ACO Accelerated Development Learning Session

Baltimore, MD
November 17–18, 2011

Module 3A: Connecting Providers and Health Information Technology

November 18, 2011
10:00 a.m.–12:00 p.m.

A. John Blair, III, MD, CEO
MedAllies
Susan Stuard, MBA, Executive Director
THINC, Inc.

Goals

- Learn about our experience connecting providers using health information technology (HIT)
- Understand foundational competencies of an ACO related to using HIT
- Provide suggested action steps and timelines
- Share with each other current capabilities, key considerations, and future decision points for your organization

Key Questions

Seek to address two key questions:

- How do you effectively connect providers?
- What are key priorities for achieving connections between and among providers?

Module Agenda:
Address These Questions in Five Domain Areas

1. **Electronic Health Records**—optimizing usage, managing care transitions, basic EHR connectivity
2. **Connectivity**—primary models for connectivity; what data and source of data, sharing the care plan
3. **Transformation**—to support optimal deployment of EHR and connectivity. What needs to transform at the practice and at the community level?
4. **Measurement and Remediation**—what are you measuring to make sure transitions are happening?
5. **Appropriate Use of Claims Data**—interacting with commercial payers and securing claims-based information

Guiding Principles

- **HIT is a tool.** EHRs and health information exchange must be in service of a larger set of goals (i.e., care transitions and care management). Workflow eats HIT for lunch.
- **Connectivity to EHR is critical.** Many methods to achieve connectivity between EHRs. Leverage what is available to support care transitions. Keep providers in their EHR workflow.
- **Avoid information overload.** More can definitely be worse than some or no information. Focus on providing only the key clinical data.
- **Remediate with current users.** Much of what is currently available via connectivity/HIE is inadequate. Work with the "converted" users (aka your current users) to improve system for them.
- **Then turn to the non-users.** Once system is working better do the hard work to get non-users to share the appropriate data.

Group Discussion

- Discuss within your team where you stand with respect to:
  - Electronic health records
  - Connectivity
  - Transformation
  - Measurement and remediation
  - Appropriate use of claims data
- Think about baseline status, additional interventions needed, and key issues/decision points to achieve strong functioning in the five areas
- Will then discuss baseline status and next steps/key priorities across all session participants

Sample Grid for Notes

Domain	Baseline status	Additional interventions	Key issues for strong functioning
Electronic Health Records			
Connectivity			
Transformation			
Measurement and Remediation			
Appropriate Use of Claims Data			

Hudson Valley Experience With EHRs

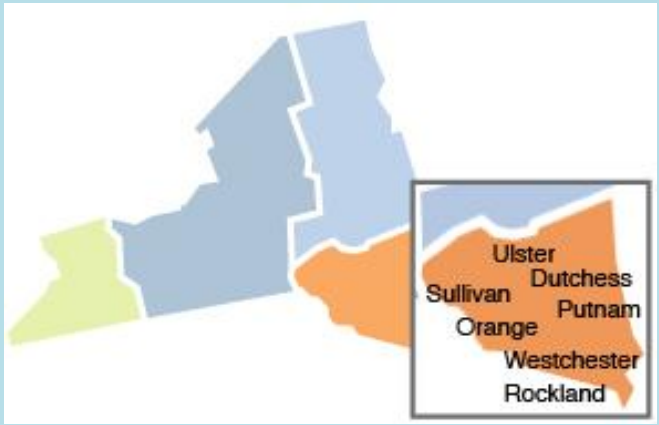
THINC's MISSION

To advance health care quality and coordination of care among health care organizations in the Hudson Valley

THINC ACTIVELY

- Sponsors health care transformation initiatives
- Promotes health information technology adoption and secure health information exchange (HIE)
- Sponsors activities that enable population health and quality improvement
- Supports and sponsors rigorous independent evaluation

