



***Community-Based Collaborations:  
Public and Private Sector  
Partnerships to Promote HIT  
Adoption in Communities Across  
the U.S.***

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# Content Outline

- RIQI Overview
- The Public/Private Partnership at Work
- Why Partnerships are More Important than Ever



# The RI Quality Institute and Our Mission

*A collaboration among hospitals,  
health care providers, insurers, business,  
academe and government for  
the purpose of improving health care  
quality, safety and efficiency  
in Rhode Island.*



# Guiding Principles

- Collaboration—first and foremost
- Real improvement is required
- Win-win for all participants
- Focus on system improvements that none of us can achieve alone
- Senior Leaders required



# Funding Sources

- Current
  - The People Around the Table
  - Sales of Services
  - Grants
- Future
  - All of the above, plus a sustainable business model based on reduction of waste



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# *The Quality Institute's Strategic Agenda*

*Technology Infrastructure*

*Safety in Care Delivery*

*Evidence Based Medicine*

*Statewide  
Electronic  
Prescribing*



*The Regional Health Information  
Infrastructure: Statewide Connectivity and  
Electronic Health Record Adoption*



# Electronic Prescribing with SureScripts

- Safer care
- More efficient care (in terms of both cost and convenience)
- Compatible with the Quality Institute's principles of cooperation
- True electronic prescribing offers a strong value proposition for all involved





# The Power of the Partnership

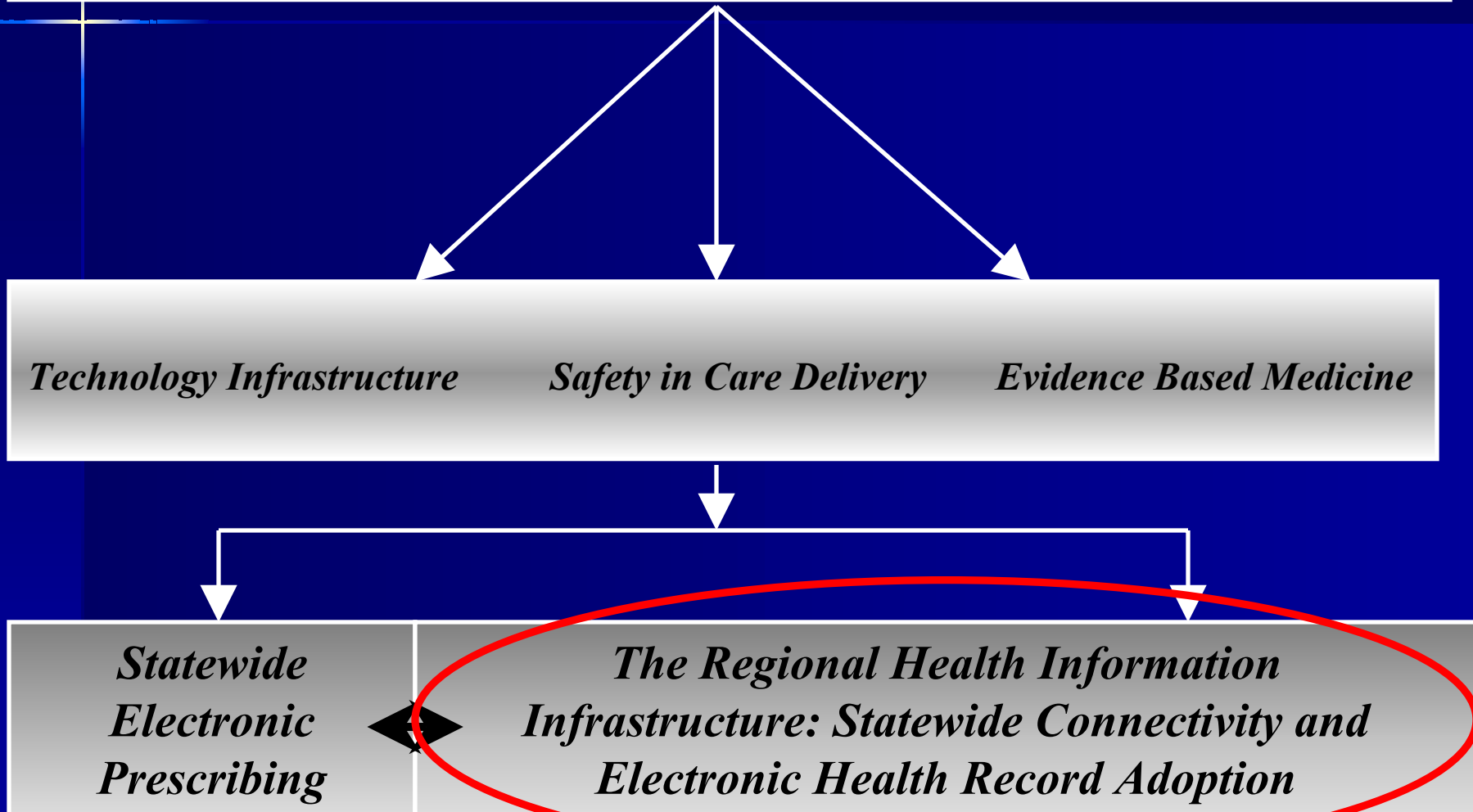
- Department of Health
- Board of Pharmacy
- Physicians and Nurse Practitioners
- All Pharmacies—Large and Small
- Consumers
- Hospital Systems
- QIO—Quality Partners of Rhode Island
- Insurers
- Department of Human Services
- Employers
- Physician Office Managers
- Brown University and University of Rhode Island
- SureScripts and On Call Data/Instant Dx
- RI Quality Institute



