The Potential for Health Information and Communications Technologies to Advance Health Equity

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Institute of Medicine: Reduce Medical Errors
- First, do no harm
- Overuse
- Underuse
- Misuse
- 44,000-98,000 preventable deaths/year

Institute of Medicine: Improve Quality
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient-Centered

Institute of Medicine: Reduce Health Disparities
- Increase awareness
- Collect/monitor data
- Change systems
- Improve communication/trust
- Engage communities

Institute of Medicine: Integrate Quality Improvement and Disparities Reduction
- Highlights value and equity
- Adds access
- Adds types of care
- Adds care coordination and system infrastructure
- Urges national goals and objectives
**The Triple Aim: Care, Health, And Cost**

The remaining barriers to integrated care are not technical; they are political.

- Align providers across continuum of care
- Use evidence-based practices to improve safety and quality
- Improve efficiency
- Develop integrated information systems

**Hospitals and Care Systems of the Future**

- Join integrated provider networks & care systems
- Educate & engage employees and physicians
- Facilitate reinvestment & innovation
- Partner with payers
- Conduct advanced strategic planning
- Population health improvement through triple aim

**Caring for Vulnerable Populations**

- Comprehensive assessments
- Planned periodic visits
- Protocol-based planning
- Person-centered care
- Team-based care
- Data sharing
- Aligned financial incentives
- Community partnerships
- Incorporate cultural competency & equity

**PARTNERSHIP HOSPITALS**

- Partner with patients, families, communities
- Exercise leadership in quality and equitable care
- Provide evidence-based, culturally & linguistically appropriate care
- Establish measures for equitable care
- Communicate in patient's language
Cultural Competency & Disparities

- Cultural Competency Implementation Survey (2011)
- Proposed Healthcare Disparities and Cultural Competency Consensus Standards (2012)

Distinction in Multicultural Health Care

- Race/Ethnicity and Language Data
- Access and Availability of Language Services
- Practitioner Network Cultural Responsiveness
- Culturally and Linguistically Appropriate Services Programs
- Reducing Health Care Disparities
Patient Information

- Collect patient demographic data, including race, ethnicity, preferred language
- Record patient vital signs
- Record medical and social history
- Record current diagnoses
- Record current medications

- Collect granular race and granular ethnicity
- Collect language assistance needs
- Language assistance needs pre-identified
- Collect other demographic data (disability, sexual orientation, gender identity)
- Collect other relevant social history (homeless, family support, etc.)

Medication Safety

- Record current medications
- Electronic prescribing
- Computerized provider order entry (standing orders)

- Reduce prescription errors
- Identify drug allergies
- Identify drug interactions
- Conduct electronic medication reconciliation
- Monitor controlled substances
- Identify missed prescription refills
- Most important for those without regular care and multiple/complex conditions
Efficient and Effective Care

- Record medical history
- Lab tests and images available electronically
- Computerized provider order entry
- Care coordination documents for planned admissions
- Electronic discharge instructions
- Clinical decision support

- Access to medical history during unplanned admissions and emergency visits
- Less duplicative or repeated tests and imaging
- Clearer instructions for planned admissions
- Improved followup after discharge
- Improved transitions of care
- Most important for those without regular care and multiple/complex conditions

Increased Patient Engagement

- Increased electronic access to providers
- Patient health information available electronically
- Electronic patient education materials
- Shared decision making
- Document advance directives electronically
- Community-based resources in data base

- Patients have increased access to providers 24/7
- Patients have increased access to health information & summaries of care
- Most important for those without regular care and multiple/complex conditions
- Culturally and linguistically appropriate patient education and shared decision making
- Culturally and linguistically appropriate referrals

Quality Improvement

- Generate patient lists/registries
- Continuous quality measurement and reporting
- Specific quality improvement goals and activities
- Patient experience of care continuously measured

- All quality data can be stratified electronically
- Registries identify disparities/gaps
- Disparities reduction goals incorporated into quality improvement goals
- Diverse patient experiences measured, reported, analyzed, actionable

Health Information AND Communications Technologies

- Health Information, Internet, And The Digital Divide

Patient Protection and Affordable Care Act

- Patient Protected and Affordable Care Act of the United States of America
- Patient Protection and Affordable Care Act

Patient-Centered Medical Home

- Ongoing relationship with a personal physician
- Physician-directed medical practice
- Whole person orientation
- Coordinated care across the health system
- Quality and safety
- Enhanced access to care
- Payment recognizes the value added

Six Standards for NCQA PCMH

- Enhance Access & Continuity
- Identify & Manage Patient Populations
- Plan & Manage Care
- Provide Self-Care & Community Support
- Track & Coordinate Care
- Measure & Improve Performance

Enhance Access & Continuity

- PCMH Element 1F: Culturally and linguistically appropriate services
- Factor 1F1: Assess the racial and ethnic diversity of its population
- Factor 1F2: Assess the language needs of its population
- Factor 1F3: Provides interpretation or bilingual services to meet the language needs of its population
- Factor 1F4: Provides printed materials in the languages of its population
Identity & Manage Patient Populations

- PCMH Element 2A: Use electronic system to record the following as structured (searchable) data for more than 50% of its patients:
  - Factor 2A3: Race
  - Factor 2A4: Ethnicity
  - Factor 2A5: Preferred language

Plan & Manage Care

- PCMH Element 2C: Comprehensive health assessment includes:
  - Factor 2C2: Family/social/cultural characteristics
  - Factor 2C3: Communication needs

Measure & Improve Performance

- PCMH Element 6A: Measure performance
  - Factor 6A4: Performance data stratified for vulnerable populations (to assess disparities in care)
- PCMH Element 6C: Implements continuous quality improvement
  - Factor 6C3: Sets goals and address at least one identified disparity in care or service for vulnerable populations
- PCMH Element 6B: Patient/family feedback
  - Factor 6B3: The practice obtains feedback in the experiences of vulnerable populations
Accountable Care Organizations

- Identify Languages Spoken by Clinicians
- Analyze Provider Capacity to Provide Culturally Appropriate Care
- Make Health Promotion Information Available in Relevant Languages
- Implement and Evaluate Health Care Disparities Reduction Interventions
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