



**eHealth Initiative
Advisory Council on Business
and Clinical Motivators**

August 17, 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**
- **eHI Conference: October 4-5 – please come and meet the Business and Clinical Motivator leadership; help determine priorities for 2017**
- **Workgroup goals, process and timeline**
- **National Partnership for Women and Families**
 - **Mark Savage, Director, HIT Policy and Programs**
- **Next Steps**



OCTOBER 4-5, 2016
WASHINGTON, DC

Where healthcare challenges find solutions

eHI's Innovation Showcase is on!

Why Attend?

- **Get ready** for your “aha” moment at eHI's Innovation Showcase. Discover new ideas and the healthcare applications to enable your next leap forward.
- **Got a problem?** Find solutions to administrative, infrastructure, workflow, and consumer data integration challenges.
- **Need a partner?** Our innovative environment matches solution developers with healthcare senior executives for results.

We're bringing back the Innovation Challenge! Informative sessions will highlight best practices and innovations from leaders in: Data & Analytics, Interoperability, Privacy & Security and Clinical and Business Motivators.

Space is limited so Register now at <http://events.ehidc.org!>

Business and Clinical Motivator Workgroup Process

Process, Timeline and Deliverables

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?

■

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

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

We need your input

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

Current Success Stories

- American Heart Association
- LabCorp
- CRISP
- Validic
- Colorado Regional Health Information Organization
- CVS Minute Clinic (pending)



Engaging **Patients and Families**: How Consumers Value and Use Health IT

Mark Savage
Director of Health IT
Policy and Programs

eHealth Initiative
Advisory Board on Business
& Clinical Motivators
August 17, 2016

**national partnership
for women & families**

About national partnership for women & families



▶ **National Partnership for Women & Families**

- ▶ Nonprofit, nonpartisan consumer organization with 45 years of experience working on issues important to women and families

▶ **Workplace Fairness**

- ▶ Family Medical Leave Act
- ▶ Fair Pay
- ▶ Paid Sick Leave
- ▶ Sexual Harassment

▶ **Health**

- ▶ Health Policy—health care access, affordable care, delivery system reform
- ▶ Quality Measurement & Consumer-Purchaser Alliance
- ▶ Patient Engagement & Coalition for Better Care
- ▶ Reproductive Health
- ▶ Maternity Care
- ▶ **Health Information Technology**

About CPeH



- **The Consumer Partnership for eHealth (CPeH) is a non-partisan consumer coalition led by the National Partnership for Women & Families since 2005.**
 - Over 50 consumer, patient and labor organizations working at national, state and local levels to advance health IT
 - Collectively representing more than 127 million Americans
- **CPeH amplifies the consumer voice to ensure that health IT policies and implementation meet the needs of patients and families.**
- **Consumer advocacy at multiple levels:**
 - Administration (HHS, ONC, CMS, etc.)
 - HIT Policy Committee and key workgroups
 - Congress
 - Public outreach & education
 - Private sector (medical societies, EHR vendors, HIEs, etc.)

Health IT and **Consumer** Engagement



Health IT empowers patients & caregivers to be:



Agents of Change

-- Communicating health concerns, priorities & goals; taking actions to meet goals



Informed Decision Makers

-- Having access beyond 10 minute office visit & 5 minute phone call; coordinating with all providers



Partners in Verifying & Contributing Relevant Health Data

-- Identifying & correcting errors; adding patient-generated health & monitoring data; sharing preferences & values



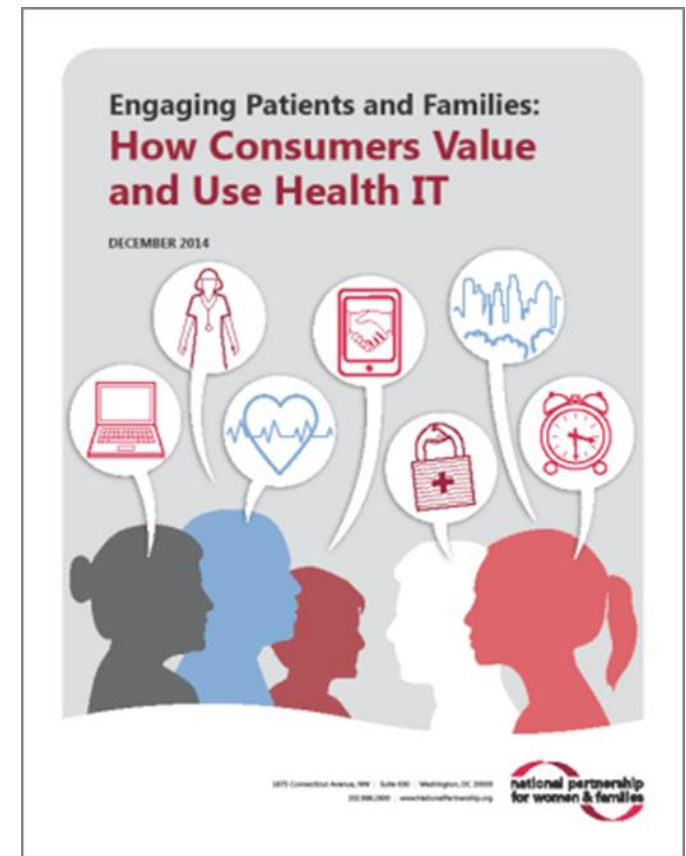
Integrators of Health into Daily Lives

-- Enabling self-management & support; improving daily access to health care resources

NPWF's nationwide **consumer** surveys



- ▶ **2011: National Partnership's landmark consumer survey**
- ▶ **2014: National Partnership's second national survey**
 - ▶ Harris Poll conducted **second nationally representative** online survey in April-May 2014
 - ▶ Sample weighted to be demographically representative of total U.S. population
 - ▶ Represents 68 percent of national adult population, or 160 million Americans
 - ▶ Oversamples of Latino, Black & Asian communities
 - ▶ New survey questions on
 - ▶ **Care planning** and goal setting
 - ▶ **Patient-generated health data**
 - ▶ **Mobile access**



