The Role of Health IT in Healthcare Transformation
6th National DNP Conference, September 26, 2013

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A look at . . .

• The Time is Now for Health IT
• Meaningful Use Stage 1 Update
• Health IT as the Means, not the End
• Today’s Key Informatics Priorities
  – Health information exchange
  – Patient engagement
• IOM Report: Best Care at Lower Cost
• What are the biggest challenges in our future
  – Meaningful use of meaningful use
  – Health reform
President Bush’s goal in 2004

“... an Electronic Health Record for every American by the year 2014. By computerizing health records, we can avoid dangerous medical mistakes, reduce costs, and improve care.”

- State of the Union address, Jan. 20, 2004

Executive order established the Office of the National Coordinator for Health Information Technology (ONCHIT) as part of the Dept of Health & Human Services (HHS)

- Dr. David Brailer appointed the first National Coordinator
• President Obama’s goal in 2009

“To lower health care cost, cut medical errors, and improve care, we’ll computerize the nation’s health records in five years, saving billions of dollars in health care costs and countless lives.”

- First Weekly Address
  Jan. 24, 2009

• February 17, 2009 – the American Reinvestment and Recovery Act (ARRA – Stimulus Bill) is signed into law
  – HITECH component of ARRA provides an incentive program to stimulate the adoption and use of HIT, especially EHR’s
  – Dr. David Bluementhal appointed the new National Coordinator
HITECH Act of 2009

• HITECH = Health Information Technology for Economic and Clinical Health

• Part of the American Recovery and Reinvestment Act (ARRA) passed by the 111th Congress
  • $787 Billion
  • Highly partisan vote

• Healthcare portion = $147.7 Billion
  • $87B for Medicaid
  • $25B for support for extending COBRA
  • $10B for NIH
  • $22.5B directly for HealthIT
The national focus on HIT continues ...

TPACA  Mar 2010
(Patient Protection & Affordable Care Act)

IOM
Future of Nursing Report
Oct 2010

“There is no aspect of our profession that will be untouched by the informatics revolution in progress.”

- Angela McBride, Distinguished Professor and University Dean Emeritus Indiana University School of Nursing
Increasing public & government attention on Safety, Quality and Cost
Care and Payment Reform Activities

- Inter-professional Education & Inter-collaboratory Practice Models
- Patient Centered Medical Home (PCMH)
- Pay for Performance (P4P)
  - Programs to pay for value; not for volume (outcome; not services)
- Accountable Care Organizations (ACO)
  - Shared Savings Program (SSP)
  - Advanced Payment ACO Model
  - Pioneer ACO Model
- Center for Medicare & Medicaid Innovation Programs (CMMI)
  - State Innovation Models Initiative (SIM)
  - Comprehensive Primary Care Initiative (CPC)
  - Bundled Payments for Care Improvement Program (BPCI)
  - Community-based Care Transitions Program (CCTP)
Welcome to the Marketplace

The Health Insurance Marketplace is a new way to get coverage that meets your needs.

Starting October 1, 2013, you can come here to fill out an application and see your plan choices. In the meantime, we can help you get ready.

CHOOSE YOUR STATE AND WE'LL TELL YOU YOUR NEXT STEPS
We’ve come a long way ...
A Remarkable Journey

Meaningful Use
Number of Eligible Professionals Registered and Paid as of July 2013

Total Eligible Professionals: 521,600

- Total Professionals Registered: 405,329 (78%)
- Total Professionals Paid: 312,072 (60%)

2012 Goal: 521,600
2013 Goal: 521,600

Source: CMS EHR Incentive Program Data as of 7/31/2013
Number of Eligible Hospitals Registered and Paid as of July 2013

- Total Eligible Hospitals: 5,011
- Total Hospitals Registered: 4,510 (90%)
- Total Hospitals Paid: 4,051 (81%)

Source: CMS EHR Incentive Program Data as of 7/31/2013
HITECH Framework for MU of EHRs

