An HIT Framework for Accountable Care

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ACO Workgroup of the HIT Policy Council

Why an ACO HIT Framework?

- Changing reimbursement policies encourage greater accountability for cost, quality, and patient focused care

  - Federal ACO/MSS rule

  - Commercial insurers offering multiple types of ACO models

  - Some states mandating accountable care from Medicaid providers

  - Over 450 providers groups in some form of financial risk arrangement

- Different from HMO capitation of the 1990s

  - Emphasis on quality of care as well as patient engagement

  - Belief in the power of HIT to support new structures and processes

- Many new provider groups unclear about what they will need and where to start their HIT roadmaps

- No structured public discussion at the implementation level

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Value of the Framework

- Provider groups taking on financial risk -- self assessment and roadmap development, depending on organizational goals

- Payers -- assess readiness of proposed AC partners to take on risk; partnership opportunities

- Developers -- fill gaps

- All of us -- enhanced discussion and understanding of what it means to move along the continuum from current care to a transformed delivery system

Why CCHIT?

- Not for profit with an educational mission and commitment to helping providers adopt HIT for patient care purposes

- History of developing publically available HIT evaluation processes in a dynamic environment

- Convener of multi-stakeholder national experts -- 15 Commission members and a 13 member Advisory Panel

- ONC Certified EHR technology limited to meeting the requirements of CMS' Meaningful Use program

- Responding to recognized needs

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CCHIT ACO HIT Framework Contributors

CCHIT Commission Members 2012 | 2013

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Framework Development

- Commissioners–representing provider groups applying for MSS programs, a payer, developers (1 open source), patient advocacy, standards development, the dental community, and public health -- developed initial Framework over 6 monthly meetings

- Expert Panel -- reworked and prioritized Framework elements and guided accompanying paper

- Framework in Three Parts: Summary, List of HIT Capabilities, and a Glidepath

- Represents consensus among Panel members

The Framework Part 1:   Summary

- Represents a provider orientation -- how care delivery functions at the organizational level

- Grounded in goals and objectives of care delivery

- Process oriented in the accountable care delivery environment

The CCHIT Health Information Technology Framework for Accountable Care:
An Infrastructure to Support Healthcare Transformation

Aims of Accountable Provider Organizations

High Quality Health Care	Cost Efficiency	Customer Loyalty: Providers and Patients

Primary HIT Requirements to Support Accountable Care

Information Sharing between and among clinicians, patients, and other authorized entities	Data Collection and Integration from multiple clinical, financial, operational, and patient-derived sources	HIT functions supporting Patient Safety	Strong Privacy and Security protections

Key Processes to Meet the Aims of Accountable Care

Care Coordination	Cohort Management	Patient & Caregiver Relationship Management	Clinician Engagement	Financial Management	Reporting	Knowledge Management

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Key Processes and Functions to Meet the Aims of ACOs

Care Coordination	Cohort Management	Patient & Caregiver Relationship Management	Clinician Engagement	Financial Management	Reporting	Knowledge Management
Access real time health insurance coverage information	Identify cohort from within entire patient population	Basic information services	User friendly, timely and actionable Clinical Decision Support (CDS)	Administrative simplification for operations	Retrieve Data specific to measures	User friendly, timely and actionable Clinical Decision Support (CDS)
Establish payer relationships	Monitor individual patients	Administrative simplification for patients	Standard clinical assessment tools	Normalized and integrated data	Store quality metric data	Personalize patient specific information
Establish provider relationships	Clinical Decision Support	Patient educational services	Well defined care teams	Health assessment of entire patient population	Calculate quality measures	Create and share clinical knowledge
Share clinical data during transitions of care	Patient engagement within cohort	Patient communication	Communication within organization	Patient attribution algorithms	Report quality metrics for internal use	Create and share process improvement knowledge
Identify best setting for care	Engage preferred providers and clinicians in care teams	Patient engagement in care	Communication external to organization	Performance reports	Report measures to external designated entities	Support comparative effectiveness research
Identify social & community supports	Shared care management plan	Patient assumption of care responsibilities	Administrative simplification for providers	Risk sharing analytics	Report data required for syndromic surveillance	
Manage referrals	Interventions	Monitor patient goals and outcomes	Usability of HIT	Payer contract management	Public Health reporting	
Patient-centric medication management	Follow up	Patient experience of care surveys	Comprehensive educational systems for clinicians	Provider contract management	Registry reporting	
Clinical information reconciliation	Monitor cohort		Community based resources	Cost accounting	Report resource consumption for internal use	
			Public Health information	Reimbursement systems for other than fee for service	Report adverse events to Patient Safety Organization	
			Research protocol information	Billing for revenue outside of risk contracts		
				Financial manage-ment for patients		

Important Consideration

Emphasis on Primary HIT requirements common to all organizations in the accountable care arena

- Sharing of health information – among providers internal and external to organization as well as with patients and their designated caregivers

- Data integration from multiple sources -- clinical, operational, financial and patient derived

- Specific patient safety features

- Strong privacy and security protections

Can be implemented in multiple ways

The Framework Part 2: HIT Capabilities

- Each process and its functions are defined in detail

- HIT capabilities are outlined which optimally support each of the 64 discrete functions

- Care Coordination example follows

Function	HIT Capabilities	System can or has...