Seven key findings



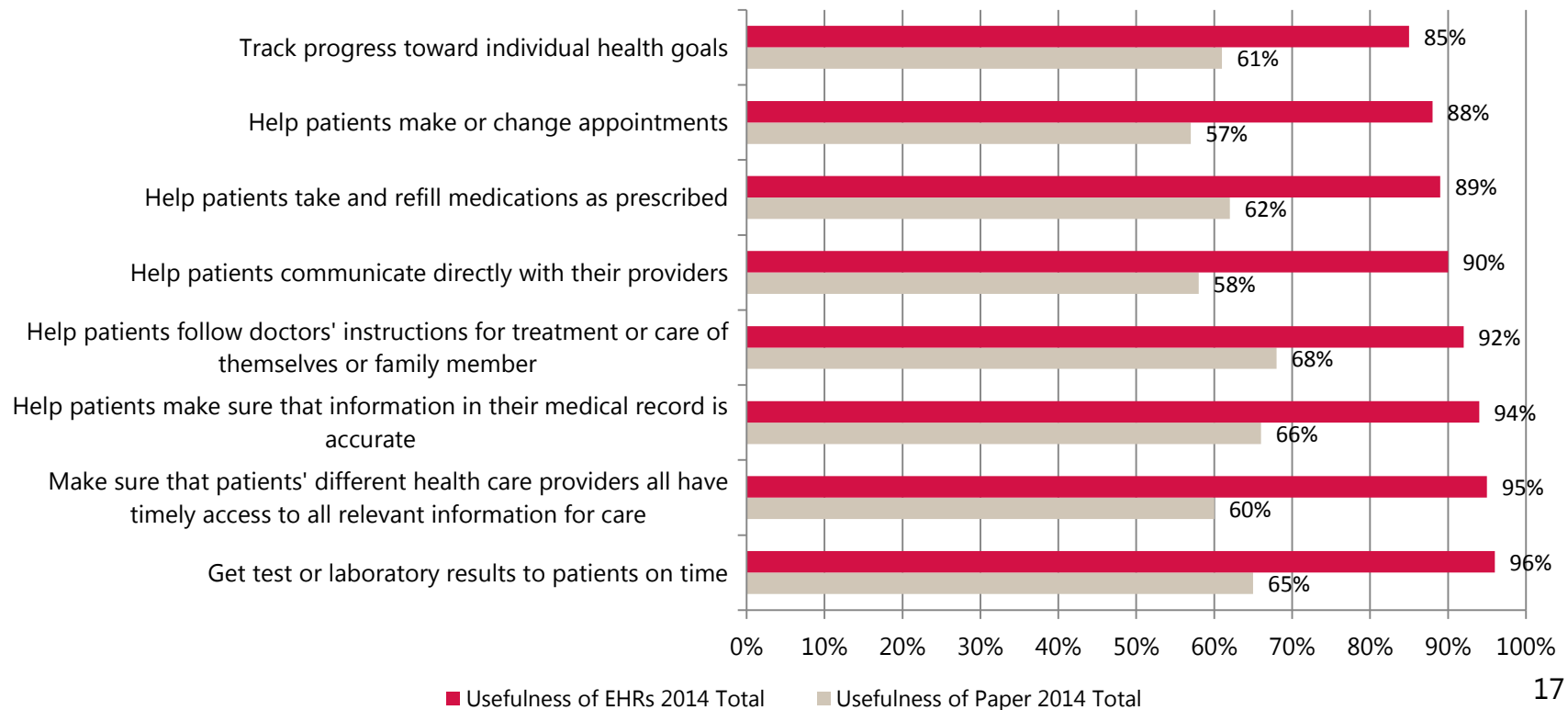
- 1) Patients believe EHRs have far greater impact and usefulness for themselves and their providers than paper record systems.**
- 2) Patients find “convenience features” to be very beneficial, just as they find with access to their clinical information.**
- 3) Patients who use online access more frequently report a substantial increase in positive impact on knowledge of their health and their desire to do something to improve their health.**
- 4) Patients want to communicate with and share information electronically with providers and other members of their care team.**
- 5) Patients want more robust functionality to help manage care and plan for their health (or the care of a loved one).**
- 6) The more patients experience the benefits of EHRs and online access, the more they trust their providers to protect privacy.**
- 7) The value of and current barriers to EHRs and HIE are not the same for everyone.**

Patients find EHRs much more useful than paper records



EHR and Paper Patients Alike Find EHRs Significantly More Useful for Health and Health Care, Across Key Domains All Respondents, EHR and Paper--Very or Somewhat Useful

[Base = All qualified respondents (n=2045): EHR (n=1192), paper (n=853)]

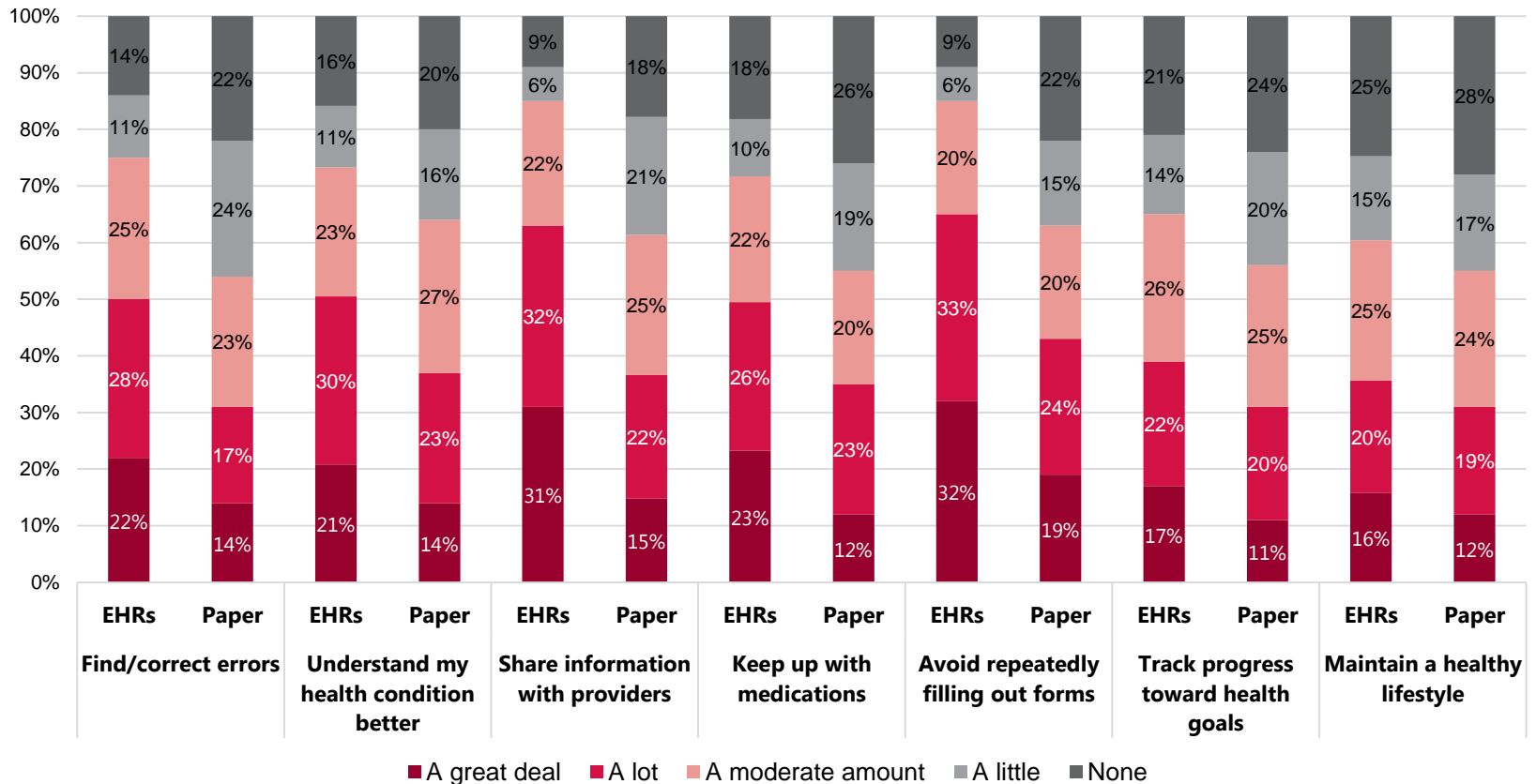


EHRs are much better at helping patients personally



How much do you believe your EHR / paper-record system helps you personally when it comes to each of the following?