- Regional extension centers
- Workforce training
- Medicare and Medicaid incentives and penalties
- State grants for health information exchange
- Standards and certification framework
- Privacy and security framework

Adoption of EHRs

Meaningful use of EHRs

- Improved individual and population health outcomes
- Increased transparency and efficiency
- Improved ability to study and improve care delivery

Exchange of health information

Research to enhance HIT

Taken from: Blumenthal, D. “Launching HITECH,” posted by the NEJM on 12-30-2009.
Dr. David Blumenthal, previous National Coordinator of HIT, emphasizes

“HIT is the means, but not the end. Getting an EHR up and running in health care is not the main objective behind the incentives provided by the federal government under ARRA. Improving health is. Promoting health care reform is.”

- At the National HIPAA Summit in Washington, D.C. on September 16, 2009
Dr. Farzad Mostashari, current National Coordinator of HIT, emphasizes

“The goal of implementing health IT is to provide care that is safer, improves the quality of care, creates greater efficiency, and is more coordinated and patient-centered. Technology can help lead the nation to a place where we can "prevent a million heart attacks and strokes in the next five years, where we can reduce hospital acquired conditions by 40% over the next three years, [and] reduce readmissions by 20% over the next three years."

- At the HIMSS Conference on February 28, 2012
Staging of the Meaningful Use Criteria

2009

HITECH Policies

2011

STAGE 1
Meaningful Use Criteria
(Capture/share data)

2014

STAGE 2
Meaningful Use Criteria
(Advanced clinical processes with decision support)

2016

STAGE 3
Meaningful Use Criteria
(Improved Outcomes)

Criteria Phasing / Maturation
TODAY - Key Priorities: Keeping the Patient at the center of all we do

• **Patient-Centric** health care and health record by
  – Laying the groundwork for interoperability with standards, testing & certification
  – Facilitating broad implementation of health information exchange

• **Patient Engagement** by enabling patient
  – Access
  – Action
  – Attitude
New payment approaches are creating a strong business case for exchange

Source: Muhlestein, February 19th post on the Health Affairs Blog
FOCUS ON INTEROPERABILITY

• E-prescribing
• Transition of Care summary exchange:
  • Create & transmit from EHR
  • Receive & incorporate into EHR
• Lab tests & results from inpatient to outpatient
• Public health reporting – transmission to:
  • Immunization Registries
  • Public Health Agencies for syndromic surveillance
  • Public health Agencies for reportable lab results
  • Cancer Registries
• Patient View, Download and Transmit to 3rd Party
“The obedience of a patient to the prescriptions of his physician should be prompt and implicit. [The patient] should never permit his own crude opinions as to their fitness to influence his attention to them.”

- AMA’s Code of Medical Ethics (1847)
“Patients share the responsibility for their own health care....”

- AMA’s Code of Medical Ethics (current)

“I believe that access to your medical record can save your life.”
- Regina Holliday

“Patients can help. We can be a second set of eyes on our medical records. I corrected the mistakes in my health record, but many patients don't understand how important it will be to have correct medical information, until the crisis hits. Better to clean it up now, not when there’s time pressure.”

– Dave deBronkart (ePatient Dave)
There is an Untapped Demand for Access & eHealth Tools

90% agree you should be able to get your own medical info electronically.

2 out of 3 would consider switching to a provider who offers online access through a secure Internet portal.

72% of internet users have looked online for health information in the past year.

20% have accessed their health info online with prescriptions being the most common.

91% own cell phones.

53% of those are smartphones.

52% gather health info on their phones.

9% have a mobile app to manage their health.

21% of individuals who track use a form of technology.

