Connecting America
for Better Health

National Health IT and Delivery System Transformation Summit
IT-Powered Clinical Transformation

Janhavi Kirtane and Tom Tsang
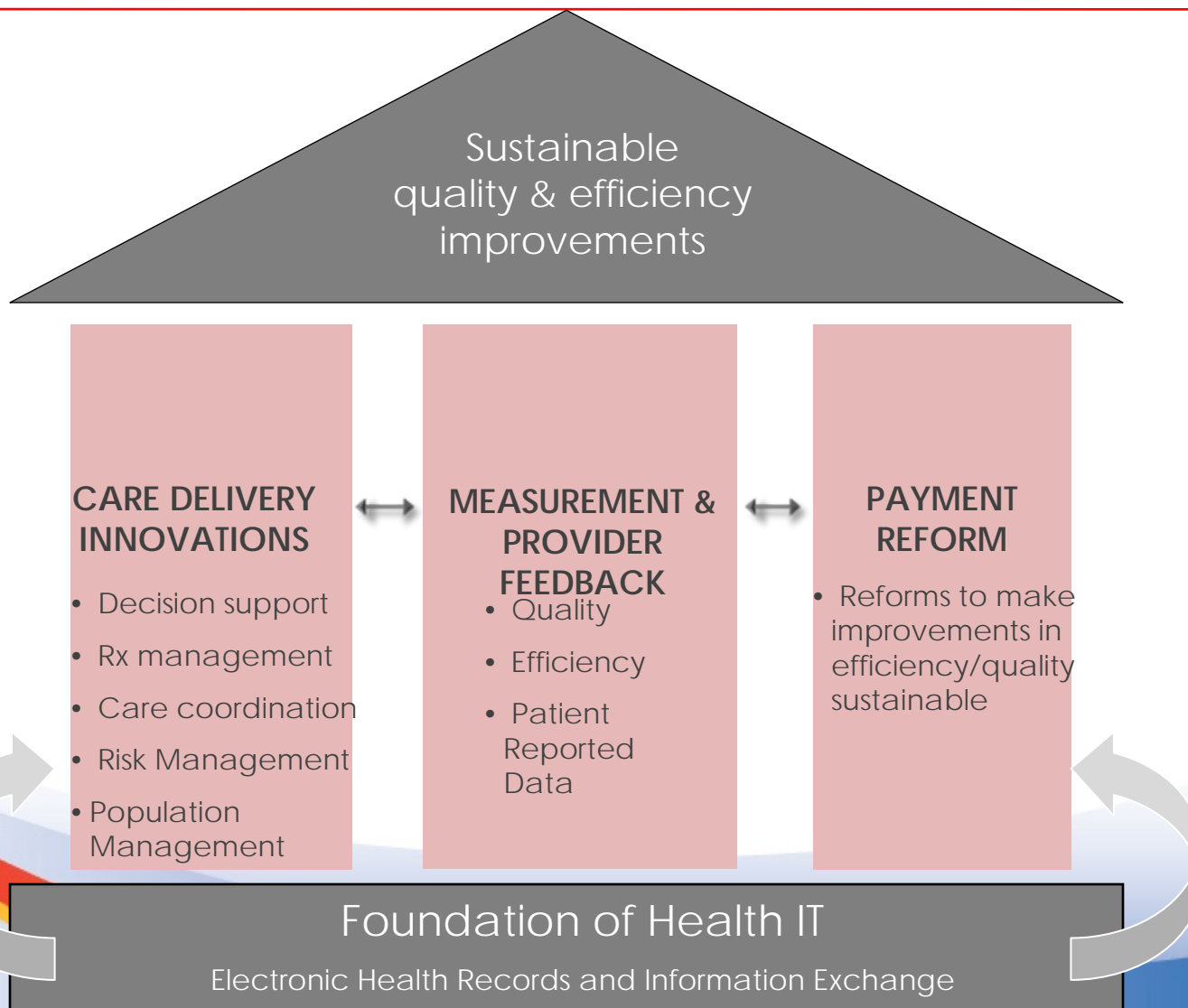Office of the National Coordinator for Health IT

June 27, 2011

HIT and Clinical Transformation: Our 4 Observations

1. We are experiencing a *shift in payment policy* (public and private) that will drive quality improvement and affordability in the delivery system.

2. While we all agree HIT is a critical element to drive delivery system transformation, *we are still on our journey.*

3. *Glimmers of hope* are present across the country; we need to translate these to different environments, and create payment strategies to spread and sustain them.

4. Continued focus from public and private stakeholders will be required to accelerate our progress and overcome *near term challenges*

Observation 1 (Policy): New Models

Sustainable quality & efficiency improvements

CARE DELIVERY INNOVATIONS

- Decision support
- Rx management
- Care coordination
- Risk Management
- Population Management

MEASUREMENT & PROVIDER FEEDBACK

- Quality
- Efficiency
- Patient Reported Data

PAYMENT REFORM

- Reforms to make improvements in efficiency/quality sustainable

Foundation of Health IT

Electronic Health Records and Information Exchange

Observation 1 (Policy): Quality Measures

- Transitional period= claims based to e-measures
- Will be used for payment purposes (VBP, ACOs, PQRS, MU)
- Reduce burden for reporting
- Real time feedback for quality improvement

Observation 1 (Policy): Medicare Hospital Value Based Payments

- Value Based Purchasing
  - Plus or minus 1% beginning 2013
- Readmissions
  - -- 2013= -1 %
- Hospital Acquired Conditions
  - 2015= -1%
- Meaningful Use Incentive program ($2M base; 2015= -1% upto -3%)
- Hospital Inpatient Quality Reporting
  - = -2.0% beginning 2011

Observation 1 (Policy):Provider Value Based Payment

- PQRS -Affordable Care Act (ACA), 2010 —The act expands the incentive payments through 2014 and adds a payment adjustment or penalty for eligible professionals who do not satisfactorily report the PQRS measures.

- 2011 reporting period = +1.0 % of the total estimated allowed charges.

- 2012 through 2014 = + 0.5 %.

Observation 2: We are Still on Our Journey

- The "new world" will be here, but today the challenges are real
  - E.H.R adoption
  - Health information exchange interoperability and sustainability
  - Variation in data sources
  - Data and performance measures
  - Patient/family engagement – patient reported outcomes, challenges of personal health records (i.e. google health)

Observation 3: Bright spots across the country

- Forward looking, quality-driven organizations have been pursuing this vision for years
- Public-private partners are joining together to accelerate change across communities:
  - Public programs: ONC Programs, Meaningful Use, 3026, Agency on Aging, AHRQ among others…
  - Private efforts: National (RWJ, Commonwealth, CHF, Hartford, Gordon and Betty Moore, SCAN) and local (Regenstrief, Maine Health Access Foundation, Triple Aim Communities)

Observation 3: Bright spots across the country

- Where are the possibilities for IT-enabled transformation particularly exciting?
  - Population-based registries and risk stratification (the right patients)
  - Clinical decision support (the right intervention)
  - Information exchange for care transitions (information follows the patient)
  - Safe medication practices (MTM, DDIs, etc)
  - Performance measures to drive QI
  - Patient and family activation (PHRs, mobile, MU stage 2)

Observation 4: Overcoming Near Term Challenges (The Miracle of Hard Work!)

Observation 4: Overcoming Near Term Challenges

- E.H.R. adoption and information exchange across all parts of the delivery system
- QI skills and "boots on the ground" to drive transformation
- The limits of HIT and the high-touch work of patient/family activation
- Business models to support services for small practices and organizations
- Workforce training to prepare care providers for the cultural shift IT-enabled care is bringing