The Office of the National Coordinator for
Health Information Technology

Exploring the Impact of Digital Technologies on Consumer Engagement and Empowerment for Communities of Color

April 24, 2014

Moderated by: Fadesola Adetosoye, Public Affairs Manager
The Office of the National Coordinator for Health Information Technology

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Health Information Technology

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Building Health IT for All Communities

Erin Mackay, MPH
Associate Director,
Health IT Programs

ONC-OMH Webinar
Washington, DC
April 24, 2014

national partnership
for women & families

About Us

▶ **National Partnership for Women & Families**

　　▶ Non-profit, consumer organization with 40 years' experience working on issues important to women and families.

　　▶ Health and care, workforce, anti-discrimination

▶ **Consumer Partnership for eHealth**

　　▶ Non-partisan consumer coalition led by NPWF since 2005 working to ensure health IT initiatives and policies are implemented according to the needs of patients and families; amplifies consumer voice.

Health IT:
Tool for Transformation

‣ **As a nation we are –**

   ‣ More diverse,
   ‣ Living longer…
   ‣ But with more illness.

‣ **Technological revolution**

   ‣ In 2013, 85% of American adults used the Internet.
   ‣ As of 2013, 91% of American adults have a cell phone, 56% have a smartphone, and 34% have a tablet computer.
   ‣ In 2012, 85% of hospitals and about 60% of doctors' offices had electronic records.

‣ **Health IT = Collecting, sharing, and using electronic health information for communication and decision-making**

   ‣ Enables patient-centered care delivery (improves care coordination, safety, quality)
   ‣ Can also be used to engage patients and families **directly**

Health IT &
Consumer Engagement

Health IT enables consumers to be:

Agents of Change
-Communicating priorities, goals; taking action to meet goals

Informed Decision Makers
-Selecting & coordinating w/ providers; seeking & using personalized information

Sources of Verification & Contextual Information
-Identification & correction; patient-generated health data; preferences & values

Integrators of Health into Daily Lives
-Self-management & support; improved access to health care system

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One Size ≠ All

Women account for 50.8% of population

U.S. Hispanic population reached 50.5 million – increase of 43% from 2000

Non-Hispanic Whites decreased 5.4% as percentage of total population

56 million people live with a disability

57 million identify solely as Black, African-American, American Indian or Native Alaskan, Asian, or Native Hawaiian and Other Pacific Islander

58 million people ages 5+ speak language other than English at home

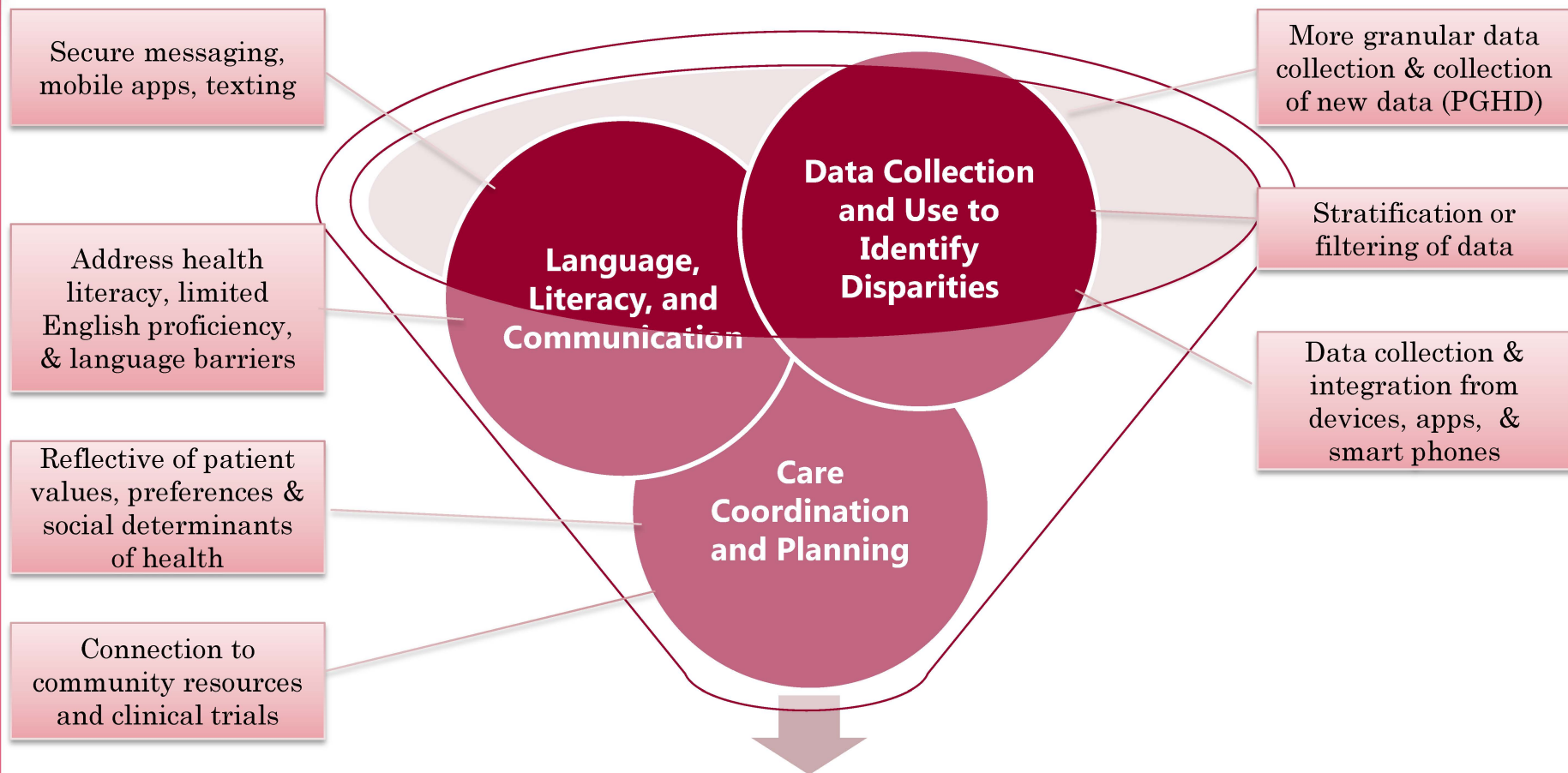LGBT individuals overall comprise 3.8% of national population

