



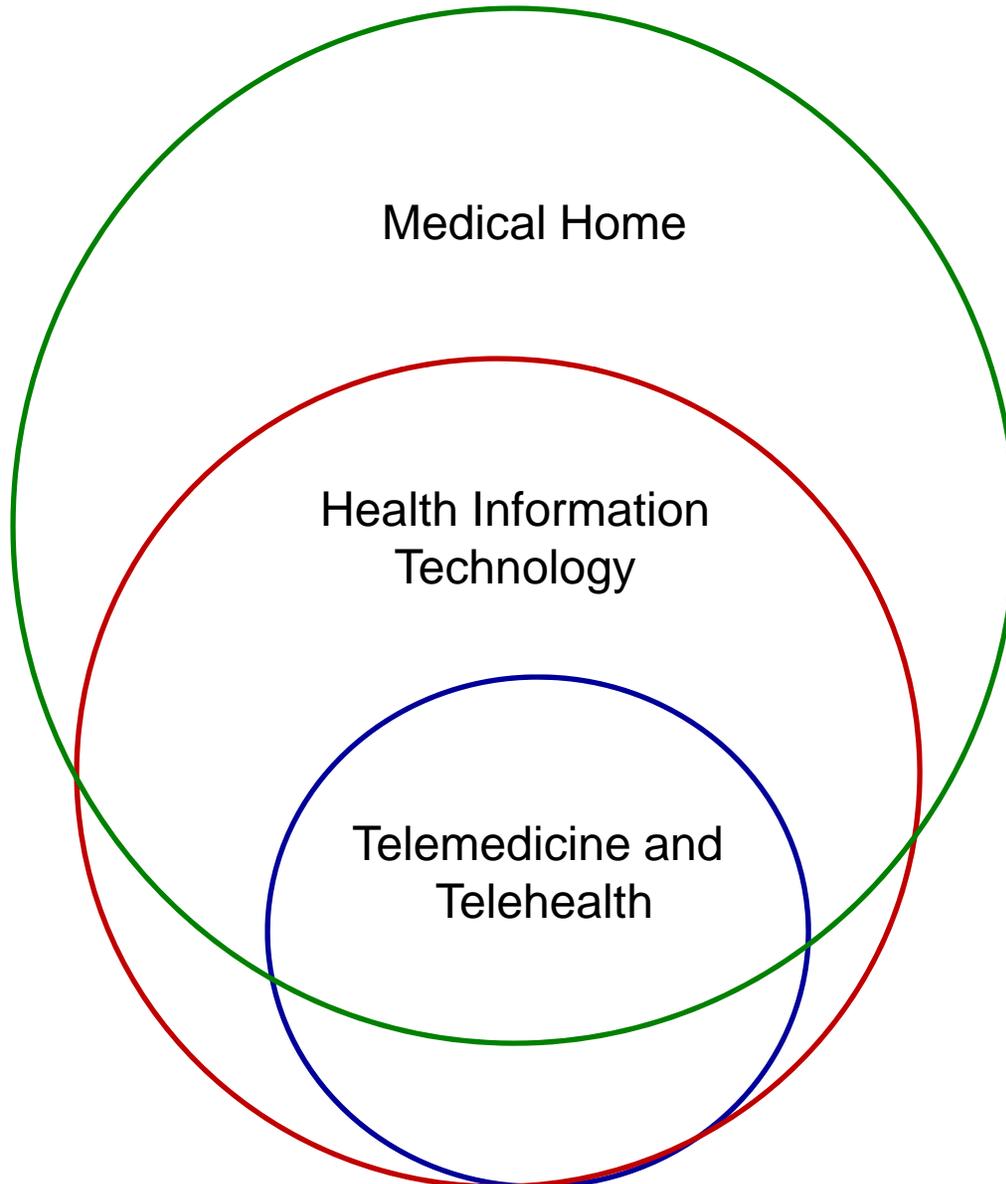
Telemedicine, Health Information Technology, and Medical Homes: What do they have in common?

House Vision 2020 Committee

February 4, 2009

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Kansas Health Policy Authority

Goals & Dollars



Goals:

- Improve health
- Improve coordination of care
- Reduce duplication of services
- Save system dollars

Dollars:

- Provider \$ stretched
- State \$ non-existent
- Federal \$ through stimulus package



Federal Stimulus Package

- Includes four goals for HIT/HIE:
 - (1) Enact standards by 2010 that allow for the nationwide electronic exchange and use of health information
 - (2) Invest \$20 billion in health information technology infrastructure and Medicare and Medicaid incentives to encourage doctors and hospitals to use HIT to electronically exchange patients' health information.



Federal Stimulus Package

- (3) Save the government \$10 billion, and generate additional savings throughout the health sector, through improvements in *quality of care and care coordination, and reductions in medical errors and duplicative care.*
- (4) Strengthen Federal privacy and security law to protect identifiable health information from misuse as the health care sector increases use of HIT.

Ways and Means Committee, Jan. 19 2009



Why should that matter to Vision 2020?

- Legislation to provide immediate funding for health information technology infrastructure, training, dissemination of best practices, *telemedicine*, inclusion of health information technology in clinical education, and State grants to promote health information technology.
- *Saving the government \$10 billion*, and generate additional savings throughout the health sector, through improvements in *quality of care and care coordination*, and reductions in medical errors and duplicative care.

