

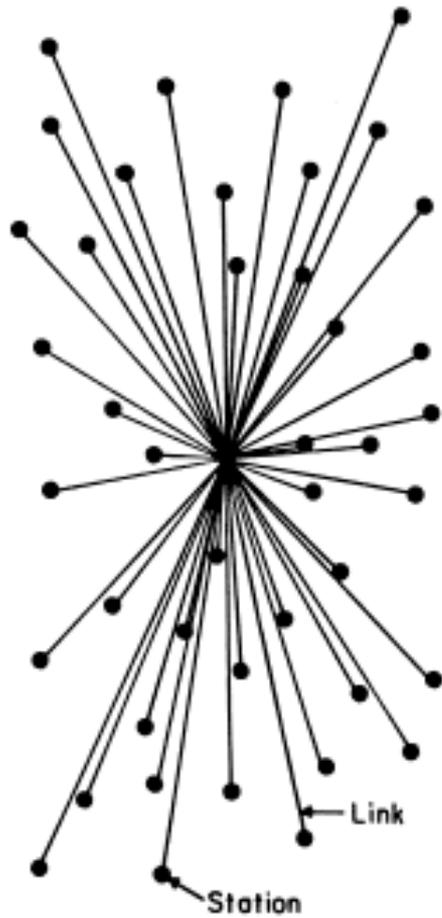
Framework for HIT Alignment of Core Clinical Measures

Digital Learning Collaborative

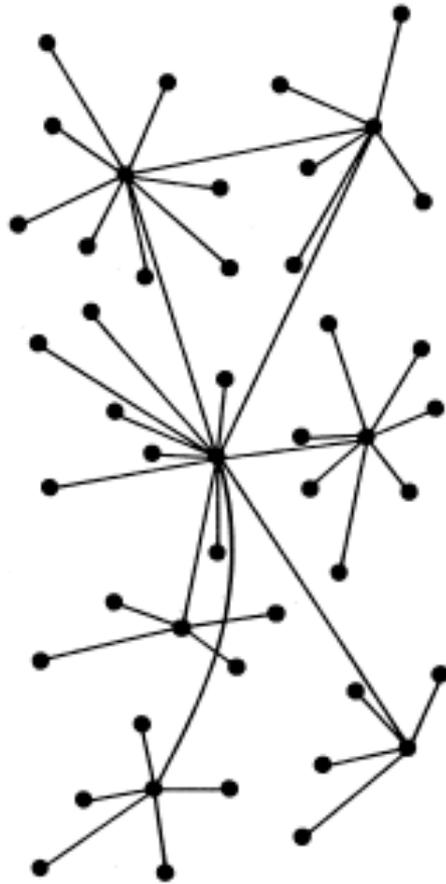
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**Institute of Medicine
Keck Center, Washington, DC**

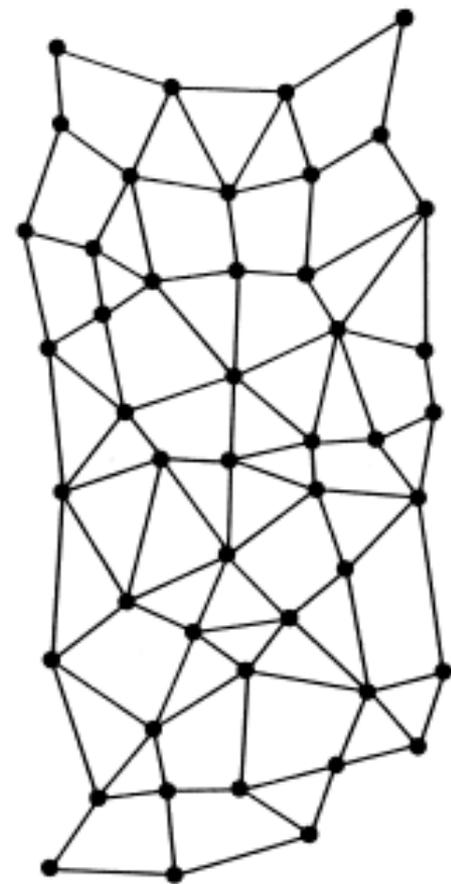
Hunt Blair, Deputy Commissioner,
Health Reform & State HIT Coordinator
Department of Vermont Health Access (Medicaid)



