

Creating Quality Improvement and Incentive Platforms in the Safety Net

2009 Pay for Performance Summit

Presented by:

Julie Murchinson, Manatt Health Solutions

Jonah Frohlich, California HealthCare Foundation

Objectives

- Share strategies that support adoption of health information technology (IT) for quality improvement in the safety-net
- Discuss experiences with health IT and quality incentives in the safety-net
- Overview emerging network and regional models for implementing EHRs in the safety-net

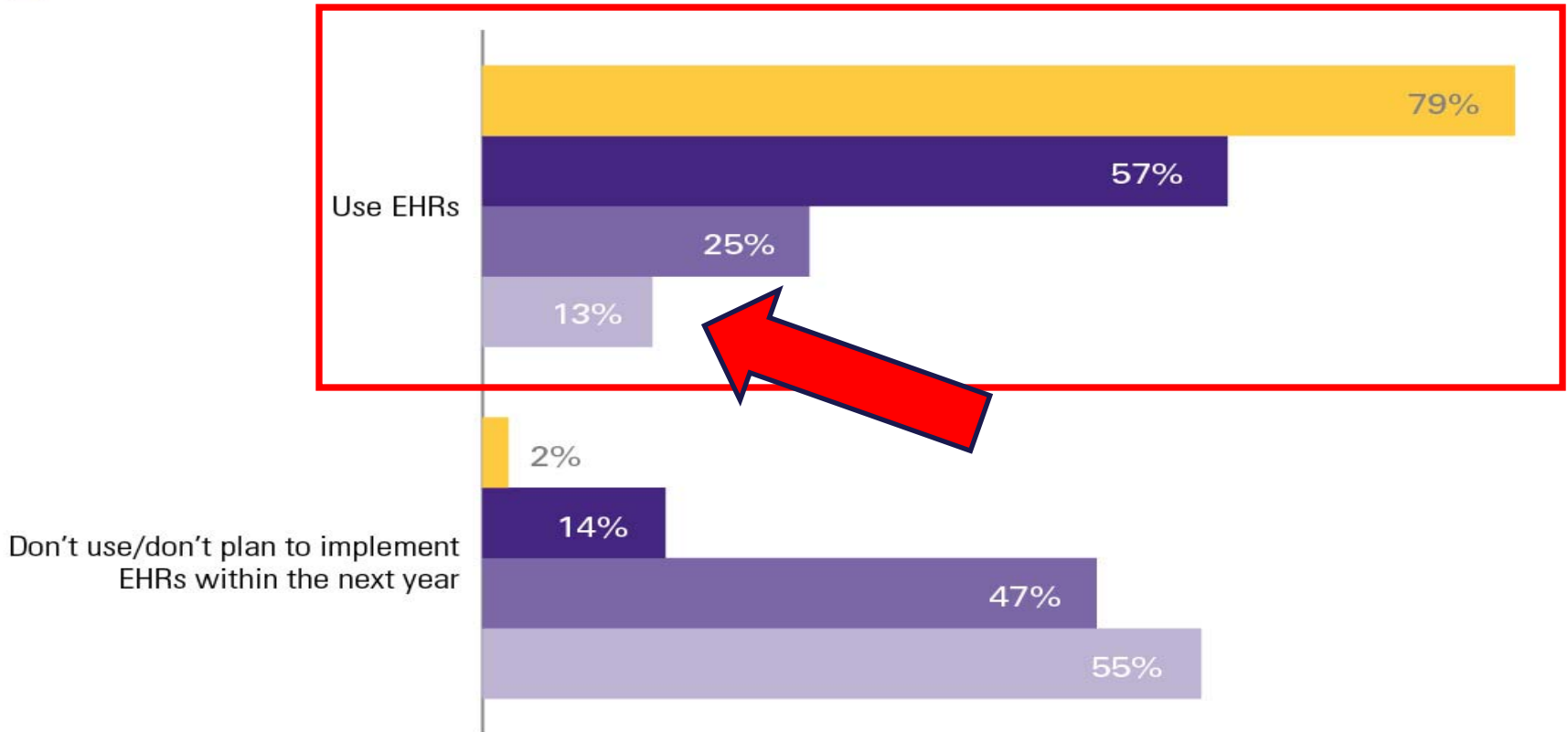
Individual Physician Use of Electronic Health Records, California vs. U.S., 2007

California
U.S.



