Sharing and Using Data to Improve the Health of our Colorado Community

May 10, 2019

Background

UCHealth – Who We Are

- $4.4 billion in revenue
- 10 hospitals (2 new sites under construction)
- 1,800+ inpatient hospital beds
- Over 6,000 affiliated or employed providers
- 23,000+ employees
- 131,000+ admissions and OBS visits
- 12,400+ babies delivered
- 81,000+ surgeries
- 495,000+ emergency room visits
- 3,500,000+ clinic visits

Yampa Valley Medical Center
Steamboat Springs

Poudre Valley Hospital
Fort Collins

Medical Center of the Rockies
Loveland

Longs Peak Hospital
Longmont

Broomfield Hospital
Metro Denver

Greeley Hospital
Greeley

University of Colorado Hospital
Metro Denver

Highlands Ranch Hospital
Metro Denver

Memorial Hospital North
Colorado Springs

Memorial Hospital Central
Colorado Springs

Grandview Hospital
Colorado Springs

Pikes Peak Regional Hospital
Woodland Park

uchealth

IT ARCHITECTURE 2019

1. Integrated and Optimized Systems
2. Ensuring Security and Privacy
3. Prescriptive Decision Support
4. Innovative Care Transformation

- Email
- Collaboration
- Instant Messaging
- Content Management
- Dashboards/Visualization

- Secure and Seamless Access
- 3rd Party Integration

- Supply Chain
- Financial
- Human Resources
- Payroll
- Operational Analytics

- Enterprise EHR
- Revenue Cycle Management
- Lab, Radiology, Pharmacy
- Clinical Decision Support
- Case Management
- Population Health
- Integrated Patient Portal
- Affiliate EHR
- Operational Analytics

- Clinical Data Warehouse
- Advanced Analytics
- 3rd Party Integration

- Radiology Imaging
- Cardiology Imaging
- Operational Analytics

- Integration Engine

Other Key Applications

- Aeroscout
- Amion
- CBORD
- EDI
- Emporos
- EPSi
- HillRom
- Kronos
- Morrissey
- Nuance
- OBIX
- Provation
- RightFax
- RL Solutions
- Teletracking
- TMS
- Vocera