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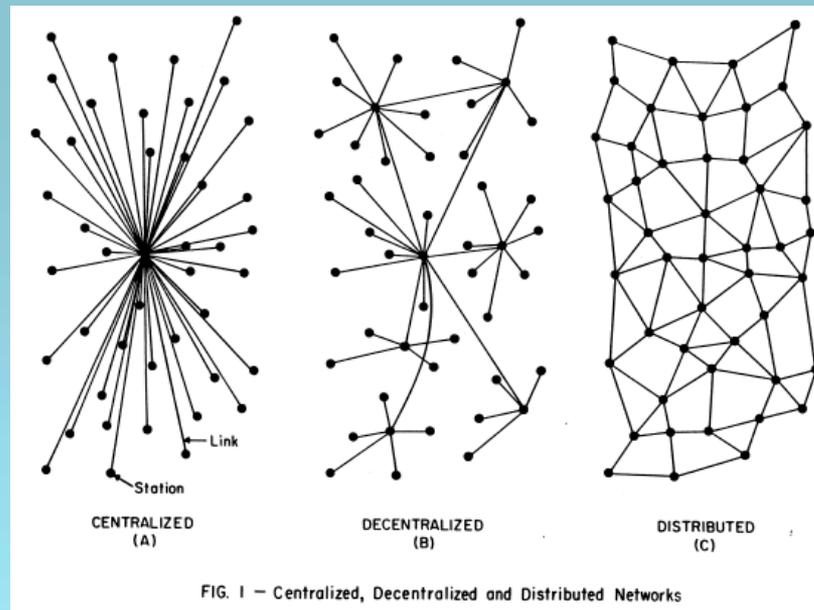


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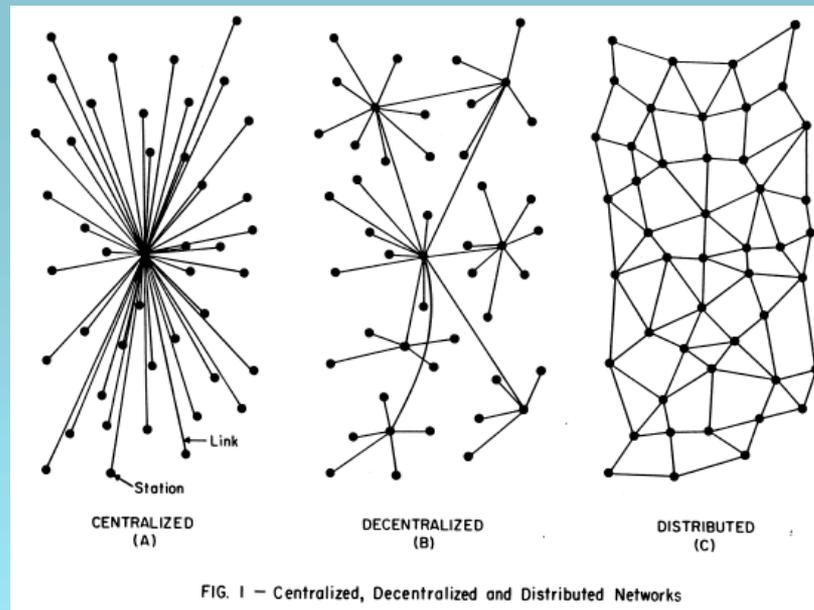
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FIG. 1 – Centralized, Decentralized and Distributed Networks



A Distributed Network is of course the metaphor for national health information exchange... It is also the metaphor for health reform transformation as a whole. We don't just want health information, we want health *services*, to be "just a click away."

However, there is friction related to this, because it runs counter to the predominant business model of much of our current health care ecosystem. For reasons we know all too well, often we see side-by-side centralized networks competing, not collaborating.



In a Distributed Network, the nodes are equal. I can click from the *Morrisville, VT Transcript* to the *Washington Post* site directly, without the intervention of a centralized gatekeeper or authority.

Likewise, in the Distributed vision of health care – services and information – the clinicians, the patients, the administrative and fiscal infrastructure are of equal value and importance.

