



eHEALTH INITIATIVE
Real Solutions. Better Health.

Engaging Patients in Meaningful Use

Dial-in Information:

800-954-0603

April 19, 2011

Housekeeping Issues

- **ALL LINES ARE MUTED**
 - **To ask a question or make a comment, please submit via the chat feature and we will address them in the order received at the appropriate time**

Housekeeping Issues

- **Slides and Recording of Webinar**

- Members can access slides and replays of any webinar for free on eHI's members-only site
 - Non-members can purchase access to any webinar replay for \$25

Visit the eHI Store online at:

<http://www.ehealthinitiative.org/store/storeWebMat.html>

About the eHealth Initiative

- Mission is to drive improvements in the quality, safety, and efficiency of healthcare through information and information technology.
- Over 200 members of eHI
- In addition, EHI serves as a resource and tracks the progress of Regional Extension Centers, and 260 regional, state, and local initiatives working on health information exchange (HIE)

eHI Membership

- The eHealth Initiative members are some of the most informed and influential executives in the health care industry
- Membership is open to all interested organizations
- Join online at our website www.ehealthinitiative.org or contact Amy Eckenroth, 202-624-3265, Amy.eckenroth@ehealthinitiative.org

Take Advantage of eHI Events and Resources

- **HIE Webinar: Innovative Connectivity Strategies**
 - April 28, 2011 3:00 – 4:30 pm ET
- **2011 National Forum on Health Information Exchange (HIE)**
 - July 14, 2011 at the Omni Shoreham Hotel in Washington, DC
- **Northwest Medical Informatics Symposium**
 - September 19-20, 2011 at the Davenport Hotel in Spokane, WA

Thank You to Our Sponsor



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Session Moderator

Eva Powell

Director, Health Information Technology Programs
National Partnership for Women and Families



Overview of Our Agenda

- **Introduction and Welcome (3:00 – 3:05)**
 - Eva Powell, Director of HIT Programs, National Partnership for Women and Families
- **Putting Patients in Meaningful Use (3:05– 3:25)**
 - Bruce Henderson, National Leader, EHR-HIE Practice, PwC
- **Case Study: Mercy Health (3:25 – 3:40)**
 - Glenn Mitchell, MD, Chief Medical Officer, Mercy Health
- **Case Study: Missouri Health Advocacy Alliance (3:40 – 3:55)**
 - Andrea Routh, Executive Director, Missouri Health Advocacy Alliance
- **Panel Discussion (3:55 – 4:28)**
- **Closing (4:28 – 4:30)**
 - Eva Powell, Director of HIT Programs, National Partnership for Women

Bruce Henderson
National Leader, EHR-HIE Practice
PricewaterhouseCoopers



Health Research Institute

Putting patients into “meaningful use”

*eHealth Initiative webinar
April 19, 2011*

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Background

About the research

- 16 in-depth interviews with thought leaders and executives in the healthcare arena, including hospital providers and consumer advocacy groups
- Online survey of more than 300 healthcare executives as well as an online survey of 1,000 US adults representing a cross-section of the population in terms of insurance status, age, gender, income, and geography.
- Literature review of reports and guidance from associations, regulators, and academia.

*Putting patients
into “meaningful use”*

Health Research Institute
The Business Implications
of Health Reform Series

At a glance

To realize their health IT investment, and be regarded as providers of choice as they enter Stage 2, health systems need to have both patients and physicians using PHRs when making care decisions.

First, health systems will need to “sell” the benefits of PHRs to consumers. Then they will need to build new, technology-enabled healthcare delivery processes around patients’ preferences and convenience—which will mean changing how clinicians do their work.

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Overview of “meaningful use”

Stage 1: 2011

Capture/share data

- Medication orders entered by licensed healthcare professionals
- Core clinical documentation
- E-copies of health information to patients
- Quality and immunization reporting
- Drug-drug, drug-allergy, drug-formulary checks; medication lists/reconciliations
- Lab results delivery
- Patient reminders
- E-prescribing

Stage 2: 2013

Advanced care processes with decision support

- Health summaries for continuity of care
- Registry reporting and reporting to public health
- Populate PHRs
- CPOE for all order types
- Evidence-based order sets
- Clinical decision support at point of care
- All clinical documentation in EHR
- Claims and eligibility checking

Stage 3: 2015

Improved outcomes

- Minimal levels of performance on quality, safety and efficiency measures
- Clinical decision support for national high-priority conditions
- Access comprehensive data from all available sources
- Experience-of-care reporting
- Medical device interoperability
- Dynamic/ad hoc quality reports
- Real-time surveillance
- Multimedia support (e.g. X-rays)
Patients have access to self-management tools
- Use of epidemiologic data
- Clinical dashboards
- Provide patients with accounting of treatment, payment, and healthcare operations disclosures (upon request)

