

Health Reform: *HIT as a Cross-cutting Issue*

*Steve Cline, DDS, MPH
Assistant Secretary for HIT
NC Department of Health and Human Services*

Health Reform Overall Advisory Committee

November 17, 2010

North Carolina Institute of Medicine



Objectives

- Introduction – Why HIT?
- Quick overview of HITECH grants to NC
- NC HIT Landscape
- HIT and Health Care Reform
- Q & A

Questions

- 1) HIT as a starting point?
- 2) Why do we tolerate “low” IT in health?
- 3) What would it take to change that?
- 4) Who has to change? or Who is going to resist?
- 5) Will the federal plan work in NC?

Health Information Technology

“ Health information technology is the circulatory system for the vital organs of health care.”

Dr. David Blumenthal
National Coordinator of HIT



Shared Goals

- Improved healthcare quality
- Better health outcomes
 - Individuals
 - Populations
- Control costs
- Better engage health care consumers

The Problem (Related to HIT)

- Paper is inefficient
- Duplicate tests
- Medical errors
- Lack of information
- Too much information
- Consumer engagement
- Quality-Quality-Quality

HIT as a Driver of Change

The Federal Strategy

- ARRA – HITECH as a precursor to health reform
- Nationwide Health Information Network (NHIN)
- State level system development
- Funding streams to leverage change

1. Must get clinical information into an electronic format

- FEDS
- HITECH – Regional Extension Centers
- NC
- NC AHEC
- 9 Existing Regions
- Existing Relationships
- Existing Quality Initiative
- \$13.6 million

2. Incentivize targeted providers to adopt EHRs and meaningful use

- **FEDS**
- HITECH – Incentive Payments
- Medicare
- Medicaid
- **NC**
- NC Medicaid
- Eligible providers and hospitals
- MU “bar”
- \$63,000 M’caid
- \$44,000 M’care
- Estimated \$500 million to NC hospitals

3. Create a new standard for EHR vendors

- FEDS
- HITECH – EHR Certification Program
- NC
- Private entities
- Temporary Certification
- “Preferred Provider” list
- Cost to providers

4. Build a mechanism for sharing health information electronically

- FEDS
- HITECH – State Level Health Information Exchange (HIE)
- NC
- NC HWTF
- NC HIE Non-profit
- CEO level Board
- Public-Private Partnership
- \$12.9 million

5. Make sure healthcare providers know how to use the new systems

- FEDS
- HITECH – Workforce Development
- NC
- NC Community College System-Pitt
- 13 State Region
- Curriculum Development-Duke
- Distance Learning
- \$20.1 million

6. Make sure the network has the capacity for all these new users

- **FEDS**
- HITECH – Broadband Technology Opportunities Program (BTOP)
- **NC**
- MCNC
- NC Research and Education Network
- “Middle mile strategy” to connect health
- \$28.2 million-Phase 1
- \$75.8 million Phase 2

7. Make good use of the data

- FEDS
- HITECH – Comparative Effectiveness Research (CER)
- NC
- UNC, Duke, Wake, ECU, RTI, & others
- Evidenced-based medicine
- Best practices
- “Learning System”
- \$200+ million

8. Make good use of the technology to improve health

- FEDS
- HITECH – Telehealth
- NC
- NC Telehealth Network
- Rural health strategy
- Community Health Centers
- \$6.1 million

9. Children as a priority

- **FEDS**
- HITECH – Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Establish a national quality system for children’s health care
- **NC** (1 of 10)
- NC Medicaid-CCNC
- NC Pediatric Society, NC Academy of Family Physicians, and NC Quality Alliance
- EMR for children
- \$9.3 million

10. Learn from the leaders

- FEDS
- HITECH – Beacon Community Program
- NC (1 of 17)
- Southern Piedmont Community Care Plan (CCNC)
- Existing community partnerships
- Cabarrus, Rowan, and Stanly Counties
- \$15.9 million

State Strategy for Meaningful Use

- Structured lab results reporting
- e-Prescribing
- Sharing of clinical record summaries
- Public Health reporting

NC HIT Landscape

- **Existing HIT systems:** Hospitals, RHIOs, Public Health, Individual Provider Practices, Payers
- **State HIE Governance:** NC Health Information Exchange, with a 21 member public- private CEO level Board
- **Quality in NC:** NC AHEC Quality Initiative, NC Healthcare Quality Alliance, Carolinas Center for Medical Excellence
- **Community Care of NC:** Informatics Center
- **NC Laws:** Legal challenges to HIE, Opt Out
- **Economic Crisis:** \$3.5 billion “hole”
- **EHR Loan Program:** HWTF and NCMSF \$750,000

NC Medicaid

- MMIS Replacement System
- Incentive Payment Program P-APD
- State Medicaid HIT Plan (SMHP)
- Incentive Payment Program I-APD
- National Level Repository (NLR)
- Health Care Reform (ACA)

4 Key Components of PPACA

- 1) Health Insurance Reform
- 2) Expansion of Reportable Quality Measures
- 3) Medicare/Medicaid Payment Reform
- 4) Medicare/Medicaid Demonstration
Initiatives to Encourage Innovation to
Improve Quality

