



Making the Connection: Health Information Technology and Quality Health Care

Carolyn M. Clancy, MD

Director

Agency for Healthcare Research and Quality

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Conclusions

- Highly likely that robust and interoperable clinical HIT systems can improve quality of care for Medicaid beneficiaries
- Magnitude of impact will depend on care setting
- Quality improvements will depend on:
 - Provider readiness and motivation
 - An overall plan for quality improvement
 - Practice redesign, project management, acceptance of quality measurement and feedback
 - Organizational leadership

Making the Connection



- **HHS and AHRQ's roles & resources**
- Health IT, quality and safety improvement
- Medicaid and HIT opportunities and challenges
- Q & A



HHS Health IT Efforts



American Health Information Community

How will we accelerate the development and adoption of health IT?

How will we deliver value to the health care consumer?

HHS Health IT Efforts

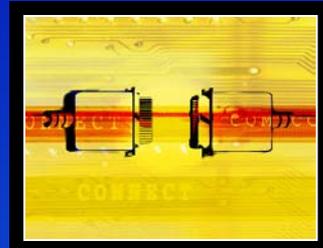


POLICY

American Health Information Community

How will we accelerate the development and adoption of health IT?

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PIPES

Office of the National Coordinator / National Health Information Infrastructure

How will we build a nationwide health IT system that allows the seamless and secure exchange and records?

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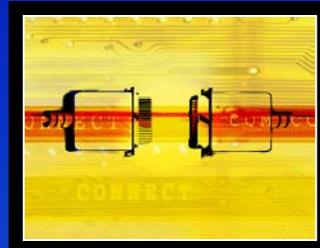


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PROVIDERS

Agency for Healthcare Research and Quality

How will providers use health IT in hospitals and ambulatory care settings to improve the quality of care and patient safety?



AHRQ Roles and Resources



Health IT Research Funding

- Support advances that improve patient safety/quality of care
- Continue work in hospital settings
- Step up use of HIT to improve ambulatory patient care

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Develop Evidence Base for Best Practices

Four key domains:

- Medication safety
- Patient-centered care
- Medication management
- Integration of decision support tools

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Promote Collaboration and Dissemination

- Support efforts of AHIC, ONC, NHII and Centers for Medicare and Medicaid Services
- Build on public and private partnerships
- Use web tools to share knowledge and expertise

Health IT Research Funding

- Over 100 grants to hospitals, providers, and health care systems to promote access to health information technology
- Projects in 43 states
- Special attention to best practices that can improve quality of care in rural, small community, safety net and community health center care settings



**AHRQ HIT
Investment:
\$166 Million**

Growing HIT Evidence Base

Costs and
Benefits of
Health
Information
Technology

- Health IT helps improve quality of care in large health care organizations that create their own systems and devote substantial resources to EHR, CPOE, e-prescribing, and other applications
- HIT has potential to enable dramatic transformation of health care safety, effectiveness and efficiency

Online Learning Resources

- AHRQ National Resource Center on Health Information Technology
- Lessons learned from the field for providers
- Knowledge library with links to over 5,000 health IT information resources
- Evaluation toolkit
- Other resources



Launched February, 2006

Making the Connection



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Implications for Improvement

- Outpatient Advanced CPOE and EMR
Avoid 2.1 million adverse drug events
- Inpatient CPOE and EMR
Decrease serious medication errors by 55%
- Healthcare information exchange and interoperability between settings
- Improve decision-making at the point-of-care through complete information access



E-Prescribing Standards

- Contracts administered by AHRQ on behalf of Centers for Medicaid and Medicare Services
- Pilot testing of electronic prescribing standards and how they interact with e-prescribing workflow
- Testing will be conducted during 2006
- Results will be reported to Congress in 2007 and used to develop final e-prescribing standards

