Technology, Innovation and Accountability in Healthcare: Forging a Path for LTSS

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The Hilltop Institute Annual Symposium
6.14.2012

Agenda

1. ONC Update: HITECH and the Modernization Agenda

    –   Health IT Adoption and Meaningful Use

    –   Interoperability and Exchange

2. Market Scan: Pushing the Frontier of Connectivity

    –   ONC's Beacon Communities

    –   Other Bright Spots Across the Country

3. Recommendations (My Top 6 List)

4. Where Do We Go from Here?

The Three-Part Aim

Better healthcare

Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency,* and *Equity.*

Better health

Keeping patients well so they can do what they want to do. Increasing the overall health of populations including addressing behavioral risk factors and focusing on preventive care.

Reduced costs

Lowering or controlling the cost of care per capita

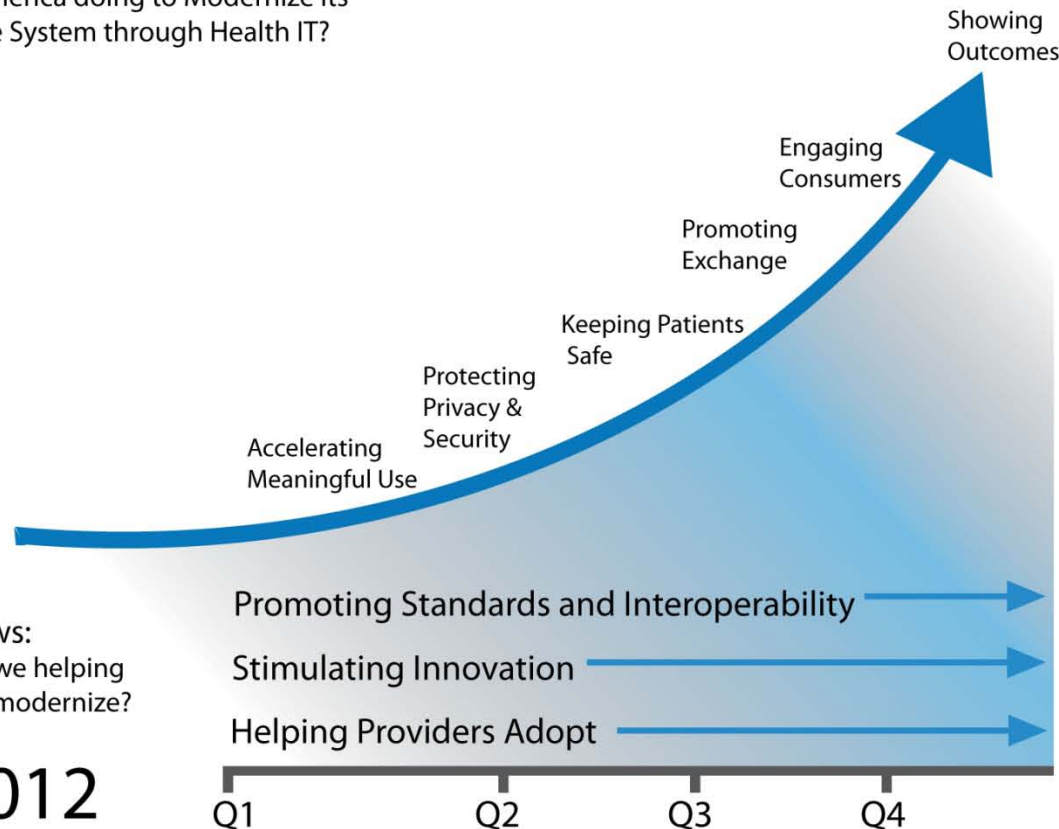Health Information Technology as a Foundation for New Payment and Delivery Models

The What:

Telling the HITECH Story

What is America doing to Modernize its Healthcare System through Health IT?

The Whys:
Why does America need to modernize using Health IT?
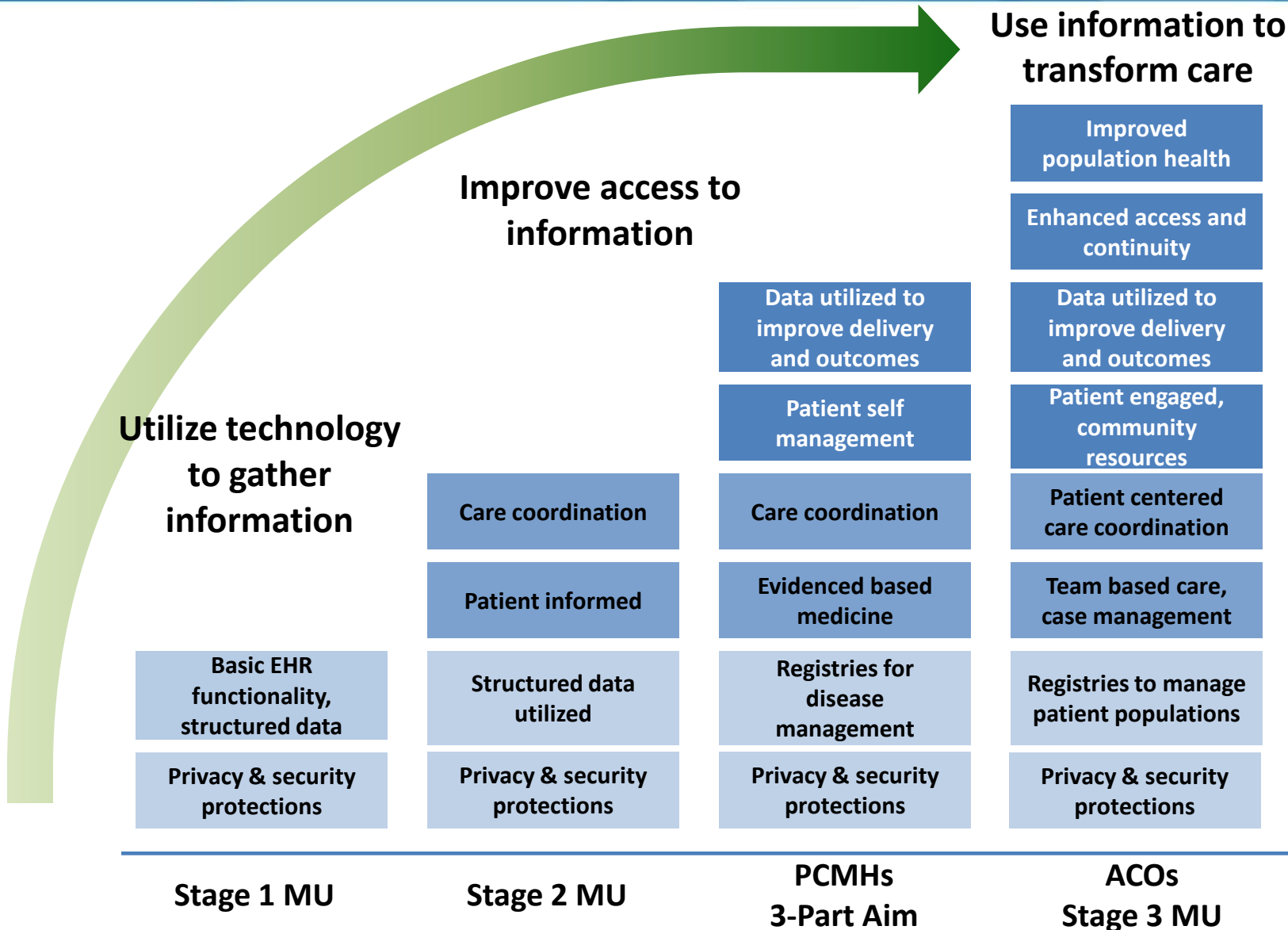
Showing Outcomes

