



Making decisions for 2011 and beyond

Provider organizations should plan not only for immediate requirements, but also in anticipation of continued industry changes.

By Jeffrey Jacques, M.D.

Health information technology (HIT) has been ranked the top issue facing health provider organizations in 2011, based on a survey by PricewaterhouseCoopers. It's no wonder. The American Recovery and Reinvestment Act (ARRA) of 2009 mandates that provider organizations adopt technology that meets federal requirements as early as 2011 or face penalties. But changes in Congress and ongoing contention around healthcare reform have left the fate of these mandates – and the new business models they enable – in flux and provider organizations at a crossroads. In this uncertain climate, it is important that provider organizations plan not only for immediate requirements, but also in anticipation of continued industry changes, while still ensuring that the technology ultimately helps provide better quality care to patients.

Meeting short-term HIT requirements

While current guidelines require provider organizations to make immediate changes and adopt HIT, they also open the door for organizations to build IT foundations that will maximize success and improve quality of care in the long run. Many believe that the first step is to select the right HIT vendor and technology. While

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this is key, organizations should consider two strategies: involving patients in the planning process and taking an accountable care organization (ACO) readiness assessment test.

Patient involvement has become a vital element for healthcare organizations as the industry has started shifting toward increasing patients' engagement in managing their health. As a result, organizations that are able to successfully engage, educate and motivate patients will be the most successful; therefore, new technologies should have patient components, such as patient portals. Involving patients in the planning process is an important way to help ensure these components

are user friendly, appealing and appropriate. The best way to involve patients in the planning process will depend upon the specific organization. A couple ideas to consider include inviting several patients to join a decision-making board that is already in place, convening an independent patient advisory board or soft-sounding ideas with small patient focus groups.

Organizations that might become part of an ACO down the road should consider taking an ACO readiness assessment test. The test enables organizations to identify the steps necessary to becoming an ACO, which can help guide short-term decisions for this year.

When an organization is ready to pick an HIT vendor to work with and technology solutions to invest in this year, it should keep in mind upcoming requirements for "meaningful use," which allow it to qualify for government funds. The meaningful-use requirement is being rolled out over three stages:

- **Stage 1 (2011)** requires the IT infrastructure to capture and share data (e.g., enable lab results delivery).
- **Stage 2 (2013)** requires stepped-up information exchange, aggregating and applying data (e.g., enable registry/public health reporting).
- **Step 3 (2015)** requires a shift towards relatively routine and regular data exchange, including clinical management and performance improvement (e.g., access of comprehensive data).

Beyond immediate requirements, organizations should keep in mind several critical issues that will ensure their IT structures have the flexibility to rapidly meet future federal requirements and support improved healthcare – including improved patient care, decreased costs and increased efficiency.

- **Data standardization:** The technology systems set up this year should capture data in a standardized format, so that as requirements and information change, organizations can be agile and easily add or adjust the system in a timely manner.

- **Care coordination and management:** Technology solutions should promote patient care coordination and management at point of care. As an organization's data is standardized, tools should be in place to share this information across the care team, including with nurses, doctors, patients and others.
- **Clinical decision support (CDS) integration:** CDS is an essential part of an organization's IT structure today. When integrated with an electronic medical record (EMR) system or a health information exchange (HIE), it can compile data from across all available sources, analyze it against evidence-based medicine and deliver actionable alerts that help drive clinical and economic efficiency, as well as improve quality of care. Setting up the right CDS tools is an important step in qualifying for meaningful-use requirements, but also in supporting new economic models of care, like an ACO. A few things to consider when selecting CDS technology include:
 1. **EMR/HIE interoperability**, with the ability to wrap around any industry-standard EMR or be connected to any HIE;
 2. **Broad rule set**, with medical evidence-based rules that cover a range of diseases and conditions;
 3. **Real-time analytics**, which can help determine what treatment options are most appropriate based on a patient's history; and
 4. **High clinical accuracy**, when compared to information in patients' charts.

–building an organizational structure that promotes collaboration by all healthcare players (payers, providers, patients and other healthcare organizations) to improve the care experience, reduce costs and ultimately save lives. Whether or not an organization becomes an ACO, a more collaborative model has been shown to significantly improve care.

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Setting up the right HIT infrastructure can significantly help provider organizations improve patient care and outcomes, while reducing costs and increasing efficiency. Regardless of the reasons organizations are investing in new technology solutions, it is important that they embark on this journey with the overarching goal of improving their own IT infrastructure and how they fit into the evolving healthcare model, ultimately helping to improve patient health and the care experience.

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The changing business model:

A move towards collaborative care

Current IT requirements support and point to a shift toward collaborative and more coordinated patient care. Further, starting as early as 2012, government incentives will specifically encourage one organization model by giving health plans, doctors and hospitals more reason to build or become part of an ACO within the context of Medicare. And a recent advisory board survey found that 73 percent of hospital finance executives said that creating such an organization was a vital investment priority for their health system.

Everyone seems to have a different opinion about how to define an ACO. Essentially, this new business model will be structured to bring together doctor groups, specialists and healthcare facilities to create a more personalized, connected and accountable way to provide healthcare. In this model, organizations will be collectively rewarded based on the health of their population. This represents quite a change from the current healthcare model that is structured more around episodic care.

As organizations consider becoming an ACO down the line, it is important to keep the focus on patients

Check list of important questions to consider when selecting a technology system:

1. Does it meet federal security standards?
2. Will it be easy to implement/does it work with existing IT infrastructure?
3. Will the new IT infrastructure collect and share data in a standard format?
4. Will the new IT infrastructure promote care coordination and management at point of care?
5. Does the vendor have a dedicated team to update its CDS library?