[Base = EHR respondents (n=1192) and paper-record respondents (n=853)]



Patients report that online access increases **value and trust**



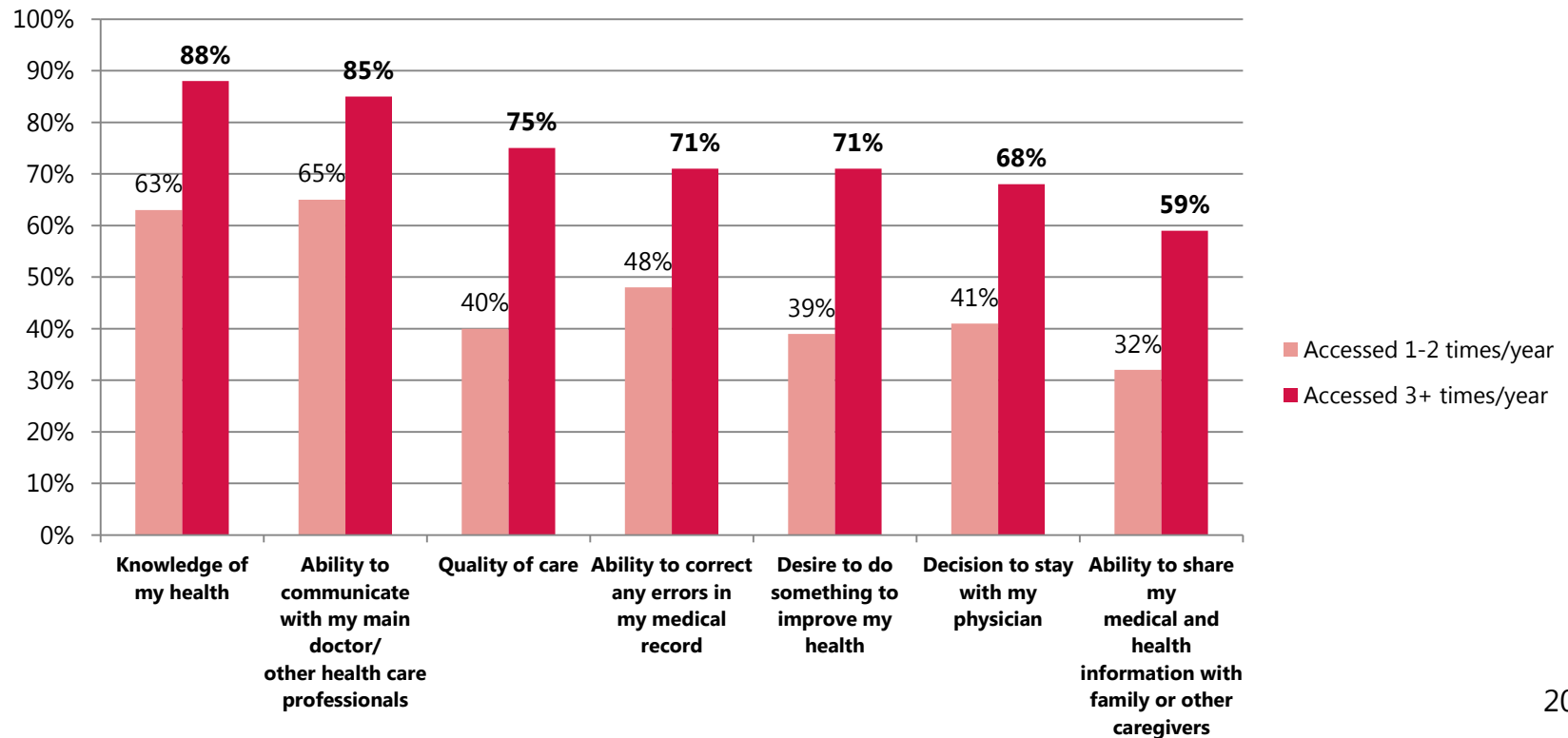
- ▶ **Among the 50 percent of EHR patients with online access to their health information:**
 - ▶ They overwhelmingly use the capability: **86 percent use it** at least once per year, and 55 percent use it three or more times per year.
 - ▶ They rate highly administrative or **“convenience”** features such as online scheduling and medication refill requests.
 - ▶ Those who use online access more frequently (3+ times per year) have **significantly greater trust** that their providers will protect their privacy and other patient rights (84 percent trusting “completely” or “a lot,” compared with 69 percent).
- ▶ **Even among paper-record patients, two out of three (64 percent) believe electronic access is “very” or “somewhat important.”**

More online access leads to better care



Patients' Online Access to Health Information Has a Very or Somewhat Positive Impact Across Key Domains, by Frequency of Access

[Base = Accessed EHRs online (n=492): 1-2 times/year (n=187); 3+ times/year (n=305)]

