

# **Balancing Electronic Data Collection with Performance Measurement: Optimism vs. Reality**

***IT-Enabled Performance Mini-Summit  
Second Annual Pay for Performance Summit  
Los Angeles, CA***

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# We're at a Critical Point in Time

- Given rapidly emerging policies and momentum around quality improvement/performance measurement and information technology
- We have a tremendous opportunity to lay the foundation for the future....
- Resulting in higher quality, more effective, safer care for patients across the U.S.
- **But how do we get there?**

# Convergence of Quality and HIT

- Policy Efforts Signal Recognition
  - Administration
  - Congress
  - Private Sector
- Some Early Experimentation on How to Get There

# President's August 2006 Executive Order

Directs Federal Agencies that Administer or Sponsor Federal Health Insurance Programs to

- **Increase Transparency In Pricing.** The Executive Order directs Federal agencies to share with beneficiaries information about prices paid to health care providers for procedures.
- **Increase Transparency In Quality.** The Executive Order directs Federal agencies to share with beneficiaries information on the quality of services provided by doctors, hospitals, and other health care providers.
- **Encourage Adoption Of Health Information Technology (IT) Standards.** The Executive Order directs Federal agencies to use improved health IT systems to facilitate the rapid exchange of health information.
- **Provide Options That Promote Quality And Efficiency In Health Care.** The Executive Order directs Federal agencies to develop and identify approaches that facilitate high quality and efficient care.

# DHHS Secretary's Four Cornerstones

- **Connecting the System:** Every medical provider has some system for health records. Increasingly, those systems are electronic. Standards need to be set so all health information systems can quickly and securely communicate and exchange data.
- **Measure and Publish Quality:** Every case, every procedure, has an outcome. Some are better than others. To measure quality, we must work with doctors and hospitals to define benchmarks for what constitutes quality care.
- **Measure and Publish Price:** Price information is useless unless cost is calculated for identical services. Agreement is needed on what procedures and services are covered in each "episode of care".
- **Create Positive Incentives:** All parties--providers, patients, insurance plans, and payers--should participate in arrangements that reward both those who offer and those who purchase high-quality, competitively priced health care.

# DHHS Secretary's Efforts

- DHHS Secretary traveling across the country....several state leaders and employers signing on with support
- Local value exchanges being launched to support measurement and reporting of quality measures
- Employer toolkit developed in collaboration with private sector
- Quality Work Group launched as a sub-set of “American Health Information Community”
- AHRQ providing grants to support forward movement

# American Health Information Community Quality Work Group

- Multi-stakeholder group launched August 1, 2006 to determine how HIT can be used for the development of quality measures.
- **Broad Charge:** Make recommendations to AHIC regarding the following:
  - HIT can provide the data needed for the development of quality measures that are useful to patients and others in the health care industry
  - Automate the measurement and reporting of a comprehensive set of quality measures, and
  - Accelerate use of clinical decision support that can improve performance on those quality measures.
  - Advise how performance measures should align with the capabilities and limitations of health IT.

# **AHRQ Grants Supporting Quality and Health Information Technology**

- Improving Quality through Clinician Use of IT
- Enabling Patient-Centered Care through HIT
- Enabling Quality Measurement through HIT
- Ambulatory Care Patient Safety Proactive Risk Assessment

# Congressional Activity

- ***Tax Relief and Health Care Act of 2006*** (H.R. 6408) approved as 109<sup>th</sup> Congress came to a close
  - Prevents Medicare physician payment reductions in 2007  
New incentive payments for covered providers who report on quality measures
  - Creates voluntary quality reporting system beginning in July 2007 (2008 based on consensus organization)
  - Establishes three-year demonstration - medical home model
- Additional legislation expected in 2007

# Private Sector Initiatives

- Purchasers beginning to consolidate expectations (in sync with four cornerstones)
- Incentives initiatives getting enormous traction: Bridges to Excellence and IHA
- Quality organizations supporting implementation:
  - National Quality Forum
  - Ambulatory Quality Alliance
  - National Committee for Quality Assurance

