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

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The Hilltop Institute Annual Symposium
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 HITECH Story – What, Why, and How?

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?

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.

The Hows:
How are we helping America modernize?

- Promoting Standards and Interoperability
- Stimulating Innovation
- Helping Providers Adopt
Use information to transform care

**Improve access to information**

- Data utilized to improve delivery and outcomes
- Patient self management
- Patient engaged, community resources
- Team based care, case management
- Registries to manage patient populations
- Privacy & security protections

**Utilize technology to gather information**

- Basic EHR functionality, structured data
- Structured data utilized
- Registries for disease management
- Privacy & security protections

**Stage 1 MU**

- Basic EHR functionality, structured data
- Structured data utilized
- Privacy & security protections

**Stage 2 MU**

- Care coordination
- Patient informed
- Evidenced based medicine
- Privacy & security protections

**PCMHs 3-Part Aim**

- Data utilized to improve delivery and outcomes
- Patient self management
- Patient engaged, community resources

**ACOs Stage 3 MU**

- Improved population health
- Enhanced access and continuity
- Team based care, case management
- Privacy & security protections

**Meaningful Use: A Building Block**

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

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

- **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)**

- **Fax**: 62%
- **Mail**: 30%
- **Email**: 8%
- **Remote Access**: 15%
- Other: 11%
- Not Sure/Decline to Answer: 1%

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**19 percent of hospitals are electronically exchanging clinical care records with ambulatory care providers outside system (2010)**
Will We Soon See this Curve?
For Care Summary Exchange? For Lab Exchange?

Number of e-Prescribers in US by Method of Prescribing

- Stand-alone e-Rx System
- EHR
- Total

Dec-06 to Jun-11
ONC’s Goal - Information Securely Follows Patients Whenever and Wherever They Seek Care

Find patient information to support unplanned care

QUERY-BASED EXCHANGE

Send and receive patient information to support care coordination

DIRECTED

Patients aggregate use and share their own information

CONSUMER-MEDIATED EXCHANGE

MULTIPLE MODELS
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

**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
• 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...
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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

- Beacon Community of Inland Northwest
  Spokane, WA
- Southeastern Minnesota
  Beacon Community
  Rochester, MN
- Western New York
  Beacon Community
  Buffalo, NY
- Southern Piedmont
  Beacon Community
  Concord, NC
- Delta BLUES Beacon
  Community
  Stoneville, MS
- Utah Beacon Community
  Salt Lake City, UT
- Colorado Beacon Community
  Grand Junction, CO
- Central Indiana
  Beacon Community
  Indianapolis, IN
- Rhode Island Beacon
  Community
  Providence, RI
- Keystone Beacon Community
  Danville, PA
- Greater Cincinnati
  Beacon Community
  Cincinnati, OH
- Eastern New York
  Beacon Community
  Rochester, NY
- Great Tulsa Health Access
  Network Beacon Community
  Tulsa, OK
- Rhode Island Beacon
  Community
  Providence, RI
- Southern Piedmont
  Beacon Community
  Concord, NC
- Delta BLUES Beacon
  Community
  Stoneville, MS
- San Diego Beacon Community
  San Diego, CA
- Hawaii County Beacon Community
  Hilo, HI
- Crescent City Beacon Community
  New Orleans, LA
Beacon Innovation Headlines – Test Beds for the Most Promising Uses of Technology

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*

**“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*

**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*
Other Bright Spots Across the Country

- **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.
- **Partners in Care HomeMeds**: Community agencies take on medication safety.
- **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.
- **NY State Medicaid**: Health Home Initiative to coordinate care for patients with complex, long term care needs.
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What’s the Secret to Success?

"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.”

The bottom line: What’s the big, hairy audacious goal? Who supports it today? What technology is needed to succeed?
2. Unite the tribes of health system improvement

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 quality improvement tribe, the payment reform tribe, the consumer engagement tribe, and the HIT 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

“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

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?

- 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%)

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

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,
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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