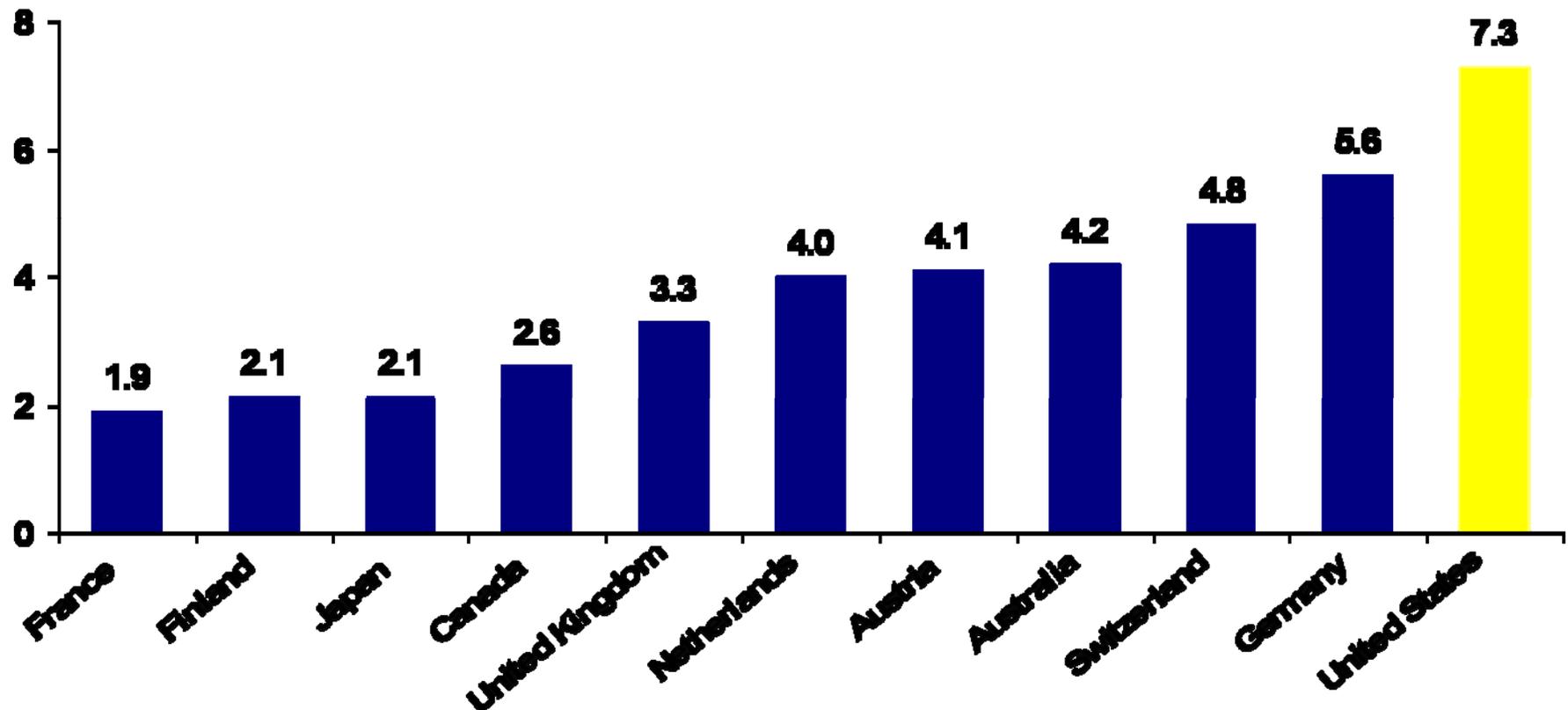


Background: Health Care Challenges

EFFICIENCY

Percentage of National Health Expenditures Spent on Health Administration and Insurance, 2003

Net costs of health administration and health insurance as percent of national health expenditures



a 2002 b 1999 c 2001

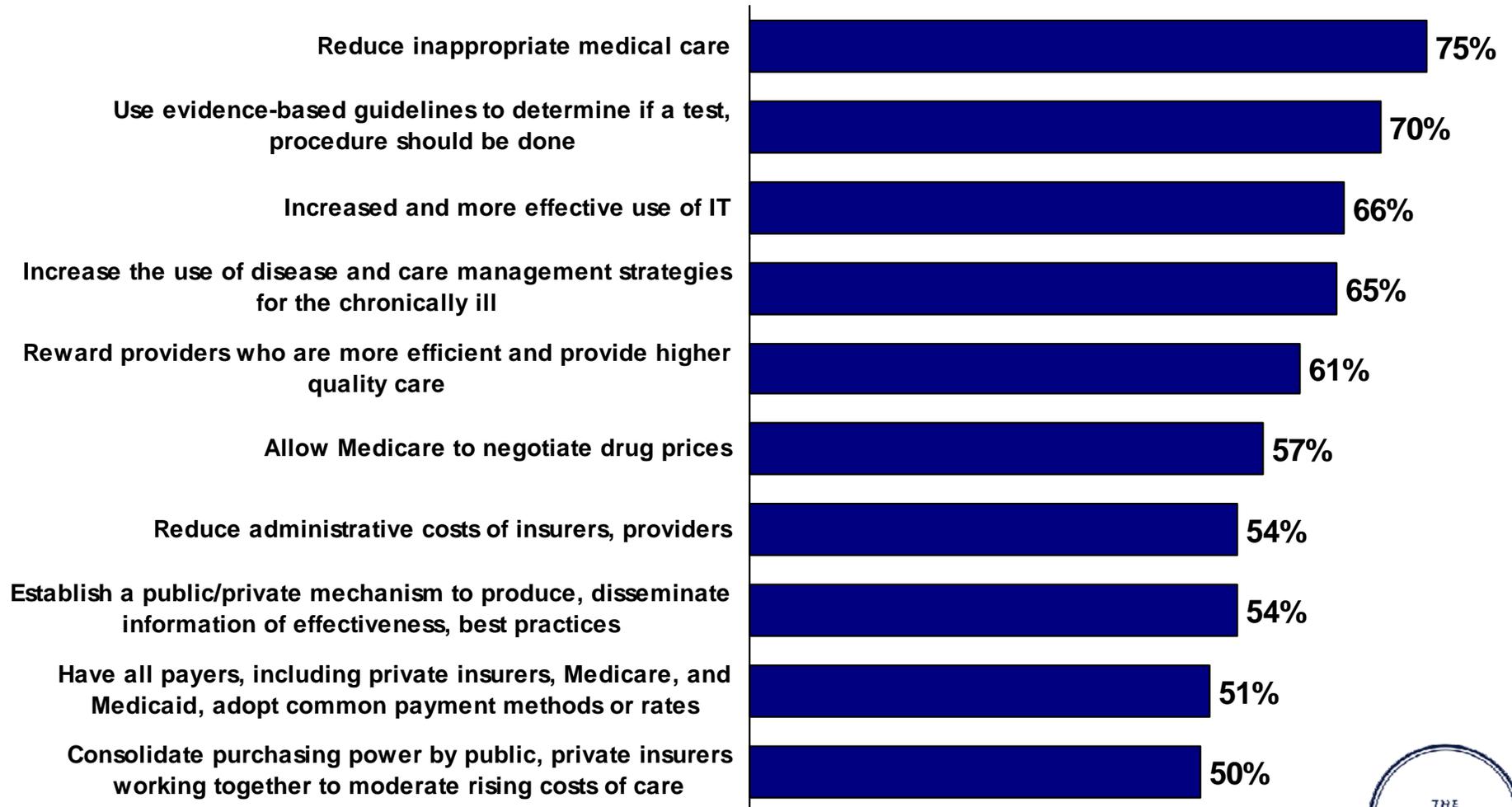
* Includes claims administration, underwriting, marketing, profits, and other administrative costs; based on premiums minus claims expenses for private insurance.

