

# **The HITECH Act: A Grand Experiment In HIT Implementation and Sustainability**

August 11, 2011  
Kim Dunn, MD, Ph.D.

## **Agenda**

- Historical Context for Reform
- Overview of ARRA Funded Programs
- Implications for Texas
- Overview Gulf Coast Regional Extension Center
- Sustainability strategies

## Historical Perspective

- 1960
- 1970-1980
- 1980-2000
- 2000-2010
- Current status

## Goals of “Healthcare System”

- High quality
- Easy access for all
- Affordable price
- Information available
  
- BUT, the system is a by product of a healthcare industry.

## Healthcare Industry and Organizations

PRODUCTS	DELIVERY / DISTRIBUTION	PAYERS	CONSUMERS
Pharma	Hospitals: Community, Specialty, Academic	Public Sector	Higher costs
Med Devices	Physicians	Hospital districts	Uneven quality
Med Supplies	Nurses	Medicaid, Medicare	Variable access
Biotechnology	Allied Professionals	Socialized: VA, Military	Fragmented service
Online Services	Home Health Long Term Care	Private Sector	Poor health, high costs for disadvantaged
Alternative Care	Regulatory agencies	Managed Care Organizations	
	New models	Self-insured employers and patients	

## What Does An Accountable Health Care System Look Like?

### Quality First

- Patient centered
- Accessible
- Understandable
- Outcomes driven

### Then Cost

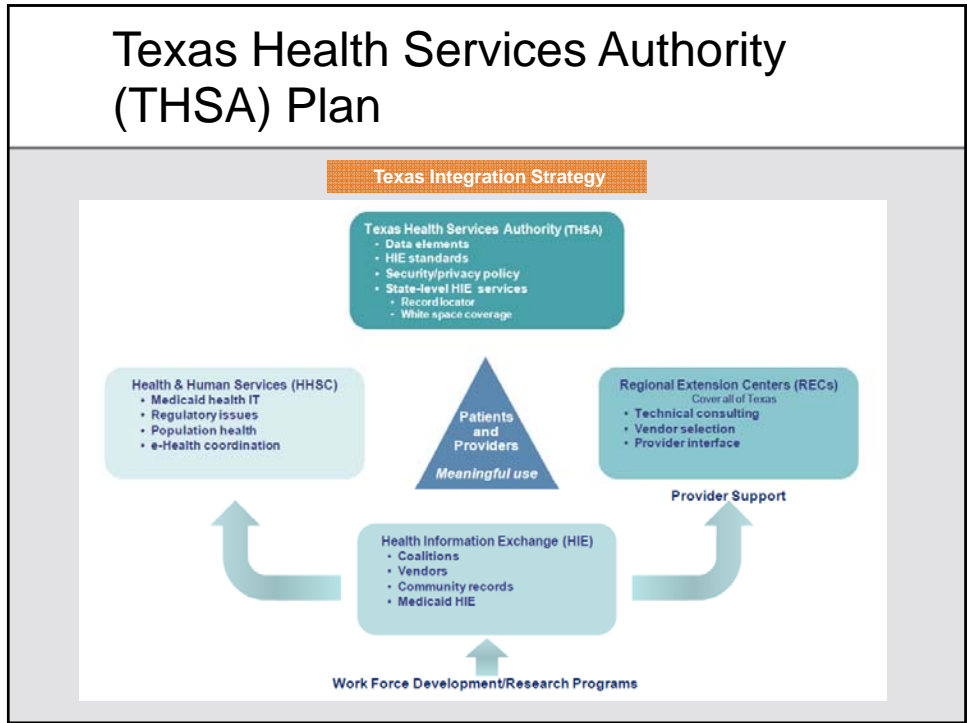
- Affordable
- Transparent

### Information Management

- Real-time availability
- Information available when, where needed
- Patients and doctor roles and responsibilities defined