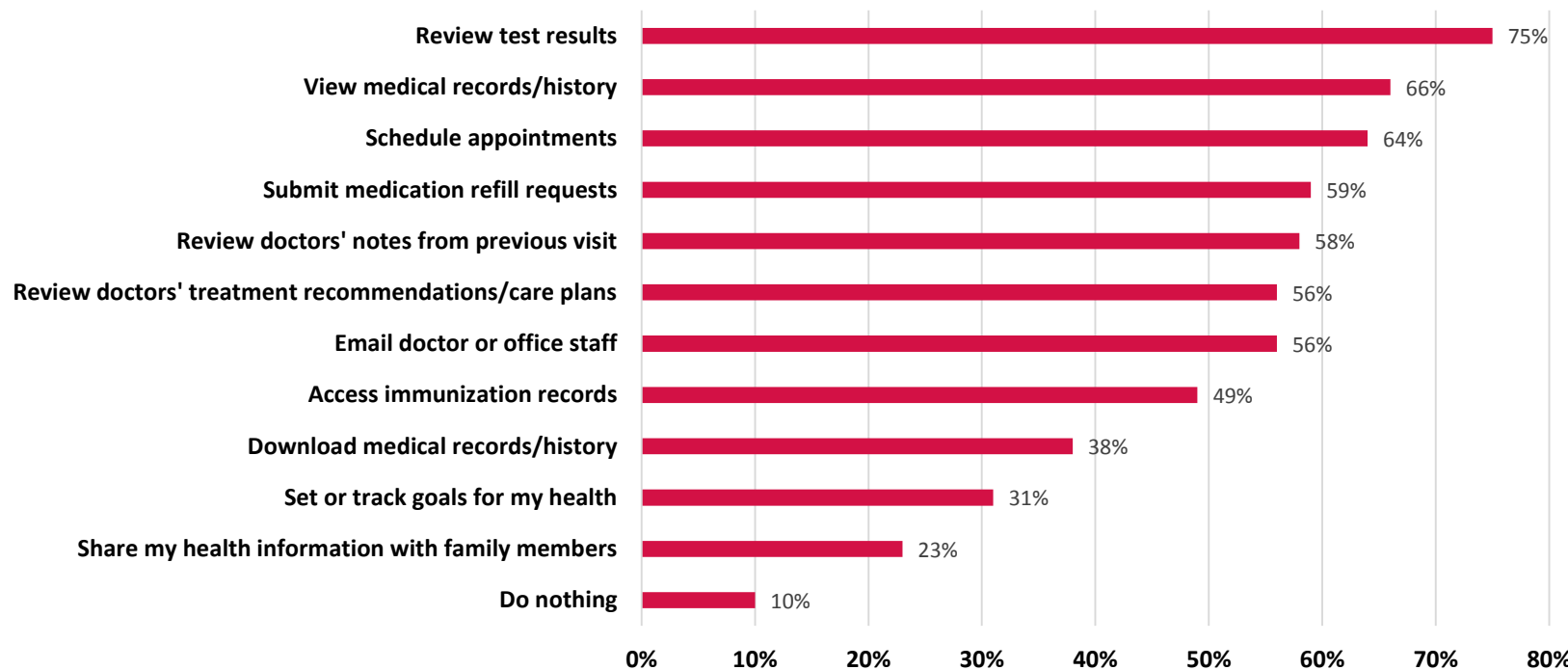


Patients' priorities for online access



Which of the following activities would you do with online access to your health information?

[Base = All qualified respondents (n=2045)]

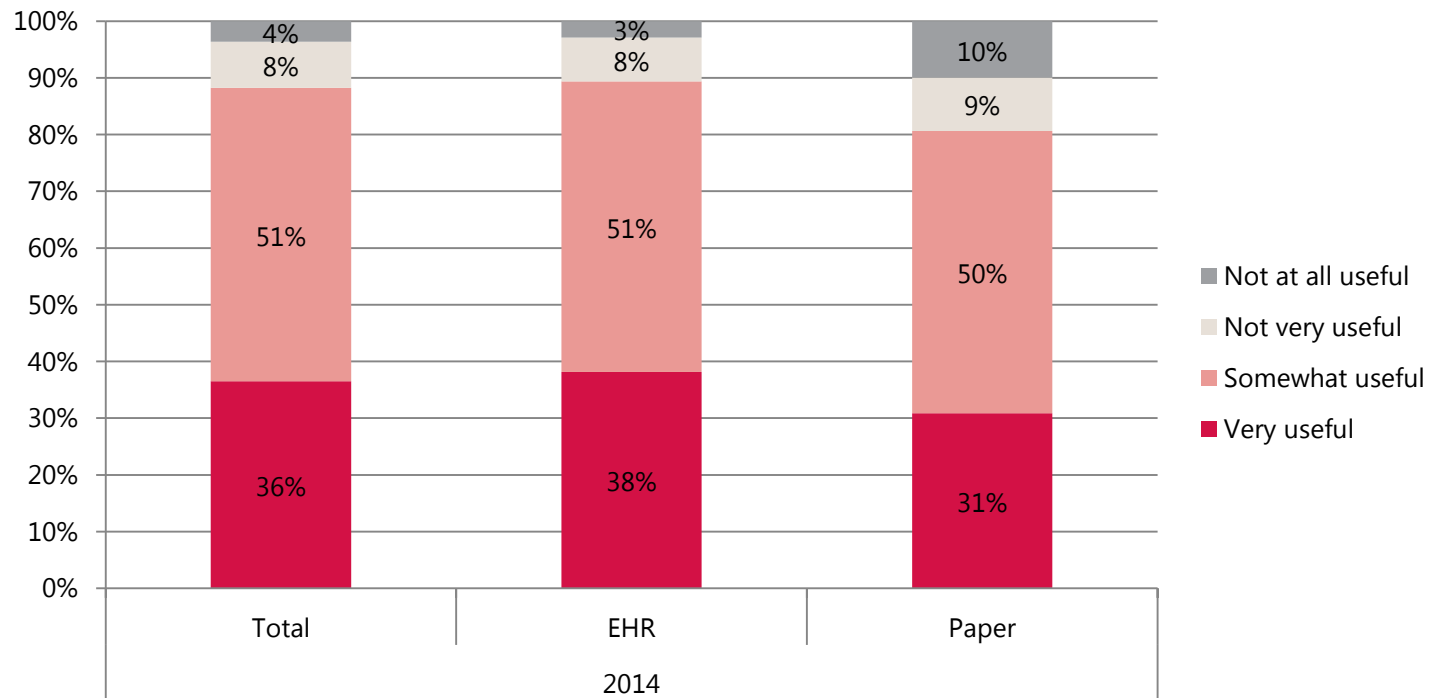


Patients find online access useful for caregiving



How useful would online access to a family member's health information be to help you with your caregiving responsibilities?

[Base = All qualified respondents (n=2045); EHR (n=1192), paper (n=853)]

