

# A Conversation with Dr. Jean Malouin on Simplifying the Delivery of Patient Care with Cielo Clinic™



*Cielo Clinic is based on technology developed by physicians at the University of Michigan Health System's Department of Family Medicine (UMHS). Dr. Jean Malouin, Assistant Professor at the University of Michigan Department of Family Medicine and Medical Director at the Briarwood Family Medicine site, was an early proponent of using technology to improve clinical care. She has used the product since 2000 at the UMHS Briarwood site, and considers it a key tool for any family medicine practitioner. In this interview, she discusses how Cielo Clinic, from Cielo MedSolutions ([www.cielomedolutions.com](http://www.cielomedolutions.com)), simplifies the delivery of patient care.*

## **Cielo: What problems were you trying to solve when you first started using ClinfoTracker, the predecessor to Cielo Clinic?**

Dr. Malouin: We first started using the product at the University of Michigan Health System's Briarwood site around 2000. By 2002, we implemented most of the prompts in the product, which remind us to focus on specific issues for a particular patient during their office visit. For example, if the patient comes in about a cold, Cielo Clinic's prompts remind me that he or she has diabetes, and will let me know if they are due for an eye exam or other diabetic testing. In 2006, we added additional prompts to help manage the growing number of pay-for-performance initiatives. The value that we sought, from a clinical perspective, was having the prompts at the time of the patient's visit.

The product is incredibly useful for getting a snapshot of the patient and where they're at in their healthcare at the time of a visit, even if it's for a very brief visit, like a sore throat. The product is very impressive to other clinicians who see its flexibility and usefulness. Our main goal is to simplify the delivery of care in a very complex environment. That was my goal four years ago, and it's my goal now.

Now that I have been working with this software for several years, I honestly can't imagine practicing primary care without it.

## **Cielo: You mentioned that other doctors are enthusiastic about Cielo Clinic. What is unique about the software that gets other physicians excited?**

Dr. Malouin: I think the most important benefit that Cielo Clinic delivers is the automatic prompting. There is so much to remember about health care and there's so little time to deliver these services in the typical brief office encounter, so automatic patient-specific prompts are a huge timesaver. Our electronic health record system has a health maintenance section that lists the date of the patient's last pap smear and mammogram, however it's a passive system, because I still need to calculate

the date of their next exam. Cielo Clinic, on the other hand, automatically prompts and reminds me when the patient is due for their next exam; that makes my job much easier. Most important, it makes it easy for clinic staff to assist with patient management.

Physicians like Cielo Clinic, because we can focus on the main reason why the patient came in for the visit without worrying about searching through their record for services that are due. The software also automates tasks that don't need a physician's input or level of skill, such as including a mammogram referral with the patient's information or giving the patient a handout on colon cancer screening. Cielo Clinic takes one more thing off our plates and gives us less to consciously remember at every visit.

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## **Cielo: Tell us what role Cielo Clinic played in increasing pediatric lead screening rates by 400% at UMHS. How was the software integrated into your existing processes?**

Dr. Malouin: This started as a state mandate to increase pediatric lead screening in the Medicaid population. We focused on children between the ages of 1 and 3 as our patient population for this screening. We used Cielo Clinic to generate call lists of all patients at a particular clinic who were eligible for lead screening and had Medicaid insurance. We gave the call lists to medical assistants and asked them to contact the patients. We also added a prompt, based on the same criteria, that appeared at the time of an office visit so we could capture children with that method, also.

Normally you may not think about screenings like this unless a child comes for a well-child exam. But that's the beauty of Cielo Clinic; you can capture only the most at-risk patients and offer a screening. Typically these are the same children that we may only see once yearly when they get an asthma flare up. When they come in acutely ill, I'm not always thinking "I need to check to see if they've had their lead level drawn". But Cielo Clinic's prompts remind us to ask questions about lead screening to the appropriate patient population. So the software captures a lot of children that really weren't as plugged into the system as they should be for routine health maintenance.