References available upon request.
Better Engagement => Better Outcomes

- Hospital Readmit within 30 Days: 13% More Activated Patient vs. 28% Less Activated Patient
- Experience a Medical Error: 19% More Activated Patient vs. 36% Less Activated Patient
- Suffer a health consequence from poor communication among providers: 13% More Activated Patient vs. 49% Less Activated Patient

Source: AARP Survey of patients over 50 with 2 or more chronic conditions
Patient engagement continues to be big news. Meaningful Use’s Stage 2 final rule has patient and family engagement at its very core. And, based on solicited feedback, the ONC reduced patient engagement measures from 10% to 5%, showing it may be the hardest goal of Meaningful Use to achieve.

So why, oh why, is patient engagement such a big part of MU and the Medicare shared-savings program for ACOs?

All this is so different for healthcare providers. It’s like a great restaurant learning that their new business is going to be – in addition to continuing to provide a great in-restaurant experience – teaching people how to cook at home. What? This isn’t what we do! It’s impossible!

Actually, it’s surprising that it has taken us this long to focus on patient engagement because the results we have thus far are nothing short of astounding. If patient engagement were a drug, it would be the blockbuster drug of the century and malpractice not to use it.
In 2012, Leonard Kish, a health IT strategist, made a bold proclamation about a new “blockbuster drug of the century.” The drug Kish was referring to can’t be found in stores or in a scientific laboratory. Instead, he said, it was something conceptual, adding that if healthcare organizations of all kinds made use of that “drug,” the results would be astounding.

Kish was talking about patient engagement; and his thoughts echo a rising sentiment among healthcare organizations as well as the federal government. While patient engagement is certainly not a novel idea, thanks to the Office of the National Coordinator for Health IT’s (ONC) Blue Button initiative, it’s been recently thrust into the limelight.

ONC, other government agencies, and other healthcare stakeholders have used the Blue Button capability to promote the idea of giving patients easy access to their health information. They’re coupling this push with various data liberation initiatives, which would allow for patient data to be used by developers to create applications that can help patients take control of their health.
Access to Doctors' Notes Aids Patients' Treatment

By LAURA LANDRO

Patients who have access to doctor's notes in their medical records are more likely to understand their health issues, recall what the doctor told them and take their medications as prescribed, according to a study published Monday.

The study, published online in the Annals of Internal Medicine, is the culmination of an experiment known as OpenNotes, an effort to improve doctor-patient communication by letting patients know everything their doctor has to say about them, including after a visit.

WSJ article. Available online at:
http://online.wsj.com/article/SB10000872396390443862604578030382214331320.html?KEYWORDS=health+law


Kaiser finds PHR users more likely to stay members

A study of nearly 400,000 Kaiser Permanente members found that those who used a personal health record were more than twice as likely to stick with the integrated-delivery network as members who did not.

Geisinger: Better Data Quality

- Patients completed a medication feedback form prior to their office visit

- Key Findings
  - Patient response exceeded expectations
  - On average patients requested at least 2 changes per submitted form
The Three A’s Approach to Consumer eHealth

Increase consumer Access to *their* health information

Enable consumers to take Action with *their* information

Shift Attitudes to support patient-provider partnership
1.) ACCESS: Let People Get their Health Data

- HIPAA ensures the right to Access Your Health Information (Office of Civil Rights)
- Right to Amend/Correct Your Health Information

Message from Leon Rodriguez, Director, Office for Civil Rights

Many consumers want to play a more active role in their health care. The right to see and get a copy of your medical records (called the right to access) is fundamental to your ability to participate in our health care system. For this reason, I know how important it is for you to be able to get your medical records. I see the value of access to health information everyday as the Office for Civil Rights (OCR) does its vital work as the primary protector of the privacy and security of that information under the Health Insurance Portability and Accountability Act (HIPAA).

For example, when military families are transferred, they need their medical records to help find the very best doctors and specialists or to enroll their children in a new school. Busy parents need to be able to keep track of all of their own and their children’s doctor visits. Health information is critical to all patients so that they can track their progress through wellness programs, monitor chronic conditions, communicate with their treatment teams, and adhere to their important treatment plans. Important tools like Electronic Health Records (EHRs) and Personal Health Records (PHRs) will make it easier, safer, and faster for you to get access to your health information and stay informed. These tools help you become a true partner in your health care and wellness.

