

What's In a Certified Health IT Comparison Tool: Quality Improvement and Alternative Payment Capabilities

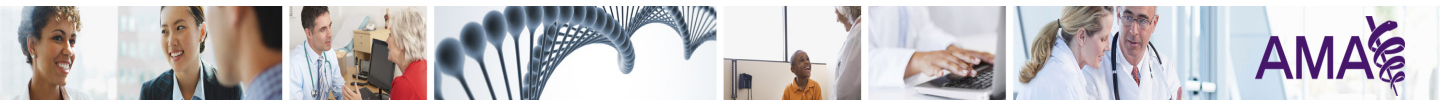
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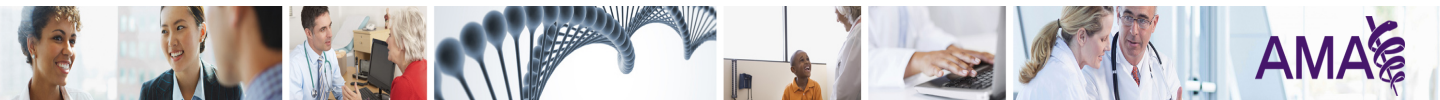
Key Assumptions

- The tool is for providers - clinicians and organizations caring for patients
- The tool will enable comparisons amongst products prior to purchase
- Updates will keep up with changes in medical practice, HIT, APMs, and MIPS
- Technical specifications will be compared across HIT vendors
- User experience comparisons will be made by clinicians and health systems accountable for quality (“real” users)
- Comparisons will focus on features that directly impact the quality of care and the experience of providers giving care
- Better matching of user needs and HIT products will impact patient health and the patient experience of care



Specific Recommendations: What's Compared

- User experience (number clicks; time to complete; overall satisfaction)
- Quality measurement
 - Measures implemented (specialty specific?)
 - Ease of measurement
 - Timeliness of performance feedback (opportunity to fix)
 - Dashboards (my performance; benchmarks)
 - Access to registries relevant to my practice
- Participation in alternative payment models (in flux)
 - Appropriate use criteria (clinical domains)
 - Clinical decision support (breadth; quality)
 - Formulary and plan updates (frequency)



Specific Recommendation: Closing the Referral Loop

- Why compare Health IT referral management tools?
 - Referrals are high volume, high cost, complicated and complex
 - Impacts a diverse patient population
 - Crosses all specialties and settings of care
 - Studies suggest <50% of referrals are “closed”
 - Current state: reliance on “work arounds”
 - Tests interoperability between ≥ 2 HIT products (referring provider; consultant; others)
 - Incorporates multiple sources of data (clinical question; urgency; lab; medications; imaging)
 - Enormous impact on quality and efficiency of care



