Improve Quality of Healthcare: Louisiana eHealth Initiative

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Healthvision Conference

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The Premise: Profession of Medicine

- We put our patients first
- We maintain a special body of knowledge
- We reserve to ourselves the right to evaluate our own quality   -B. James

- Physicians & providers as ***Quality Seekers***
  - Continually seeking to provide the best quality of care to their patients
  - Want to provide the right quality of care, for every person, every time.

Why are we not delivering the intended quality of care?

- **The Quality Gap/Chasm:**
  - The <u>science</u> of current western medicine is the best the world has ever seen; (and still improving rapidly)
  - While the performance and <u>quality</u> of American healthcare delivery leaves much to be desired.

    Chassin et al. JAMA 1998

- **The story of Mrs. C**
- **The American health care delivery system is in need of fundamental change**
  - "The current care systems **cannot** do the job."
  - "Trying harder will not work."
  - **"Changing the systems of care will."**

The Institute of Medicine's Committee on Quality
Health Care in America

Institute of Medicine (IOM): The Quality Movement

- Roundtable on Quality (1994)
  - Quality of care as a serious problem
- To Err is Human (2000)
  - Patient safety is a serious problem;
  - 44k-98k die from medical errors
- Crossing the Quality Chasm (2001)
  - Care should be safe, efficient, effective, patient-centered, timely, equitable
  - Invest in IT, coordinate care, redesign care process
- Federal Government Leadership (2002)
- Patient safety and data standards: National Health Information Infrastructure (NHII)
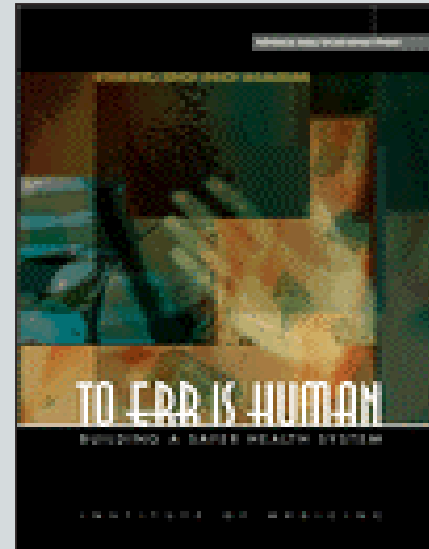
IOM IT Reports: Key to Transformational Change

- Key capabilities of an Electronic Health Record. Letter to Dr. Clancy (2003)
- Patient Safety: Achieving a New Standard for Care. *Committee on Data Standards for Patient Safety* (2004)
  - Patients expect and deserve safe care.
  - Information and data systems are needed.
  - Health care organization should establish:
    - Safety system that provide immediate access and complete patient information and decision support tools for clinicians

Office of National Coordinator for Health Information Technology

- Dr. Brailer, appointed by Pres. Bush 2004
- Views health IT: cost-effective Tx
- Put forth health IT as national agenda
  - State of Union address 2004, 2005
  - Electronic health records for American in 10 years
- National strategic framework goals:
  - Inform clinical practice
  - Interconnect clinicians
  - Personalize care
  - Improve population health

The business case for electronic health record (EHR)

- Technology has caught up & can be integrated in clinical work
- The question is no longer why for EHR, but how to implement and how fast
- Most importantly, the business case for providers to invest in EHR system
- Healthcare as an industry, spends much resources on managing information, but not utilizing technology for information

Healthcare in Louisiana

- Coverage
  - 1 Million Insured
  - 1 Million Employer self-insured
  - 1.45 Million by CMS
    - .65 Million Medicare
    - .8 Million Medicaid
  - .8 Million Uninsured
- Finance crisis- 2005 faces $400 M deficit
- Needs serious reform