Engaging Consumers

Promoting Exchange

Keeping Patients Safe

Protecting Privacy & Security

Accelerating Meaningful Use

Health IT is.....
- Here to stay, accelerating, and patients expect it.
- Enabling providers to securely and efficiently exchange patient health information.
- Giving providers the right information, at the right time to offer their patients the right care.
- Giving consumers tools to know their health information so that they can improve their health.
- Foundational to building a truly 21st century health system where we pay for the right care, not just more care.
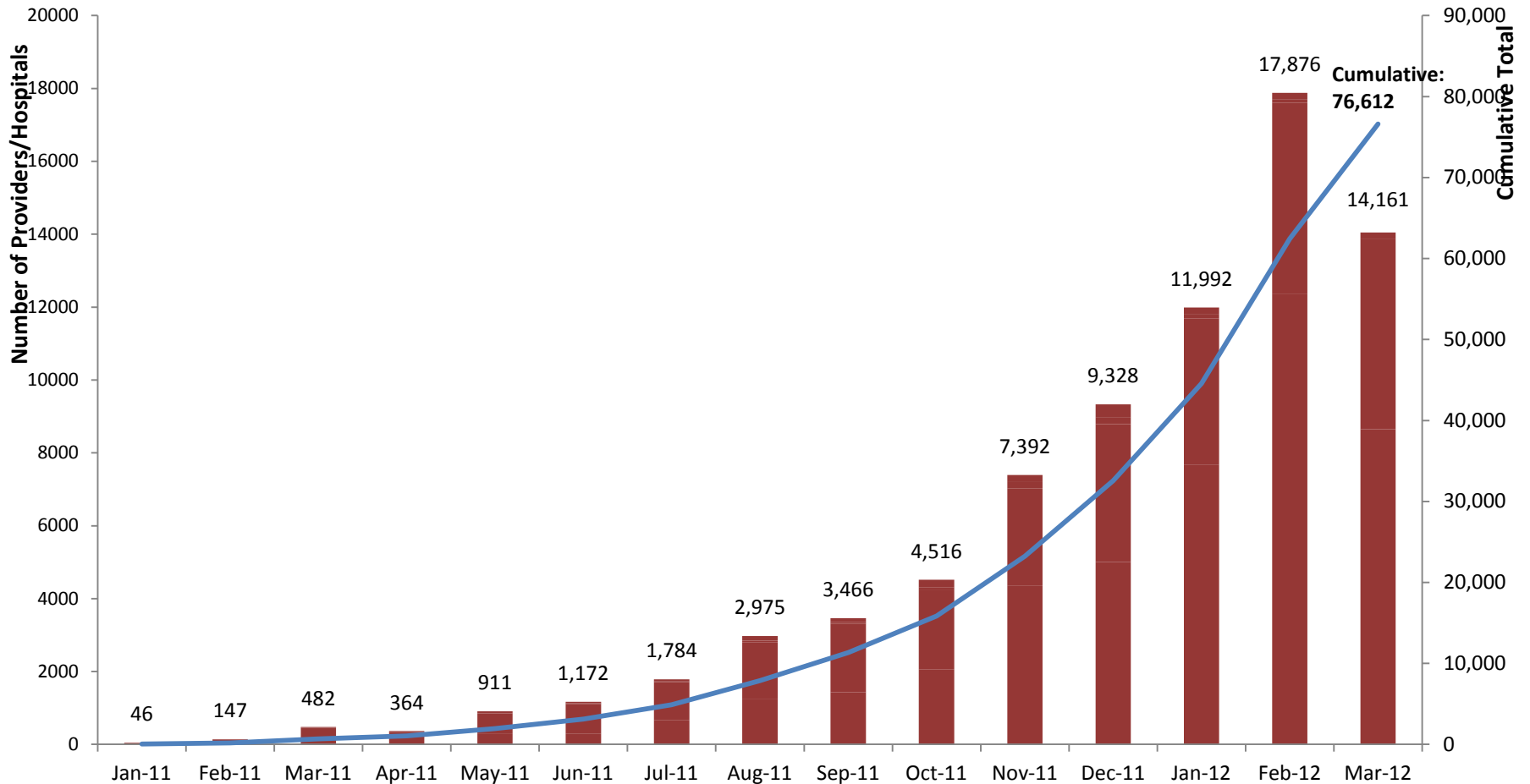
Promoting Standards and Interoperability

Stimulating Innovation

The Hows:
How are we helping America modernize?

Helping Providers Adopt

2012

Q1   Q2   Q3   Q4

3

Meaningful Use: A Building Block

Use information to transform care

Improve access to information

Utilize technology to gather information

Stage 1 MU	Stage 2 MU	PCMHs 3-Part Aim	ACOs Stage 3 MU
			Improved population health
			Enhanced access and continuity
		Data utilized to improve delivery and outcomes	Data utilized to improve delivery and outcomes
		Patient self management	Patient engaged, community resources
	Care coordination	Care coordination	Patient centered care coordination
	Patient informed	Evidenced based medicine	Team based care, case management
Basic EHR functionality, structured data	Structured data utilized	Registries for disease management	Registries to manage patient populations
Privacy & security protections	Privacy & security protections	Privacy & security protections	Privacy & security protections

EHR Adoption: How Are We Doing?

