in the 'ARRA' of Gobs of Money

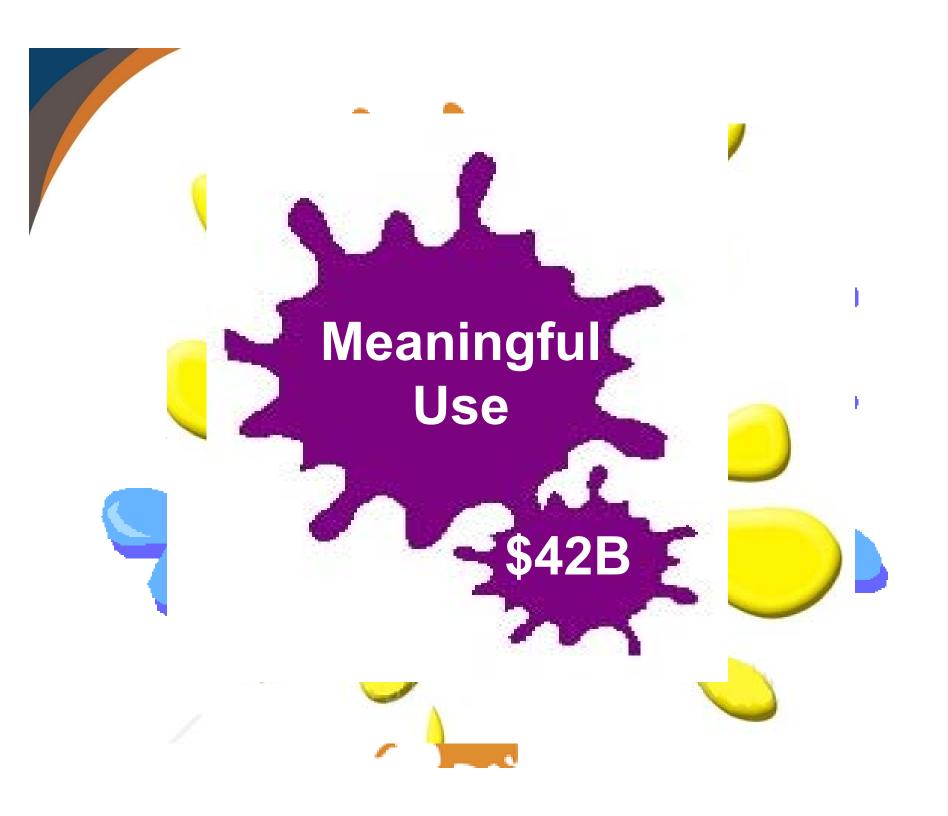
David K. Ahern, PhD
Director
Judy Phalen, MPH
Associate Director

Health Information Technology Resource Center for Aligning Forces For Quality

Program in Behavioral Informatics and eHealth
Department of Psychiatry
Brigham & Women's Hospital

Overview

- Review HIT Landscape
- AF4Q Community Presentations
- Questions to Consider/Discussion



AF4Q Regional Extension Center Participants

- Albuquerque (Lovelace Clinic)
- Central Indiana (Purdue/Indiana Health Information Technology Inc)
- Cincinnati (HealthBridge)
- Detroit (Altarum Institute/Michigan Center for Effective IT Adoption)
- Greater Boston (Massachusetts Technology Park Corporation)
- Kansas City (Kansas Foundation for Medical Care Inc. AND The Curators of the University of Missouri)
- Maine (HealthInfoNet)
- Puget Sound (Qualis Health)
- Western New York (New York eHealth Collaborative)
- West Michigan (Altarum Institute/Michigan Center for Effective IT Adoption)
- Willamette Valley (OCHIN, Inc)

AF4Q Beacon Community Participants

- Central Indiana (Indiana Health Information Exchange, Inc)
- Maine (Eastern Maine Healthcare Systems)
- Western New York (Western New York Clinical Information Exchange, Inc)

