

CCTWG

Collaborative Care Technology Working Group

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CCTWG

■ Background:

- U.S. is first in health care expenditures per capita and 25th-35th in WHO measures of quality and outcomes
- Substantial proportion of US population cannot obtain affordable health care insurance and premiums increasing at double-digit rates
- Access to primary care increasingly problematic (50% without a PCP), and new graduates shunning the field
- Yet, where primary care is available, costs are significantly lower, health outcomes are significantly better, and disparities in care are fewer

Federal Health Care Reform Strategy

- **Rationale:** Fix all elements simultaneously because all elements interconnected
- **Priorities:**
 - **Health insurance** - cover the uninsured and make insurance more affordable
 - **Primary care** - practice transformation and workforce enhancement
 - **Delivery System** – from silos to integration
 - **Payment** - from volume to value

Focus of Seminar

- Deep dive into the targets, challenges, technologic solutions, and partnerships for the revitalization and transformation of primary care practice with a focus on:
 - Care coordination (both internally and externally)
 - Team collaboration
 - Patient participation and customization of care
 - Decision support
 - Monitoring
 - Enabling and supporting fundamental payment reform

Appetizer Presentation

- Part 1 –Key component of the new health care law relevant to CCTWG agenda
- Part 2 – Review of “meaningful-use” criteria for federal HIT initiative

Center for Medicare and Medicaid Innovation (CMI)*

- **Purpose, Preference, Timeline:**
 - To **test innovative payment and service delivery models** to reduce program expenditures while preserving or enhancing the quality of care furnished to applicable individuals
 - Preference to be give to models that also **improve the coordination, quality, and efficiency** of health care services furnished to applicable individuals
 - **Implementation by Jan 1, 2011**

*From H.R. 3590 Patient Protection and Affordable Care Act (PPACA)

Selection Criteria

- **Principal Criterion:**
 - Model has evidence showing it **addresses** a **defined population** for which there are **deficits in care** leading to **poor clinical outcomes** or potentially **avoidable expenditures**

Additional Criteria

- Whether the model includes a regular process for **monitoring and updating patient care plans** in a manner that is consistent with the needs and preferences of applicable individuals.
- Whether the model places the **patient and family members at the center** of the care team
- Whether the model provides for **in-person contact** with applicable individuals.

Criteria (cont'd)

- Whether the model **utilizes technology**, such as electronic health records and patient-based remote monitoring systems, to coordinate care over time and across settings.
- Whether the model provides for the **maintenance of a close relationship** between care coordinators, primary care practitioners, specialist physicians, community-based organizations, and other providers of services and suppliers.

Criteria (Cont'd)

- Whether the model relies on a **team-based** approach to interventions, such as comprehensive care assessments, care planning, and self-management coaching.
- Whether, under the model, providers of services and suppliers are able to **share information** with patients, caregivers, and other providers of services and suppliers on a **real time basis**.

Examples of Reform Models Meeting Criteria

- Promoting broad **payment and practice reform in primary care**, including patient-centered medical home models for high-need applicable individuals, medical homes that address women's unique health care needs, and models that transition primary care practices away from fee-for-service based reimbursement and toward comprehensive payment or salary-based payment.
- **Contracting directly with groups of providers of services and suppliers** to promote innovative care delivery models, such as through **risk-based comprehensive payment or salary-based payment**

Models (cont'd)

- Utilizing **geriatric assessments** and comprehensive care plans to coordinate the care (including through interdisciplinary teams) of applicable individuals with multiple chronic conditions
- Promoting **care coordination** between providers of services and suppliers that transition health care providers away from fee-for-service based reimbursement and toward salary-based payment

Models (cont'd)

- Supporting **care coordination for chronically ill** individuals at high risk of hospitalization through a health information technology-enabled provider network that includes care coordinators, a **chronic disease registry**, and **home telehealth technology**.
- Varying payment to physicians who order **advanced diagnostic imaging** services according to the physician's adherence to **appropriateness criteria** for the ordering of such services

Models (cont'd)

- Utilizing **medication therapy management** services
- Establishing **community-based health teams** to support small-practice medical homes by assisting the primary care practitioner in chronic care management, including patient self-management activities.
- Assisting applicable individuals in making informed health care choices by paying providers of services and suppliers for using **patient decision-support tools**

Models (cont'd)