Data: OECD Health Data 2005.



Health Care Opinion Leaders: Views on Controlling Rising Health Care Costs

“How effective do you think each of these approaches would be to control rising costs and improve the quality of care?”
Percent saying “extremely/very effective”



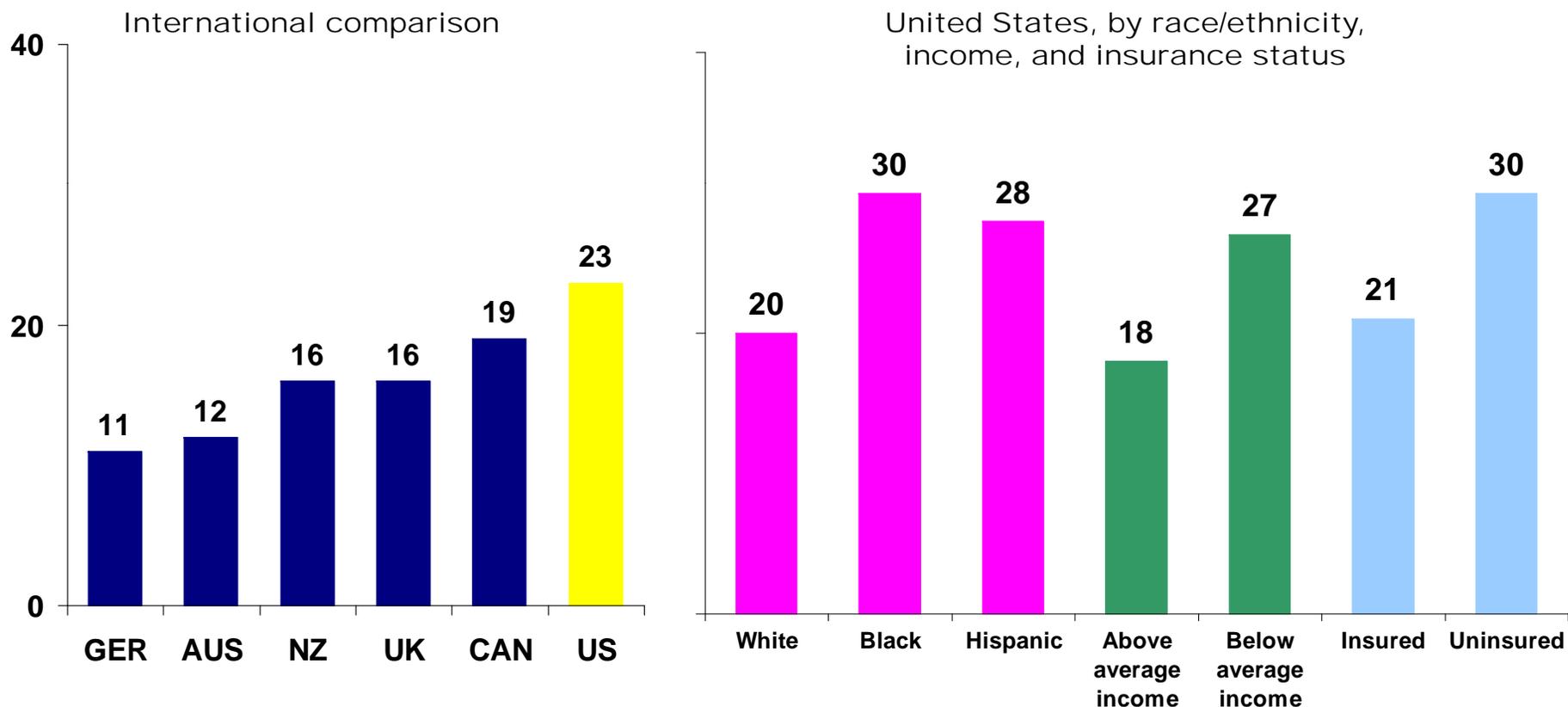
Note: Based on a list of 19 issues.

