Health Information Technology: Harnessing the Potential for Transformation

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Broad Goals for Health IT Strategy

• Build health information infrastructure to support national and state health reform goals by…
  – Supporting clinicians and consumers with information at point of care
  – Advancing care coordination
  – Strengthening public health surveillance and response
  – Enhancing quality and outcome measures
  – Promoting efficient and cost effective care
Benefits Relating to Quality and Cost

• Broad categories for improvement
  – Negative - Overuse, underuse, misuse
  – Positive - “Right care, right patient, right time”

• Specific targets for health IT
  – Medication management
  – Care management
  – Prevention
  – Labs and imaging
Quantifying the Opportunities

• CITL, RAND - $78-80 billion net savings

• Components:
  – Adverse events and redundant testing in hospitals = $25 billion
  – Electronic prescribing/generics = $8-10 billion
  – Diabetes management = $14 billion
General Points of Agreement

• Need to advance broad adoption and use of health information technology
• Agreement on definitions and implementation of common standards
• Alignment of payment incentives for use

ADVANCING THESE OBJECTIVES REQUIRES COORDINATION OF POLICY AND IMPLEMENTATION ACTIVITIES
Broad adoption is an essential prerequisite to realizing value

• Survey data
  – Physicians
    • 4% with robust system
    • 13% with basic system
  – Hospitals
    • 1.5% with robust system
    • 7.6% with basic system

LACK OF FINANCING AND INCENTIVES IS MOST COMMONLY CITED BARRIER TO INCREASED ADOPTION
Medicare and Medicaid Incentives: Impact Could be Mixed Bag

- **Broad**
  - Any one who qualifies gets the money
  - Hospitals can get money from both programs
  - High volume of care delivered in primary care office settings

- **Limited**
  - Physicians need to choose one or other
  - Thresholds of covered patients
  - Many providers left out
  - Not everyone who might qualify will participate
  - Incentives are reduced and become penalties over time
NYS Coordinated Strategy for Interoperable Health IT

• Governance
  – Multi-stakeholder, open and transparent
  – State and regional levels
• Policies and standards
  – Privacy, security and technical requirements
  – Link between policy and implementation
• Clinical uses
  – Structured use cases, decision support
• Adoption support
  – “Soup to nuts” implementation support provided in a community context
Principles and Functions of Health Information Network

• Principles
  – Network operations and core services are a public good
  – Maximize information liquidity

• Functions
  – Accountability - Ensure adherence to common policies and standards (including compliance and enforcement activities)
  – Efficiency – Shared costs to develop and maintain networks, easy to add users and services
  – Effectiveness – Develop and maintain capacity to address social and individual needs
Framework for New York’s Health IT Strategy

“Cross-Sectional” Interoperability

APPLY

Clinician/EHR  Consumer/PHR  Community

AGGREGATE & ANALYZE

Clinical Informatics Services

Aggregation  Measurement Reporting

ACCESS

Statewide Health Information Network – NY (SHIN-NY)
Costly, High Risk and non-Interoperable EHRs

Interoperable EHRs

Vision for New York’s Health Information Infrastructure
State and Federal Efforts Focusing on Adoption

- Selection of health IT products and tools
- Clinical requirements and workflow analysis
- Quality measurement and improvement
General Observations

• Health care transformation requires more than just health IT
• Much complexity involved in simultaneously advancing organizational, policy and technical support for interoperable health information exchange
• Collaboration and consensus-building requires deep understanding and commitment to common goals; it involves more than just information sharing, communication beyond acronyms and symbols
• Information liquidity is key to maximizing value
Health IT Building Blocks Are Fundamentally the Same Regardless of Transformative Goals

- Increase Transparency and Timely Reporting on Cost, Quality and Outcomes
- Interoperable EHRs to guide medical decisions and support the delivery of coordinated, preventive and patient-centered care
- Replace expensive, stand-alone health surveillance systems with an integrated infrastructure to allow for seamless health information exchange for many public health purposes
- Gather more precise and timely information about what works in the real world to refine health care policies, monitor health status and safety and guide physician and patient treatment choices

Quality reporting resulting in robust accountability based on the information needed to assess outcomes and performance

Work toward a more organized delivery system that emphasizes primary and preventive care and is patient-centered

Major Health IT Building Blocks

- Organizational/Governance
- Clinical/Quality
- Technical

NYS Office of Health Information Technology Transformation
High Performance Case Studies: Delivery System Level*

• Ideal health care system attributes
  – #1 is information availability and continuity
  – Care coordination and transitions
  – System accountability

• Observations
  – Cost and effort offset by efficiencies
  – Build or buy; physician involvement key to effective implementation in either case
  – Long term strategic investment in population health management and clinical improvement strategies

* McCarthy and Mueller, Commonwealth Fund, July 2009
Building Organizational Capacity for Reform*

- Expand focus from microsystems to new organizational models
- Reduce fragmentation of care delivery
- Establish accountability across the continuum
- Reallocation of resources from overuse to underuse
- Balance professional autonomy with organizational values and objectives
- Leverage benefits of scale and clinical integration
Rx for Effective Reform*

- National priorities and goals
- Standardized performance measures and reporting infrastructure**
- Payment reform
- Leadership and capacity at community-level – transparency, collaboration**
- Health IT standards and incentives for use**
- Public education

* These two slides summarize key take away points from “Building Organization Capacity for Health Reform”, Corrigan and McNeill, Health Affairs Web Exclusive January 2009

**Explicit relationship or dependency in health IT