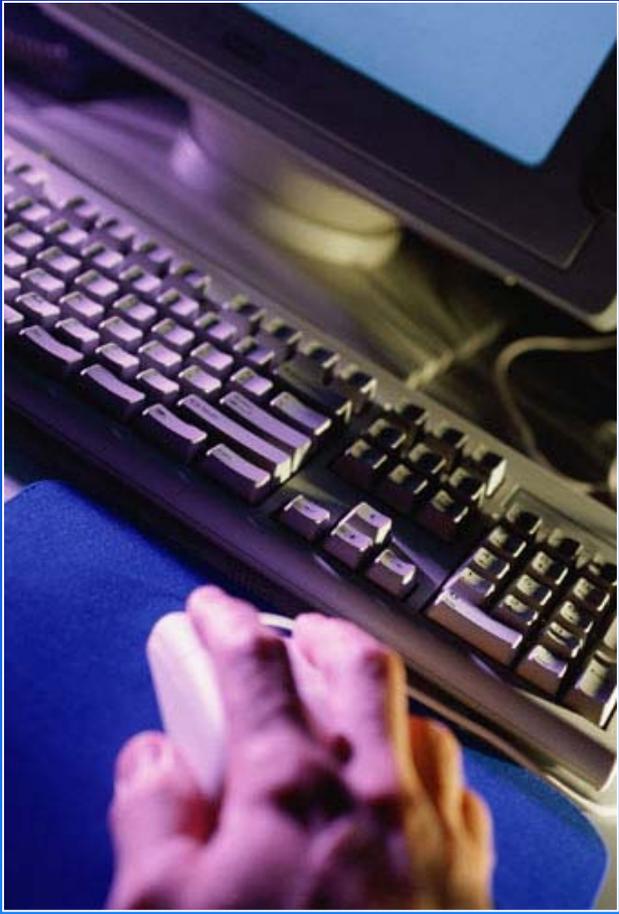
Health IT and Security

- 67% of Americans are concerned about the privacy of their personal medical records*
- Patchwork of state laws and business regulations complicate privacy landscape
- Along with ONC, AHRQ is facilitating discussion and sharing knowledge to ensure health IT balances privacy with portability and access



*California Health Care Foundation National Consumer Health Privacy Survey 2005

Health IT Safety Agenda



- CPOE and EHR
- Decrease serious medication errors and adverse drug events
- Healthcare information exchange/interoperability between care settings
- Improve decision-making at point-of-care through complete information access

Opportunity: Closing Disparities

- Health IT is not only for big health plans
- Huge opportunity to help racial, ethnic and socioeconomic minorities get access to EHRs, e-Rx, telemedicine and other applications
- Aftermath of Katrina showed significance of health IT in protecting and accessing patient records



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Health IT Benefits for Medicaid

- Improve quality and safety of health care for the 52 million people in our nation's largest health care program
- Control costs and enable value based purchasing
- Simplify program administration
- Improve efforts to collect data and evaluate program effectiveness