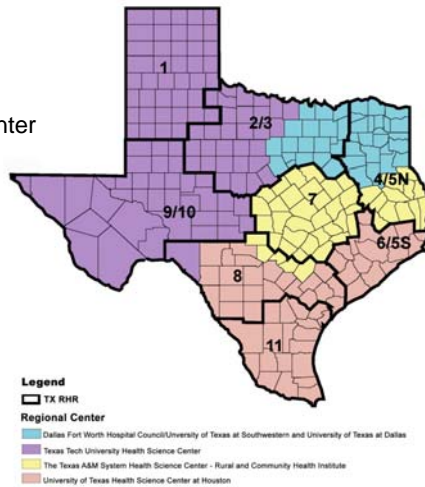
# Texas Health Services Authority (THSA) Plan

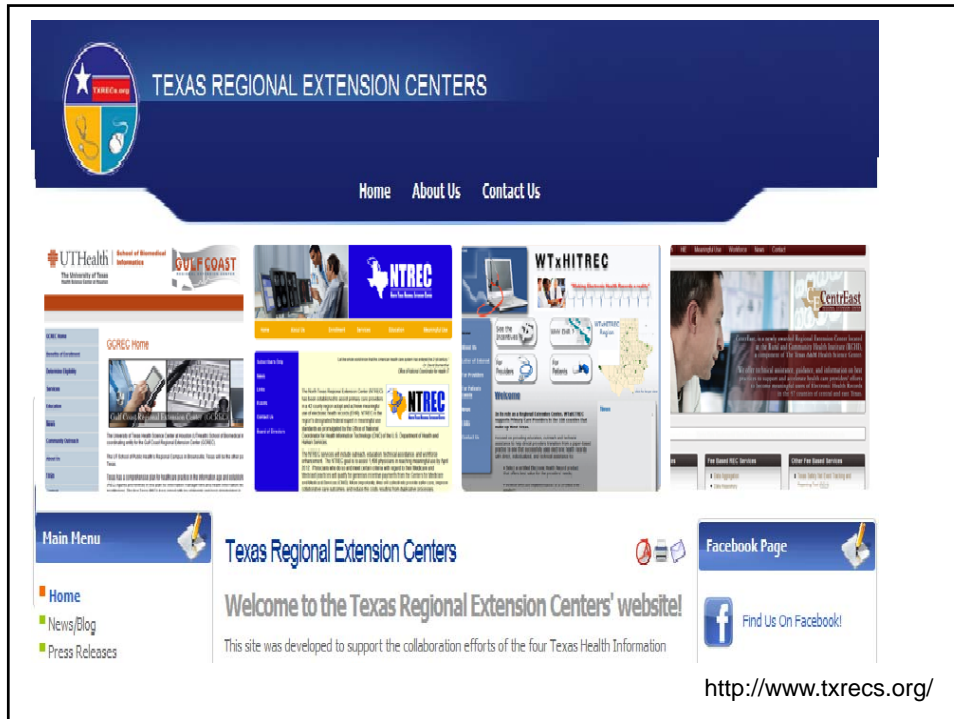


# Texas Geography

## Service Areas

- North Texas Regional Extension Center
- Texas Tech University Health Science Center
- CentrEast Regional Extension Center
- Gulf Coast Regional Extension Center





