



BIPARTISAN POLICY CENTER

The Role of Health IT in Delivery System Transformation

*National Congress on Healthcare Clinical Innovations,
Quality Improvement and Cost Containment*

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Bipartisan Policy Center

October 26, 2011

Overview

- A little bit of background about our work
- Common attributes of high-performing organizations and new models of care
- Role of health IT in supporting new models of care
- Gaps in the U.S. health care system today
- Barriers to achievement of capabilities
- What's next?

Background

Overview of the Bipartisan Policy Center

- The Bipartisan Policy Center (BPC) is a think tank that was established in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell to develop and promote solutions that can attract public support and political momentum in order to achieve real progress.
- To confront this challenge, the BPC seeks to develop policy solutions that make sense for the nation and can be embraced by both sides of the aisle.
- The BPC is currently focused on the following issues: energy, national security, homeland security, transportation, financial services and health care

Bipartisan Policy Center

Health Project

- Led by former Senate Majority Leaders Tom Daschle (D-SD) and Bill Frist (R-TN) and former Governors Mike Rounds (R-SD) and Ted Strickland (D-OH)
- Dedicated to bringing together policymakers and industry stakeholders for substantive collaboration in support of creating a more sustainable, accountable and efficient health care system.
- Key Issues We're Focused On:
 - Health Insurance Market Reform
 - Professional Workforce Development
 - Health Information Technology

Overview of the Bipartisan Policy Center Health IT Initiative

- Identify and widely disseminate policies, strategies and best practices to facilitate the effective use of investments in health IT to support
 - Delivery system and payment reforms
 - Health insurance market reforms
- Assess progress on health IT workforce development and share strategies and best practices for addressing remaining challenges.

Key Findings From Our June Report

- While not an end unto itself health IT plays a critical role in supporting key health care reforms:
 - Delivery system reforms
 - Payment reforms
 - Prevention and wellness
 - Health insurance market reforms
- With nearly \$30 billion being spent through HITECH on EHRs and even more than that by providers, it is critical that such investments lay the groundwork for new accountable, coordinated, patient-centered models of care that contain costs and improve quality.

Task Force on Delivery System Reform and Health IT

Goals of the Task Force on Delivery System Reform and Health IT

- Identify efforts and **best practices for coordinated, patient-centered, accountable care**
- Make recommendations for **aligning current health IT efforts**—to best utilize scarce public and private sector **resources—to support new delivery system and payment reforms** and improve the quality of care for all Americans

Multi-Stakeholder Task Force is Chaired by Senators Daschle and Frist

- Scott Armstrong, President and CEO, Group Health Cooperative
- Peter Basch, MD, FACP, Medical Director, MedStar Health
- Christine Bechtel, Vice President, National Partnership for Women and Families
- David Blumenthal, MD, MPP, Harvard University, Former National Coordinator
- Russell Branzell, CIO, Poudre Valley Health System
- Christine Cassel, MD, President, American Board of Internal Medicine
- Reginald Coopwood, MD, President and CEO, Regional Medical Center at Memphis
- Janet Corrigan, PhD, President and CEO, National Quality Forum
- Mike Critelli, President and CEO, Dossia
- Governor John Engler, President, Business Roundtable
- Alissa Fox, Senior Vice President, Blue Cross Blue Shield Association
- Douglas E. Henley, MD, EVP and CEO, American Academy of Family Physicians
- Karen Ignagni, President and CEO, America's Health Insurance Plans
- Brent James, MD, M.Stat., Chief Quality Officer and Executive Director, Institute for Health Care Delivery Research, Intermountain Health Care
- David Lansky, PhD, CEO, Pacific Business Group on Health
- Jack Lewin, MD, CEO, American College of Cardiology
- Janet Marchibroda, BPC Health IT Initiative Chair (ex-officio)
- Deven McGraw, Director, Health Privacy Project, Center for Democracy and Technology
- Margaret O'Kane, President, National Committee for Quality Assurance
- Stephen Palmer, State Health IT Coordinator, TX Health and Human Services Commission
- Herb Pardes, MD, President and CEO, New York Presbyterian Hospital
- Robert Pearl, MD, Executive Director and CEO, The Permanente Medical Group
- John Rother, CEO, National Coalition on Healthcare
- Governor Mike Rounds (R-SD)
- Michael Simpson, Vice President and General Manager, GE Healthcare
- Governor Ted Strickland (D-OH)
- Tony Tersigni, EdD, FACHE, President and CEO, Ascension Health System
- Betsy Weiner, PhD, RN-BC, Senior Associate Dean for Informatics, Vanderbilt University School of Nursing

Key Outcomes of the Task Force

1. Assessment of the common attributes of new models of care--which encompass key components of both delivery system and payment reforms;
2. Identification of the key health IT capabilities and electronic data exchange needed for the common attributes of these new models of care;
3. Assessment of the current level of adoption of such capabilities within the U.S. (gap analysis)
4. Identification and assessment of the primary barriers to achieving such capabilities and development of recommendations to address such barriers.

