eHealth Initiative
Business and Clinical Motivator Work Group

March 16, 2016

2:00 p.m. EDT

Reminder

Please mute your line when not speaking

(* 6 to mute, *7 to unmute)

This call is being recorded

Agenda

- Welcome and Overview of Agenda
- Meeting facilitated by:
  - Leslie Kelly Hall, Vice President Policy, Healthwise
- Speaker
  - Nick Bonvino,CEO, Greater Houston HealthConnect
- Workgroup goals, process and timeline
- Next Steps

eHI Updates

Workgroup Meeting dates:

- Policy Working Group (March 24, 3 – 4:30pm ET)
- Data Analytics (March 29, 2 – 3pm ET)

(For further information, please contact Claudia.Ellison@ehidc.org)

Events:

- Innovation Challenge (October 4- 5) at the House of Sweden

(For further information, please contact Christy.Hicks@ehidc.org)

eHI Newsletter:

- Check out our new section, eNotes. Each week will feature a new message from one of our members with comments regarding one of the articles. In order to be featured, send your letters to info@ehidc.org. Also, please let us know if you have news about your organization you would like us to share with the membership.

(For further information, please contact David.Roush@ehidc.org)

eHI Membership:

(For all membership questions, please contact Ashleigh.Manuel@ehidc.org)

eHI Business and Clinical Motivator Workgroup

Nick Bonvino - CEO

March 16, 2016

GHH: Collaborative Network to Coordinate Care across our Community

Rooted in Documented Need - Greater Houston Partnership Public Health Task Force - 2007

Historical Community Support - Center for Houston's Future, GHH established as a Not-for-Profit, Neutral Entity, Governed by a Volunteer Board for the Benefit of All - 2010

Planned and Guided by TMC Institutions. Fueled with a HITECH Grant through the ONC and HHSC/THSA- 2011

First Participants go-live with Data Exchange – 2012
Image Share - 2014

Sustainability achieved - 2015
Market Penetration 38% Physicians and over 50% Hospitals Live - 2016

GHH Mission: Significant Impact on the Triple Aim

- QUALITY and PATIENT EXPERIENCE
- PER CAPITA COST OF CARE
- HEALTHY POPULATIONS

Care Coordination Strategy to Achieve the Triple Aim

QUALITY and PATIENT EXPERIENCE

*Complete PHI – prompt, informed treatment and decision making at point of care

*Fewer medication errors and adverse events

*Decreased duplicate testing and unnecessary exposure to ionizing radiation

*Clinical support for emergency room triage

PER CAPITA COST OF CARE

*Quality Care costs less

*Eliminates unneeded duplicate testing

*Reduction of ADEs

*Case Management

*Avoidance of readmissions

HEALTHY POPULATIONS

*Emergency first response and Medical Home

*Data to local and state government for Syndromic Surveillance

*Longitudinal patient record for proactive case management across the community

*Alerts and notifications to primary care providers for chronic disease management

Driving the Triple Aim

QUALITY and PATIENT EXPERIENCE

- USE CASE: **Emergency Room Triage and Clinical Support**
  Benefits: **ED physicians** view prior diagnosis, test results and procedures
- USE CASE: **Coordination of OB Care - Safety Net to Hospital**
  Benefits: Primary care records in **St. Joseph** ED for pre-term labor; Hospital records support **Legacy Community Health** follow-up and documentation of birth weight
- USE CASE**: Community Clinic Workflow**
  Benefits: Enables **UT Physicians** to target and focus on unaddressed morbidities

Driving the Triple Aim

PER CAPITA COST OF CARE

USE CASE: **Supporting Inmate Health in Harris County Jail**

Benefits: Eliminates duplicative TB and HIV testing; access to medication history for med management

USE CASE: **Image Sharing Among Radiology Centers**

Benefits: Avoids CD burns; reduces duplicate tests; decrease exposure to ionizing radiation