Source: The Commonwealth Fund Health Care Opinion Leaders Survey, Jan. 2007.



Test Results or Medical Record Not Available at Time of Appointment, Among Sicker Adults, 2005

Percent reporting test results/records not available at time of appointment in past two years



GER=Germany; AUS=Australia; NZ=New Zealand; UK=United Kingdom; CAN=Canada; US=United States.

Data: Analysis of 2005 Commonwealth Fund International Health Policy Survey of Sicker Adults; Schoen et al. 2005a.



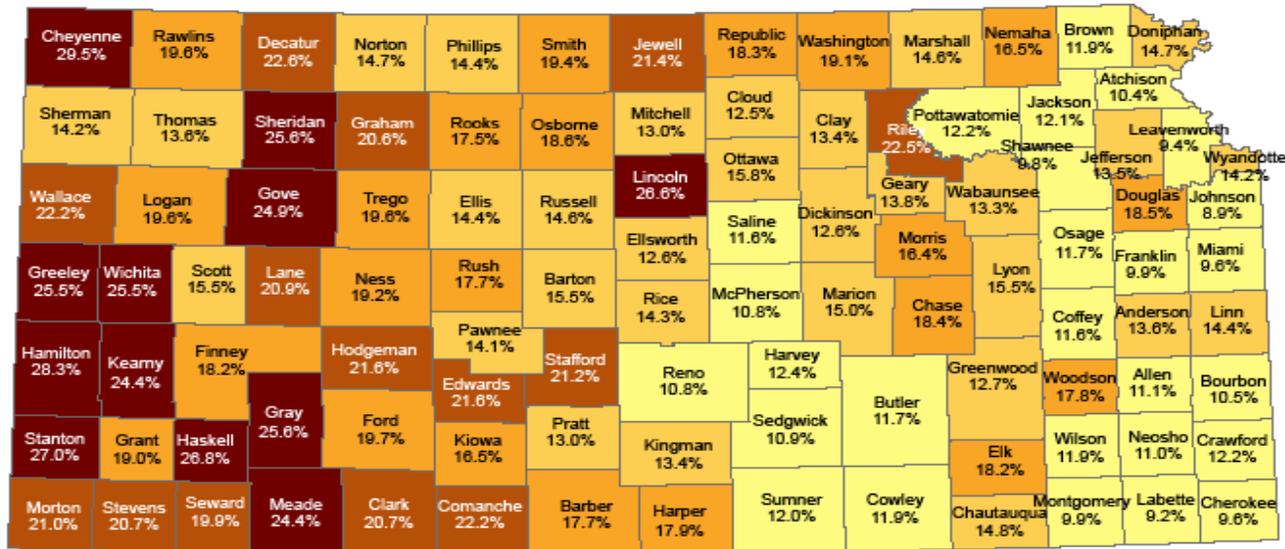


Getting Value for Money: Health System Transformation

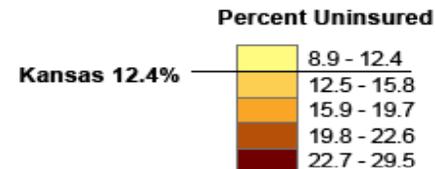
- Transparency; public information on clinical quality, patient-centered care, and efficiency by provider; insurance premiums, medical outlays, and provider payment rates
- Payment systems that reward quality and efficiency; transition to population and care episode payment system
- Patient-centered medical home; Integrated delivery systems and accountable physician group practices
- Adoption of health information technology; creation of state-based health insurance exchange
- National Institute of Clinical Excellence; invest in comparative cost-effectiveness research; evidence-based decision-making
- Investment in high performance primary care workforce
- Health services research and technical assistance to spread best practices
- Public-private collaboration; national aims; uniform policies; simplification; purchasing 10 power

Where are the uninsured in Kansas?

Percent of People Under 65 without Health Insurance by Kansas County
2005

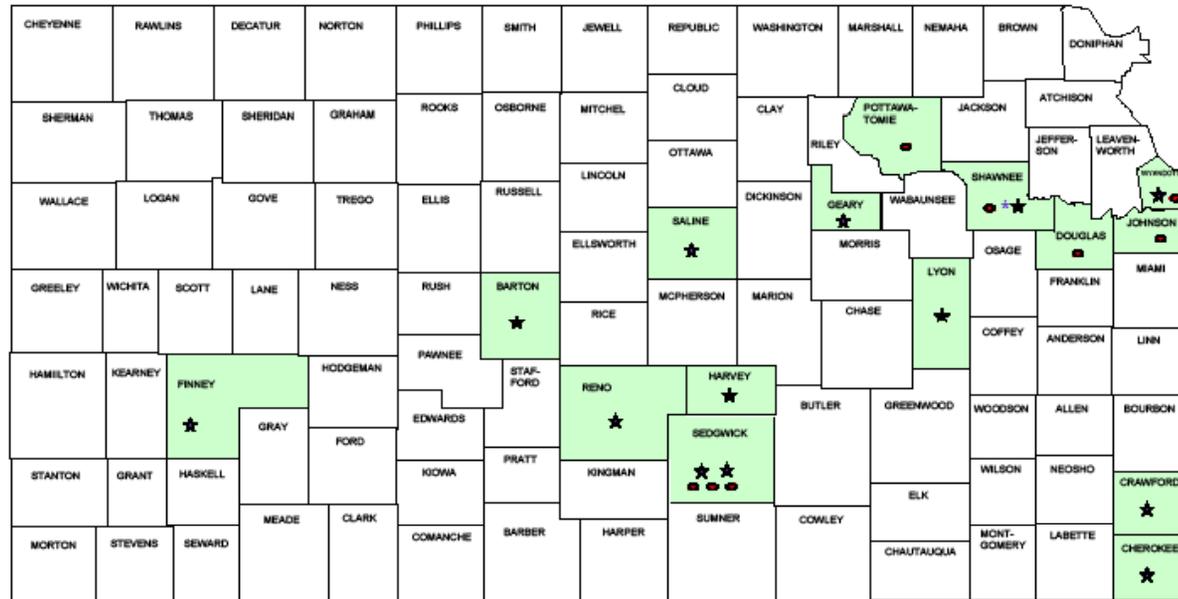


Source: Institute for Policy & Social Research; data from the U.S. Census Bureau, Small Area Health Insurance Estimates, 2005.