Physician Use of EHRs, by Practice Size, California, 2007

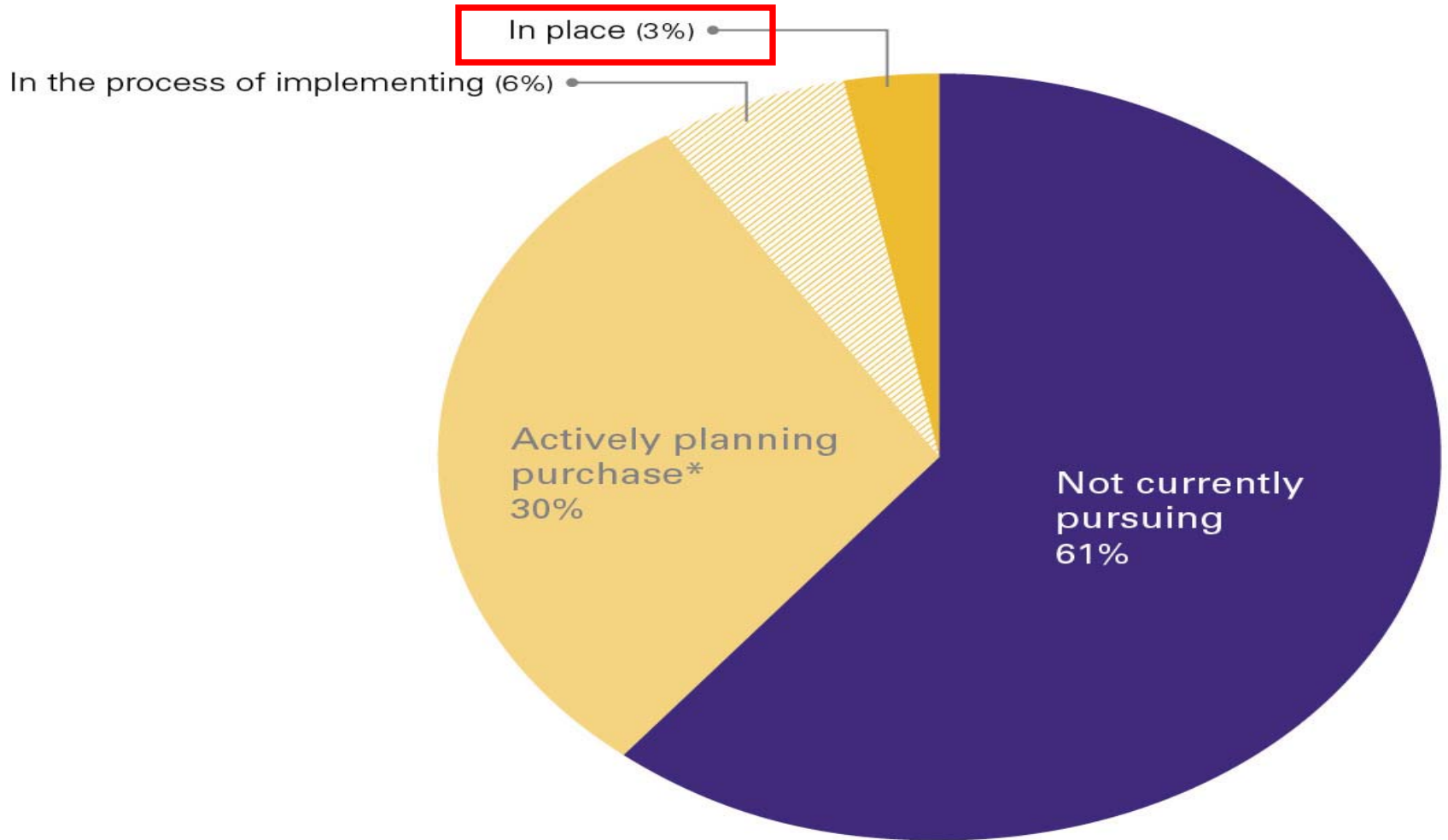
- Kaiser
- Large Practice
- Small/Medium Practice
- Solo Practitioner



Notes: Large practice is 10 or more physicians; small/medium practice is 2 to 9 physicians (excluding Kaiser).

