

CMS ELECTRONIC HEALTH RECORD DEMONSTRATION KICKOFF

Karen Wolk Feinstein, PhD
President and Chief Executive Officer
Pittsburgh Regional Health Initiative

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Four Points by Sheraton Pittsburgh North



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PRHI Overview

- A Pittsburgh regional multi-stakeholder coalition — *neutral, nonprofit* — helping others to create the highest value health delivery systems in the United States

How?

- Reducing costs by improving quality, safety and efficiency — starting at the frontline of care



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Formed in 1997

- Before IOM Reports:
 - *To Err is Human: Building a Safer Health System*
 - *Crossing the Quality Chasm: A New Health System for the 21st Century*
 - Michael Porter's *Defining Competition in Markets: Why and How?*
- By Pittsburgh's leading corporate CEO entity:
The Allegheny Conference on Community Development
- To create the highest value delivery system in the Pittsburgh region



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Side-by-Side with Daily Medical Miracles Performed in the Field

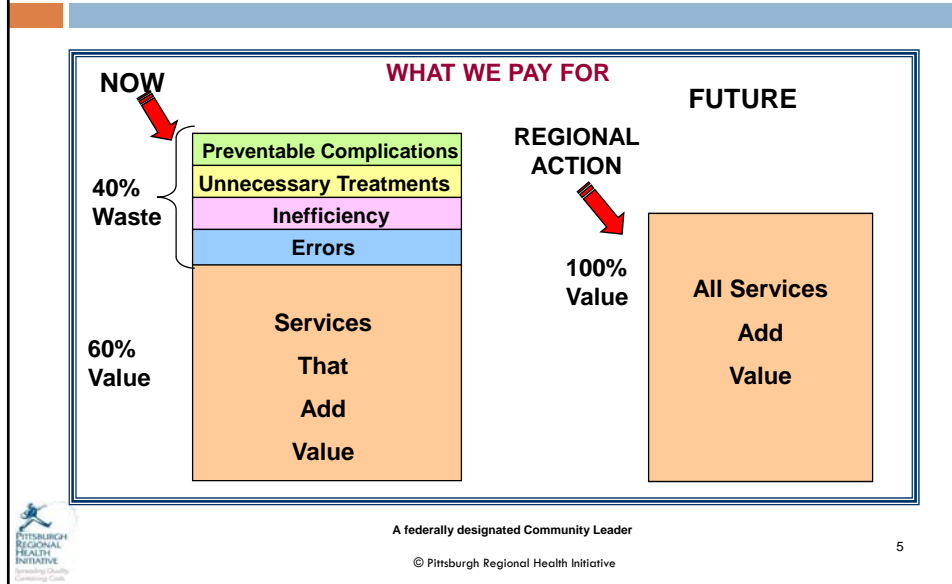
- Clinical best practices aren't followed consistently, or aren't known
- Underutilization, overutilization, and mis-utilization of health care services is the norm in virtually every setting
- Appropriate care is delivered to patients on a timely basis only 55% of the time



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Pittsburgh's Prescription for Healthcare Reform



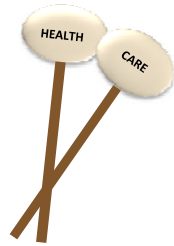
What is 100% Value?

- Five core principles for perfecting care
 - Care systems organized to meet patient need safely, efficiently and completely
 - Ambitious targets for eliminating error, waste and obstacles to the best care
 - Teamwork for 100% compliance with proven clinical and safety practices
 - Work redesign experiments for rapid problem solving during daily work
 - Leadership obligation to support continuous improvement

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Building a High **VALUE** Care System: Hitting all Notes on the Xylophone of Quality



or we don't make music

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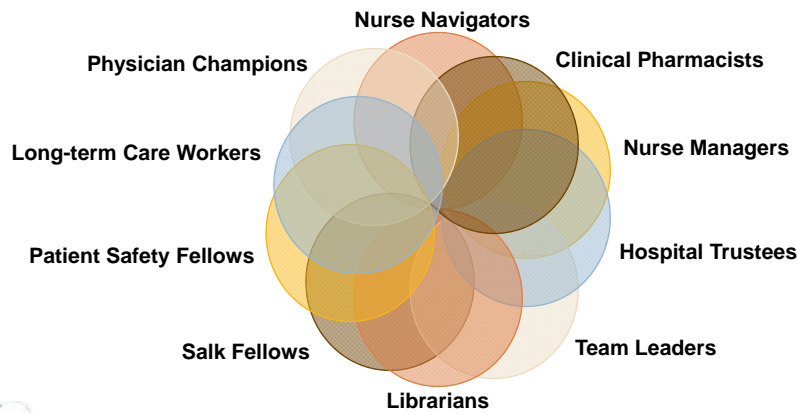
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Whom We Empower: frontline staff...and then some



