

The Nexus of HITECH & Readmissions

THIRD NATIONAL MEDICARE READMISSIONS SUMMIT

*The Leading Forum on Medicare 30-Day
Readmissions Policy and Technology-enabled
Strategies for Transitions of Care*

June 13 - 15, 2011

ONSITE

Ritz-Carlton Hotel
Washington, DC

Vince Kuraitis JD, MBA

Better Health Technologies, LLC

<http://e-CareManagement.com> blog

(208) 395-1197



Truth in Advertising



Agenda

- I. What's HITECH? An Overview**
- II. How Does HITECH Support Reducing Readmissions?**
- III. Is HITECH Working?**

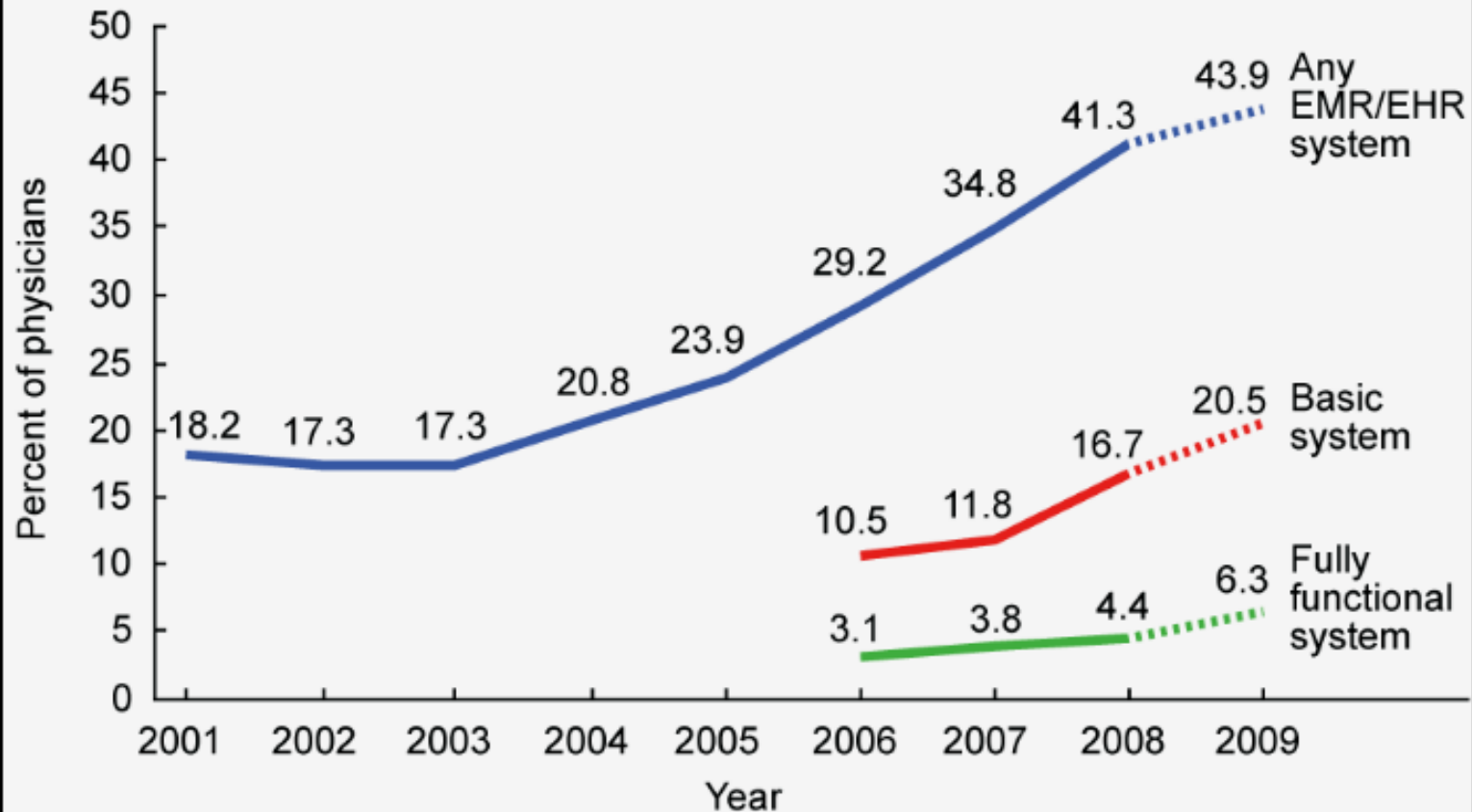
I. What's HITECH?