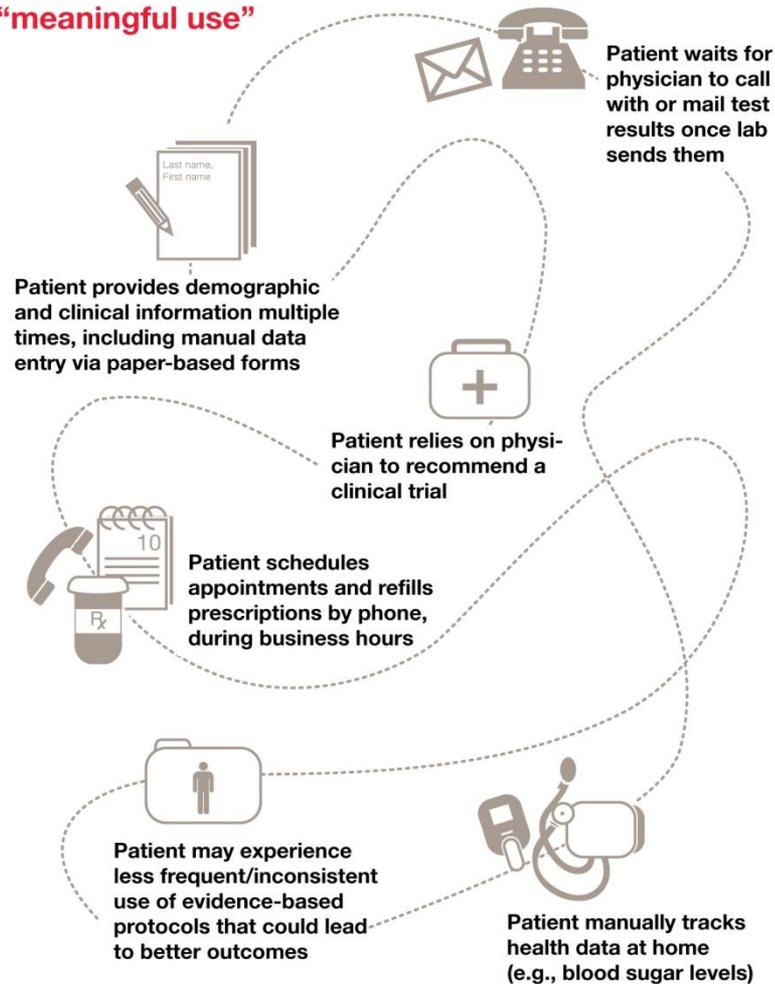
Low

Level of collaboration required with external parties

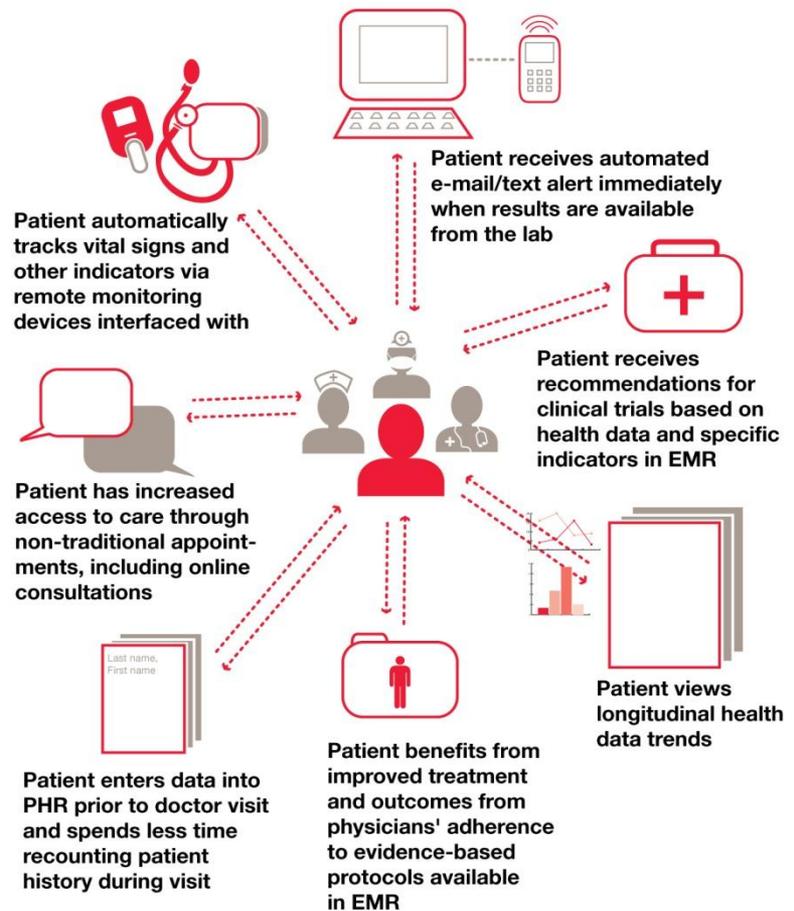
High

“Meaningful use” changes the patient/family experience

Before “meaningful use”



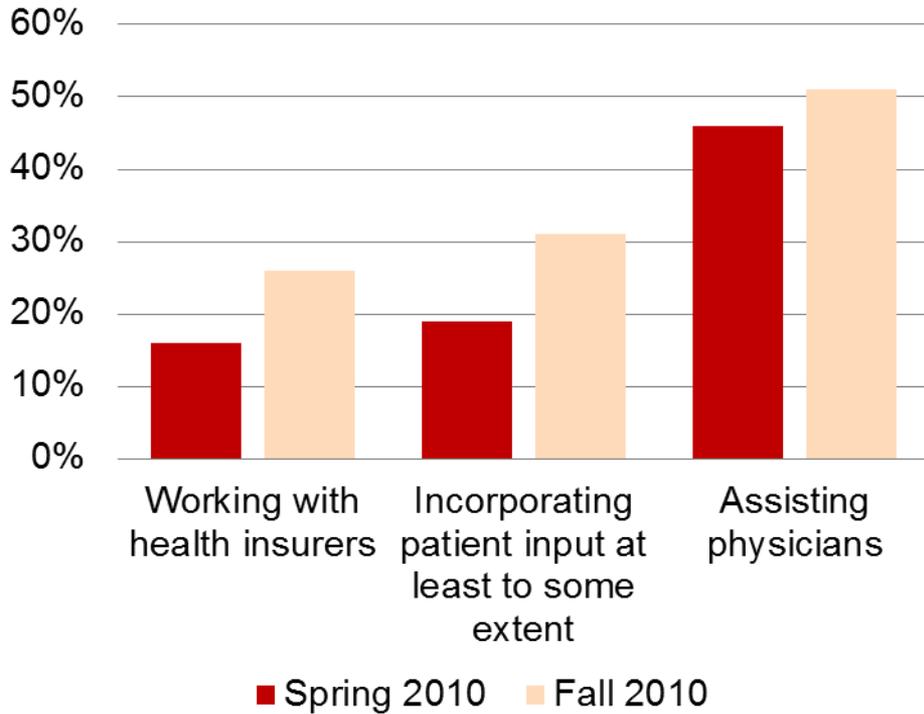
After “meaningful use”



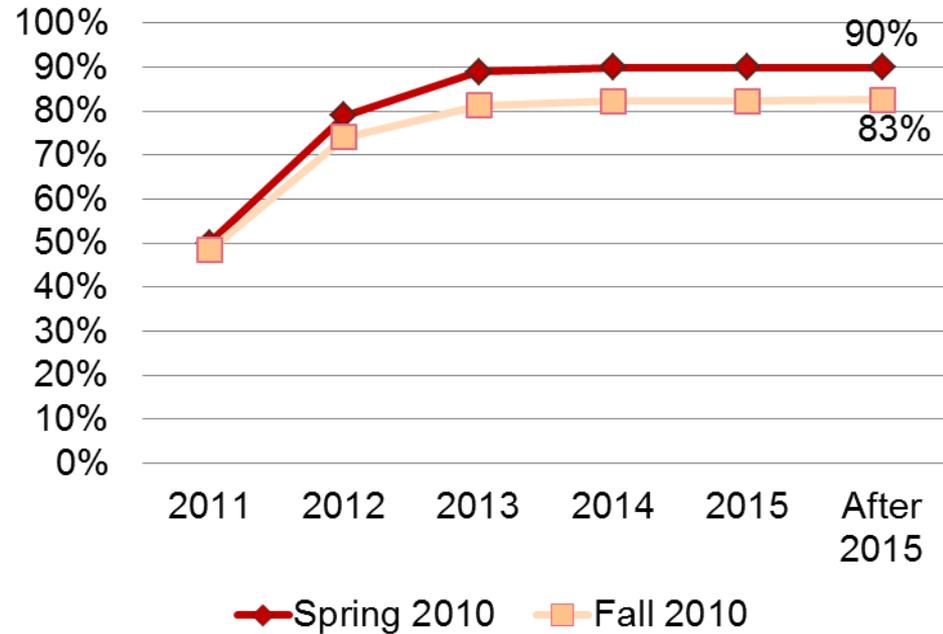
Key findings from our research

Engaging external parties may delay achievement of “meaningful use”

Are you working with external constituents around “meaningful use” now?