# Ambulatory Quality Alliance

- Launched in Sept 2004 by AAFP, ACP, AHIP and AHRQ - a broad based collaborative of physicians, consumers, purchasers, health insurance plans and others
- Goals are to reach consensus as soon as possible on:
  - A set of measures for physician performance that stakeholders can use in private health insurance plan contracts and with government purchasers;
  - A multi-year strategy to roll-out additional measurement sets and implement measures into the marketplace;
  - A model (including framework and governing structure) for aggregating, sharing and stewarding data; and
  - Critical steps needed for reporting useful information to providers, consumers and purchasers.

# Evidence of Rapid Movement on the IT Front at the State and Regional Levels

# State Level Activity What's Happening?

- Over half the states in the country are developing or implementing plans related to health information technology
- Emphasis on quality, patient safety and curbing rising healthcare costs rank high as the primary drivers for state leadership around health information technology.

# State Level Activity: eHI Survey Results

Stage 1 AWARENESS 15%	Stage 2 REGIONAL ACTIVITY 17%	Stage 3 STATE LEADERSHIP 25%	Stage 4 STATEWIDE PLANNING 29%	Stage 5 STATEWIDE PLAN 8%	Stage 6 STATEWIDE IMPLEMENTATION 6%
<ul style="list-style-type: none"> <li>▪ Recognition of the need for HIE among multiple stakeholders in your state, region, or community</li> <li>▪ No coordinated, statewide activity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Regional or community-specific HIE activity</li> <li>▪ Silos of HIE activity with possibly some cross-over</li> <li>▪ No coordinated, statewide activity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Either legislation has been passed or an executive order issued</li> <li>▪ Statewide planning initiative being formulated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Well underway with coordinated, statewide planning</li> <li>▪ Structures in place have statewide representation</li> <li>▪ Clear on how to deliver statewide plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan / Roadmap complete and accepted</li> <li>▪ Plan / Roadmap communicated to the public</li> </ul>	<ul style="list-style-type: none"> <li>▪ Implementation of state plan or Roadmap is well underway, with key milestones completed</li> </ul>

# eHI's Recent Analysis of Leadership by Governors

- Thirteen executive orders were issued by U.S. governors calling for HIT and HIE to improve health and healthcare
  - Arizona, 2005
  - California, 2006
  - Florida, 2004
  - Georgia, 2006
  - Illinois, 2006
  - Kansas, 2004
  - Missouri, 2006
  - North Carolina, 1994
  - Tennessee, 2006
  - Texas, 2006
  - Virginia, 2006
  - Wisconsin, 2005
  - Washington, 2007

# eHI's Recent Analysis of State Legislative Activity

- **HIT State Legislative Activity Is on the Rise.** State legislatures are increasingly recognizing the importance of IT in driving health and healthcare improvements.
- In 2005 and 2006:
  - 38 state legislatures introduced 121 bills which specifically focus on HIT
  - 36 bills were passed in 24 state legislatures and signed into law.
- In 2007:
  - 17 bills have been introduced in 10 states which specifically focus on HIT

# eHI's Recent Analysis of State Legislative Activity

## Focus of HIT State Legislative Action

- The authorization of a commission, committee, council or task force to develop recommendations
- The development of a study, set of recommendations, or a plan for HIT
- The integration of quality goals within HIT-related activities; or
- The authorization of a grant or loan program designed to support HIT

# Highlights of 2006 eHI Survey of Health Information Exchange: State and Community Levels

- Fielded in May 2006
- Includes 165 responses from health information exchange (HIE) initiatives located in 49 states, the District of Columbia and Puerto Rico.