Enhancing Health Equity:
Meaningful Use

▸ **Health IT can reduce health disparities by increasing individuals' access to their own health information, improving communication between providers and patients, and improving data collection and use.**

▸ **The EHR "Meaningful Use" Incentive Program offers prime opportunity.**

    ▸ Meaningful Use = Use of EHRs in a way that positively affects patient care

▸ **Our Plan: <u>Leveraging Meaningful Use to Reduce Health Disparities: An Action Plan</u>**

Secure messaging, mobile apps, texting

More granular data collection & collection of new data (PGHD)

Address health literacy, limited English proficiency, & language barriers

Stratification or filtering of data

Data Collection and Use to Identify Disparities

Language, Literacy, and Communication

Data collection & integration from devices, apps, & smart phones

Reflective of patient values, preferences & social determinants of health

Care Coordination and Planning

Connection to community resources and clinical trials

Healthier Population, More Equitable Care

Data Collection: Status Quo

OMB Standards
White
Black or African-American
Hispanic or Latino
Asian
Native Hawaiian or other Pacific Islander
American Indian or Alaskan Native

HHS Standards →

Data Collection: Going Forward

Part of Current OMB Standards	Latino/Hispanic Category	Asian Category	Native Hawaiian or Other Pacific Islander Category
White	Not of Hispanic, Latino/a, or Spanish origin	Asian Indian	Native Hawaiian
Black or African American	Mexican, Mexican American, Chicano/a	Chinese	Guamanian or Chamorro
American Indian or Alaska Native	Puerto Rican	Filipino	Samoan
	Cuban	Japanese	Other Pacific Islander
	Another Hispanic, Latino, or Spanish origin	Korean	
		Vietnamese	
		Other Asian	

Why the Granularity?

▶ **Helps identify relevant patterns in patient population; highlight potential disparities in care, outcomes**

    ▶ Subsequent development of strategies and solutions

    ▶ Tailored reminders and follow-up; patient education materials

        ▶ Linguistically and culturally appropriate

▶ **Different ethnic groups have vastly different health profiles:**

    ▶ 22% of Korean adults versus 7% of Chinese adults are smokers.

    ▶ Asian Indian adults are nearly three times more likely to have diabetes than Japanese-Americans, but are less likely to have hypertension.

    ▶ Puerto Ricans and Hispanics living in the Southwest have higher rates for Type 2 diabetes than Cubans.

