



# Health Information Technology: Harnessing the Potential for Transformation

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# Broad Goals for Health IT Strategy

- Build health information infrastructure to support national and state health reform goals by...
  - Supporting clinicians and consumers with information at point of care
  - Advancing care coordination
  - Strengthening public health surveillance and response
  - Enhancing quality and outcome measures
  - Promoting efficient and cost effective care



# Benefits Relating to Quality and Cost

- Broad categories for improvement
  - Negative - Overuse, underuse, misuse
  - Positive - “Right care, right patient, right time”
- Specific targets for health IT
  - Medication management
  - Care management
  - Prevention
  - Labs and imaging



# Quantifying the Opportunities

- CITL, RAND - \$78-80 billion net savings
- Components:
  - Adverse events and redundant testing in hospitals = \$25 billion
  - Electronic prescribing/generics = \$8-10 billion
  - Diabetes management = \$14 billion



## General Points of Agreement

- Need to advance broad adoption and use of health information technology
- Agreement on definitions and implementation of common standards
- Alignment of payment incentives for use

ADVANCING THESE OBJECTIVES REQUIRES  
COORDINATION OF POLICY AND  
IMPLEMENTATION ACTIVITIES



# Broad adoption is an essential prerequisite to realizing value

- Survey data
  - Physicians
    - 4% with robust system
    - 13% with basic system
  - Hospitals
    - 1.5% with robust system
    - 7.6% with basic system

LACK OF FINANCING AND INCENTIVES IS MOST COMMONLY CITED BARRIER TO INCREASED ADOPTION



# Medicare and Medicaid Incentives: Impact Could be Mixed Bag

- **Broad**
  - Any one who qualifies gets the money
  - Hospitals can get money from both programs
  - High volume of care delivered in primary care office settings
- **Limited**
  - Physicians need to choose one or other
  - Thresholds of covered patients
  - Many providers left out
  - Not everyone who might qualify will participate
  - Incentives are reduced and become penalties over time



# NYS Coordinated Strategy for Interoperable Health IT

- Governance
  - Multi-stakeholder, open and transparent
  - State and regional levels
- Policies and standards
  - Privacy, security and technical requirements
  - Link between policy and implementation
- Clinical uses
  - Structured use cases, decision support
- Adoption support
  - “Soup to nuts” implementation support provided in a community context





