

Spotlight on: Illinois's Strategic Partnerships and Focus on Utilization

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❖ The Challenge

Illinois has over 34,000 active physicians, many of whom are eligible for meaningful use incentive payments. Considering the state's large provider population, it was crucial to establish effective partnerships to ensure all providers know about the state's Direct services.

❖ The Approach

Illinois partnered with the state's two Regional Extension Centers to assist with provider education and outreach as well as signup support for Illinois's Direct services. A mutually beneficial relationship, Illinois's Office of Health Information Technology (OHIT) receives support for its Direct adoption efforts while the two RECs get financial incentives for providers they help sign up.

❖ Illinois's Key Takeaways

- ✓ Leverage partnerships with RECs to build upon existing relationships with providers.
- ✓ The most successful partnerships are those that are mutually beneficial.
- ✓ Tailoring messages to specific stakeholders may not only increase adoption, but also usage.
- ✓ Regular tracking and reporting mechanisms are important to maintain focus on what matters in quantifying progress.

To help advance Direct adoption in 2012, the Illinois Office of Health Information Technology (OHIT)—the state's designated entity for health information exchange (HIE)—began a formal partnership with the two state regional extension centers (RECs) in the form of grant agreements. We highlight Illinois because this highly collaborative, mutually beneficial partnership has helped advance Direct adoption across Illinois beyond what OHIT could have done going it alone.

Illinois Direct Adoption Profile

Approach	OHIT contracted with a HISP vendor which also serves as the certificate authority and registration authority. OHIT funds Illinois's two RECs to promote Direct to health care providers through education and outreach, signup assistance, etc.
Branding	Illinois Health Information Exchange (ILHIE) Direct Secure Messaging
Payment model	OHIT is offering Direct free for licensed Illinois health care providers and professionals starting December 2011 and throughout 2012. For Care Coordination Entities (CCEs), ¹ the service will be available at no cost through 2013.
Use cases	<ul style="list-style-type: none"> • Transitions of care, including referrals • Physician-to-physician communication • Care summary exchange • Behavioral health • Long term care • Medicaid managed care
Go live date	December 2011
Sign-ups to date	772 providers (as of July 2012)

Forming Successful Partnerships

As OHIT planned to launch outreach and adoption efforts to get its Direct services in the hands of health care providers, the Chicago HIT Regional Extension Center (CHITREC) and Illinois HIT Regional Extension Center (ILHITREC), Illinois's two RECs, emerged as natural partners in the effort. In addition to established working relationships among these three organizations, CHITREC and ILHITREC have widespread reach to providers across the state and existing outreach mechanisms – tools and connections the organizations have already used to secure a provider portfolio. OHIT also realized that providing

financial incentives for assisting with Direct adoption efforts may help CHITREC’s and ILHITREC’s sustainability. Based on this, OHIT entered into a grant agreement with each REC to formalize a partnership on Direct outreach and adoption and to provide funding to the RECs to carry out specific tasks. The grant agreements run through December 31, 2012 (with an option to renew for an additional 12-month term) and outline in detail each organization’s responsibilities, key deliverables, and payment terms as follows:

- **REC goals:** OHIT provided each REC with a goal of signing up a number of providers equal to 30% of its member populations by the grant agreement end date of December 31, 2012. Though the grant agreement specifies the REC’s member population, providers who are not registered with the REC as well as non-primary care providers count towards its goal. The table below outlines each REC, including service area, goal, and progress as of July 2012.