- Physician adoption of any EHR system has more than tripled since 2002, going from 17 percent to 57 percent in 2011 (NCHS Data Brief).

- The adoption of basic EHRs has doubled since 2008, going from 17% to 34% in 2011 (NCHS Data Brief).

- The share of hospitals using EHRs has more than doubled from 16% to 35%.

Meaningful Use – All Payments

All Eligible Providers and Hospitals Receiving Payments Under the Medicare or Medicaid EHR Incentive Programs

Cumulative: **76,612**

Bar values: Jan-11: 46, Feb-11: 147, Mar-11: 482, Apr-11: 364, May-11: 911, Jun-11: 1,172, Jul-11: 1,784, Aug-11: 2,975, Sep-11: 3,466, Oct-11: 4,516, Nov-11: 7,392, Dec-11: 9,328, Jan-12: 11,992, Feb-12: 17,876, Mar-12: 14,161

Source: CMS EHR Incentive Program Data as of 3/31/2012

Office of the National Coordinator for
Health Information Technology

From The Office Of The National Coordinator: The Strategy For Advancing The Exchange Of Health Information

ABSTRACT Electronic health information exchange addresses a critical need in the US health care system to have information follow patients to support patient care. Today little information is shared electronically, leaving doctors without the information they need to provide the best care. With payment reforms providing a strong business driver, the demand for health information exchange is poised to grow. The Office of the National Coordinator for Health Information Technology, Department of Health and Human Services, has led the process of establishing the essential building blocks that will support health information exchange. Over the coming year, this office will develop additional policies and standards that will make information exchange easier and cheaper and facilitate its use on a broader scale.

Existing Exchange Environment

- Little exchange occurring

- Cost of exchange high, time to develop is long

- Poised to grow rapidly, spurred by new payment approaches

- Many approaches and models
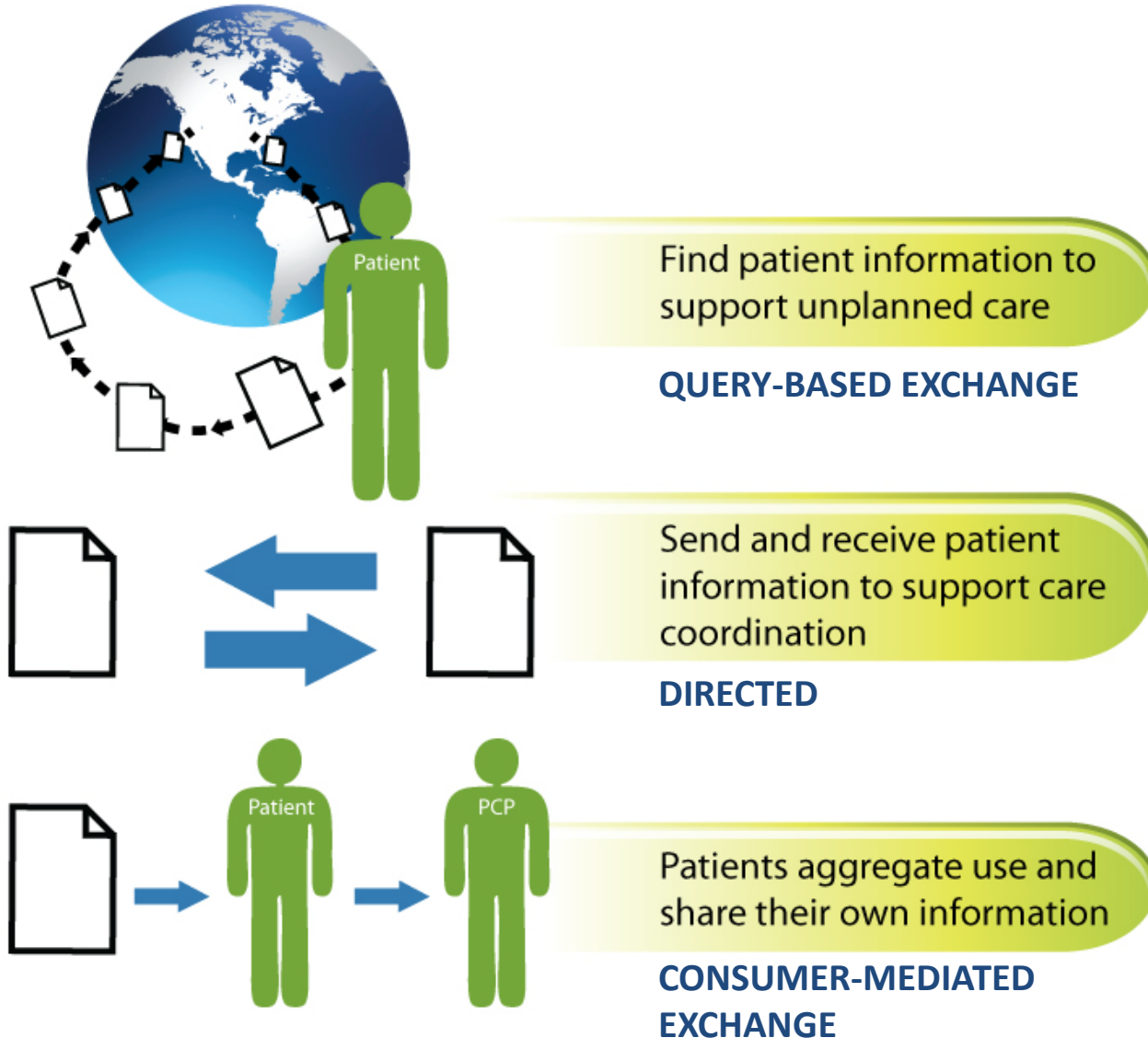
Receipt of Discharge Information by PCPs

Time Frame (n=1,442)

Category	Percentage
Less than 48 Hours	27%
2 to 4 Days	29%
5 to 14 Days	26%
15 to 30 Days	6%
More than 30 Days	1%
Rarely/Never Receive Adequate Support	6%
Not Sure/Decline to Answer	4%

Delivery Method (n=1,290)*

Category	Percentage
Fax	62%
Mail	30%
Email	8%
Remote Access	15%
Other	11%
Not Sure/ Decline to Answer	1%

19 percent of hospitals are electronically exchanging clinical care records with ambulatory providers outside system (2010)

*Respondents could select multiple responses. Base excludes those who do not receive report. Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

Will We Soon See this Curve?
For Care Summary Exchange? For Lab Exchange?