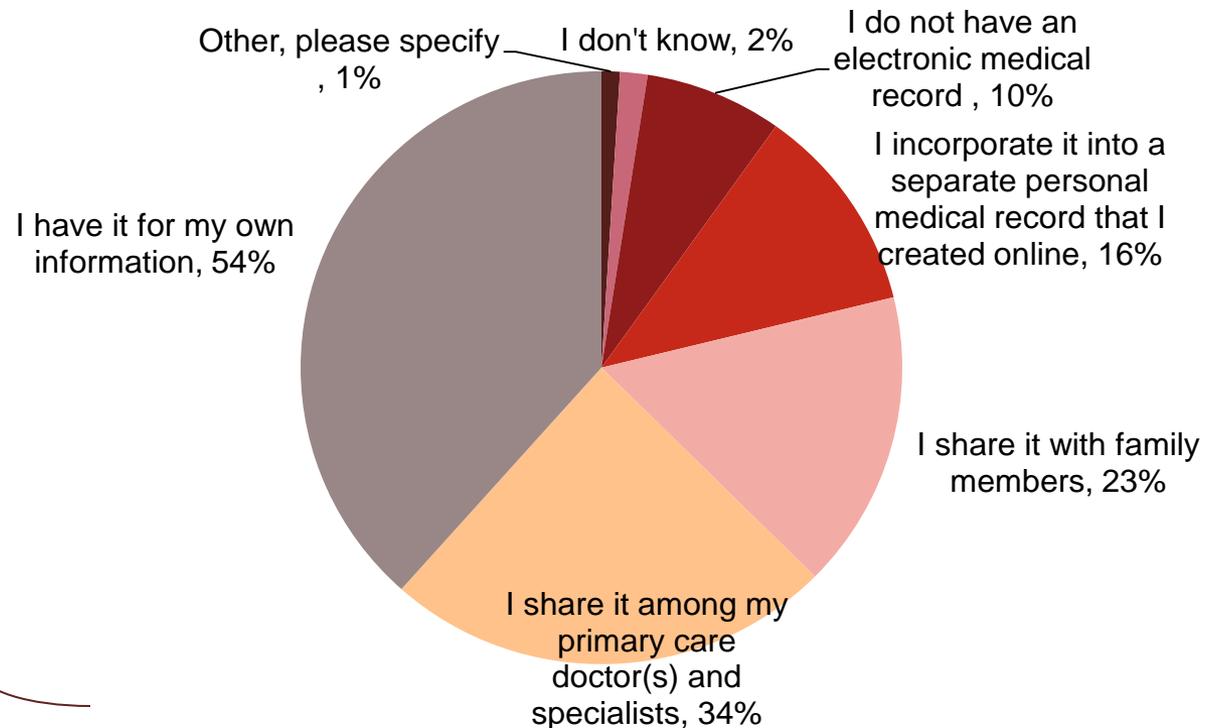
When will your organization first be prepared to apply for meaningful use incentives?



Patient awareness/access to health IT tools is low

Only
14/100
access their medical records electronically through their doctor's office or a hospital

**How are you currently using your electronic medical record?
(Select all that apply)**

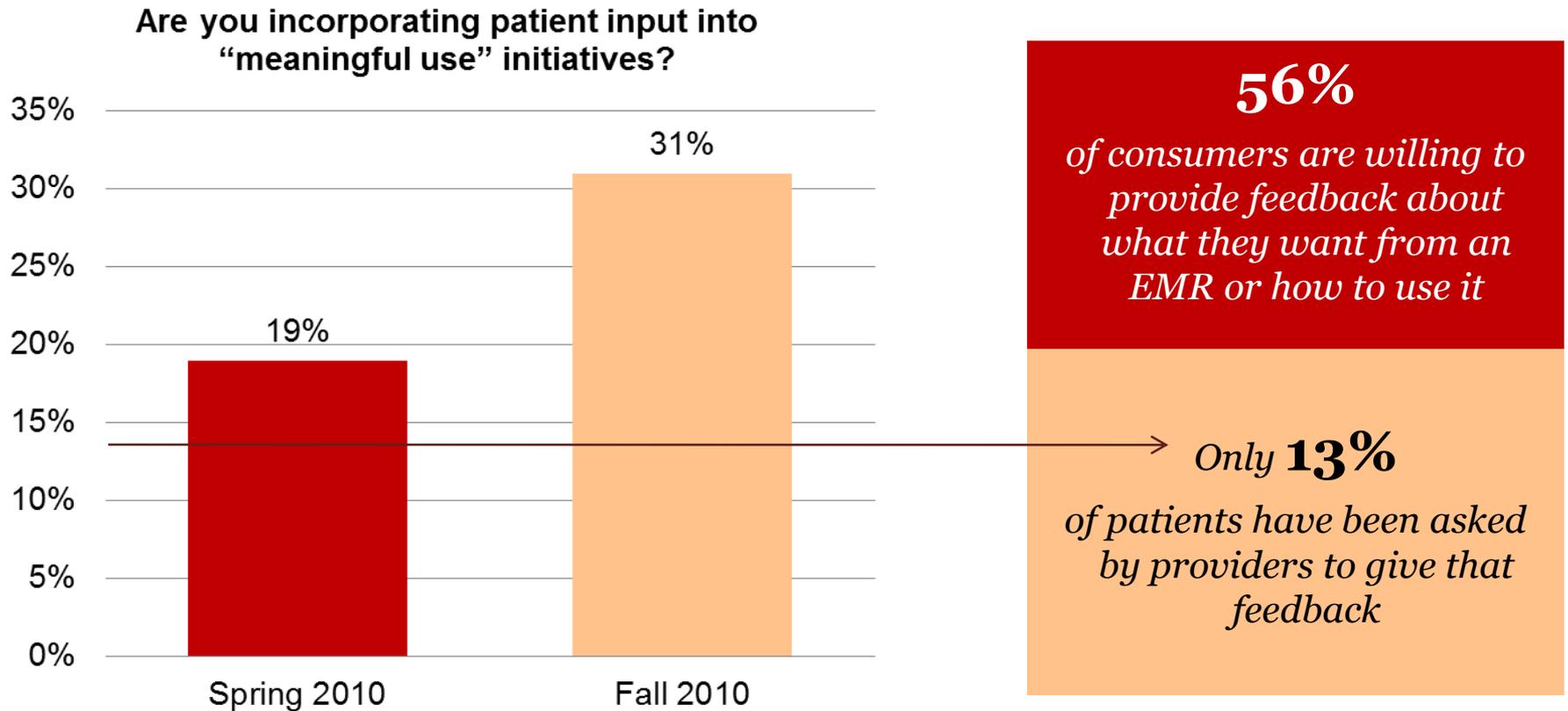


Source: PwC HRI consumer survey, 2010.