Medicaid Dental Providers in Kansas

2009 State-funded Dental Clinic Sites by County



Barton: We Care Project

Cherokee: Community Health Center of Southeast Kansas

Crawford: Community Health Center of Southeast Kansas

Douglas: Health Care Access

Finney: United Methodist Mexican-American Ministries

Geary: Konza Prairie Community Health Center

Harvey: Health Ministries Clinic (Look-Alike)

Johnson: Health Partnership Clinic of Johnson County

Lyon: Flint Hills Community Health Center

Pottawatomie: Community Health Ministry

Reno: PrairieStar Community Health Center

Saline: Salina Family Healthcare

Sedgwick: Center for Health and Wellness

E.C. Tyree Health and Dental Clinic

GraceMed Health and Dental Clinic

Healthy Options Clinic

Hunter Health Clinic

Shawnee: Marian Clinics

Wyandotte: Southwest Blvd. Family Health Care

Swope Health Services

*Statewide: Kansas Statewide Farmworker Health Program

★ State-Funded FQHC or Look-Alike

● State-Funded Clinic

2009 Health Reform Priorities

Statewide Clean Indoor Air

- Smoking is the number one preventable cause of death in Kansas. Each year, tobacco causes over 4,000 Kansas deaths, including 290 deaths attributable to second-hand smoke.
- Tobacco generates nearly \$930 million in health care costs annually.
- If the current trend continues, 54,000 Kansas youth are projected to die from smoking.
- 83% of Kansans believe smoking is a serious health hazard.
- At least 36 states, including neighboring states, have imposed restrictions on smoking in public places.

Increased Tobacco User Fees

- A 10% increase in the price of a pack of cigarettes is associated with a 4% drop in tobacco use.
- Half of all Kansas smokers started smoking before the age of 14. Among teens, a cigarette price increase has been shown to result in a 7% reduction in smoking.
- The current excise tax on a pack of cigarettes in Kansas is \$.79 but tobacco use costs Kansans the equivalent of \$.86 per pack of cigarettes sold to pay for the tobacco-related illnesses of Medicaid recipients alone. KHPA recommends increasing the tobacco user fee by \$.75 per pack, which would provide approximately \$68.7 million in revenues in fiscal year 2010.

Increased Access to Affordable Health Care & Health & Wellness

- Medicaid for Poor Parents: KHPA recommends expanding Medicaid to include parents earning up to federal poverty level, \$1,467 per month for a family of three.
- Improving access to affordable health insurance for small businesses and young adults.
- Implementing a statewide Community Health Record
 - Providing additional funding for breast and cervical screening, and expand the program to include screening for prostate and colorectal cancer to prevent illness and death from failure to timely detect those diseases; expanding the coordinated school health program; providing wellness grants for small businesses.
 - Providing tobacco cessation programs for Medicaid recipients.



Senate Bill 81: Defining Medical Home

- “a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventative care, and to coordinate the patient’s health care needs across the health care system in order to improve quality and health outcomes in a cost effective manner.”



Operationalizing the Medical Home Concept

Goal: Create a medical home model(s) for Kansas

- Internal Working Group
- All Stakeholders Group
 - Principles subgroup
 - Marketing/Messaging subgroup
 - Pilot Projects subgroup
- Payment reforms and incentives built into pilots

Medical Home-Key Elements

- Team approach to care
- Registries for the top few diagnoses
- Active care coordination
- Prospective data collection
- Partnership with community resources
- Advanced patient education and self management support



How Will I Know One When I See One?

- Commitment to care for the whole person
- Demonstrated use of tools and systems including registries and eventually EHR
- New NCQA medical home recognition program (PPC)
- Patient satisfaction and health outcomes



PCMH-PPC Proposed Content and Scoring

Standard 1: Access and Communication A. Has written standards for patient access and patient communication** B. Uses data to show it meets its standards for patient access and communication**	Pt 4 5 9	Standard 5: Electronic Prescribing A. Uses electronic system to write prescriptions B. Has electronic prescription writer with safety checks C. Has electronic prescription writer with cost checks	Pts 3 3 2 8
Standard 2: Patient Tracking and Registry Functions A. Uses data system for basic patient information (mostly non-clinical data) B. Has clinical data system with clinical data in searchable data fields C. Uses the clinical data system D. Uses paper or electronic-based charting tools to organize clinical information** E. Uses data to identify important diagnoses and conditions in practice** F. Generates lists of patients and reminds patients and clinicians of services needed (population management)	Pt 2 3 3 6 4 3 21	Standard 6: Test Tracking A. Tracks tests and identifies abnormal results systematically** B. Uses electronic systems to order and retrieve tests and flag duplicate tests Standard 7: Referral Tracking A. Tracks referrals using paper-based or electronic system**	Pts 7 6 13 PT 4 4
Standard 3: Care Management A. Adopts and implements evidence-based guidelines for three conditions ** B. Generates reminders about preventive services for clinicians C. Uses non-physician staff to manage patient care D. Conducts care management, including care plans, assessing progress, addressing barriers E. Coordinates care//follow-up for patients who receive care in inpatient and outpatient facilities	Pt 3 4 3 5 5 20	Standard 8: Performance Reporting and Improvement A. Measures clinical and/or service performance by physician or across the practice** B. Survey of patients' care experience C. Reports performance across the practice or by physician ** D. Sets goals and takes action to improve performance E. Produces reports using standardized measures F. Transmits reports with standardized measures electronically to external entities	Pts 3 3 3 3 2 1 15
Standard 4: Patient Self-Management Support A. Assesses language preference and other communication barriers B. Actively supports patient self-management**	Pt 2 4 6	Standard 9: Advanced Electronic Communications A. Availability of Interactive Website B. Electronic Patient Identification C. Electronic Care Management Support	Pts 1 2 1 4