# eHI 2006 Survey: Who's Involved Stakeholder Engagement

- Primary Care Physicians – (91%)
- Hospitals – (96%)
- Community and Public Health Clinics – (84%)
- Local Public Health Department – (70%)
- State Medicaid Program – (57%)
- Health Plans – (68%)
- State Public Health Department – (64%)
- Employers – (54%)
- Consumers – (49%)
- Laboratories – (49%)
- Pharmacies – (47%)
- School-based Clinics – (77%)

# eHI 2006 Survey

## Types of Data Exchanged

- Laboratory – (26 percent)
- Claims – (26 percent)
- ED Episodes – (23 percent)
- Dictation – (22 percent)
- Inpatient Episodes – (22 percent)
- Outpatient Lab – (22 percent)
- Radiology – (20 percent)
- Outpatient Prescriptions – (18 percent)

# eHI 2006 Survey

## Services Still Focus on Care Delivery

- Clinical documentation (26 percent)
- Results delivery (25 percent)
- Consultation/referral (24 percent)
- Electronic referral processing (23 percent)
- Alerts to providers (20 percent)

# Expanding Areas of Focus

- While “care delivery” is the area most benefiting from health information exchange today, other areas will benefit from this agenda
  - Patient-directed programs, including personal health records
  - Public health surveillance and response
  - Research
  - Quality improvement and reporting

# **eHI 2006 Survey**

## **Care Management and Quality Reporting Emerging Focus**

- Chronic or Disease Management - 20 percent
- Quality Performance Reporting for purchasers or payers – 11 percent, with an additional 7 percent expect to provide this service within six months.
- Quality Performance Reporting for clinicians- 10 percent with an additional 14 percent intending to add this service within six months.

# Most Difficult Challenges

- Securing upfront funding – (57 %)
- Developing a sustainable business model – (44 %)
- Accurately linking patient data – (30 %)

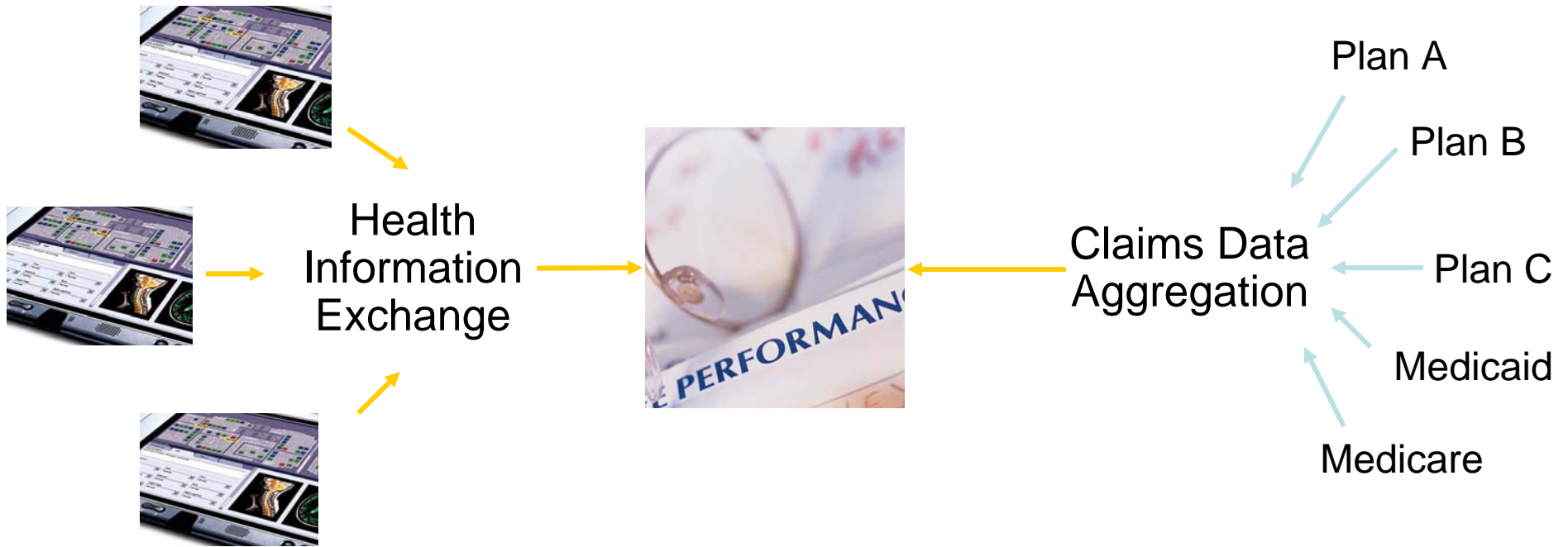
# **So How Do Quality and Information Technology Fit Together?**

