



BIPARTISAN POLICY CENTER

# **Aligning IT Investments with Coordinated, Accountable, Patient-Centered Care**

*Presentation for the Redwood MedNet Conference*

**Janet Marchibroda**  
**Chair, Health Information Technology Initiative**  
**Bipartisan Policy Center**  
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## ABOUT THE BIPARTISAN POLICY CENTER

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- Established in 2007 by former Senate Majority Leaders Howard Baker, Tom Daschle, Bob Dole and George Mitchell
- The only Washington, D.C.-based think tank that actively promotes bipartisanship
- Works to address the key challenges facing the nation, including those related to democracy, economic policy, energy, housing, national security, and health care.
- BPC combines politically balanced policymaking with strong, proactive advocacy and outreach.
- See [www.bipartisanpolicy.org](http://www.bipartisanpolicy.org)

# BIPARTISAN POLICY CENTER'S COLLABORATIVE WORK RELATED TO HEALTH IT

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- **Bipartisan Policy Center Health IT Initiative**
  - Identifies real-world examples and best practices that facilitate coordinated, accountable, patient-centered care
  - Makes recommendations through a collaborative approach for ensuring that health IT efforts support delivery system and payment reforms shown to improve quality and reduce costs in health care.

# BIPARTISAN POLICY CENTER'S COLLABORATIVE WORK RELATED TO HEALTH IT

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- **Recently released report**  
**[Transforming Health Care: The Role of Health IT](#)**
  - Grounded in interviews with 40 high-performing organizations
  - Developed under the guidance of BPC's Task Force on Delivery System Reform and Health IT, led by former Senate Majority Leaders Tom Daschle (D-SD) and Bill Frist (R-TN)
  - How do current investments match up with what's needed for coordinated, accountable, patient-centered models of care shown to improve quality and reduce costs?
  - Findings lay the groundwork for our work in 2012

# BIPARTISAN POLICY CENTER'S COLLABORATIVE WORK RELATED TO HEALTH IT

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- **Key Areas of Focus in 2012 Focus on Accelerating the Adoption of January 2012 Recommendations:**
  - Align incentives with health IT-enabled, high quality, cost-effective care
  - Accelerate health information exchange to support coordinated, accountable, patient-centered models of care shown to improve quality and reduce costs
  - Expand engagement of consumers using electronic tools to support improvements in health and health care.



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# Findings of Recently Released Report Transforming Care: The Role of Health IT

# GOALS OF THE TASK FORCE

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1. Identify common attributes of high performing organizations and new models of care
2. Identify the health IT capabilities needed for these common attributes
3. Assess the current level of and barriers to adoption of such capabilities in the U.S. health care system
4. Develop a set of recommendations to address the gaps and barriers and assure the most effective use of health IT dollars to improve health , improve health care and reduce costs

# 40 HIGH-PERFORMING ORGANIZATIONS INTERVIEWED

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- Banner Health
  - Better Health Greater Cleveland, MetroHealth
  - Billings Clinic
  - Blue Cross Blue Shield of Massachusetts
  - Colorado Beacon Consortium, Quality Health Network,
  - Rocky Mountain Health Plans
  - Community Care Physicians
  - Dartmouth-Hitchcock Clinic
  - Dean
  - Denver Health
  - Eastern Maine Medical Center
  - Everett Clinic
  - Fallon Community Health Plan
  - Fairview Health Services
  - Geisinger Health System
  - Group Health Cooperative
  - Hampden County Physician Associates, Accountable Care Associates
  - HealthPartners
  - Indiana Health Information Exchange/Quality Health First Program
  - Inland Northwest Health Services (INHS)
  - Intermountain Health Care
  - Kaiser Permanente
  - Louisiana Health Care Quality Forum, Medical Home Initiative
  - Marshfield Clinic
  - Mayo Clinic
  - Memorial Sloan-Kettering Cancer Center
  - Monarch HealthCare
  - MyHealth Access Network, Greater Tulsa Beacon Community
  - New York-Presbyterian Hospitals
  - North Texas Specialty Physicians
  - Park Nicollet Health Services
  - Partners HealthCare
  - Seton Healthcare Family
  - Sharp HealthCare
  - Taconic IPA
  - Texas Health Resources
  - Greater Cincinnati Beacon Community, TriHealth
  - University of Michigan Faculty Group Practice and University of Michigan Health System
  - Vermont Blueprint for Health



