CHeQ Informational Webinar Series

Innovations in HIE

January 7, 2014

For Audio: 1-866-740-1260

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California Health eQuality Program (CHeQ)

- Implementing California’s Health Information Exchange (HIE) programs with California Health and Human Services Agency (CHHS), under state’s Cooperative Grant Agreement with federal Office of the National Coordinator for Health Information Technology (ONC)

- CHeQ promotes coordinated health care for Californians by catalyzing the adoption and implementation of Health Information Exchange by:
  - Building a trusted exchange environment that enables inter-organizational and interstate exchange while respecting and protecting patient privacy
  - Supporting uniform standards for exchanging health information
  - Improving public health capacity
  - Accelerating HIE implementation by supporting regional HIE initiatives
Innovations in HIE Series

- **Session 1: Innovations in Data Analytics**
  - National Rural ACO – Lynn Barr
  - Tuesday, January 7th at 10am

- **Session 2: Innovations in HIE for Special Populations (Foster Children)**
  - The Children’s Partnership – Beth Morrow and Kiki Nocella
  - Tuesday, January 14th at 10am

- **Session 3: Innovations in Patient Access (Blue Button)**
  - LACare – Ali Modaressi
  - Tuesday, January 21st at 10am

- **Session 4: Innovations in HIE for Behavioral Health (tentative)**
  - OCPRHIO – Paul Budilo
  - Thursday, January 23rd at 10am

- **Session 5: Findings from CHeQ’s HIE Survey of CA Community Clinics**
  - Kathy Kim
  - Tuesday, January 28th at 10am
Agenda

• Background
• Award goals
• Deliverables
• Lessons Learned
Background

• HRSA grant (Sept 2011 - Aug 2014)
  – CAReHIN network to help adopt EHRs with ACO as sustainability model

• ACO Formation History
  – 2012 California ACO – Problem: too expensive, not enough scale with beneficiary assignment issues
  – 2013 Urban/Rural ACO Model – Problem: urban owned data, rural preferred independence, limited reach, no vision for rural
  – 2014 National Rural ACO – Create economies of scale to lower costs and gain enough beneficiaries with rural-focused program
ACO Quality Measures

Weight of ACO Quality Measures

- Patient Satisfaction: 25%
- Care Coordination and Patient Safety: 25%
- Preventive Health: 25%
- At-Risk Populations: 25%
For an ACO to Succeed

• Needs real-time data on all 4 Quality Domains
• Requires patient satisfaction survey data, clinical data, claims data.
• Aggregated into dashboards at ACO-, community-, and provider-level.
Rural Barriers to Success

- Cost and expertise to develop ACO Quality Measure monitoring and improvement tools
  - Not currently doing CG-CAHPS
- Beneficiary assignment only 10-20%
- 5,000 patient requirement
- Multiple EMRs to coordinate
- ACO infrastructure costs – CMS estimates $1.2M/year
Award Goals

• Create a longitudinal Data Warehouse
  – Accommodate many different EMRs through HIE
  – Combine clinical and CMS claims data

• Automate reporting of ACO Quality Measures
  – Real-time dashboards to ACO members on ACO-, community-, and provider-level
  – Annual reporting to CMS

• Create a tool to enable collection of real-time patient satisfaction data

• Facilitate secure provider messaging

• Encourage EMR Portal utilization to achieve Stage 2 MU
Inland Empire HIE (IEHIE)

- Public/Private HIE Hybrid
  - Public presence covers the San Bernardino, Riverside and San Joaquin Counties with a population of over 5 million.
  - Private HIE with large enterprise customers (24 Hospitals in 5 states and 10,000 docs in CA).

- Sustainable, fee-based model
  - IEHIE was launched with no federal or state funds and exists today as a sustainable, fee-based organization.

- Operating as a 501c(3)
Chatterplug

• Platforms: iPhone, iPad, Android, Web
• English & Spanish
• User-defined surveys
• Patient reminders
• Community-level education and announcements
Lessons Learned

• Chatterplug - Involving users created better product – NRACO Board members, including Medicare patient, helped refine UX.

• One size doesn’t fit all – can customize or turn services on and off, depending on need.

• Find a vendor who is strategically aligned with your goals (leveraging IEHIE’s prior work).

• For rural providers to succeed in Healthcare Reform, we need to work together.
Join us for our next session

Tuesday, January 14th at 10am

Innovations in HIE for Special Populations

The Children’s Partnership
Thank You!

For more information, please contact:

Lynn Barr – lbarr@ruralaco.com

http://www.ucdmc.ucdavis.edu/iphi/Programs/cheq/cheqinnovations.html