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**Cielo: Let’s talk about the increase UMHS experienced in pneumovax immunization rates. In 2006, UMHS had a 90% pneumovax immunization rate. Tell us how was that accomplished.**

Dr. Malouin: The challenge in screening for pneumovax is that it’s generally a one-time immunization, and it’s often not on doctors’ radar screens when they see a geriatric patient who may have many complex medical problems. We implemented a prompt in Cielo Clinic to remind us to ask patients who were eligible for the vaccination, if they did not already have a record in our system of receiving it. That one change resulted in the increase in pneumovax immunization rates.

**Cielo: Are there other areas where Cielo Clinic influences patient care?**

Dr. Malouin: Diabetic care is another example. There are many tests a patient with diabetes needs, such as screening the urine for microalbumin, eye exams, etc. Many of these tests don’t take much time; you can easily obtain a urine sample or give them a referral you may have not otherwise thought about at an acute care visit.

At one of our sites, we are piloting a process to speed-up giving a referral to diabetic patients for an annual eye exam. With Cielo Clinic, we automatically generate a pre-populated referral form with information like the diagnosis and the referral source, and the physician just needs to sign it. It saves a lot of work. The product’s prompts remind us to ask or do things that we would not normally have thought about. You might think about them at the time of a diabetes visit, but you don’t necessarily think about them at the time of an acute care visit. Our physicians seem to really like this feature, so we are planning to expand it to other chronic care referrals/labs and also preventive services.

**Cielo: What would you say are the top benefits of Cielo Clinic?**

Dr. Malouin: It’s an easy way to allow staff to assist clinicians in taking care of patients. For instance, it’s not a good use of my time to look up the date of a patient’s last mammogram so I can give them a referral. The staff acts upon the product’s prompts, such as preparing a referral form. We are also planning to pre-populate mammogram referrals in the near future. This allows me to be more efficient with the patient. It also makes the staff feel like they’re directly helping out with patient care and not just putting the patient in the room and getting the next one. This has been a great team-builder.

It simplifies my life as a clinician in the sense that there’s just too much to worry and think about. I’d be reluctant to leave here and go to a practice where they didn’t have Cielo Clinic, because there’s so much I take for granted now. It would be overwhelming to start looking through charts and trying to determine what services were due. I would probably rarely be able to do this at acute care visits. It would also definitely slow down my health maintenance exams. So it’s the simplification of the act of delivering primary care.

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Another benefit is the flexibility of this system, which you would never ever find in any other product. We have the ability to turn on a prompt almost overnight, or about as fast as the programmer can code it. For instance, we turn on influenza vaccine prompts seasonally, and then turn them off when we stop giving flu vaccines. You can never get that type of flexibility in the large electronic health records.

In terms of responding to specific pay-for-performance measures, it seems that every payer has different things they’re measuring, and different things we need to report on. We have a responsibility to do what is right for the patient, while at the same time trying to respond to these changes in our reimbursement systems. You can easily adapt this tool to get a list of people that are deficient in a particular screening test, or you can add a prompt. You have complete flexibility to choose the prompts that come up at the time of visit, and later can report out on the services you’ve performed.

**Cielo: What role do you think Cielo Clinic can play in pay-for-performance and scorecarding?**

Dr. Malouin: It’s a little insulting to me that physicians are being paid based on “scorecard” measurements. But in reality, physicians don’t do as well as we should with population management. You can show a physician a list of how many pap smears they ordered, or how many patients aren’t up-to-date on colon cancer screenings or mammograms, and they’ll say “Oh, that can’t possibly be right.”

Unfortunately, it is often right. Some of those patients just never come in to see you. Some of them come in, and you talk to them, and they decline to have the services. And some of them you just never asked them about it. Cielo Clinic allows you to track and report on all these things, including why the patient has not received a particular service.

To learn more about how Cielo MedSolutions’ customers are using Cielo Clinic to improve clinical quality care, contact us at:



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