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## Health Information Technology

A FORCE FOR INTEGRATION OF THE HEALTH CARE DELIVERY

# Assumptions

- Increased integration of the delivery system would:
  - Improve the processes of care from a patient perspective
  - Improve the outcomes of care
  - Improve the efficiency of care
  - Decrease waste and possibly decrease the cost of care
- Quality and efficiency are best improved when an integrated delivery system focuses on individuals and populations

# Assumptions

- Integration of the delivery system has been prevented or discouraged by:
  - The history, politics, and culture of the system and its actors
  - The ways in which care has been paid for

# Assumptions

- Changing payment mechanisms, monetary flows, and incentives are really hard
- Changing history, politics, and culture...

# HIT to the Rescue

- **Electronic Health Records, coupled with standards-based health information exchange, could be a positive, disruptive innovation**
  - Collaboration across the continuum could be promoted, enhance, even required
  - The same could happen between practitioners
  - Increasing transparency of data and decision-making will help patients secure more integration

# HIT to the Rescue

- Delivery system transformation will not be automatic—EHRs are necessary, but not sufficient
- Clinician and hospital commitment to transformation has to occur
- Payment system reform should target this commitment
  - Example—what would happen if CMS informed hospitals they would not be reimbursed for readmissions?

# A Suggested Strategy

- Go down the ARRA path of promoting EHR deployment and meaningful use
- Target outcomes that can best be achieved through integration (most chronic disease outcome improvements) and provide:
  - Methodologic and analytic support from extension centers
  - Payment incentives from CMS, other insurers

# A Suggested Strategy

- **Aim first for SMSA integration**
  - This makes sense to most of the actors, particularly patients
  - National integration can be more daunting from a privacy and security perspective
  - Even this will take 5-10 years
- **Models for governance and technical infrastructure can be national, but truly national HIE is not often important**
- **Intense involvement of the business or public health communities could be helpful cofactors**



# Dealing With Barriers

- Remove the last regulatory barriers to this kind of cooperation between hospitals and between clinicians
- Have local independent entities, rather than the hospitals and clinicians, maintain the infrastructure for the key patient registries that will make this work. Owning data or this infrastructure cannot be a competitive or political advantage
- Deal with the two crucial patient fears:
  - “I will lose my job or my health insurance if everyone is aware of all my health data.”