

Promoting Health Information Technology

Linda Magno

Director, Medicare Demonstrations Group



Health Information Technology: The Vision

A comprehensive knowledge-based network of interoperable systems of clinical, public health, and personal health information that would improve decision making by making health information available when and where it is needed

Health Information Technology: The Goals

- Inform clinical practice
- Interconnect clinicians
- Personalize health care
- Improve population health

Health Information Technology Meets Pay for Performance

CMS goal is to pay for the improvements in quality and efficiency that can be achieved by the effective deployment and use of health information technology

Physician Group Practice Demonstration Overview

- Section 412 of BIPA 2000 (P.L. 106-554)
- Medicare FFS payments + performance payments derived from practice efficiency & improved patient management (shared savings)
- Performance payments allocated
 - Financial Performance
 - Quality Performance
- Budget neutral

Physician Group Practice: Goals & Objectives

- Encourage coordination of Medicare Part A & Part B services
- Reward physicians for improving quality and outcomes
- Promote efficiency through investment in administrative structure and processes

Physician Group Practice: Process & Outcome Measures

- Congestive heart failure
- Coronary artery disease
- Diabetes mellitus
- Hypertension
- Cancer screening

Physician Group Practice Models & Strategies

- Care management
 - Disease management & case management strategies
- Increased access through nurse call lines, primary care physicians, geriatricians
- Enhanced patient monitoring through EMRs, disease registries
- Increase quality through evidence-based guidelines

Medicare Care Management Performance Demonstration

- Medicare Modernization Act (Sec. 649)
- Goals:
 - Improve quality and coordination of care for chronically ill Medicare FFS beneficiaries
 - Promote adoption and use of information technology by small to medium-sized physician practices
- Budget neutral

Medicare Care Management Performance Demonstration

- ~ 800 practices participating in four states
 - Arkansas
 - California
 - Massachusetts
 - Utah
- Technical assistance to physician practices by quality improvement organizations

Medicare Care Management Performance Demonstration

- Pay for performance for physicians who:
 - Achieve quality benchmarks for chronically ill Medicare beneficiaries
 - Adopt and implement health information technology, use it to report quality measures electronically

Physician Practice Standards

- Patient assessment
- Health care information system
- Continuity of care
- Evidence-based guidelines
- Self-care support
- Community referrals

Quality & Outcome Measures: Examples

- Diabetes mellitus – HgA1c, blood pressure, lipids
- Congestive heart failure – left ventricular function, ACE inhibitor, beta blocker
- Coronary artery disease – LDL cholesterol, antiplatelet therapy
- Prevention – mammogram, flu vaccine, pneumonia vaccine

Medicare Health Care Quality Demonstration

- Medicare Modernization Act of 2003 (Sec. 646)
- Delivery/payment models incorporating incentives to improve quality, safety, efficiency
 - Decision support (evidence-based guidelines, best practices, shared decision-making) to eliminate scientific uncertainty and unwarranted variation in practice
 - Enhanced cultural competence

Reinventing Health Care Delivery

- Opportunity to “hardwire” quality into delivery system – facilitate doing the right thing for every patient at every time
- Advances along IOM’s six dimensions of quality: safety, timeliness, effectiveness, efficiency, equity, patient-centeredness
- Integration of health information technology into clinical practice

Provider-Driven Redesign Models

- Eligible organizations
 - Physician groups
 - Integrated delivery systems (IDS's)
 - Regional coalitions of physician groups or IDS's – can include other payers
- Broad waiver authority – align incentives, link payment to outcomes

Payment Models

- CMS must be able to implement
- Possible options
 - Shared Savings
 - Capitation or Partial Capitation
 - Per Member Per Month Fee
 - Restructured Fee-for-Service Payments
 - Regional Global Budget
 - Open to Other Models

Status

- Solicitation published September 2005
- First round of proposals due January 2006 – under review
- Second round of proposals due September 2006 – letters of intent suggest substantial interest
- Expect to award total of 8-12 projects

For More Information

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/>

Click on Medicare Demonstrations

Scroll down to MMA 646: The Medicare Health Care
Quality Demonstration