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Number of e-Prescribers in US by Method of Prescribing
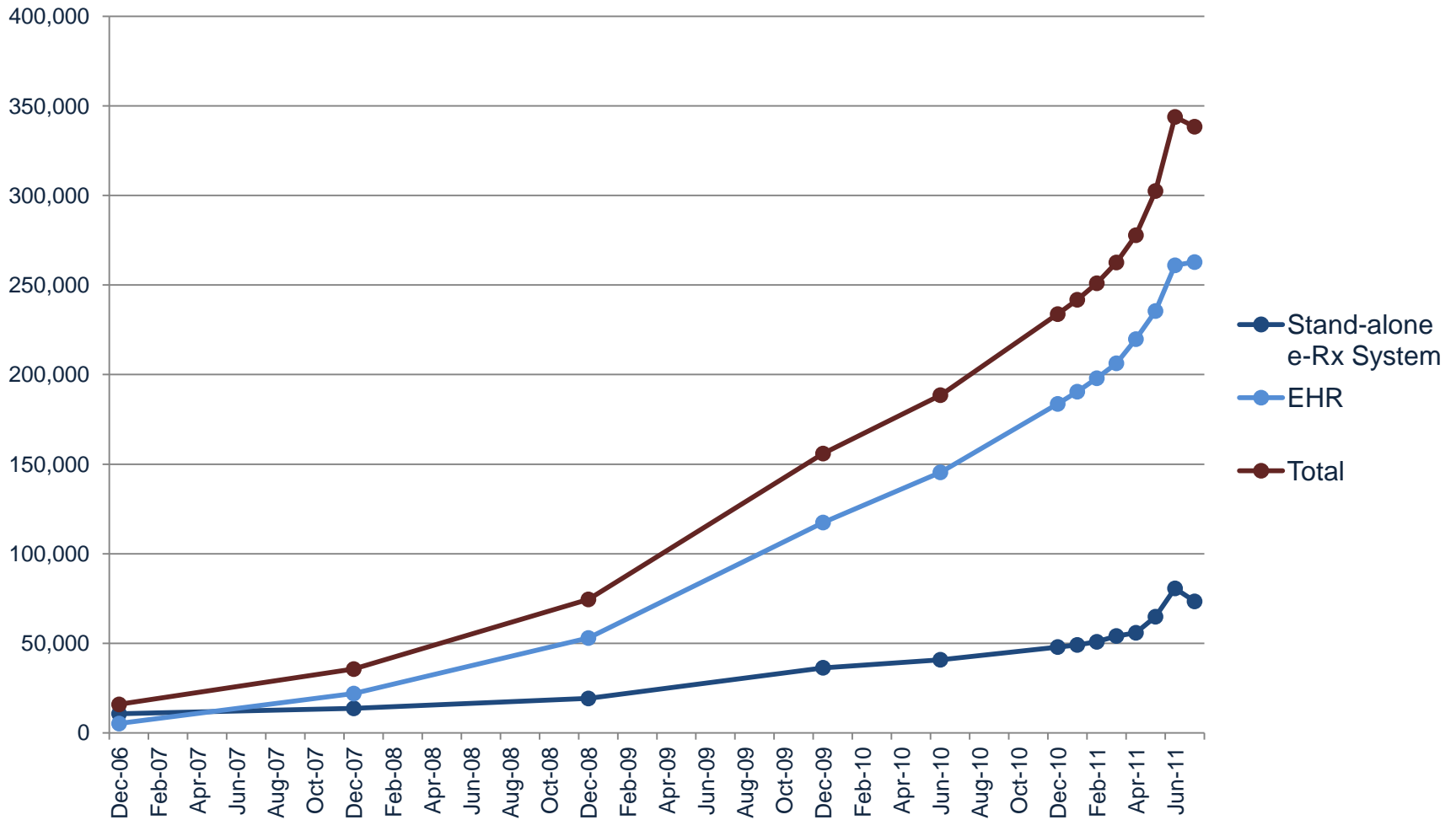
Legend:
- Stand-alone e-Rx System
- EHR
- Total

ONC's Approach
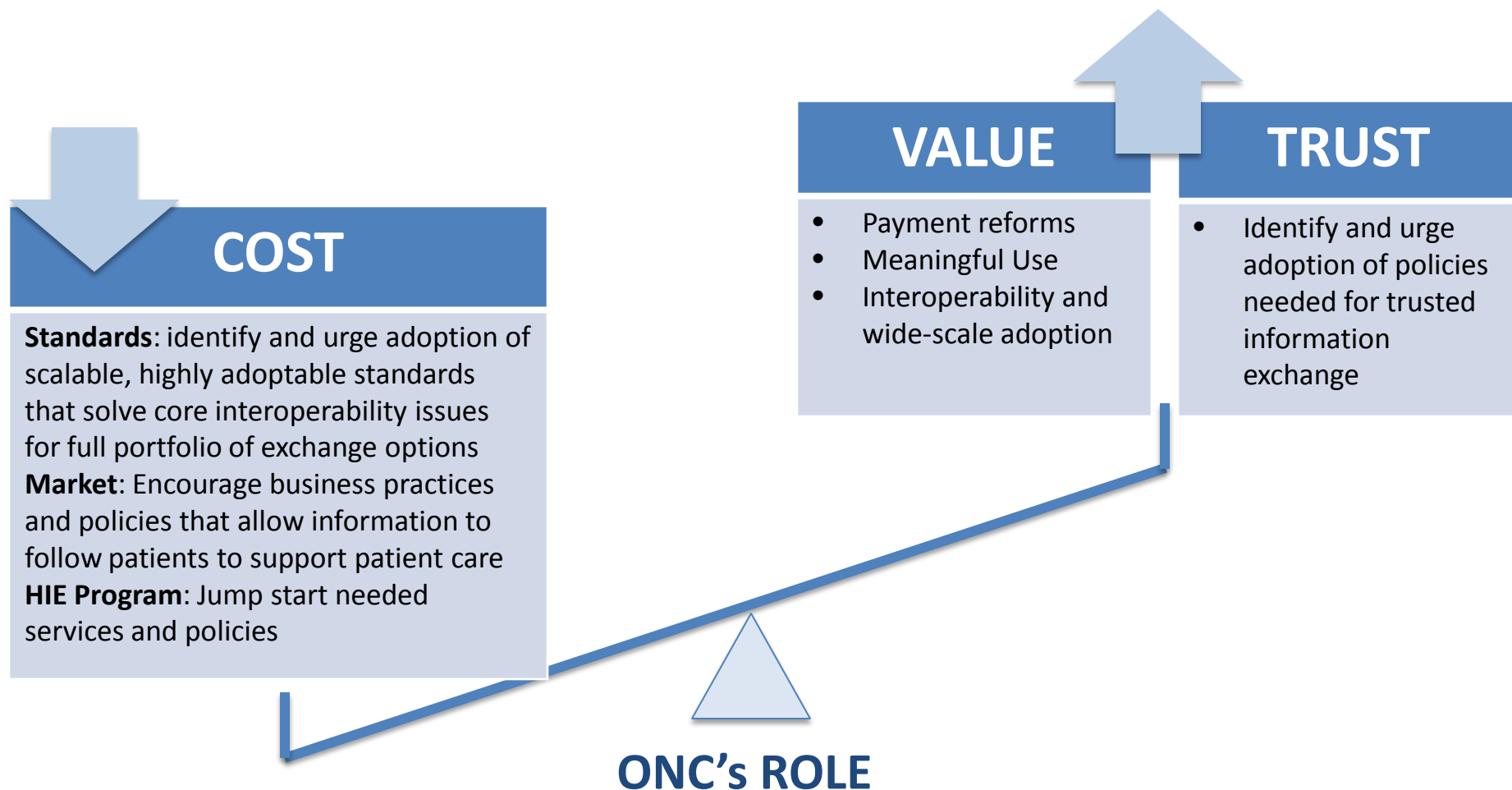
- Interoperability is a *journey*, not a destination

