Best Practices and Lessons Learned about EHR Adoption

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Presentation Topics

- Value proposition for EHR adoption
- Medicaid Strategic Health Information Technology Planning
- Governance of statewide health information exchange
- Medicaid role in statewide governance
The Value Proposition of EHR Adoption and Health Information Exchange
The Triple Aim Goals of CMS

- Better Care
  - Patient Safety
  - Quality
  - Patient Experience
- Reduce Per Capita Cost
  - Reduce unnecessary and unjustified medical cost
  - Reduce administrative cost thru process simplification
- Improve Population Health
  - Decrease health disparities
  - Improve chronic care management and outcome
  - Improve community health status
Better Care
Closing the Quality Chasm
CMS Specific Aims for Health System Improvement

- Safety
- Effectiveness
- Patient-centeredness
- Timeliness
- Efficiency
- Equity
Business Case for Adoption and Financing of Electronic Health Records and State Level Electronic Health Information Exchange

- **Business case**: The widespread adoption and meaningful use of electronic health records systems and the ability to exchange health information between healthcare delivery systems providers, hospitals, and other health facilities will save payers 2% to 5% annually in avoided medical costs from reduction in medical errors, duplicate ancillary services, and hospital admissions.
  - Therefore payers should bare an appropriate level of development, implementation, and operations costs from implementation of HIT. This investment of capital financing must be continuous of the average five year EHR system development life cycle. And full deployment life cycle.
  - The EHR implementation cost s will vary based on the level of adoption support is provided to achieve meaningful use .
  - If hospitals and other healthcare providers bare significant cost for development and implementation, EHR deployment, adoption, and meaningful use will not achieve optimal deployment.
  - Commercial health plans and public payers receive significant business value from rapid development and deployment of EHRs in the delivery system.
Health Care System Transformation Maturity

Initial Level of Health System Transformation Maturity
- Episodic Health Care
  - Sick care focus
  - Uncoordinated care
  - High Use of Emergency Care
  - Multiple clinical records
  - Fragmentation of care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

Managed Performance Level of Health System Transformation Maturity
- Transparent Cost and Quality Performance
  - Results oriented
  - Access and coverage
- Accountable Provider Networks Designed Around the patient
- Focus on care management and preventive care
  - Primary Care Medical Home
  - Utilization management
  - Medical Management

Optimize Care Level of Health System Transformation Maturity
- Patient Care Centered
  - Patient centered Health Care
  - Productive and informed interactions between Family and Provider
  - Cost and Quality Transparency
  - Accessible Health Care Choices
  - Aligned Incentives for wellness
- Integrated networks with community resources wrap around
- Aligned reimbursement/cost Rapid deployment of best practices
- Patient and provider interaction
  - Aligned care management
  - E-health capable
  - E-Learning resources
Return on Investment from HIT
Wide Spread Adoption of Electronic Health Information (EHI) Technologies for Better Outcomes, Lower Cost, Improve Population Health

Improving Health Care Quality, Cost Performance, Population Health

ROI of EHI at Point of Care:

- Improved Patient Safety
- Reduced Complications Rates
- Reduced Cost per Patient Episode of Care
- Enhanced cost & quality performance accountability
- Improved Quality Performance
- Improve Community Health Surveillance

Better Outcomes

Lower Costs

Population Health
System Components for Building the State Level HIT Infrastructure
New Technologies to Improve the Patient Care Experience

We are looking for technologies that are engineered to:

- Support Patient/Person Centered Care Management
- Support early disease detection
- Facilitate better care coordination
- Support early treatment & intervention
- Facilitate better quality of care
- Help reduction in ER use and duplication of services
- Support better medication management
- Improve patient compliance
The Relationships Development For State Level Health Information Exchange

**Data Partners** are organizations that share or exchange data through the HIE-EHR Infrastructure e.g.
- Health Plans
- Hospitals
- Physicians
- Labs
- Imaging Labs
- Other HIEs
- Dept of Health Services Public Health
- Medicare
- Indian Health Services (IHS)
- etc.