Source: *Health Perspectives in California. 2007 Survey of Primary Care Physicians.* Harris Interactive. June 2007.

Use of EHRs at Community Clinics, California, 2005



*E.g., has an operating EHR planning committee, is writing a request for proposals (RFP) from EHR vendors, or has issued an RFP.

Source: 2005 Information Management Assessment. Medical Director Survey. Community Clinics Initiative.

Strategies to Bridge the Gap

1. Coordinated stepping stone approaches
2. Safety-net use of incentives
3. Network deployment models
4. Sharing of EHR adoption experiences

Strategies to Bridge the Gap

1. Coordinated stepping stone approaches

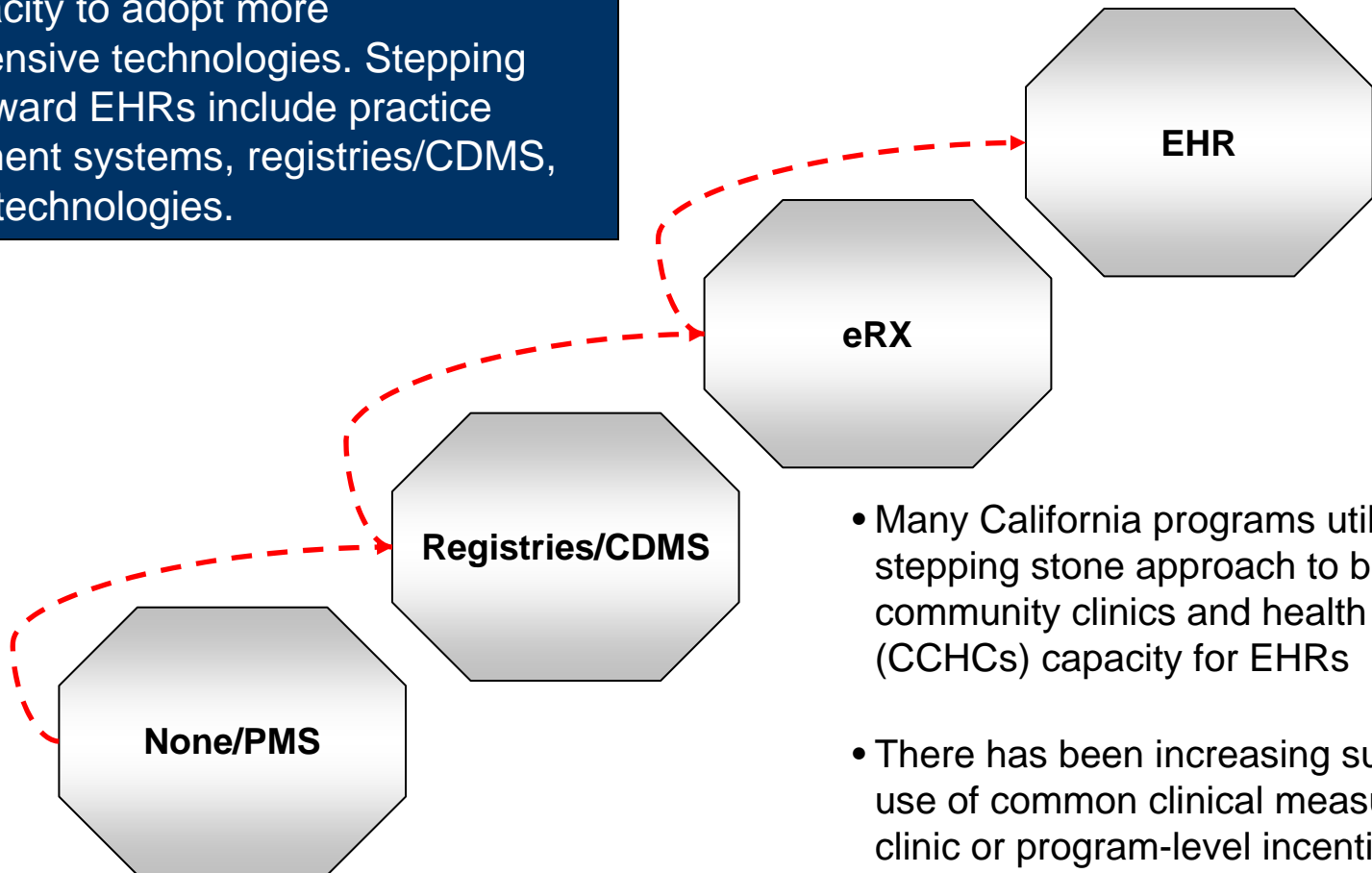
HITECH Act

- Physicians must be “meaningful” users of certified EHR products that connect to local or regional HIEs.
- “Meaningful use” of EHRs
 - Uses electronic prescribing as determined to be appropriate by the HHS Secretary
 - An EHR is “connected in a manner” that provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination (in accordance with law and standards applicable to the exchange of information)
 - Submits information on clinical quality measures and other measures as selected and in a form and manner specified by the Secretary



Stepping Stone Approaches

A “stepping stone” approach enables a healthcare organizations to adopt a less complex and expensive health IT to build their capacity to adopt more comprehensive technologies. Stepping stones toward EHRs include practice management systems, registries/CDMS, and eRX technologies.



- Many California programs utilize the stepping stone approach to build community clinics and health centers (CCHCs) capacity for EHRs
- There has been increasing support and use of common clinical measures and/or clinic or program-level incentives in quality improvement programs

Stepping Stone Approach

Program (Funder)	Description	Stepping Stone	Standard Quality Metrics	Incentives
