Accountable Care Organizations – Health Information Technology (HIT)

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ACOs and HIT

- HIT is the backbone for ACOs
- What do ACOs need in terms of HIT? – share data, use data
  - electronic health records
  - data management
  - personal health records
  - health information exchange
- What is the role of Meaningful Use compliance?
- Where is the patient in all of this?
Electronic Health Records – Necessary Functionality

- Stores patient data
- Supports transactions
  - e-Prescribing
  - referrals
  - computerized order entry
- Manage patients
  - What patients is the ACO accountable for?
  - Master patient index for ACO providers
  - Registry capabilities
    - tracking care provided to patients
    - assessing appropriate management of care
  - Communication tools to support team approach to care
    - notifications
    - messaging
Data Management

- Capture and report data
  - care quality
  - efficiency
  - to determine if performance goals are being met
- Assess cost of care in alternative settings
- Identify high risk patients
- Secondary uses of data
Personal Health Records

- Patient management of their own/or a parent’s care
- Access EHRs
- Understand care being rendered
- Access to consumer aids and information
- Self-directed disease management programs
- Communicating with providers
- Managing interactions with providers
- Furnishing information to providers
Health Information Exchange

- According to PwC survey: HIE participation is a preface to ACO participation*
- More than 50% of the NCQA ACO Measurers are also meaningful use measures

HIE Functionality
- Connectivity of disparate clinical systems
- Interoperability of clinical information
- Patient-centeredness

* Designing the Health IT Backbone for ACOs, Pricewaterhouse Coopers, 2010
Health Information Exchange – 2

- Open HIE Organizations (e.g., Regional Health Information Organizations)
  - Focused on
    - a geography
    - a patient population
    - a disease state
  - Multi-provider Regional HIE Organizations by their nature
    - different technologies
    - different standards for data sharing, credentialing, consent
    - politics of data – e.g. secondary uses
Health Information Exchange – 3

- Private HIE Organizations
  - Among a system of providers
  - Interoperability is embedded
  - Enables exclusivity
  - ACOs will gravitate to private systems for
    - efficiencies
    - proprietary systems of care
    - differentiation of services
  - Shared EHR model simplifies implementation and operations
  - According to PwC survey, currently operating ACOs all rely on private HIE Organizations
Health Information Exchange – 4

- **Provider to provider**
  - Continuing care record
  - Specific records
    - labs
    - imaging
  - Referrals
  - Care management
  - Messaging

- **ACO to Provider**
  - Patient assignment
  - Patient tracking
  - Messaging

- **Provider to ACO**
  - Tracking care
  - Monitoring quality, efficiency
Will HIEs be there when ACOs need them?

- Most HIE Organizations are funded with governmental grants
  - State programs (e.g., New York, Rhode Island)
  - Federal Cooperative Agreement Program – About $580 million for states to figure it out
- Sustainability has always been the elephant in the room
- Will ACO organizers step up to the plate and fund the infrastructure and operations of HIE Organizations to enable their ACOs to thrive?
- Will ACOs turn inward and focus on Private HIE?
- HIEs need to incorporate ACO support in their business plans now
The concept of “targeted interoperability”

- High levels of interoperability required for
  - mission-critical access to information
  - information push
  - between providers who share patients and accountability
- Inventory key data that has to be exchanged
- Develop standards for the exchange
  - federal standards
  - special, individualized standards
- Identify when more than merely sharing data is required – i.e., when shared processes are necessary to support the data flow
  - patient education
  - case management
  - shared facilities
- Will targeted interoperability close networks and become a barrier to expansion, collaboration?
How Do Providers Get in the Game?

- **Meaningful Use**
  - Mandated by HITECH
  - Three phases of implementation
  - Three Stages from 2011 through 2016 – proposed by ONC Health IT Policy Committee (HITPC)
  - **Carrots**: $44,000 - $61,000 per physician
  - **Sticks**: Reduced reimbursement starting in 2015
    - 1% in 2015; 2% in 2016; and 3% in 2017
    - Additional penalties could reach 4% or even 5% if fewer than 75 percent of EPs nationwide have not adopted EMR/EHR solutions by 2018.

- **The goals/requirements of ACOs align with those of meaningful use**
Meaningful Use – 1

- Stage 1 – Capture and share data – 2011 – 25 Criteria (15 mandatory 5 of 10 optional) focusing on
  - Medication orders
  - Core clinical documentation
  - E-copies of information to patients
  - Quality and immunization reporting
  - Drug-drug, drug-allergy interactions
  - Drug formulary checks
  - Medication lists
  - Lab results
  - Patient reminders
  - E-Prescribing
Meaningful Use – 2

- **Stage 2: Advanced Care Processes with Decision Support – 2013**
  - Health summaries for continuity of care
  - Registry reporting and reporting to public health
  - Populate PHRs
  - CPOE for all order types
  - Evidence-based order sets
  - Clinic decision support at the point of care
  - Comprehensive EHR
  - Claims and eligibility checking
Meaningful Use – 3

- **Stage 3: Improved Outcomes – 2015**
  - Minimum levels of performance on quality, safety and efficiency measures
  - Clinical decision support for national high-priority conditions
  - Access comprehensive data from all available sources
  - Experience of care reporting
  - Medical device interoperability
  - Dynamic/ad hoc quality reports
  - Real-time surveillance
  - Multimedia support
  - Patients have access to self-management tools
  - Use of epidemiologic data
  - Clinical dashboards
  - Accounting to patients
How Does the Patient Fit In?

- According to HHS, it is “patient first”
- Care systems must be sensitive to patient and family concerns
- Payment programs should be oriented to health care “journeys” and not episodes
- ACOS need to intertwine data use with patient privacy and confidentiality
- NCAQ: “The organization has a policy that states its commitment to treating patients in a manner that respects their . . . privacy. . . . A method is provided to handle complaints and to maintain privacy of sensitive information.”
HIT Supporting Patient Rights

- HIT must enable protection of patients rights
  - provider – patient communication
  - authentication of those accessing information
  - patient consent to access to and use of personal health information
  - patient involvement in care management
  - patient access to his/her own information
Next Steps For HIT in ACO Development

- **Address HIE needs**
  - Define the ACOs targeted HIE needs
  - Identify the entities who are essential participants
  - Map out the technology solution
  - Design a governance structure to accomplish this

- **Focus on ACO participants’ achievement of meaningful use**
  - move beyond Stage 1 as quickly as possible
    - enable advanced care processes
    - decision support

- **Design, implement and re-engineer existing systems**

- **Make a place for patients in the IT structure that protects them and enables them to participate actively**
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