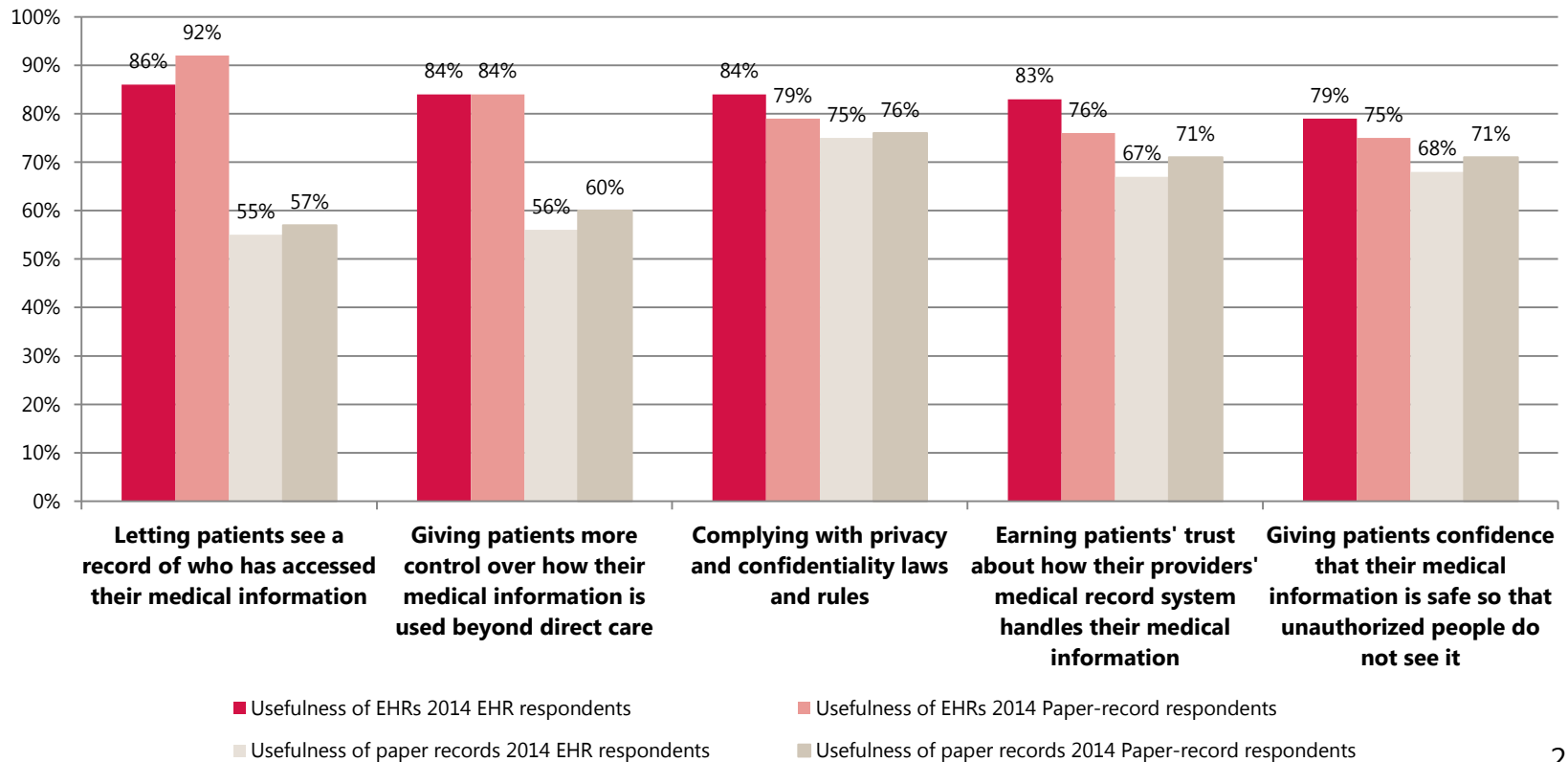


Patients find EHRs more useful for protecting privacy



EHR and Paper Patients Alike Find EHRs Significantly More Useful and Protective of Privacy Across Key Domains

[Base = All qualified respondents: EHR (n=1192), paper (n=853)]



Access and care **for whom?**



U.S. Hispanic population reached 50.5 million – increase of 43% from 2000

People age 65+ increased 15.1% since 2000; 11,000 baby boomers become eligible for Medicare each day

Women account for 50.8% of population

57 million identify solely as **Black, African-American, American Indian or Native Alaskan, Asian, or Native Hawaiian and Other Pacific Islander**

56 million people live with a **disability**

58 million people ages 5+ speak **language other than English** at home

LGBT individuals comprise 9 million people—3.8% of national population



Designing and building for **diversity**



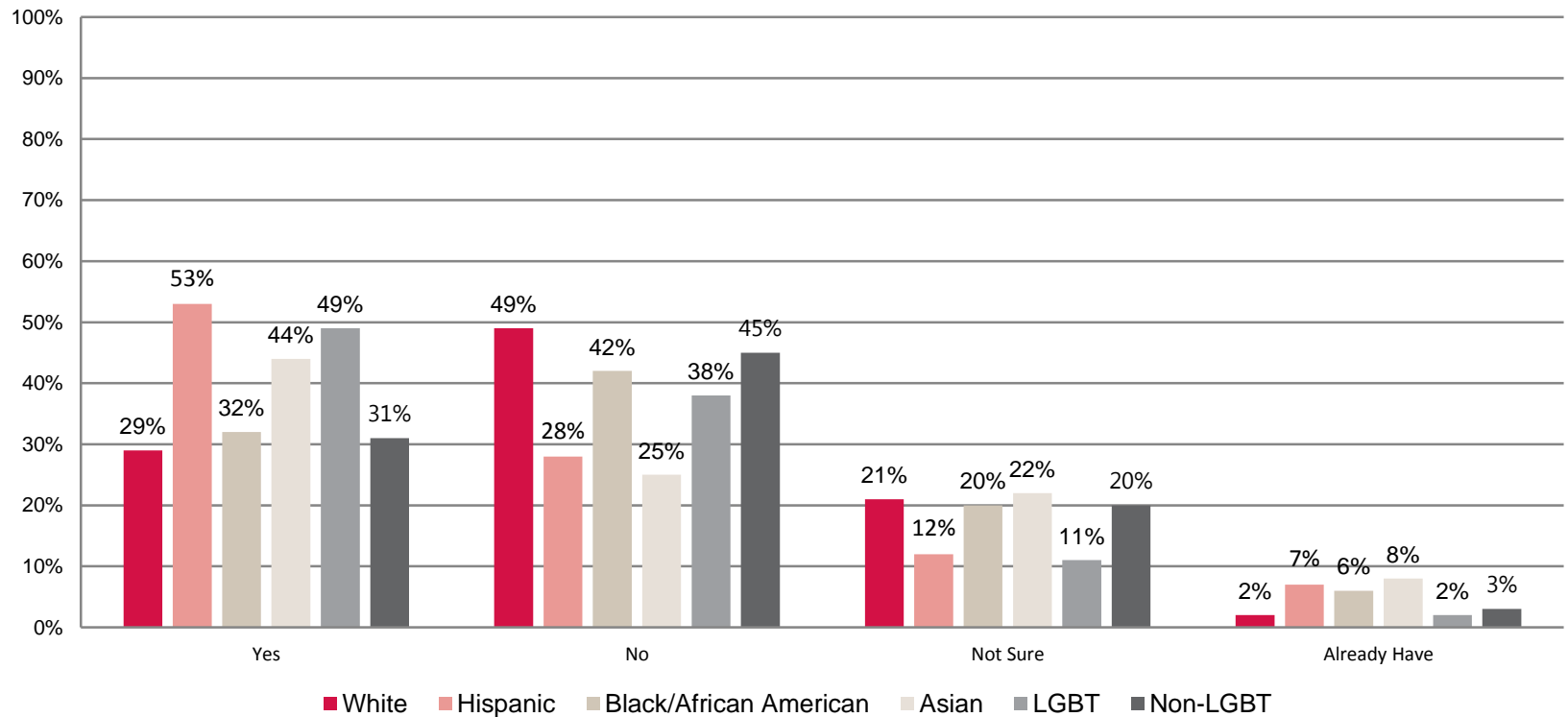
- ▶ **Different populations need and use different health IT functionalities**
 - ▶ Hispanic adults were significantly more likely (78 percent) than non-Hispanic Whites (55 percent) to say that having online access increases their **desire to do something about their health**.
 - ▶ Asian American adults were among the most likely to report that EHRs are helpful to them in **sharing information** with all health providers.
 - ▶ African American adults were among the most likely to report that EHRs are helpful to them in finding and **correcting errors** and keeping up with their **medications**.
- ▶ **For successful access and use, we must design and build for the diversity of patient populations:**
 - ▶ Access in languages other than English
 - ▶ Access for people with different literacy levels
 - ▶ Access for people with different functional or cognitive disabilities
 - ▶ Mobile access, especially for those who have smartphones but not computers