Next Steps:
Access & Use for All

▶ **Health IT implementation and use that meets the needs of diverse populations**

  ▶ Timely, online access to comprehensive health information
  ▶ e-tools and applications to collect, use, and share health data

▶ **Linguistically & culturally appropriate**

  ▶ Diverse languages, need for linguistic competency and translation
  ▶ Range of literacy in reading, health care, and electronic technology

▶ **Diverse and accessible technology platforms**

  ▶ Mobile access!
  ▶ Differing needs of older people and younger people
  ▶ Diverse abilities and disabilities

▶ **Person-Centered Care Planning**

  ▶ Reflective of patient preferences, values, life circumstances
  ▶ Diverse cultures and communities, need for cultural competency

US Adults' Health Literacy Levels, 2003

- Proficient 12%
- Below basic 14%
- Basic 21%
- Intermediate 53%

SOURCE Department of Health and Human Services (Note 14 in text).
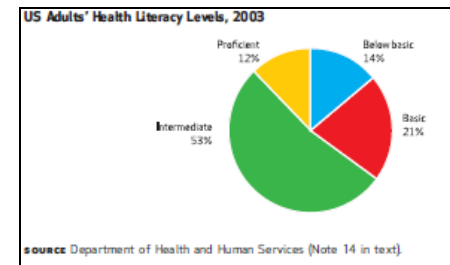
Who owns smartphones
% of American adults within each group who have a smartphone

All adults (n=3,014)	45%
Men (n=1,337)	46
Women (n=1,677)	45
Age	
18-29 (n= 478)	66
30-49 (n=833)	59
50-64 (n=814)	34
65+ (n=830)	11
Race/ethnicity	
White, Non-Hispanic (n=1,864)	42
Black, Non-Hispanic (n=497)	47
Hispanic (n=427)	49

Source: Pew Research Center's Internet & American Life Project, Summer Tracking Survey, August 7-September 6, 2012. N=3,014 adults ages 18 and older. Interviews were conducted in English and Spanish and on landline and cell phones (1,206 cell calls were completed). Margin of error is +/- 2 percentage points.

Thank You!

Contact me:

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Exploring the Impact of Digital Technologies on Consumer Engagement and Empowerment for Communities of Color

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4/24/2014

About NACHC & What We Do

- The National Association of Community Health Centers (NACHC) was organized in 1971 to provide a unified voice and common source for research, information and advocacy for community health centers

- NACHC works with a network of state health center and primary care organizations to serve health centers in a variety of ways:

  – Provide research based advocacy

  – Educate the public about the mission and value

  – Train and provide technical assistance

  – Develop alliances with private partners and key stakeholders

About Community Health Centers

- Located in or serve a high need community (designated medically underserved area or population)

- Governed by a community board composed of a majority (51% or more) of health center patients who represent the population served

- Provide comprehensive primary health care services as well as supportive services (education, translation, transportation, etc) that promote access to health care

- Provides services available to all with fees adjusted based on ability to pay

- Meet other performance and accountability requirements regarding administrative, clinical financial operations

The Reach of Community Health Centers

1,200+
HEALTH CENTER ORGANIZATIONS
AND **9,000+** LOCATIONS

153,000
EMPLOYEES*

88.3 MILLION
ANNUAL PATIENT VISITS

22.3 MILLION PATIENTS CURRENTLY SERVED

OF WHOM:

36%
ARE UNINSURED

39%
HAVE MEDICAID

93%
ARE LOW INCOME

73%
ARE RACIAL/ETHNIC MINORITY
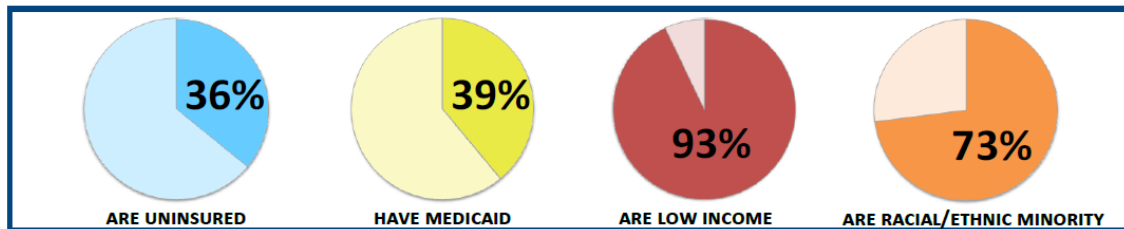
SERVING THE NATION'S MOST VULNERABLE:

1 OF 7 MEDICAID BENEFICIARIES

1 OF 5 LOW INCOME, UNINSURED PERSONS

1 OF 7 RURAL AMERICANS

Most Health Center Patients are Members of Racial and Ethnic Minorities

Race

- White 65%
- American Indian / Alaska Native 2%
- More than One Race 4%
- Asian / Hawaiian / Pacific Islander 5%
- Black / African American 25%