Hudson Valley of New York State



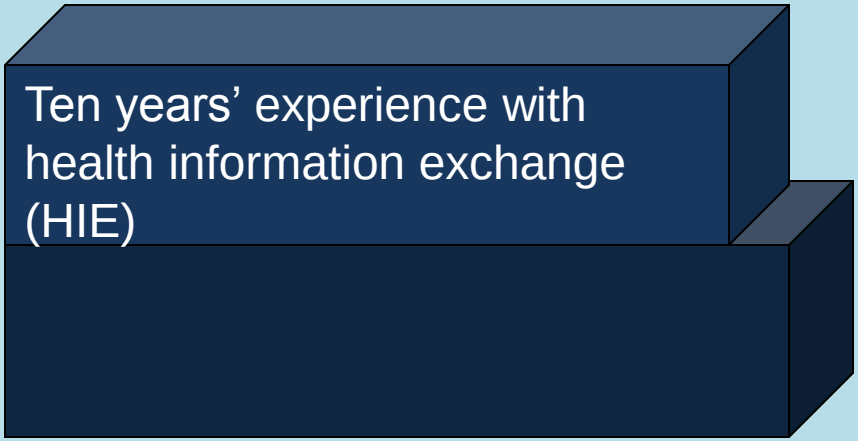
- THINC covers a discrete geographic area
- Westchester, Putnam, Dutchess, Rockland, Orange, Ulster, and Sullivan Counties
- Have seen strong collaboration in this community—particularly the Hudson Valley Initiative

Hudson Valley Building Blocks

- THINC and its vendor, MedAllies, with a HEAL 1 grant from the New York State Department of Health, have supported the implementation of more than 800 EHRs in the last 3 years, a significant factor in the area's high rate of EHR adoption.

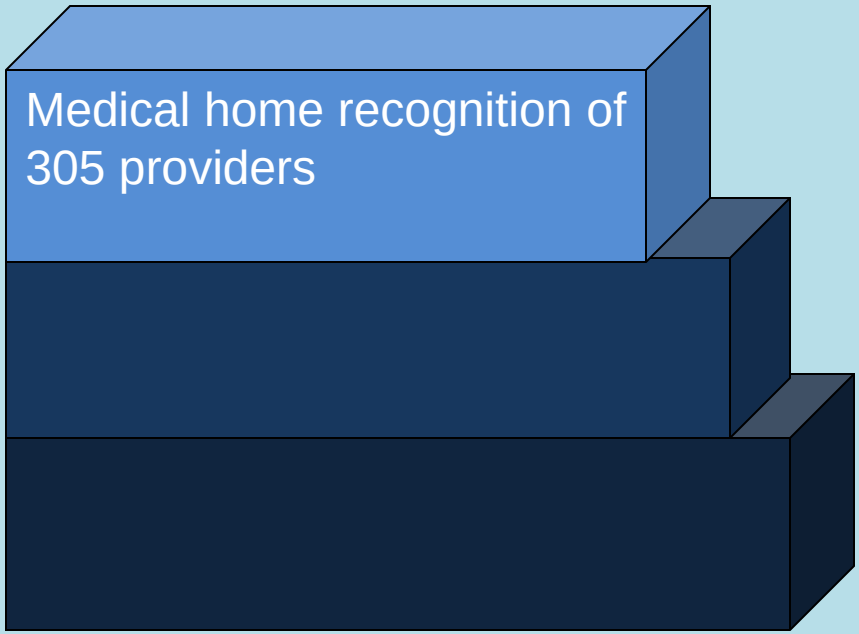
Hudson Valley Building Blocks

- The Hudson Valley's first HIE has been operational since 2001 and has helped providers achieve demonstrable gains in quality of care.
- An enhanced HIE going live this winter to enable exchange of structured data between EHRs to support coordination of care and interoperability statewide.