- Leverage *government as a platform* for innovation to create conditions of interoperability

- Health information exchange is *not one-size-fits-all*

- Multiple approaches will exist *side-by-side*

- Build in *incremental steps* – "don't let the perfect be the enemy of the good"
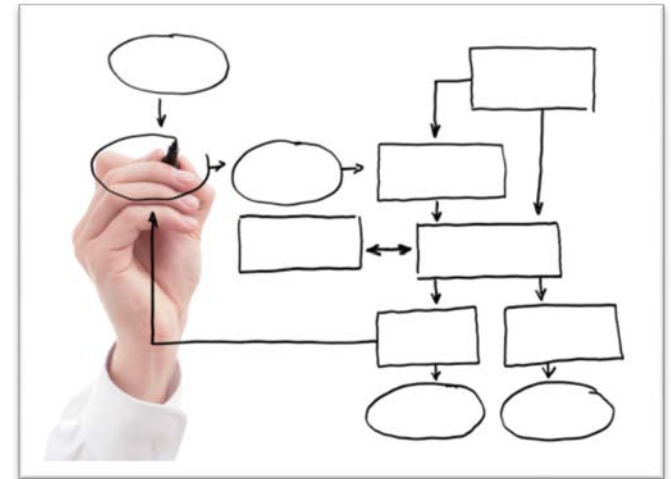
ONC's Role - Reduce Cost and Increase Trust and Value To Mobilize Exchange

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COST

Standards: identify and urge adoption of scalable, highly adoptable standards that solve core interoperability issues for full portfolio of exchange options
Market: Encourage business practices and policies that allow information to follow patients to support patient care
HIE Program: Jump start needed services and policies

VALUE

- Payment reforms
- Meaningful Use
- Interoperability and wide-scale adoption

TRUST

- Identify and urge adoption of policies needed for trusted information exchange

ONC's ROLE

Exchange Priorities in 2012 - Driving Forward on Multiple Fronts

- More rigorous exchange requirements in Stage 2 to support better care coordination

- Standards building blocks are in place, with clear priorities to address missing pieces in 2012

- NwHIN Governance increases trust and reduces the need for one-to-one negotiations among exchange organizations

- State HIE Program jump starts needed services and policies

We have a moment…

Before

After

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    – ONC's Beacon Communities

    – Other Bright Spots Across the Country

3. Recommendations (My Top 6 List)

4. Where Do We Go from Here?

ONC's Beacon Community Program: Where HITECH Comes to Life

17 communities each funded ~$12-15M over 3 yrs to:

Build and strengthen health IT infrastructure and exchange capabilities - *positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years.*
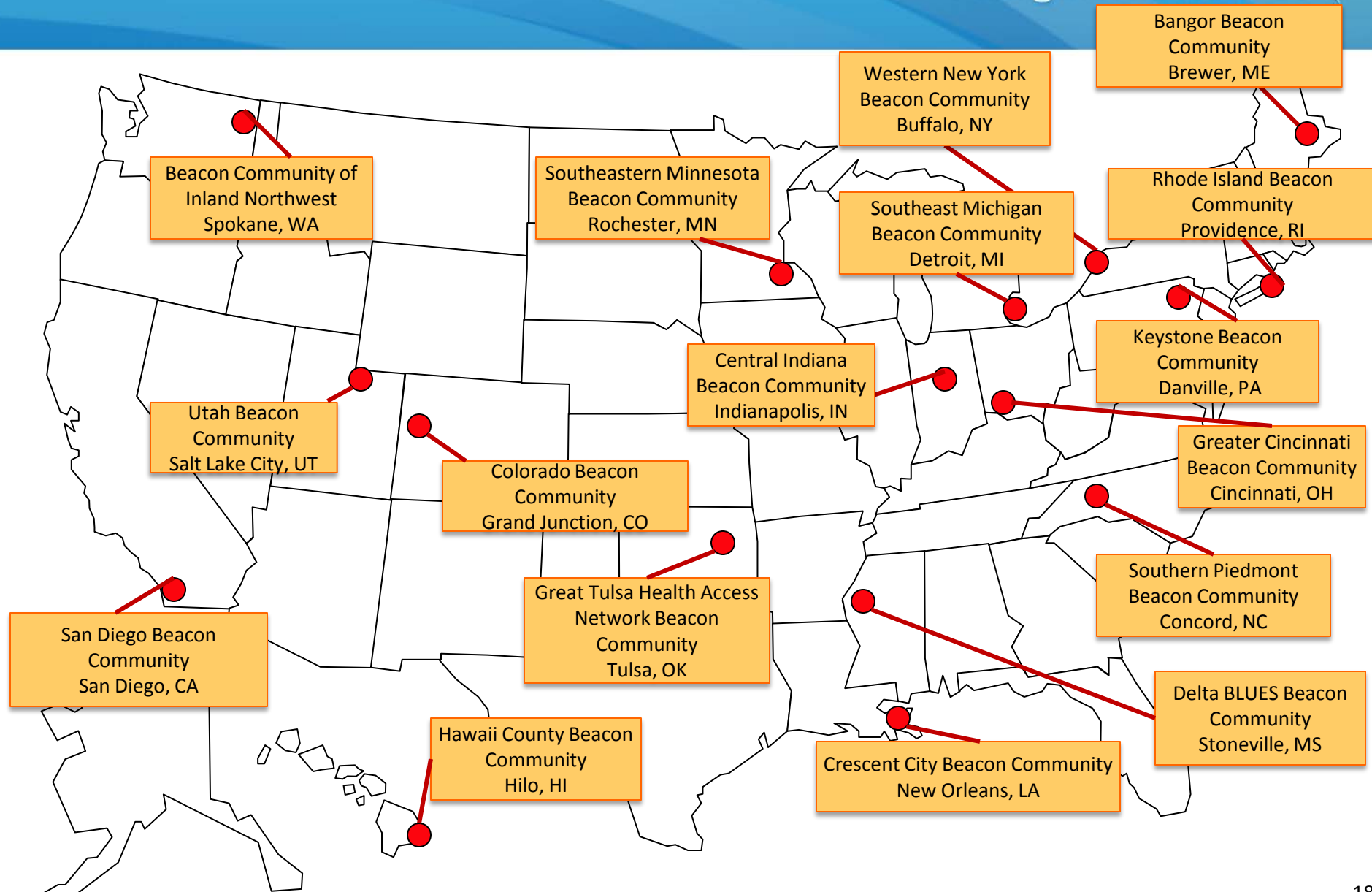
Improve cost, quality, and population health - *translating investments in health IT in the short run to measureable improvements in the 3-part aim.*