Louisiana Health Care Summit

- Findings:
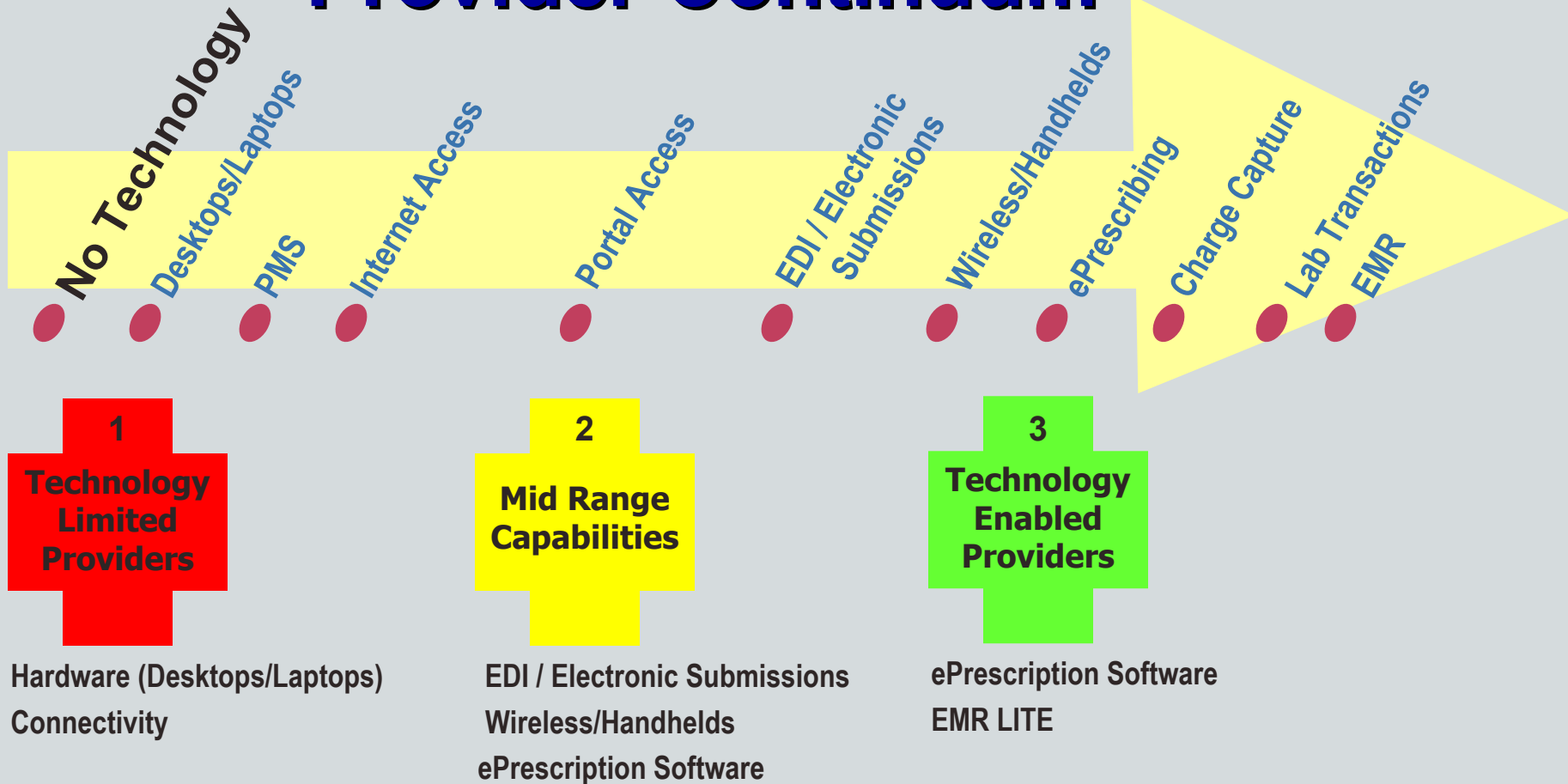 - Healthcare expenditure in LA is high
  - Healthcare quality in LA needs much improvement
- Recommendations:
  - Work smarter and more efficient
  - Utilizing standards in IT and IS for data collection
  - Increase communications among providers
  - **<u>Measure and improve quality of care</u>**
- The good news: many QI initiatives have begun and resulted (PPV, heart care, diabetes)
- This can be systematically improved by using health IT and esp. EMR/e-prescribing

Provider Technology Enablement Initiatives

Provider Continuum

No Technology

Desktops/Laptops

PMS

Internet Access

Portal Access

EDI / Electronic Submissions

Wireless/Handhelds

ePrescribing

Charge Capture

Lab Transactions

EMR

1

Technology Limited Providers

2

Mid Range Capabilities

3

Technology Enabled Providers

Hardware (Desktops/Laptops)

Connectivity

EDI / Electronic Submissions

Wireless/Handhelds

ePrescription Software

ePrescription Software

EMR LITE

Stakeholder Value: e-prescribing

Pharmacy	Patients	Physicians	Payers

Pharmacy

- Decrease in calls into and out of the pharmacy and manual work around processes to:
  - Verify prescription
  - Request change

- Reduces administrative, non-clinical work of pharmacists
  - 1/5 of pharmacist time spent on administrative insurance issues

- Eliminate need for handwriting interpretation

Patients

- Patient Safety; IOM report

  - Estimated that 50% of ER visits due to medication errors

  - Medical errors as the 7th leading cause of death

- Quality of Care

- Optimal benefit use and improved knowledge

- Decrease in hassle factor

Physicians

- Reduce office administrative costs and burdens related to pharmacy calls.