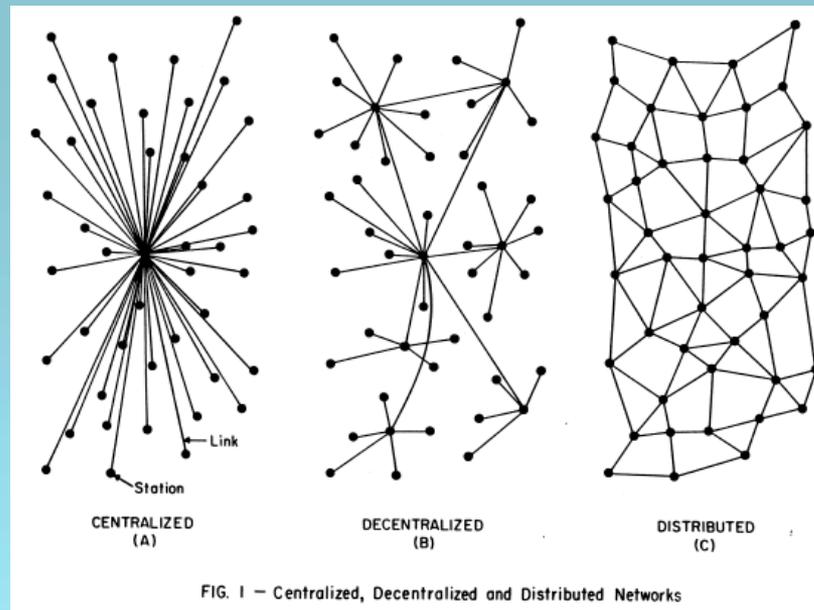


FIG. 1 – Centralized, Decentralized and Distributed Networks

Obviously everyone in this room understands the significance of this transformative, disruptive change –

But we in the HIE community (feds, states, private partners) have not yet fully articulated a clear vision of the breadth and depth of the ultra-large scale system that is distributed, ubiquitous exchange and sharing of health information.

My mission today is to suggest a possible tangible path forward.

The Opportunity

Counter-intuitive but true: the states and federal partners have never been better aligned to implement the Digital Infrastructure required for a Learning Health System

Underneath the political rhetoric lies a very real and tangible common need that cuts across both party and public / private lines: getting health care spending under control, improving quality, and moving from volume- to value-based purchasing.

Effective, interoperable, system wide information exchange is an essential ingredient to achieving those goals.

The Building Blocks

The good news is that we have what is needed in place now to construct some simple, tangible examples of the transformative power of HIT and HIE.

States and regions are working with CMS and ONC on current and emerging delivery system and payment reform models – MAPCP, Beacon Communities, ACO's – etc. that, when tied to Certified EHRs, Meaningful Use, and 'Evidence A' guidelines, become demonstration laboratories for change.

The key to making the most of the “real world lab experiments” now underway is alignment.

Federal Agencies , Programs, & Resources

CMS	Clinical Models Financial Reforms Payment Reforms
ONC	Health Information Infrastructure Expand use of EHRs
CDC	Public Health Prevention
AHRQ	Metrics & Evaluation Quality Improvement Best Practices & Implementation
HRSA	Health Centers Rural Health National Health Service Workforce
National Institutes	Evidence Based Guidelines Research & Evaluation
IOM	Learning Health System Design Principles & Goals

State
Led
Health
Reform

Systems Based Reform

- Financial Reforms
- Payment Reforms
- Advanced Primary Care
- Care Support
- Coordinated Services
- Guideline Based Care
- Focus on Prevention
- Health IT Infrastructure
- Evaluation Infrastructure
- Learning Health System

One Parameter, Many Formats

Problem 1: EHRs are often set up and used with an emphasis on content recorded as text instead of capturing objective data supplemented by subjective commentary where necessary.

Providers and EHR vendors currently have minimal or no incentive to work through the business and cultural transformation that is necessary to capture structured data elements, and to experience the advantages that can be realized for health services and quality improvement.

Recommendation One

Align financial incentives across federal agencies to promote capture of core structured data elements.

Financial incentives from ONC for the next phases of meaningful use could:

- o be linked directly with the actual capture of core structured data elements,
- o set the stage for performance and outcomes driven payment from payers.

Payment reforms validated and disseminated through CMMI (and built upon by commercial insurers) could include quality components linked to the capture of core structured data elements.

Strong, broadly applied financial incentives, built on providers' recording of structured data elements, can create the demand that will drive commercial EHR vendors to respond to with intelligent functionality that makes it easier to capture guideline base elements in a meaningful way.