Access, social, expectation, and education barriers exist to health IT tools



Patient engagement is still low, despite consumer interest



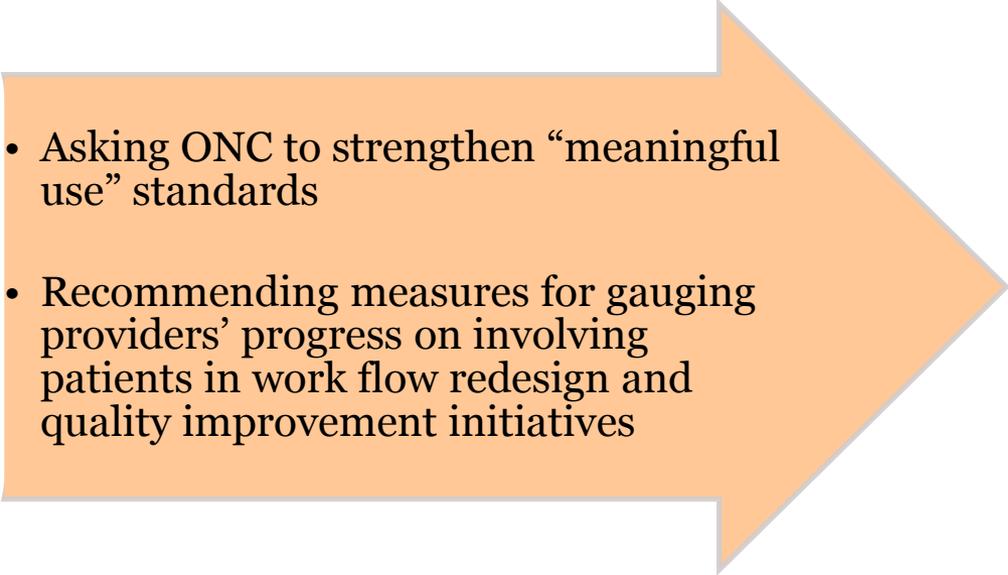
Source: PwC HRI IT implications of health reform survey, 2010; CHIME CIO survey, 2010.

What constitutes “using PHRs” has yet to be defined

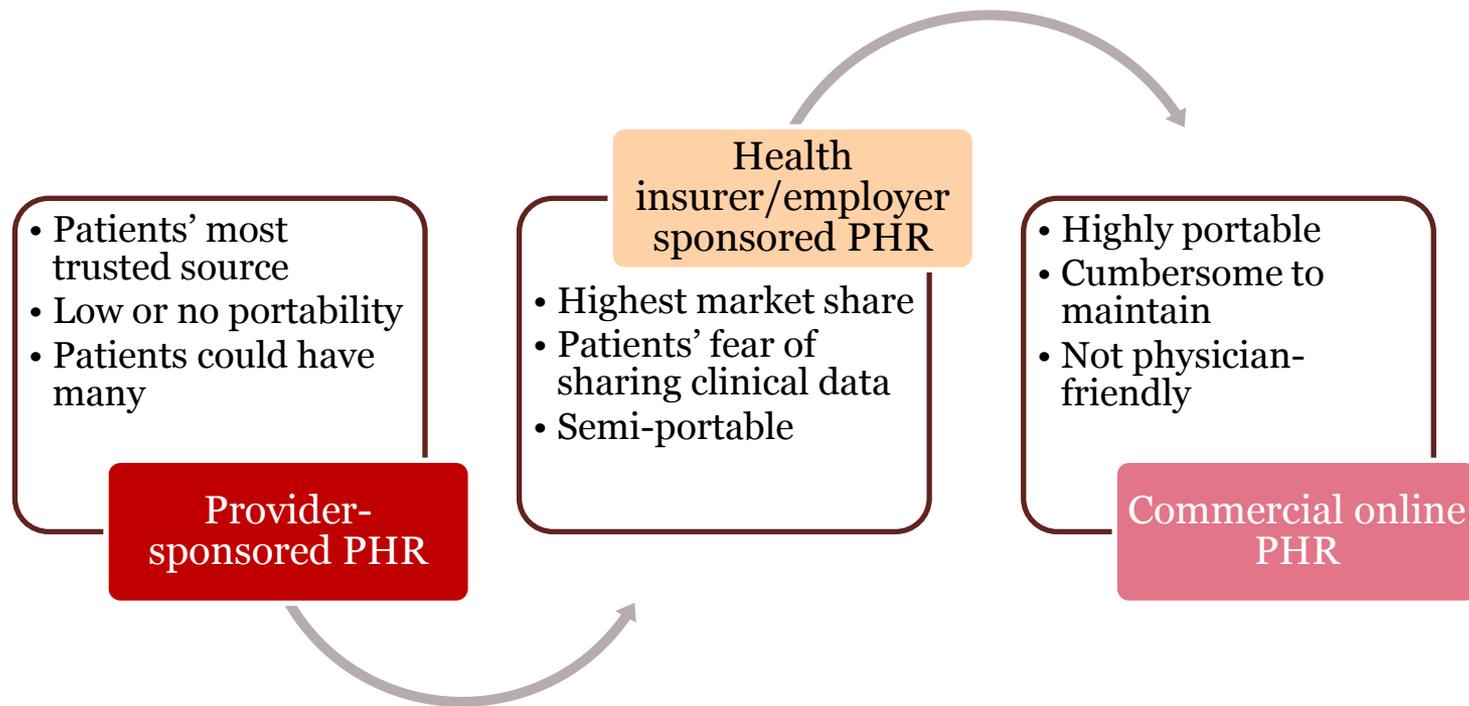
To date, there are no written standards for measuring providers’ progress on engaging patients in their care through the use of health IT tools



**Society for
Participatory
Medicine**

- 
- Asking ONC to strengthen “meaningful use” standards
 - Recommending measures for gauging providers’ progress on involving patients in work flow redesign and quality improvement initiatives

Competition exists in the PHR market



Return on investment for PHRs depends on how effectively health systems expand the care teams to include patients and families

Make the physician/mid-level providers the face of the PHR



Designing the PHR

- What information will be viewable?
- What will it look like?
- What levels of information will be made available?
- Will data be put into context for patients?
- Will there be a single sign-on regardless of caregiver?
- What are reasonable turnaround times for making data available?
- Will information be structured the same for physicians and patients?
- Can patient-provided data become discrete data?

Conducting the office visit

- How will using PHRs benefit patients?
- How will information be used during the patient encounter?
- How will providers answer questions about privacy and security?
- How will physician and staff work flows need to change to support a different patient experience?
- How does the PHR change the way follow-up visits are conducted?

Supporting the PHR

- How will patients get signed up?
- How will patients become educated?
- How will patients obtain navigational assistance?
- How will incomplete or inaccurate information or lags in data availability be addressed?
- Who will answer patients' technical questions?
- How will remote monitoring devices be connected to the PHR?
- How will non-digital information be incorporated?

