

Translating Accountable Care Goals Into IT Action Items

Guidance on strategies, systems, priorities, and pitfalls for hospital CIOs

By Daniel J. Marino

The push for accountable care has created a new vocabulary for healthcare leaders: Clinical integration, longitudinal records, ambulatory networks, patient registries, care protocols, and more. Many hospital CIOs are uncertain how to piece it all together, and they are having trouble pinning down the IT requirements for making accountable care a reality.

The solution is to break the problem down into functional objectives and concrete steps. Following is a quick guide to translating the goals of accountable care into specific action items for CIOs.

Goal #1: Coordinate Patient Care Across Multiple Settings

Coordination is the watchword of accountable care, but from an IT perspective it's often easier said than done. To create the infrastructure for coordinated care, hospital CIOs should focus on three steps:

First, select a platform for exchange that ensures interoperability. True system interoperability takes disparate medical data maintained in different formats and transforms it into integrated multidisciplinary patient care information. Many large healthcare organizations are faced with the challenge of connecting 100 to 400 different information systems, including both internal systems and those of community partners. The key is exchanging patient information in a CCR (Continuity of Care Record) or CCD (Continuity of Care Document) format, aggregating the data from major clinical systems and semantically organizing it into viable medical information for providers.

Second, establish an agnostic application strategy. Individual clinical systems need to interface with other applications, but "integrated" enterprise solutions also pose a challenge. An integrated hospital/ambulatory solution has many benefits and will make implementation easier, but some vendors discourage connecting outside the integrated platform. This will undermine coordination of care and true interoperability. CIOs need to select an integrated solution that allows full connectivity—or specify within the vendor agreement that outside interfaces will be allowed and supported.

Third, connect to or build a Health Information Exchange (HIE). Several options are available. The critical question for IT executives is, what is your hospital's strategy? Does the hospital intend to lead its own ACO, develop clinical integration, and drive decisions about data collection and sharing? If so, you probably need to develop your own HIE. If, on the other hand, your hospital plans to take part in a community accountable care strategy, consider connecting to your state or regional HIE.

Goal #2: Improve Quality and Outcomes

The opportunity is clear—using EMR technology to push evidence-based care and quality improvement. The challenge is that there is no cookie-cutter approach. Again, three action items are key:

First, focus on “tailoring” structured data. Where will hemoglobin A1c labs for diabetic patients appear within the EMR? How will consult notes map into the system? While many EMR systems are pre-loaded with structured data, “out of the box” data sets rarely work well. CIOs need to make sure structured data are individualized to the organization's clinical goals.

Second, build a patient longitudinal record. To manage quality, physicians need a composite patient record within the ambulatory EMR. Customization is essential. Work with physician leaders to make sure patient information is mapped to the right place within the EMR. (This will often be determined by physician workflows.) Also, work with clinicians to standardize terminology for tests, lab values, diagnoses, etc. This is critical to ensuring the system has useful semantic data.

Third, implement Clinical Decision Support Systems. Technology can drive better care through automated alerts and reminders. Once more, however, avoid pre-packaged solutions. CDSS functions need to support the specific clinical quality and improvement goals of your organization.

Goal #3: Reduce Costs and Utilization

The government has already decided how much money it will save thanks to accountable care. Whether hospitals will maintain profitability depends on their ability to manage costs. The job of the CIO right now is to build the IT infrastructure for identifying “cost of care,” quality-of-care thresholds, and revenue metrics. The important thing to realize is that traditional business information systems are not up to this task.

Instead, put resources into creating or enhancing a data warehouse system. The goal is to be able to integrate system-wide cost, utilization, and revenue data and stage it for reporting. Hospital IT also needs to acquire or develop advanced analytics capabilities. Look for a system versatile enough to tie clinical outcomes to revenue cycle claims data.

Functionally, the goal of a data warehouse/analytics system is to identify opportunities to reduce waste, reduce spending, and improve operational efficiency.

Goal #4: Integrate Patients Into Communication

There are a growing number of Personal Health Record (PHR) systems on the market. Most hospitals are looking at ways to use these systems to provide patients with access to their health data. But under accountable care, patient integration is about more than just information access. IT executives need to focus on using PHR systems to build patient engagement and support chronic care.

One priority is technical. Make sure PHR data feeds into key information systems, including the hospital registration system, the acute care EMR, and the ambulatory EMR.

The second priority is strategic. CIOs need to guide PHR design based on high-level decisions about what information will be captured and exchanged and how it will be used. The overall driver is strategy. For example, say that a hospital is launching its accountable care effort with a clinical integration project for asthma management. The IT department should configure the PHR to allow patients to log their medication use, record lung function measures, and receive seasonal asthma reminders.

Goal #5: Create Managed Clinical Value

Right now, accountable care is being driven by the promise of higher government payments. Before long, however, leading accountable care organizations will work proactively to identify enhanced clinical value and get paid for it.

Here, the most precious commodity is patient medical information. What many hospital leaders struggle with is that an EMR system is not enough. EMR is a tool for capturing and retrieving patient information at the point of service. For CIOs, the core action item is to build a model of system integration that allows for the capture of clinical data within a data repository.

A clinical data repository (also called a patient disease registry) is a database that stores and coordinates clinical information for an entire population of patients. It allows an organization to report off clinical data, which is needed for calculating actual clinical quality outcomes and comparing them against industry benchmarks. By tracking clinical quality outcomes and accurately measuring the cost of care, hospitals will be in a position to identify savings—which will then lead to evidence-based reimbursement opportunities. A clinical data repository also creates an infrastructure for joint clinical decision making about population care. This is essential for achieving clinical improvement across the enterprise to meet performance goals and therefore payment goals.

Hospital Strategy Is Key

The common theme that runs through all these action items is the importance of an integrated IT strategy. The key to designing an effective IT infrastructure is to focus on your hospital's clinical and business goals. In almost every case, strategic goals determine how to configure technology to support accountable care.

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