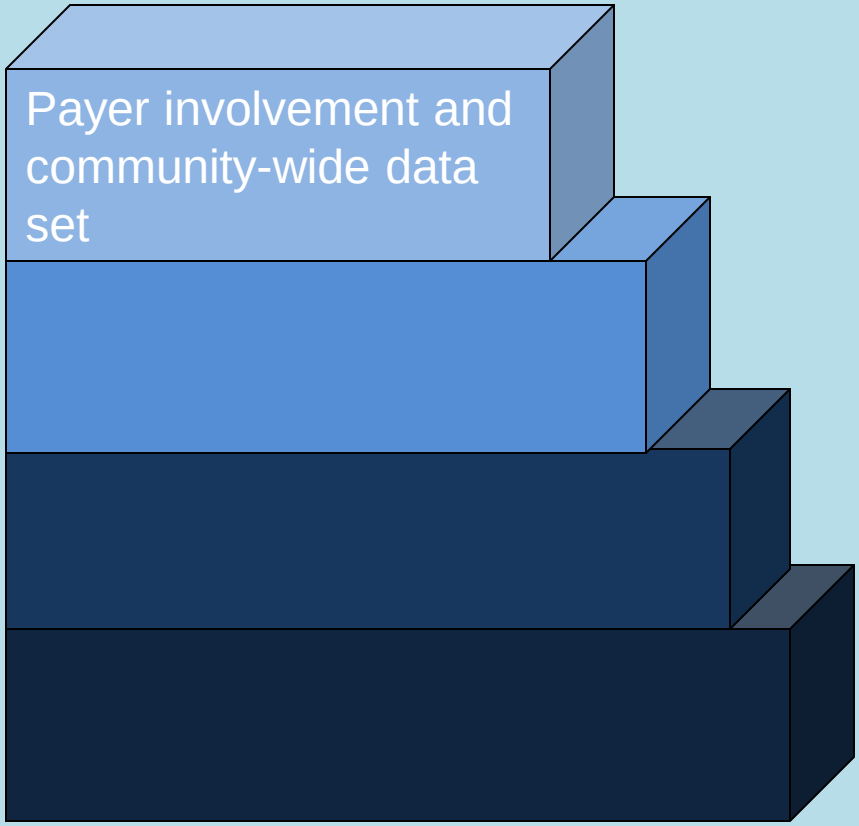
Hudson Valley Building Blocks

- 305 primary care providers achieved NCQA Level 3 PCMH recognition in THINC's pay-for-performance and medical home project, run in collaboration with Taconic IPA.
- This gives the Hudson Valley community an unusually high concentration of NCQA PCMH Level 3 providers.



Hudson Valley Building Blocks

- Six commercial health plans partnered with THINC in pay-for-performance/medical home project.
- Paid an estimated $1.5 million in incentives in 2010.
- Populating a multiyear claims data set to enable quality and cost outcome analysis.
- Working on embedded care manager pilot with Geisinger.



Current Participants (Across Projects)

- 90 physician practices
  (at ~190 sites representing 1,600+ MDs)
- 19 hospitals
- 3 community health centers
  (at 29 sites representing 200+ providers)
- 6 health plans
- 1 employer
- 7 local health departments
- 8 commercial labs
- 3 consumer reps on Board and Privacy Committee