# ATTRIBUTES OF HIGH PERFORMANCE IN HEALTH CARE

## Results of Interviews with 40 High-Performing Organizations

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### **1. Organization-Wide Focus on the Needs of the Patient**

- Patients are at the center of high-performing organizations

### **2. Strong Organizational and Clinical Leadership**

- Leaders of high-performing organizations set goals purposefully and implement plans to achieve them; promote culture that focuses on the needs of the patient, values trust and respect, encourages learning and innovation, and adapts to change
- Physician leaders serve as role models and play a key role in the development of interventions that improve care delivery

### **3. Access to Information to Support Efficient, Coordinated Care**

- High performing organizations work hard to coordinate care across providers, settings, conditions and time so that multi-disciplinary teams communicate effectively and deliver integrated, collaborative care.

# ATTRIBUTES OF HIGH PERFORMANCE IN HEALTH CARE

## Results of Interviews with 40 High-Performing Organizations

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### **4. Timely Access to Care**

- High-performing organizations provide multiple avenues for patients to receive timely care and consultation in appropriate settings.

### **5. Emphasis on Prevention, Wellness and Healthy Behaviors**

- High-performing organizations help patients understand their health by offering educational resources that are targeted to their needs.

### **6. Accountability, Alignment of Incentives and Payment Reform**

- High-performing organizations continuously measure their performance against clinical and cost metrics.
- They take responsibility for populations of patients by accessing and analyzing data to identify gaps in care and opportunities for improvement and better match resources to patients' needs, creating incentives that promote better outcomes instead of just higher volume.

## THESE COMMON ATTRIBUTES REQUIRE CERTAIN HEALTH IT CAPABILITIES

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- **Access to Information.** Electronic access for all members of the care team--with appropriate safeguards for privacy and security--to information about the patient that resides in multiple settings where care and services are delivered, including physician practices, hospitals, laboratories, imaging centers, pharmacies, health plans, and even with the patient
- **Clinical Decision Support.** Reminders and alerts, and other clinical decision support tools to support clinical decision-making at the point of care and help eliminate errors, as well as gaps and duplications in care
- **Virtual Care.** Remote monitoring and the ability to perform “virtual” consultations to improve quality, efficiency and access
- **Analytics.** Ability to aggregate and analyze clinical, administrative and patient-generated data sets to set goals, identify opportunities and strategies for intervention, track progress, and monitor performance; translation of data to easy-to-understand reports to support improvements in performance

## THESE ATTRIBUTES REQUIRE CERTAIN HEALTH IT CAPABILITIES

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- **Engagement of Consumers.** Range of electronic and online tools that enable patients to communicate and coordinate with their clinicians and care team, including:
  - Ability to download information from the EHR
  - Ability for individuals to electronically upload their health information and preferences into EHR to support better care
  - Secure messaging between clinicians and patients to assist with communication between visits
  - Online scheduling and reminders for patients
  - Online and electronic tools that support education on prevention, wellness and chronic condition management
  - Tracking and self-monitoring tools offered online and through mobile “apps”
  - Patient reminders and alerts
  - Social media platforms for online dialogue and support

# GAPS AND BARRIERS IN U.S. HEALTH CARE SYSTEM TODAY WHEN IT COMES TO CAPABILITIES NEEDED

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1. Misaligned incentives
2. Lack of health information exchange
3. Limited level of consumer engagement using electronic tools
4. Limited levels of EHR adoption
5. Concerns about privacy and security
6. Multiple federal priorities requiring focus and attention

# FINDINGS AND RECOMMENDATIONS

## Align Financial Incentives

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1. Align Incentives with Cost and Quality Outcomes and the Health IT-Enabled Models of Care That Support Them.
2. Incorporate Attributes of New Models of Care in Replacement of SGR.
3. Continue and Expand Pilots and Programs for New Models of Care
4. Share Lessons Learned from Public and Private Sector Pilots

# FINDINGS AND RECOMMENDATIONS

## Accelerate Health Information Exchange

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1. Build a Business Case for Health Information Exchange.
2. Develop a Long-Term Data Strategy for Interoperability and Standards That Aligns with Health and Health Care Priorities
3. Gain Agreement on a Path Forward for Health Information Exchange.
4. Gain Agreement on and Accelerate the Execution of Common Methods for “Push and Pull” Methods of Health Information Exchange
5. Build Awareness of and Understanding of Federal Strategy and Programs
6. Clarify Existing and Develop New Policies Needed to Support Bi-Directional Exchange