Define expectations for active participation in healthcare

“Active participation”

Physicians ≠ Health insurers ≠ Employers ≠ Patients

Advocacy group example

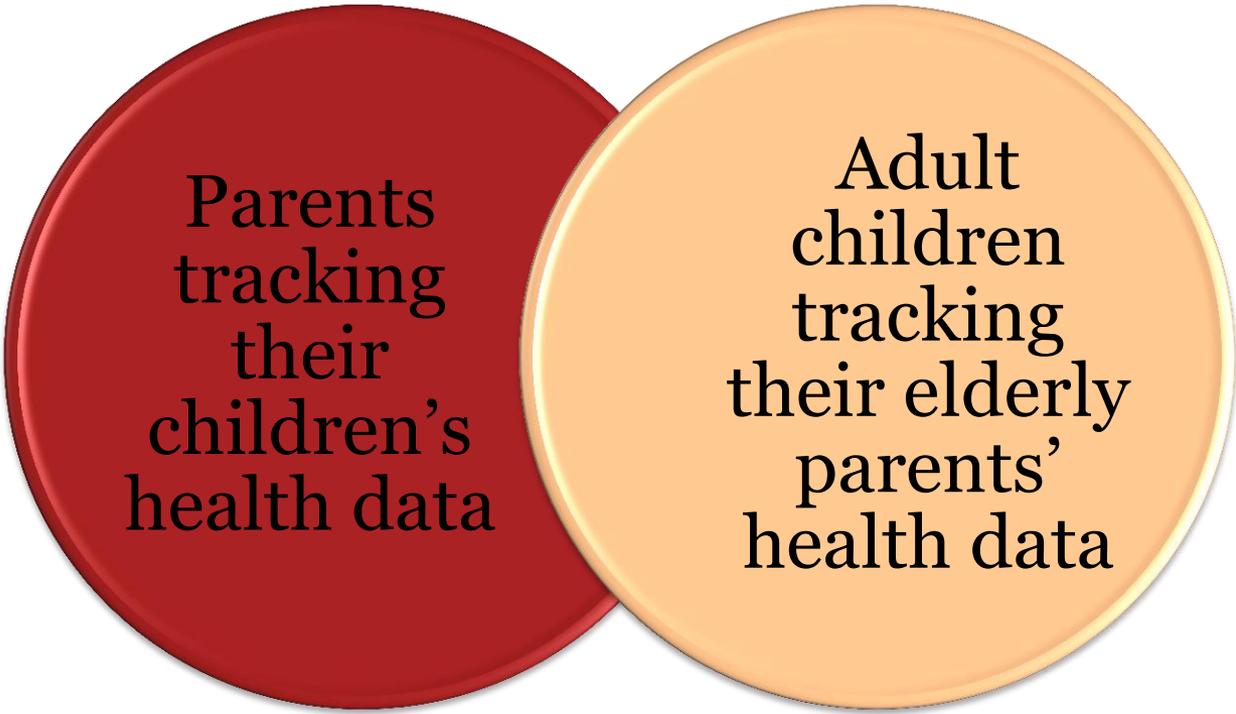
Center for Advancing Health's Engagement Behavior Framework lists actions Americans need to take to benefit from their care

Health system example

Mercy Health plans to develop Match.com-like module connecting patients and physicians based on personality and preference

Get family members on board

Family caregivers are likely to be receptive to using PHRs to help manage their loved ones' care when those loved ones are incapable of caring for themselves.



Parents
tracking
their
children's
health data

Adult
children
tracking
their elderly
parents'
health data

Design PHRs alongside patients to keep them coming back

Design PHRs with patients to encourage them to stay in the system for all care

Develop an advisory group of patients and physicians to understand how to bridge expectations - like turnaround standards for results availability.

Understand the varying levels of information patients will want to see

OpenNotes is a demonstration project that is evaluating the impact of making physician notes available to patients. Preliminary results are currently under analysis.

Enable/enhance PHR portability

Some health systems are partnering with other health systems in the market that have the same EMR/PHR technology.

Thank you.

Bruce Henderson
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pwc.com/us/healthindustries

pwc.com/us/hri

twitter.com/PwCHealth



Glenn Mitchell, MD
Chief Medical Officer
Mercy Health



Case study – Mercy Health

MyMercy



Help



Learn More

Take your health with you.

- ▶ Schedule appointments
- ▶ E-mail your doctor
- ▶ Get lab results
- ▶ Track your health history
- ▶ Request prescription refills

New to Mercy? [Find a Doctor](#)

FOR EMERGENCIES: Call 911 immediately for prompt medical attention. MyMercy is not intended to be used for medical emergencies.



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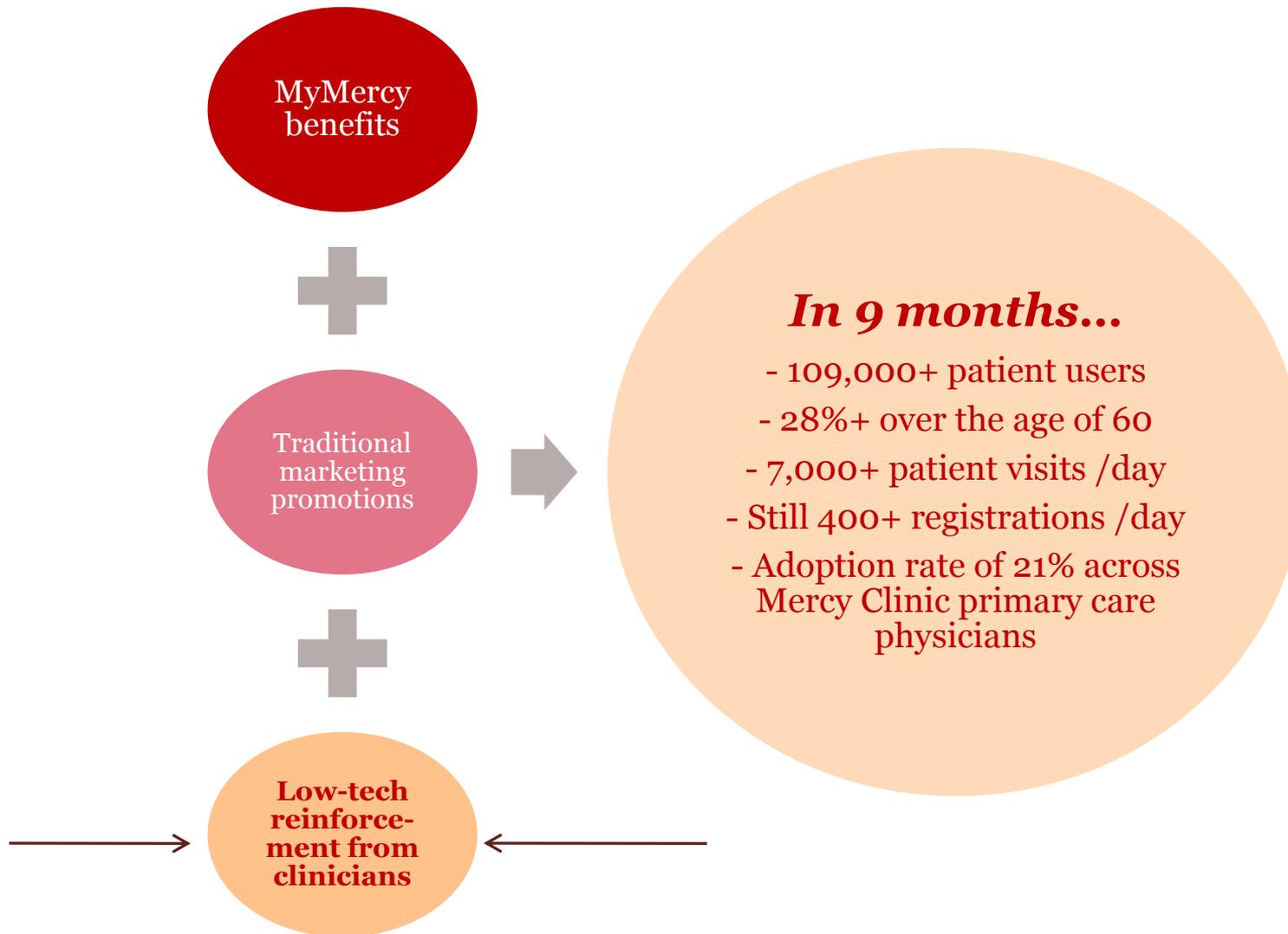
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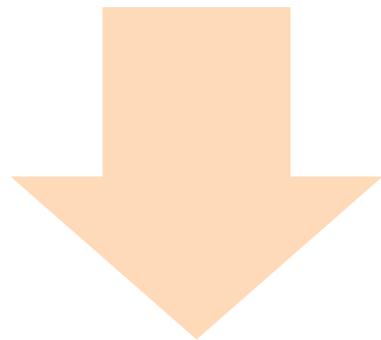
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Clinical leadership built a PHR strategy to engage patients