Health Information Exchanges

All AF4Q communities reside in locales for which ONC provided funding for state HIE efforts



NCQA Crosswalk

CMS Criteria for Meaningful Use, NCQA 2006 Physician Practice Connections® (PPC®) and NCQA Physician Practice Connections®—Patient-Centered Medical Home™ (PPC®-PCMH™)

Health Outcomes Policy Priority	Stage 1 Objectives Eligible Professionals (EP)	Stage 1 Measures	NCQA PPC Standard	NCQA PPC-PCMH Standard	Degree of Alignment Comments
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE (computerized physician order entry)	For EPs, CPOE (computerized physician order entry) is used for at least 80% of all orders	PPC5: Electronic Prescribing Element A Practice uses electronic Rx writer (100% = 75-100% of new prescriptions written in last 3 months written linked to patient information) PPC6: Test Tracking Element B Practice uses electronic system to: order lab tests; order imaging tests PPC7: Referral Tracking Element A Practice uses paper or electronic system to track referrals	PPC-PCMH5: Electronic Prescribing Element A Practice uses electronic Rx writer (100% = ≥75% of new prescriptions written in last 3 months written linked to patient information) PPC-PCMH6: Test Tracking Element B Practice uses electronic system to: order lab tests; order imaging tests PPC-PCMH7: Referral Tracking Element A Practice uses paper or electronic system to track referrals	High Referrals can be paper or electronic
	Implement drug-drug, drug- allergy, drug formulary checks	The EP has enabled this functionality	PPC5: Electronic Prescribing Element B System connects to pharmacies, pharmacy benefit manager and receives renewal requests electronically (100% = 2-3 of 3 items) Element C Electronic system has general and/or patient specific information and alerts at the point of care: drug-drug interactions, drug-disease interactions, drug-allergy alerts (100% = 8 or more alerts) Electronic system has generic and formulary checks (100% = both checks)	PPC5: Electronic Prescribing Element B System has general and/or patient specific information and alerts at the point of care: drug-drug interactions, drug-disease interactions, drug-allergy alerts (100% = 8 or more alerts) Element C Electronic system has generic and formulary checks (100% = both checks)	High
	Maintain an up-to date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®	At least 80% of all unique patients seen by the EP have at least one entry or an indication of none recorded as structured data	PPC2: Patient Tracking and Registry Element A • Uses electronic data to document current and past diagnoses (100% = 12-15 items entered for 75% of patients)	PPC2: Patient Tracking and Registry Element A Uses electronic data to document current and past diagnoses (100% =12-18 items entered for 75% of patients)	Medium ICD9 or SNOMED not specified Factor 13, "Current and past diagnoses" not required
	Generate and transmit permissible prescriptions electronically (eRx)	At least 75% of all Permissible prescriptions written by the EP are transmitted electronically using certified EHR technology	PPC5: Electronic Prescribing Element A Uses electronic system Element B System connects to pharmacies, pharmacy benefit manager and receives renewal requests electronically (100% = 2-3 of 3 items)	PPC5: Electronic Prescribing Element A Uses electronic system	High (PPC) Medium (PCMH) PCMH does not require transmittal

Presenters

Shelley Hirshberg, MA

Executive Director
P2 Collaborative of Western New York

Pat Montoya, MPA, BSN

Project Director Albuquerque Coalition for Health Care Quality

Lisa Letourneau, MD, MPH

Executive Director Quality Counts, Maine

P2 Collaborative of Western NY and HEALTHeLINK

Working Collaboratively to Support Our Primary Care Physician Community Draft as of May 5, 2010

Performance Measures:

- Achieve Level 3 NCQA designation for PCMH by (date TBD)
- Achieve meaningful use standards (MU to be finalized and a date TBD)
- Achieve Improvement in Quality Performance (Metrics to be defined and aligned with AF4Q, NYS Prevention Agenda, NQF)

Approach:

Secure External Funding to Assist Primary Care Physicians in Achieving Their Performance Goals

	Physician Cat. A	Physician Cat. B	Physician Cat. C
Financial support per physician	\$	\$	\$
Financial support per practice	\$	\$	\$

TECHNOLOGY

Assist physician in selection of EHR

Assist with implementation of EHR

Provide staff training

Assist with interoperability

QUALITY IMPROVEMENT INCLUDING MEANINGFUL USE

Develop quality improvement initiatives in clinical and practice management

Support organizational redesign

Facilitate culture change

CONSUMER ENGAGEMENT

Provide self-management techniques and educational resources

Funding:

HEAL 10

REC **COMMUNITY EMR BEACON**

\$5.5 Million (HEALTHeLINK) \$600,000 (HEALTHeLINK)

\$5 Million (HEALTHeLINK) \$12,677,000 (HEALTHELINK) \$1,123,000 * (P²) \$1.4 Million (P2)

\$439,000 (P2)

\$3,423,000 (P²)

Aligning Forces | Improving Health & Health Care for Quality in Communities Across America

Benefits of HIE/HIT

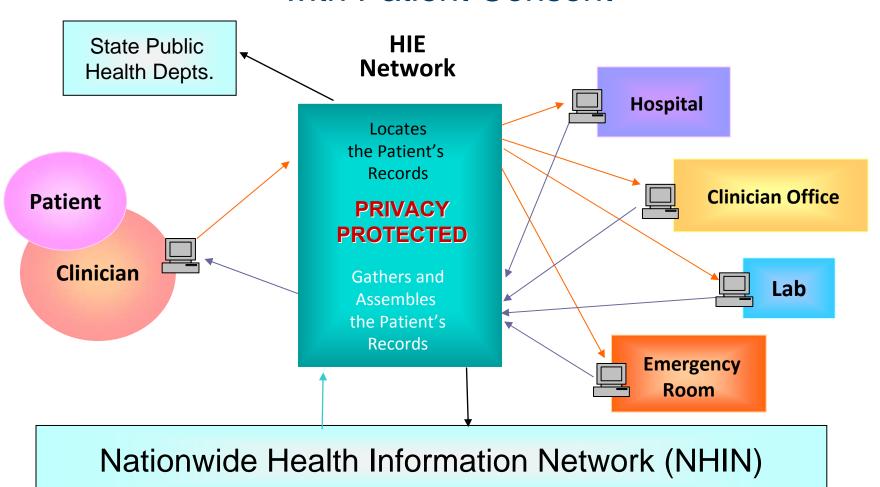
- Coordination of care between various health care providers, specialists, and facilities
 - Each individual or location has knowledge of previous tests or diagnoses
- Reduction in duplicated services
 - With each individual and facility knowing prior tests and results, services are less likely to be duplicated
- Increased efficiency of services
 - With fewer duplicated services, time and funding are used more effectively and efficiently

Challenges of HIE/HIT

- Implementing an electronic system compatible with multiple health care systems
 - With many systems hospitals, physician offices and ancillary services in a community there is a need for interfaces and a common platform
- Increasing health care provider use of the electronic system and achieving meaningful use
 - Some providers see this as an additional item on an already overburdened system; others see it as valuable but do not use it effectively
- HIPPA and other privacy and legal issues
 - Maintaining security of patient information when so many facilities and providers have access to the data

How NMHIC Works

Clinician Requests Access to Patient Records with Patient Consent



Maine AF4Q Social Media

- Started w/ AF4Q Communications Mini-Grant
- Initially managed by contracted staff
- Social Media Subcommittee for input
- Phase 1:





- Use consistent name "HealthyME"
- Connected with, use syndicated content from CDC