I also know that, all too often, consumers face barriers to getting their health information – and the first barrier is that many do not know their rights. You should know you have the right to:

- Ask to see and get a copy of your health records from most doctors, hospitals, and other health care providers such as pharmacies and nursing homes, as well as from your health plan; and
- Get the copy of your record in the way that you want – such as an electronic copy or a paper copy – if your plan or provider is able to do so.
Over 450 organizations have Pledged to provide access to personal health information for 1/3 of Americans...

Blue Button Pledge
To Empower Individuals to Be Partners in Their Health Through Health IT

Who is Pledging IT?
Numerous stakeholders – such as payers, providers, consumer advocacy groups, health-related associations, and non-profits – that play a critical role in managing and improving the quality of health and health care are taking the Blue Button pledge. An important part of Health IT is giving people the information and tools they need to be partners in their health. The entities listed below are those who have taken the pledge.

Take the Pledge
PLEDGE NOW

[List of organizations]
Blue Button Pledge

To Empower Individuals to Be Partners in Their Health Through Health IT

- Get more organizations to offer Blue Button
- Make “Blue Button” a household name = “electronic access to my health data”
- Advance technical capabilities = “set it and forget it”
- One of 5 game-changing projects involving the 2012 Presidential Innovation Fellows

VA's #BlueButton now at 1 million users, aims at 100 million bit.ly/RlPVpB; radio interview with good writeup @VAInnovation
ANA Encourages RNs to Use Their Personal Health Information as Step Toward Empowering Consumers to Manage Health

08/23/12

Building on its commitment to increase consumers’ engagement in their health care decisions, the American Nurses Association (ANA) first is seeking to ensure that registered nurses (RNs) use their own personal health information to improve their health.

The pledge ANA is requesting RNs to sign is part of the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology’s (ONC) Consumer Campaign to involve and empower consumers in their health management through the use of information technology. The pledge asks RNs to obtain their personal health records from their health care providers, develop or maintain the records online, and use those records to make decisions about their own health.
American Nurses Association, the Alliance for Nursing Informatics and the American Nursing Informatics Association championed “Ask For Your Health Records Week”

Encouraged nurses to ask for their health record so they’d be better positioned to share their experience with their patients.
2.) ACTION: Enabling Consumers to use their Health Data

Catalyzing the development of tools that use health data:

- Pilots
- PHR Model Privacy Notice
- Innovation Challenges
Mobile App Challenges
On Challenge.gov, the public and government can solve problems together.

SIGN UP AND PARTICIPATE or Learn More

Featured Challenges

Corporate Mentoring Challenge
by Corporation for National and Community Service
The Corporate Mentoring Challenge: Strengthen Tomorrow's Workforce Today

Browse Challenges

CATEGORIES
Defense (25)
Economy (27)
Education (52)
Energy & Environment (49)
Health (88)
International Affairs (8)
Office of the National Coordinator for Health Information Technology

Recent Challenges

Mobilizing Data for Pressure Ulcer Prevention Challenge
by Office of the National Coordinator for Health Information Technology
A multidisciplinary call to develop a mobile health app to facilitate prevention, early detection and appropriate management of pressure ulcers in clinical settings

About 3 months to submit
$80,000 in prizes
LEARN MORE

Health Design Challenge
by Office of the National Coordinator for Health Information Technology
We invite designers and developers to redesign the patient health record.

Winners announced
$50,000 in prizes
1,287 followers
LEARN MORE

Family Caregivers Video Challenge
by Office of the National Coordinator for Health Information Technology
Create a video that shares how you use information technology to help manage healthcare for a loved one.