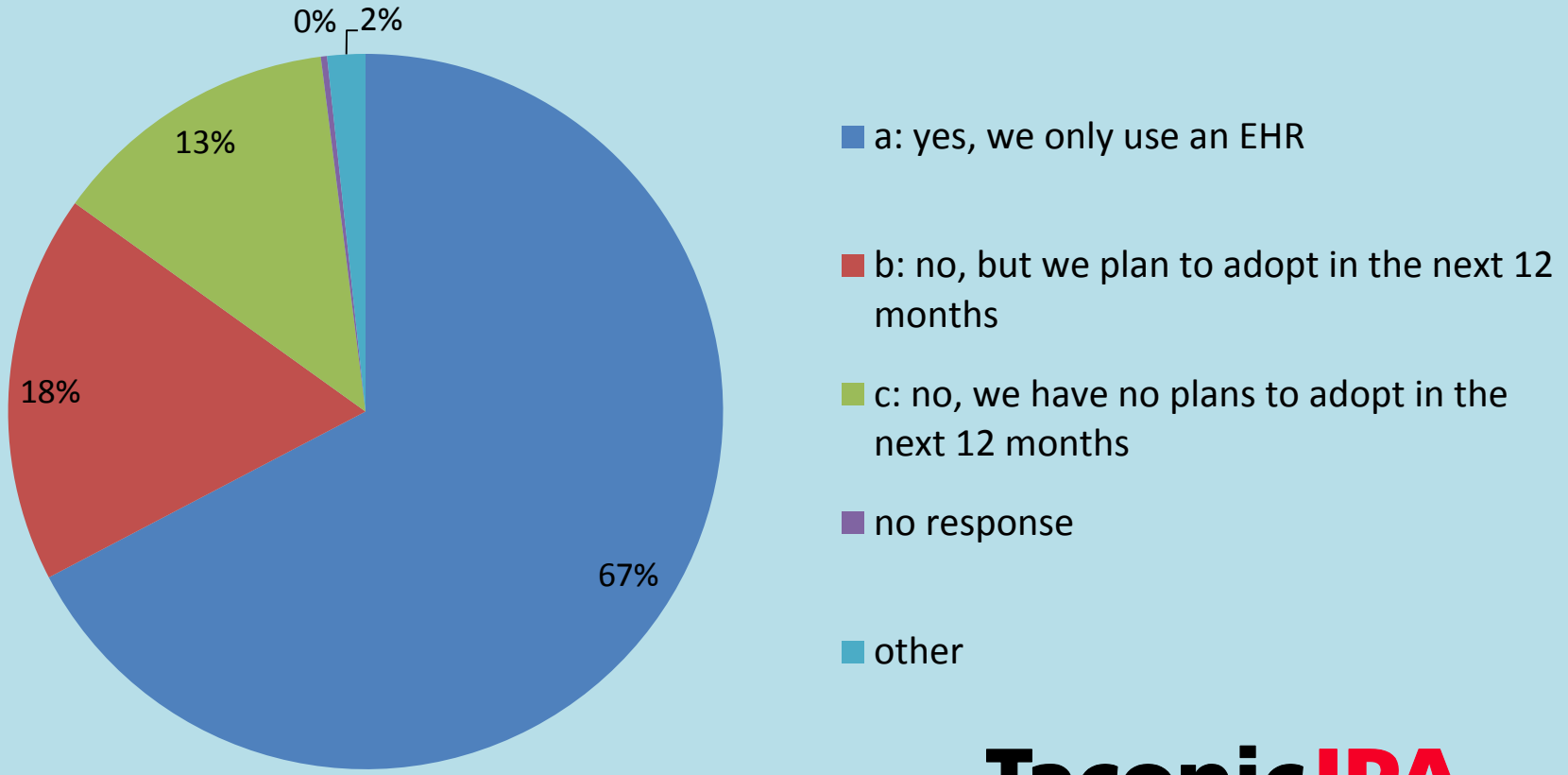
EHR Survey

- Who did we contact?
  - Practice administrators at 1,300 practices
    - Westchester, Dutchess, Ulster, Sullivan, Greene, Orange, Rockland, Columbia, and Putnam Counties
- Survey response rate
  - Physician-level response rate
    - 64%
  - Practice-level response rate
    - 63%

