Mobile Technology & Primary Care

Getting through the noise

William P. Moran, MD, MS & Patrick D. Mauldin, Ph.D.
MUSC
Evolution of primary care
Care Coordination:
Our Care Venues...
Evolution of primary care
Evolution of primary care
### Scoring Summary

<table>
<thead>
<tr>
<th>Recognition Levels</th>
<th>Required Points</th>
<th>Must-Pass Elements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
<td>35–59 points</td>
<td>• 6 of 6 elements are required for each level</td>
</tr>
<tr>
<td>Level 2</td>
<td>60–84 points</td>
<td>• Score for each Must-Pass element must be ≥ 50%</td>
</tr>
<tr>
<td>Level 3</td>
<td>85–100 points</td>
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</tbody>
</table>
Wagner Chronic Care Model
Workflow in the real world...
Workflow in the real world...
Workflow in the real world...
Have we made his life better?
What to do?

A loud ‘signal’ MUST be heard amidst the clinical ‘noise.’

• Technology must be **targeted** to the most appropriate patients: Risk stratification

• **Decision support** must be integrated into the data flow process

• Information must be reliably delivered to the correct **team** member (frequently not the primary care provider)

• Clinically **actionable** signals should be sent to the primary care team member

• **Real time**
Risk Stratification
Risk Stratification

Cluster A

Cluster B

Cluster C

Cluster D

Cluster E
Risk Stratification

Diabetes & CV risk

Obesity & CV risk

Renal Disease, Depression, & CV risk

Complex, CV disease & Depressed

Healthy
Static and Dynamic Components

- No static and no utilization* within 365 days
- Static variables only (no utilization) or no Static w/Util within 365 days
- Static and utilization history (days 31-365) or top 20% with no utilization within 365 days
- Static and util.(Top 20% risk with until <365 days)
- Immediate utilization within 30 days (regardless of static results)

Immediate Intervention

*The risk strat model is to reduce the number of &.
Complex CV disease & Depressed

Renal Disease, Depression, & CV risk

Chronic lung disease, Depression & CV risk

Diabetes & CV risk
<table>
<thead>
<tr>
<th>Total</th>
<th>Risk Strat Color</th>
<th>Type</th>
<th>Admit/ER</th>
<th>Date/Time</th>
<th>Programs</th>
<th>Patient Name</th>
<th>Select</th>
<th>DOB</th>
<th>Last Visit</th>
<th>Description/CC</th>
<th>Delete</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>MUSC</td>
<td>ER</td>
<td>4/19/2012</td>
<td>Hypertension</td>
<td>Pt 1</td>
<td>[Patient Data]</td>
<td>4/19/2012</td>
<td>4/6/52</td>
<td>2/8/12</td>
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<td>2</td>
<td>MUSC</td>
<td>Admit</td>
<td>4/19/2012</td>
<td>Diabetes, CKD, Hyperlipidemia</td>
<td>Pt 2</td>
<td>[Patient Data]</td>
<td>5/12/40</td>
<td>2/6/12</td>
<td>SOB</td>
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<tr>
<td>3</td>
<td>MUSC</td>
<td>Admit</td>
<td>4/19/2012</td>
<td>Diabetes, Hyperlipidemia</td>
<td>Pt 3</td>
<td>[Patient Data]</td>
<td>10/6/42</td>
<td>2/20/12</td>
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<td>4</td>
<td>MUSC</td>
<td>Admit</td>
<td>4/19/2012</td>
<td>Sickle Cell</td>
<td>Pt 4</td>
<td>[Patient Data]</td>
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### Patient 2

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Risk Strat Color</th>
<th>Admit/ER</th>
<th>Date/Time</th>
<th>Cluster</th>
<th>Programs</th>
<th>Last Visit</th>
<th>Next Visit</th>
<th>PCP</th>
<th>Description/CC</th>
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</thead>
<tbody>
<tr>
<td>Patient 2</td>
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<td>Admit</td>
<td>4/19/2012</td>
<td>Complex</td>
<td>Diabetes, CKD Hyperlipidemia</td>
<td>2/6/12</td>
<td>4/25/12</td>
<td>William P. Moran, MD</td>
<td>SOB</td>
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#### SF – 12 Domains

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<thead>
<tr>
<th>Domain</th>
<th>Last Assessment</th>
<th>Status</th>
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<tbody>
<tr>
<td>Last Assessment</td>
<td>2/6/12</td>
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<tr>
<td>Physical Functioning</td>
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<tr>
<td>General health</td>
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<td></td>
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<tr>
<td>Pain</td>
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<tr>
<td>Mental health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Energy/Fatigue</td>
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Real Time

Courtesy of Dr. Frank Treiber
Summary

- Primary care environment offers opportunities for technology to improve the quality of patient care
  - monitoring clinical conditions
  - coordination and transitions of care
  - medication management

- But we have to be careful implementing technology in an occasionally chaotic environment – Primary care