Lack of Common Elements Limits Data Liquidity

Problem 2: Even with incentives to capture structured data elements in EHRs, there is likely to be extensive variability in the content of captured data unless incentives also promote tracking of common elements.

Providers and EHR vendors do not have clear expectations for core data elements and answer options to support collection of consistent data across providers and organizations.

There isn't a direct incentive to propel wide spread adoption of uniformly structured data elements by independent providers and organizations necessary for uniform payment incentive metrics and quality measurement.

Recommendation Two

Established guidelines and measures contain the content that is necessary for a minimum set of core data elements and answer options for EHRs.

CMMI and ONC could work with other Federal agencies to coalesce a minimum, 'Evidence A' core data dictionary and measure set from established work. Where necessary, guideline committees could define a minimum set of evidence based data elements and answer options from established guidelines.

Financial incentives for the next phases of meaningful use could be directly linked to tracking and clinical use of guideline based elements from this data dictionary (some or all).

Payment reforms validated and disseminated through CMMI could also include requirements related to tracking and use of guideline based elements to support seamless well-coordinated services as well as comparative reporting and quality improvement.

Current Messaging Standards: Necessary but Not Sufficient

Problem 3: serious technical and business barriers limit the capacity for data exchange across independent practices and organizations.

It is not evident that current EHR installations include an embedded capacity to routinely export structured clinical data elements in recommended formats.

It does not appear that EHRs can routinely ingest clinical data even if it is available in recommended formats.

Real world experience reveals that each EHR installation requires time consuming and expensive work in order to export data elements that can be consumed by other HIT systems.

Recommendation Three

Align financial incentives across federal agencies to rapidly promote the capacity for exchange of structured data elements across EHR systems and independent organizations.

Financial incentives from ONC for the next phases of meaningful use could be linked directly with the functional exchange of core data elements, and use of a more complete health record to support clinical and quality improvement across independent providers of services (medical and non-medical).

Payment reforms validated and disseminated through CMMI (and easily replicated by commercial payers) could also be linked with functional exchange of core data elements to support seamless services across organizations as well as comparative reporting and quality improvement.

Substantive incentives for providers, linked closely with the goals for health information exchange, could create the market pressure that is necessary for EHR vendors to make meaningful exchange a reality.

Alignment is Already There

	Organizing Principles & Guidelines	Guideline & Standards Implementation Action		Strategic Support for Delivery System Reforms	Operationalize a Learning Health System
IOM	Strategy Map, Framework, and Guiding Principles for a Learning Health System & Supportive Electronic Infrastructure	Consensus oriented process to review, refine, and update recommendations for a Learning Health System		Dissemination of recommendations for implementation and evaluation of Learning Health System operations across the country	
National Institutes & Agencies	National guidelines include key assessments, & recommended treatment options	Recommend guideline based core data elements (eg. Process and health status)	Recommend metrics aligned directly with core data elements	Support for health services & translational research linked to use of recommended data elements, measures, assessments, and treatment options.	Participation in Learning Health System activities, shared learning, dissemination of outcomes & best practices, ongoing refinement of guidelines
CMS	Goals for novel payment and clinical models (quality, cost, patients experience)	Recommend core data elements for tracking quality, cost, and patient experience	Recommend metrics aligned directly with core data elements	Demonstrations with payment strategies that promote tracking, use, and exchange of guideline based data elements & metrics	Participation in Learning Health System activities, shared learning, dissemination of effective clinical models and financial reforms
ONC	Technical standards for data exchange	Stage 1 meaningful use promotes use of certified EHRs and specific functions	Evaluation of Stage 1 meaningful use	Align stages 2 & 3 of meaningful use, and financial incentives, with tracking, utilization, and exchange of guideline based data elements & metrics	Participation in Learning Health System activities, shared learning, dissemination of effective health information models, refinement of meaningful use strategies
States (regions, systems)	Guiding legislation or policy for a Learning Health System & Supportive Electronic Infrastructure	Evidence based models & standards for implementing delivery system reforms and a supportive electronic infrastructure		Dedicated leadership & resources for implementation of Delivery System Reforms & Electronic Infrastructure	Implementation and ongoing refinement of guideline based health services and a supportive digital infrastructure Learning Health Systems

We Just Need to Utilize It!

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