Promoting Health Information Technology

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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
- 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: Process & Outcome Measures

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<th>Diabetes Mellitus</th>
<th>Congestive Heart Failure</th>
<th>Coronary Artery Disease</th>
<th>Hypertension &amp; Cancer Screening</th>
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<td>HbA1c Management</td>
<td>Left Ventricular Function Assessment</td>
<td>Antiplatelet Therapy</td>
<td>Blood Pressure Screening</td>
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<td>HbA1c Control</td>
<td>Left Ventricular Ejection Fraction Testing</td>
<td>Drug Therapy for Lowering LDL Cholesterol</td>
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<td>Weight Measurement</td>
<td>Beta-Blocker Therapy – Prior MI</td>
<td>Plan of Care</td>
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<td>Breast Cancer Screening</td>
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<td>Patient Education</td>
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<td>Urine Protein Testing</td>
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Physician Group Practice Models & Strategies

- Expansion of managed care infrastructure & processes to Medicare FFS population
- 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 DOQ-IT project 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 practice standards to promote care management and coordination
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
  - Cultural competence
Medicare Health Care Quality Demonstration

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

- Provider-driven redesign: 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
Medicare Health Care Quality Demonstration

● Payment models
  – Shared Savings
  – Capitation or Partial Capitation
  – Per Member Per Month Fee
  – Restructured Fee-for-Service Payments
  – Regional Global Budget
  – Other?
CMS RESEARCH AND DEMONSTRATIONS:
PROJECT DESCRIPTIONS AND FACT SHEETS

- Capitated Disease Management Demonstration
- Physician Group Practice Demonstration
- Calculation of Charge-Based Relative Values for Part B Laboratory Procedures
- Medicare Preferred Provider Organization Demonstration
- Demonstration Project for Disease Management
- Medicare Partnerships for Quality Services Demonstration
- Medicare Coordinated Care Demonstration
- DME Competitive Bidding Demonstration
- Evaluation of the Program of All-Inclusive Care for the Elderly Demonstration (PDF Format, 199 KB)