Our Findings to Date

Methods Used

- Task Force deliberations
- Review of literature and emerging public and private sector policies on new models of care
- In-depth interviews of leaders of nearly 40 high-performing organizations and examples of new models of care:
 - Health systems
 - Health plan supported initiatives
 - Community-based initiatives
 - Physician practices deploying medical home

Common Attributes of High-Performing Organizations and New Models of Care

1. Organizational Leadership, Vision, and Culture
2. Clinical Leadership and Engagement
3. Focus on Needs of the Patient
4. Access to Information
5. Coordination of Care
6. Prevention, Wellness, and Healthy Behaviors
7. Accountability, Alignment of Incentives, and Payment Reform
8. Timely Access to Care

Overarching Findings

- Health IT is essential delivery system reforms that promote coordinated, accountable, patient-centered care
- Meaningful Use Incentives lay an important foundation for new models of care delivery
- Health IT tools extending beyond Meaningful Use are necessary

Attributes of New Models of Care and Related Health IT and Data Needs: *Organizational Leadership, Vision and Culture*

Common Attributes

- Shared Vision, Values and Sense of Mission
- Set Goals Purposefully and Implement Plans to Achieve Them
- Internal Relationship Systems such as Interpersonal Communication, Trust and Respectful interaction
- Continuous Learning and Innovation
- Ability to Adapt to Change

Health IT Capabilities and Electronic Data Needs

- Ability to aggregate and analyze clinical, administrative and community data sets to set goals for improvement in quality, safety, cost and access, and track progress against goals

Attributes of New Models of Care and Related Health IT and Data Needs: *Clinical Leadership and Engagement*

Common Attributes

- Physician Involvement in Governance of Organization
- Physician Involvement in Setting Clinical and Cost Goals and Monitoring Improvement
- Physician Leadership in Developing and Implementing Interventions to Drive Quality Improvement and Reductions in Costs

Health IT Capabilities and Electronic Data Needs

- Ability to collect and utilize clinical and administrative data across settings and across payers, as well as information from patients and the community, to identify opportunities and strategies for intervention, and track progress against such goals in the areas of clinical quality, cost and patient experience—at the system level, and at the individual physician level

Attributes of New Models of Care and Related Health IT and Data Needs: *Patient Engagement*

Common Attributes

- Patient Access to His or Her Own Health Information
- Patient Access to Educational Tools
- Patient Engagement in “Self-Care”
- Patient-Provider Communication

Health IT Capabilities and Electronic Data Needs

- Provision of patient electronic access to health information in the record
- Provision of web-based resources on chronic disease management, prevention, nutrition, and treatment options
- Provision of self-monitoring tools such as online assessments, tracking tools
- E-visits in lieu of face to face when appropriate
- Provider-patient secure messaging
- Preventive care reminders (email, text)
- Online scheduling, appointment reminders
- Remote home monitoring
- Providing different types of access and communications (e.g. text to cell phone)
- Collection of information on patient experience and functional status

Attributes of New Models of Care and Related Health IT and Data Needs:

Access to Information

Common Attributes

- Access to Patient Health Information and Clinical Decision Support at the Point of Care
- Access to Patient Information and Summary of Gaps by Members of the Care Team

Health IT Capabilities and Electronic Data Needs

- Access to summary reports which identify interventions needed
- Access to patient information by all members of the care team—across settings, including:
 - Patient demographics and preferences
 - Medications
 - Diagnoses and procedures
 - Orders, Results (lab, radiology)
 - Visits
 - Allergies
 - Preferences
 - Referrals, authorizations
 - Care plans
 - Patient functional status

Attributes of New Models of Care and Related Health IT and Data Needs: *Access to Information*

Common Attributes

- Access to Patient Health Information and Clinical Decision Support at the Point of Care
- Access to Patient Information and Summary of Gaps by Members of the Care Team

Health IT Capabilities and Electronic Data Needs

- Access to evidence-based guidelines and clinical decision support at the point of care
- Access to care management protocols
- Reminders and alerts on preventive and chronic care actions that need to be taken
- Reminders and alerts on drug to drug interactions, drug to disease interactions, appropriate dosing, drug duplications, etc.