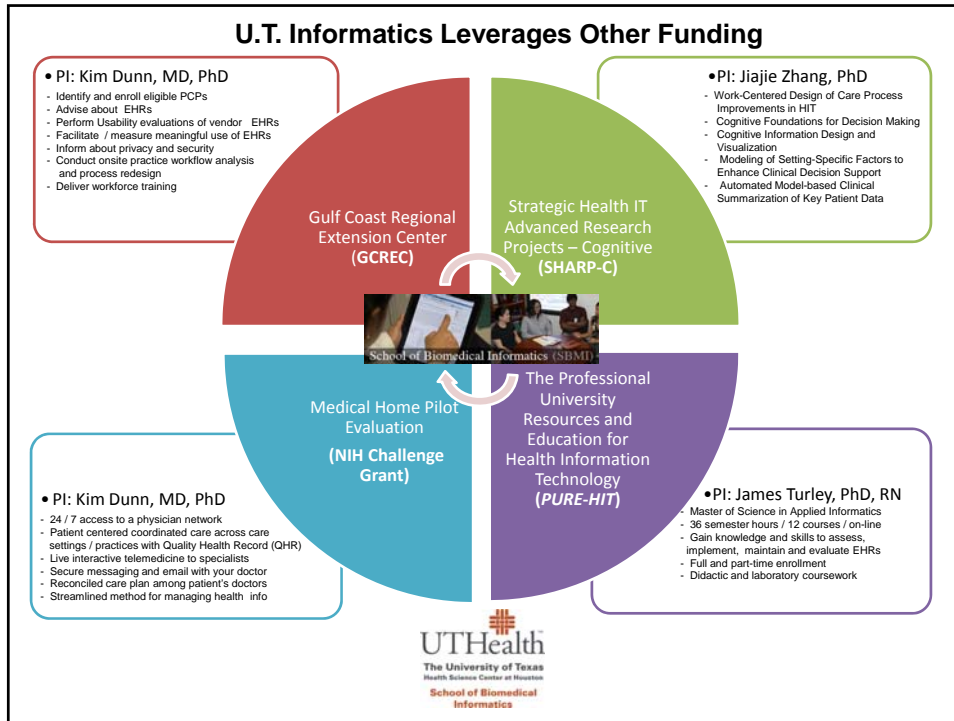
# GCREC

## Mission

The mission of the Gulf Coast Regional Extension Center (GCREC) is to facilitate the meaningful use of health information technology by eligible practitioners and their network.

## Vision

To create a safe and secure electronic environment for the input, storage, retrieval, and exchange of comprehensive health information for consumers, clinicians, payors, and governmental health agencies.



- ## GCREC Services
- Enhance Practice Experience**
    - 20 hours of CME
    - Technical Consulting Services
  - Consulting**
    - Eligible Practitioners and Specialists
    - Rural Hospitals
  - Workforce Training**
    - Work-Study
    - Applied Masters
  - Technology Improvement (SHARP-C)**
    - Test EMRs for Usability, Interoperability, "Medical Homeness"
    - Develop Field Usability Models

## Consulting Components

- Assessment / Workflow Analysis
- Planning
- Selection of an EMR
- Implementation of an EMR
- Evaluation of EMR
- Meaningful USE (Medicaid/Medicare)
- Meaningful CARE (All)

## Sustainability Strategy

### Preparedness

- Emergency Planning: Meaningful Use Case for Health Information Exchange with Primary Care Practitioners for Medical Special Needs (MSN) patients



### Medical Home

- Expand private payers for “meaningful care”
- “Network of Networks” as a clinical roadmap for community HIE
- Leverage NIH grant: Evaluation of Your Doctor Program Medical Home Service as a Model for Comparative Effectiveness

# Current Status

## Payer Issues

- Payment based on episodes of care with ROS/ PE documentation but interest in medical home for care coordination
- Quality reporting, med home variation among payers
- Lack clinical quality data
- Disease management / case management divorced from care delivery

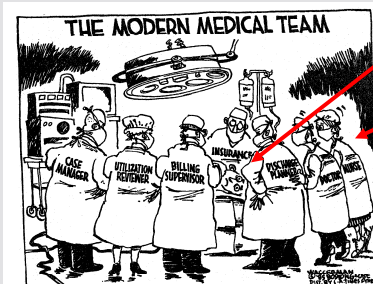
## NCQA Med Home Issues

- Laborious process
- Ongoing standards not verifiable
- Does not leverage medical home beyond access and care coordination
- No ongoing technical infrastructure

## Comparative Effectiveness Issues

- Lack processes to embed into real world setting
- Divorced from data to overcome physician barriers to adoption

# Concept: Three Key People for Accountable System



1. The patient
2. The personal physician
3. The medical assistant in physician office

Standards and Technology Aligned with Financial Incentives



## Need for the Quality Health Record (QHR)

- Open source framework: care plan/messaging
- New model of documentation
- Limitations of EMR: silo'd, does not collect outcomes, risk factors for adjustment
- Limitations of Personal Health Record
- Supports new models for care delivery
- Basis for comparative effectiveness research in real world settings

## NIH Pilot Project in Partnership with Your Doctor Program, L.P.

- NCQA Level 1 Criteria in one day of training and rapid practice implementation and support
- Quality Management Program
- Integrate the Quality Health Record / e-Health into EMRs through partnership with SHARP-C

