Organization Name:

Cardiology Consultants of Philadelphia

Organization Address:

207 North Broad Street
Philadelphia, PA, 10107
(215) 463-5333 phone
(215) 463-5774 fax
http://www.ccpdocs.com

Organization Contact:

Scott E. Hessen, MD, CMIO
mailto:ScottH@ccpdocs.com

Schema Archetype

Group Practice–Specialty

Schema Factors

Outpatient, Office Practice, Cardiology, >10 Providers
Urban, Non-Academic/Community

Organization Summary

Cardiology Consultants of Philadelphia (CCP) is the largest single specialty cardiology practice in the United States. CCP has 22 locations in the greater Philadelphia metropolitan area, extending over four counties in southeastern Pennsylvania. CCP specializes in providing comprehensive cardiology care. CCP has 14 imaging centers and a free-standing, physician-owned catheterization facility.

CCP has 84 physicians, including 55 non-interventional cardiologists, 8 electro-physiologists, and 14 interventionalists. In addition to physicians, CCP has 69 clinical staff members.

IT Environment

CCP initiated EHR adoption in 2004. CCP chose GE's Centricity EHR system, influenced by GE's size and stability. Providers were given their own tablets, with desktop docking stations in their offices. Support staff used either wireless laptops

or desktop computers. EHR ran on each computer as a thin client using central servers with dedicated fiber-optic lines to each office. Off-site and home access was available by either fat-client VPN or through a Citrix farm. CCP also used voice recognition and VOIP extensively.

CDS Achievement

CCP makes extensive use of real-time quality checking algorithms. This custom code evaluates each patient record during the encounter, and alerts the provider in real-time if deviations from defined quality measures are identified. The EHR provides evidence for the appropriate quality indicators, and does not allow the provider to bypass these quality checks. The outputs from this quality checking then drives automated pay-for-performance submissions if appropriate. Examples of these quality checks include anti-platelet therapy in coronary artery disease, beta-blocker therapy for patients with prior myocardial infarction, ACE inhibitor or angiotensin receptor blocker for patients with systolic congestive heart failure or left ventricular dysfunction, smoke cessation advice, and warfarin utilization in patients with atrial fibrillation.

CCP has collected aggregate quality data, grouped by provider for use in internal quality improvement. CCP also used aggregate quality data to successfully negotiate materially better rates for payments with most of their insurers. They have also entered into pay-for-performance arrangements with several of their largest insurers, increasing their reimbursement by leveraging their custom programming of clinical contents.

Lessons Learned

CCP's office sites are geographically distant from each other, and have a contained patient population at each site. Therefore, CCP successfully leverage a phased-in, office-by-office approach for their deployment.

However, CCP had initially allowed some providers to opt-out, or delay their adoption, which created significant confusion and breakdown of the perception of a unified organizational goal. In hindsight, CCP considered this option unwise at best, and a source of work duplication and frustrating confusion at worst.

CCP also recommends more due diligence, and observation of system use in an actually functioning practice in the same specialty to help determine whether customized clinical content is needed to support the organization goals.

Awards, Recognitions, and Citations

2008 Davies Ambulatory Care Award Winner

2009 Excellence in Information Integrity Award (EIIA) Nominee