Mobile access matters



If available, would you access your health information from a smartphone or tablet?

[Base = All qualified respondents: non-Hispanic White (n=1323); Hispanic (n=242); Black/African American (n=221); Asian (n=218); LGBT (n=167); non-LGBT (n=1878)]



Key takeaways: Seven strategies for patient engagement



- 1) Adopt and use EHRs
- 2) Integrate more “convenience” features
- 3) Strengthen and expand online access to clinical health information
- 4) Enhance functionalities for patients to communicate with and share information with health care providers, and others
- 5) Build robust functionality to support health & care planning
- 6) Foster trust with patients by showing how their health information is stored, exchanged, and used
- 7) Build tools and systems that recognize and reflect demographic diversity, with particular attention to language and cultural competency issues



Different people.
Different phases of life.
Different digital tools.



MANY STRATEGIES FOR PATIENT ENGAGEMENT



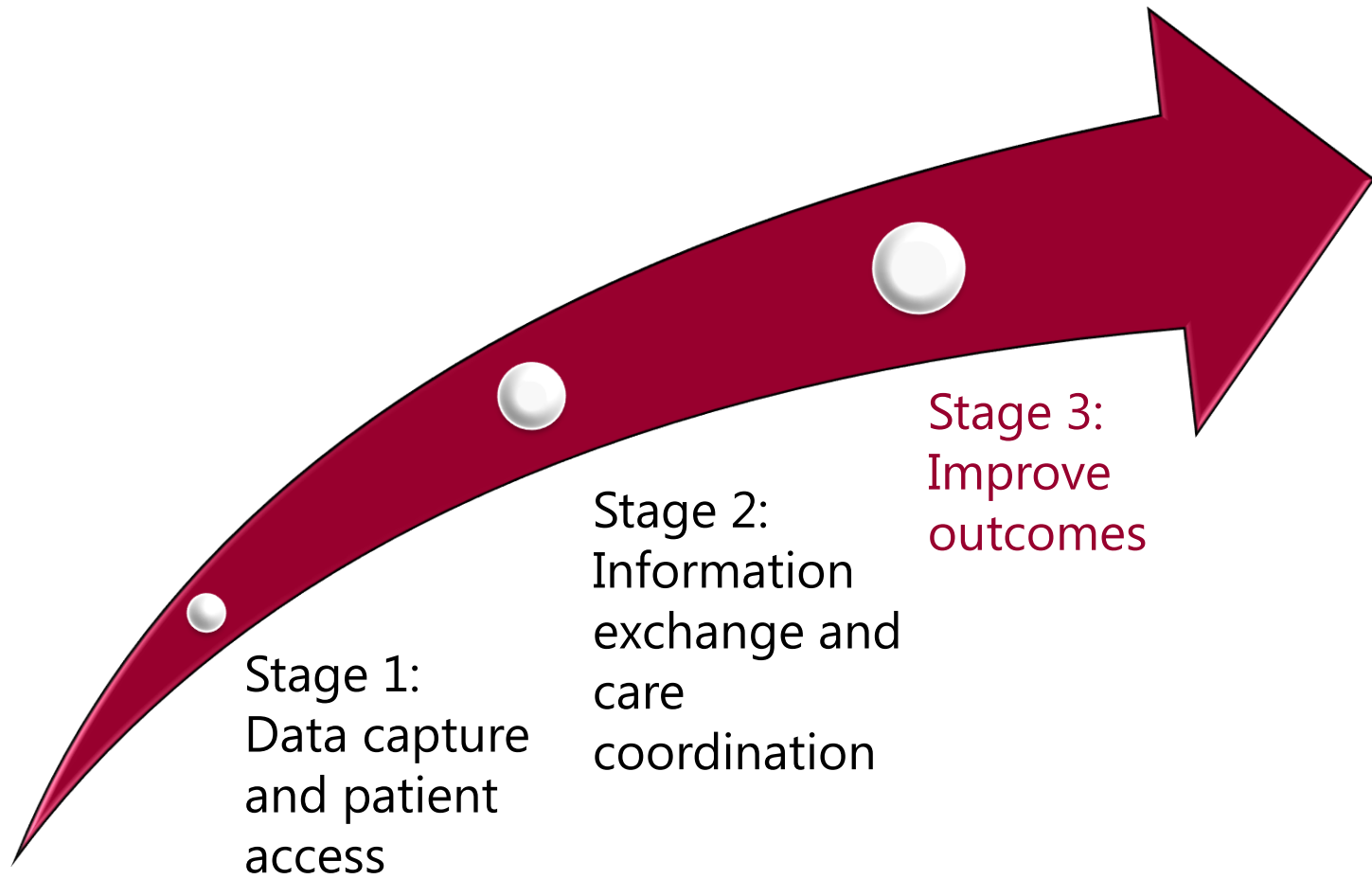
Key takeaways:

Policy implications



- ▶ **RECOMMENDATION:** Health IT policies and programs, such as the Meaningful Use program, should continue to invest in and **advance EHR functionalities that patients and families value**, including online access, health and care planning, information sharing, and patient-generated health data.
- ▶ **RECOMMENDATION:** Maintain **strong online access requirements** in future stages of Meaningful Use and other federal programs. This creates value and buttresses trust.
- ▶ **RECOMMENDATION:** Make online access even more useful by promoting the availability of **access using mobile devices**, especially for racial and ethnic minorities and other traditionally underserved populations.
- ▶ **RECOMMENDATION:** Health IT policies and programs should consider the **different preferences, needs, experiences and barriers** of diverse people and communities, and should design and build health IT to engage patients in diverse ways.
- ▶ **And many more . . .**

What is Meaningful Use?