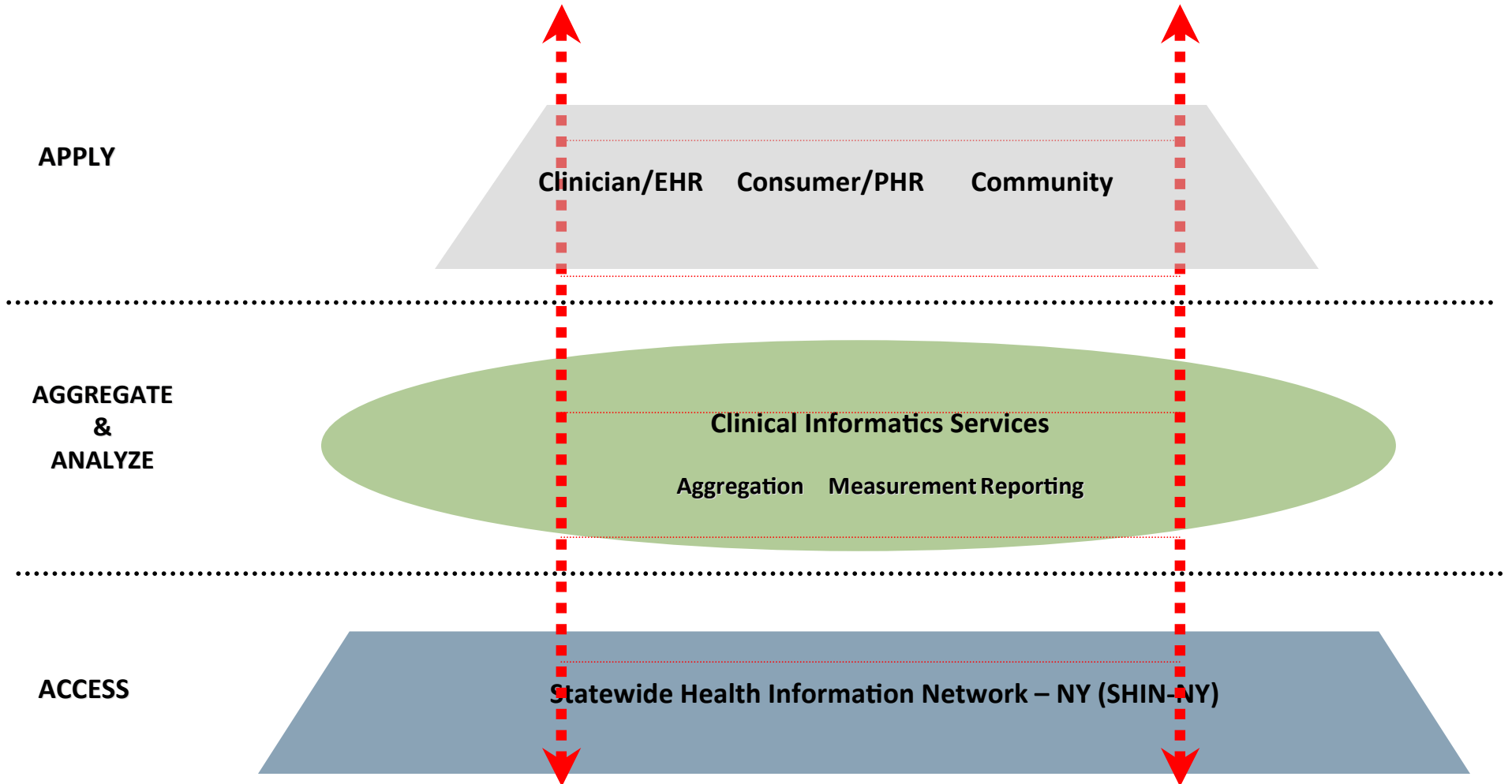
# Principles and Functions of Health Information Network

- Principles
  - Network operations and core services are a public good
  - Maximize information liquidity
- Functions
  - Accountability - Ensure adherence to common policies and standards (including compliance and enforcement activities)
  - Efficiency – Shared costs to develop and maintain networks, easy to add users and services
  - Effectiveness – Develop and maintain capacity to address social and individual needs