PPC METHODS

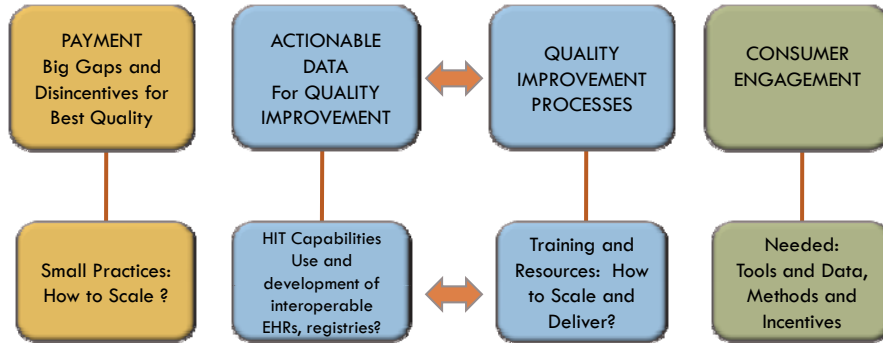


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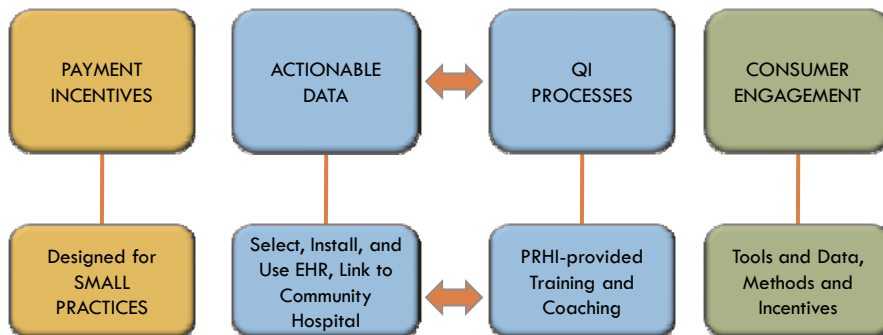
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Current Limitations for Chronic Care Quality Improvement



EHR Demo Project A Big Head Start



CMS EHR Demonstration PRHI Role as Community Partner

- PRHI application on behalf of SW Pennsylvania
- Substantial incentives for participating primary care practices (up to \$40 million for region)
- PRHI as Community Partner
 - ▣ Recruit practices
 - ▣ Support collaborations between hospitals/practices
 - ▣ **Support practice improvement/attaining benchmarks**

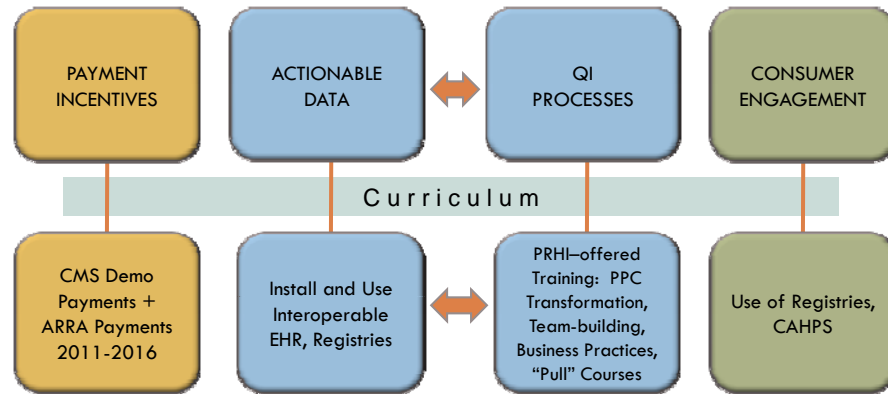


PRHI – Highmark Strategic Partnership

- Practice recruitment phase
- Highmark HIT grants to eligible practices
- Highmark \$1 million/2 year grant to support practice improvement
- PRHI “Practice Champions”
 - ▣ Free, customized, voluntary training programs for EHR demonstration participants
 - ▣ EHR adoption and effective use by small practices (ONCHIT describes as “biggest challenge”)



Practice Champions Initiative



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Practice Champions Program Design