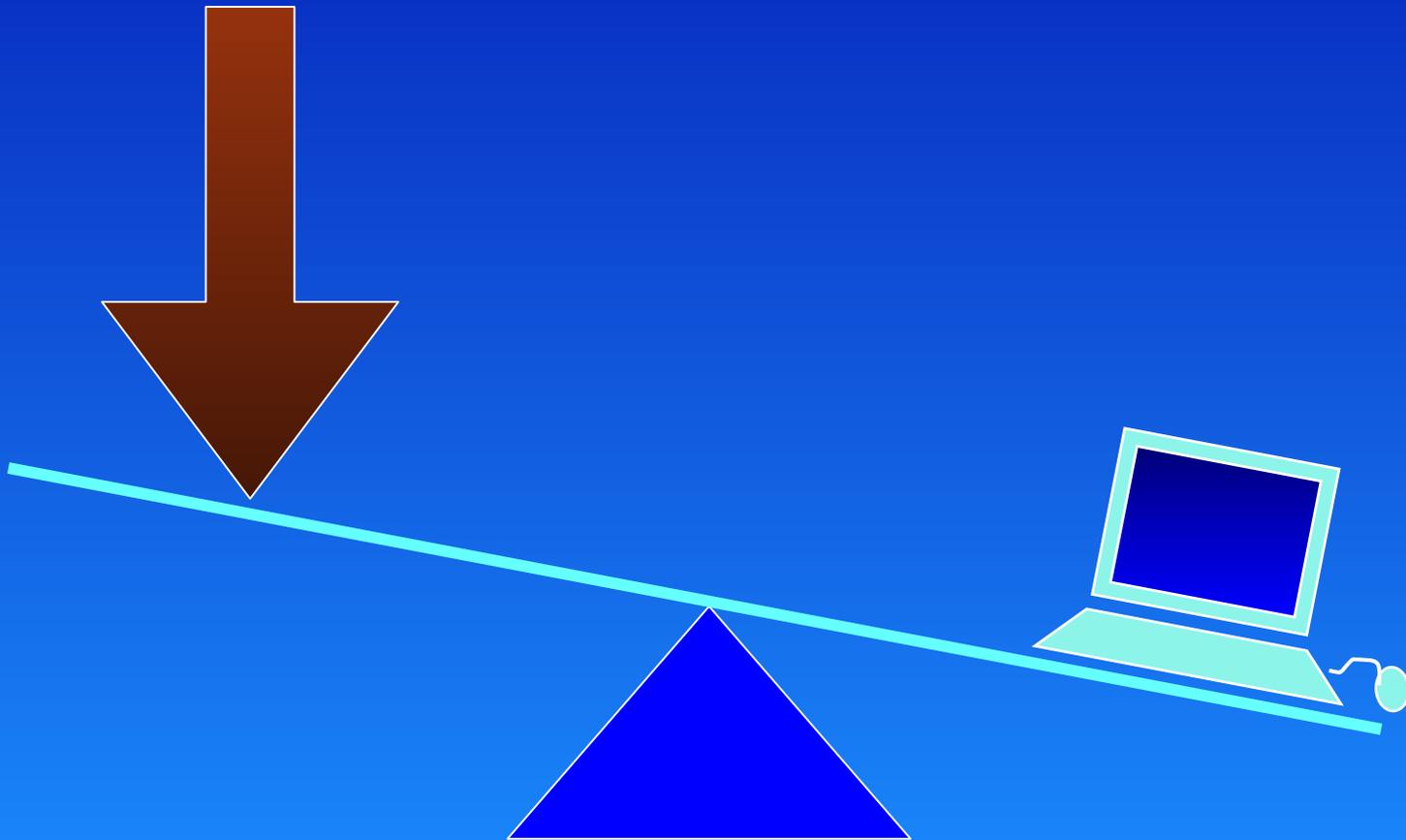


HIT and HIE Opportunities

- Significant opportunities exist for Medicaid agencies to support evidence based practice, care coordination, quality improvement, and cost/operational efficiencies
 - Health IT tools can be used to achieve high-quality healthcare, especially for chronically ill and high utilizing populations
 - Medicaid, as the largest payer for safety net providers, has an important role and stake in supporting HIT adoption
 - Administrative efficiencies and cost savings may help assure the sustainability of Medicaid

