Leveraging Health Information Technology for Population Health Management

June 30, 2015
Slides for today’s webinar are available on the CIHS website at:

www.Integration.samhsa.gov

under About Us/Innovation Communities
Our format...

**Structure**
Short comments from experts
Specifics from their point of view

**Polling You**
Every 20-minutes
Finding the “temperature” of the group

**Asking Questions**
Watching for your written questions

**Follow-up and Evaluation**
Ask for what YOU want or expect
Ideas and examples added to the AOS Resource Center
How to ask a question during the webinar

If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. (left)

If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. (right)
Today’s Agenda

• Welcome
• Updates from the Innovation Community Members
• Reminder of IC Evaluation you were sent
• Leveraging HIT w/ Colleen O’Donnell
• Discussion/Questions
• Next Steps
Let’s do this!!

1. Identify the Need *(Completed!)*
2. Allocate Resources to Address the Need *(Completed!)*
3. Conduct an Agency Needs Assessment *(Completed!)*
4. Use the Needs Assessment Findings to Develop your Work Plan *(Completed!)*
5. Execute the Work Plan with Passion & Urgency (March-August)
6. Seek Out Resources (Dec-August)
7. Share What you Learn!! (Dec-August)
Leveraging HIT In Population Health Management Public Reporting, Public Health/Disease Surveillance

2014 Edition Certification Capacities
- Getting the data
- ONC’s Free, Open Source Population Health Management Software

Linking Outcomes to Payment Models
- ACOs, Health Homes

Working with Information Technology Stakeholders
- Vendors
- Information Technology Staff
Leveraging HIT In Population Health Management
Public Reporting, Public Health/Disease Surveillance

2014 Edition Certification Standards

Step 1: Collect standardized patient-level data that informs Public Health Priorities and/or practices that disproportionately drive health care costs (Common Meaningful Use Data Set)
Leveraging HIT In PHM
Public Reporting, Public Health/Disease Surveillance

Controlling High Blood Pressure
Use of High Risk Meds in Elderly
Use of Imaging Studies for Low Back Pain
Documentation of Current Meds in EHR
Functional Assessment Complex Conditions
Close Referral Loop w/ Specialist Report
Preventive Care and Screening
For Tobacco, Depression, Alcoholism

2014 Edition Certification Standards

Step 2: Link standardized patient health information data collection to reporting on Clinical Quality Measures

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Leveraging HIT In PHM
Public Reporting, Public Health/Disease Surveillance

2014 Edition Certification Standards

Step 3: When reporting on CQMs, use data standards for vocabulary, technology standards for transmitting
# Leveraging HIT PHM in Clinical Quality Measurement

<table>
<thead>
<tr>
<th>Behavioral Health Care (Adult)</th>
<th>Primary Health Care (Adult)</th>
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<tbody>
<tr>
<td>NQF 0104 Adult MDD: Suicide Risk Assessment</td>
<td>NQF 0067 Chronic Stable Coronary Artery Disease: Antiplatelet Therapy</td>
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<tr>
<td>NQF 0710, 0711 Depression Remission at Six / Twelve Months</td>
<td>NQF 0074 Chronic Stable Coronary Artery Disease: Lipid Control</td>
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<tr>
<td>NQF 1884, 0712 Depression Response / Progress to Remission, Use of PHQ-9</td>
<td>NQF0079 Heart Failure: Left ventricular fraction assessment (outpatient setting)</td>
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<td>NQF 2600 Tobacco Screening for People w/ SMI, Alcohol, Drug Dependence</td>
<td>NQF 2601 BMI Screening, Follow up for People with SMI</td>
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<tr>
<td>NQF 2599 Alcohol Screening and Follow up for People with SMI</td>
<td>NQF 2602 Controlling High Blood Pressure for People with SMI</td>
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<tr>
<td>NQF 2597, 0028, 2152- Substance Use Screening and Intervention Composite</td>
<td>NQF 2606, 2609, 2608, 2607, 2603 – Diabetes Care (HgA1c)</td>
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Leveraging HIT In PHM
ONC Population Health Management Software

• Integrates with 2014 Edition certified EHR
• Pulls data from Common Meaningful Use Data Set
• Automates reporting of CQMs for Meaningful Use
• Summary quality measure reports on provider patient populations

http://projectpophealth.org/index.html
Leveraging HIT In Population Health Management

ONC Population Health Management Software

Report data on
- Immunization
- Syndromic surveillance
- Reportable lab test results
- Cancer registry
- Specialized registry
Discover Your Public Health Agency’s Readiness to Accept Data from 2014 Edition Certified EHR

- Immunizations for Eligible Hospitals
- Immunizations for Eligible Providers
- Syndromic Surveillance for Eligible Hospitals
- Syndromic Surveillance for Eligible Providers
- Reportable Laboratory Results
- Cancer Registry
- Specialized Registry

http://www.aphl.org/aphlprograms/information/Pages/MU2PHAReadiness.aspx
Leveraging HIT In Population Health Management Payment Models

Health Home

Medicaid State Plan Option

- Integrates and coordinates all care
- Provider is required to report clinical quality measures
- Eligibility includes Medicaid beneficiaries with chronic health conditions and/or SMI
- Use of HIT not mandatory, but need to explain how you will implement without HIT
Leveraging HIT In Population Health Management Payment Models

Accountable Care Organization

Medicare Shared Savings Program

- For traditional fee-for-service Medicare beneficiaries / providers
- Provider applies (3 years) with plan to coordinate care, reduce costs and improve quality (CQMs)
- CMS required to set benchmark for savings
- Quality (CQMs) and finances audited each year
- Savings / losses are shared with the provider
Communicating with Vendors - Some Tips!

- Build a statewide consortium of providers using the vendor product
- Communicate new or different system requirements as a group, using vendor standardized templates and process
- Vendor’s timely response clearly rejects or accepts, offers cost and level of effort estimate, timeframe for implementation
- Know the “upgrade” schedule and functionalities the “upgrades” usually address – will your change be included?
- Know the specifications and requirements for the 2014 Edition EHR – the report may already exist, or it may be very simple to add or change a workflow
- Understand the difference between configuring (changing the drapes, simple and cheap) and customizing (installing a bay window, complicated and expensive)
Communicating with IT Staff – Some Tips!

Maximize the small “window of opportunity”

Know exactly what you need (system requirements)
- Diagram the “As Is” and “To Be” workflows
- Develop new workflow narrative
- Mock up the screens (can hand draw if necessary)
- Make sure it is not already there (in the certification specifications)

Know why you need it
- Organization made a commitment
- Impacts revenue (reduced dollars, ineffective use of staff time, etc.)
- Does not align with national standards for data collection

Don’t look for a “Yes/No” answer when you meet
- Ask for level of effort estimate, timeframe, cost
- Then find out how to get it on the IT staff work plan for the next quarter, and monitor progress
Leveraging HIT In Population Health Management Public Reporting, Public Health/Disease Surveillance

Summary

- Public health data points collected at patient level in 2014 Edition certified EHR
  - Stage 2 Meaningful Use criteria met
  - Automates Clinical Quality Measures collection and reporting
  - CQMs data feed Public Health reporting requirements
  - Can use ONC Free Population Health Management Reporting Tool with any 2014 Edition certified EHR
- Payment models tied to Clinical Quality Measures reporting and finance
- In working with vendors and IT staff to make changes, try to see things from their perspective
Questions?
For More Information…

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Thank you for joining us today.

Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.