# Status of the Electronic Prescribing in Rhode Island

- If all goes as planned, we will have 85% of RI pharmacies and more than 45% of active RI prescribers connected by the third quarter of 2005.
- RI currently has the highest percentage of prescribers/pharmacy connection in the nation

# *The Quality Institute's Strategic Agenda*



# Building the Information Infrastructure



- Statewide connectivity development
- Further expansion of e-prescribing
- Initiative to promote state-wide adoption of Electronic Health Records (EHRs)



# The Partnership Pays Off: Private Sector Contributions

- Multiple players aligning approaches
  - Leaders *leading*—moving ahead despite the potential of losses--because it is the right thing to do
  - Reducing the expense and complexity of building interfaces
  - Speeding the progress with other stakeholders
  - Providing opportunities for group purchasing
  - Exploring innovative approaches to incentives and reimbursement
  - Building momentum—no one wants to be left behind and no one wants to *lag* behind
- Decisions that would have been made in a vacuum before are now being considered relative to the state-wide effort
- Pro-bono contributions to the Quality Institute of financial, marketing and PR, legal and consulting services
- Continued funding of the operations of the Quality Institute



# The Partnership Pays Off: Public Sector Contributions

- Local RI legislation already passed and national legislation proposed by RI Congressman Kennedy
- Raising awareness and visibility of the Institute; making key connections with potential partners inside and outside of RI
- Hours and hours of in-kind contributions of work—including grant and contract writing
- Alignment of priorities to support the state-wide work
- Exploration of the potential for integrating Public Health efforts with EHR and connectivity efforts
- Decisions that would have been made in a vacuum before are now being considered relative to the state-wide effort
- Raising the awareness of the need to tie in quality improvement work such as chronic disease collaboratives
- Leadership in obtaining funding for Master Patient Index build-out