- Community HIE
- Public Health Interfaces
- External Lab Interfaces
- HISP

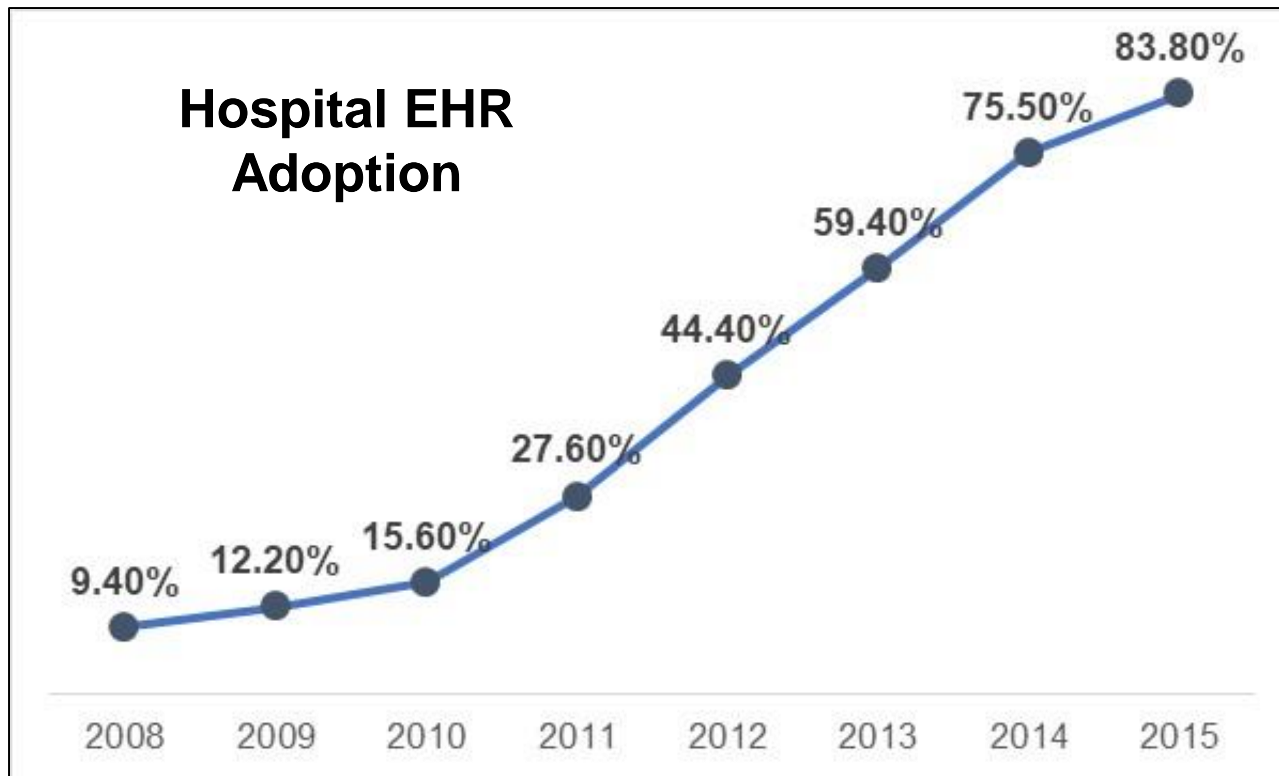
Health Data Compass

- Research Data Warehouse
- Enterprise Data Warehouse
- Advanced Analytics
- Personalized Medicine

The Healthcare IT (HIT) Landscape

Where are we today?

The journey



HITECH

REC

Stark Safe Harbor

Quality Improvement & Reporting Imperatives

Better EHR Technology

HIE

Source: Health IT Dashboard

The stats

96% of all non-federal acute care hospitals are on a certified EHR

78% of office-based physicians are on a certified EHR

76% of health systems can perform retrospective analysis for care improvement and cost reduction

94% of health systems can consume data in some form of Continuity of Care Document (CCD)

61% can electronically find patient health information from outside sources

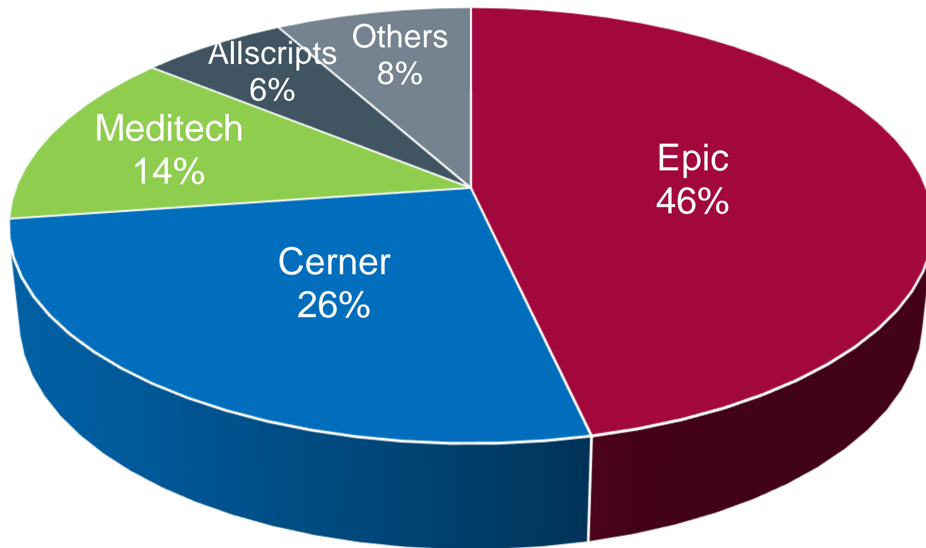
34% can electronically find patient health information from outside sources

43% can manage bundled payments or do real-time identification and tracking of value-based care conditions