USE CASE: **Readmissions Management**

Benefits: Reduce 30-day readmissions by tracking patients longitudinally

Driving the Triple Aim

HEALTHY POPULATIONS

USE CASE: **ETHAN Project, City of Houston Emergency Triage and Response**

Benefits: First responders and emergency physicians make informed triage decisions; Scheduling system supports Medical Home within community clinic system; integration of EMS run sheets into ER EHR

USE CASE: **PCIC- Healthcare for the Homeless**

Benefits: Alerts and notifications to the PCIC Medical Home if a patient has entered the healthcare system

USE CASE: **Case Management**

Benefits: Notifications sent to case managers within health plans and PCPs facilitating continuity of care

Early Physician Champions

Mark Toups, Internal Medicine

CHRISTUS Health

Mary Pastor, Family Practice

LEGACY COMMUNITY HEALTH

Ernest Hymel, Radiation Oncology

Cancer Center of Southeast Texas
Hope • Health • Healing

Greater Houston HEALTHCONNECT

HERE'S WHAT PHYSICIANS ARE SAYING ABOUT HEALTHCONNECT...

"I love having access to my patients' prior records through Healthconnect. It helps us to narrow down what's been done and what's most important to do on an outpatient basis. We can avoid repeat testing or have a baseline value against which to compare. That's particularly helpful for EKGs.

All Healthconnect information is easily accessible to me in the exam room as decisions are made at the point of care."

Mary Pastor, MD, Family Practice
Legacy Community Health Services

"Healthconnect makes the hospital records immediately **available. That's a real benefit** to my interactions with my patients and their overall care experience.

With the prior records at our fingertips I can make follow-up treatment decisions and discuss **a care plan while the patient is still in the office.** Without all the information we often have to reschedule the patient to come back in for another visit, or follow-up with them by phone. Healthconnect helps me to care for my patients **more efficiently while improving** patient satisfaction."

Ernest Hymel, MD, PhD, MBA, Radiation Oncology
Cancer Center of Southeast Texas

A CASE STUDY WITH
Dwight Mark Toups, MD
Internist, CHRISTUS Physician Group

Dr. Toups was seeing a patient for a routine visit when he learned that she had received a CT scan for abdominal pain at a local hospital a few days before. As a standard part of his workflow, Dr. Toups accessed the patient's records through the HIE and discovered a mass on her kidney.

The HIE allowed Dr. Toups to quickly access his patient's medical records to ensure she received the appropriate care as soon as possible.

"*There is value in centralizing patient information,*" says Toups. "*It also gave a broader safety net and saves errors of omission. The HIE puts all the info at hand to be analyzed, which in turn improves the accuracy of information because it allows physicians to validate and verify everything from allergies to insurance. It made it more timely.*"

For more information about connecting your practice to the community health information exchange:
www.ghhconnect.org
(832) 564-2599

Funding Model: Commercial Payers, Providers, Employers

- Payers – PMPM for secure notification on member ADTs
- Providers – interface & membership fee improves quality
- Employers – sponsorship fee for designated providers

The value of the investment is realized through higher quality and more efficient care for beneficiaries, as well as across the entire community.

Community-wide Strategy

- Connect all Venues of Care
- Sponsorship of connection costs for physician practices and small hospitals
- Purchasers organized to incent HIE adaption
- Providers encouraged to use
- Patients informed to request and consent

Greater Houston HEALTHCONNECT

Thank you

www.ghhconnect.org

Q&A with Nick

Business and Clinical Motivator Workgroup Process

Process, Timeline and Deliverables

Advisory Council

- Health IT can have a significant impact on financial security, workflow and culture, patient care
- There are barriers: entities hesitant to embrace new tools without some assurance that technology will work and offer opportunities for improvement
- Advisory Council to create the business case for health IT

We need your input

- Understand from the industry the barriers, purpose, initial successes, what worked and why