Name of REC	Service area	Total Goal (# of individual sign-ups)	Progress as of July 2012
Chicago HIT Regional Extension Center (CHITREC)	Chicago metropolitan	446	92
Illinois HIT Regional Extension Center (ILHITREC)	All other areas outside Chicago	390	528

- **Key REC responsibilities:** The grant agreement lays out the REC’s specific deliverables-based responsibilities, including a requirement to report Direct recruiting results on a monthly basis. This important requirement has helped OHIT hold RECs accountable to specified targets and better communicate overall progress to stakeholders. Other requirements include:
 - Leverage the OHIT secure messaging solution recruiting materials to promote the use and integration of the ILHIE Direct solution into meaningful use and EHR workflows among the REC’s target providers
 - Support ongoing education within the REC’s target population
 - Manage the promotion of Direct services within the REC’s portfolio
 - Guide interested providers through the signup process
 - Survey Direct subscribers to determine how they are using Direct
- **Key OHIT responsibilities:** In addition to providing incentives to the RECs to increase Direct adoption rates, the grantee agreement discusses OHIT’s monitoring, guidance, and outreach/education responsibilities including:
 - Develop monthly usage statistics of the REC provider population and review recruiting results on a monthly basis
 - Provide feedback on the REC’s recruiting efforts on a monthly basis and on promotion strategies on a semi-annual basis
 - Develop and refine Direct marketing materials
 - OHIT does the majority of Direct outreach and marketing. OHIT maintains a listserv of approximately 2,000 individuals as well as a specific Medicaid provider listserv where the organization has disseminated flyers, e-mails, [newsletters](#), and other marketing materials. In addition, OHIT hosts frequent webinars and has created educational tools such as a Direct tutorial and a FAQs document. All of the marketing tools are shared with the RECs for use.

- Manage the actual Direct [signup process](#) via the Illinois Health Information Exchange website
 - While RECs are responsible for directing users to the site, some providers have signed up without the REC's contact. In these cases, OHIT uses the provider's zip code to determine the REC jurisdiction and counts the provider towards the appropriate REC's goal.
- **Payment:** Per the grant agreement, the maximum allowable payment amount to the REC (within the time period of March 1, 2012 – December 31, 2012) is \$60,000. Each REC is paid a base quarterly installment of \$7,500 per calendar quarter regardless of the number of sign-ups it achieves, and then is given additional incentive funds tied to progress it makes toward established goals. The incentives are tied to percentages of each REC's total goal; as the targets become more challenging, the incentives also increase. For example, in March 2012, if the RECs registered 10% of their total goal, they received a one-time payment of \$3,000. The stakes are higher in September 2012, where successful registration of 45% of the REC's total goal deems a one-time payment of \$13,500. To date, OHIT has paid \$40,500 total to the state's RECs.

Focusing on Usage

Thinking beyond just getting providers to sign up for Direct, OHIT is also focusing on how to increase Direct usage. OHIT recognizes that the RECs are well-positioned to play a key role here as well, helping to discover new use cases, uncover referral patterns, etc. Together, these partners are engaged in the following strategies to encourage more Direct use:

- **Referral networks:** As part of the sign up process, OHIT asks each on-boarded provider to identify five providers they would like to communicate with via Direct. OHIT (and/or the REC) then reaches out to those named providers.
- **High-value use cases:** OHIT has honed in on several use cases that may drive value and thereby active use of Direct.
 - **Behavioral health:** Illinois has a \$600,000 federally funded grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources Service Administration (HRSA) to support the Behavioral Health Integration Project (BHIP). Through its participation in the BHIP—specifically five recent behavioral health summits—OHIT learned that many behavioral health providers do not have EHR systems and also cannot exchange information readily due to stringent patient privacy laws in Illinois. OHIT has successfully signed up 79 behavioral health care providers to use Direct due to this particular group's high need to communicate with one another in a manner that is compatible with Illinois law.
 - **Long term care:** The Illinois' Quality Improvement Organization is facilitating a care transition pilot between long term care and acute care facilities. From this initiative, OHIT signed up 39 long term care facilities and a few referring hospitals so that providers can communicate about patients in the pilot.

To complement the direct outreach that OHIT and the RECs do for these targeted groups, OHIT also tailors its webinars to specific audiences. A recent webinar targeted at Medicaid providers generated a great deal of response with approximately 400 registrants.

- **Promotional campaigns:** On June 15, 2012, ILHITREC launched a campaign called the "Biggest User" that will reward users based on the amount of messages and attachments they send via Direct. Having experienced a slight uptick in Direct transaction volume already, ILHITREC will

continue to market the initiative on a bi-weekly basis via e-mail blasts, phone calls and [newsletters](#). ILHITREC will award three prizes—including an iPad and retail gift certificates—to the users that send the greatest volumes of messages. The initiative runs until mid-September 2012.