Information Technology Reform IS Health Care Reform

- ARRA/HITECH is to HIT as PPACA is to health care reform
- PPACA assumes new models of HIT are in place or must be built
- Can't reform/perform without improved HIT

HIT Provisions of ACA

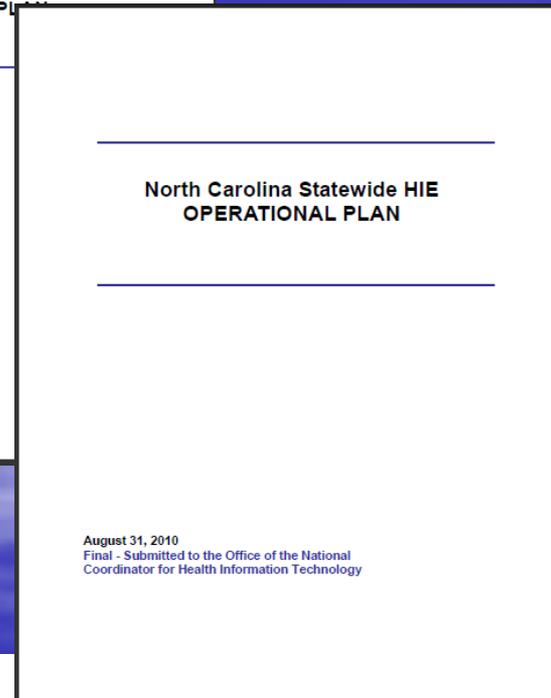
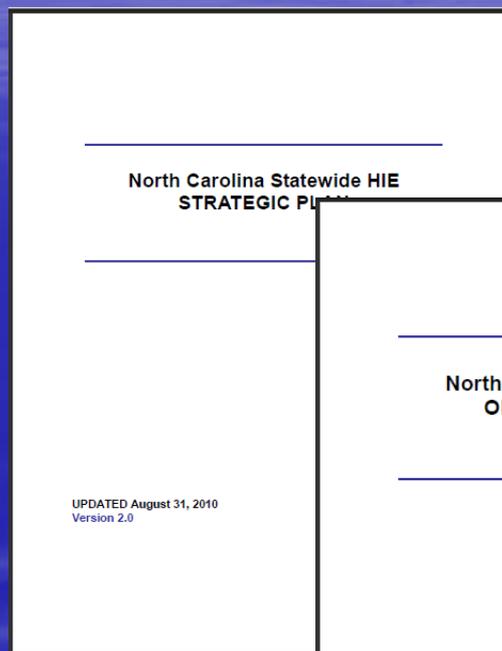
- **Improving Quality of Health Care**
 - Improve collection of quality data
 - Create new HIT programs
 - Payments to support new HIT (ex: ACOs)
- **New HIT Operating Rules and Standards**
 - Interoperable standards for eligibility
- **Strategies to Increase HIT Workforce**

HIT and Medical Homes

Health IT Components of Medical Homes	Health IT Products					
	CDMS/ Registry	EHR	eRx	Patient Portal/ PHR	Practice Mgmt. Solution	HIE Platform
Patient Tracking & Scheduling					✓	HIE enables the medical home to more effectively coordinate and deliver care across many clinical settings
Registry Functions	✓	✓				
Care Management	✓	✓				
Electronic Prescribing		✓	✓			
Test Tracking	✓	✓				
Referral Tracking		✓			✓	
Performance Reporting/Improvement	✓	✓				
Web-based Services for Patients				✓		

NC HIT Strategic Plan & State HIE Operational Plan

- Goals and Priorities
- Functional Components
- Timeline
- Budget



State HIE Operational Plan

Vision: The NC HIE, a public/private collaboration, will provide a secure, sustainable technology infrastructure to support the real time exchange of health information to improve medical decision-making and the coordination of care to improve health outcomes and control health care costs for all residents of North Carolina.

Governance Work Group

- Define roles, decision making authority
- Identify goals
- Define measures

Legal & Policy Work Group

- Identify privacy issues
- Define options
- Identify policy/tech requirements

Clinical & Tech Operations Work Group

- Identify clinical/business objectives
- Define architecture
- Identify services
- Detail functions, options
- Develop high-level costs

Finance Work Group

- Collect relevant environment data
- Define revenue sources
- Identify funding constraints and timing considerations

“Anticipated” Tech Services

Qualified Organizations with gateways to access Core Services

HIO

Hospital-Provider

Clinic Network

Fed Agency

Core Services

Service Access Layer: Transport, Orchestration, Audit, Reporting

Security Services

Patient Matching

Master Facilities Index

Master Clinician Index

NHIN Gateway

Implementing Core Services will facilitate access to these Value-Added Services

Candidate Value-Added Services

Phase 1
Phase 2

Lab Normalization

Immunization

Medication Management

Quality Reporting

Lab Results Routing for Reporting

Radiology Image Delivery

Procedural Results Delivery

CCD Translation

Disease Surveillance

Access to Aggregated Data

Clinical Decision Support

EHR Adoption: The Key to Success

- Clinical data to share
- Targeted providers
- EHR capabilities (Vendor Certification)
- EHR support (Workforce Development)
- Quality improvement vs. quality measures
- Consumer acceptance

Discussion

www.healthIT.nc.gov
steve.cline@dhhs.nc.gov