60% can consume discrete data and bring it into their EHR

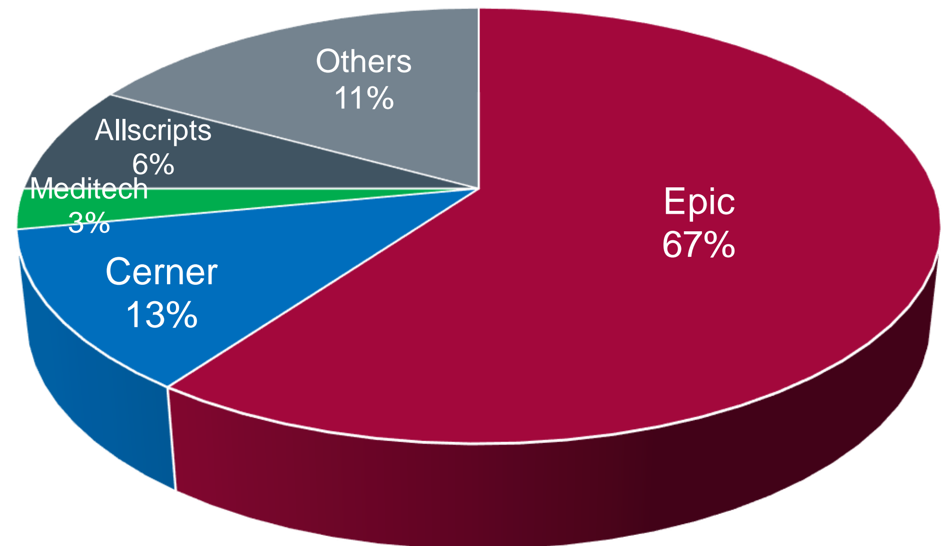
Sources: ONC Report to Congress 2018, 2018 Most Wired Survey

The EHR market



86% of **Licensed Beds** are on Epic, Cerner, and Meditech

83% of **Ambulatory Physicians** are on Epic, Cerner, and Meditech



Source: HIMSS Analytics February 2019

The reality

“The increase in adoption of health IT means most Americans receiving health care services now have their health data recorded electronically”

“However, this information is not always accessible across systems and by all end users—such as patients, health care providers, and payers—in the market in productive ways”

Source: ONC Report to Congress 2018

Why are we where we are today?

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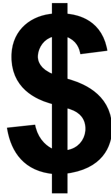
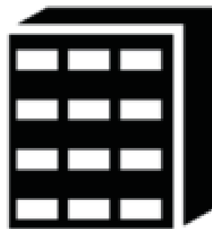
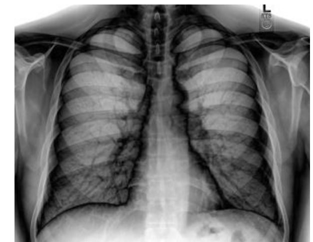
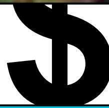






Why are we where we are today?

Anthem.



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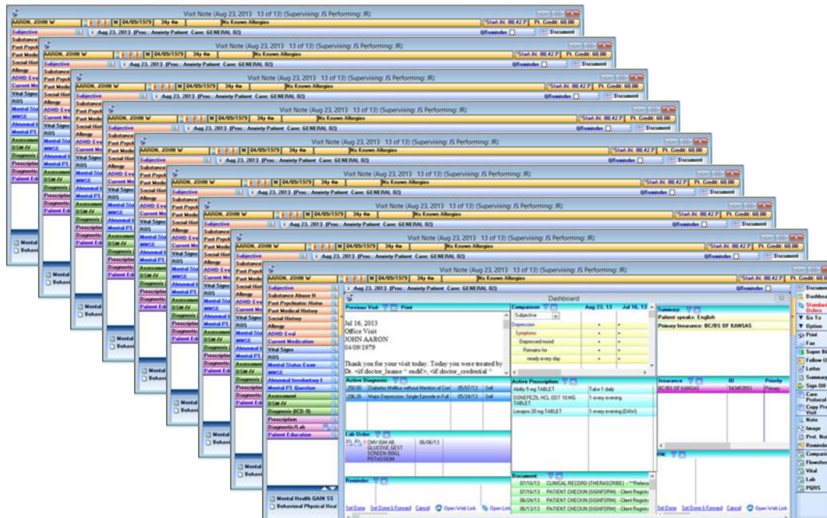
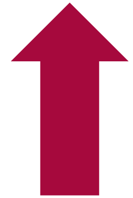


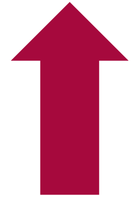
What are we trying to do?