** Priority Elements



Health Information Technology (HIT) & Health Information Exchange (HIE)



Statewide Community Health Record

- Health Information Technology and Exchange:
 - Facilitate sharing, exchange of health records
 - Promote safety and improve quality
 - Improve efficiency and promote cost savings
- Two ongoing pilot projects
 - Wichita: HealthWave managed care providers
 - KC Area: State employees participating in employer sponsored initiative
- Expand statewide for Medicaid and SEHP
- Enhancement Request FY 2010: \$1,096,000 (AF); \$383,600 (SGF)



Importance of HIT/HIE

- Need for Health Information Exchange/ Health Information Technology (HIE/HIT)
 - Promote efficiencies in the delivery of health care
 - Improve quality of care
 - Improve patient safety
 - Potential for achieving long term cost savings
- HIT/HIE fosters coordination of care and implementation of medical home model of care
- *Includes telemedicine and telehealth*



Federal HIT/HIE Initiatives



HIT/HIE at the Federal Level

- President Bush placed a significant focus on HIT/HIE Initiatives – President Obama to build from this work
- Created the Office National Coordinator for Health Information Technology (ONCHIT) in 2004
 - **National Health Information Network (NHIN):** Issued four contracts to develop (architecture and prototype network for secure information sharing)
 - **Formation of the American Health Information Community (AHIC):** Created to serve as a national standards and policy body to make recommendations to the federal government on how to achieve interoperable electronic health records that assure privacy and security



HIT/HIE at the Federal Level (Con't)

- Other HIT/HIE initiatives
 - Call for widespread adoption of Electronic Health Records (EHR) by 2014
 - President Bush's Aug 2006 Executive Order requiring Government departments and agencies involved in health care to:
 - Adopt HIT standards
 - Work with common quality measures
 - Make price and quality information transparent to consumers
 - Create positive incentives to reward high quality health care



Kansas Initiatives



Progression of HIT/HIE in Kansas

Governor's Health Care Cost Containment Commission (H4C)