Purpose of council: How to create the business case

- To identify, understand, and communicate successful examples of innovative uses of technology with emphasis on clinical and business improvements.
- This group will harmonize efforts to ensure that patients, consumer tools, devices, and mobile apps are part of the considerations of best practices and identify, understand, and communicate successful examples of innovative uses of technology with emphasis on clinical and business improvements.
  - What are organizations doing? Why? What have been the results?
  - How have they overcome systemic issues/barriers?
- A resource web page will be developed to include best practices among the stakeholders to assist patient-consumers and healthcare stakeholders in effective ways to integrate health IT into daily workflow.

eHEALTH INITIATIVE

Deliverables in 2016

- To identify, understand, and communicate successful examples of innovative uses of technology with emphasis on clinical and business improvements
- At least 20 new examples of success stories will be added to online resource center that demonstrate
- Set of overarching recommendations will be developed by group
- Group will identify priorities that can be recommended for federal partners to take action, and successful innovation that can be models for all stakeholders. At least 20 new examples of success stories will be added to online resource center that demonstrate

Discussion: Why HIT?

- What specifically does this workgroup want to accomplish?
  - Encourage provider adoption
  - Enable consumers to be involved in their care and healthcare technology
  - Demonstrate improvement in outcome or patient's experience
  - Lower healthcare costs or create efficiencies of scale

Tools: What tools does your system use to engage patients in the management of their health and wellness?

- Patient portal
- Secure messaging
- Electronic forms to capture patient generated information
- Notifications/reminders for preventive services
- Notifications/reminders for gaps in care
- Post-discharge/care coaching
- Telehealth (e.g. remote/video consults)
- Remote monitoring
- Tailored patient-specific educational programs
- Wellness coaching
- Patient navigators
- Interactive voice response system
- Other

How will we communicate/share the examples we come up with?

- For each success story, group will identify the factors which contributed to the success or lack thereof as projects were designed and implemented.
- Describe the initial reasoning a business investment was made in this area
- Describe how the innovations work in a real-world context
- Explain how the innovation supports value-based care
- Explore why the technology works in specific setting - What are the things that must be true for this model to work?

Barriers

- Change management
- Impact on clinical workflow and productivity
- Competing health IT priorities
- Cost of software or tools
- Lack of sufficiently trained staff
- Lack of commitment by board or executive leadership
- Data integration/interoperability
- Physician alignment
- Lack of funding
- Losses in revenue
- Developing risk-based arrangements
- Lack of patient engagement
- Change management
- Lack of testing
- Timeline/deadline
- Vendor/partner readiness
- Other (please describe)

Value – patient care

- Quality Improvement
- Outcome Improvement
- Better Measures
- New clinical process
- Care plans
- Innovation in care
- Service line development/expansion
- New treatment protocols
- Other (Please describe)

Value - Business Motivators

- Business: margins
- Efficiency
- Convenience
- ROI
- Innovation (branding)
- Policies
- Other (Please describe)

Goals: Develop Recommendations and Trends

- Identify key business drivers moving technology
- What was the value proposition
- Explain which technologies are creating momentum around value-based care
- Describe how the patient's experience is changing
- Describe how insurance benefits may cover or not cover innovations
- What is the future of innovation in these areas
- What were the factors that came together

Sources of Examples of Successful Examples of Innovation

- Work Group members
- Other eHI work
- Work done by other organizations
- Others?

Source Selection Criteria

- Does not duplicate work by others
- Maximum impact in moving the ball forward
- Likelihood of finding success stories
- Will provide insight into the needs of the industry and possible solutions

Next Steps

- Next Workgroup Meeting April 20, 2pm ET

- Agenda for April Call
  - Innovation from Chesapeake Regional Information System for our Patients (CRISP) and My Directives *(advance directive technology)*

Participate as a Council Member

- Join B&C listserv by contacting Claudia at Claudia.Ellison@ehidc.org

Thank you!