

# Successful Health Information Technology Implementation in the Patient-Centered Medical Home

PCPCC Webinar  
December 8, 2010

**Douglas S. Arnold**

Executive Director

Medical Professional Services, Inc. (MPS)

Middletown, Connecticut

# Capabilities to Support the Connected Patient-Centered Medical Home

- Ability to collect, store, manage and exchange relevant personal health information
- Ability of providers, patients, and other members of a person's health team to communicate among themselves and in the process of care delivery
- Ability to collect, store, measure and report on the processes and outcomes of individual and population performance and quality of care
- Ability of providers and their practices to engage in decision support for evidence-based treatments and tests
- Ability of consumers and patients to be informed and literate about their health and medical conditions and appropriately self-manage with monitoring and coaching from providers

# Capabilities to Support the Connected Patient-Centered Medical Home

- Health Information Technology (HIT) adoption is essential for a PCMH practice to maximize effectiveness
  - EHRs, Registries, e-Prescribing, secure HIE and messaging
- Tools to support patient communication and involvement
  - Email, Personal Health Record, health information websites, practice website with on-line scheduling & same-day scheduling, electronic patient outreach capability, care manager for chronic conditions
- Tools to support health team communication & performance
  - Team email & phone, CPOE of labs and Rx, interoperable EHRs/registries, individual & population reporting, evidence-based guidelines and monitoring

# Assistance for Primary Care Providers to Adopt HIT

- State HIT Regional Extension Centers (RECs)
  - In CT, up to \$5,500/provider in REC services to help “priority primary care providers” select, implement and get to “meaningful use” of certified HIT solutions
  - In the last two months >100 MPS PCPs have signed REC contracts to take advantage of this support
- Federal HIT incentives for ‘Meaningful Use’ of certified HIT
  - Up to \$44,000 from Medicare or \$63,750 from Medicaid per MD/DO
- Hospitals or Health Systems with HIT provided at deep discounts via Stark provisions (up to 85% of cost)

# HIT Options for Primary Care Providers

- Electronic Health Records (EHRs)
  - “big iron” EHRs, many of which still use client-server technology, may require new PM \$\$\$\$
  - Web-based EHRs with data stored “in the cloud” accessible with an Internet connection, many link with current PM \$-\$\$
- Modular HIT components, many which are interoperable, are an expanding option
  - Registries, e-Prescribing with Surescripts tools, lab interfaces, patient outreach can be much lower cost \$
  - Lots of activity in this area: stay tuned

# HIT Adoption at the Practice Level: Some Thorny Issues

- PCMH is a “team sport” where care team members and patients must regularly communicate and have access to and exchange health information efficiently and securely.
- Adoption of HIT does not guarantee ability to exchange health information efficiently and securely.
- Challenges still confront PCMH providers and patient who need to have access to and exchange health information efficiently and securely.

# Options for Secure Health Information Exchange

- Local/state Health Information Exchange (HIE)
  - Many not operational until 2013-2014
- HIE solutions for single vendor (walled garden) often hospital-sponsored
  - Single-vendor solution often puts providers at mercy of EHR vendor solutions and timelines
- Emerging standards from Nationwide Health Information Network (NHIN) **Direct Project**

# *The Direct Project*

- The Direct Project develops specifications for a secure, scalable, standards-based way to establish universal health addressing and transport for participants (including providers, laboratories, hospitals, pharmacies and patients) to send encrypted health information directly to known, trusted recipients over the Internet.
- The Direct Project is the collaborative and voluntary work of a group of healthcare stakeholders representing more than 50 provider, state, health information exchange (HIE) and HIT vendor organizations. More than 200 participants have contributed to the project. Its rapid progress, transparency, and community consensus approach have established it as a model of how to drive innovation at a national level.
- The Direct Project will expand the standards and service descriptions available to address the key Stage 1 requirements for Meaningful Use, and provide an easy "on-ramp" for a wide set of providers and organizations looking to adopt.



# *The Direct Project* Geographic Implementation Pilots

- Rhode Island Quality Institute (w/Beacon Grant of \$15m)
- Medical Professional Services (MPS) in CT
- MedAllies in Hudson River Valley area of NY
- CareSpark in Tennessee (also state HIE)
- Redwood MedNet in Northern California
- VisionShare and Public Health (multiple states)

# *The Direct Project* Pilot in Connecticut: Pilot Participants

- **MPS**: clinically-integrated network of >400 physicians (~50% are primary care physicians) Pilot Project Lead: Doug Arnold
- **Quest/MedPlus**: national lab and IT subsidiary to be HISP
- **Community Health Centers, Inc.**: largest FQHC in CT with 12 sites and 150 providers
- **Middlesex Hospital**: MPS partner in Medicare PGP
- **Masonicare**: largest home care provider in CT
- **DocSite/Covisint**: registry partner with MPS
- **eClinicalWorks**: EMR vendor
- **Microsoft Health Vault**: Personal Health Record
- **American Academy of Family Practice (AAFP)**
- **The Kibbe Group: David Kibbe, MD, MBA**

# How might *the Direct Project* be used?

The 2009-10 Congress and agencies of the federal government have created regulations that require physicians and hospitals participating in the ARRA/HITECH incentives awarded for meaningful use of electronic health record (EHR) technology to:

- Send messages and data to each other for referral and care coordination purposes.
- Send alerts and reminders for preventive care to their patients.
- Send patients clinical summaries of their visit and of their health information.
- Receive lab results from labs.
- Send immunization and syndromic surveillance data to public health agencies.
- Integrate with HIT vendor systems

Each capability can be enabled with point-to-point secure e-mail or in a more integrated manner as HIT vendors and public health agencies enable communication with the Direct Project.

# Providers and *the Direct Project*

## Threats

Not sustainable?.

Does not provide enough value for the effort involved to train/implement?.

Yet another set of standards that may be abandoned over time?

## Strengths

Offers easy, affordable secure clinical messaging to colleagues and patients

Helps your practice meet MU criteria

Ability to connect anywhere, anytime, using smart phones and mobile devices

Vendor and operating system neutral, compatible with a broad range of health IT options

Does not require membership in a Health Information Exchange or RHIO

## Opportunities

Each provider has his/ her own Direct addresses; Direct can be implemented by any two participants, organizations or a community without a central governance structure

Ability to improve patient outreach efforts

Be part of the future of secure point-to-point and peer-to-peer health data communications

---

## What do you need to implement Direct?

---

- » E-mail client software, e.g. Outlook or webmail
- » Connection to the Internet
- » Account with a Health Internet Service Provider or HISP, who will help you get your Direct Project addresses and manage HIPAA level security
- » If you already use an EHR technology, then be certain your vendor is using the Direct Project protocols.
- » It's easy!

---

## Call to Action

---

- » Get involved!
- » Look for Direct Project pilot projects and participate
- » Encourage your affiliated health care organizations, e.g. hospitals, to use the Direct Project standards
- » Demand that your EHR technology vendors are Direct Project compliant and on the network