- Fully **integrating care for dual-eligible** individuals in states, including management and oversight of all funds
- Allowing **all-payer payment reform** for the medical care of residents of states, including dual-eligible individuals.
- **Aligning payment incentives** with nationally recognized, evidence-based guidelines of cancer care

Models (cont'd)

- Improving post-acute care through **continuing care hospitals** that offer inpatient rehabilitation, long-term care hospitals, and home health or skilled nursing care
- Funding **home health providers** who offer chronic care management services to applicable individuals in cooperation with interdisciplinary teams.
- Developing a **collaborative** of high-quality, low-cost health care **institutions** that is responsible for--

Models (cont'd)

- Collaborative (cont'd)
 - developing, documenting, and disseminating **best practices and proven care methods**;
 - **implementing** such best practices and proven care methods within such institutions to demonstrate further improvements in quality and efficiency; and
 - **assisting** other health care institutions on how best to employ such best practices

Models (cont'd)

- Facilitate **inpatient care**, including intensive care, of hospitalized applicable individuals at their local hospital through the **use of electronic monitoring** by specialists, including intensivists and critical care specialists, based at integrated health systems.
- Promoting **direct access to outpatient services** (such as outpatient physical therapy services) through models that do not require a physician or other health professional to refer the service

Models (cont'd)

- Establishing comprehensive payments to **Healthcare Innovation Zones**, consisting of groups of providers that include a teaching hospital, physicians, and other clinical entities, that, through their structure, operations, and joint-activity deliver a full spectrum of integrated and comprehensive health care services to applicable individuals while also incorporating innovative methods for the clinical training of future health care professionals.

Other Elements

- **Budget Neutrality** – Not Required
- **Termination or Modification-** The Secretary shall terminate or modify the design and implementation of a model unless the model is expected to—
 - improve the quality of care without increasing spending
 - reduce spending without reducing the quality of care; or
 - improve the quality of care and reduce spending.
 - Such termination may occur at any time after such testing has begun and before completion of the testing.

Other Elements (cont'd)

■ Evaluation

- The Secretary shall conduct an evaluation of each model tested under this subsection. Such evaluation shall include an analysis of:
 - the quality of care furnished under the model, including the measurement of patient-level outcomes and patient-centeredness criteria determined appropriate by the Secretary; and
 - the changes in spending under the applicable titles by reason of the model.

Other Elements (cont'd)

- **Expansion:**

- Duration and scope to the extent determined appropriate by the Secretary, if:
 - the Secretary determines that such expansion is expected to reduce spending without reducing the quality of care or improve the quality of care and reduce spending; and
 - the Chief Actuary of the Centers for Medicare & Medicaid Services certifies that such expansion would reduce program spending

Funding

- \$5,000,000 for the design, implementation, and evaluation of models under subsection (b) for fiscal year 2010;
- \$10,000,000,000 for the activities initiated under this section for the period of fiscal years 2011 through 2019; and
- \$10,000,000,000 for the activities initiated under this section for each subsequent 10-year fiscal period (beginning with the 10-year fiscal period beginning with fiscal year 2020).
- not less than \$25,000,000 shall be made available each such fiscal year to design, implement, and evaluate models

Federal Health Information Technology Initiative

- **The Health Information Technology for Economic and Clinical Health (HITECH) Act**
 - Includes:
 - State Health Information Exchange Cooperative Agreement Program
 - Health Information Technology Extension Program Strategic Health IT Advanced Research Projects (SHARP) Program
 - Incentive payment made to eligible professionals (EPs) who demonstrate “meaningful use”

Incentive Payment Program

- Incentive payment 75% of Medicare allowable charges for covered services by the EP in a year, subject to a max. payment in the 1st, 2nd, 3rd, 4th, 5th years of \$15k; \$12k; \$8k; \$4k; and \$2k, respectively.
- For early adopters whose first payment year is 2011 or 2012, the maximum payment is \$18,000 in 1st year.
- No payments for meaningful EHR use after 2016.
- No payments to EPs who first become meaningful EHR users in 2015 or thereafter.
- For Eps in a health professional shortage area (HPSA), incentive payments would be increased by 10 percent

“Meaningful Use”

- Criteria-based
- Focus is on federal health outcome priorities
- Meaningful-use criteria recently announced