## Medical Home Enables Electronic Coordination of Care

### Quality Health Record

- Patient goals based on current knowledge guidelines and physician preferences
- Reconciliation of treatment plans and medications among treating physicians
- Treatment outcomes, satisfaction and risk factor linked to each condition in the Careplan
- Outcomes follow-up with patient and their understanding of treatment plan

Personal Protocol	Diagnosis	Status	Risks	Interventions	Medications	Goals	Physician
Depression	296.22: Depression DEPRESSIVE PSYCHOSIS-MOD edit	active edit	<ul style="list-style-type: none"> <li>▪ Economic</li> <li>▪ Patient Refusal</li> <li>▪ Other</li> <li>▪ Drug Abuse</li> </ul> edit	consult edit	search for drugs PROZAC 10MG CAPSULE	Decreased depressive symptoms, or sustained remission. Improved social and occupational functioning. edit	Valdes Ignacio edit

### Teleaccess with Specialists and Patient

Quality Health Record

Patient Name: Anand Kulkarni  
 DOB: 1981-08-15  
 Information Manager: Dr. Ad  
 Pharmacy: Sample Pharmac  
 Medical Home Physician: Dr

35 items found, displaying 1 to 5

Current Condition ICD-9

Email: ✉  
 Chat: @  
 Voice chat: 🗣️  
 Video Conf: 📺  
 Home phone: 📞  
 Cell phone: 📱

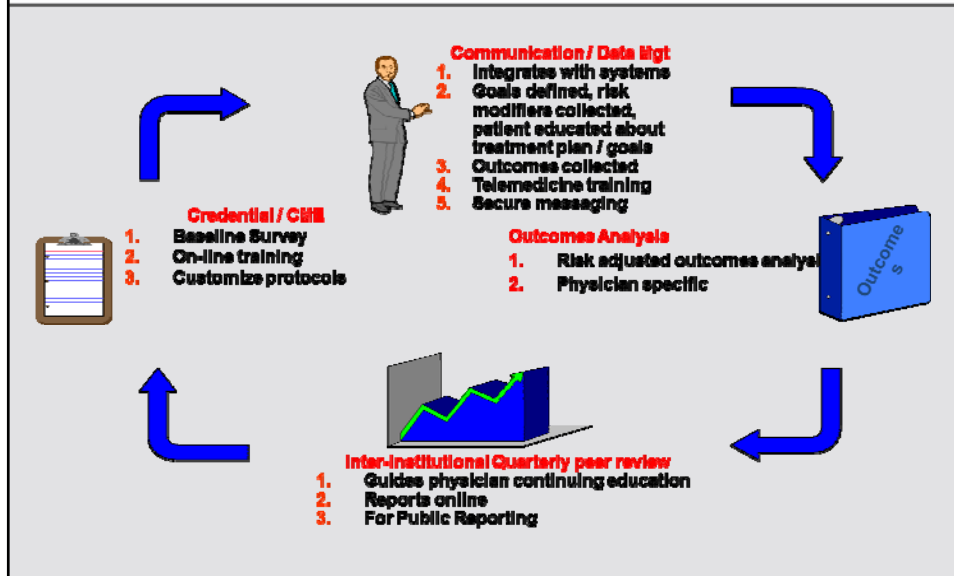
### Outcomes, Surveys and Reports

- Peer review
- Quality improvement plans
- Avoidable ER visits / hospitalizations
- Adverse events evaluation

## Physician Quality Barriers and YDP methodology

Physician barrier	YDP-MHS method to overcome the barrier
"I practice differently"	Physicians document their treatment preferences and use telespecialists.
"My patients are sicker"	Physicians collect risk factors as part of the care reconciliation process.
"I don't believe the data"	Physicians and their staff collect the data.
"It takes two for an outcome"	We collect patient understanding and adherence data.
"No one pays me to do this"	We have a business model for financial incentives to drive adoption.

# Quality Management Program



eHealth:  
Secure Messaging, VOIP, Video, Health  
Information Exchange



# Feedback