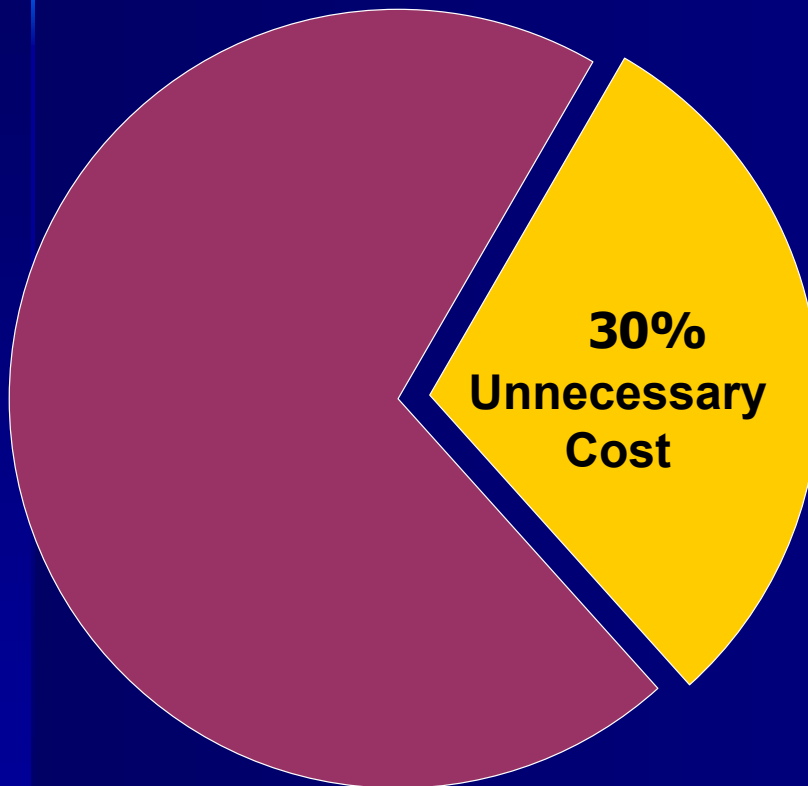
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# The Cost and Quality Opportunity

## Practice Variation



Fisher, Wennberg, et al,  
Annals of Internal Medicine, 2003

"...30% of direct health care outlays are the result of poor-quality care..."

MBGH, Juran, et al 2002

"...20 to 30 percent of the acute and chronic care that is provided today is not clinically necessary."

Becher, Chassin 2001

"...cost of poor quality was ... nearly 30% of the expense base...The biggest opportunities were in the core medical processes that comprise the majority of what we do."

Mayo Clinic

"Costs associated with poor health care account for 30% of the premiums people pay."

David Lawrence, MD

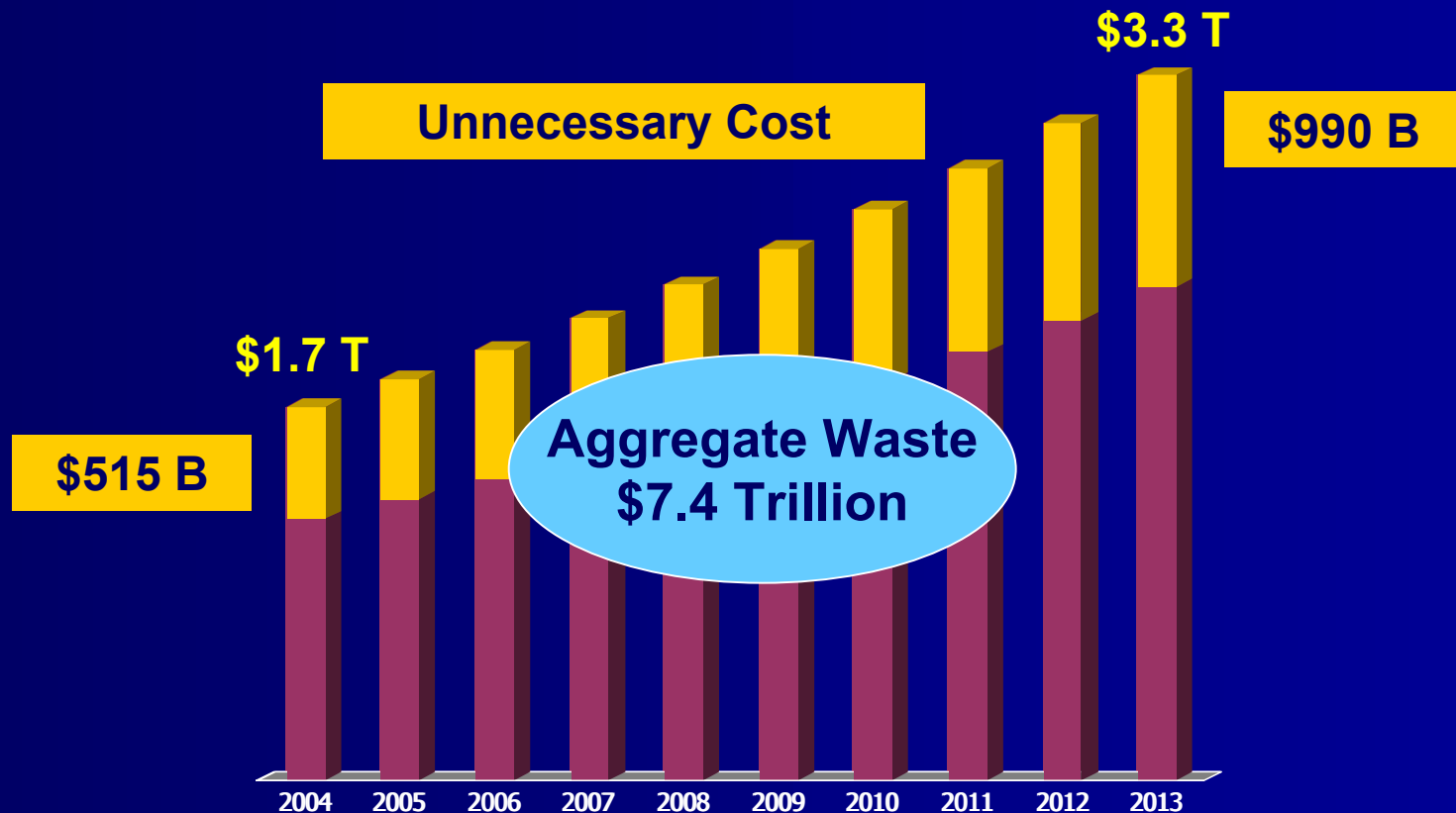
"The cost of poor quality in health care is as much as 60% of costs"