Improving Quality, Safety, Efficiency, and Reducing Health Disparities

Focus: CPOE, problem lists, drug allergy/interaction checks, decision support at point of care, outreach to patients who need care, quality reporting

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improving quality, safety, efficiency, and reducing health disparities.	Provide access to comprehensive patient health data for patient's health care team.	Use CPOE	Use of CPOE for orders (any type) directly entered by authorizing provider (for example, MD, DO, RN, PA, NP).	For EPs, CPOE is used for at least 80% of all orders. For eligible hospitals, CPOE is used for 10% of all orders.
	Use evidence-based order sets and CPOE.	Implement drug-drug, drug-allergy, drug-formulary checks.	Implement drug-drug, drug-allergy, drug-formulary checks.	The EP/eligible hospital has enabled this functionality.
	Apply clinical decision support at the point of care. Generate lists of patients who need care and use them to reach out to patients.	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®.	Maintain an up-to-date problem list of current and active diagnoses based on ICD-9-CM or SNOMED CT®.	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry or an indication of none recorded as structured data.

Improving Quality, Safety, Efficiency, and Reducing Health Disparities (cont'd)

- **Focus:** e prescribing, active medication lists

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
	Report information for quality improvement and public reporting.	Generate and transmit permissible prescriptions electronically (eRx). Maintain active medication list. Maintain active medication list.	At least 75% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology. At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have at least one entry (or an indication of “none” if the patient is not currently prescribed any medication) recorded as structured data.

Improving Quality, Safety, Efficiency, and Reducing Health Disparities (cont'd)

- **Focus:** recording demographics, insurance, gender, race, ethnicity, birth date, preferred language

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		Record demographics .. <ul style="list-style-type: none"> ○ preferred language ○ insurance type ○ gender ○ race ○ ethnicity ○ date of birth 	Record demographics .. <ul style="list-style-type: none"> ○ preferred language ○ insurance type ○ gender ○ race ○ ethnicity ○ date of birth ○ date and cause of death in the event of mortality 	At least 80% of all unique patients seen by the EP or admitted to the eligible hospital have demographics recorded as structured data.

Improving Quality, Safety, Efficiency, and Reducing Health Disparities (cont'd)

- **Focus:** recording vital signs including body mass index

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE—Continued

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		Record and chart changes in vital signs: <ul style="list-style-type: none"> ○ height ○ weight ○ blood pressure ○ Calculate and display: BMI. ○ Plot and display growth charts for children 2–20 years, including BMI. 	Record and chart changes in vital signs: <ul style="list-style-type: none"> ○ height ○ weight ○ blood pressure ○ Calculate and display: BMI. ○ Plot and display growth charts for children 2–20 years, including BMI. 	For at least 80% of all unique patients age 2 and over seen by the EP or admitted to eligible hospital, record blood pressure and BMI; additionally plot growth chart for children age 2–20.

Improving Quality, Safety, Efficiency, and Reducing Health Disparities (cont'd)

- **Focus:** smoking status, lab test results, patient registries, report ambulatory quality measures

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		Record smoking status for patients 13 years old or older.	Record smoking status for patients 13 years old or older.	At least 80% of all unique patients 13 years old or older seen by the EP or admitted to the eligible hospital have “smoking status” recorded.
		Incorporate clinical lab-test results into EHR as structured data.	Incorporate clinical lab-test results into EHR as structured data.	At least 50% of all clinical lab tests ordered whose results are in a positive/negative or numerical format are incorporated in certified EHR technology as structured data.
		Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach.	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, and outreach.	Generate at least one report listing patients of the EP or eligible hospital with a specific condition.
		Report ambulatory quality measures to CMS or the States.	Report hospital quality measures to CMS or the States.	For 2011, provide aggregate numerator and denominator through attestation as discussed in section II(A)(3) of this proposed rule. For 2012, electronically submit the measures as discussed in section II(A)(3) of this proposed rule.