Test innovative approaches to performance measurement, technology integration, and care delivery - *accelerating evidence generation for new approaches.*

17 Beacon Communities

Putting the I in Health IT

Bangor Beacon Community
Brewer, ME

Western New York Beacon Community
Buffalo, NY

Rhode Island Beacon Community
Providence, RI

Beacon Community of Inland Northwest
Spokane, WA

Southeastern Minnesota Beacon Community
Rochester, MN

Southeast Michigan Beacon Community
Detroit, MI

Keystone Beacon Community
Danville, PA

Central Indiana Beacon Community
Indianapolis, IN

Greater Cincinnati Beacon Community
Cincinnati, OH

Utah Beacon Community
Salt Lake City, UT

Colorado Beacon Community
Grand Junction, CO

Southern Piedmont Beacon Community
Concord, NC

San Diego Beacon Community
San Diego, CA

Great Tulsa Health Access Network Beacon Community
Tulsa, OK

Delta BLUES Beacon Community
Stoneville, MS

Hawaii County Beacon Community
Hilo, HI

Crescent City Beacon Community
New Orleans, LA

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Beacon Innovation Headlines – Test Beds for the Most Promising Uses of Technology

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ONC/CDC Project Beacons of Public Health

1) Improve IT-enabled care coordination
2) Assess population health risk
3) Provide support to improve population health outcomes

"Beacon Program **Partners with Area Schools** on Asthma Initiatives"
A/P Press Release, April 26, 2012

WNY "**Telemonitoring Pilot** Sees Early Wins"
Healthcare Informatics April 19, 2012

"Buffalo HIE Makes First **Link to LTC Facility**"
Health Data Management June 4, 2012

"'**Txt4health' Program** to Launch in January in 3 Beacon Communities"
mHIMSS/Government Health IT, January 2012

"**Texting 4 Diabetes Awareness** in 3 US Communities"
Chicago Tribune/AP, January 2012

"San Diego Beacon Project Delivers **Real-Time Patient Data**"
*Journal of **Emergency Medical Services**, January 2012*

"Amid US Pertussis Outbreak, San Diego **Battling Whooping Cough with Text Messages**"
San Diego Biotechnology Connection, May 18, 2012

Other Bright Spots Across the Country

Putting the **I** in **Health IT**
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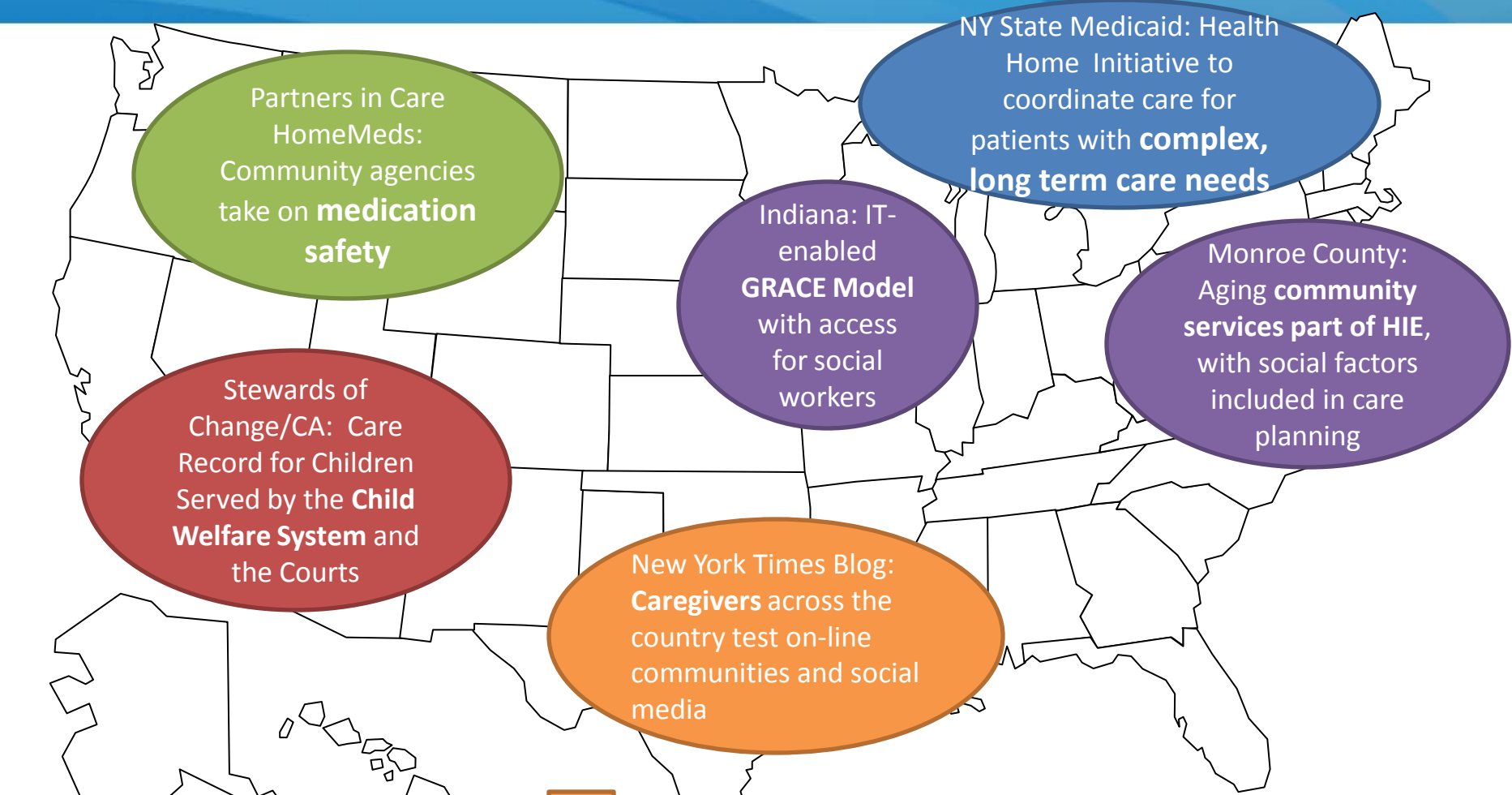
Partners in Care HomeMeds: Community agencies take on **medication safety**