Accelerating Quality in Collaboration (AQIC) <ul style="list-style-type: none"> • CHCF 	<ul style="list-style-type: none"> • Statewide effort to implement a common quality reporting system and processes for improving diabetes care across CCHCs • Participants: California Primary Care Association, 14 regional health consortia and CCHCs across the state 	<ul style="list-style-type: none"> • Registries/ CDMS 	Yes – Currently focused on diabetic and pap smear metrics.	<ul style="list-style-type: none"> • Phase 1 – No • Phase 2 – TBD Considering use of clinic incentives
Building Clinic Capacity for Quality (BCCQ) <ul style="list-style-type: none"> • UniHealth Foundation • Kaiser Permanente • L.A. Care Health Plan 	<ul style="list-style-type: none"> • Multi-phase program designed to support Southern California clinics in planning for, executing, or augmenting quality improvement initiatives • Program components included a readiness assessment, QI project, on-site clinic coaching/technical assistance and a series of knowledge building sessions. 	<ul style="list-style-type: none"> • PMS • Registries/ CDMS • eRX • EHR 	Encouraged, not mandated	No
LA Care eRX Pilot Program	<ul style="list-style-type: none"> • Multi-phase pilot program to determine the feasibility, benefits and barriers to e-prescribing in a select group of Medi-Cal providers. • Phase I and Phase 2 (complete): No incentives were used, however training and equipment were provided free of charge. • Phase 3 (active): Focuses on high utilization prescribers and incorporates a risk sharing component. 	<ul style="list-style-type: none"> • eRX 	N/A	<ul style="list-style-type: none"> • Phase 1 and 2: No • Phase 3: Yes (based on utilization patterns)
Promoting Rural Healthcare Quality through the Effective Use of Information Technology (Northern Sierra Rural Health Network) <ul style="list-style-type: none"> • Blue Shield of California Foundation (BSCF) 	<ul style="list-style-type: none"> • In 2006, the program conducted assessments to define region-wide goals for HIE across counties including 13 clinics and 6 hospitals • Based on the results of the assessments, the program spearheaded projects for eRX, CDMS and remote access to hospital-based patient health information 	<ul style="list-style-type: none"> • Registries/ CDMS • eRX 	Yes	No

