

Improving Healthcare Through Technology

Ewa Matuszewski

Learning Objectives

- ❖ Describe the evolution of HIT in one physician organization.
- ❖ Explain how HIT influences quality improvement activities
- ❖ Show how care coordination events are influenced by HIT

Looking Back

- ❖ Personal computers and external hard drives
- ❖ Plexus computer
- ❖ Kennedy tape drive
- ❖ Eligibility
- ❖ Claims processing software
- ❖ Clinical and financial capabilities

Early Days

- ❖ Data warehousing
- ❖ Data from managed care organizations
- ❖ Simple analytics
- ❖ Quality improvement activities
- ❖ Dashboards
- ❖ ePrescribing

Drivers of Change: Challenge

- ❖ BCBSM PGIP
- ❖ Physician Organizations challenged to innovate, defy the status quo
- ❖ Main area of focus: chronic conditions
 - * Capturing information
 - * Mining data
 - * Significance of workflow processes
 - * Sharing information: internal and external

Meet the Population Health Challenge

- ❖ All patient/all payer approach
- ❖ Organizational leadership
- ❖ Healthcare providers
- ❖ Payers
- ❖ Quality improvement coaches (MPH, care team members)
- ❖ Innovators: yes and versus no but

Population Health and the HIT Challenge

- ❖ Physician organizations become increasingly reliant on technology
- ❖ Creating and maintaining an internal data warehouse or a “war-house”
- ❖ Identify an analytics offering that could bridge and merge multiple applications

Population Health and the HIT Challenge

- ❖ Strategy to capture and analyze data
 - ✧ Clinical systems
 - Medical
 - Behavioral health
 - Pharmacy
 - Care management
 - ✧ Financials (cost)
 - ✧ Patient satisfaction

Population Health and the HIT Challenge

- ❖ Financial support
- ❖ Incentives
- ❖ Population coaches
- ❖ Care managers
- ❖ Analytics staff that did more than generate data
- ❖ Reliable HIT partners
 - * External key player MiHIN

Important HIT Tool: Patient Registry

- ❖ Web-based population health tool to track patient care longitudinally
 - * Identify gaps-in-care for patients at point of care
 - * Outreach activities
- ❖ Run trend reports Embedded guidelines: MQIC, HEDIS

Patient Registry: Interfaces

❖ Outbound

- * Payers: BCBSM, BCN, Priority Health, HAP, and other payers

❖ Inbound

- * Labs and “interfaces”
- * EHR and “bridges”
- * General Interface: flat file from EHR

ADT Partner: PatientPing

- ❖ MiHIN Qualified Organization (QO)
- ❖ Provides real-time notifications when patients are admitted to or discharged from acute or post acute care settings including ED visits, SNF, home care and DME
- ❖ ADT notifications help ensure that healthcare providers and the care team perform transition of care activities

ADT Partner: PatientPing

- ❖ Entire care team can track, in real-time, patient's admission, discharge, or transfer
- ❖ Patient information
 - * Demographics
 - * Insurance
 - * PCP attribution
 - * Care management information
 - * Identify high utilizers/frequent flyers
 - * Easy to filter information
 - * CCD including medication list

ADT: Impact on HEDIS/STARS

- ❖ Population health tools impact
 - * Improving population health (HEDIS scores)
 - * Reducing cost (Tracking readmission/ED utilization)
 - * Improving provider satisfaction (more efficient workflow)

HIE Tools Impact Quality Incentives: Example

- ❖ Potential incentives built into fee schedule
 - * 10% uplift for PCMH
 - * 5%/10%/15% uplift for cost
 - * 5%/10%/15% uplift for quality scores
 - * 5% for care management
 - * 5% for being an “advanced practice”

Quality Incentives - Examples

❖ Office visit – 99214

- * Fee schedule: \$113.35
- * Uplift 0% for practice: \$113.35
- * After 5% withhold: **\$107.68**

❖ Office visit – 99214

- * Fee schedule: \$113.35
- * Uplift 20% for practice: \$136.02
- * After 5% withhold: **\$129.22**

Population Health, HIT and MiHIN

- ❖ Active Care Relationship Service (ACRS)
- ❖ Common Key
- ❖ Admission, Discharge, Transfer (ADT)
 - * CCD
 - * Medication Reconciliation
- ❖ Health Directory
- ❖ Health Risk Assessment (HRA)
- ❖ Uniform metric adoption (PPQC)

Succeeding in Transformation

- ❖ Workflows
- ❖ Best practice leads to common practice
- ❖ Collaborative learning and sharing of successes
- ❖ Innovation and practices have mentors
- ❖ Practices are set up for success

Better and More Efficient Healthcare Practices

- ❖ Major successes
 - * ACRS
 - * Care coordination
 - * ADT
 - Medication list
 - Re-admission rate
 - ED use
 - * Uniform metrics