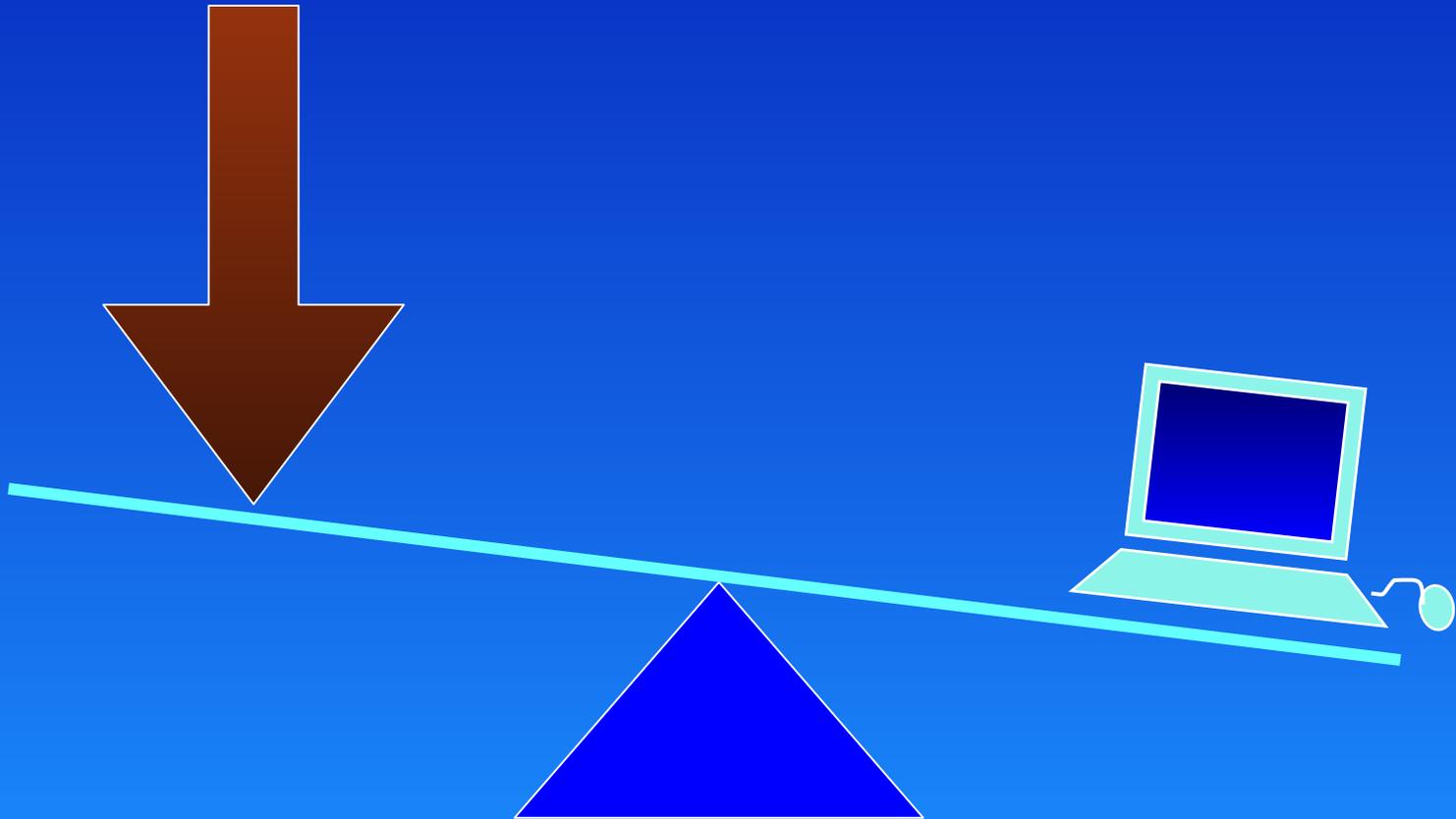
Where the leverage comes from

- 52 million enrollees



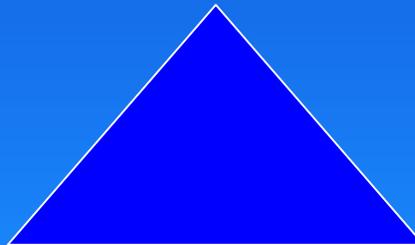
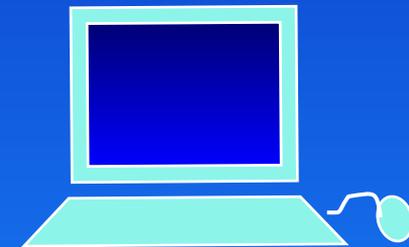
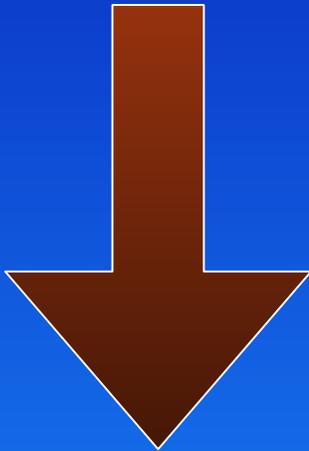
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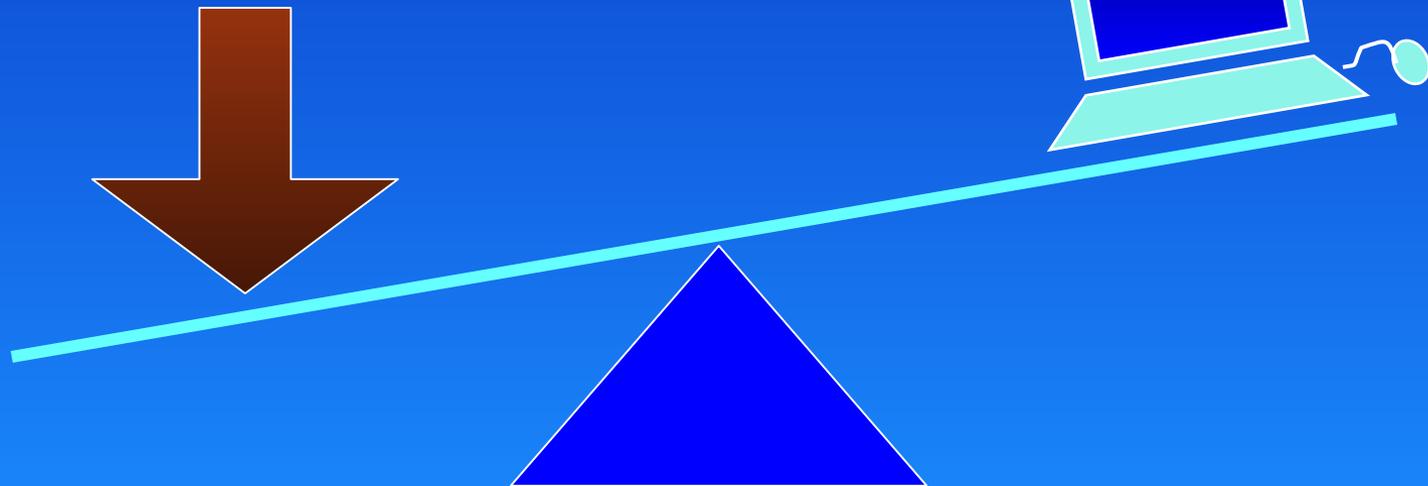