NY State Medicaid: Health Home Initiative to coordinate care for patients with **complex, long term care needs**

Indiana: IT-enabled **GRACE Model** with access for social workers

Monroe County: Aging **community services part of HIE**, with social factors included in care planning

Stewards of Change/CA: Care Record for Children Served by the **Child Welfare System** and the Courts

New York Times Blog: **Caregivers** across the country test on-line communities and social media

New York Times "The New Old Age" Blog (www. http://newoldage.blogs.nytimes.com)

Stewards of Change (www.stewardsofchange.org)

Center for Technology and Aging Tech4Impact Grantees (www.techandaging.org)

John A. Hartford Foundation and Agency on Aging Grantee (www.homemeds.org) 20

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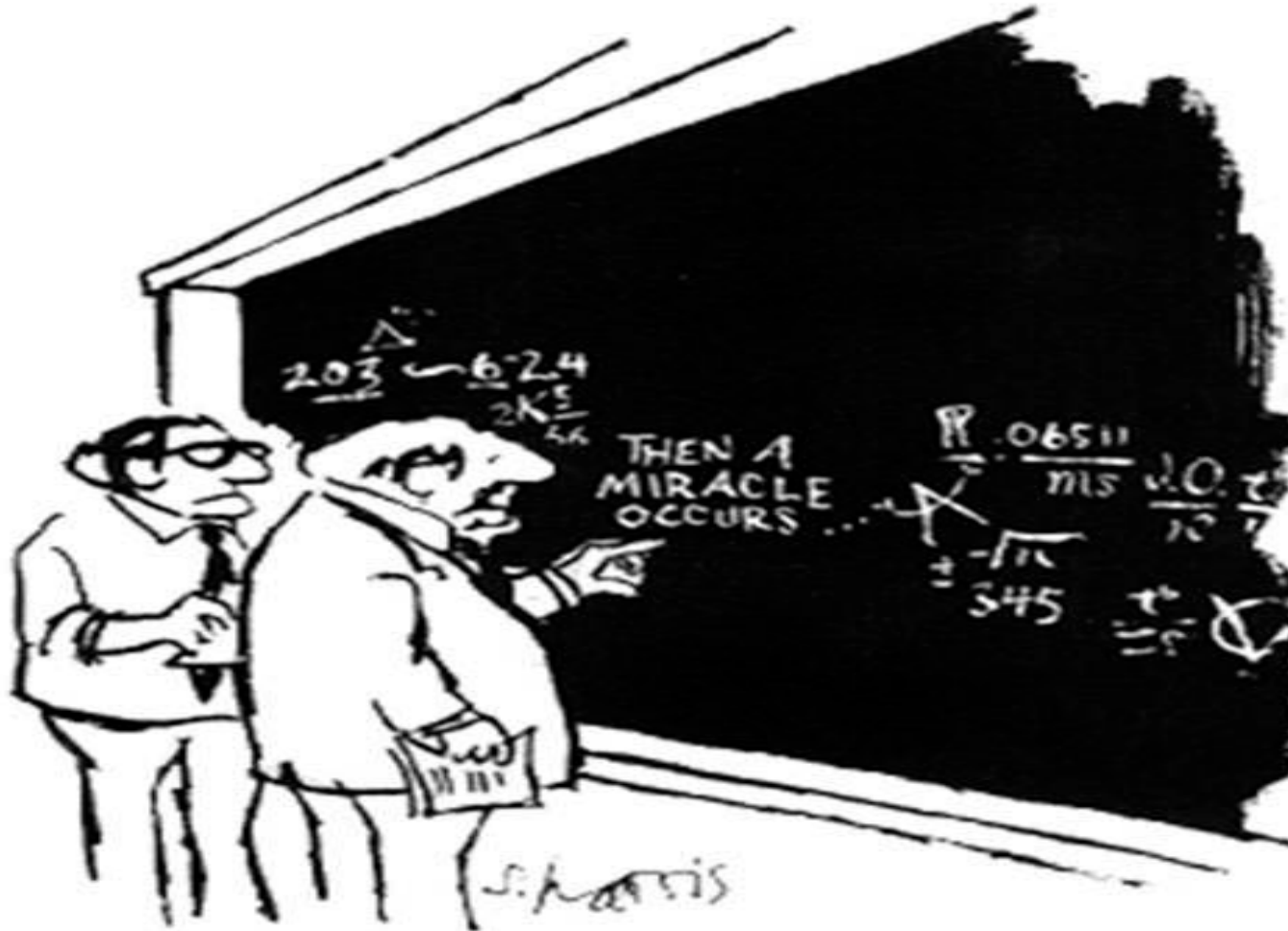
"I think you should be more explicit here in step two."

1. Set the goal, let the organizations and technology follow

"We've learned that that's
an incredible gift,
to have very specific goals,
not for a hospital or
for a clinic, but for an
entire community."

Farzad
Mostashari,
The National Coordinator

"Focus on the areas of overwhelming support, not the coolest technologies. Although there are many ideas regarding the use and types of data that can be transmitted using the health information exchange, not every suggestion had communitywide impact or merit."

SAN DIEGO BEACON
e HEALTH COMMUNITY

The bottom line: What's the big, hairy audacious goal? Who supports it today? What technology is needed to succeed?