Stepping Stone Approach

Program (Funders)	Description	Stepping Stone	Standard Quality Metrics	Incentives
Safe and Efficient Electronic Prescribing Practices for the Underserved and Uninsured in California's Public Hospital Clinics (CAPH) - Safety Net Institute <ul style="list-style-type: none"> • BSCF 	<ul style="list-style-type: none"> • Pilot program to extend eRX to ambulatory care providers • Participants include four CAPH member organizations, their outpatient pharmacies and two outpatient clinics per site 	<ul style="list-style-type: none"> • eRX 	Yes	No
Statewide eRX Plan <ul style="list-style-type: none"> • CHCF 	<ul style="list-style-type: none"> • Multi-phase program to develop a statewide e-prescribing plan • State plan will help to establish e-prescribing as the standard of care by 2012 	<ul style="list-style-type: none"> • eRX 	Yes	No
Tools for Quality <ul style="list-style-type: none"> • BSCF • CHCF • Community Clinics Initiative • Kaiser Permanente - Northern and Southern • The California Endowment 	<ul style="list-style-type: none"> • The program aims to support and strengthen the ability of clinics to track care and make improvements in health status, especially for patients with chronic conditions • Program components include: 1) Participation in regional learning communities and 2) Reporting of clinical measures 	<ul style="list-style-type: none"> • Registries/CDMS 	Yes – CCHCs report on 4 common diabetic metrics	Yes <ul style="list-style-type: none"> • Up to 50% of registry/CDMS acquisition costs • Up to \$5,000 for software

Strategies to Bridge the Gap

2. Safety-net use of incentives

HITECH Act

- The stimulus package authorizes incentive payments to qualified health care providers under Medicare and Medicaid for the purchase and use of EHRs.
- The bill authorizes roughly \$20 billion in net Medicare and Medicaid spending to encourage health care provider adoption of EHRs and health information exchange (HIE).

CCHCs are Using Incentives to Promote Health IT Adoption and Use

CHCF funded an in-depth review of three California CCHCs and their EHR adoption experiences. Analysis of their experiences found:

- Financial incentives were noted as an **important factor when engaging clinicians** in the process at two of the three case clinics
- Incentives were commonly regarded as **most valuable from a symbolic perspective**, rather than as a true financial motivator for greater levels of commitment and productivity
- 2/3 CCHCs were looking to **quality-based reimbursement** to help cover on-going EHR costs

CCHC Incentive Approaches

- Shasta Community Health Center (Shasta) designed a financial incentive program to reward clinicians for becoming adept at using the EHR
 - Prior to EHR implementation: \$1,000 bonus to clinicians who turned in their digital record
 - Year 1 of implementation: Staff and provider incentives tied to proficiency in using the EHR
 - Year 2 of implementation: Financial incentives will be tied to several indicators (e.g. use of eRX)
- Community Health Alliance of Pasadena (CHAP) compensated providers for their time to perform data abstraction
 - Compensation was provided for an additional two hours of work, four days per week, over several months



Health Plans are Using Incentives to Promote Health IT Adoption and Use among Safety-Net

- L.A. Care Health Plan
 - Locally organized Medi-Cal Managed Care Health Plan - the local initiative health authority for Los Angeles County
 - Mission: To provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents, and to support the safety net required to achieve that purpose
 - 750,000 are enrolled with LA Care Health Plan.
- eRX Pilot Project
 - Multi-phase program that began in 2006
 - To determine the feasibility, benefits and barriers to e-prescribing in a select group of Medi-Cal providers located in Los Angeles County

Health Plans are Using Incentives to Promote Health IT Adoption and Use among Safety-Net

Phase I and Phase II (Complete)