Physician readiness and advocacy preceded PHR adoption

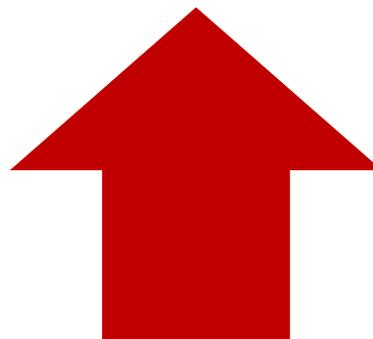


Early MyMercy adopters found that PHRs increased primary care access for sicker patients, which are billed at more expensive codes.

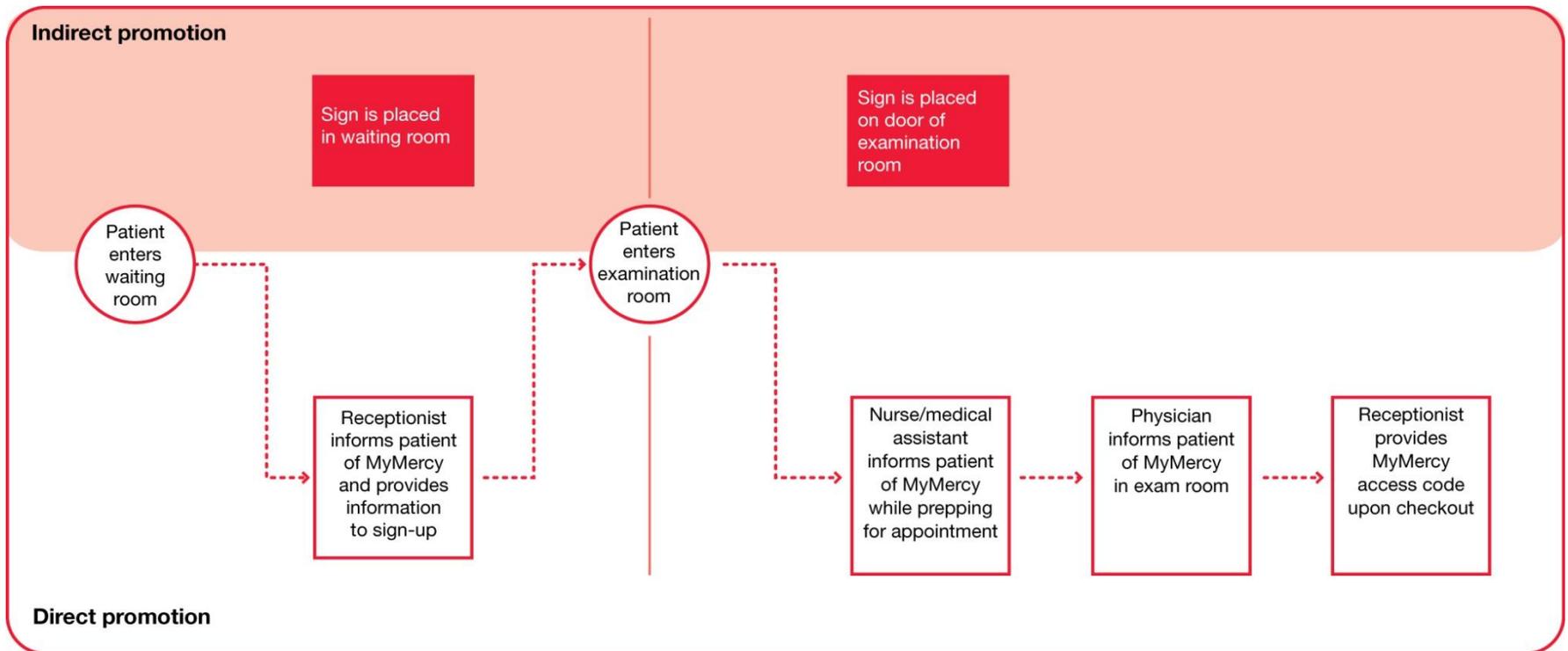
“The way we conduct some of our follow-up visits has changed. I can correspond with many patients via e-mail, which saves them a visit to the office and frees up appointment slots on my schedule so that I can see and spend more time with my sicker patients.”