TaconicIPA

EHR Survey: Response Rate Breakdown

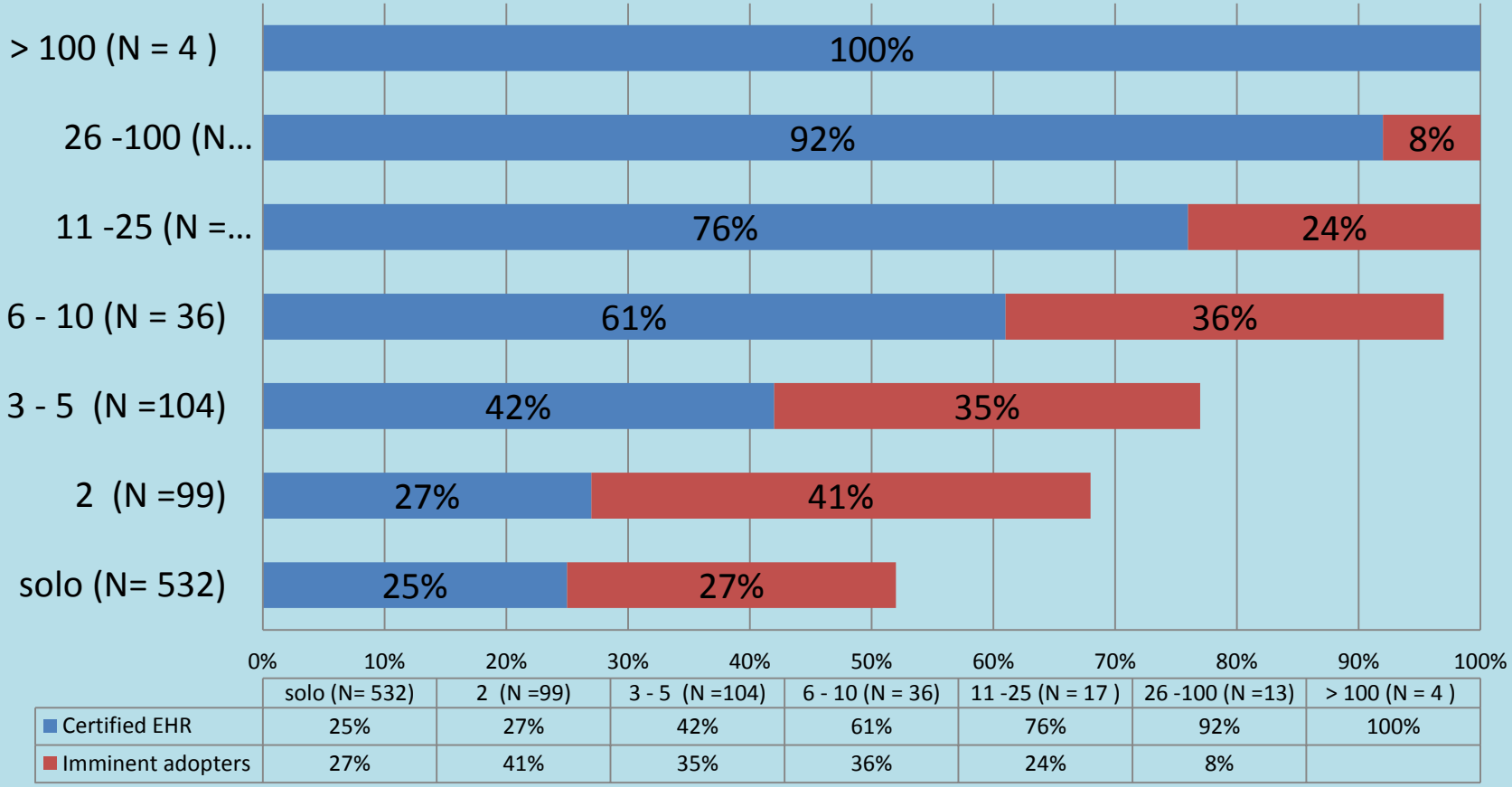
Does your practice use an electronic health record (EHR), not including billing records or appointment scheduling?