Patient & Family **Engagement** in Meaningful Use and MACRA



Stage 1

- ▶ Record patient demographics & vital signs as structured data
- ▶ Send prescriptions electronically
- ▶ Incorporate lab tests as structured data
- ▶ Provide summary of care for referrals
- ▶ Provide patients after-visit summaries, education resources; record advance directives

Stage 2

- ▶ Use EHR for lab, medication & radiology orders
- ▶ Use electronic clinical decision support to avoid unnecessary or inappropriate care
- ▶ Use secure electronic messaging with patients & send reminders
- ▶ Ensure that patients can view online, download & transmit their health data to others in 4 days

Stage 3

- ▶ Use electronic clinical decision support to avoid unnecessary care
- ▶ Ensure that patients can view online, download & transmit their health data using portals & apps in 48 hours
- ▶ Summary of care for referrals & transitions includes patient goals, caregiver status
- ▶ Patients can submit health data & social determinants of health electronically

Stage 3 & MACRA: Individual & Patient Engagement



- ▶ **Online access (V/D/T): Doctors and hospitals provide patients and authorized representatives with the ability to **view online, download and transmit** electronically their health information **within 48 hours (doctors) or 36 hours (hospitals)****
- ▶ Includes access and use through **apps** of patient's choice
- ▶ Includes instructions on how patients access their data
- ▶ At a minimum, includes Common Clinical Data Set; current and past problem list; lab results; medications and medication allergies; care plan goals, health concerns, treatment instructions, known care team members
- ▶ **Secure Messaging: Send and receive secure messages with patients and authorized representatives**
- ▶ **Patient-Specific Education Resources: Identify and access patient-specific resources based on data in patient's problem list and medication list**

Stage 3 & MACRA: Integrating Patient-Generated Health Data & Outcomes



- ▶ **Providers incorporate patient-generated health data (PGHD) or data from non-clinical settings into their EHRs**
 - ▶ Data include data generated by a patient or a patient's authorized representative, medical device data, social service data, home health monitoring data
 - ▶ Sources include mobile applications for tracking health and nutrition, home health devices such as scales and blood pressure monitors, wearable devices, patient-reported outcomes data
 - ▶ Non-clinical settings include social services, nutritionists, physical therapists
- ▶ **2015 Edition of certified EHRs also includes a module to capture social, psychological and behavioral data from patients**

Stage 3 & MACRA: Person-Centered Health and Care Planning



- ▶ **Stage 3: Providers must create and electronically exchange a summary of care record for referrals and transitions of care**
 - ▶ At a minimum, must include provider's plan of care for particular episode or condition, as well as patient's relevant goals, health concerns, known care team members
 - ▶ Captures **patient's** goals along with the provider's goals, **family** caregivers along with clinical caregivers, **patient's** health concerns
- ▶ **Care Plans: 2015 Edition also includes a "care plan" criterion which goes further to synthesize multiple plans of care across settings and time, not just a plan of care for one episode**

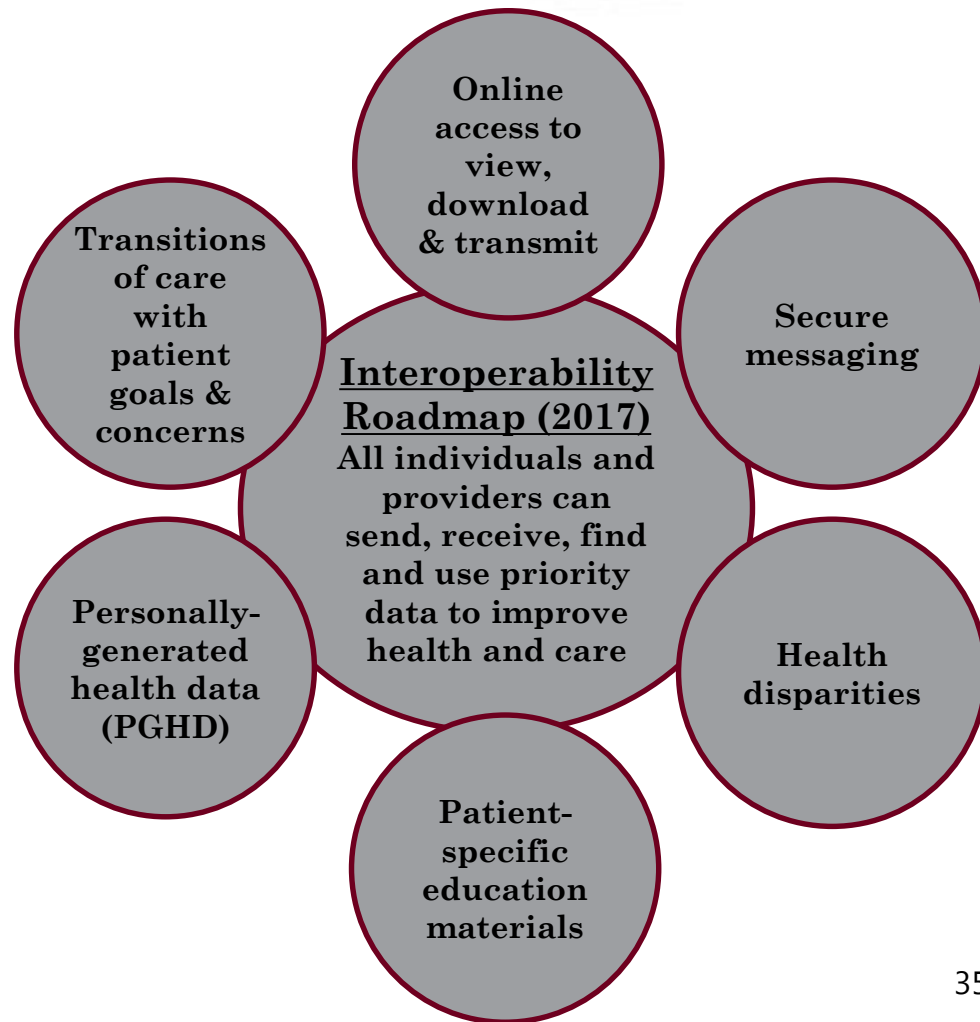
2015 Edition: **Health Disparities**

- ▶ **Demographics: Captures more granular data on race, ethnicity, sexual orientation, gender identity, preferred language**
- ▶ **Common Clinical Data Set: Adds functional and cognitive status for persons with disabilities**
- ▶ **Social, psychological and behavioral data: Captures financial resource strain, educational attainment, stress, depression, physical activity, alcohol use, social connection and isolation, intimate partner violence**
- ▶ **Clinical Quality Measures-Filter: Filter eCQMs by any combination of characteristics at individual level and different aggregate population levels**

Stage 3 and MACRA build **interoperability** with patients!