- Raymond Weick, MD, family physician

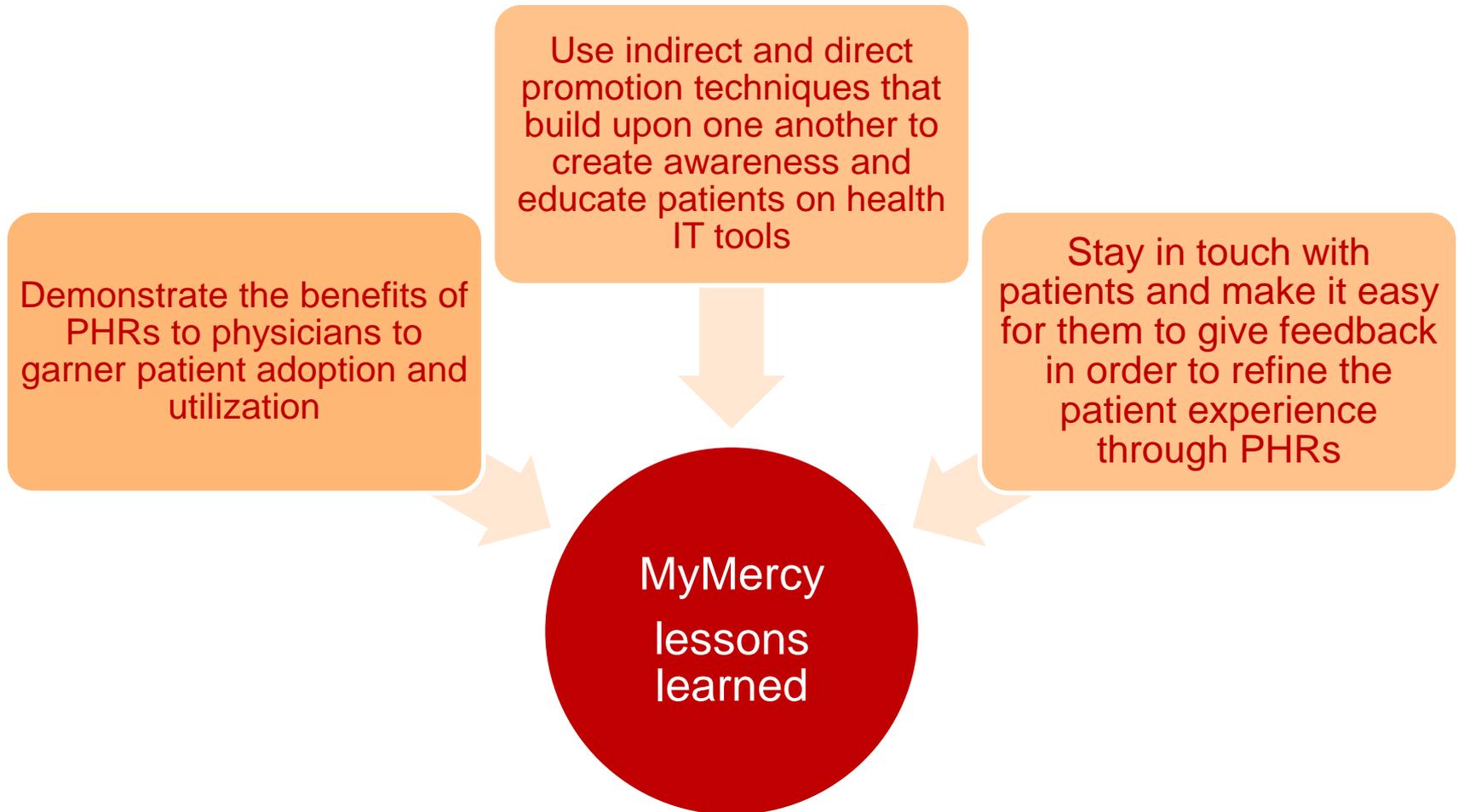
Physicians worry about reduced income because some research has shown that EMRs and PHRs reduce utilization.



Patients encounter several MyMercy touch points



MyMercy lessons learned



The Future of Social Networking and Health Care

Not a 'connected' guru; just a personal view:

PHRs will directly populate data fields (with the right metadata) in
Medical History, Family History, Social History, and even Meds

Email in use for years; billing being worked out, but many models

Formal telemedicine visits are a type of social networking....
but Skype-like products already being used for some encounters

Facebook becoming a dominant force in public information flow
Linked In is the professional layer equivalent

Twitter's medical uses are mostly gimmicky today, but market share
capture will force further refinement

Andrea Routh
Executive Director
Missouri Health Advocacy Alliance



Missouri Health Advocacy

ALLIANCE

Many Voices. One Mission.



Andrea J. Routh

Executive Director

www.mohealthalliance.org

Mission

- ▣ Providing a united consumer voice for quality affordable healthcare choices in Missouri.



Vision

Missouri becomes a national leader in health access, quality, equity and outcomes.



Meaningful Use and Patients

Context to keep in mind:

Consumers and Patients see value in Electronic Health Records and Information Exchange.

We expect:

Better quality care, fewer unnecessary and repeated tests, ease in office visit/hospital paperwork, and a reduction in health care costs (or at least a lower rate of increase in costs).

- We also expect to be more involved in our health care, on the health care team with our providers, and have more coordination of care among our providers.

Multiple ways to build support and involvement of consumers/patients in Electronic Health Records and Health Information Exchanges and meaningful use.

Through and with the provider at the point of care

Through community groups, non profit organizations who already interface with constituencies

Through the media and social media

My physician recently:

Poster, sign in the waiting room

Posters and signs in the exam room and hallway

Monitor in Exam Room:

Questions about my history we had never discussed before – several years of records all in one place.

Reviewed test results, same test over last 7 years.

Trends

I recognize the challenge/changes for her practice, but also see the value in discussing many aspects of my health.

Benefits: Ability to enter prescription, orders for tests, and print right there.

By the next week, the lab called with appointment time for tests, office called to let me know the name of the second script she wanted to prescribe.

Two days later, pharmacy called with script ready.

Community Groups, Non-profits can be a real resource.

Missouri HIO Experience

Governor recognized need to have consumer input from beginning.

Consumer on Advisory Board.

Consumer Workgroup

By-law Requirements:

HIO Board has Consumer Representative.

Must establish Consumer Advisory Council.

University of Missouri – Columbia
Springfield/Greene County Public
Library System

Ozark Action, Inc.

Healthcare Foundation of Greater
Kansas City

Clay County Health Department

Northeast Missouri Rural Health
Network

St. Louis Area Business Health
Coalition

Planned Parenthood – St. Louis
Region

Missouri Health Advocacy Alliance

Member of
the
Consumer
Advisory
Council

Missouri
Health Advocacy
ALLIANCE
Many Voices. One Mission.

The logo for the Missouri Health Advocacy Alliance features the text "Missouri Health Advocacy" in a blue serif font, "ALLIANCE" in a large, bold, blue sans-serif font, and the tagline "Many Voices. One Mission." in a smaller, red sans-serif font. To the right of the text is a stylized blue graphic consisting of two curved lines that suggest a person's profile or a speech bubble.

Northwest Health Services

Central MO Area Agency on Aging

Consumer/Community Activist

Center for Health Policy- UMC

Legal Services of Eastern Missouri

KC Free Health Clinic for
HIV/AIDS

Missouri Department of Health
and Senior Services

Paraquad/Disability Coalition for
Health Reform

Springfield-Greene County
Regional Health Commission

Community Action Agency

Member of
the
Consumer
Advisory
Council

Missouri
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ALLIANCE
Many Voices. One Mission.



Health Literacy Missouri
Missouri Department of Social
Services

Missouri Association of Local
Public Health Agencies

Mt. Calvary Powerhouse Church

Member of
the
Consumer
Advisory
Council

Role of Consumer Advisory Council:

Privacy and Breach Policies.

Legal and Policy Workgroup – Input on consent, opt-in and opt-out issues, etc.

Work with board and new staff to educate consumers.

Work with Extension Centers who are working with physicians to help them reach meaningful use.

Health Literacy Issues

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners

- ▣ HIV/AIDS Community

- ▣ Strategies

- ▣ Discuss HIE during Ryan White grantee quarterly meetings
- ▣ Educate case managers and disseminate information via case managers
- ▣ Distribute information via Ryan White Planning Council meetings and newsletters
- ▣ Distribute information to providers via AIDS Drug Assistance Program (ADAP)

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners

- ▣ Homeless Community

- ▣ Strategies

- ▣ Distribute information via Continuum of Care collaboratives

- ▣ Utilize public libraries as a point of information dissemination (e.g. posters, newsletters, etc.)

