Delaware Health Net, Inc.

The Path to a Healthier Community
Using Technology and Data Analysis to determine who will benefit from care

- Meet “Alexa” -- 36, married with 2 young children and has lived in Delaware for 9 years
- Her husband’s and her employer do not provide Health Insurance
- English is not her primary language
- She reads at a 9th grade level in her native language
- She has not been to the doctor in 2 ½ years
- She does not know that she has developed high blood pressure and cervical changes that may be cancerous
DHN Centers

Henrietta Johnson Medical Center
- Wilmington - Southbridge
- Wilmington - Riverside

La Red Health Center
- Georgetown
- Sussex Tech
- Seaford
What Delaware Health Net Does

- Purchasing economies of computer systems
- Share computer system infrastructure
- Share processes to improve and educate
- Facilitate automated outreach to patients in need
- Facilitate Clinical Improvement activities
- Facilitate Providers sharing best practices
- Develop reports of who is in need of care to share and learn
- Capture, document and analyze clinical data
- Research complementary technologies to improve care
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- Health Information Technology Strategists
  - Research what technology helps staff, providers and patients and implement it in DHN centers
- Quality Improvement Strategists
  - Identify where providers can best impact patients
  - Develop ways to efficiently identify those in need
- Yes, we are the Training and IT Department too.
Impact on Health Outcomes 2009-2011

- Full immunizations for 2 year olds increased from 55% to 70%
- Cervical cancer screening for women 21-64 increased from 45% to 61% *
- Screening for sexually transmitted diseases in women ages 15-65 increased from 20% to 45%

* Alexa needs this to potentially save her life
But there are functional limits to success
DHN Centers are heavily investing in advanced HIT infrastructure
(N+1 where ever feasible)
As a result of implementing the EHR, many things changed quickly.
Some real progress in less than 36 months

- Electronic prescribing
- E-Faxing (both inbound and outbound)
- Clinical results inbound (DHIN)
- Digital signatures for forms
- Digital scanning (image of insurance cards)
- Structured Data
- Electronic outreach and appointment reminder calls
- Secure messaging between providers
- System Availability 24/7/365
- Layers of backup protection
  - Hardware based backups locally
  - Regional backup facility (Cary, NC)
  - Redundant backup facility (Texas)
Advanced Data Mining & Actions

- WI reports (who isn’t)
  - Pediatric immunizations
  - Pap smears *
  - Mammography
  - Regular Diabetic care
  - HTN (Hypertension) Management
  - Obesity Management
  - STD screening

*Alexa lands on the missing Pap smear report and with the outreach call we make if she comes in. we will discover her high blood pressure and the life threatening cervical changes
Stage 1 Meaningful Use

- Capture information in a structured format
- Using the information to track key clinical conditions
- Communicating the information for Care Coordination Purposes
- Implementing Clinical Decision Support Tools to
  - Facilitate Disease and Medication Management
- Use EHRs to Engage Patients and Families with summaries
- Reporting Clinical Quality Measures
Focuses on functionalities that will allow

- Continuous Quality Improvement
- Ease of Information Exchange

The Meaningful Use Progression--
- First the Tools (Stage 1) 2011-2013
- Then, the actionable information (Stage 2)
- Then, the improvement (Stage 3)
You can’t do it all at once!
The Data Evolution Model

The depth and quality of data is critical in determining success.
Meaningful Use

- Up to $63,750 per provider
- Certification & Attestation
- 20 Objectives
- 6 Quality Measures (options and choices)
- 5 Care goals
- Incentives available for years to pay for the new costs as they are incurred
PCMH

- Recognition & Documentation of actions
- 6 standards
- 27 elements
- 149 factors
- Very specific and detailed requirements for each factor
- Meaningful Use “on steroids”
- Increases primary care costs significantly (care coaches)
- Very real need to pay for significant new costs
The Triple Aim

Health

Care

Cost

IHI, Berwick, 2008
Simple Comparison?

**Meaningful Use**
- Goal A: Improve quality, safety, efficiency, & reduce health disparities
- Goal B: Engage Patients and Families
- Goal C: Improve Care Coordination
- Goal D: Improve Population and Public Health
- Goal E: Ensure Adequate Privacy & Security Protection for PHI

**2011 PCMH**
- PPC1: Enhance Access & Continuity
- PPC2: ID & Manage Patient Populations
- PPC3: Plan and Manage Care
- PPC4: Provide Self Care Support & Community Resources
- PPC5: Electronic Prescribing
- PPC6: Test Tracking
PCMH/MU Overlap Summary

- 100% of Meaningful Use is incorporated into PCMH but only 44% of PCMH is met by MU
- MU Objectives fall in all 6 PCMH Standards
  - 12 of 27 Elements
  - 34 of 149 Factors
- Multiple PCMH factors relate to 1 MU Objective
  - Ex. MU C8 incorporates 5 PCMH factors
- Patient Engagement is a major new Initiative
DHN Center PCMH Activities

- Received PCMH Supplemental grants to help prepare and submit applications for NCQA PCMH recognition
- Currently performing Readiness Evaluations
- Choosing chronic disease (2) and a condition (Diabetes, Hypertension and Obesity)
- Creating Work Teams
- Producing Gap Analyses
DHN Center PCMH Activities cont’d

- Creating:
  - Clinical customizations and content to meet every PCMH factor (logs, care plans, clinical templates)
  - Policies
  - Procedures
  - Workflow documents
- Plan to complete survey tool and apply for audit by end of 2012

Although PCMH is focused on primary care, our centers have the value added conveniences of having onsite behavioral health and oral health services along with other enabling services
Delaware Health Net (DHN) and the Delaware Health Information Network (DHIN)

Health Centers & DHN
- Patient Records
- Record Storage
- Data Mining
- Automated Outreach
- Clinical Care
- Quality Improvement at the point of care
- Patient Engagement
- Integration that leads to improved outcomes

DHIN
- Health Information Exchange
- Basis of interoperability throughout state
- Data Highway
- Secure post office for medical providers
- Service duplication reduction
DHN Imperatives for MU/PCMH

- Pioneering enhanced Health Information Exchange
- Current Projects with DHIN/DPH
  - Feed clinical summaries (CCD) to DHIN
  - Feed State Immunization Registry through DHIN
  - Feed DPH Biosurveillance data (flu, STD) utilizing flexible tools that can adapt in the future as reporting needs change
  - Automate lab ordering (Beebe)

- It’s what we have to do today to transform healthcare in Delaware!
What does the future hold

- Health System Savings for patients, taxpayers and hospitals*
- Using Data to Prevent and Manage Chronic Disease more cost effectively*
- Helping other communities that are struggling with tools we develop*

* For all the many Alexa’s out there right now
How is it paid for?

- All research demonstrates that MU/PCMH communities significantly lower overall healthcare costs which benefits Insurers, hospitals and taxpayers.

- MU/PCMH costs a great deal to implement at the primary care level ($517,000 per provider)\(^1\)
- Developing advanced HIT tools and data mining capabilities is expensive.

\(^1\)The Commonwealth Fund 2009, Incremental Cost Estimates for PCMH, Stephen Zuckerman
Questions

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