Executive Sponsorship of eHealth: Leadership for the Next Wave of Reform

Janet M. Marchibroda
Chief Executive Officer
eHealth Initiative and Foundation
April 17, 2007
Key Questions

- How do executive sponsors view the status of e-health efforts today—are we as far along as we should be, and what’s next for the nation, states, and regions?
- What are the current enablers and disablers for fulfilling the nation’s ubiquitous e-health promise—what is working and what is not working?
- What new ideas are the executive sponsors of e-health initiatives looking to for the future—are there new solutions to bring forward that will spur development and increase adoption?
Forces Emerging at Multiple Levels of the System

- **National Level**: Standards for interoperability, changes in payment policy; seed funding
- **State Level**: Dialogue, convening, incubating coordination, role of state, agreement on policies for information sharing
- **Community or Market Level**: Creation of health information networks and a business plan for their sustainability
- **Individual Organization**: Driving adoption, organizational change
- **Consumer**: More engaged in their healthcare, demanding more
National Policies and Standards Offer Foundational Building Blocks

Standards for Interoperability:

– Outcomes emerging from HITSP process and CCHIT will offer guidance

– Federal government compliance with standards will begin to drive critical mass

– President’s Executive Order and DHHS Sec. Four Cornerstones have stimulated private sector purchaser/employer sign-on to requirements for standards for health IT
National Policies and Standards Offer Foundational Building Blocks

- Congressional and Executive Branch Actions Signal Changes in Payment Policy
  - President’s Aug 2006 *Executive Order* calls for transparency in quality and pricing and directs Federal agencies to “develop and identify approaches that facilitate high quality and efficient care”....
  - Secretary’s Four Cornerstones driving action by key federal agencies and being rapidly “adopted” by the private sector, with over 200 employers having “signed on...
National Policies and Standards Offer Foundational Building Blocks

- Congressional and Executive Branch Actions Signal Changes in Payment Policy
  - The Tax Relief and Health Care Act of 2006 (H.R. 6111) calls for bonuses to those who report voluntarily on quality measures—structural measures, such as the use of EHRs and eRx along with reporting of consensus-based measures required in 2008
National Policies and Standards Offer Foundational Building Blocks

- Congressional and Executive Branch Actions Signal Changes in Payment Policy
  - March 2007 MEDPAC recommendations call for changes in payment policy that cannot be achieved without health information mobility, and specifically refer to health IT
Private Sector Initiatives Kicking Into High Gear

- **Purchasers Beginning to Consolidate Expectations** (in sync with four cornerstones); Employer Toolkit just released

- **Incentives Initiatives Getting Traction:** Bridges to Excellence and IHA – focus on quality improvement, performance measurement and use of health IT

- **Personal Health Record Initiatives Abound:** Dossia, AHIP and BCBSA, others rolling out as we speak, as market leaders such as WebMD continue to increase penetration
States Becoming a Key Driver

eHI’s Recent Analysis of State Policy

- Nineteen executive orders were issued by U.S. governors in 15 states, calling for HIT and HIE to improve health and healthcare, seven in 2007 alone
  - Arizona, 2005
  - California, 2006, 2007
  - Florida, 2004
  - Georgia, 2006, 2007
  - Illinois, 2006
  - Indiana, 2007
  - Mississippi, 2007
  - Missouri, 2006, 2007
  - North Carolina, 1994
  - Tennessee, 2006
  - Texas, 2006
  - Virginia, 2006
  - Wisconsin, 2005
  - Washington, 2007
eHI’s Recent Analysis of State Legislative Activity

- **HIT State Legislative Activity Is on the Rise.** State legislatures are increasingly recognizing the importance of IT in driving health and healthcare improvements.

  - In 2005 and 2006:
    - 38 state legislatures introduced 121 bills which specifically focus on HIT
    - 36 bills were passed in 24 state legislatures and signed into law.