Avenues for Stakeholder Outreach and Education

▣ Target Community & Partners

- ▣ 60+ Population

▣ Strategies

- ▣ Disseminate information via Area Agencies on Aging (AAA) regular newsletters
- ▣ Distribute print materials at 225 Senior Centers (e.g. newsletters, bulletin board)
- ▣ Host community learning events at Senior Centers and conduct demonstrations on public access computers
- ▣ Deliver print material to homebound clients and caregivers
- ▣ Utilize AAA staff to provide counseling, information and support.
- ▣ Utilize Medicare Part D outreach and education model
- ▣ Attend and be present at annual Summit on Aging and Health
- ▣ Share website content

Avenues for Stakeholder Outreach and Education

▣ Target Community & Partners

- ▣ Health Literacy Missouri

▣ Strategies

- ▣ Participate in Missouri Area Health Education Centers Digital library health literacy training events
- ▣ Participate in Health Literacy Community Advisory Network Meetings
- ▣ Utilize Health Literacy Missouri calendar
- ▣ Leverage consortium of MU student organizations

Avenues for Stakeholder Outreach and Education

▣ Target Community & Partners

- ▣ Planned Parenthood Affiliates

▣ Strategies

- ▣ Utilize email distribution list of approximately 36,300 working emails across the state
- ▣ Disseminate information via postcards, posters, etc.
- ▣ Provide information for tables at outreach events

Avenues for Stakeholder Outreach and Education

▣ Target Community & Partners

- ▣ Disability Advocates

▣ Strategies

- ▣ Disseminate information via email to Missouri Advocates with Disabilities Empowerment Network
- ▣ Disseminate information to Paraquad's coalitions

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners
- ▣ Local Public Health Agencies
- ▣ Strategies
- ▣ Incorporate outreach and education into counseling

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners
- ▣ Local Public Health Agencies
- ▣ Strategies
- ▣ Incorporate outreach and education into counseling

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners
- ▣ Providers

- ▣ Strategies

- ▣ Disseminate information via internal email education blasts
- ▣ Train employees during daily clinic huddles
- ▣ Educate during all staff and all provider meetings
- ▣ Disseminate information via HIT Assistance Center meetings
- ▣ Utilize provider offices to disseminate information to patients

Avenues for Stakeholder Outreach and Education

- ▣ Target Community & Partners
- ▣ Faith-Based Communities
- ▣ Strategies
- ▣ Utilize pastoral and faith-based alliances

Avenues for Stakeholder Outreach and Education

▣ Target Community & Partners

- ▣ Business Community

▣ Strategies

- ▣ Partner with the local business health coalitions
- ▣ Distribute information via flyers, emails, etc.
- ▣ Utilize local chambers of commerce and unions

Media and Social Media:

One example – U Tube Video

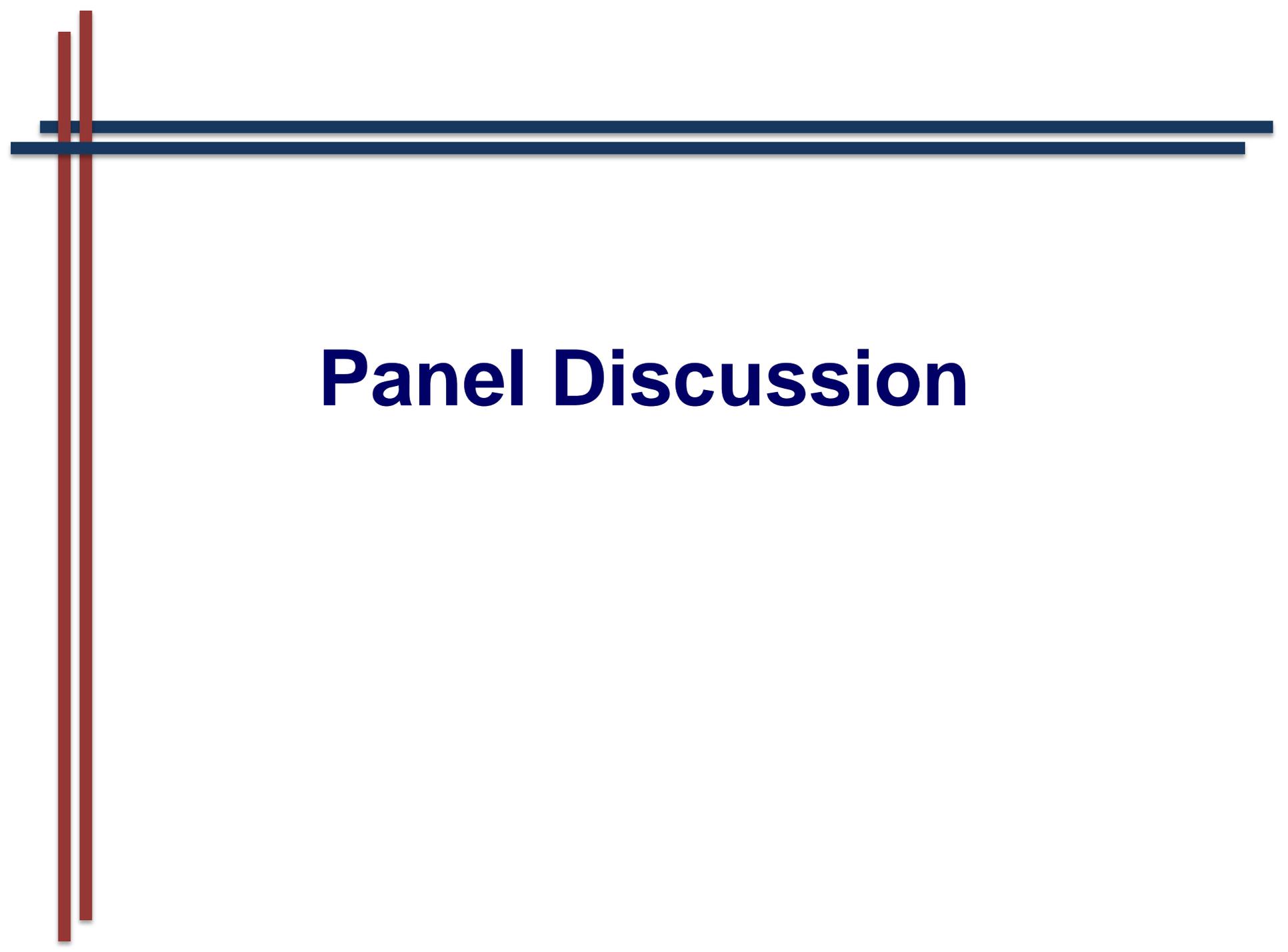
Competition among our schools of public health

Reaches tech savvy

Electronic Records and Patient Health Records :

Will empower consumers to be responsible for our health care, part of the team.

We look forward to working together with providers to improve care and reduce unnecessary costs in the system.



Panel Discussion

Thank You to Our Speakers

- Eva Powell, Director, Health Information Technology Programs, National Partnership for Women and Families
- Bruce Henderson, National Leader, EHR-HIE Practice, PwC
- Glenn Mitchell, MD, Chief Medical Officer, Mercy Health
- Andrea Routh, Executive Director, Missouri Health Advocacy Alliance

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