**And What Steps Should be  
Taken?**

# BTE-Funded Towers Perrin Study Identifies Measures That Produce Improvements in Cost and Quality

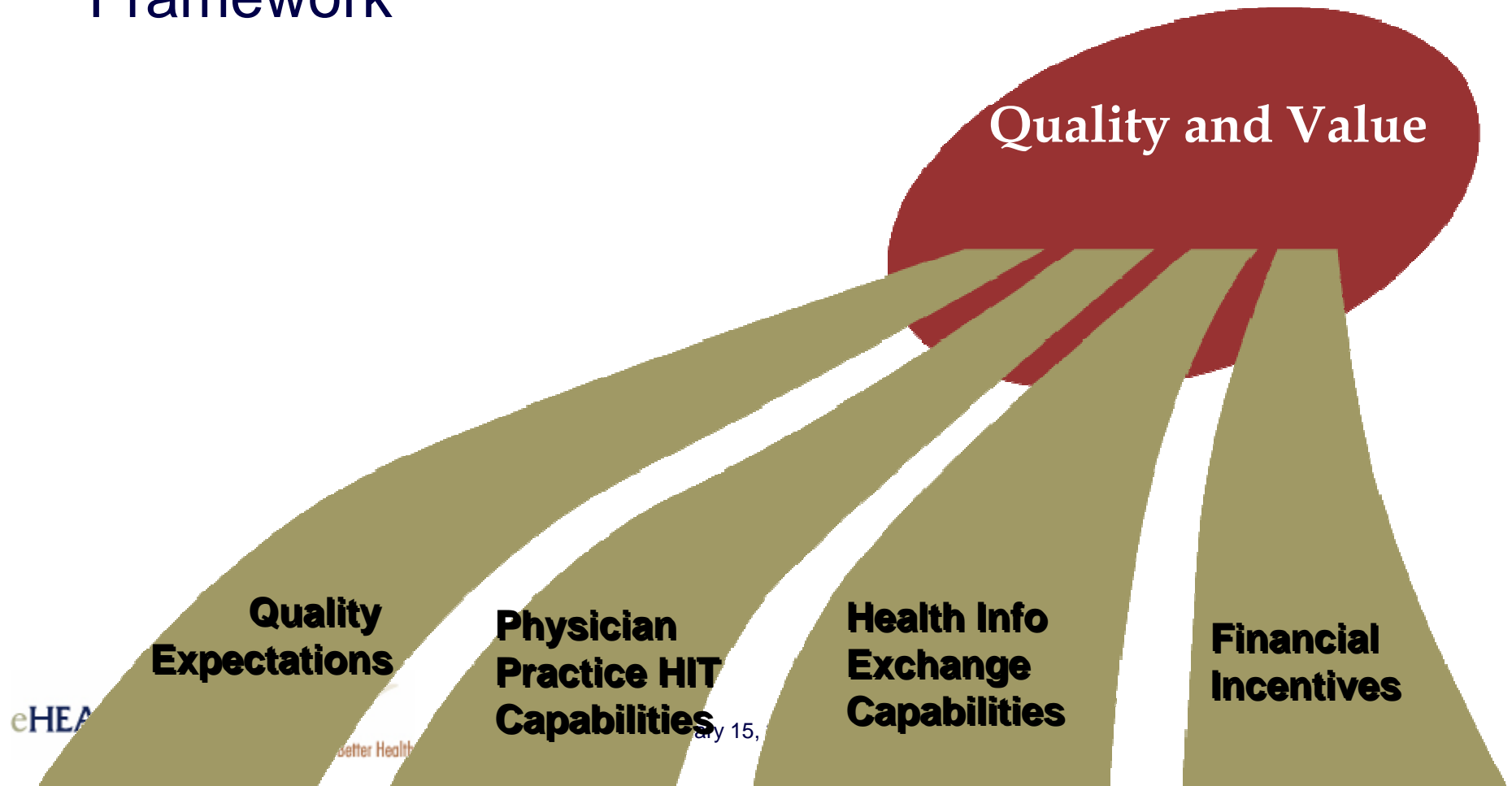
- HTN 42      BP<140/90
- HTN 43      SBP<140
- HTN 44      DBP<90
- DM 23      BP<140/90
- DM 21      HbA1c>9%
- DM 22      HbA1c<7%
- DM 25      LDL<100
- DM 26      LDL<130
- CAD 6      LDL<100 after discharge for AMI, CABG, PCI
- CAD 7      LDL<130 after discharge for AMI, CABG, PCI
- CAD 8      LDL<100 any CAD
- CAD 9      LDL<130 any CAD