- No incentives were provided
- All training and software were provided free of charge to participants
- Results
 - Improved patient safety
 - Improvements in operational efficiency
 - Increase in cost savings due to increased generic utilization rate
- Among their conclusions*, "***Motivation is key to provider adoption!***"
 - Many providers are not willing to work through the hassles
 - Many providers apparently don't see enough benefit for their practices

Phase III Overview (active)

- Incentive program
- Focus on high utilization physicians
- Includes a risk-sharing component and \$3000 in incentives for providers based on utilization rates

Strategies to Bridge the Gap

3. Network deployment models

HITECH Act

- Establishes Health IT Regional Extension Centers to provide technical assistance and disseminate best practices.
- Regional Extension Centers are charged with providing technical and change management assistance to health care providers struggling with implementing and adopting EHR technology.

Emerging Network Deployment Models

Model	Networks	Profile
Medical Services Organization Supported	Brown & Toland Hill Physicians Healthcare Partners	<ul style="list-style-type: none"> • Independent Physician Associations (IPA) and Medical Group supported EHR implementations • May support both independent private practices group practices • May be a hosted ASP-based EHR or client-server • May be integrated with billing or other wrap-around services
Public and Public/Private Partnerships	New York PCIP Mass eHealth Collaborative	<ul style="list-style-type: none"> • Supported through bond/waiver and public financing through City health department (NY) or health plan grants (Mass) • Central support infrastructure , centralized reporting, health information exchanges • Group purchasing discounts requiring matching from participating practices and clinics
Federally funded EHR networks for community health centers	Alliance of Chicago Health Choice Network OCHIN	<ul style="list-style-type: none"> • Supports ASP-based or locally hosted EHR implementation for individual vendors (Epic, GE Centricity, eClinical Works) • Provides end-to-end implementation support • Wrap-around services including support for federal reporting requirements, standardized templates, registry functionality, etc.

What is an EHR Network?

An EHR Network is a health information technology (IT) partnership focused on CCHCs that provides services to support the adoption of EHRs and other applications.

