



Health Project

Delivery System Reform and the Role of Health IT: An Interim Report

Bipartisan Policy Center Task Force on Delivery
System Reform and Health IT

27 October 2011



BIPARTISAN POLICY CENTER



Health Project

ACKNOWLEDGEMENTS

The Bipartisan Policy Center would like to acknowledge the Task Force on Delivery System Reform and Health Information Technology for its guidance and input on this report, as well as the support provided by Janet Marchibroda, Health IT Initiative Chair; Ann Gordon, Writer; and Steven Waldren, MD of the American Academy of Family Physicians.

BPC Task Force on Delivery System Reform and Health Information Technology

Senator Tom Daschle (D-SD)

Co-Chair

Senator Bill Frist (R-TN)

Co-Chair

Janet Marchibroda

Chair, Health IT Initiative, Bipartisan Policy Center

Scott Armstrong

President and Chief Executive Officer, Group Health Cooperative

Peter Basch, MD, FACP

Medical Director, Ambulatory EHR and Health Information Technology Policy, MedStar Health

Christine Bechtel

Vice President, National Partnership for Women and Families

David Blumenthal, MD, MPP

Harvard University

Former National Coordinator for Health Information Technology, Department of Health and Human Services

Russell Branzell

Vice President and Chief Information Officer, Poudre Valley Health System

Christine Cassel, MD

President, American Board of Internal Medicine

Reginald Coopwood, MD

President and Chief Executive Officer, Regional Medical Center at Memphis

Janet Corrigan, PhD

President and Chief Executive Officer, National Quality Forum

Michael Critelli

President and Chief Executive Officer, Dossia

Governor John Engler

President, Business Roundtable

Alissa Fox

Senior Vice President, Office of Policy and Representation, Blue Cross Blue Shield Association

Douglas E. Henley, MD

Executive Vice President and Chief Executive Officer, American Academy of Family Physicians

Karen Ignagni

President and Chief Executive Officer, America's Health Insurance Plans

Brent James, MD, M.Stat.

Chief Quality Officer and Executive Director, Institute for Health Care Delivery Research, Intermountain Health Care

David Lansky, PhD

Chief Executive Officer, Pacific Business Group on Health

Jack Lewin, MD

Chief Executive Officer, American College of Cardiology

Deven McGraw

Director, Health Privacy Project, Center for Democracy and Technology

Margaret O'Kane

President, National Committee for Quality Assurance

Stephen Palmer

State Health IT Coordinator and Director, Office of e-Health Coordination, Texas Health and Human Services Commission

Herb Pardes, MD

President and Chief Executive Officer, New York Presbyterian Hospital

Robert Pearl, MD

Executive Director and Chief Executive Officer, The Permanente Medical Group, Kaiser Permanente

John Rother

President and Chief Executive Officer, National Coalition on Health Care

Governor Mike Rounds (R-SD)

Michael Simpson

Vice President and General Manager, Healthcare Knowledge and Connectivity Solutions, GE Healthcare

Governor Ted Strickland (D-OH)

Tony Tersigni, EdD, FACHE

President and Chief Executive Officer, Ascension Health System

Betsy Weiner, PhD, RN-BC, FACMI, FAAN

Senior Associate Dean for Informatics Vanderbilt University School of Nursing

Introduction

Led by Bipartisan Policy Center (BPC) Health Project co-leaders and former Senate majority leaders Tom Daschle and Bill Frist, and comprising a range of nationally recognized and respected health system experts and leaders, the Task Force on Delivery System Reform and Health IT recognizes that delivery system reforms that promote coordinated, accountable, patient-centered care cannot be attained without the support of an effective health IT infrastructure. This infrastructure should include widely adopted electronic health records (EHR), patient applications and other innovative health IT tools, as well as robust health information exchange.

The Task Force is providing guidance on a set of recommendations regarding the most effective use of health IT dollars to support new models of care shown to improve quality and health, and reduce costs.

This interim report provides an overview of the Task Force's work to date as well as initial conclusions. A comprehensive final report and recommendations will be issued in early 2012.

Findings

These findings are based on Task Force deliberations, grounded in reviews of the literature and emerging federal and private sector policies related to new models of care delivery. They are also the result of in-depth interviews with leaders of nearly 40 high-performing organizations and examples of new models of care.

High-Performers and New Models of Care Require Advanced Health IT

Our nation's highest performing health care organizations and practices exhibit many of the attributes of new models of care to promote higher quality, lower cost and greater access. Understanding the attributes that these high-performers share (listed below) and the critical role that health IT plays in enabling them can help shape decisions about the most effective allocation of health IT resources.

STRONG ORGANIZATIONAL AND CLINICAL LEADERSHIP

Health IT enables health care organizations to optimize clinical, administrative and operational data, including patient and community information, to set goals, identify opportunities for improvement and monitor progress.