Ethnicity

- Hispanic / Latino 35%
- Non-Hispanic / Latino 66%
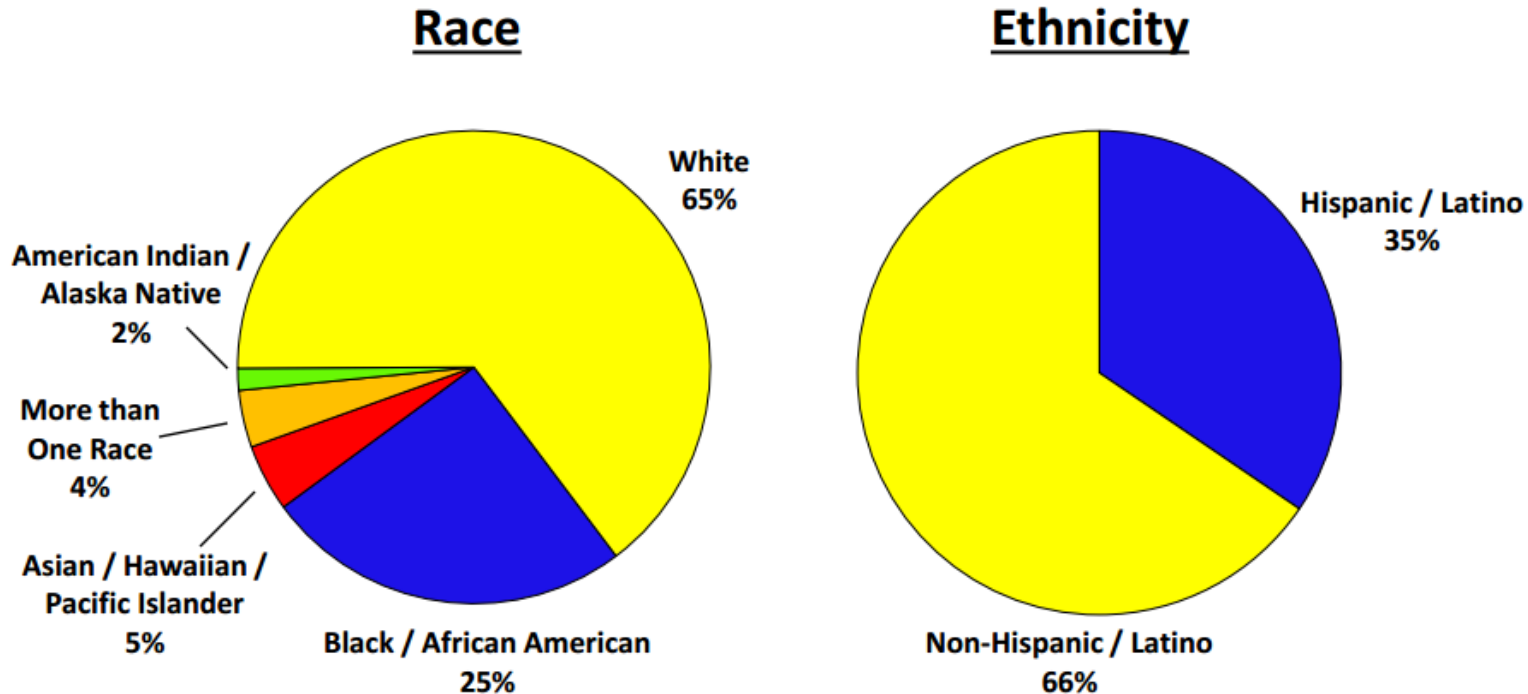
*Please refer to sources and methodology at the end for more information
Source: Federally-funded health centers only. 2011 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS.
Note: Based on percent known. Percents may not total 100% due to rounding.

Electronic Health Record Adoption in FQHCs

- HRSA 2012 UDS data show:

  - **90%** of health centers have adopted EHRs <u>in at least some sites</u>

  - **79%** of health centers have adopted EHRs <u>across all of their sites</u>

Data Source: HRSA 2012 UDS

A Difference One Year Can Make

2011
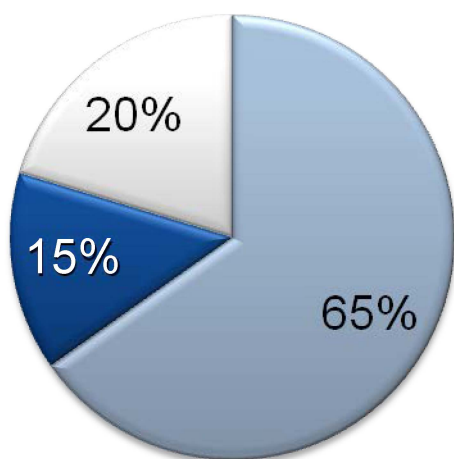
- All Sites — 65%
- Some Sites — 15%
- Non-Adopters — 20%