Winners announced
$8,350 in prizes
275 followers
LEARN MORE

Browse Challenges

CATEGORIES

Health (25)
Science & Technology (19)
Software (7)
Technology (4)

About

ONC is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information. The position of National Coordinator was created in 2004 through an Executive Order, and legislatively mandated in the Health Information Technology for
Introducing Blue Button, the reliable online way to access your healthcare information from any internet-connected device.
Hub to facilitate navigation to websites that provide Blue Button access

Stay in control of your health

...in three easy steps:

Find It
See if your physician, hospital, pharmacy, lab, or health insurance offers Blue Button.

Get It
Start compiling your health data from your various health care providers.

Use It
Plug it into third party apps and services that help keep you at your best.

GET STARTED
3.) Shift ATTITUDES about how Patients and Providers Interact

The Power of Personal Stories

Health IT Video Contest Series

Background

- Multiple themed contests
- Cash prizes for winning videos
- Includes public voting
- All contests appear on challenge.gov

Goals

- Show value of health IT
- Invite people to tell their own stories
- Motivate and inspire others to leverage technology to improve health

Watch Video
“Health IT For You” Animated Video

- Make the topic approachable & entertaining!
- Explain the benefits of health IT and having online access to your health information
- 3:00 min and :60 sec available in English and Spanish
- Award Winning Video - 2013 Platinum Pixie Award and Gold Aurora Award

www.HealthIT.gov/4uvideo
Best Care at Lower Cost

The Path to Continuously Learning
Health Care in America

September 2012

iom.edu/bestcare
The Result?

The U.S. health care system today

Now

Science

Insights poorly managed

Evidence

Evidence poorly used

Care

Experience poorly captured

Patient Experience

Missed Opportunities, Waste, and Harm
10 Recommendations

Foundational elements
1. The digital infrastructure – Improve the capacity to capture clinical, delivery process, and financial data for better care, system improvement, and creating new knowledge.
2. The data utility – Streamline and revise research regulations to improve care, promote the capture of clinical data, and generate knowledge.

Care improvement targets
3. Clinical decision support
4. Patient-centered care
5. Community links
6. Care continuity
7. Optimized operations

Supportive policy environment
9. Performance transparency
10. Broad leadership
The Vision
Continuous Learning, Best Care, Lower Cost
Our National Quality Strategy

Better Health for the Population

Better Care for Individuals

Lower Cost Through Improvement
Health IT: Help drive the 3-Part Aim and lay a foundation for care delivery and payment reform

**Better healthcare**
Improving patients’ experience of care within the Institute of Medicine’s 6 domains of quality: Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.

**Better health**
Keeping patients well so they can do what they want to do. Increasing the overall health of populations: address behavioral risk factors; focus on preventive care.

**Reduced costs**
Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.

*Health Information Technology*
Meaningful Use of Meaningful Use

Utilize technology

Access to information

Transform health care

- Improved population health
- Enhanced access and continuity
- Patient self management
- Data utilized to improve delivery and outcomes
- Patient engaged, community resources
- Team based care, case management
- Registries for disease management
- Registries to manage patient populations
- Structured data utilized
- Evidenced based medicine
- Privacy & security protections

Basic EHR functionality, structured data
Patient informed
Privacy & security protections
Care coordination
Privacy & security protections

Stage 1 MU
Stage 2 MU
PCMH 3-Part Aim
ACO’s “Stage 3 MU”
Resources

• Browse the ONC website at: **HealthIT.gov**
click the Facebook “Like” button to add us to your network

• See our Challenges at: [http://challenge.gov/ONC](http://challenge.gov/ONC)

• Subscribe, watch, and share:

  @ONC_HealthIT

  [http://www.youtube.com/user/HHSONC](http://www.youtube.com/user/HHSONC)

  Health IT and Electronic Health Records


  Health IT Buzz Blog
Resources

iom.edu/bestcare


cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms
Thank you!

For more information, contact: judy.murphy@hhs.gov