- Improve patient satisfaction- surveys have found that patients approve of their physicians using POC devices

- Access to patient medication history; written and filled

- Access to decision support information and tools
  - DUE
  - Guidelines
  - Reference

- Ability to identify and enroll patients into clinical trials

Payers

- Ability to improve program compliance without reducing patient and physician satisfaction

- Potential to offset downstream medical expenses from medication errors

- Decrease pharmacy administrative and targeted program costs

- Enhance network physician relationships

Capgemini 2004

SCR 46 & eRx Projects in LA

- LA Senate: DHH to assess study eRx in LA
- LSU Internal Medicine Residency program
  - EKL hospital in Baton Rouge; PDAs to e-prescribe
    - With direct linkage to outpatient pharmacy
    - Patient demographic info from registration
    - Interface with pharmacy IS
  - Improve Rx errors, med. Errors, etc.
  - Pilot for 1 year; approved by LA Board of Pharmacy
- Partners: Medicare QIO, BCBSLA, DHH, Medicaid, Unisys
- LA Board of Pharmacy: revised regulations 2/05
  - Approved eRx: SureScripts, ProxyMed, SafeMed…

Federal HIT funding: Agency for Health Research and Quality (AHRQ)

- Transforming Healthcare Quality through Information Technology (THQIT) grants
  - Louisiana received 3 planning grants:
    - Maternal database by Women's hospital
    - By-Net database PATH EMR
    - Cardiovascular database in disparity
  - 1 large implementation grant: Louisiana Rural Health Information Technology Collaborative
    - **EMR in 10 small rural health hospital ERs**
- Collaborators: LHCR, LHA, LRHA, DHH, CAHs
- $1.4M matching; LHCR serve as CMIO, evaluator

HRSA HCAP: Baton Rouge Area Health Consortium

- Health Resources & Service Administration (HRSA) Healthy Community Access Program (HCAP) awarded to BR Health Consortium

- LSUHSC EKL as the FI/PI; DHH coordination

- A large component of this grant to uninsured and underinsured will be focusing on using health IT and system for communication and connectivity in ER using EMR.

Department of Health and Hospitals: Office of Public Health

- OPH: Public Health Information Network
- LA PHIN infrastructure; Oracle
  - LA Trauma Network
  - Homeland Security/Bioterrorism
  - Many other public-private partnership initiatives

LSU/OLOL: NSF grant for EMR Adoption

- *Overcoming Barriers to Integrated IS and IT Adoption by Healthcare Professionals: Diagnosis, Prescriptions, Prognosis*
- Purpose: to study and understand the barriers for IT adoption of healthcare
- $900k/ 3 years

LSUHSC IT Infrastructure and HIT Directives

- IT Division of LSUHSC (schools) and HCSD (public charity hospitals)
- Centralized and decentralized
- 200 IT staffs: 500 servers, 12k users
- HIPPA initiatives
- Siemens Medical System (SMS)
  - PACS, Radiology, Order Entry
- Clinical Inquiry CLIQ application
- Also other planned initiatives: CMS, VA VistA

PATH (Partnership for Access to Healthcare)

- Sponsored by Catholic Charity, Louisiana Public Health Institute, with HRSA fund
- Used by charity clinics, MCLNO, ByNet
- ByNet received additional AHRQ funding to expand
- Uses CLIQ as infrastructure

LA Hospitals & various IDS

- Ochsner Clinic Foundation & Hospital
- Our Lady of Lake Medical Center
- Willis Knighton Hospitals
- East Jefferson General Hospital
- Christus Hospital Systems
- Many more…

Medicare Modernization Act

- **Health IT Provisions**
  - DOQIT & Pay for Performance demos (649)
  - In conjunction with BIPA Group practice demo
  - Electronic Prescription Program
  - Telemedicine Demonstrations Projects
  - Medicare Care Management Performance Demonstration
  - Council for Technology and Innovation
  - Commission on Systemic Interoperability

