Changes in reimbursement are driving the move to Electronic Health Records...

...the transformation – though very much needed – is complex, costly, and risky.
Folks, we have a needle mover!

Health Information Technology (HIT)...
- A wide range of computerized tools used in health care
- Examples:
  - Electronic Health and Medical Records (EHR/EMR)
  - Electronic prescriptions
  - Health Information Exchange (HIE) – sharing clinical & administrative information electronically

President Obama’s National Health IT (HIT) Agenda...
- Nationwide Health Information Network (NHIN)
- HIEs
- Sets new direction that greatly expands roles of states in fostering HIE and EHR adoption
- “Meaningful Use” – sets 2014 goal to increase the number of providers using EHR
- Provides for financial incentives, education, training and state led actions

The HITECH Act...
- Greatly expands roles of states in fostering HIE and adoption of EHR
- “Meaningful Use” – sets 2014 goal to increase the number of providers using EHR
- Provides for financial incentives, education, training and state led actions
The goals of HIT programs – though controversial and political – are intended to improve the healthcare industry.

- Improve the quality of care
- Increase patient safety
- Reduce medical errors
- Enhance access to patient information
- Reduce healthcare costs
- Provide positive state-level impact
  - Improve care of children
  - Create jobs
  - Leverage non-profits
HIT regulations are setting the direction in the near term and into the future…

- July 2014: Stage 2 Submission
- July 2015: Penalties if not MU
- 2015: Stage 3 Implement
- 2013: MU Stage 2 Implement
- 2013: VBP Year 2
- 2014: 2013 MU
- 2013: Oct 2012 VBP Payment Adjustments
- 2012: Jan 2012 ACO Program
- 2012: Q3 2011 VBFP Final Rule
- 2011: Jan 2011 5010 Compliance
- 2011: 2011-2012 ICD 10 Implement
- Dec 2011: Stage 2 Final Rule
- July 2012: Stage 1 MU Attestation
- Oct 2012: Stage 1 MU Implement
- 2011: Stage 1 Final Rule
The Vision: Clinically Integrated Network

- Hospital
- Physician Practices
- eMeasures/Quality
- Patient History/PHRs
- Other Payers
- Retail Pharmacies

Create

Report & Improve

Identify & Address

Population

At risk patients
The transition to improved patient outcomes requires new levels of inter- and intra-collaboration and data sharing.

<table>
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<tr>
<th>Fee for Service</th>
<th>Value-based Payment</th>
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<td>2012</td>
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- **Shared Accountability & Risk**
  - Demonstrate Outcomes & Share Risks

- ** Clinically Integrated Networks**
  - Integrate, aggregate, share & analyze across entities

- **Meaningful Use Stage 1 & 2: Hospital and Physicians**
  - Electronically capture EHR and financial data (hospital, physician offices)

- **ICD-10**

- **Manual Measures**
  - eMeasures
Today, very few organizations have fully realized this vision due to its complexity and cost.

Finance
- Control cost
- Ensure quality
- Build revenue
- Lower risk

Transformation
- System integration
- Stakeholder acceptance
- Legal implications

Enhanced IT Systems
- Clinical
- Administrative
- Financial
- User acceptance

Enterprise-wide Agility
- Fluid environment
- Changing requirements
- Operational performance
- Care coordination needs
This transitional state introduces additional complexity in Emergency Management.

- Many sources of data, each of which can cause a point of failure
  - Typically local
  - Multiple provider records
  - Paper still in play
- EHRs are not “plug and play,” even if they are from the same vendor
- Data exists both in systems and between systems
- When patients move, data does not always follow
- Any point of the “to be” CIN can be damaged or destroyed
What happens if...
Electronic Health Records Prove to be Invaluable After Crisis

On May 22, 2011 a devastating tornado struck Joplin, Mo., killing 134. As in all disasters, there were important lessons – not least, that nature will continue to inflict catastrophes unpredictably and in many forms.

In terms of health care, another lesson was repeated. The Joplin tornado proved once again the resilience and security afforded by hospitals and providers transitioning from paper to electronic health records (EHRs). **Three weeks** before the storm, St. Johns transitioned to an EHR system.

The aftermath of the storm highlighted a major difference between paper records and EHRs. Paper records and x-rays were lost. The paper records still in the hospital on May 22 were literally blown to the winds. Some records had been found as far as 75 miles away in Springfield.

Yet just six days after the tornado, the hospital staff was at work again in a new temporary mobile medical unit (purchased in part, coincidently, with HHS hospital preparedness program funds). They were delivering care with full access to their electronic patient records.

With one Healthcare consumer, there are many sources of data and many points of failure...and transitioning to the CIN vision.
Many healthcare organizations are still moving away from paper and are in a transitional state. How will this affect EM plans?

Hospitals

87% use Electronic Health Records (EHRs) in 2012

Physician Practices

40.4% use EHRs in 2011
Up from 38.7% in 2010
Until the full vision of HIT is realized, each EM phase must include provisions for incongruent patient data and risk mitigation.
Summary

• The Healthcare industry is evolving and transitioning to a fully realized vision of integrated health data.
• Each region and each organization is at a different point along the path of transition.
• Health data still on paper in some areas while in EHRs in others.
• EM plans need to incorporate additional mitigation strategies in regions where the transition has not yet been completed.
THANK YOU