  - In 2007 So Far:
    - 68 bills have been introduced in 30 states which specifically focus on HIT
eHI’s Recent Analysis of State Legislative Activity

Focus of HIT State Legislative Action

- The authorization of a commission, committee, council or task force to develop recommendations
- The development of a study, set of recommendations, or a plan for HIT
- The integration of quality goals within HIT-related activities; or
- The authorization of a grant or loan program designed to support HIT
Number of Community-Based Initiatives on the Rise

- eHI 2006 Survey included 165 responses from health information exchange (HIE) initiatives located in 49 states, the District of Columbia and Puerto Rico.
- eHI’s Connecting Communities Coalition continuing to grow and its members are maturing.
New Ideas Emerging
Wagner et. al. Building A Regional Healthcare System

- Community Collaborative Action: collaboration across different stakeholder groups: purchasers, plans, providers, patients, politicians, public health

- Leadership and Shared Mission: core leadership that assures action and organizational management; organizational driver that provides stability and legitimacy, leadership for specific programs by those closest to the problem

Wagner et. al. Four Strategies for Regional Quality Improvement

- **Use information technology** to measure performance and increase availability of relevant clinical information wherever patients seek care.
- **Engage and educate the public** to be more discriminating consumers, as well as more informed and motivated patients.
- **Help providers** improve their care delivery.
- **Align provider payment and patient benefits** so that they support higher quality and more efficient care.

Convergence of Forces Will Drive Change and Improvement

- It’s in the Intersections Between These Key Areas
  - Health IT and Health Information Exchange, while Managing Privacy and Confidentiality
  - Engaging Consumers
  - Focus on Quality and Performance Measurement
  - Alignment of Incentives
How Might That Happen?

- Aligning “value exchanges” with “health information exchanges”
- Really assessing value of health information exchange, by walking in the shoes of healthcare stakeholders
- And then delivering…. 
Assessing Value and Developing a Sustainable Business Model

- Provided funding support for 12 health information exchange learning laboratories in ten communities
- Engaged an expert panel, including experts in healthcare, economics, business, and financing
- Took a very close look at three advanced stage communities in IN, OH and NY
Assessing Value and Developing a Sustainable Business Model

- Sustainability of health information exchange is indeed possible, and probable if certain factors are in place....
- No “one-size-fits-all” approach or silver bullet, it depends on the market’s needs and requirements
- Social capital formation is necessary for leaders to identify and coalesce divergent interests in a common cause ....due to fragmentation of our healthcare system and current payment policy
- Time, commitment, charisma and honesty are required to keep a large, diverse stakeholder group at the table.
Assessing Value and Developing a Sustainable Business Model

- Strong leadership team with **good business acumen** is one of the key criteria for success as communities move to the implementation stage.

- Rigorous analysis of the **value** that potential services provide to **each customer** is crucial...

- Need to better understand how value for **each customer** translates to revenue to cover the costs of the endeavor. This takes time and discipline…and business orientation.

- Today, while many **community leaders understand this concept**, it is often **not well executed**.
eHI 2006 Survey
Types of Data Exchanged

- Laboratory – (26 percent)
- Claims – (26 percent)
- ED Episodes – (23 percent)
- Dictation – (22 percent)
- Inpatient Episodes – (22 percent)
- Outpatient Lab – (22 percent)
- Radiology – (20 percent)
- Outpatient Prescriptions – (18 percent)
eHI 2006 Survey
Services Provide Value that Focuses on Care Delivery for Providers

- Clinical documentation (26 percent)
- Results delivery (25 percent)
- Consultation/referral (24 percent)
- Electronic referral processing (23 percent)
- Alerts to providers (20 percent)
eHI 2006 Survey
New Valuable Services are Emerging

- Chronic or Disease Management – (20%)
- Quality Performance Reporting for Purchasers or Payers – (11%)
- Quality Performance Reporting for Clinicians – (10%)
- Public Health Surveillance – (8%)
- Consumer Access to Information (6%)
Measures That Produce Improvements in Cost and Quality

- HTN 42  BP<140/90
- HTN 43  SBP<140
- HTN 44  DBP<90
- DM  23  BP<140/90
- DM  21  HbA1c>9%
- DM  22  HbA1c<7%
- DM  25  LDL<100
- DM  26  LDL<130
- CAD 6  LDL<100 after discharge for AMI, CABG, PCI
- CAD 7  LDL<130 after discharge for AMI, CABG, PCI
- CAD 8  LDL<100 any CAD
- CAD 9  LDL<130 any CAD
You Really Need Clinical and Claims Data to Make This all Work
Some Key Take-aways

- Multi-stakeholder collaboration
- Efforts at the state and regional level, using national standards and some national policies
- Creation of new models for health IT that address the needs of stakeholders that have the ability to fund this…
- Doing all of this, while maintaining public trust and assuring privacy and confidentiality