2012
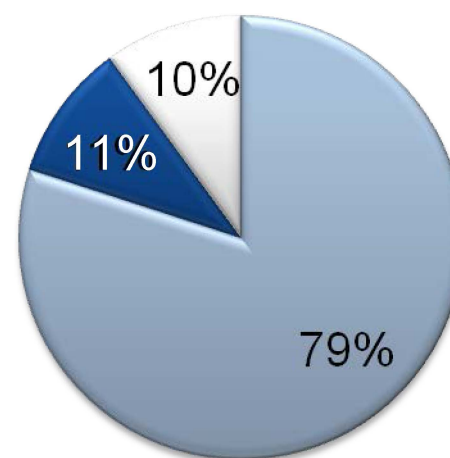
- All Sites — 79%
- Some Sites — 11%
- Non-Adopters — 10%

Thought Leadership + High Technology Adoption Among CHCs

=

Innovations in Community Health

- 97.5% of Unity's patients are of a racial or ethnic minority

- 40% of Unity's adult patients are obese, 25% of pediatric patients are obese and another 20% are overweight

- Dr. Zarr worked with partners to create a searchable park database of 350 parks summaries (called Park Pages), with each Park Page corresponding to an individual park

- Parks are located within the city and rated on certain criteria (e.g. level of activity, accessibility, cleanliness, and safety, among others)

Example 1 Continued – Park Rx

- This database was linked to their EHR that allows any provider to access the information
- Providers ask their patients what activities might be of interest to them and then search the database to find the right park(s) closest to their homes
- Patients leave with a printed copy of the prescribed park(s) and activity
- Provides a model for integrating other referrals such as diabetes self management and smoking cessation services offered by public health departments

Example 1 Continued – Park Rx

- Since going live in July 2013, Dr. Zarr has convinced 27 fellow health providers to actively recommend and use electronic park prescribing with their patients

- Over 500 prescriptions have been made to build Park Rx into their existing workflow

- "Even though many of our patients have accessible parks and some where already going, they didn't think of going to the park as a way to improve their health. The kids get really excited when they see all the cool things some of their neighborhood parks offer that they hadn't realized before."

Example 2 – Accelerating Change by Improving How Providers Assess and Address Patient Risk by focusing on SDH

- The social determinants of health (e.g. the social environmental, and economic factors) act as barriers to health outcomes and drive health care costs in the form of preventable health care utilization

- Current payment systems do not incentivize the prevention or management of SDH nor does it cultivate needed community partnerships necessary for approaching health holistically and in an integrated fashion

- As part of a 3 year project, we are working with partners to create, implement, and promote a standardized risk assessment tool that goes beyond medical acuity to account for SDH

Example 3 – A Chinese Patient Portal at Charles B Wang CHC, NYC

- Federally Qualified Health Center established in 1971
- Sites located in Chinatown, Manhattan & Flushing, Queens
- 89% served in language other than English
  - Mandarin, Cantonese, Fujianese, Korean, Vietnamese
- Comprehensive Care:
  - Internal Medicine, Pediatrics, Women's Health, Mental Health, Dental, Social Work

CHARLES B. WANG
COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

Example 3 - Background

- Many health disparities can be attributed to limited access to healthcare services

- Linguistically appropriate electronic access to health information is significant for vulnerable patient populations

- Innovations in health information technology (HIT) may effective in addressing these barriers

CHARLES B. WANG
COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

Example 3- Why patient portals?

- EHRs that directly engage patients through a patient portal can be a powerful platform for:
    - Increasing patient access to their health information
    - Empowering patients
    - Providing a gateway to educational resources
    - Enhancing patient-provider communication
    - Supporting patient self-management

Example 3 - Overview - CBWCHC Chinese language patient portal

- Launched December 2013
- Available in Traditional and Simplified Chinese in addition to its original platform in English
- Funded in part by grant from The New York Community Trust
- Patients are able to access their health records, review lab results, schedule appointments, refill prescriptions, and communicate with their healthcare providers in a secure environment

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COMMUNITY HEALTH CENTER
王 嘉 廉 社 區 醫 療 中 心

Example 3- CBWCHC Chinese Language Patient Portal

Example 3 - Preliminary Results

Number of Patient Portal Enrollments (as of Mar. 13, 2014)

Language	Site			Total
	Canal	*Walker*	*Flushing*	
English	4628	1993	2910	**9531**
Traditional Chinese	449	131	102	**682**
Simplified Chinese	6	1	3	**10**

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Questions?