N = 3138

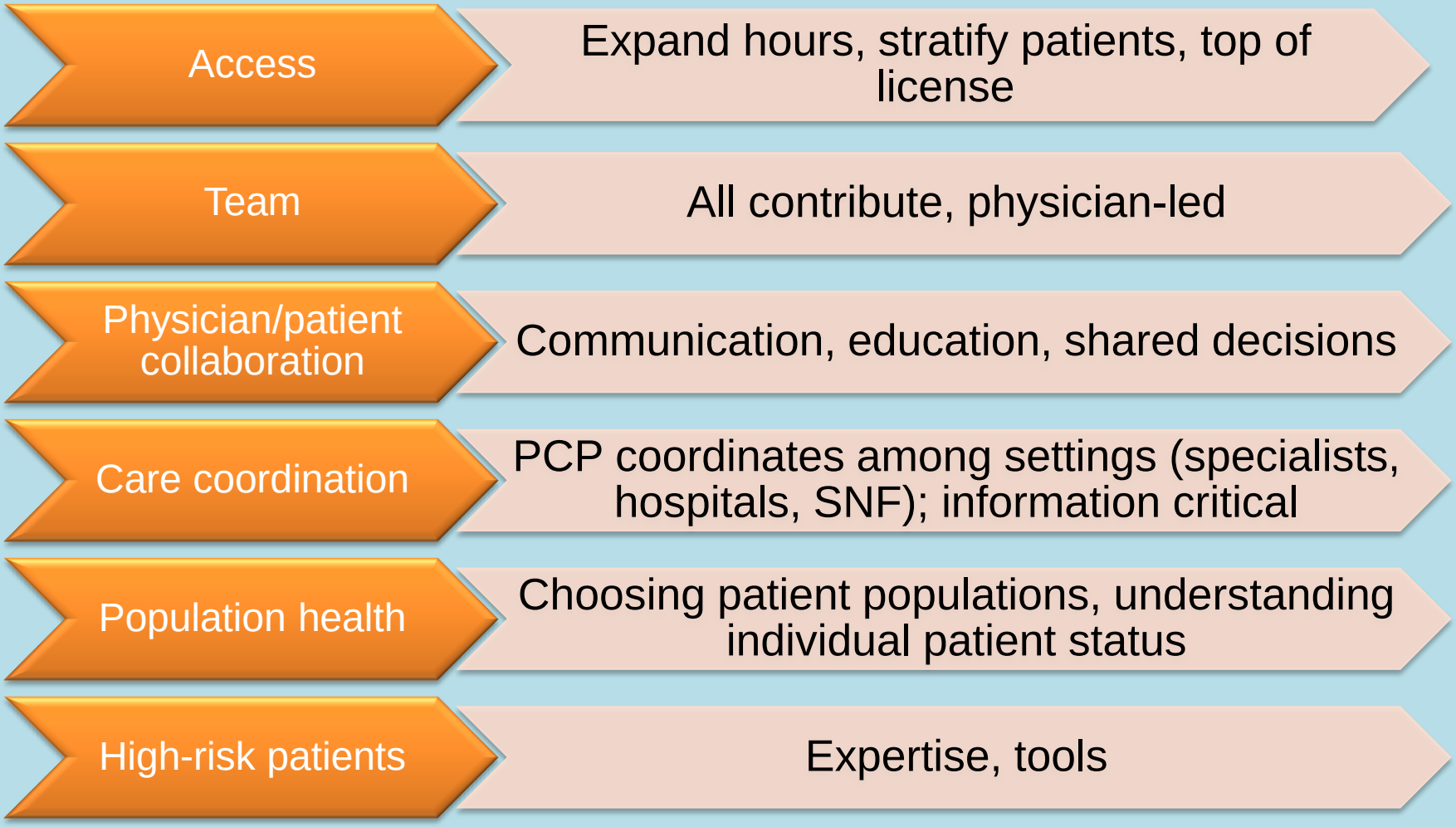
TaconicIPA

EHR Survey: Results

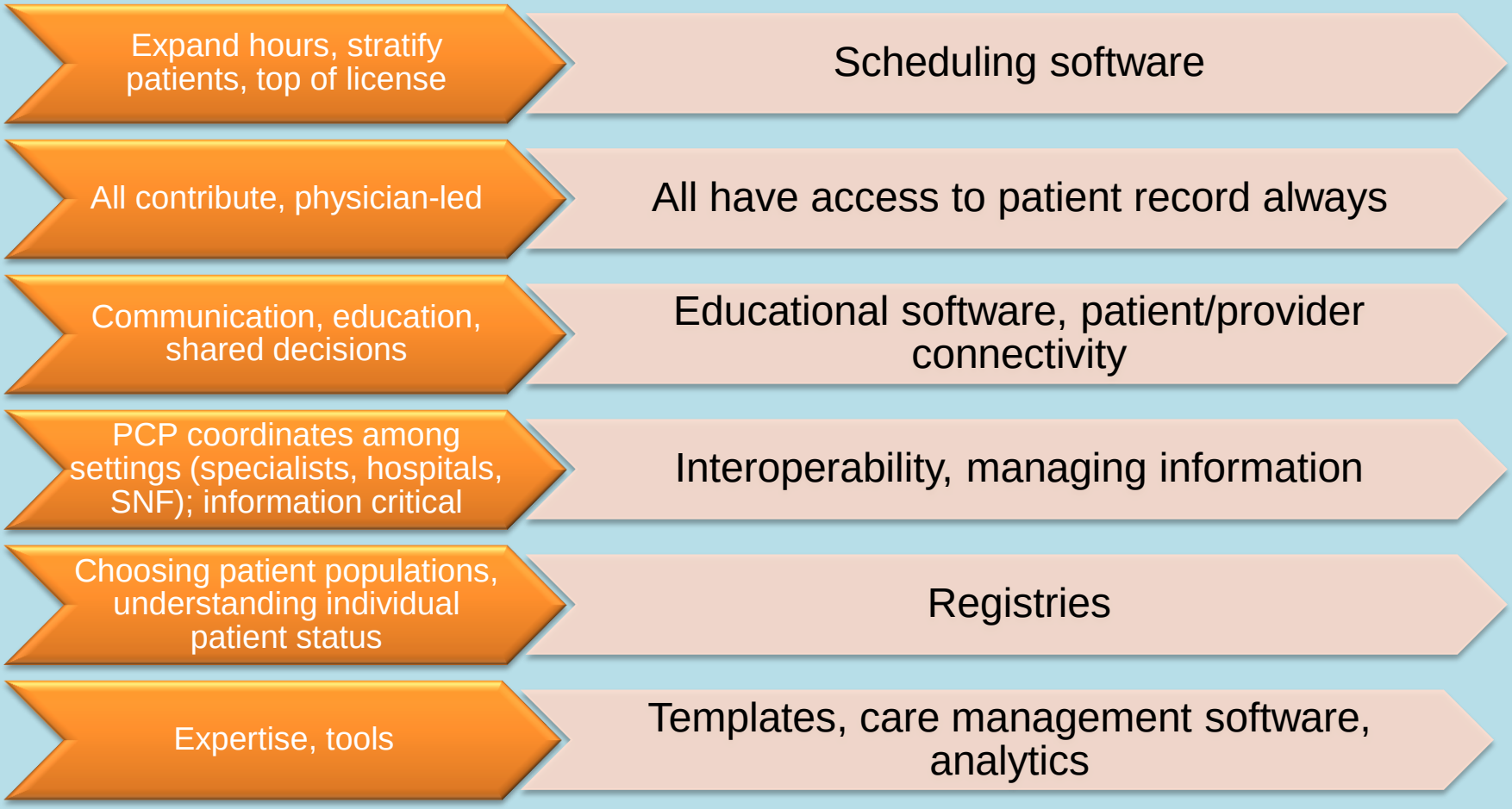


	solo (N= 532)	2 (N =99)	3 - 5 (N =104)	6 - 10 (N = 36)	11 -25 (N = 17)	26 -100 (N =13)	> 100 (N = 4)
Certified EHR	25%	27%	42%	61%	76%	92%	100%
Imminent adopters	27%	41%	35%	36%	24%	8%	

Health IT and the Medical Home



Health IT and the Medical Home



Health IT and the Medical Home

Scheduling software	**PMS, EHR**
All have access to patient record always	**EHR**
Educational software, patient/provider connectivity	**EHR, PHR**
Interoperability, managing information	**EHR, HIE**
Registries	**EHR**
Templates, care mgmt. software, analytics	**EHR, third-party software**

Health IT and the Medical Home

EHR	HIE	PHR
• Configuration • Workflow • Monitoring	• Real interoperability	• Patient usage

EHR

- Configuration
- Workflow
- Monitoring

Configuration

- Meaningful use
- Transitions of care (ToC)