Attributes of New Models of Care and Related Health IT and Data Needs: *Coordination of Care*

Common Attributes

- Coordination of Care Across Providers, Conditions, Sites and Time
- Team-Based Care, Multi-Disciplinary Teams

Health IT Capabilities and Electronic Data Needs

- Ability to collect and analyze clinical and administrative data across settings and payers, and patient-generated information to identify follow-up needed:
 - Follow-up
 - Alerts
 - Management of care transitions
 - Referral tracking
- Tracking and clear definition of roles and responsibilities of members of care team
- Virtual and asynchronous communication among the care team
- Virtual consultations

Attributes of New Models of Care and Related Health IT and Data Needs: *Prevention, Wellness and Healthy Behaviors*

Common Attributes

- Proactive identification of sub-populations in need of interventions
- Patient access to educational tools
- Patient engagement in self care
- Focus on primary care

Health IT Capabilities and Electronic Data

Needs

- Understanding the unique needs of the population (interventions needed) through use of data
- Provision of web-based educational resources on prevention, wellness, nutrition, etc.
- Preventive care reminders
- Interactive tools to support prevention and wellness activities including online assessments, journals, tracking tools, etc.
- Leveraging community resources through use of electronic means

Attributes of New Models of Care and Related Health IT and Data Needs:

Accountability, Alignment of Incentives, Payment Reform

Common Attributes

- Accountability for Cost and Quality Outcomes
- Timely Feedback on Results, Including Clinical Quality Indicators
- Ability to Take Responsibility for Populations of Patients Across Time and Places
- Sufficient Organizational Structure to Allow Physicians to Work Together in Economic Units Capable of Accepting Collective Responsibility for Both Quality and Cost of Health Care Services
- Ability to Select Providers for Participation, Excluding Those Who Do Not Meet Standards (Criteria for Entry and Continued Participation that Emphasizes Accountability and Performance)
- Ability to Manage Risk
- Incentives that Promote Better Outcomes vs. Volume

Health IT Capabilities and Electronic Data Needs

- Provide reminders of actions that will help improve performance
- Assessment and sharing of performance on agreed-upon measures on a timely and periodic basis with providers (individually and as a group)
- Ability to collect and utilize clinical and administrative data across settings and payers as well as patient-generated information, to set goals, identify areas needing intervention, assess compliance with and effectiveness of interventions and care management protocols, and track performance on cost and quality
- Rapid calculation of measures using electronic means

Attributes of New Models of Care and Related Health IT and Data Needs: Timely Access to Care

Common Attributes

- Easy and timely access to appropriate care

Health IT Capabilities and Electronic Data Needs

- Reminders and alerts for preventive care and follow-up needed
- E-visits
- Secure messaging between patients and providers
- Online appointment scheduling and reminders
- Alternative methods of access (health services at home with remote monitoring, use of mobile platforms)

What's Needed?

- “Data-rich” environments are necessary to fully support new delivery system reforms.
- New data-sharing models that effectively manage privacy and security, and are supported by analytical tools, should enable providers and patients to access actionable information derived from data from across disparate systems
 - Hospitals, clinics, physician offices, pharmacies, laboratories, radiology centers, health plans, and patients
- New models of care will enable more optimal use of health care resources.
 - Allow people to receive many health services at home or through mobile platforms.
 - Medical knowledge will be embedded in clinical decision support and shared decision-making applications.

Gaps in Capabilities in the U.S. Today

- Lack of health information exchange needed to support new models of care
 - Across settings and organizations: hospitals, physician practices, labs, radiology, health plans, patients
- Limited of electronic patient-provider communication
- Low levels of adoption of EHRs among small physician practices

Barriers to Achievement of Capabilities

- Misalignment of Incentives:
 - Payment reform will be needed to promote data-sharing models
 - Need to align incentives across federal, state and private sector programs
- Privacy and Security Concerns:
 - Need to build and maintain trust in privacy and security of electronic health information
 - Uneven requirements
 - Delays in clarifying requirements create environment of uncertainty

Barriers to Achievement of Capabilities

- We Need to Make it “Easy to do the Right Thing” When it Comes to Health Information Exchange
 - Implementation of standards requires intellectual capital that is not widely available
 - Accurate patient-matching is difficult and expensive
 - Rules, regulations and specifications are hard to understand
 - Multiple requirements across federal agencies and programs are overwhelming
 - Implementation assistance is needed—particularly among small physician practices and community and rural hospitals

What's Next?

Assessment of Gaps and Barriers Underway Recommendations to Come

- How to align incentives to support data-sharing across settings, which is necessary for the creation of the data-rich environments needed for new models of care
- How to leverage health IT to engage patients with access to information, tools and more effective communication with their clinicians and care teams
- How to increase public trust in the privacy and security of electronic health information
- How to support and expand EHR adoption and Meaningful Use among small physician practices and hospitals.

Thank You!

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