Brent James, MD, IHC



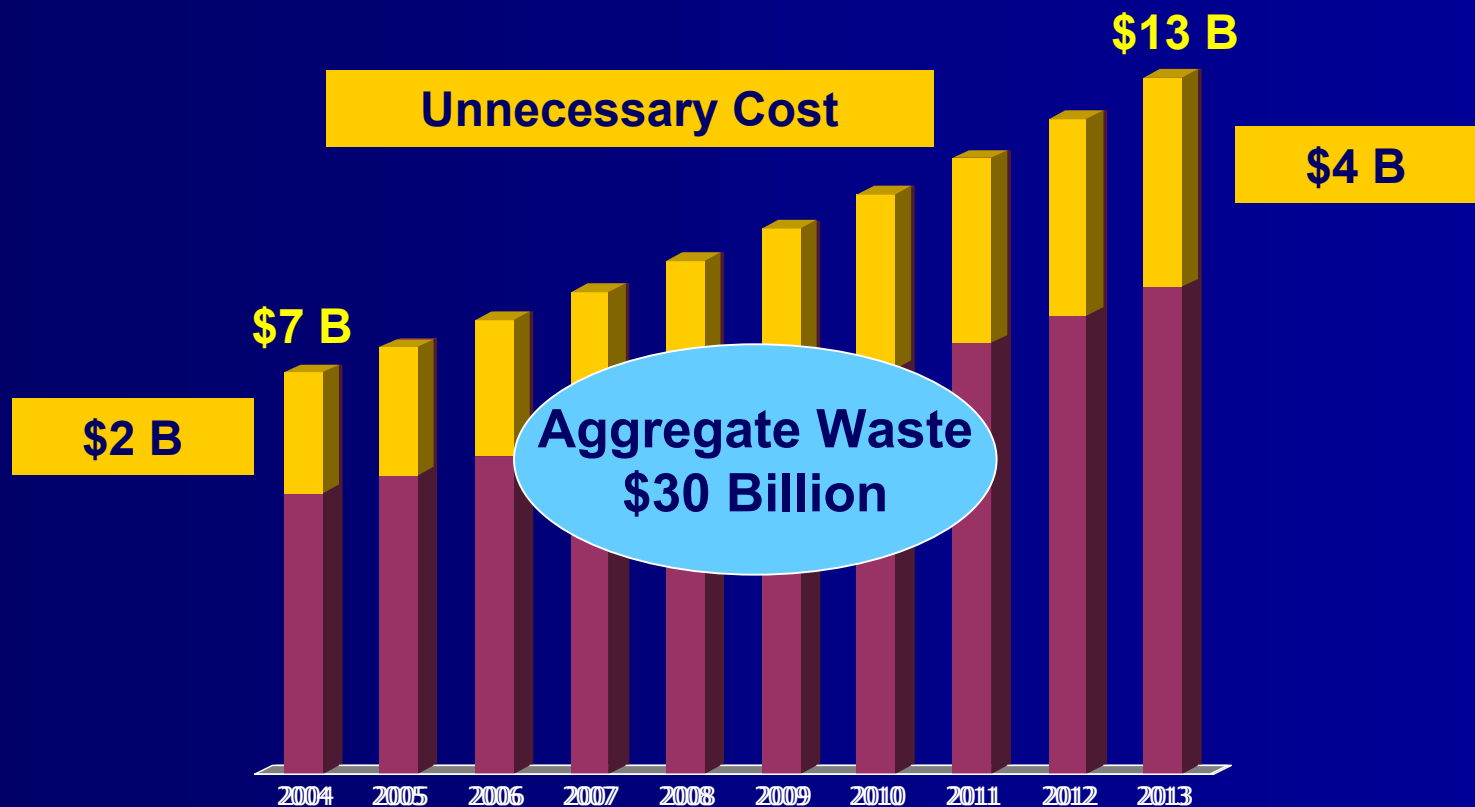


# Projected U.S. Health Expenditures and Waste



Source: U.S. Department of Health