Workflow

- Actors
- Roles and responsibilities
- Training
- Tracking
- Compliance

Monitoring

- Meaningful use
- Additional measures
  - NCQA
  - NQF
  - Proprietary

HIE

- Basic connectivity
  - Bidirectional labs
- Community record (traditional)
- Direct (point to point)
  - Care transitions
    - Ambulatory
    - Inpatient to ambulatory
  - Care plan

Connecting Providers/Data

- Data volume
- Data content
- Data origin
- Data consumption

Video

Commercial Payers

- Commercial health plans are already busy evaluating provider ACO partners
- Among many hurdles, they are evaluating HIT:
  - Ability of ACO providers to use and deploy information at the point of care—more than just having an EHR
  - Do you give providers information about individual and group performance?
  - Can you sharing information electronically across settings?
  - Are you running registries?
- In short, do you have a data and feedback culture that will make health plan reports on quality and utilization worthwhile and actionable?

Commercial Payer Reports

- Within Hudson Valley, only a minority of the health plans are ready to offer a full suite of reports to share with providers
- Key reports:
  - **Daily Census and Inpatient and Outpatient Authorizations.** Attributed patients in the hospital and approved authorizations for service.
  - **Predictive Modeling Reports.** Of the practices attributed patients, which trigger predictive models as high-cost patients ($5–10k minimum). Of use in targeting care manager resources.
  - **Cost and Utilization Reports.** Trend, year-to-year comparisons, or comparison to network average for total utilization, inpatient (by type of admission), outpatient surgery, lab and radiology, etc. Monthly or quarterly.
  - **Quarterly Expense vs. Benchmark.** Report summarizing costs attributed to group as compared to savings benchmark established for ACO.

More Key Commercial Payer Reports

- **Ambulatory and Inpatient Quality Measures.** Annual report covering any quality measures specified in the ACO contract and performance on quality "gates" or thresholds. Comparison to network average or other agreed-upon comparison group.
- **Registry report.** For targeted quality measures, a report noting members who according to claims data are overdue for a screening/test relevant to the quality measure.
- **Practice Pattern Variation Reports.**
  - Episode Treatment Groups (ETGs). Condition-specific reports to identify practice variation within like clinical episodes of illness. Individual provider data benchmarked against network.
  - Emergency Department Use. Variation in the use of ED for certain conditions. Individual provider data benchmarked against network.

Implementation Steps (Strategy)

Sample One-Year Timeline

Suggested Next Steps	Dates
Paper-based practices—deploy certified EHR	12 months
EHR-based practices—NCQA Level 3 PCMH	12months
Communities with HIE—Participating provider rollout	12 months
Communities without HIE—Connectivity using direct	12 months

Initiative Tracking

HIT/Connecting Providers		Impact		Resource Commitment			Considerations		
		Clinical	Financial	FTEs	Startup	Op. Budget	Ease	Systems	Funding
1.									
2.									
3.									
4.									
5.									
6.									

Tools and Resources

- Dartmouth Institute for Health Policy and Clinical Practice: Better to Best: Value Driving Elements of the Patient Centered Medical Home and Accountable Care Organizations
  - Better Health IT, p. 28: http://www.pcpcc.net/files/better_best_guide_full_2011.pdf
- Care Continuum Alliance: "Achieving Accountable Care: Essential Population Health Management Tools for ACOs"
  - Section IIC, Infrastructure and HIT: http://www.carecontinuum.org/pdf/CCA_ACO_Toolkit.pdf
- Profile of the Marshfield Clinic's approach to HIT:
  - AHRQ Health Care Innovations Exchange: "Electronic Medical Record-Facilitated Care Process Redesign Enhances Access to Care, Reduces Hospitalizations and Costs for Patients with Chronic Illnesses": http://www.innovations.ahrq.gov/content.aspx?id=1725
- One vendor analysis of HIT needs for ACOs:
  - CSC: "Health Information Requirements for Accountable Care":http://assets1.csc.com/health_services/downloads/CSC_HIT_Requirements_for_Accountable_Care.pdf

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