An Overview



Physician EHR Adoption Lags

Figure. Percentage of office-based physicians using electronic medical records/electronic health records (EMRs/EHRs): United States, 2001–2008 and preliminary 2009



NOTES: Any EMR/EHR is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). The 2009 data are preliminary estimates (as shown on dashed lines), based only on the mail survey. Estimates of basic and fully functional systems prior to 2006 could not be computed because some items were not collected in the survey. Starting in 2007, the skip pattern after the all or partial EMR/EHR systems question was removed. Includes nonfederal, office-based physicians. Excludes radiologists, anesthesiologists, and pathologists. SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey.

HITECH Recap

- **The Problem:**
 - Data is not shared
 - Data is not electronic
 - Hospital and physician EMR adoption is low
- **ARRA HITECH Act**
 - Incentives: \$30-45 B
 - New Programs: \$2 B
 - Regional Extension Centers (RECs)
 - Health Information Exchange
 - Workforce training
 - Beacon communities
 - Strategic Health Information Technology Advanced Research (SHARP) projects
 - Nationwide Health Information Network (NHIN)
- **Key HITECH objective: set bar high enough but not too high**
- **Complexity**

II. How Does HITECH Support Reducing Readmissions?



Meaningful Use is achieved in three stages

	Stage One 2011	Stage Two 2013	Stage Three 2014-2015
Focus	Capture and share data	Advanced care processes with decision support	Improved outcomes and population management
Market Drivers	HITECH incentives for meaningful use	HITECH and health reform transitions	New provider reimbursement models
Level of Collab.	Low	Medium	High

Meaningful Use Stage One in 2011

Focus	Capture and share data
Market Drivers	HITECH incentives for meaningful use
Meaningful Use Summary	15 Core Criteria; 5 of 10 Menu Options
Meaningful Use Detailed Functions	Demographics, vitals, problems
	E-scripts, med list, allergies
	Drug interaction checking
	Patient summaries
	Basic quality reporting
	Care coordination via CCR
	Smoking status
Level of Collaboration	Low

Meaningful Use Stage Two in 2013

Focus	Advanced care processes with decision support
Market Drivers	HITECH and health reform transitions
Meaningful Use Summary	Options become mandatory More rigorous thresholds Broader and deeper applications
Meaningful Use Detailed Functions	Continuous quality improvement at point of care Structured data exchange Advanced e-prescribing Structured lab results Patient reminders and education
Level of Collaboration	Medium

ONC Quality Measures Workgroup

Recommendations, Care Coordination, March 2011

Domain	Subdomain	Measure Concept	
		Stage 2	Stage 3
Care Coordination	Effective Care Planning	Measure of self-management plan for patients with leading conditions	Measure assessing the presence of a completed comprehensive care plan
		Measure of a documented advance care plan	
	Care Transitions	Measure of medication reconciliation after any care transition	
		Measure of patient and family experience across a care transition	
		Composite measures assessing closing the "referral loop"	
	Appropriate & Timely Follow Up	***	Measure assessing timeliness of and appropriate response by the provider to clinical information

III. Is HITECH Working?



Is HITECH Working?

- Short answer:
 - Hospitals: yes
 - Physicians: promising but not certain
- Long (10,000 word) answer: <http://e-caremanagement.com/is-hitech-working-7-observations-mom-could-understand/>

1) Hospitals are grumbling but are playing in the game; success is not guaranteed.