# Framework for New York's Health IT Strategy

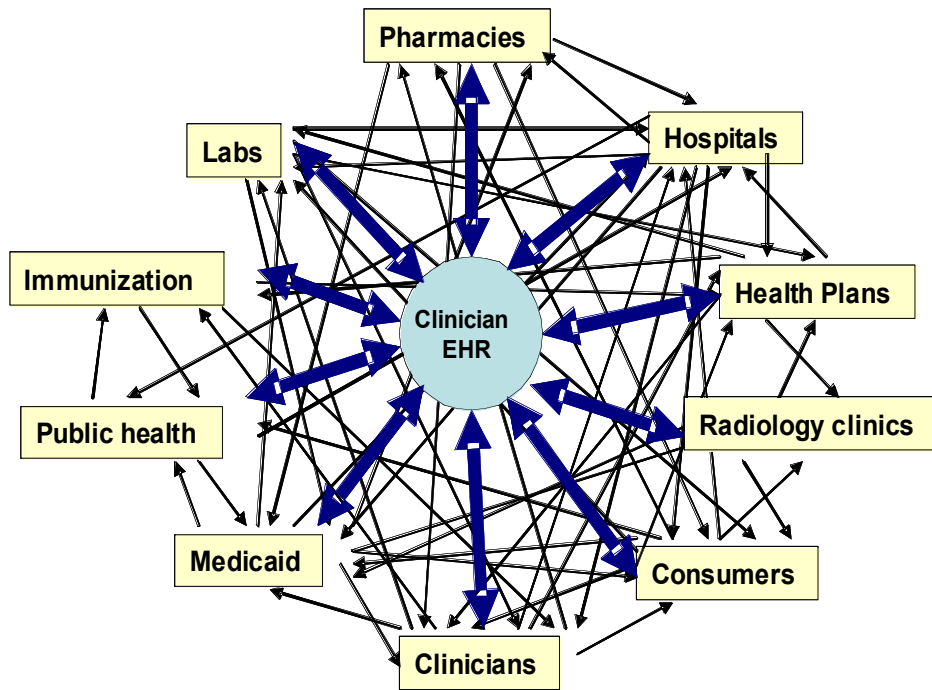
*“Cross-Sectional” Interoperability*



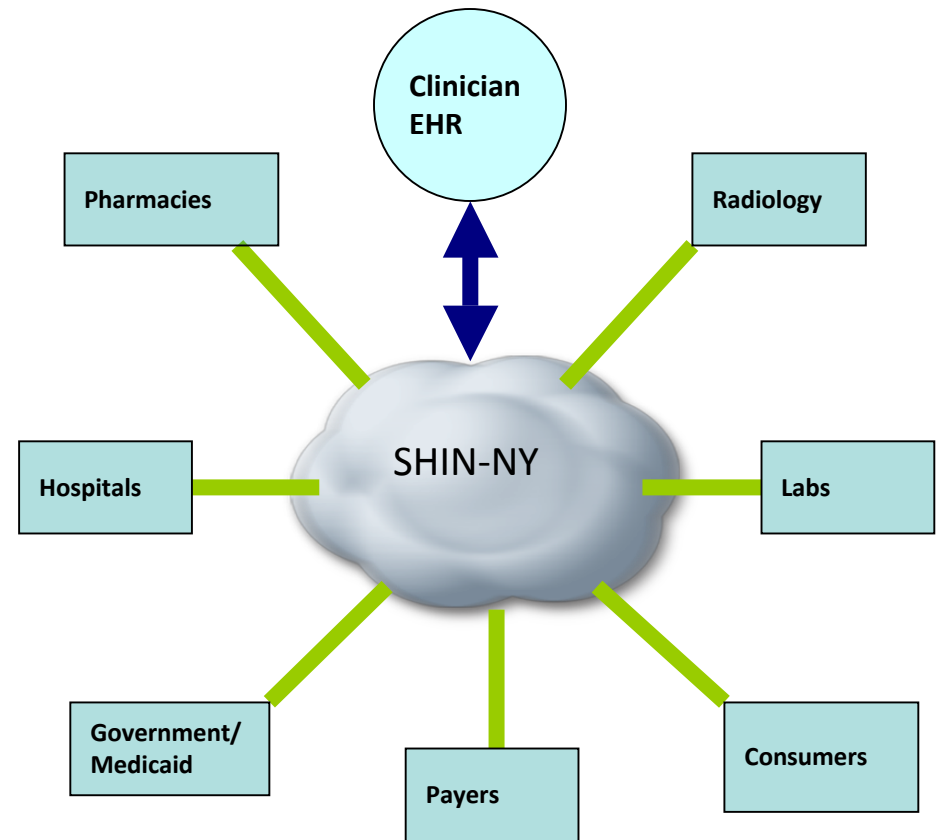


# Vision for New York's Health Information Infrastructure

Costly, High Risk and non-Interoperable EHRs