and Human Services, Gordian Project analysis

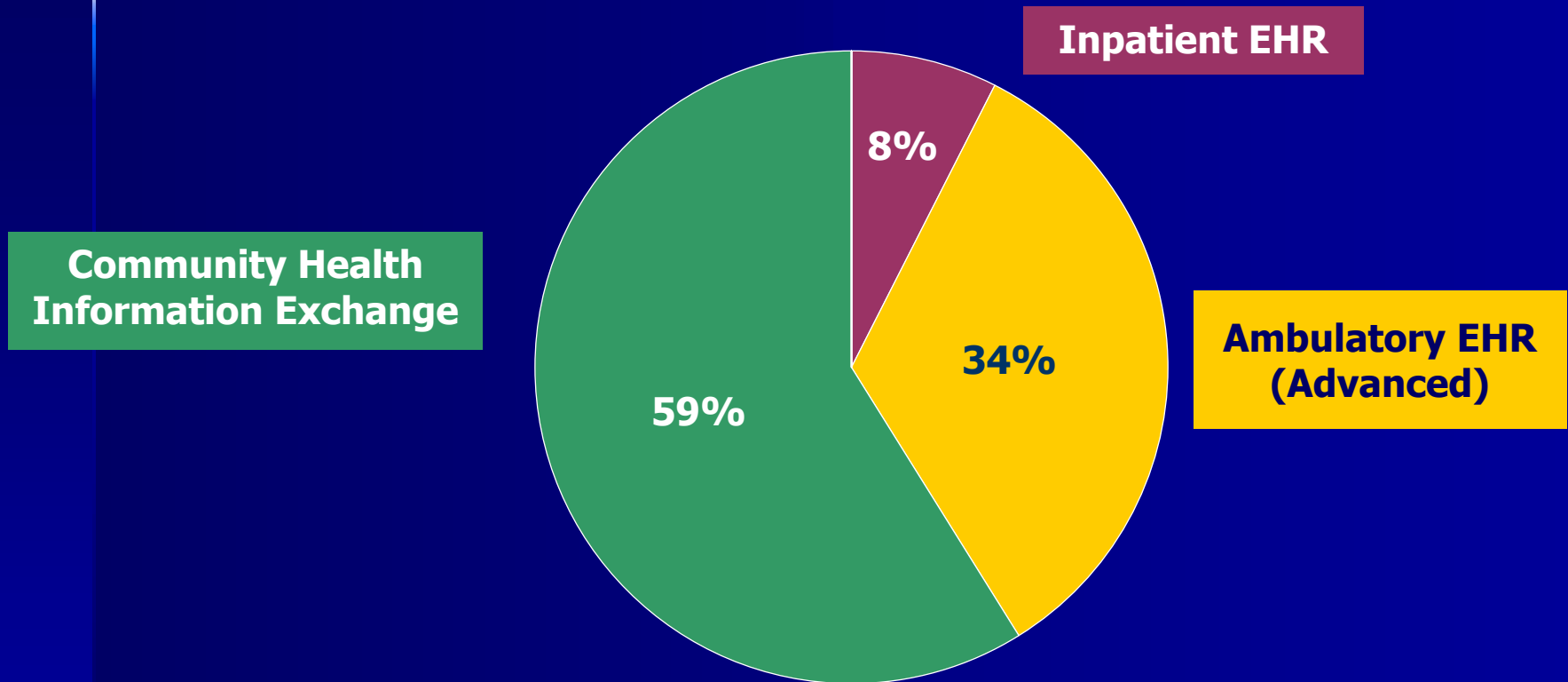
# Projected Rhode Island Health Expenditures and Waste