76% of Hospitals Plan to Pursue HITECH Funding

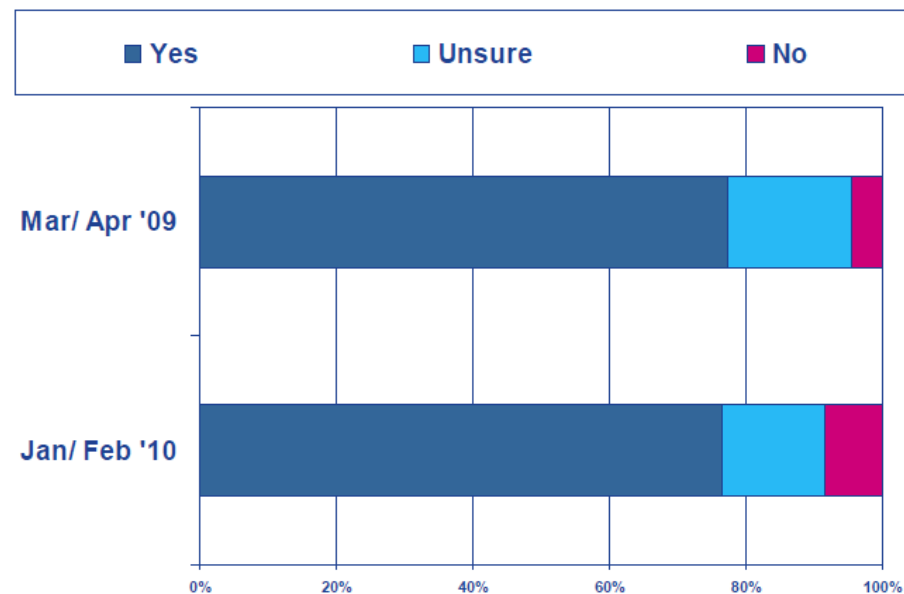


HITECH Act – Providers Pursuing Funding

“Will your organization pursue funding made available through the HITECH Act?”

More than 76% responded positively in both 2009 and 2010

- Most of the other respondents were simply unsure
- On average, only 6.5% said “no”



2) Key physicians will sit on the sidelines (at least for now).



Doctors to Feds: Take Your Electronic-Record Subsidies and Shove 'Em



INDUSTRY NEWS

JAMA: EHR adoption timeline too aggressive

AAFP says meaningful use rules will be tough for small practices

January 25, 2010 | Bernie Monegain, Editor

March 5, 2010

Ambulatory Docs Still Not Buying EMR Software

A service of the California HealthCare Foundation

iHealthBeat

Reporting Technology's Impact on Health Care

March 10, 2010 - Special Reports

Small, Mid-Size Physician Practices Could Face Barriers in Meeting 'Meaningful Use' Criteria

Family Practice Management

Should Doctors Reject the Government's EHR Incentive Plan?

It's a big hill to climb for a carrot that may not be there when you reach the top.

David C. Kibbe, MD, MBA



EMR Straight Talk

MGMA Confirms Productivity Loss with Government's EMR Program

3) ONC got it right on the 3 major policy decisions:

- a) **Meaningful Use** (MU) Emphasizes “*Meaningful*”, Not “Use”
- b) Vendors Get a Level Playing Field With **Certification**
- c) Lightweight, Open **Standards** Promote EHR Interoperability and Modularity

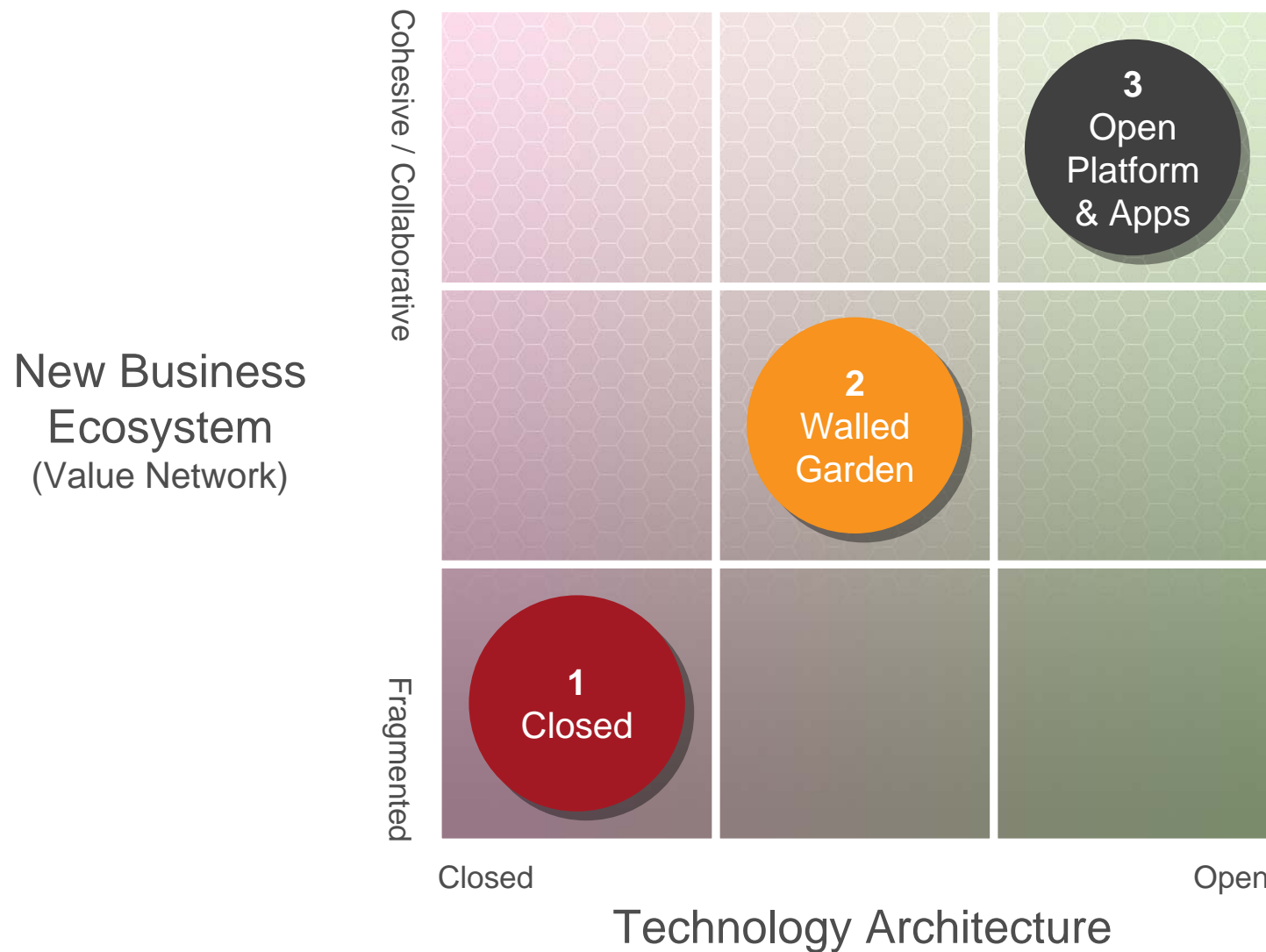
4) The *supply* (vendor) side of HIT is already being transformed.