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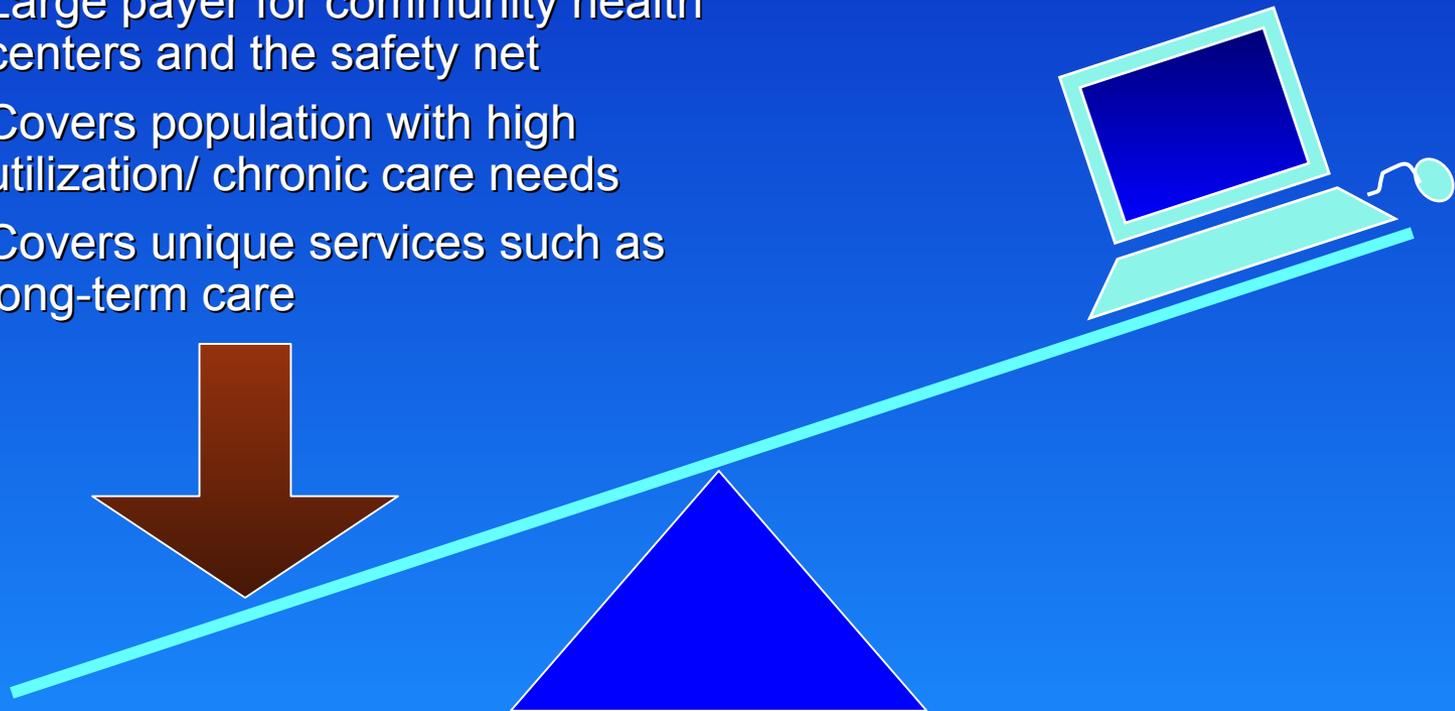
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- Covers population with high utilization/ chronic care needs
- Covers unique services such as long-term care





Can HIT Improve Quality for Medicaid Beneficiaries?