November 2004



Kansas HIT/HIE Policy Initiative

Fall 2005



Kansas HIE Commission

March 2006

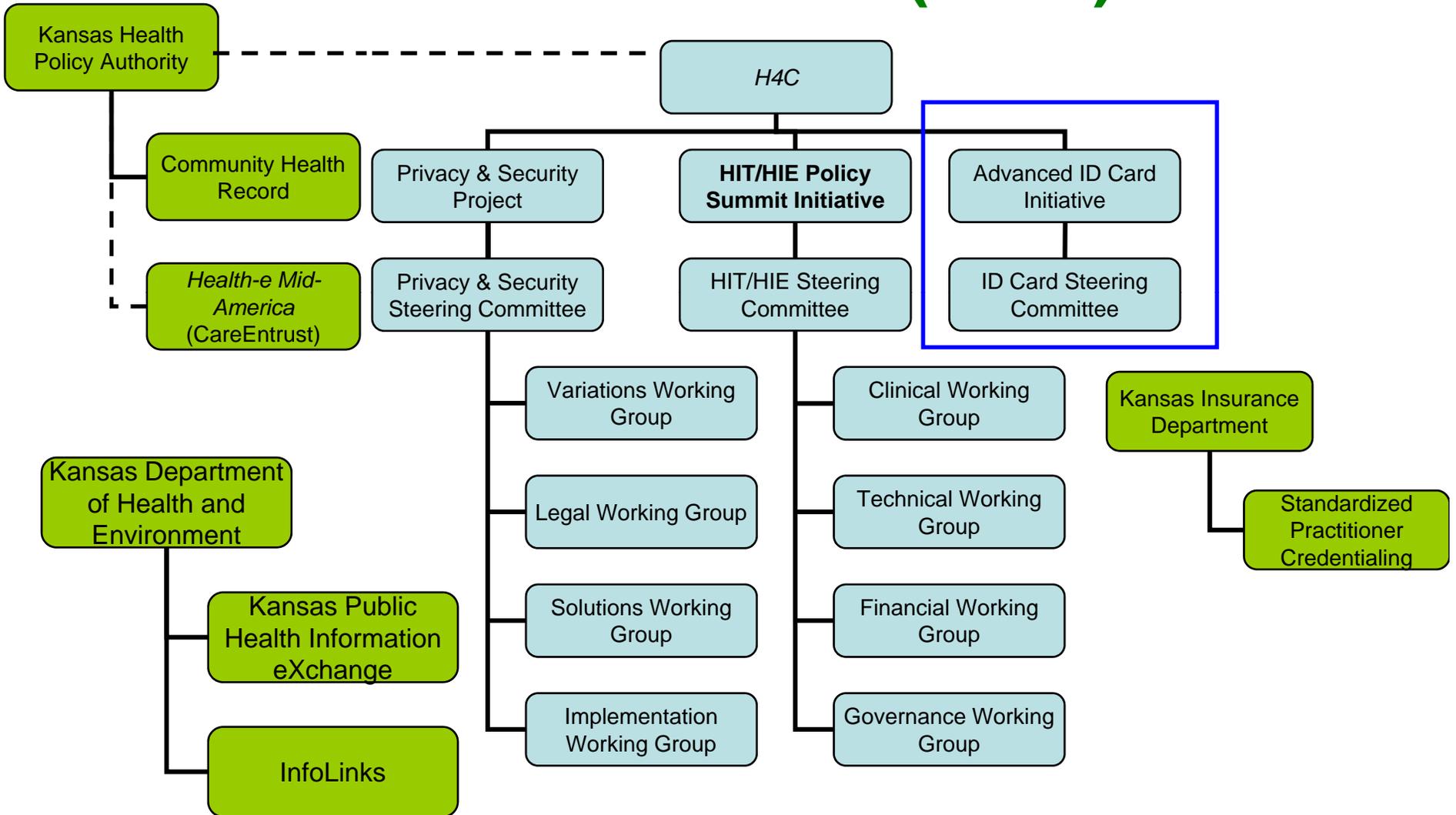


**E-Health Advisory Council
(Advisory to KHPA Board and Governor)**

Spring 2008



Kansas HIE Initiatives Overview (2004)





Kansas: Health Care Cost Containment Commission (H4C)

- **History:** Established in November 2004 by Gov Sebelius, under direction of Lt. Gov John Moore
- **Charge:** Recommend solutions to improve patient care and lower costs by (1) reducing duplicative and inefficient administration processes and (2) developing strategies for efficient and effective use of health information
- **Results:** Development of a statewide shared vision for HIT/HIE – the “HIE Roadmap”



HIT/HIE Policy Initiatives: Roadmap

- **Charge:** Develop shared vision for adoption of HIT & interoperability in KS; draft set of key principles & high level actions for statewide E-Health Information strategy
- **Work Groups:** Make recommendations on HIE infrastructure
 - **Governance:** develop sustainable governance model (oversight, coordination, direction)
 - **Clinical:** recommend data elements to be exchanged
 - **Technical:** assess HIE capability, identify gaps/barriers to address
 - **Financial:** develop sustainable financial model for infrastructure development and ongoing HIE
 - **Security and Privacy:** (Health Information Security and Privacy Collaboration or "HISPC") – develop implementation plan to address barriers to interoperable HIE
- **Financial Support:** Sunflower Foundation, United Methodist Health Ministry Fund, Kansas Health Foundation, and Kansas Health Policy Authority



Roadmap Recommendations

- Create public-private coordinating entity
 - *E-Health Advisory council (KHPA & Governor) serving in this role*
- Provide consumer/stakeholder education
 - *Kansas Health Online*
- Leverage existing resources
 - *Medicaid and State Employee Health Plan pilots*
 - *Push for statewide Community Health Record (CHR)*
- Demonstrate impact of HIE and foster incremental change
 - *CHR pilots; challenges re: interoperability, sustainable funding, ROI*
- Address privacy and security barriers
 - *Kansas HISPC Initiative*
- Seek funding from multiple sources
 - *Seeking foundation support for HIT/medical home initiatives*



Health Information Exchange Commission (HIEC)

- **History:** Governor's Executive Order established the Commission Feb, 2007
- **Charge:** To serve as a leadership and advisory group for HIE/HIT in Kansas
- **Results:**
 - Report of the HIEC delivered to the Governor for her consideration
 - HIEC Recommended:
 - Establishment of a public/private coordinating entity
 - *E-Health Advisory council (KHPA & Governor) serving in this role*
 - Resource support for HIT/HIE efforts in Kansas
 - *Budget enhancement requests for statewide community health record and HIT/HIE resource center not supported by legislature*



E-Health Advisory Council

- **History:** Given KHPA's statutory charge to coordinate health care for Kansas, Governor requested KHPA to guide development and administration of statewide health information technology and exchange
- **Charge: KHPA Board and Governor create** the E-Health Information Advisory Council to implement:
 - Statewide Community Health Record
 - Develop and implement resource center for providers wishing to implement HIT/HIE
 - Develop policy recommendations to advance HIT/HIE in Kansas



Community Health Record Pilot Project

**Development & Utilization of HIT and
HIE in Kansas**



Kansas Medicaid Community Health Record (CHR)

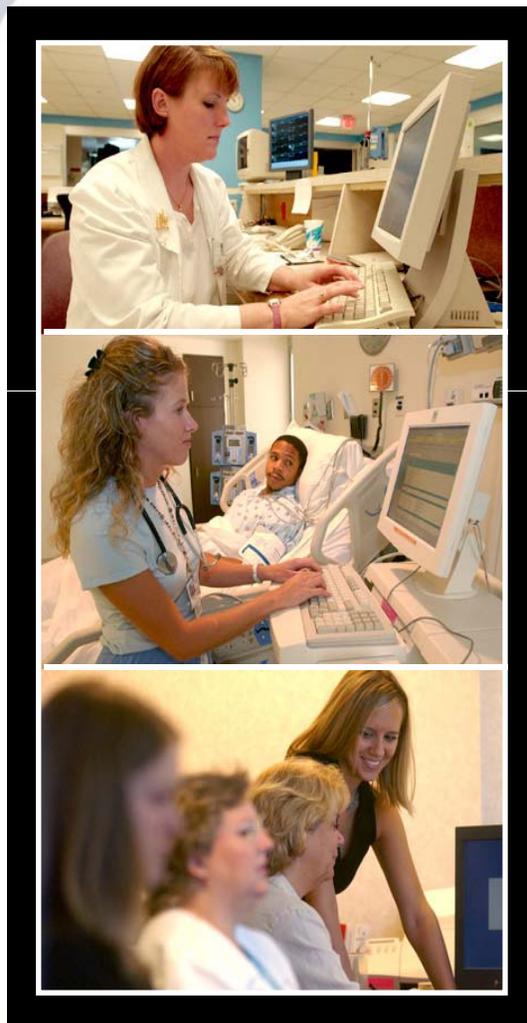
- **Location:** Sedgwick County, KS
- **Pilot Population:** Medicaid Managed Care
- **Purpose:** To improve the quality, safety, and cost-effectiveness of care
- **Timeline:**
 - Launched in Feb 2006
 - Currently implemented in 20 sites
 - Submitted a budget enhancement request of \$50,000 SGF for FY 2009 to expand program to 20 additional sites in Sedgwick County
 - Statewide expansion included in KHPA Board health reform recommendations for 2008 legislative session