Improving Quality, Safety, Efficiency, and Reducing Health Disparities (cont'd)

- **Focus:** patient reminders, decision support rules, checking insurance eligibility

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		<p>Send reminders to patients per patient preference for preventive/follow up care.</p> <p>Implement 5 clinical decision support rules relevant to specialty or high clinical priority, including diagnostic test ordering, along with the ability to track compliance with those rules.</p> <p>Check insurance eligibility electronically from public and private payers.</p>	<p>.....</p> <p>Implement 5 clinical decision support rules related to a high priority hospital condition, including diagnostic test ordering, along with the ability to track compliance with those rules.</p> <p>Check insurance eligibility electronically from public and private payers.</p>	<p>Reminder sent to at least 50% of all unique patients seen by the EP that are age 50 or over.</p> <p>Implement 5 clinical decision support rules relevant to the clinical quality metrics the EP/Eligible Hospital is responsible for as described further in section II(A)(3).</p> <p>Insurance eligibility checked electronically for at least 80% of all unique patients seen by the EP or admitted to the eligible hospital.</p>

Engagement of Patients and Families

- **Focus:** electronic access to data, knowledge, and tools

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Engage patients and families in their health care.	Provide patients and families with timely access to data, knowledge, and tools to make informed decisions and to manage their health.	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies), upon request.	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, allergies, discharge summary, procedures), upon request.	At least 80% of all patients who request an electronic copy of their health information are provided it within 48 hours.

Patients and Families (cont'd)

- **Focus:** time-based access to updated problem list, meds, allergies, results after encounter

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE—Continued

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		<p>Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the EP.</p> <p>Provide clinical summaries for patients for each office visit.</p>	<p>Provide patients with an electronic copy of their discharge instructions and procedures at time of discharge, upon request.</p> <p>.....</p> <p>.....</p>	<p>At least 80% of all patients who are discharged from an eligible hospital and who request an electronic copy of their discharge instructions and procedures are provided it.</p> <p>At least 10% of all unique patients seen by the EP are provided timely electronic access to their health information.</p> <p>Clinical summaries are provided for at least 80% of all office visits.</p>

Improve Care Coordination

- **Focus:** key clinical information exchange among providers

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improve care coordination.	Exchange meaningful clinical information among professional health care team.	Capability to exchange key clinical information (for example, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Capability to exchange key clinical information (for example, discharge summary, procedures, problem list, medication list, allergies, diagnostic test results), among providers of care and patient authorized entities electronically.	Performed at least one test of certified EHR technology's capacity to electronically exchange key clinical information.

Improve Care Coordination (cont'd)

- **Focus:** medication reconciliation at transitions of care

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		Perform medication reconciliation at relevant encounters and each transition of care. Provide summary care record for each transition of care and referral.	Perform medication reconciliation at relevant encounters and each transition of care. Provide summary care record for each transition of care and referral.	Perform medication reconciliation for at least 80% of relevant encounters and transitions of care. Provide summary of care record for at least 80% of transitions of care and referrals.

Improve Population and Public Health

- **Focus:** communication with public health agencies; immunizations reportable lab results

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Improve population and public health.	Communicate with public health agencies.	Capability to submit electronic data to immunization registries and actual submission where required and accepted.	<p>Capability to submit electronic data to immunization registries and actual submission where required and accepted.</p> <p>Capability to provide electronic submission of reportable lab results (as required by state or local law) to public health agencies and actual submission where it can be received.</p>	<p>Performed at least one test of certified EHR technology's capacity to submit electronic data to immunization registries.</p> <p>Performed at least one test of the EHR system's capacity to provide electronic submission of reportable lab results to public health agencies (unless none of the public health agencies to which eligible hospital submits such information have the capacity to receive the information electronically).</p>

Improve Population and Public Health (cont'd)

- **Focus:** electronic surveillance of syndromic data to public health authorities

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
		Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Capability to provide electronic syndromic surveillance data to public health agencies and actual transmission according to applicable law and practice.	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies (unless none of the public health agencies to which an EP or eligible hospital submits such information have the capacity to receive the information electronically).

Privacy and Security

- **Focus:** certified EHR technology; security testing

TABLE 2—STAGE 1 CRITERIA FOR MEANINGFUL USE—Continued

Health outcomes policy priority	Care goals	Stage 1 objectives		Stage 1 measures
		Eligible professionals	Hospitals	
Ensure adequate privacy and security protections for personal health information.	<p>Ensure privacy and security protections for confidential information through operating policies, procedures, and technologies and compliance with applicable law.</p> <p>Provide transparency of data sharing to patient.</p>	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Protect electronic health information created or maintained by the certified EHR technology through the implementation of appropriate technical capabilities.	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement security updates as necessary.

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- Thank you!