

New York Practice Proud to Participate in Bridges to Excellence

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We are fortunate to have been chosen as a pilot community for Bridges to Excellence (BTE) in Upstate New York's Capital Region. Some of the groundwork for process improvement and outcomes measurement had already been developed by a local initiative, the Healthcare Quality Roundtable, which was a collaborative effort involving physician groups, health plans, hospitals and integrated health systems in the area.



Back Row, L-R: Nadine Brush, Kerry Murphy, Tori Wilson, Sue Harasiemowicz, Melinda Sanford, Lori White, Christina McGaffin NP and Jean Ashley.

Front Row, L-R: Nellie Halvey, Julie Chesbrough, Ann Pettracione and William A. Busino, MD.

CapitalCare Medical Group is an independent, physician-owned and directed multi-specialty group with about 100 providers in 20 offices in Northeast New York, providing services in Family Medicine, Internal Medicine and Pediatrics, as well as Endocrinology, Medical Nutrition Therapy and Comprehensive Diabetes Education. As of this writing, six of our practice sites are participating within BTE. Our participating sites include Family Practice sites in Clifton Park, Guilderland and Charlton, Internal Medicine sites in Niskayuna and Schenectady and a Pediatric site in Clifton Park.

The opportunity to participate in BTE came at a time when our preparations for NCQA's Physician Practice Connections (PPC) recognition could be integrated with two critical organizational initiatives. Our focus on disease management had already begun in earnest with development of a comprehensive diabetes self-management education program, Diabetes Matters, which achieved American Diabetes Association (ADA) recognition in December of 2003. The experience we gained through the ADA application process was a preview of what to expect as we began to work with NCQA toward recognition for participation in BTE.

In addition, CapitalCare is currently in the midst of a group-wide implementation of a fully-integrated electronic medical record (EMR). While an EMR is not a pre-requisite for participation in BTE, we have seen first-hand that electronic information technology definitely facilitates the process improvements specified within the PPC modules. As a result, site selection for BTE participation in the future will be limited to those sites that have successfully implemented an EMR.

One of the critical tasks related to our use of an EMR has been the development of its Preventive Health Maintenance module, which provides real-time system prompts for preventive services and disease management to providers at the point of care. A tangible benefit of our participation in BTE has been our decision to use NCQA metrics and criteria in setting up these rules and reminders.

Although the process of application for recognition and participation in BTE has been lengthy and labor intensive, we are now seeing its positive effects on our providers and staff, and in patient outcomes. There is increased awareness throughout the organization that the optimal use of information systems can have an immediate impact on the quality of the care we provide, and this has resulted in process improvements in many of our other sites.

We are hopeful that BTE in our region will take roots and grow in the years ahead; it is truly an initiative that has helped to align incentives among employers, patients, insurers and healthcare practitioners in our area and we are proud to be a part of this vital process.