The Role of Health Information Technology in Improving Care Coordination & Quality

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The Policy and Political Context

- Facing a major economic crisis & budget cuts
- Health care spending growth unsustainable
- US health care quality not commensurate with our level of spending (IOM, 2001; Starfield, 2002)
- Too many serious medical errors
- Growing problem of uninsured; Significant disparities in care across groups
- Health IT seen as a key part of solution (ACP, 2006); mandated by 2014;
- American Recovery and Reinvestment Act signed last month includes $20B for Health IT

Treatment of Chronic Conditions Drive Costs

- 85% of all health care spending is for treatment of chronic conditions (MEPS, 2004; AHRQ, 2008)
  - In 2005, about 60% of the adult U.S. population 18 and older had at least one chronic condition, and $3 of every $4 spent on prescriptions were for treatment of chronic conditions
  - In 2004, 26% of all Americans had two or more chronic conditions
  - 77% of Americans aged 65 and older had two or more chronic conditions
  - 14% of people aged 18 to 34 had two or more conditions
  - **Mental disorders** are the 4th most costly type of chronic disorder
  - Lifestyle factors — obesity, smoking, lack of exercise — also important; Modifiable Behavioral Risk Factors

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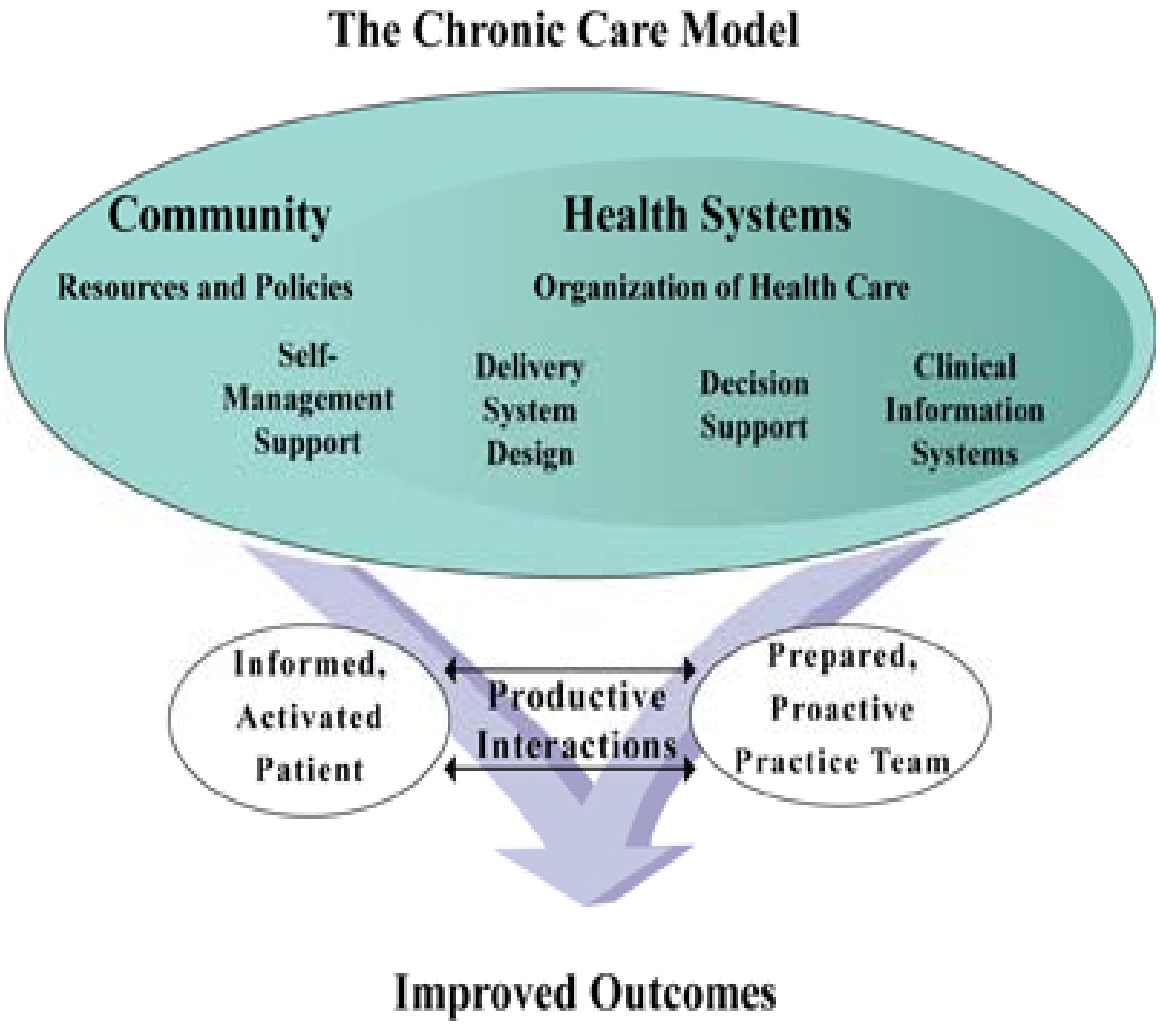
Implementing Wagner's Chronic Care Model (McColl Institute) Requires Health IT



Common Patterns of Multiple Chronic Conditions (MCCs) by Sector

- Behavioral Health Specialty sector treats people with serious mental illnesses (SMI) plus (Druss, et al, 2008; NASMHPD, 2006):
  - Hypertension
  - Obesity
  - Dyslipidemia
  - Diabetes
  - Substance abuse (about 50%)
  - Smoking (75%)
  - Depression (co-occurring with other SMIs) (APA, 2004)

Common Patterns of Multiple Chronic Conditions (MCCs) by Sector (cont.)

