



“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

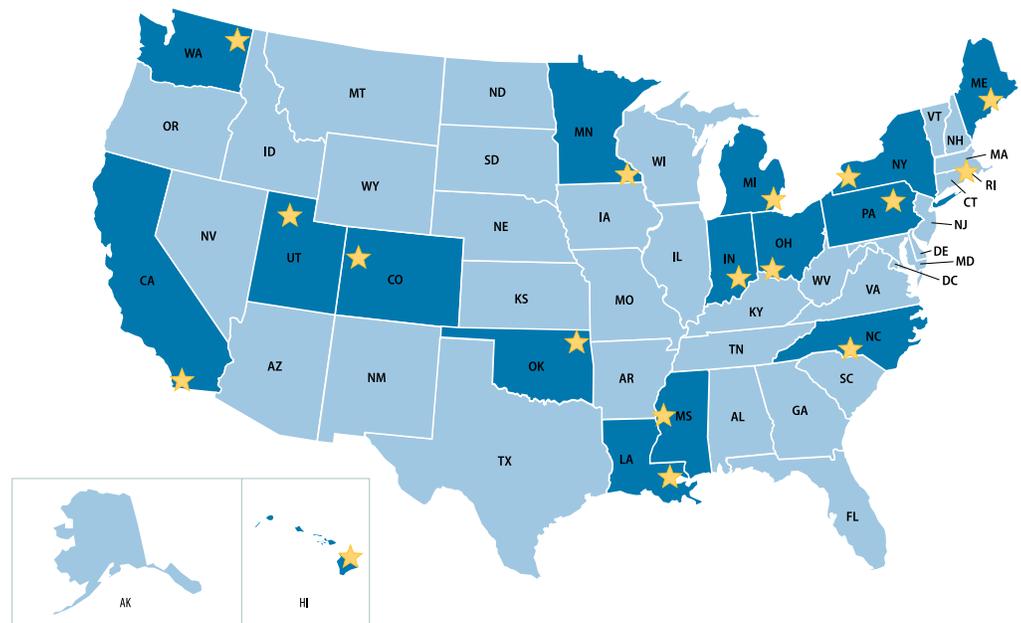


The Beacon Community Program

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 measurable 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.



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WHAT ARE BEACON COMMUNITIES DOING?

Using EHR data as a source for performance measurement

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).

Engaging non-traditional care delivery partners

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).

Testing new models for community-wide health information exchange (HIE) capability

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).

Expanding the reach and functionality of exchange capabilities

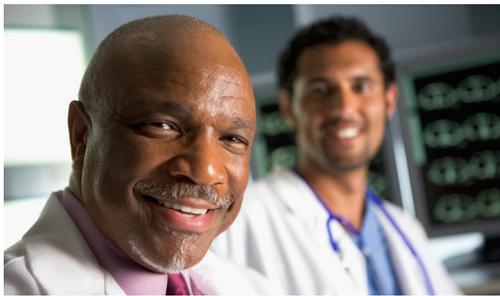
Communities are enhancing their HIE infrastructure to increase the richness of the data being shared and to build analytic capabilities that use the community data for advanced reporting. This expanded capability will be used to inform and measure community health outcomes (CO, IN, NY, ME, OH, PA, UT, 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.



“Focus on the areas of overwhelming support, not the coolest technologies. Although there are many ideas regarding the use and types of data that can be transmitted using the health information exchange, not every suggestion had community-wide impact or merit.”



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.

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.

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.

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.