Centers for Medicare & Medicaid Services (CMS)

- Through the Medicare Quality Improvement Organizations (QIO) program
- Doctors Office Quality with IT (DOQIT) programs:
  - Facilitate the adoption of electronic health records (EHR) in small primary care physician offices
  - Ensure that practices are using EHRs and Information Technology (IT) to the fullest capability and to improve office efficiency
  - Use clinical data reports for improved practice performance and patient outcomes

CMS DOQIT: Benefits of Participation

- Analysis of practice processes
- Recommendations for improved office efficiencies
- Assistance with EHR vendor selection
- Assistance with EHR implementation
- Improved chronic care and preventive clinical outcomes
- Increased patient safety

CMS -Doctors Office Quality IT

- Improving quality in clinical areas:
  - Diabetes Management
  - Breast Health
  - Adult Immunization
  - Depression
  - Coronary Artery Disease
  - Heart Failure
  - Hypertension

- National sponsors & partners:
  - American Academy of Family Physicians
  - American College of Physicians
  - American Medical Association
  - NCQA/ Bridges to excellence
  - Leapfrog group

LHCR as the Medicare QIO: strategic position on LA HIT

- Convener for HIT discussion
- EMR in physician offices
- Facilitate Regional Health Information Organizations (RHIO)
- Potential projects with other payers
  - ePrescribing (eRx project): Medicaid; LAHP
  - Disease management: Medicaid

LA eHealth Conference

- Stakeholders: DHH, LHCR, LPHI, BCBSLA…
- Date: March 10th 2005
- Location: Cajundome, Lafayette
- Keynote: Carolyn Clancy MD, AHRQ
- Other speakers: 15 local LA HIT initiatives
- What's next: DHH/LHCR with eHI Strategic Framework of Louisiana in HIT

LA eHealth Initiatives

- Background
  - Initial collaborators from eHealth conference
  - A group of volunteers, unincorporated, non-for-profited groups
- Mission
  - To promoting the use of healthcare information technology to improve healthcare in Louisiana

LA eHealth Initiatives- Vision

- "If I go to see my physicians, they will have all the information needed right there. I won't have to fill out any more forms, labs won't be repeated, and physician will know if I've been to another physician/hospital, and what medicines I'm taking."

- "If I'm taken to an ER, the nurses & doctors will be able to find out all the information they need to take care of me immediately"

- "I have my own personal health records, that I can keep in my PC or printed. It has all my medical history, medication list, the doctors who take care of me, and education about my conditions."

Healthcare in Louisiana that is safe, effective, high quality, efficient, and information-rich environment, that meets the needs of consumers, patients and providers.

The need of health IT exchange

- Lack of flow in healthcare IT:
  - Access to info: 30% of time, physicians can't find the info in previous paper chart
  - Duplicate testing: drugs or tests ordered 11% of time, with patients complying 50% of time
  - Incomplete info: MDs not aware 1 of 4 Rx that a patient had been given
  - Uncertainty & repeat: 1 of 5 labs were ordered because of retrieval barriers

- Interoperability/connectivity: the crucial key!
  - Healthcare information exchange and interoperability (HIEI)
  - EMR adoptions is great, but we must be able to connect and communicate (not EMR silos)
  - Regional Health Information Organizations (RHIO)
  - Standards, standards, standards…

So where are we in Louisiana?

- 2004-2005
  - Capturing essential patient data
  - Initial pilots and various local HIT projects
  - Limited decision support and reporting
  - Limited exchange
- 2007
  - Exchanging information among providers
  - Begin exchange among providers & patients
- 2010
  - Full integration of exchange and decision support

Louisiana HIT Policy Summit

- Joint public private partnerships
  - DHH and LHCR (Medicare QIO)
- Interview 40-50 key stakeholders
- Meetings in July and September
- Strategic Framework to align with LA Health Care Reform

Leadership: urgency & courage to take on the challenge in HIT

- The stars are aligning… the need is very "loud"
- Ensure patient good care- Louisiana is not last
- Must step-up as clinical champions- role of providers, labp
- Create the environment for providers- KISS
  - The right care, the first time, and every time
- The strong excitement by leaders to start; and the good news: work has begun…
  - Collaboration has begun to form
    - DHH; Medicare QIO; BCBS of LA
  - Many other EMR projects throughout LA via LA eHI

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