The Beacon Community Program

Improving Health Through Health Information Technology

The Beacon Community Cooperative Agreement Program is part of a larger health care improvement revolution that demonstrates how health IT investments and Meaningful Use of electronic health records (EHR) advance the vision of patient-centered care, while achieving the three-part aim of better health, better care at lower cost. The HHS Office of the National Coordinator for Health IT (ONC) is providing $250 million over three years to 17 selected communities throughout the United States that have already made inroads in the development of secure, private, and accurate systems of EHR adoption and health information exchange. Each of the communities, with its unique population and regional context, is actively pursuing the following areas of focus:

- Building and strengthening the health IT infrastructure and exchange capabilities within communities, positioning each community to pursue a new level of sustainable health care quality and efficiency over the coming years;
- Translating investments in health IT in the short run to measureable improvements in cost, quality and population health; and
- Developing innovative approaches to performance measurement, technology and care delivery to accelerate evidence generation for new approaches.

Beacon Community Program — http://healthit.hhs.gov

“The goal of the program is to start with outcomes and work backwards — we’ve learned that that’s an incredible gift, to have very specific goals, not for a hospital or for a clinic, but for an entire community... I’ve heard some say the technology is a good servant and a terrible master. If you know what you want to use it for, technology will yield incredible dividends.”

~ Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology

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### WHAT ARE BEACON COMMUNITIES DOING?

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<th><strong>Using EHR data as a source for performance measurement</strong></th>
<th><strong>Engaging non-traditional care delivery partners</strong></th>
<th><strong>Testing new models for community-wide health information exchange (HIE) capability</strong></th>
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<td>Communities are seeing positive, early results in quality and preventive screening measures by making timely, usable, and accurate data available for physician practices, offering support for practice transformation, and fostering a community-wide culture of improvement (CO, IN, ME, MI, RI, UT, WA).</td>
<td>Communities are ensuring that connectivity extends to include the broader spectrum of care providers working in schools (MN), ambulances (CA, OK, UT), public health agencies (CA, MN, NC, OH), and long term and post acute care providers (NY, PA, RI).</td>
<td>Communities are building or standing up community-based infrastructure and policies to increase the amount of data being shared and to provide community participants with access to patient centric views of health information that will better inform their Beacon objectives (CA, HI, LA, MI, MN, MS, NC, OK, RI).</td>
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### Expanding the reach and functionality of exchange capabilities
Communities are enhancing their HIE infrastructure to increase the richness of the data being shared and to build analytic capabilities that use the community data for advanced reporting. This expanded capability will be used to inform and measure community health outcomes (CO, IN, NY, ME, OH, PA, UT, WA).

### Developing and testing technologies and care models
From patient reported outcomes (ME, MN) to mobile health patient engagement (LA, MI, OH, UT) to remote monitoring (CA, IN, ME, NY). Beacon Communities are developing and refining technologies and care models that empower patients.

### Unleashing actionable data at the point of care
All communities are implementing IT-enabled tools that allow providers such as physicians, nurses, pharmacists, and medical assistants to proactively identify and follow-up with high risk patients, coordinate care across settings, and practice at the top of their license.

### WHAT ARE BEACON COMMUNITIES LEARNING? Quotes from the Field

#### Sustainability starts on day one
- Applications sell better than wires (especially analytics and care coordination — these are two unmet needs in most areas currently).
- Value calculators (estimating ROI) are good conversation starters.
- Don’t wait to engage CFOs from major stakeholders. Dollars won’t flow without their blessing.
- Employers are key. If motivated, they alone can drive sustainability.

#### Improvement takes time
We can never forget the need to provide education and training when introducing new or enhanced technology. The lack of training and re-training post implementation can substantially hinder the effective use of the EHRs and other technologies by many of the providers who had access to the system and over a period of time, may result in discontinued use of a system. Training is required for a user to see the value of the system. The existing EHRs were not fully used by the providers because of the lack of training on the system.

#### Relationships and leadership matter
Relationships are key. Managing relationships is an integral part of our work. We have observed that technological innovation, at times, must be secondary to one-on-one human interaction. The implementation of technology must be coupled with an equal balance of structured and unstructured relationship building of our partners regarding how to support and measure shared goals and success.

#### Align your community goals
The community at large has multiple agendas, projects, and competing goals. Having an understanding of what the other community projects are, how they impact your project and where there is competition for scarce resources, how you can align with other projects to achieve synergy and avoid competition, is vital.

#### Establish a privacy and security process
- Stand on the shoulders of giants. No HIE has to start from scratch.
- Boilerplates don’t cut it for the big guys. Open the text and get them around the table.
- Establish a review schedule/methodology and be predictable so all can participate.
- Be patient and flexible. Listen and learn from your community’s experts. Once it becomes their document they will support and defend it.

#### Start where everyone agrees
Our community asked that no patient health information be stored centrally until the partners grew more comfortable with the idea of a health information exchange. In addition, our community rallied around three core features of the health information exchange: helping providers and hospitals achieve Meaningful Use, notifying primary care providers about admissions to hospitals with different electronic medical record platforms, and connections to the NwHIN partners in our community. These features had value regardless of each provider or medical center’s health information adoption strategy.