- ▶ **Stage 3 and MACRA provide essential components of interoperability and delivery system reform for patients:**

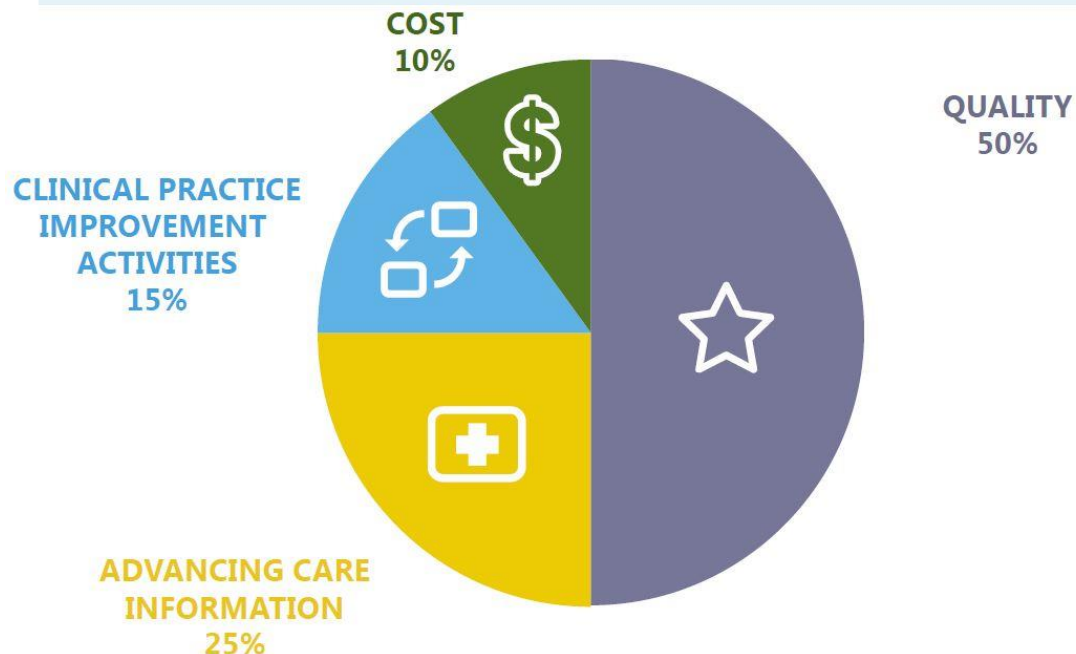


MACRA: MIPS Performance Categories



- ▶ **MACRA's proposed regulations integrate these key advances in Advancing Care Information and Clinical Practice Improvement Activities categories**

Year 1 Performance Category Weights for MIPS



Clinical Practice Improvement Activities



- ▶ **CPIA is an activity that stakeholders identify as improving clinical practice or care delivery and that the Secretary determines will likely result in improved outcomes.**

- ▶ **Beneficiary Engagement subcategory:**
 - ▶ Access to an enhanced patient portal that provides up to date information . . . and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.
 - ▶ Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.

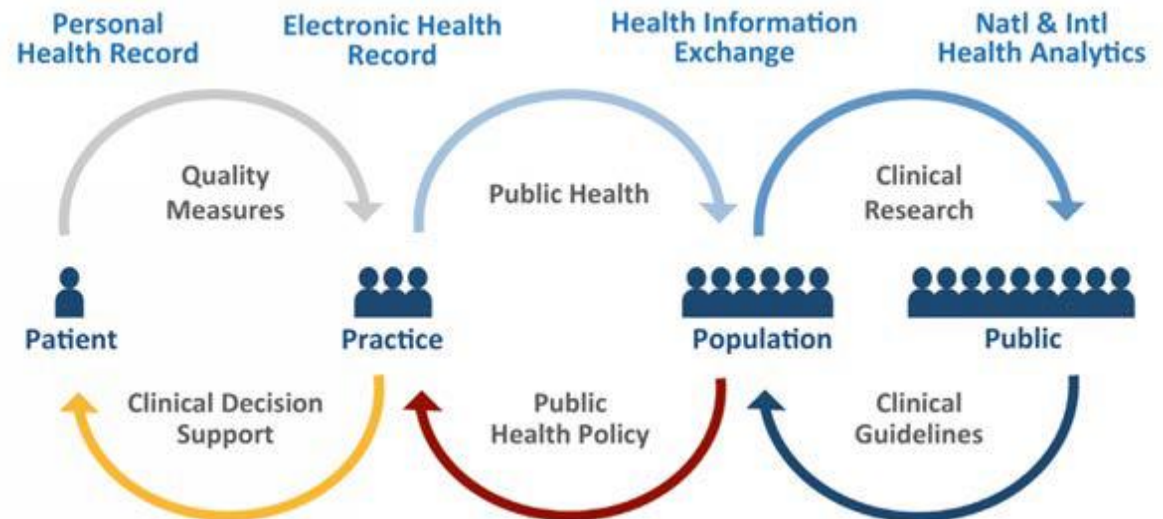
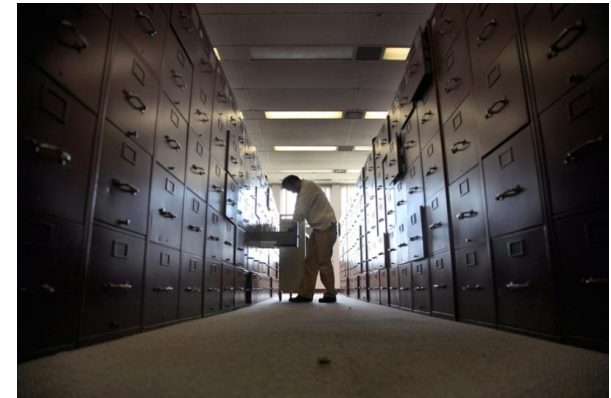
- ▶ **Care Coordination subcategory:**
 - ▶ Establish standard operations to manage transitions of care that could include one or more of the following: community or hospital-based transitional care services
 - ▶ Develop pathways to neighborhood/community-based resources to support patient health goals

- ▶ **Achieving Health Equity subcategory:**
 - ▶ Screening for social determinants of health such as food security, employment and housing
 - ▶ Use of supporting tools that can be incorporated into the certified EHR technology

The Road to Patient Access



- ▶ HIPAA right of access
- ▶ HITECH right of electronic access
- ▶ Blue Button
- ▶ Meaningful Use Program
- ▶ OCR Guidance
- ▶ MACRA
- ▶ Precision Medicine



For more information



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Questions

Next Steps

- Next Workgroup Meeting September 21, 2pm ET
- Continue success story interviews and populate resource center

Participate as a Council Member

- Join B&C listserv by contacting Claudia at Claudia.Ellison@ehidc.org
- Seeing expert panel members to respond to future presentations

Thank you!