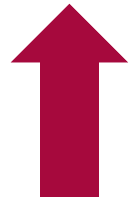
The assumptions

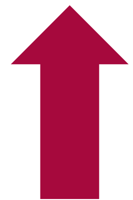
- Providers will continue to get paid less for doing more stuff
- We will never have a single EHR serving all care sites across organizations
- The level of next-generation technology adoption and maturity will continue to be scattered
- Provider and staff efficiency will be a very high priority in organizations, and searching through multiple systems and multiple records to compile the patient story won’t be acceptable
- The amount of patient-related data we have in our EHRs is going to increase exponentially, and the data in EHRs only paints a small part of the picture

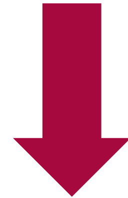
The goals

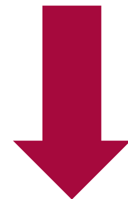

Quality

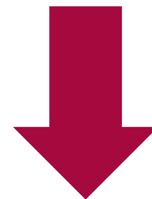

Outcomes


Access

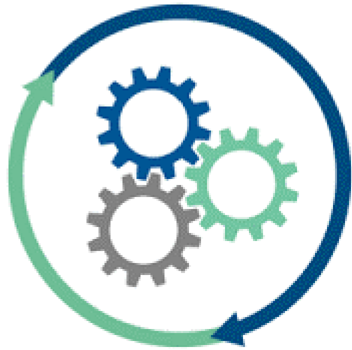

Efficiency

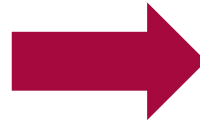

Cost


Unnecessary Variation


Administrative Burden

The future payment reality





Pay for process

Pay for performance

Source: www.Colorado.gov

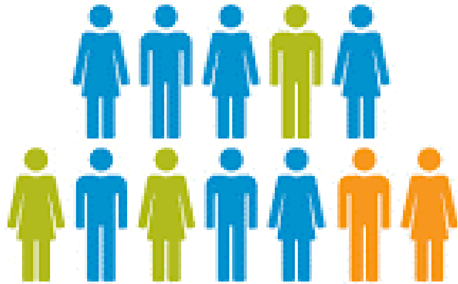
Hospital Transformation Program (HTP)

The HTP seeks to achieve five (5) overarching goals:

1. Improve patient outcomes through care redesign and integration of care across settings;
2. Improve the performance of the delivery system by ensuring appropriate care in appropriate settings;
3. Lower Health First Colorado (Colorado's Medicaid Program) costs through reductions in avoidable hospital utilization and increased effectiveness and efficiency in care delivery;
4. Accelerate hospitals' organizational, operational, and systems readiness for value-based payment; and
5. Increase collaboration between hospitals and other providers.

Source: www.Colorado.gov

Hospital Transformation Program (HTP)



Identifying patients at risk

- High utilizers
- Vulnerable populations, including pregnant women and end of life
- Individuals with behavioral health conditions and substance use disorders

Delivering the right care in the right care setting

- Ensure access to appropriate care
- Improve care coordination, collaboration, and transitions
- Prevent avoidable hospital utilization by ensuring the right care in the right setting

Moving the value needle

- Clinical and operational efficiencies
- Community development efforts to address population health and total cost of care

Source: www.Colorado.gov

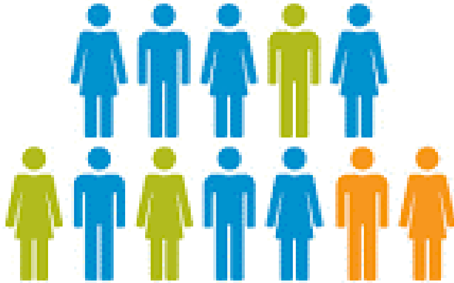
Hospital Transformation Program (HTP)

In an effort to achieve these goals, hospitals will undertake projects of their own design with the following guidelines:

