicians are confused about the differences between practices that use the term concierge care and those that use DPC since these models are new and rapidly evolving for both providers and patients. Fees are generally lower in practices that describe themselves as DPC, $77 per month on average compared to $183 for self-described concierge practices. Average patient visits were found to be 35 minutes in these models compared to 8 minutes in the traditional practice model. The vast majority of practices studied had opted out of Medicare, but those who did not opt out either continued to treat Medicare patients on a fee for service basis or charged fees that covered services not included in Medicare benefits.

In order to better understand the evolution of these models in the Denver market, and to identify ways in which the Denver Medical Society can support and assist our members who are exploring these new types of patient care delivery, DMS is hosting a meeting for primary care physicians on Wednesday, February 17 at 6 pm. Physicians currently practicing in a direct patient pay model, those considering establishing one, and those who are just interested in learning more about this new phenomenon are invited to join this *"Learning Collaborative"* to explore what everyone is doing and how they are doing it! Our guides on this journey will be Michael Keller, MD and Lisa Davidson, DO who are both currently in Direct Primary Care practices in Denver.

To access the links in the Bulletin, go to the DMS website—denvermedsociety.org—and open the Denver Medical Bulletin page.

***Denver Medical Bulletin**: Stephen V. Sherick, MD, DMS President and Publisher / Aaron J. Burrows, MD, Chair of the Board / Usha Varma, MD, President Elect / Elizabeth L. Lowdermilk, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email info@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.*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WEDNESDAY
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EHR User-Centered Design Evaluation Framework

Understanding the Usability Processes of EHR Vendors

The American Medical Association and MedStar Health's National Center for Human Factors in Healthcare developed a framework, based on the science of user-centered design (UCD), to increase transparency of electronic health record (EHR) vendor usability processes. The framework uses a 15 point scale to examine EHR vendor use of UCD best practices—**not the actual usability of the EHR as experienced by end users**. The framework was used to analyze EHR vendor testing reports available from the Office of the National Coordinator's (ONC) Certified Health Product List (CHPL) for 20 common EHRs (15 ambulatory and 5 inpatient products). EHR vendors are only required to report on the UCD process they followed for eight capabilities that the ONC considers important for patient safety and **the ONC does not use UCD best practices as a basis for certification**.

The purpose of the analysis is to draw attention to the narrow focus on only eight capabilities among the dozens required by the ONC for the Meaningful Use (MU) program and to the absence of best practices in the certification process. UCD is an essential component in improving patient safety and the satisfaction of physicians, patients, and medical professionals who use EHRs. Many of the EHR vendors do not meet best practices for UCD but are still certified by the ONC. EHRs should be designed with the end user in mind and the ONC's requirements do not go far enough to encourage fully functional and usable products. **The AMA hopes that the framework can be used by the ONC to improve their certification program, and as a method to track improvements EHR vendors make as they re-certify their products over time.**

On page 5 is a sample of results for some of the EHR products analyzed. The full results can be accessed at http://www.medicalhumanfactors.net/ehr-vendor-framework/#q=%7B%7D.

Non-Endorsement Disclaimer: In publishing this report, neither MedStar Health nor the American Medical Association is endorsing any EHRs or other technology. This report was not sponsored, funded or in any way facilitated by any EHR or similar technology vendor. User decisions regarding the selection of EHR technologies, products and services must take into account many varied characteristics, which are beyond the scope of this report.