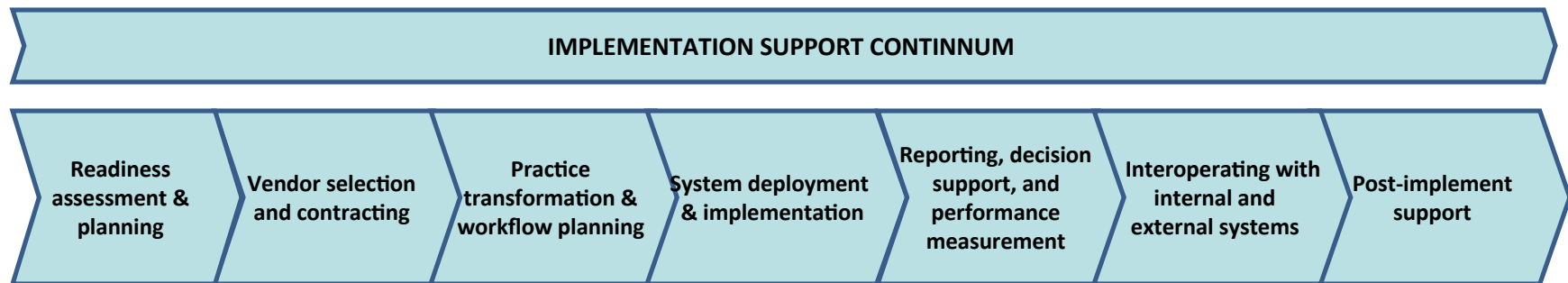
Interoperable EHRs





# State and Federal Efforts Focusing on Adoption

- Selection of health IT products and tools
- Clinical requirements and workflow analysis
- Quality measurement and improvement