Kansas Medicaid CHR Pilot (Con't)

- **Utilization:** Medicaid providers accessed 7,487 records for 4,620 unique patients in 2007
- **Functions:**
 - Web-based tool via Cerner designed platform
 - Online provider access to 12+ months of aggregated claims data and health transactions regarding a patient's office visits, hospitalizations, medications, immunizations, and lead screening data
 - Real-time e-prescribing function alerts providers of contraindication to prescribed therapy, generic alternatives, preferred drug lists, and whether it is a high or low cost drug.

Three Types Of Electronic Health Records



■ Provider Electronic Health/Medical Record (EHR or EMR)

- ◇ Legal medical record owned and used by providers to manage their own patient population
- ◇ Used across multiple venues of care within an enterprise for multiple conditions

■ Community Health Record (CHR)

- ◇ “Community owned” record that serves a “politically viable” geography, region, or health system network
- ◇ Crosses traditional provider system’s boundaries
- ◇ Derives summary information from multiple sources
- ◇ Ties into a national health infrastructure
- ◇ Enables bio-health, public health, outcomes management

■ Personal Health Record (PHR)

- ◇ Personally-managed health data
- ◇ Populated with data from CHRs and EMRs
- ◇ Wellness programs/condition mgmt.

Key Features & Benefits

- **Provides a quick summary of key activity information**
- **Web-based, easy to deploy and easy to learn**
- **Patient-centered record of aggregated health data**
- **Enables both aggregated and “shared only” views of the information**
- **Contains extendable services, e.g. in-box, eRx, etc.**
- **Stepping-stone towards a full EMR**

Sedgwick County Pilot Timeline

■ Phase I – February, 2006

- ◇ Community Health Record
 - *FirstGuard Medicaid Members*
 - *Demographics, Claimed Visits, Dispensed Medications, Immunizations*
 - *12 months of historical claims data; continue data uploads through 2006*
- ◇ Master Person Index
 - *Unique Person Identifier*
- ◇ Documentation
 - *Allergies*
 - *Kan Be Healthy*

■ Phase II – May, 2006

- ◇ HealthConnect Members
- ◇ ePrescribing roll-out (SureScripts Connection – June, 2006)
- ◇ Lead Screening Results

■ Phase III – January, 2007

- ◇ Transitioned MCO's
 - *UniCare & Children's Mercy Family Health Partners*
- ◇ New Functionality
 - *Change Password Capability, Add Patient, EPSDT Enhancements, etc.*



CareEntrust: Kansas City Health Exchange

- **Location and Participants:**
 - Non-profit organization comprised of around 20 of Kansas City's leading employers and health care organizations including Kansas State Employee Health Plan (for KC residents)
- **Purpose:**
 - To develop and manage the CHR as a means to improving patient safety and avoiding costly and wasteful health care practices
- **Timeline:**
 - Developed a business plan for a Regional Health Information Exchange that governs and manages a CHR for Wyandotte, Leavenworth, and Johnson Counties – Kansas SEHP



CareEntrust: Kansas City Health Exchange (Cont')

- **Community Health Record Details:**
 - Consists of a central data repository that stores comprehensive, person-centric health data for provider access
 - Aggregates information from health plans, pharmacy benefit managers, laboratories, and immunization registry data
- **Target Population:** employees & dependents of the 20 participating employers



Health Information Security and Privacy Collaboration



Health Information Security and Privacy Collaboration (HISPC)

- **Funding:** Federal Health and Human Service Grant funded through RTI International
 - Partnership with the National Governor's Association
- **Purpose:** Statewide assessment of business practices and policies around HIE; identify barriers to interoperable HIE; develop solutions
- **HISPC I, II, and III in Kansas:**
 - Sponsored by Governor's Health Care Cost Containment Commission (H4C)
 - One of 34 states awarded subcontract
 - **Timeline:** May 2006 through March 2007
 - **Public-Private Project Team:** KHI – project manager, KU Center for Health Informatics, and KHPA, Mid-America Coalition on Healthcare, Lathrop & Gage, other stakeholders



Tying it all together



Future of these Initiatives

- Obama Administration: Role for federal leadership re: interoperability and privacy protections
- States: Budget challenges (enhancements and staff support)
- Potential for Kansas: Use federal stimulus package dollars to:
 - Incentivize the use of electronic health information
 - Support the use of telemedicine and telehealth as part of HIT-HIE efforts
 - Use both HIT and telemedicine to create a medical home model of care that serves all Kansans.

Representative
Tom Sloan upon
hearing that the
federal stimulus
package contains
funds to promote
HIT/HIE and
telemedicine



*Coordinating health & health care
for a thriving Kansas*



<http://www.khpa.ks.gov/>