1. There will be a set of required statewide metrics as well as a menu of project-specific metrics that reflect the HTP's focus populations and program goals
2. The state will provide guidance regarding the types of activities that must be executed within each project
3. Hospitals will be required to report on action and projects they intend to implement
4. Requirements in early years will focus on reporting; requirements in outer years will focus on demonstrable outcomes and performance
5. The financial risk will rise throughout the program

Source: www.Colorado.gov

<Insert any value-based care program here>



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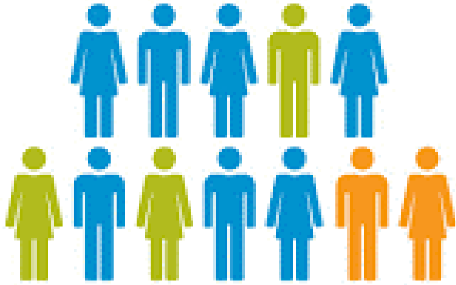
What we should be thinking about



Identifying patients at risk

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1. Consistent patient and provider identification and attribution capabilities
2. Discovery and focus on patient populations where we can make a difference:
   - attributed primary care patients
   - patients with frequent ER visits
   - patients without adequate support systems
   - patients choosing elective surgeries where recovery will be difficult
3. Intelligence to predict and prescribe appropriate interventions

What we should be thinking about

Delivering the right care in the right care setting

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1. Ubiquitous connectivity
2. Scalable virtual health capabilities
3. “Last mile” service and supply chain providers
4. Integrated care plans across care settings and organizations
5. Simplified, cost-effective data aggregation services:
    - Patient event notifications
    - Harmonized clinical summaries
    - Using EHR data instead of solely claims
    - PDMP
    - Social determinants of health
    - (Medical) Internet of Things

What we should be thinking about

Moving the value needle

- Clinical and operational efficiencies
- Community development efforts to address population health and total cost of care

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1. Alternate payment models and incentives
2. Common metrics with common definitions
    - Across patient populations
    - Across care settings (inpatient and outpatient)
    - For an individual patient
3. Eliminating duplicative, inefficient, and costly interoperability technology
4. Transparency of information at all levels, including the patient
5. Clinician efficiency…bring data, information, and intelligence into their workflow

Where we should be focusing our HIT efforts

- Consistent patient and provider identification and attribution capabilities
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- Transparency of information at all levels, including the patient
- Clinician efficiency

The challenge to all of us

1. Consistent patient and provider identification and attribution capabilities

2. Simplified, cost-effective data aggregation services
   1. Patient event notifications
   2. Harmonized clinical summaries
   3. EHR data instead of solely claims
   4. PDMP
   5. Social determinants of health

3. Eliminating duplicative, inefficient, and costly interoperability technology

4. Clinician efficiency…bring data, information, and intelligence into their workflow

The questions we should be asking ourselves:

- How do we share capabilities around patient and provider identification and attribution?
- How do we leverage statewide capabilities such as CORHIO, QHN, and PDMP better and differently?
- How do we leverage EHR data, rather than have parties solely rely on claims data?
- How do we look at common solutions for social determinants of health?
- How do we assess and commit to reducing antiquated/duplicative information exchange technologies across our organizations?
- How do we ensure our solutions are interoperable and enable data ingestion into our EHRs?
- How do we harness the collective energy, time, funding, and focus of our state and agency representatives, quality experts, payer partners, and the HIT community to move the needle?

Creating our new reality

"The increase in adoption of health IT means most Americans receiving health care services now have their health data recorded electronically"

"However, this information is not always accessible across systems and by all end users—such as patients, health care providers, and payers—in the market in productive ways"

We can change this reality

Source: ONC Report to Congress 2018

Discussion

Panel: What's happening in our organizations and at the State level to improve the health of our communities

Mark Baisley
Colorado State Representative, House District 39, Joint Technology Committee, Health & Insurance Committee

Ray Deiotte
Chief Data Officer, Centura Health

Kelly Bookman, MD
Kelly Bookman, MD, Vice Chair of Operations UCH ED, Senior Medical Director UCHealth Emergency Medicine Service Line

David Nuhfer, MD
Vice President, Community Health, Stride Community Health Center