How to Read the Chart (on page 5):

 Meets UCD best practices for process

 Partially meets UCD best practices for process

 Does not meet UCD best practices for process

What a Perfect Score Means:

A perfect score means that the EHR vendor meets user-centered design and testing best practices. **A perfect score does not imply the EHR vendor product has perfect usability.**

EHR VENDOR	UCD PROCESS	TESTING METHODOLOGY				TESTING RESULTS		TOTAL SCORE
	Reported Process	Participants	Clinical Expertise	Use Cases	Metrics	Effective-ness	Improve-ments	
Allscripts Enterprise EHR *V11.4.1*								15
Amazing Chart v7.0								12
Dr Systems *eHR MU v2.0*								7
E-MD *Solution Series v8*								11
eClinical Works *Version 10*								5
Epic Systems *EpiCare Ambulatory 2014 (Epic2012)*								9
Greenway *PrimeSUITE 2014 (17.0)*								7
McKesson Specialty Health *iKnowMedEHR v6.7*								15
Medical Information Technology *MPM 5.6.6*								13.5
Modernizing Medicine *EMA 4.0.0.2*								13
Nextgen Healthcare *Ambulatory 5.8.2*								9.5

There's an App for That: Benefits and Risks of Using Mobile Apps for Healthcare

With over 100,000 mobile health apps now available—in addition to many new tools that allow physicians to remotely monitor their patients' conditions—physicians now have to handle an increasing amount of constant data and patient information that they did not have in the past. Mobile apps offer many potential benefits to doctors and patients:

- Mobile apps can help patients self-monitor their conditions and can alert them and their physicians to problems before they become serious medical issues.
- Mobile apps help patients remember important information about their healthcare.
- Mobile apps can engage patients in their healthcare.

But not all of the apps currently on the market are approved or regulated by the FDA, and the use of mobile apps does not come without liability risks. Physicians could face allegations of failing to educate the patient/family about the risks and limitations of the app or failing to act appropriately if the app goes offline or malfunctions. Injuries could occur if:

- The physician receives information from a mobile app and does not act on this information. Physicians have a legal duty to review real-time data direct from the patient and respond. Mobile apps raise patient's expectations of how a physician will act—the patient/family expect that the patient is monitored 24/7 and the physician will respond "within a moment's notice."
- The readings received from a mobile device are wrong and treatment is prescribed based on the wrong data.

Consider limiting your patients to one mobile app that you agree to monitor. This will make it easier to control the incoming data and help make the best use of the app. Other important considerations include:

- Consider whether the two-way communication between you and your patient is secure and, therefore, HIPAA/HITECH compliant. Ask the vendor for assurance that the app is HIPAA-compliant and that data is encrypted for security.
- Know the app:
  - Vendor information, such as updates, downtime, and critical value alerts.
  - How will it interface with your EHR?
  - Is the device regulated by the FDA as a medical device?
  - Will you get alerts by e-mail or a phone call from the vendor when the app isn't working?
- Clearly communicate and educate the patient/family about the purpose of the app and how and when the data is transmitted to the clinician.
- Avoid assuring the patient that the app will "take care of everything." Educate the patient/family about the limitations of app, with specific examples of instructions for the patient to follow.
- Identify a contact person within your organization to troubleshoot and be available to address technical problems.
- Have the patient/family sign a consent form that describes the risks, benefits, and purpose of the app.
- Do not do this alone! Avoid utilizing medical apps without support from your organization.

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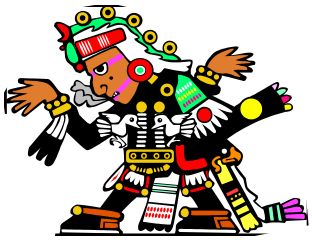
by Robin Diamond, MSN, JD, RN, Senior Vice President, Patient Safety and Risk Management, The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

MEDICAL SPANISH AND CULTURAL COMPETENCY CLASS



Friday, April 22 - Monday, April 25, 2016

8:00 AM to 5:00 PM

Denver Medical Society

1850 Williams Street, Denver

Colorado has one of the highest proportions of Hispanic and Latino populations in the country. Denver counts over 31% of its population in this category! To enhance physician communication capabilities, Denver Medical Society in conjunction with the Community Health Association of Mountain/Plains States (CHAMPS) is offering a 4 day intensive, total -immersion learning experience in conversational and medical Spanish for physicians, nurses, PAs, NPs and other medical staff. Class levels are targeted to each student's needs and abilities. This is the 20th offering of this lively, rewarding, and highly popular class conducted by Rios Associates.