# You Really Need Clinical *and* Claims Data to Make This all Work



# You Can't Get There Without Building the Information Foundation

eHI's Parallel Pathways Framework



# Actions That Can be Taken to Drive Convergence

- By Those Focused on Quality:
  - Build requirements for indirect and direct support of health IT into policies, expectations
  - Get consensus on requirements – and apply consolidated pressure on one set....
  - Align activities focused on quality with those focused on health IT: national, state, local

# Actions That Can be Taken to Drive Convergence

- By Those Focused on Health IT:
  - Move away from HIT for the sake of HIT mentality...focus on delivering value key customers (and the customer base is larger and more diverse)
  - Health information exchanges should build out new services that address the needs for quality information: for providers, purchasers, health plans, consumers
  - EHR vendors should build in capabilities that enable both quality improvement and performance reporting

# **Actions That Can be Taken to Drive Convergence**

- Create collaborative learning laboratories today...that show how emerging health information exchanges can support:
  - Quality improvement,
  - Performance reporting, and
  - Consumer access to information

# We're at a Unique Point in Time

- The confluence of efforts surrounding not only information technology and health information exchange, but also requirements for and the alignment of incentives with quality improvement, create an **opportunity for transformation** in the U.S. healthcare system.

# Opportunity to Transform Healthcare

- **As pressures on the system for quality and efficiency improvement continue to grow, policy makers and leaders at the national, state, and local levels should look to align policies for both quality and HIT**

# Opportunity to Transform Healthcare

- **Both efforts** related to quality and health information exchange require
  - trust,
  - the engagement of multiple stakeholders, special attention to information sharing policies related to privacy and confidentiality, and
  - an electronic data infrastructure--and can benefit from being addressed in a complementary fashion.

# Final Remarks

- Mobilizing health information, aligning incentives, and supporting collaboration on change is going to **dramatically improve the quality and safety of healthcare across the U.S.**

# Our Panel Today

- Ron Bangasser, MD, Chair, Technical Advisory Committee, IHA P4P; Medical Director of Wound Care, Redlands Community Hospital
- Jeff Hanson, Vice President, Pay for Performance, Thomson Medstat
- Peter V. Lee, Esq., President and Chief Executive Officer, Pacific Business Group on Health
- Peggy E. O'Kane, President, National Committee for Quality Assurance

# Areas We Will Touch Upon

- Experiences with PVRP
- Pioneering in the field: small physician practices beginning to report measures through portals
- Role of HIT in efficiency measurement
- Expectations of employers/purchasers
- Experiences with HEDIS
- Emerging policy efforts

# Format

- 15 minutes of presentation per panelist
- 30 minutes of discussion time and Q&A

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