Persistent Problem: Health Disparities

The UN-Conundrum

- **Underserved**
- **Underrepresented**
- **Uninspired**
- **Untrusting**
- **Uninformed**
- **Unengaged**
- **Un-Activated**
- **Un-Empowered**
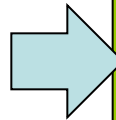
Factors:

Social Determinants of Health

Lack of trust

Lack of Culturally Competent Providers

Lack of culturally-specific health information

Inability of public/private stakeholders to consistently reach these most vulnerable but quickly growing communities

Snapshot of Health Disparities

Health Disparities are Prevalent in the African American Community

- **HIV/AIDS -** 66% of new cases in U.S. (12% of U.S. pop.)

- **DIABETES –** Twice as likely to be diagnosed with diabetes than Whites

- **CARDIOVASCULAR DISEASE –** African American men 30% more likely to die from heart disease

- **CANCER -** 10% higher incidence rates; 30% higher death rates

- **ASTHMA –** 4X times more likely to be hospitalized than Whites

- **OBESITY -** African American women suffer from the highest rates of obesity

The Cost of Health Disparities

IMPACTS ALL OF US

• In 2009, health disparities cost the U.S economy $82.2 Billion
• Health disparities increased health spending by $59.9 Billion
• African Americans bore most of the increased healthcare costs ($45.3 Billion)
• Private insurance plans paid 38.4% of the healthcare costs of health disparities. Individuals and families, through out-of-pocket payments, paid 27.7%, more than Medicare and Medicaid programs combined
• Health disparities reduced labor market productivity by $22.3 Billion
If we do nothing the costs of disparities will grow to $363.1 Billion by 2050

Future of Health Disparities

White kids will no longer be a majority in just a few years

By 2018 or 2019, the Census Bureau projects that white children will account for less than half of the under-18 population.

Solution to the Cost Problem Begins with Engaged Consumers

RECENT ISSUE FEBRUARY 2013

New Era Of Patient Engagement

NEW ISSUE MARCH 2013

Promoting Health And Wellness

Engaged and Activated Patients Lower Costs

Hospital Readmit within 30 Days — 13% (More Activated Patient), 28% (Less Activated Patient)

Experience a Medical Error — 19% (More Activated Patient), 36% (Less Activated Patient)

Suffer a health consequence from poor communcation among providers — 13% (More Activated Patient), 49% (Less Activated Patient)

■ More Activated Patient
■ Less Activated Patient

Source: AARP Survey of patients over 50 with 2 or more chronic conditions

Connecting Our Consumers

<u>Mandated Engagement and Activation</u>

- **The HITECH Act** established the individuals right to obtain electronic access to their health information

- Patient access and engagement is part of **Meaningful Use** incentive requirements.

- Patient engagement is a critical focus of **Care Coordination, PCMH and ACO's.**

- Health information sharing efforts can help providers and hospitals fulfill **Meaningful Use** and health reform requirements.

Our Engagement Solution

AMECHealth.org

Our Growth Potential Within this Faith-Based Sector

20+ Million Users

Faith Based Organizations	Number of Churches	Number of Congregants
AME Church	6,000	6 million
National Baptist Church	31,000	8.3 million
CME Church	3,000	.85 million
COGIC	12,500	6.5 million
AME Zion Church	3,200	1.4 million

We Have Trusted Access

Visit their doctor 15 minutes per year

Visit their church 70+ hours per year
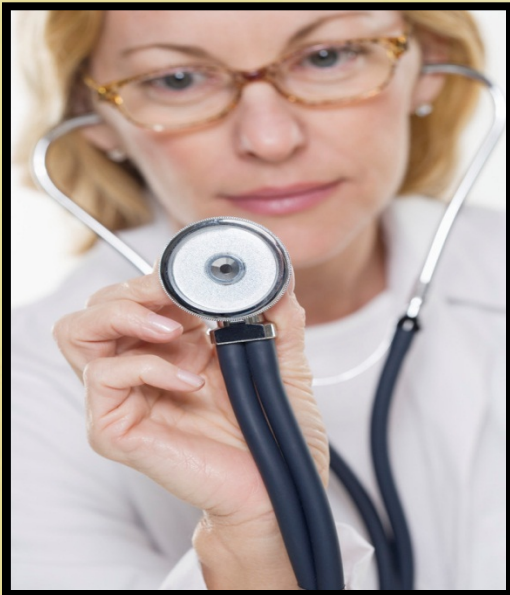
Congregants Trust OHM

- The Church represents the primary social media channel in the African American community.
- We successfully leverage relationships with churches to drive health promotion and disease prevention initiatives.