- Primary Care sector treats people with acute and chronic health conditions, plus:
  - Depression
  - Anxiety
  - Substance Use
  - Obesity
  - " . . . many, if not most, people coming into primary care are being treated for psychosocial problems, not organically based medical disease . . . " (Dea, 2000)
  - The presence of comorbid depression shown to increase cost of care and mortality rates (Unutzer, 2006)

The Current Interface of BH and Somatic Care is Problematic

- Behavioral Health specialty sector falls short
  - People with SMI die 25 years younger (NASMHPD, 2006)
  - Those with co-morbid chronic health problems get inadequate care (Druss, 2008)
  - Key population subgroups (elderly, some minorities) resist coming to BH specialty sector (Unutzer, 2006)
- Primary Care provides half of all behavioral health services, but (Reiger et al, 1993)
  - Often fail even to diagnose co-morbid BH problems (Unutzer, 2006)
  - Most PCPs “lack confidence and training” to treat BH problems (Unutzer, 2006)
- Chronic conditions treated per guidelines only about 56% of the time (McGlynn, 2003)

System is Fragmented, Doesn't Treat the Whole Person

- Health care system is too fragmented, over reliant on specialists who don't coordinate with each other
- People don't live in silos; We need Systems of Care to treat the whole person
- Integrated Medical Homes may be the answer, but need to overcome policy, payment, other barriers
- Improved Health Information Technology is one key part of the solution

Health IT can Support These Target Areas for Improvement

- Better Quality
  - Compliance with established Clinical Guidelines
  - Continuous quality improvement
- Systems of Care designed to address the reality of Multiple Chronic Conditions — Medical Homes
  - Care Teams with appropriate somatic & BH expertise
  - Active Care Management attuned to reality of MCC
- Self Management Supports to Inform & Activate Patients
  - Education and emphasis on Wellness, Modifiable Behavioral Risk Factors
  - Collaborative care planning, Shared Decision Making
- Reduce Costs
  - Use service and outcome data to determine what interventions and system structures are cost effective
  - Comparative Effectiveness Research — $1.1 B in ARRA

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The Component Parts of Health Information Technology

- Electronic Health Record (EHR)
- Clinical Decision Support (CDS)
- Computerized Provider Order Entry (CPOE)
- Chronic Disease Registries (CDR)
- Administrative management and scheduling systems
- Billing and claims systems
- Personal Health Records (PHR)
- Data warehouses
- Regional Health Information Organizations (RHIOs) & Health Information Exchanges (HIEs)

How Can Health IT Help Providers and the System?

- Electronic Health Records
  - Improve information accessibility & facilitate sharing information among the clinical team
  - Can generate a Continuity of Care record to share with other providers outside the immediate team
  - Can accept electronic reports from specialists, labs, imaging
- Clinical Decision Support puts actionable best practice information in front of clinician in real time
  - Studies show this can improve clinical outcomes AND reduce costs (Fleming, 2004; Eddy, 2008; Rosenthal, 2008)
- Computerized Provider Order Entry
  - If properly implemented (sometimes a challenge) can dramatically reduce or eliminate prescription errors (Leapfrog, 2008)

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How Can Health IT Help Providers and the System? (cont.)

- Chronic Disease Registries
  - Contains all relevant data for a particular chronic condition across all patients living with that condition
  - Have been shown to improve quality of chronic care (Fleming, 2004)
- Data Warehouses
  - Combine data from disparate sources
  - Can be mined to enable Rapid Learning & support Comparative Effectiveness Research (Etheredge, 2007; CBO, 2008)
- Regional Health Information Organizations (RHIOs)
  - Structures to support Health Information Exchange (HIE) among provider organizations, public health
  - Privacy, confidentiality issues are challenging, but being addressed

How Can Health IT Help Consumers?

- Personal Health Records
  - Examples: Network of Care, Google, Microsoft Health Vault, Kaiser
  - Can be connected to EHRs or separate
  - Include educational modules that inform consumers about disorders, treatments, medications
  - Facilitates self-monitoring, (selective) sharing w/ clinician
  - Network of Care also includes :
    - Complete provider & service directory
    - Wellness Recovery Action Planning (WRAP)
    - Advance Directives
  - Enable social networking with peers and professionals
  - Can increase sense of control, empowerment, help advance wellness & recovery
  - Questions/Challenges with data sharing & reliability

Summary

- Throughout the healthcare system, most clients and the vast majority of cost are associated with treatment of chronic conditions (CC)
- Rates of Multiple CC are high and our systems are ill equipped to manage them
- Health IT is an important PART of the solution
- Health IT can bring the best knowledge to the decision making environment, establish feedback loops to enable quality improvement, and help us identify problems and solutions more rapidly
- Personal Health Records can facilitate Patient Activation and Collaborative Decision Making, help advance Wellness and Recovery

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Summary, cont.

- Carefully targeted Care Management resources (enabled by availability of Health IT) can improve outcomes and reduce costs
- Large scale Health IT systems in place in VA, DOD, Integrated Health Delivery Systems (including Intermountain Healthcare), internationally
- Many issues to be resolved in the policy and funding environment, but those changes may be forthcoming in relatively near future
- Mandated for all by 2014