# FINDINGS AND RECOMMENDATIONS

## Expand Engagement of Consumers

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1. Build Awareness of Benefits Among Consumers
2. Educate Providers on the Benefits and Support Them in Making the Transition
3. Continue to Improve Usefulness and Usability of Consumer eHealth Tools
4. Align Incentives with Health-IT Enabled, Patient Centered Care



# FINDINGS AND RECOMMENDATIONS

## Support EHR Adoption

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1. Build Awareness and Expand Implementation Assistance for EHR Adoption and Meaningful Use
2. Improve Clarity of Meaningful Use Requirements
3. Leverage Lessons From Federally-Funded Programs to Advance Progress
4. Accelerate Sharing of Strategies and Best Practices for More Challenging Components of Meaningful Use
5. Improve Usability of EHRs

# FINDINGS AND RECOMMENDATIONS

## Address Privacy and Security Concerns

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1. Require Consistent Protections for Personal Health Information
2. Issue Comprehensive and Clear Guidance
3. Develop and Implement National Strategy for Accurate Patient Matching
4. Disseminate Common Sense Security Practices

# FINDINGS AND RECOMMENDATIONS

## Align Health IT Requirements of Federal Programs

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1. Promote Alignment of IT Requirements Across Federal Programs
2. Align Performance Measurement Activities
3. Align Federal Health IT Programs with the Needs of New Models of Care
4. Continue to Develop and Clarify Federal Policies Associated with the Use of Data for Population Health Purposes
5. Align Efforts Around the Use of Data for Population Health Purposes



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# Where Do We Go From Here? Next Steps for the Bipartisan Policy Center

# ACCELERATING EXCHANGE OF INFORMATION FOR BETTER HEALTH AND HEALTH CARE: WE CAN'T WAIT

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- What **near-term, collaborative actions can we take**--in addition to aligning incentives--to enable the exchange of priority data sets needed to support coordinated, accountable patient-centered care?
  - More rapid voluntary adoption of certain standards?
  - Tighter, easy-to-understand implementation guides: for vendors and providers?
  - Further clarity in policies?
  - Widespread agreement on adherence? (across clinicians, health plans, hospitals, vendors and states?)
  
- How can we not only leverage the “meaningful use” investment, but also the enormous investments being made to provide the data infrastructure for accountable care?

# STUDY UNDERWAY: CLINICIAN FEEDBACK ON ELECTRONIC HEALTH INFORMATION NEEDS

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- **Background**

- Survey fielded by AmericanEHR on behalf of *Doctors Helping Doctors Transform Health Care*, a non-profit, collaborative effort led primarily by doctors—for doctors, to support the transformation of health care through health IT, in collaboration with medical societies and the Bipartisan Policy Center

- **Goals of the Survey**

1. Gain an understanding of clinician needs for access to electronic health information to support transitions in care
2. Significantly expand the physician voice to inform the public and private sectors as they develop the policies, systems and infrastructure needed to support electronic health information exchange across settings

# STUDY UNDERWAY: CLINICIAN FEEDBACK ON ELECTRONIC HEALTH INFORMATION NEEDS

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- **Three Scenarios Explored**

1. What information do you want to receive when a patient under your care is discharged from a hospital
2. What information do you want to receive from a referring clinician?
3. What information do you want to receive back from a consulting clinician?

- **Interim Findings**

1. There is a set of essential data types clinicians want and need to inform clinical decision-making
2. They want this information much more quickly than the pace at which most are sending it
3. A majority prefer to have “essential” information pushed with the ability to access the rest of the information

## EXPANDING ENGAGEMENT OF CONSUMERS USING ELECTRONIC TOOLS: WHAT'S STANDING IN OUR WAY?

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- What near-term, collaborative actions can we take, in addition to aligning incentives, to leverage online, mobile, and electronic tools to enable consumers to:
  - Rapidly gain access to and download their information from the EHR
  - Voluntarily upload information and preferences to inform care delivery and research
  - Communicate with their clinicians and care team
  - Use educational, self-monitoring and tracking tools to improve their health and health care
  
- Are additional policy changes and standards needed to accelerate innovation in the market and enable us to rapidly get to this goal?





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## **Thank You!**

Janet Marchibroda  
Bipartisan Policy Center  
1225 Eye Street, N.W., Suite 1000  
Washington, D.C. 20005  
[jmarchibroda@bipartisanpolicy.org](mailto:jmarchibroda@bipartisanpolicy.org)