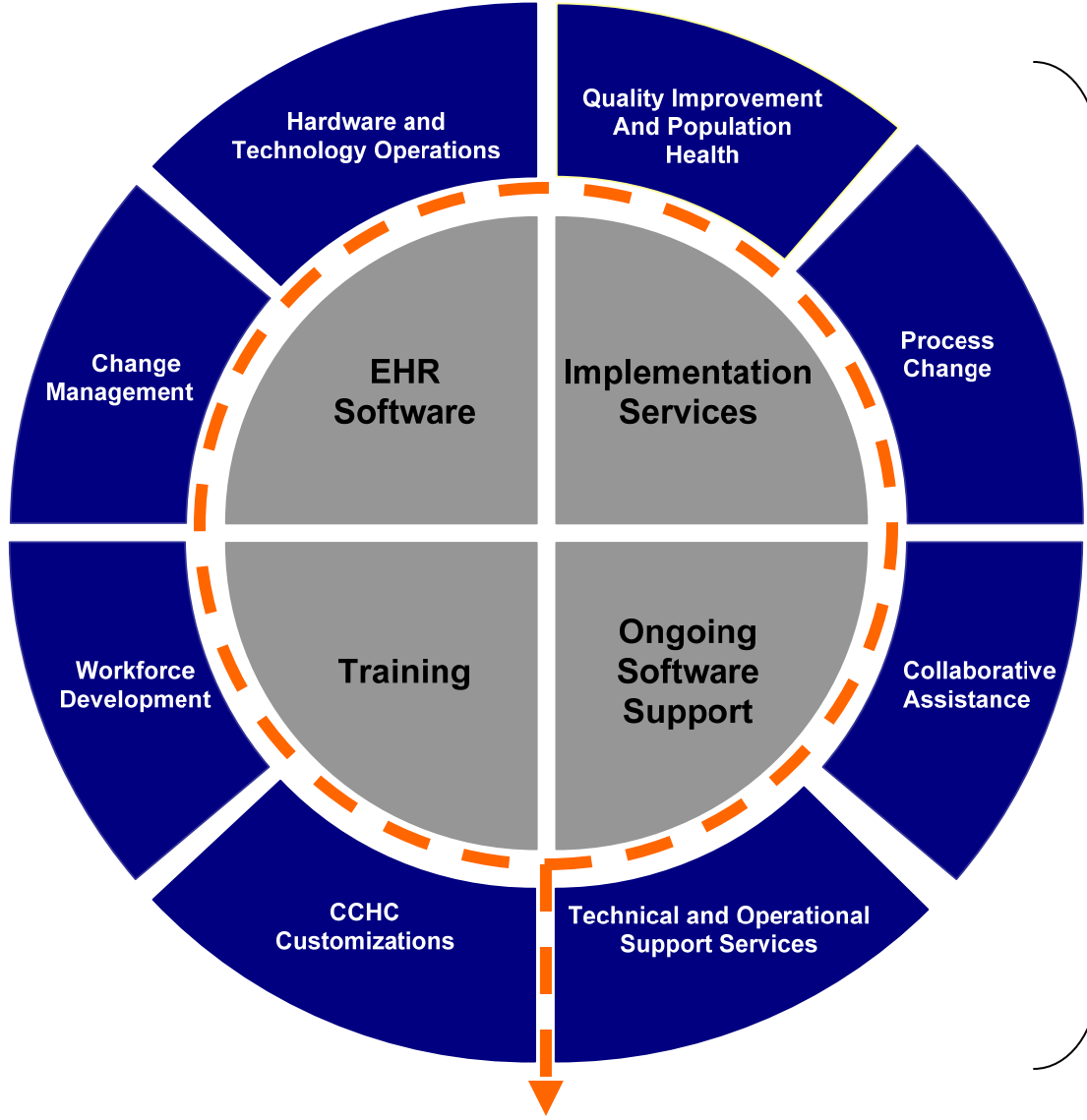
Health Center Controlled Networks (HCCNs) support the creation, development, and operation of networks of safety net providers to ensure access to health care for the medically underserved populations through the enhancement of health center operations, including health information technology.

-Health Resources and
-Services Administration (HRSA)



EHR Network Value Proposition

Components for successful EHR adoption



Typical vendor offering

- Robust technical and operational support with intent for greater responsiveness than historical vendor models
- Services and offerings have been developed and customized for target market
- Focus on quality improvement, including integration of guidelines and clinical expertise
- Well developed, detailed implementation plan including role-based descriptions customized to safety-net providers and training process
- Increased vendor leverage across individual clinics/practices
- ASP model advancement

Vendor/EHR Network Product and Service Comparison

Necessary Services for EHR Adoption	Vendor	EHR Network
<i>Executive Commitment</i>		
Collaborative environment to facilitate peer learning	○	●
Change management resources	○	⊙
<i>Care Process Change</i>		
Readiness and needs assessments	○	●
Customized workflow training	⊙	●
Workflow re-engineering	⊙	●
Workforce development	○	●
Ongoing staff training	⊙	●
Operational support	⊙	●

- : Service typically provided in a **basic offering**
- ⊙ : Service may be provided and may require **additional cost**
- : Service typically **not provided** in a basic offering

Vendor/EHR Network Product and Service Comparison

Necessary Services for EHR Adoption	Vendor	EHR Network
<i>Quality Improvement</i>		
Educational resources	○	●
QI Expertise	⊙	●
Population-based services	○	●
Hardware and Technology Operations		
Data center	○	●
Software configuration	⊙	●
Vendor management	○	●
Help-desk support	⊙	●
Disaster/recovery	⊙	●

- : Service typically provided in a **basic offering**
- ⊙ : Service may be provided and may require **additional cost**
- : Service typically **not provided** in a basic offering

Strategies to Bridge the Gap

4. Sharing of EHR adoption experiences

HITECH Act

- \$32-35B in expected health IT funding from the Federal government
- Primary focus of the Stimulus bill is on the adoption and “meaningful use” of EHRs