Source: U.S. Department of Health and Human Services, Gordian Project analysis



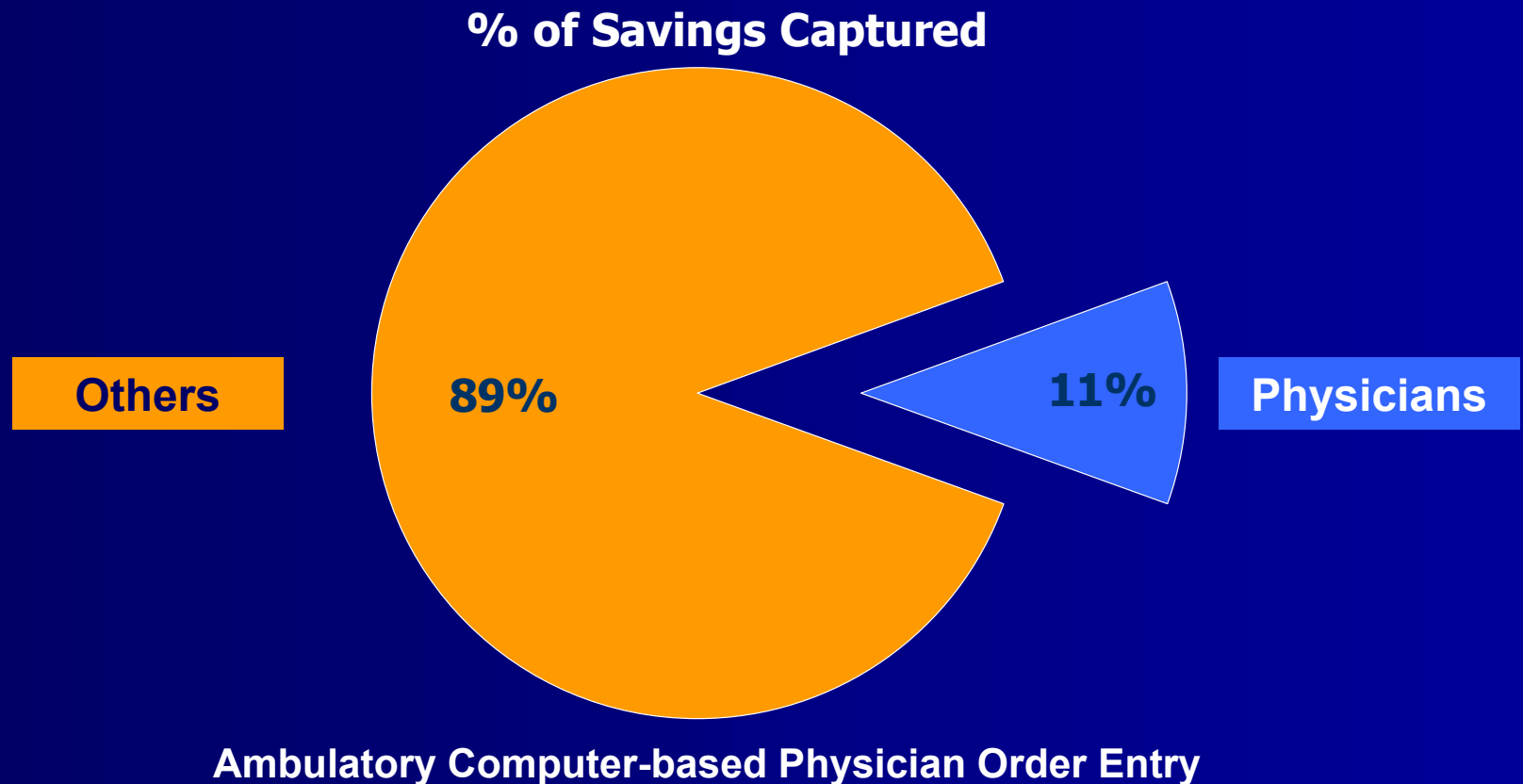
# National Health Information Infrastructure Net Estimated Annual Savings: \$132 Billion