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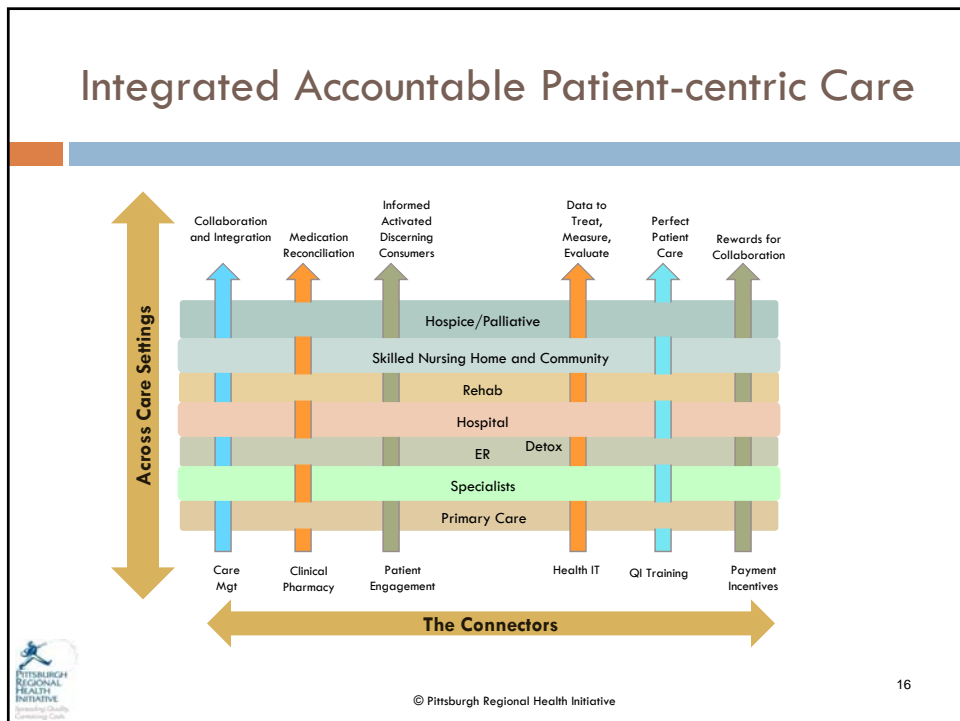
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Improving Chronic Disease Care in Smaller Primary Care Settings

PRHI	CMS Demo 5 years	GOHCR Demo 3 years
<ul style="list-style-type: none"> • Performance focused at frontline care delivery • PRHI will provide support, training, and coaching • Projects to reduce readmissions, ER visits, complications — via coordinated outpatient-inpatient local care networks <ul style="list-style-type: none"> • COPD/readmissions • ITPC • ACN (planned) 	<ul style="list-style-type: none"> • May 2009 kick-off and EHR vendor fair • Incentive payments for implementation of EHRs (Years 1-5) • Incentive payments for chronic illness data reporting (Year 3), and attaining key chronic care benchmarks (CHF, etc. in Years 4-5) • PRHI practice management training and coaching 	<ul style="list-style-type: none"> • 2009 kick-off • Implement Wagner Chronic Care Model • Establish patient registries, report data • Incentive payments for participation in learning collaboratives & coaching • Incentives payments for attaining diabetes care benchmarks • 2nd chronic illness focus in Years 2/3

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Integrated Accountable Patient-centric Care



ARRA Investment and Supports for Health Information Technology

Standards	Systems	Upfront \$	Incentives
<ul style="list-style-type: none"> HIT Standards Committee to develop national standards CCHIT standards in force (for now) 	<ul style="list-style-type: none"> HIT Policy Committee State extension programs to create HIE's, other systems Regional extension programs for technical assistance and local data networks 	<ul style="list-style-type: none"> Loans to practices at favorable terms States to administer/match funds for low interest loans to practices 	<ul style="list-style-type: none"> CMS incentives of \$44,000/physician (max) over 5 years, beginning in 2011 (for early adopters) Compatible with EHR demo payments? CMS incentives to hospitals, starting at \$1 million



ARRA EHR Incentives “Meaningful Use”

EHR must be used for improving patient care

... must be capable of exchanging data with other providers and systems

... must be able to report data electronically to CMS



Growing Focus on Hospitalizations for Improved Value

- Biggest share of spending (37% of private insurance)
- Highest rate of increase in spending for private insurance (25% growth, 2003-2006)
- A significant share of MD costs are hospital-based
- Hospital costs are higher due to adverse events
- Hospital utilization higher due to poor prevention and weaknesses in primary care