Manage BP with AMECHealth.org
Public-Private Community Health Initiative
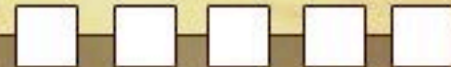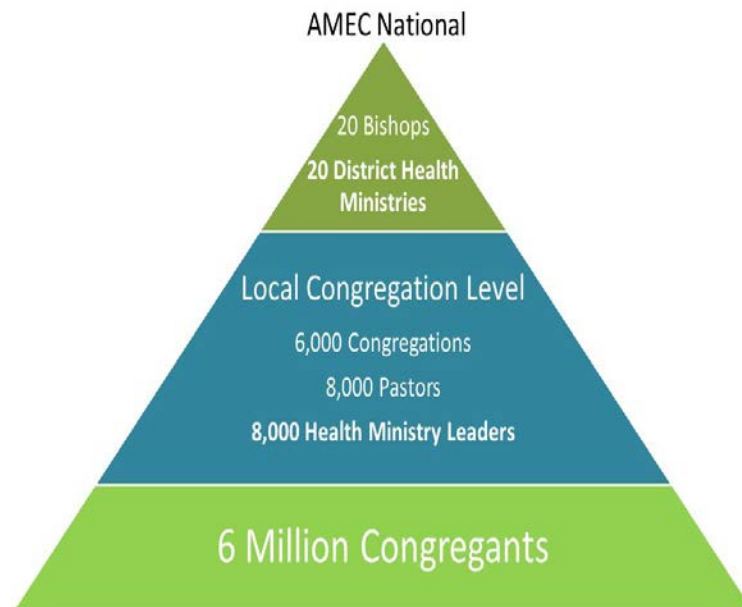
NYC Pilot cont'd

Focused on improving hypertension awareness and highlight the benefits of screening and interventions by promoting the Manage BP with AMECHealth program comprised of:

- Awareness training program
- Hypertension resource center
- Screening & interventions
- BP monitoring & management tools
- Individual & community metrics

Success Factors

- Trusted access
- Information dissemination
- Consistently reach most vulnerable communities

800+ participants in 12 weeks

AMEC National

20 Bishops
20 District Health Ministries

Local Congregation Level
6,000 Congregations
8,000 Pastors
8,000 Health Ministry Leaders

6 Million Congregants

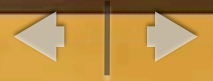# Data Capture and Reporting

Text4Wellness.com

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Text4Wellness.com

HOME   ABOUT   EXPERTS   MEMBERS   FEATURED RECIPE   SHARE YOUR STORY

TEXT "HEALTHY" TO 30644

LEARN MORE

TEXT4WELLNESS IS A MOBILE HEALTH SERVICE THAT PROVIDES TIMELY AND ACTIONABLE INFORMATION ABOUT HEALTH LIFESTYLES, DISEASE PREVENTION, GENERAL WELLNESS, AND ACTIVE LIVING.

TEXT "FIT" TO 30644

LEARN MORE

MOBILE-IZE 4 FITNESS IS A MOBILE HEALTH SERVICE THAT PROVIDES MOBILE REMINDERS TO FITNESS CLASS MEMBERS ABOUT STAYING ACTIVE AND ENGAGED IN HEALTHY LIVING THROUGH FITNESS, NUTRITION AND WELLNESS TIPS.

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Contact

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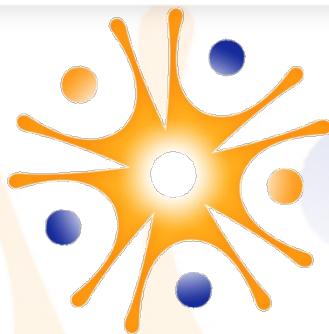
NATIONAL HEALTH IT COLLABORATIVE

For the Underserved

"A Public/Private Partnership for a Healthier America"

Exploring the Impact of Digital Technologies on Consumer Engagement and Empowerment for Communities of Color

Luis Belen
Chief Executive Officer

April 24th, 2014

NHIT Mission & Purpose

National Health IT Collaborative for the Underserved (**NHIT Collaborative**) is a public/private community partnership that was established in 2008 with the support of the Office of Minority Health and over 100 organizations and individuals.

Mission:
Contribute to the elimination of health disparities and the attainment of optimal health through the effective use of HIT for the underserved, with emphasis on multicultural underserved communities, and those who care for them.

