Health Innovation Summit

UTAH SOLUTIONS FOR A HEALTHY ECONOMY AND COMMUNITY

Health Information: What's Next?
Decision Support for Providers and Consumers

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Framing Statement

Improved information is often promoted as a key element to enhance the value of healthcare services. Health information technology has been considered a tool to improve information. What resources are needed to increase the usability/functionality of these improved data sources for providers, health care consumers and other stakeholders? What types of community level information will be needed to establish benchmarks and assess the impacts of policy level change? Given the significant recent Utah community investment in health information technology, what will be the key next steps for our community to take over the next 5-10 years to realize the value of this infrastructure investment to improve quality access to and lower costs for healthcare services for the residents of the State of Utah?

Questions for consideration

- Historically, health information has been viewed as a closely held proprietary asset. In a reform environment, involving a greater emphasis upon care coordination, and individual and healthcare system accountability, will there be use cases for de-identified health information as a shared community asset to establish community wide metrics and for benchmarking purposes?
- What is the role for entrepreneurial innovators in this activity?
- What issues would arise from entrepreneurial models of information enhancement? Would the issues be different in a shared community model?
- What other options can be considered?
    - Independent systems that report common metrics (to whom and how)?
    - Can we get to the same place in moving to better quality, lower costs and improved access with the current system with incremental changes?
    - What helps consumers make good decisions and healthy choices for themselves? What types of information do they need? Is this across entities or specific to one entity?
- What should be the main focus or purpose of a State focused health information plan (regardless of structure)?
    - Treatment – Quality assessment of care?
    - Payment – Transparency of health care costs?
    - Consumerism - Assessment of care choices based on care outcomes/cost - by a standard set of indicators across all providers/organizations?
    - Other?

Current Environment

There is broad agreement that our healthcare system needs to be reformed. It consumes a significant proportion of community resources but is increasingly less available to a growing numberof people due to sharply rising costs. The quality of services is difficult to assess. The value of services (quality/cost) is difficult to ascertain. The system itself is fragmented. Healthcare data needs to be organized to inform the various healthcare stakeholders in the State of Utah.

The Utah Department of Health (UDOH) has created the All Payer Claims Database (APCD) in Utah at the behest of the legislature. The purpose of the APCD is to improve transparency with regards to healthcare costs. This is a significant step forward with regard to decreasing data fragmentation from a claims data perspective. This database still does not include Medicare, which is a significant payment source.

The Utah Health Information Network (UHIN) is bringing up the Clinical Health Information Exchange (cHIE). Electronically stored clinical information from well designed and well managed data sources are a potential source for more robust credible clinical health data.

The current state of clinical data inputs is poor to fair. It should be improved through the standardization efforts being coordinated through the Regional Extension Center (REC) work to drive "meaningful use", and the information exchange efforts of the cHIE. The Utah Beacon Community is enhancing the utility of the data by incorporating key information into clinical workflows.

Producing credible health information is not sufficient by itself. For the information to be used in multiple venues (i.e. public policy, clinics, hospitals, payer systems, consumer information etc.) skilled analysts supported by technical assistance and information display experts are necessary. In addition, there will likely be a need for a community oversight process to ensure that the results which are generated by data analysis can be supported by many differing parties of the healthcare industry – providers, payers and consumers alike. This information will then need to be presented to the various stakeholders in formats and contexts that are able to be understood and available at the time and place of need.

The creation of credible and useable health information requires significant skill and care and rigorous oversight. The skill includes understanding the limitations of the potential uses of the data (statistical relevance etc.). The care is providing a secure, confidential, protected environment for the data that is consistent with legal constraints and respects the public's concerns with how this information is used. The rigorous oversight is to ensure that the healthcare entities that are the data sources are confident that their data is being used appropriately and for the intended purposes.

Use Cases, barriers and policy implications for health information development

1. It can assist clinicians in making informed decisions about best treatments.
   - Barriers
     - Interoperability of EHR's
     - Current decision support tools are "clunky"
     - Incomplete patient records
   - Policy Issues
     - Broader insistence on movement to interoperable systems
     - Community Standards beyond Federal Standards
     - Tort reform for use of "best practices"

2. It can inform patients with regard to their treatment options.
   - Barriers
     - Availability of Consumer accessible information
     - Provider wariness
     - Consumer is usually shielded from the consequences of treatment choices
   - Policy Issues
     - Information standards- How are these created? How are they displayed?

3. It can assist healthcare purchasers (employers and individuals) in understanding the value of the services being purchased.
   - Barriers
     - Lack of consensus on how "cost" or "value" should be defined or displayed.
   - Policy Issues
     - Process for creating consensus?
     - Where and how displayed?
4. It can assist the community as a whole in understanding the performance of its healthcare systems compared to other communities.
   - Barriers
     - Lack of consensus on how "cost" or "value" should be defined or displayed.
   - Policy Issues
     - Accountable entity/entities?
     - Funding source?
5. It can inform healthcare systems in our community as to where to invest in quality improvement efforts.
   - Barriers
     - Lack of data standards.
     - Data development may require agreements on proprietary data uses (use case would be de-identified data).
     - Mechanism to share benchmarked data.
   - Policy Issues
     - Accountable entity/entities?
     - Payment structures that reward value vs. volume.
     - Can de-identified data use policy be established?

6. It can inform public health officials as to how to direct scarce intervention efforts.
   - Barriers
     - Multiple public health data bases not currently integrated.
   - Policy Issues
     - Funding and uses of State held data sources.
7. It can assist policy makers in making decisions about healthcare reform efforts and the monitoring of the impacts of those decisions.
   - Barriers
     - Community accepted data standards not in place.
   - Policy Issues
     - Can de-identified data use policy be established?

Panel work product

Given the current health technology infrastructure present in Utah, what are the critical next steps and investments to be made to enable decision support tools for providers, consumers and others?

- Priority Uses?
- Priority Policy Issues upon which to focus?
- Innovative data sources to be pursued?
- Other considerations?