- **Provider testimonials:** One of the critical deliverables each of the RECs must complete is documenting the various ways providers use Direct. So far, this has produced some powerful testimonials, capturing Direct’s value for providers and their patients.

OHIT’s [website](#) recounts the story of Margo Roethlisberger, vice president at a behavioral health clinic. Margo signed up for ILHIE’s Direct services for her clinic. Even though the clinic had an electronic health record (EHR), many of the organizations and hospitals it communicated with on a regular basis did not have an EHR, causing the clinic to waste time and money processing patient information via fax or on paper. Margo and her colleagues found that by the time they processed the information, it was too late to impact patient care. Recognizing this significant issue, the clinic was able to convince several of its referring hospitals to obtain a Direct account. Now physicians at the clinic can review a patient’s information at the time of service, which has led Roethlisberger to cite better coordination of care, safety and outcomes for the clinic’s patient population.

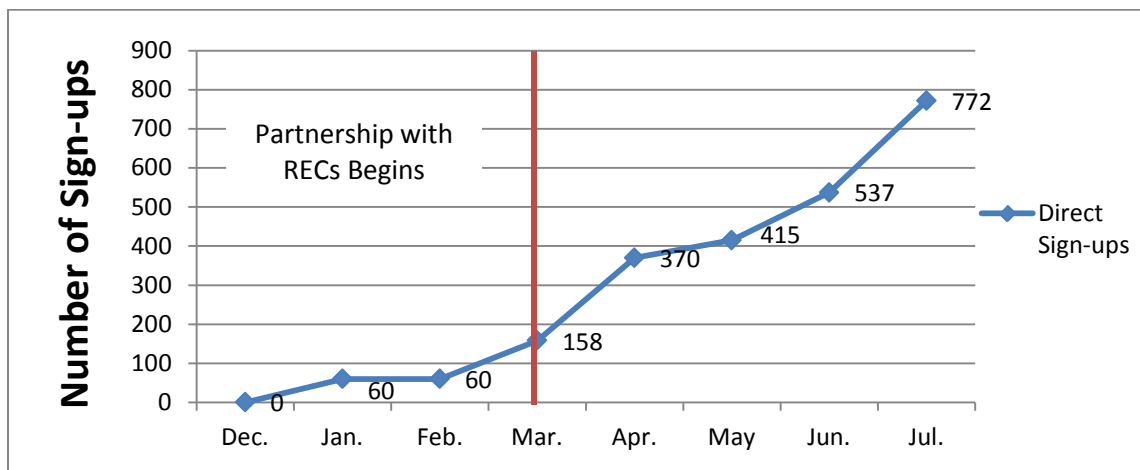
“We see over 300 behavioral health clients a month. All the paper coming in was overwhelming. Receiving paper discharge summaries and transition of care summaries via fax and mail were of little to no value. By the time the paper was received, scanned and placed in a patient’s EHR, the patient had already been seen by clinical staff.”

- Margo Roethlisberger, VP of Program Operations in Behavioral Health and Clinical Services, Ada S. McKinley Community Services

Seeing Results

As of July 2012, OHIT has 772 ILHIE Direct Secure Messaging sign-ups. Shown in **Figure 1** below, OHIT’s adoption numbers have steadily increased since OHIT began promoting Direct in December 2011; OHIT has made further advancements since the organization initiated its partnership with the RECs to promote Direct adoption.

Figure 1. Number of ILHIE Direct Secure Messaging Sign-ups, December 2011 to July 2012



References and Links

To learn more, please contact Laura Zaremba at Laura.Zaremba@Illinois.gov.

And for more information please visit:

- [ILHIE Direct Secure Messaging website](#)

ⁱ A Care Coordination Entity (CCE) is a collaboration of providers and community agencies, governed by a lead entity, which receives a care coordination payment in order to provide care coordination services for its Enrollees.