Purpose:
- Empower underserved consumers to use HIT for health self-management
- Promote HIT adoption by providers in underserved communities
- Foster creation of a HIT workforce
- Educate and inform regarding HIT federal/state policies and their impacts
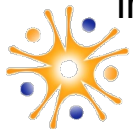- Propagate HIT best practices and solutions

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Recent Achievements

Strategic Relationships:

– Creation of a National Advisory Council with these founding members:

  – National Council of Asian Pacific Islanders Physicians

  – National Hispanic Medical Association

  – National Medical Association

  – The Joint Center for Political and Economic Studies

– Relationships established with Federal Communications Commission, Verizon, Kaiser Permanente, and The City University of New York

Webinars:

– "EHR Adoption in Underserved Communities: Time is of the Essence

– "'Safety Net' RECs: Best Practices for Provider Engagement"

– "HIT for Consumers in Communities of Color/Strategies to 'Leapfrog' Disparities in Access, Adoption and Use"

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"A Public/Private Partnership for a Healthier America"

HiTech and HiTouch

Our Focus on Multicultural Communities:

- Premise – if multicultural communities experiencing disparities are not fully engaged in HIT, disparities will worsen!

- Important role providers play in our communities – therefore initial focus on their adoption of HIT and access to MU incentives

Outreach:

- HiTouch – in CA, FL, GA and TX

- Getting the word out through Teach-Ins, webinars, Congressional briefings, presentations at conferences, collaboration with professional associations serving providers of color.

- Promotion of HIT use by consumers to put health management in their hands – webinars, recent report, collaboration with vendors and organizations representing consumers, with focus on multicultural underserved communities.

NATIONAL HEALTH IT COLLABORATIVE
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Safety-Net RECs

NHIT has established relationships with the REC for PR and USVI at the Ponce School of Medicine and the Georgia HITEC at Morehouse School of Medicine. We plan to include other RECs to:

- Exchange information on effective approaches to reach out to minority providers and providers working with multi-cultural underserved communities

- Develop new strategies to promote Health IT adoption and Meaningful Use among those providers working as part of a safety net to reach out to the underserved

- Develop approaches for consumer engagement

- Promote the analysis and dissemination of best practices

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Workforce Development

Workforce Development Initiative:

- The vision of the Healthcare & Health Information Technology Diversity Workforce Development Program - collaborate with higher education institutions and employers.

- Focus on encouraging students from underrepresented communities of color to participate and excel in new training, certification, and licensure programs for HIT-related employment and careers.

- Promote internships as the foundation for HIT careers for individuals who can contribute to a more culturally and linguistically appropriate health care system.

Good News Report: Leveraging MHCAs

- Mobile Health Care Applications (MHCA) have the potential to close the gaps in health care outcomes.

- African Americans and Latinos are statistically more likely to use their phone for the sole method of gaining online information.

- Of the MHCAs used, African Americans (59%) were more likely than Latinos (51%) to track basic health indicators like diet, weight, and exercise. Latinos , however, were more likely than any other patient group to research health information on their mobile phone (25% for Latinos , 19% for African Americans and 15% for whites).

- Further studies suggest MHCA have the potential to improve both the cost and efficiencies of healthcare in certain communities of color (COC).

Key Recommendations

– Tools must be transparent and open about information use; why it is collected, who has access to it, and how it is used.

– Tools should be able to be tailored to individual preferences. Applications must be presented in a manner in which the consumer will both understand and engage.

– Trusted organizations with proven outreach capacity should be resourced to inform and educate COCs about the benefits of HIT for health improvement and consumer empowerment.

– Pilot projects implemented by vendors in partnership with COC agencies to create and test MHCAs aimed at reducing/eliminating disparities in such areas as diabetes, hypertension and asthma.

Consumer Engagement & Broadband

- *NHIT Collaborative is working closely with the FCC to* Leverage the Power of Broadband and ensure that advanced health care solutions are readily accessible to all Americans. *(See* Official Federal Communications Commission (FCC) blog*, released on April 10.)*

- Development of broadband-powered health tools such as MHCAs tailored to multicultural underserved communities, especially reflecting cultural competencies, and accessibility in multiple languages.
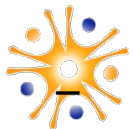
First Annual Conference: Save The Date

First Annual NHIT Collaborative for the Underserved Conference and Career Expo: *Connecting for Health Empowerment Using Health Information Technology to Transform Care in Multicultural Communities*

– To coincide with National Health IT Week.

September 16th & 17th, 2014
Washington, DC

– This first in a series of annual conferences will present "cutting edge" strategies that use health information technology (HIT) tools to advance health and eliminate disparities. While the focus of discussion is on multicultural underserved communities, presenters will offer solutions to help transform the nation's health care ecosystem.

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For the Underserved
"A Public/Private Partnership for a Healthier America"
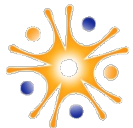
Contact Us

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The Office of the National Coordinator for
Health Information Technology

Questions and Answers Session

Thank You

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