1. Access real time health insurance coverage information | Clinicians need to know which services and providers of all types are covered by individual patients' health insurance and patient contribution to costs of care at time of ordering and providing care

- up to date information available on patients' eligibility and plan benefits
- up to date information available on plans' provider networks
- information available on co-pays and deductibles for contemplated services

2. Establish payer relationships | The organization and the health plan or insurer may be able to effectively and efficiently partner in providing case management and other services for selected patients

- include plan based case managers among authorized users of clinical record as appropriate
- **ability for clinicians to communicate directly with specified health plan personnel about a specific patient**

3. Establish provider relationships | As the organization builds a network of preferred providers willing to formally participate in coordinating care (include physicians and other licensed clinicians, ancillary providers of care (eg., PT, OT, ST, imaging centers, emergency medical services, medical goods suppliers) in multiple settings and facilities, the clinician will have access to providers with similar goals and objectives with respect to coordinating care for a given patient

- the organization's preferred provider lists available for all types of providers and facilities across the entire continuum of care, both within and external to the accountable organization
- ability to cross reference the organization's preferred providers to patients' provider networks
- **ability to share clinical information among preferred provider systems**
- **accept notification of patient encounters within 24 hours of occurrence, wherever they may occur**

4. Share data during transitions of care* | From one setting to another across the entire continuum of care, including caregiver and social supports

- auto-populate summary document at time of transition*
- populate care plan
- **acknowledged receipt of transmission**
- **identify person responsible for follow up care**

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*ONC Certification criteria | **Bolded capability** – enhances patient safety

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Important Features

- Includes and identifies (*) all relevant ONC 2014 Edition criteria

- Identifies (**bolds**) HIT capabilities that support patient safety

- Not prescriptive with respect to who or what provides the HIT capabilities -- supports partnerships and integration of multiple products

- Many capabilities beyond the scope of a clinician's EHR

- Includes some "aspirational" technologies

The Framework Part 3: An ACO HIT Glidepath

- Based on how the care environment will likely change as provider organizations become more and more accountable for quality, costs, and customer loyalty

- Acknowledges accountable care as really about healthcare transformation

- Each organization will have a unique glidepath, commensurate with its own short and long term goals

- Functions and HIT capabilities may be more limited in early stages of healthcare transformation and grow incrementally as needed

HIT Glide Path Supporting Health Care Transformation

Stages of Transformation

Focus	Current Environment	Transitioning Environment	Transformed Environment
Financial Risk	Fee for Service, moving into early upside risk for limited number of patients	Significant upside (20% to 45% of population) or up and downside risk	Most patients under some form of global payment arrangements
Patient Influence	Patient satisfaction feedback in response to what is done in the care setting for the patient	Patient outreach and follow up; improved services and communication from the provider to the patient	True partnership with patient — all clinical decisions and interventions centered around patient needs
Clinician Culture	Individualistic and authoritative	Team based, with primary care physician arranging comprehensive care	Collaboratively engaging the patient, caregiver and professional care team
Quality of Care	Reporting on measures selected by external parties	Clinical team engaged in coordination of care and cohort management for selected populations	Care processes re-engineered using principles associated with clinical quality improvement
Cost Control	Cost of care is measured on entire population using claims	Cost managed through care coordination case and cohort management processes	Expense managed through strong business analytics, contracts, improved clinical processes, and efficient system design

Incremental Elements of a HIT System to Consider and Implement Based on Stage of Transformation

HIT Requirements, Functions and Capabilities in CCHIT's ACO HIT Framework	• ONC Certified EHR Technology 2014 • All Primary HIT Requirements • All Care Coordination Functions: provider based HIT Capabilities for accessing patient-centric information from multiple providers; management of care transition to appropriate settings may be payer based capabilities • All Cohort Management Functions: all HIT Capabilities in Functions # 2 (monitor patient) through # 8 (monitor cohort); capabilities to ID patients from clinical information, generate patient lists, populate monitoring technology, and add new patients to cohort (with date) as they present • Selected Clinician Engagement Functions and Capabilities per ACO	• ONC Certified EHR Technology 2014 • All Primary HIT Requirements • All Care Coordination Functions and Capabilities • All Cohort Management Functions and Capabilities • Selected Patient and Caregiver Relationship Management Functions and Capabilities per ACO • Selected Clinician Engagement Functions and Capabilities per ACO • All Financial Management Functions and Capabilities	• ONC Certified EHR Technology 2014 • All Primary HIT Requirements • All Functions and HIT Capabilities described in CCHIT's ACO HIT Framework

Suggested Feedback and Discussion Points

- Is a publically available ACO HIT Framework helpful?

    - To providers with defined resources

    - To payers partnering with provider groups taking on risk

    - For HIT developers and SDOs

    - For policy development -- how and at what level, if so

- How can the primary HIT requirements be implemented in different accountable care settings?

- Is CCHIT's Framework of ACO Key Processes and Functions a reasonable starting point? Are there any major omissions?

- Is the level of specificity of the HIT Capabilities appropriate?

- Does the ACO HIT Glidepath for healthcare transformation help operationalize support for high value healthcare?

Thank You!

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www.healthaffairs.org/blog   for overview, link to Framework, public feedback, comment, discussion

www.cchit.org/hitframework for access to the interactive CCHIT ACO HIT Framework with User's Guide

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