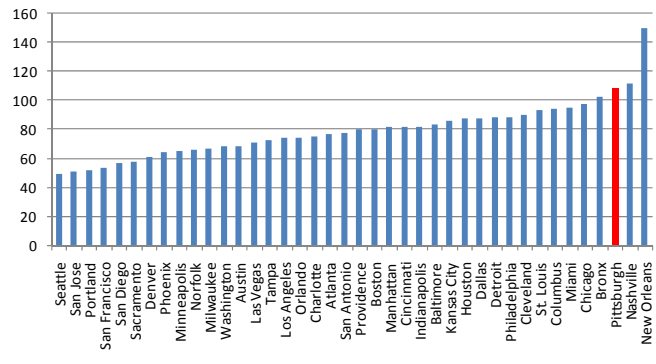


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Pittsburgh Region Is 3rd Worst in Preventable Admissions

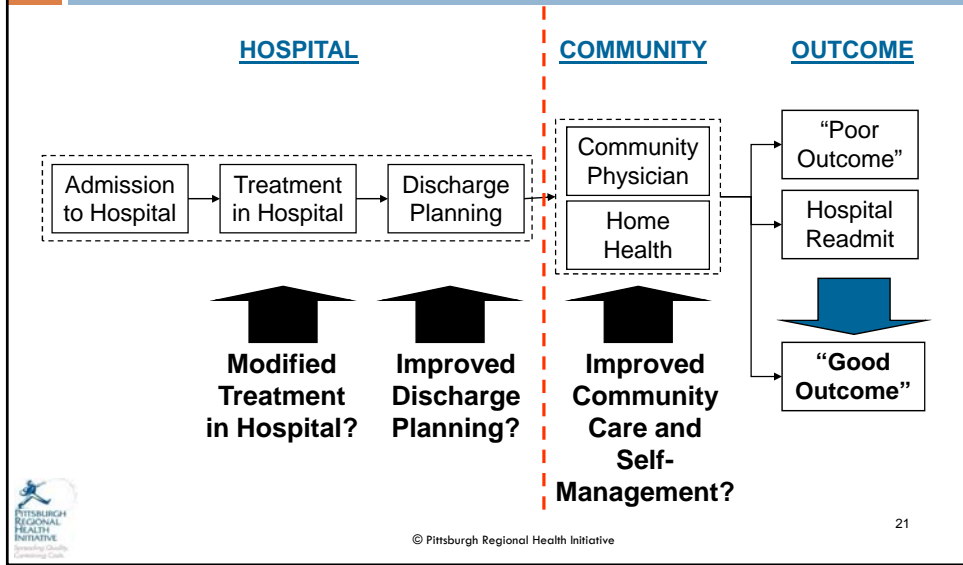
Discharges for Ambulatory Care-Sensitive Conditions per 1,000 Medicare Enrollees (2005)



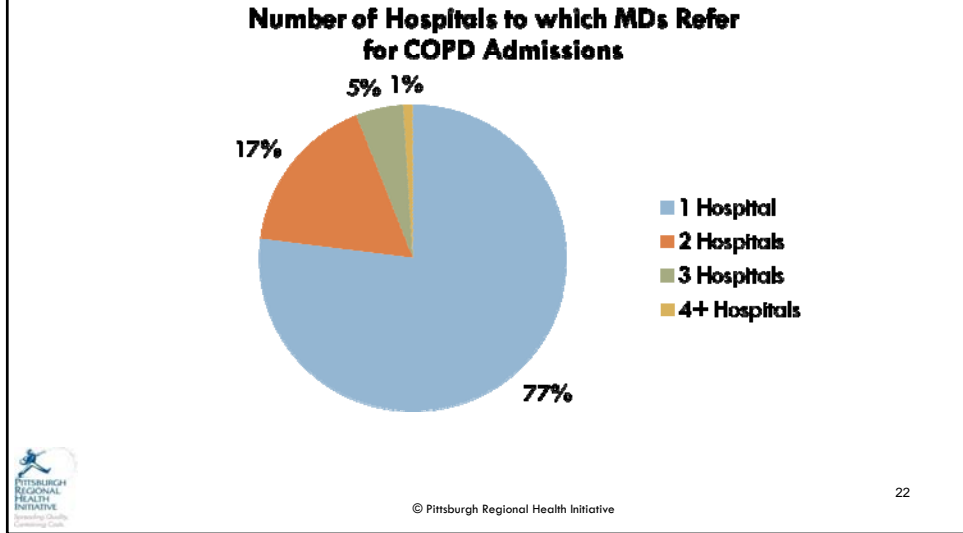
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Reducing Readmission Requires Thinking Across Provider Lines



One Thing Most MDs Have in Common: A Single Hospital



Creating Accountable Care Systems Throughout Southwestern Pennsylvania

- **Accountable Care Systems:**
Physicians in Communities
Centered Around Hospitals
Collaborating to Improve
Quality and Control Costs