Social Media Messaging Strategy

- Dedicated staff est. 2-3hrs/wk (total)
- Planned messaging schedule echoing key QC/AF4Q messages:
 - Mon: Quality matters, varies, you have a choice
 - Tues & Thurs: Wellness / prevention
 - Wed & Fri: Chronic disease
 - Wed: diabetes, asthma
 - Fri: CVD, depression
- Link into established content e.g. CDC

May 2010 Calendar

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	What are Maine's goals to improve healthcare quality? Find out at the OC7 wrap up: http://www.mainequalitycounts.org/about-qc/qc-7-wrapup.html	days! Learn more: http://www.womenshealth.gov/whw about/	55&utm_campaign=DailyHeadlines &utm_source=mSpoke&userid=147 712	waiking program. Film a route near you: http://www.healthymainewalks.com/ findawalk.php	information about mental nealth here: http://www.mentalhealthamerica.ne V	
9 Mother's Day	All health is local! A recent study reported on health in Maine's 16 counties. Check it out at: [County Health Rankings - ME Report]	The fruit of the month is: limes! Use this CDC guide 4 recipes & other info on fruits & veggies: http://www.fruitsandveggiesmatter.g	2 of 10 Mainers may have pre- diabetes. Find out how you can help prevent diabetes: http://ndep.nih.gov/publications/Pu blicationDetail.aspx?Publd=71	Ouestions are the answerl Use these tools to help talk with your providers. http://www.mainequalitycounts.org/quality-counts-for-me/questions-are-the-answer/	14 Heart disease is the #1 killer of US women. Use the Simple Seven to lower your risk: http://myllifecheck.heart.org/	15
16	How much willI that CT scan cost? Find out here: http://www.healthweb.maine.gov/cl aims/healthcost/default.aspx	ZZZZ - getting enough sleep is important to your overall health. If you're not getting enough, ask for help @ your next appointment	19 Get daily air quality updates @MEAir_Portland, @MEAir_Lewiston, or @MEAir_Bangor	20 Start a healthy "cycle" - the Bicycle Coalition of ME is a great resource for cyclists of any level: www.bikeme.org	21 Be a StigmaBuster! Learn more about mental illness here: http://www.nami.org/template.cfm? section=fight_stigma	22
23	Top 10 Ways to Get Safer Care: Maine's own Dr. Erik Steele explains: http://www.aarp.org/states/me/new s/articles/healthcare_safety_dont.ht	midcoast area, check out this running program:	You can do it! Maine AF4O's diabetes pathway can help you get on the path to better health: http://www.mainequalitycounts.org/images/stories/PDFs/af4q%20diabetes_pathway_maine_web_08-09.pdf	Get connected! ME \$ 211 guide	Don't break the chain: read how the Chain of Survival saved Julie's life: http://www.americanheart.org/prese nter.jhtml?identifier=3039666	

Are you on Facebook? Twitter? Quality Counts is now online!

"Like" (fan) us on **facebook**<u>www.facebook.com/HealthyME</u>

(Search for HealthyME and choose "Like")

Follow us on www.twitter.com/HealthyME2 or @HealthyME2 (Send text to "40404" with "follow HealthyME2")

HealthyME on Facebook



HealthyME2 on Twitter



Just Getting Started...

- Facebook: 78 fans ("likers"?)
- Twitter: 63 followers
- Evidence of "viral" potential:
 - At QC7 conference April 16, reached8848 people via 50 tweets (event hashtag: #QC7)

Lessons Learned

- Cast a wide net when developing site
- Know the process
- Think ahead
- Be flexible
- Have personality!
- Be approachable
- Encourage 2-way dialog
- Evaluate yourself

Discussion/Q&A

- What do you think are the priority areas for HIT in your community?
- What do you see as the potential HIT tools, resources and platforms for impacting CE, PM/PR, QI, Equity and their associated AF4Q dashboard goals and Q/E team indicators?
- How might HIT be disruptive? What are the potential unintended negative consequences that might ensue from its use?
- What are some of the challenges and opportunities in your community when leveraging federal, state and local HIT investments?