Four day class offers a ton of CMEs! Plan now to attend.

45 prescribed hours by the American Academy of Family Physicians (AAFP)
43 hours of Category 1 CME from the American College of Emergency Physicians (ACEP)
45 contact hours of continuing education by the American Academy of Nurse Practitioners (AANP)
43 hours of Category 1 CME from the American Medical Association (AMA)

The cost of the class, including text book: $699
$549 for DMS members

Morning and afternoon snacks are provided.

To register, **call Tamara Rios directly at (520) 907-3318. Please call Tamara at that number or email her at convesp@aol.com if you need additional information.**

REMINDER

DMS MEMBER BENEFIT: HEALTH SCIENCES LIBRARY ACCESS

Denver Medical Society members can access library services through the Health Sciences Library at the University of Colorado Anschutz Medical Campus (HSL). Members have the ability to establish borrowing privileges, request free full text articles from the Library's print and licensed e-journals collections, and receive research consultations and request searches from their professional Education and Reference librarians. (Remote on-line full text searches are not available due to HSL contractual limitations.)

DMS members need only establish an account in the HSL document delivery service platform to begin requesting articles from the Library's collection. Articles will be sent through the member's individual account. Full instructions for this process are detailed below.

Members who wish to borrow "tangible" items from the collections of HSL can apply online or in-person for their borrowing card. There is a $50 per year membership fee which is the member's responsibility. This fee reflects a 75% reduction for DMS members from the normal charge for non-campus members. HSL can also be the designated "home" library for items borrowed through Prospector, a unified catalogue of 44 academic, public and special libraries in Colorado and Wyoming. Items borrowed through Prospector can be delivered directly to a member's home library.

Literature search services, including professional consultation with reference librarians and the conduct of custom searches, are available to DMS members at a fee of $85/hour of dedicated HSL staff time (and will be the requesting member's responsibility).

Although DMS and HSL are unable to offer remote access to on-line full text sources to physicians not affiliated with the University, physicians who serve as clinical faculty for the School of Medicine are able to access these resources. Those interested in learning more about clinical faculty status can go to the website www.medschool.ucdenver.edu/ocbme or contact Nicole Bost, Manager, Office of Community Based Medical Education at 303-724-0044 or Nicole.bost@ucdenver.edu.

To Request Articles:

Go to https://uchsc.illiad.oclc.org/illiad/firsttime.html

Your status in the drop down menu will be Denver Medical Society and your Department is Other. You will create a unique username and password at the end of registration. This will be used to access your account at https://uchsc.illiad.oclc.org/illiad/logon.html.

Contact Nell Able at nell.able@ucdenver.edu or (303) 724-2111 if you have difficulties with this process.

Articles will be sent through your individual account and you will receive an email letting you know the article is in your account. Average turn around time is 5-7 days. Articles should be downloaded or printed within 30 days and are no longer available after that time.

Articles requested through this process are free to DMS members.

To Apply for a Borrowing Card:

Go to https://hslibrary.ucdenver.edu/circulation/library-card-app or visit the library to apply in person. There is a $50/year membership fee which you will pay directly to HSL. You will be advised by email of payment methods once your application is received. Your College/School Affiliation will be Other and you should type in DMS in the Other Affiliation box. Select Other as your status and type in DMS member in the Other Status box. If you need help, contact Tina Moser at (303) 724-2145 or tina.moser@ucdenver.edu.

It may take up to 2 business days for your application to be verified and processed and you will receive an email advising you when your borrowing card has been mailed.

To Request Custom Search Support:

Go to http://hslibrary.ucdenver.edu/research-support. Research support services there. DMS members requesting these services will be billed directly at the rate of $85 per hour of dedicated staff time.