Sources: Johnston, J., et al. *The Value of CPOE in Ambulatory Settings*; and Pan, E., et al. *The Value of Health Information Exchange And Interoperability*, Center for Information Technology Leadership, 2004, 2004. Based on the Experience of Early Adopters



# Misaligned Incentives Drives Lack of Capital

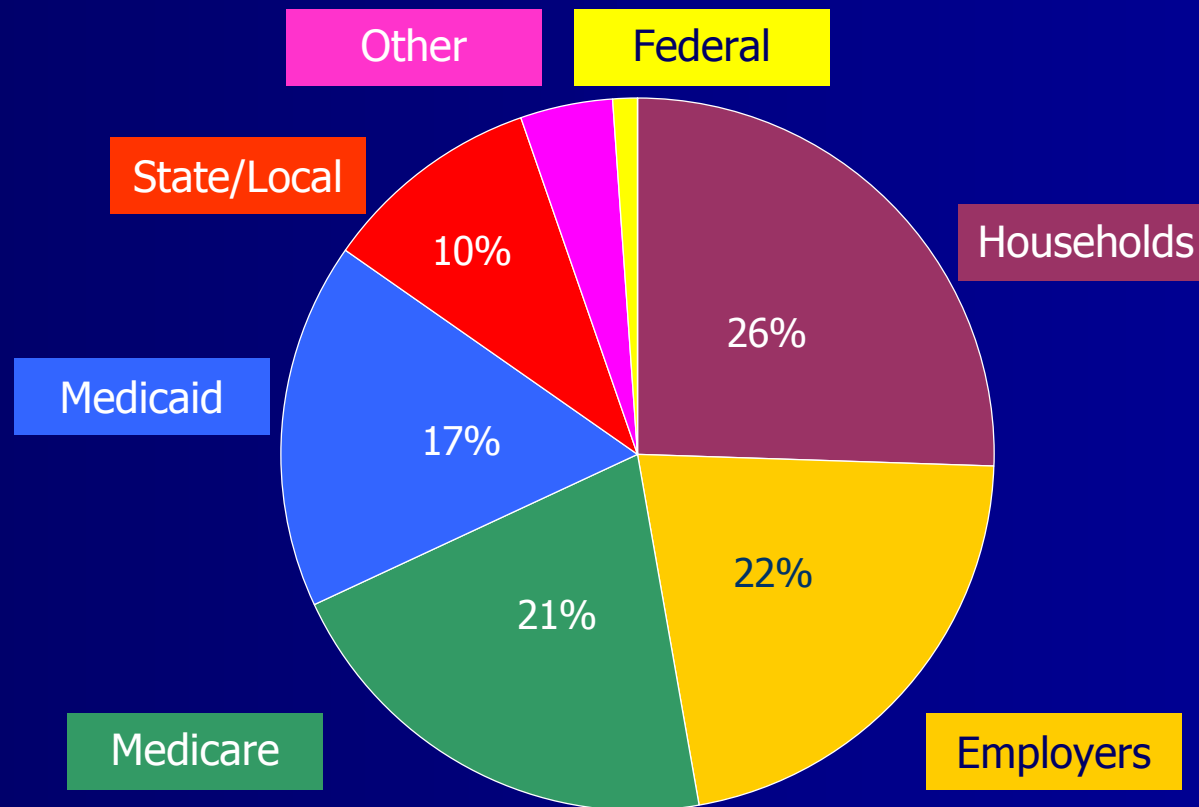


Source: Center for Information Technology Leadership, 2003



# The “Others” (89%)

## Purchasers of Health Care



Source: *Health, United States, 2002*



# RI Health Improvement Initiative Strategy

- Give physicians the tools they need
  - Information technology
  - Best practices – matching care to science
  - Supports to implement
- Reward physicians' use of best practices and lower cost
- Share the gains with physicians
- Provide community governance