AN ORGANIZATION-WIDE FOCUS ON THE NEEDS OF PATIENTS

Being truly patient-centered includes giving patients electronic access to information in their health care records; educational resources; and self-monitoring and tracking tools between visits. Patient-centered organizations support shared decision-making and secure electronic communication between patients and their providers, and incorporate patient preferences and, increasingly, functional status in health care records.

ACCESS TO INFORMATION

Health IT and health information exchange enable all providers who care for the patient, as well as patients and family caregivers (or "care leaders"), to access, from across the range of settings, the right information at the right time while effectively managing privacy and security. Such information is drawn from patient records within hospitals and physician offices, as well as information generated by laboratories, pharmacies, health plans and the patients themselves.

THE DELIVERY OF EFFICIENT, COORDINATED CARE

The secure exchange of patient data provides an essential platform for care coordination and helps clinicians, care teams and patients to track and manage the patient's journey through the health care system. Online access to patient data across settings and over time, as well as feedback on performance and "virtual consultations," enable effective coordination that increases quality, efficiency and access. Reminders and alerts for patients and health care professionals help to eliminate gaps and duplication in care.

EMPHASIS ON PREVENTION, WELLNESS AND HEALTHY BEHAVIORS

Through electronic educational resources, interactive tools, preventive care reminders and electronic communication with care teams, health IT can help patients more effectively understand and manage their health and wellness.

ACCOUNTABILITY, ALIGNMENT OF INCENTIVES AND PAYMENT REFORM

Health IT and health information exchange enable organizations to collect and analyze clinical, administrative and patient-generated data to set goals, identify areas for improvement, assess effectiveness of interventions, and monitor performance related to cost, quality and patient experience – all of which support accountability, transparency and payment reforms.

TIMELY ACCESS TO CARE

Online and electronic patient tools, including portals, facilitate timely communication among care teams and patients between visits. Online scheduling and reminders help patients arrange timely access to care when they need to be seen, and "e-care" is more accessible and convenient when face-to-face visits are not required.

"Meaningful Use" Incentives Are an Important Foundation For New Models of Care Delivery

The Medicare and Medicaid EHR Incentive Programs are designed to encourage hospitals and physician practices to implement and use EHRs in specific, meaningful ways intended to drive higher quality, coordinated and efficient care. Known informally as "Meaningful Use," these programs drive adoption and use of important functions such as provider access to patient information at the point of care, clinical decision support and medication safety features, electronic capture of health information, timely electronic patient access to health information in the record, and other activities that promote coordinated care, such as the ability to exchange clinical summaries with other professionals and organizations.

Meaningful Use has accelerated provider adoption and use of EHRs while significantly advancing EHR capabilities. Over time it will incorporate expanded clinical decision support capabilities as well as more robust requirements related to health information exchange among members of the care team. Lessons learned from the first year of this program will lead to better understanding of the regulations, requirements and specifications of Meaningful Use and related standards and certification programs, and help participants develop the capabilities necessary for delivery system reforms.

The Task Force believes that continued full funding for Meaningful Use is a significant and necessary commitment to a more highly functioning health care system that can improve health care quality, achieve better outcomes for the patient, and reduce costs.

Looking Ahead

Looking ahead, health IT tools beyond the current scope of Meaningful Use will be necessary to create, use and maintain the “data-rich” environments necessary to fully support new delivery system reforms. For example, new data-sharing models that effectively manage privacy and security – and are supported by analytical tools – should enable providers and patients to access and query actionable information derived from data from across disparate systems. This could include information from hospitals, clinics and physician offices in which care is delivered, as well as from pharmacies, laboratories, radiology centers, health plans, and patients themselves. This information supports clinical and value-based decision-making as well as management and improvement of the overall cost and quality of care.

New models of care will enable more optimal use of health care resources. They will allow people to receive many health services at home or through mobile platforms. Increasingly, medical knowledge will be embedded in clinical decision support and shared decision-making applications. These innovations will require that health information be available in the right place at the right time, and that privacy and security are effectively managed.

Payment reforms that more accurately align financial incentives with effective models of delivery and performance, as well as policies that build trust in the use of electronic health information, will spur further innovation and development of health IT and data-sharing capabilities needed for improved health, improved care and reduced costs.

The Task Force's Work Going Forward

The Task Force has identified current gaps in the health IT and data-sharing capabilities needed for new models of care delivery, as well as the barriers to their adoption. In its final report, the Task Force expects to make recommendations addressing these gaps and barriers, including:

1. How to align incentives to support data-sharing across settings, which is necessary for the creation of the data-rich environments needed for new models of care;
2. How to leverage health IT to engage patients with access to information, tools and more effective communication with their clinicians and care teams;
3. How to increase public trust in the privacy and security of electronic health information; and
4. How to support and expand EHR adoption and Meaningful Use among small physician practices and hospitals.