- Clinician / care team level use of HIT
 - Chronic disease care
 - Preventive care
 - Medical error prevention
 - Coordination of care
- Higher organizational level use of HIT
 - State Medicaid program
 - Medicaid managed care organization
 - Provider organizations (hospitals, long-term care facility or large group practice)



Improve Chronic Care Outcomes

- Chronic disease burden high: Over 60% of Medicaid enrollees have at least 1 chronic or disabling condition
- Quality of chronic disease care often low:
- Chronic Care Model enabled by HIT
 - Proactive multi-disciplinary teams
 - Patient education and empowerment
 - Evidence-based treatment plans
 - Registries and “population” disease management
 - Reminders
 - Clinician performance feedback
 - Outcomes: Healthcare Disparities Collaborative



Improve Preventive Care

- Primary and secondary preventive care is poor: diabetic eye exams, hemoglobin A1c monitoring and colon cancer screening lowest in Medicaid practice settings
- Preventive care enabled by HIT
 - Organized processes of care
 - Promotion of evidence-based guidelines
 - Reminders
 - Special functions for pediatric care
- Outcomes: improvement non-Medicaid populations including urban pediatric population



Improved Coordination of Care

- Care often poorly coordinated for Medicaid Beneficiaries
- Coordination enabled by HIT
 - Access to patient information
 - Transitions across sites of care
 - Long-term care
 - Mental health and substance abuse care
 - Children and school-based settings of care
 - “wrap-around” services
- Outcomes: poorly studied



Improve Organization of Care

- Levels of organization:
 - State Medicaid program
 - Medicaid Managed Care
 - Provider organizations (hospitals, LTC facility, large group practice)
- Clinician / practice performance data collection and feedback for improvement
- Provide data to other providers
 - Practice guidelines
 - Encounter data from other settings of care or medication lists



What Providers Need From HIT

- Point of care Health IT Needs
 - Provider motivation
 - Technical assistance with needs assessment and system selection
 - HIT Hardware and software
 - Work-flow redesign, staff training
 - Transfer of paper data to electronic health records
 - Maintenance and troubleshooting
- Interoperability and Data Sharing Needs



Opportunities for Incentives

- Can Medicaid capitalize on existing CMS efforts in Medicare?
- Value-Based Purchasing (P4P)
 - Adoption
 - Utilization (Pay more for certain HIT usage)
 - Quality (usage/phased in requirements)
- Grants and other mechanisms



Key Questions Going Forward

- How can Medicaid agencies leverage HIT adoption to improve the quality of care?
- What administrative and cost efficiencies might be available to Medicaid agencies through optimal use of health IT and HIE?
- Which state and federal laws/regulations need to be addressed to allow Medicaid's full participation in HIE?
- How can the efforts of Medicaid agencies help develop our National Health Information Infrastructure?



NGA Policy Academy Process: Quality Improvement

- Goal: assist states in developing comprehensive initiatives to improve, track and measure health care delivery and health outcomes.
- State action plans will focus on quality improvement and measurement in treatment, prevention and outcomes for specific diseases, patient safety and error reduction—or a combination of targeted goals.
- Potential outcomes could include legislation, executive orders and/or regulatory reform.



NGA Policy Academy Process: Quality Improvement

- Participants in the 2006 Policy Academy:
 - Arizona
 - Kentucky
 - Massachusetts
 - Minnesota
 - New Hampshire
 - North Carolina
 - Utah
 - West Virginia
 - Puerto Rico
 - American Samoa
- June 14-16th Academy Meeting:
 - Teams of state policymakers from the public and private sector will meet with national experts
 - Develop an action plan for best practices in health care quality improvement and measurement.



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- **Questions and answers**