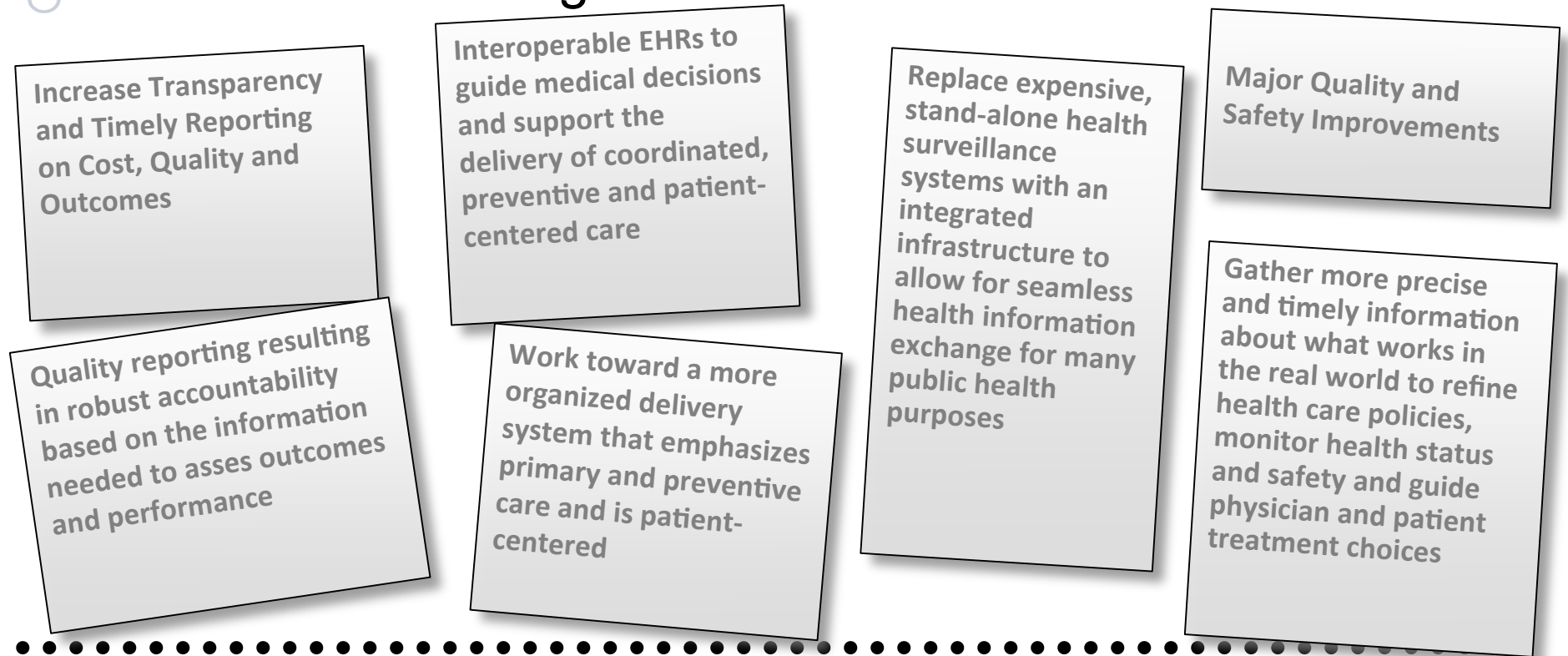


# General Observations

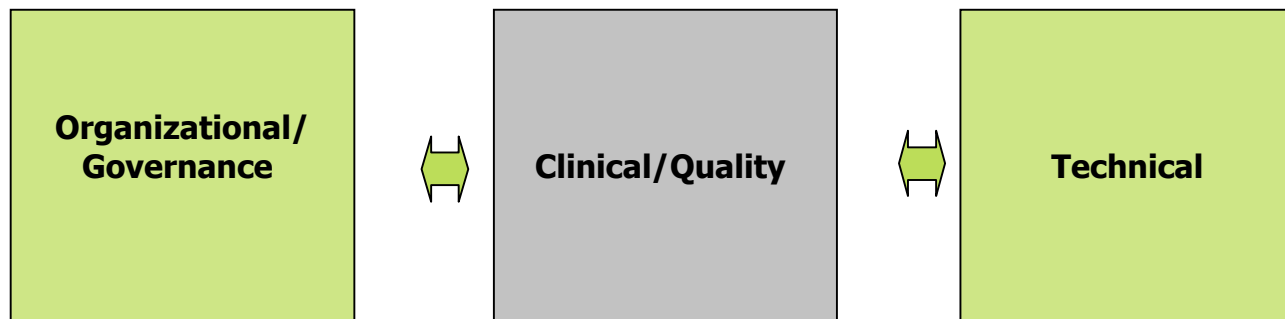
- Health care transformation requires more than just health IT
- Much complexity involved in simultaneously advancing organizational, policy and technical support for interoperable health information exchange
- Collaboration and consensus-building requires deep understanding and commitment to common goals; it involves more than just information sharing, communication beyond acronyms and symbols
- Information liquidity is key to maximizing value



# Health IT Building Blocks Are Fundamentally the Same Regardless of Transformative Goals



## Major Health IT Building Blocks





# High Performance Case Studies: Delivery System Level\*

- Ideal health care system attributes
  - #1 is information availability and continuity
  - Care coordination and transitions
  - System accountability
- Observations
  - Cost and effort offset by efficiencies
  - Build or buy; physician involvement key to effective implementation in either case
  - Long term strategic investment in population health management and clinical improvement strategies

\* McCarthy and Mueller, Commonwealth Fund, July 2009



# Building Organizational Capacity for Reform\*

- Expand focus from microsystems to new organizational models
- Reduce fragmentation of care delivery
- Establish accountability across the continuum
- Reallocation of resources from overuse to underuse
- Balance professional autonomy with organizational values and objectives
- Leverage benefits of scale and clinical integration





## Rx for Effective Reform\*

- National priorities and goals
- Standardized performance measures and reporting infrastructure\*\*
- Payment reform
- Leadership and capacity at community-level – transparency, collaboration\*\*
- Health IT standards and incentives for use\*\*
- Public education

\* These two slides summarize key take away points from “Building Organization Capacity for Health Reform”, Corrigan and McNeill, Health Affairs Web Exclusive January 2009

\*\*Explicit relationship or dependency in health IT