The Time is Now to Share Experiences

The adoption and use of health IT and data exchange for quality improvement is front and center at both the National and State level

- On the national level ...
 - Robust federal support to encourage data sharing across stakeholders and drive health IT adoption among providers
 - HITECH Act:
 - Primary focus is on the adoption and “meaningful use” of EHRs
 - EHR vendors and their customers will have to evaluate whether their systems are capable of generating the audit trails required by HITECH
- In California
 - California’s recent discussions of comprehensive health care reform recognizes the central role that HIE can and will play in significant market reform
 - In the past two years, Governor Schwarzenegger has issued several executive orders designed to increase the awareness and importance of health IT adoption

- **Importance of ensuring that any federal and state funding is optimally spent on quality improvement-targeted health IT adoption**
- **We don’t have time or money to waste by not sharing...data liquidity is a national and state priority**
- **For the benefit of each patient...everyone needs to have a successful adoption!**

Sharing Health IT Adoption Experiences

Collection and dissemination of health IT adoption experiences, including EHRs and CDMS have been a key component of foundation funding

- Provides an opportunity to share key hurdles and success factors around adoption for quality improvement among safety net providers
- Provides considerations and recommendations for other clinics considering adoption

- **Reports:** CHCF has recently funded a series of reports to share CCHC health IT experiences
 - *“EHR Adoption at Safety Net Clinics in California”* – Case-based study of three California CCHCs and their experience with EHR adoption covering a range of implementation issues for consideration.
 - *“Tools for Clinics: Four Health Centers Use Chronic Disease Management Systems”* - Profiles four CCHCs in California using various CDMS and related tools to efficiently care for patients with asthma, diabetes, hypertension, and other chronic conditions.
- **In-person activities:** Several quality improvement programs have components that enable clinics to learn from each other’s health IT experience
 - Building Clinic Capacity for Quality: Learning Circle and Knowledge building sessions
 - Tools for Quality: Regional learning sessions
- **Online communities:** The Community Clinic Voice was funded by the Community Clinics Initiative and continues to be a home for clinics to share resources and ideas, to chat and plan and to know of others progress

Field Strategies Proving Effective

Based on the previously noted CHCF study of three California CCHCs and their EHR adoption experiences:

	Example	Finding/Discussion
Clinician Productivity Expectations	<ul style="list-style-type: none"> • Modified productivity expectations from 90 to 80% when clinicians expressed frustration with higher data entry demands • Adjusted mix of structured and free text data collection, requiring less abstraction 	<ul style="list-style-type: none"> • Clinics must establish and, if necessary, modify expectations for productivity loss and recovery as they work with their clinicians, board of directors, and others.
Clinician engagement	<ul style="list-style-type: none"> • 2/3 clinics: Clinician engagement was more of a tactical consideration than a philosophy • 1 clinic: Engaged clinicians earlier in the process and in a more influential role. 	<ul style="list-style-type: none"> • Clinician engagement strategies and degree of involvement varied among CCHCs • Decision-making appears to have been at least partly a function of organizational culture
Data Abstraction	<ul style="list-style-type: none"> • 2/3 clinics used data abstraction while the other used staff to scan patient information 	<ul style="list-style-type: none"> • Strategy to abstract data varied among clinics. • While abstraction by clinicians produces higher-quality and more readily accessible information in the EHR, the trade-off is lower clinician productivity, at least in the short term

Recommendations

- **Provide readiness assessment opportunities**
 - Ensure that funding is optimally used by helping organizations identify issues and plan from quality improvement from the beginning
 - Expand to next step health IT functionality
- **Support EHR network implementations.** Fund EHR network adoption efforts that advance quality improvement through centralized data analysis and application
- **Fund knowledge sharing**
 - Convene learning sessions (e.g. web-based, regional learning sessions) to provide cross learning opportunities
 - Focus knowledge sharing efforts on a specific adoption phase (e.g. planning, preparation, implementation or optimization)
- **Support quality improvement programs that incorporate incentives for the use of health IT and/or reporting of common quality metrics**