

HIT: What Our School Health Centers Need to Know

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Objectives

- Introduction
- Quick overview of HITECH grants to NC
- NC HIE and Medicaid
- HIT and Health Care Reform
- Q & A

Questions

- 1) HIT as a starting point?
- 2) Why do we tolerate “low” IT in health?
- 3) What would it take to change that?
- 4) Who has to change? or Who is going to resist?
- 5) Will the federal plan work in NC?

Health Information Technology

“ Health information technology is the circulatory system for the vital organs of health care.”

Dr. David Blumenthal
National Coordinator of HIT



Shared Goals

- Improved healthcare quality
- Better health outcomes
 - Individuals
 - Populations
- Control costs
- Better engage health care consumers

The Problem (Related to HIT)

- Paper is inefficient
- Duplicate tests
- Medical errors
- Lack of information
- Too much information
- Consumer engagement
- Quality-Quality-Quality



"Hey! Elbows off the table."

HIT as a Driver of Change

The Federal Strategy

- ARRA – HITECH as a precursor to health reform
- Nationwide Health Information Network (NHIN)
- State level system development
- Funding streams to leverage change

1. Must get clinical information into an electronic format

- FEDS
- HITECH – Regional Extension Centers
- NC
- NC AHEC
- 9 Existing Regions
- Existing Relationships
- Existing Quality Initiative
- \$13.6 million

2. Incentivize targeted providers to adopt EHRs and meaningful use

- **FEDS**
 - HITECH – Incentive Payments
 - Medicare
 - Medicaid
- **NC**
 - NC Medicaid
 - Eligible providers and hospitals
 - MU “bar”
 - \$63,000 M’caid
 - \$44,000 M’care
 - Estimated \$500 million to NC hospitals

3. Create a new standard for EHR vendors

- FEDS
- HITECH – EHR Certification Program
- NC
- Private entities
- Temporary Certification
- “Preferred Provider” list
- Cost to providers

4. Build a mechanism for sharing health information electronically

- **FEDS**
- HITECH – State Level Health Information Exchange (HIE)
- **NC**
- NC HWTF
- NC HIE Non-profit
- CEO level Board
- Public-Private Partnership
- \$12.9 million

5. Make sure healthcare providers know how to use the new systems

- **FEDS**
- HITECH – Workforce Development
- **NC**
- NC Community College System-Pitt
- 13 State Region
- Curriculum Development-Duke
- Distance Learning
- \$20.1 million

6. Make sure the network has the capacity for all these new users

- **FEDS**
- HITECH – Broadband Technology Opportunities Program (BTOP)
- **NC**
- MCNC
- NC Research and Education Network
- “Middle mile strategy” to connect health
- \$28.2 million-Phase 1
- \$75.8 million Phase 2

7. Make good use of the data

- FEDS
- HITECH – Comparative Effectiveness Research (CER)
- NC
- UNC, Duke, Wake, ECU, RTI, & others
- Evidenced-based medicine
- Best practices
- “Learning System”
- \$200+ million

8. Make good use of the technology to improve health

- FEDS
- HITECH – Telehealth
- NC
- NC Telehealth Network
- Rural health strategy
- Community Health Centers
- \$6.1 million

9. Children as a priority

- **FEDS**
- HITECH – Children’s Health Insurance Program Reauthorization Act (CHIPRA)
- Establish a national quality system for children’s health care
- **NC** (1 of 10)
- NC Medicaid-CCNC
- NC Pediatric Society, NC Academy of Family Physicians, and NC Quality Alliance
- EMR for children
- \$9.3 million

10. Learn from the leaders

- FEDS
- HITECH – Beacon Community Program
 - NC (1 of 17)
 - Southern Piedmont Community Care Plan (CCNC)
 - Existing community partnerships
 - Cabarrus, Rowan, and Stanly Counties
 - \$15.9 million

State Strategy for Meaningful Use

- Structured lab results reporting
- e-Prescribing
- Sharing of clinical record summaries
- Public Health reporting



4 Key Components of PPACA

- 1) Health Insurance Reform
- 2) Expansion of Reportable Quality Measures
- 3) Medicare/Medicaid Payment Reform
- 4) Medicare/Medicaid Demonstration Initiatives to Encourage Innovation to Improve Quality

Information Technology Reform IS Health Care Reform

- ARRA/HITECH is to HIT as PPACA is to health care reform
- PPACA assumes new models of HIT are in place or must be built
- Can't reform/perform without improved HIT

HIT Provisions of ACA

- **Improving Quality of Health Care**
 - Improve collection of quality data
 - Create new HIT programs
 - Payments to support new HIT (ex: ACOs)
- **New HIT Operating Rules and Standards**
 - Interoperable standards for eligibility
- **Strategies to Increase HIT Workforce**

HIT and Medical Homes

Health IT Components of Medical Homes	Health IT Products					
	CDMS/Registry	EHR	eRx	Patient Portal/PHR	Practice Mgmt. Solution	HIE Platform
Patient Tracking & Scheduling					✓	HIE enables the medical home to more effectively coordinate and deliver care across many clinical settings
Registry Functions	✓	✓				
Care Management	✓	✓				
Electronic Prescribing		✓	✓			
Test Tracking	✓	✓				
Referral Tracking		✓			✓	
Performance Reporting/Improvement	✓	✓				
Web-based Services for Patients				✓		

EHR Adoption: The Key to Success

- Clinical data to share
- Targeted providers
- EHR capabilities (Vendor Certification)
- EHR support (Workforce Development)
- Quality improvement vs. quality measures
- Consumer acceptance

Discussion

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