American Journal of Managed Care 2010, Aaron McKethan PhD and Craig Brammer

"Nested within a growing national consensus that the performance of the US healthcare system needs to be improved are largely distinct "tribes" of experts with varying interpretations of what would constitute improvement: the <u>quality improvement</u> tribe, the <u>payment reform</u> tribe, the <u>consumer engagement</u> tribe, and the <u>HIT</u> tribe."

How are the Nuer people in southern Sudan like tribes of experts in health care?
- "At any given time, individuals are members of several groups in a hierarchy, from the local or proximal (eg, my street, my neighborhood) to larger groups (eg, my region, my country)
- The most meaningful group affiliation at any given time depends on the scale and nature of external threats or conflicts. For example, wars or other national crises encourage individuals to consider themselves as part of a nation; absent common threats, individuals may more strongly identify with groups or tribes lower in the hierarchy (eg, political parties)."

The bottom line: Bring the "tribe" of LTSS/community-based organizations together with the others FROM THE BEGINNING. Don't be afraid to engage non-traditional partners like employers and health plans. They are critical to your success.

3. Align community initiatives and find a trusted convener

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> *"The community at large has multiple agendas, projects and competing goals. Having an understanding of what the other community projects are, how they impact your project and where there is competition for scarce resources, how you can align with other projects to achieve synergy and avoid competition, is vital."*
>
> Western New York Beacon Community

The bottom line: Figure out how your program and organization fit into the crowded map of local activities. Identify who is best equipped to convene multi-stakeholder meetings.

4. Commit to putting information in the hands of patients, clients and care givers

Pew Internet
Pew Internet & American Life Project

- 46% of American Adults have a smart phone of some kind

- 2 out of 5 cell phone users owns a smart phone

- 53% of American adults age 65 or older use the internet or email

- Between April 2009 and May 2010, social networking use among internet users age 50-64 grew by 88% (25% to 47%).   Users 65 and older grew 100% (13% to 26%)
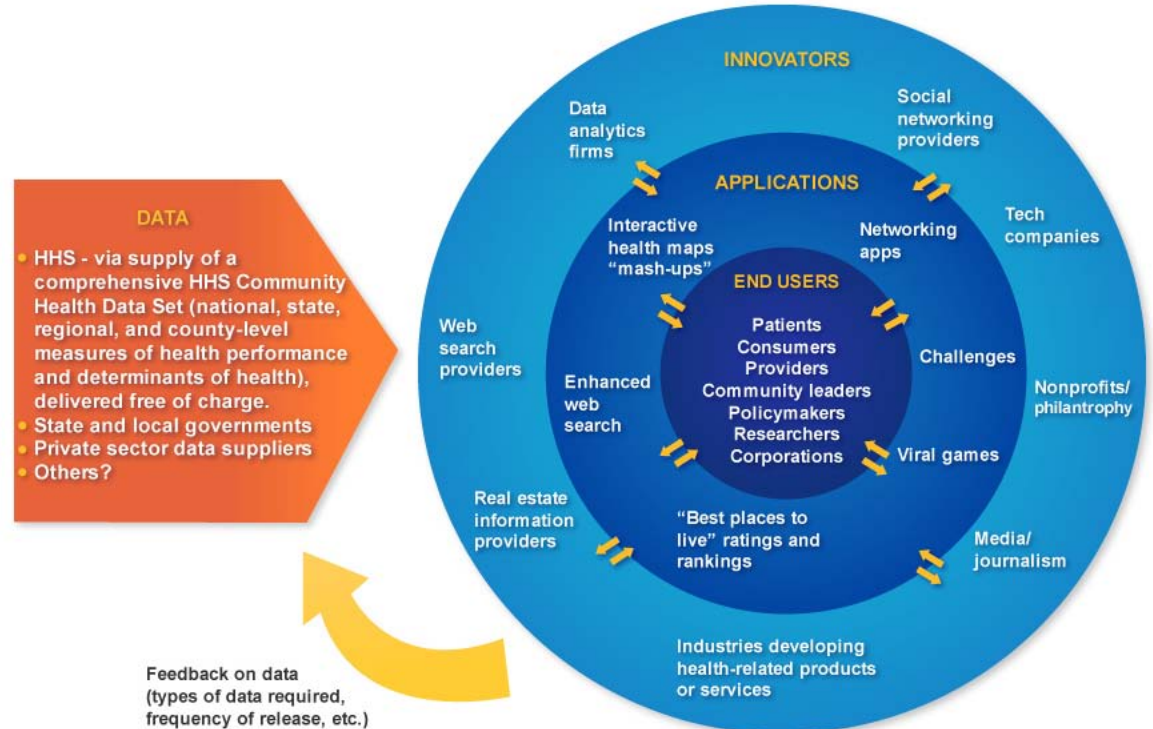
The bottom line: People are increasingly going to want access to their/their families' information. Mobile phones will likely become the "on-line portal" for many. How are you taking advantage of this dynamic?

Sources: Pew Internet and American Life Project. "Older Adults and Social Media" April 27, 2010 and "Nearly half of American adults are smart phone owners" March 1, 2012. www. Pewinternet.org.

5. Embrace Big Data

**"Volume, Velocity and Variety: What Need to Know about Big Data"
Edd Dumbill, Forbes Magazine**

**"Big Data Challenges Persist in Public Health"
Dan Bowman,
Government Health IT**

DATA

- HHS - via supply of a comprehensive HHS Community Health Data Set (national, state, regional, and county-level measures of health performance and determinants of health), delivered free of charge.
- State and local governments
- Private sector data suppliers
- Others?

INNOVATORS

Data analytics firms

Social networking providers

APPLICATIONS

Interactive health maps "mash-ups"

Networking apps

Tech companies

END USERS

Web search providers

Patients
Consumers
Providers
Community leaders
Policymakers
Researchers
Corporations

Challenges

Enhanced web search

Nonprofits/ philantrophy

Real estate information providers

"Best places to live" ratings and rankings

Viral games

Media/ journalism

Industries developing health-related products or services

Feedback on data (types of data required, frequency of release, etc.)

www.hhs.gov/open

The bottom line: Modernizing your systems (independent of exchange and interoperability) is valuable to you and your care partners.

More on BIG DATA: http://radar.oreilly.com/2012/01/what-is-big-data.html,
http://www.govhealthit.com/news/public-healths-5-big-data-hurdles?page=0,0

6. Pursue Innovation in Wellness and Health

The bottom line: Wellness and challenges with healthy behaviors are going to remain front and center. You never know who has the good ideas.

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Questions? Please contact janhavi.kirtane@hhs.gov