**HIE-EHR Infrastructure**
- Physicians
- Small/Medium Practices
- Medicaid Members
- Operations
- Admin
- Monitoring
- Training and Education
- Maintenance
- Help Desk

**Utility Users** (business partners)
- Utility Users are persons who use the functionality of the portal e.g.
  - Physicians
  - Small/Medium Practices
  - Analysis users (TBD)
  - Emergency Deps
  - Dept of Public Safety
  - Department of Health Services
  - etc

**Analysis Users**

**Health Plans**
- Providers With HIT

**HIE-EHR Management & Support**
- Medicaid
- Hospitals

**Business Partners**
- Business Partners are organizations that expose web content and applications through the Utility web portal, for gain or mutual benefit in other words, transact business through the Utility. e.g.
  - Laboratories
  - Imaging
  - Suppliers
  - Durable Medical Equipment
  - Pharmacies
  - SureScripts
  - RX Hub
  - Other HIEs
  - etc

**Other vendors**
Practical Strategic Planning for Medicaid HIT
Issues and Challenges of EHR Adoption and Health Information Exchange

Wide spread and sustainable EHR adoptions and HIE can face a number of issues that need to be addressed in strategic planning process:

– The year over to year development, implementation, and operations costs for adoption of electronic health records systems and a statewide health information exchange infrastructure (which can be several hundred million over a five year EHR/EHI development, adoption and maintenance)

– The EHR implementation costs will vary based on the level of adoption support provided through ONC and State Medicaid to achieve meaningful use development and adoption life cycle

– Hospitals and healthcare providers willingness to bare significant cost for development and implementation, (Medicaid/Medicare EHR incentives only offset a portion of the cost).

– The participation and support of managed care and commercial health plans and other public payers that receive significant business value from adoption of EHR and state level HIE.
Building a Strategic Roadmap to Achieving Performance Outcomes from HIT in Healthcare

Strategic HIT Focus Focus Areas
- Cost Containment
- Quality Improvement
- Administrative Efficiency
- Public Health & Research

HIT Strategic Performance Metrics
- Meaningful Use of EHR to reduce Duplication, Errors and improve Admin Efficiency
- Meaningful Use of EHR to better coordinate care and Quality Performance
- Meaningful use of EHR to Reduce Admin. Process Cycle Times
- Meaningful Use of EHR to build Population Health Mgmt. & Research

Performance Outcomes
- Reduced Unnecessary Cost/Utilization = Reduced PMPM & Lower % Admin Cost
- Improved Quality Against HEDIS and Other Benchmarks
- Higher Provider Satisfaction & Reduction in Admin. Cost
- Public Health Responsiveness Reduction in Health Disparities
PHASES OF STATEWIDE HIT PLANNING & IMPLEMENTATION

- **ASSESSMENT** – Statewide Assessment or environmental scan of HIE and EHR adoption and Gap Analysis;

- **PLANNING** – Governance development, strategic HIT plan, HIE business case, prioritized listing needs, resource inventory, HIT goals, documentation of functional and technical platform requirements;

- **ORGANIZING** – HIE Governance oversight structure, HIE business and system operations, policy framework, vendor contracting and business agreements, and legal/regulatory authorities;

- **IMPLEMENTATION** – building HIE to statewide scale, connecting to the national health information exchange infrastructure, maintenance of HIE operations;

- **MEANINGFUL USE** – EHR adoption, clinical practice workflow redesign, improved continuity and quality of care, quality reporting, outcome monitoring.
Strategic HIT Collaborative Planning Process

- Level of EHR adoption that must be achieved to provide a return on investment.
- Overcoming state-specific barriers to achieving successful adoption and meaningful use of EHR in Medicaid.
  - Leadership
  - State funding barriers and other resource conflicts in Medicaid
  - Provider rates or significant provider dissatisfaction with the Medicaid program
  - Geographic distribution of providers
  - Open fee for service provider networks (no provider contracts)
- Creating a cohesive adoption strategy that is integrated with the state level HIE collaborative strategic planning process.
- Coordination with key stakeholders.
- Mitigating the risk of “failure to launch” or failure to optimize the value of EHR adoption.
Coordinating with Regional Extension Centers to Maximize Medicaid EHR Adoption and Meaningful Use

• State level governance needs to assure the regional center priorities coordinated with state level HIE planning;
• Medicaid agencies can provide a fiscal year 2010 EHR incentive base payment to early EHR adopters;
• Regional centers can provide resources to support:
  – Identification and validation of early adopter
  – Assist Medicaid providers with acquisition and selection of a certified EHR and with achieving meaningful use of EHR
  – Assuring interoperability with state level HIE and key Medicaid information systems
Timeline for Healthcare Delivery System Reform and Transformation 2011-2019

- 2010-2019
- 2012-2019
- 2013-2019

Successful Payment and Service Model Innovation
Program and Policy Redesign
Healthcare Delivery System Reform and Transformation
Questions