Three-stage evolution of HIT



Clinical Groupware Collaborative



5) “Gimme my damn data!” The pump is being primed for disruptive innovation by patients.



6) Health care payment reform legislation and HITECH are synergistic.



7) Where's Plan B? Congress and ONC need to address major flaws.



Questioning Assumptions — Issues to Reconsider in Plan B

- a) Rewarding Incremental Progress
- b) Addressing Root Causes for Non-adoption of EHR Technology
- c) Questioning Health Information Exchanges (HIEs) as Building Blocks for the Nationwide Health Information Network (NHIN)
- d) Catalyzing Movement Toward Modular EHR Technology
- e) Focusing Incentives on High Leverage Physicians
- f) Recalibrating Expectations for EHR Technology Adoption
- g) Getting Bang-for-the-Buck in Achieving Meaningful Use Objectives
- h) Comprehensively Revamping Privacy/Security Laws vs. Tweaking HIPAA
- i) Maximizing Sync Between HITECH and PPACA
- j) Leveraging Potential for Patient-Driven Disruptive Innovation
- k) Promoting EHR Adoption Beyond Hospitals and Physicians, e.g., long-term care, home health, behavioral health, etc.
- l) Dumping Certification

THE END



Better Health Technologies, LLC

- **Technology and health care delivery are shifting:**
 - **From: Acute and episodic care delivered in hospitals and doctors' offices**
 - **To: Chronic disease and condition management delivered in homes, workplaces, and communities**
- **BHT provides consulting, business development, and speaking services to assist companies in:**
 - 1) **Understanding the shift**
 - 2) **Positioning – what's the right strategy, tactics, and business model?**
 - 3) **Integrating your offering into the value chain – what are the right partnerships?**

BHT Clients

Pre-IPO Companies

RMD Networks
HealthPost
Cardiobeat
EZWeb
Sensitron
Life Navigator
Medical Peace
Stress Less
DiabetesManager.com
CogniMed
Caresoft
Benchmark Oncology
SOS Wireless
Click4Care
eCare Technologies
The Healan Group
Fitsense
Elite Care Technologies

Established organizations

Intel Digital Health Group
Samsung Electronics, South Korea
-- Global Research Group
-- Samsung Advanced Institute of Technology
-- Digital Solution Center
Amedisys
Ascension Health System
Midmark
Medtronic
-- Neurological Disease Management
-- Cardiac Rhythm Patient Management
Siemens Medical Solutions
Philips Electronics
Joslin Diabetes Center
GSK
Disease Management Association of America
PCS Health Systems
Varian Medical Systems
VRI
Washoe Health System
S2 Systems
CorpHealth
Physician IPA
Centocor