Informatics 2012
Industry & Vendor Perspectives

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HIMSS Nursing Informatics Task Force Call
January 23, 2012
National Quality Strategy: 3 Part Aim

HHS’ Domains and Principles for the National Quality Strategy

- BETTER CARE
- HEALTHY PEOPLE/COMMUNITIES
- AFFORDABLE CARE

Principles reflect:
- Patient-centeredness and family engagement
- Quality care for patients of all ages, populations, service locations, and sources of coverage
- Elimination of disparities
- Alignment of public and private sectors

Increasing Public & Healthcare attention on Safety & Quality
National Quality Forum

National Quality Strategy

National Priority Partnership

Partnership for Patients

New! HIMSS NQF Healthcare IT Projects Blog and PPT Series
National Priority Partnership (NPP) 
…….commissioned by HHS & convened by NQF in 2008 as a “neutral conveyor”

NPP provides a framework for defining Meaningful Use Priorities

1. Patient & Family Engagement
2. Population Health
3. Safety
4. Care Coordination
5. Palliative and end-of-life care
6. Overuse
7. Equitable Access
8. Infrastructure

See any similarities?

Five Broad Goals for “Meaningful Use”

The vision for meaningful use is to enable significant and measurable improvements in population health through a transformed health care delivery system. The 5 overarching goals are as follows:

1. Improve quality, safety and efficiency
2. Engage patients and their families
3. Improve care coordination
4. Improve population and public health; and reduce disparities in care
5. Ensure privacy and security protections


www.nationalprioritiespartnership.org
Partnership for Patients Goals

- **Keep patients from getting injured or sicker.** By the end of 2013, preventable hospital-acquired conditions would decrease by 40% compared to 2010.

- **Help patients heal without complication.** By the end of 2013, preventable complications during a transition from one care setting to another would be decreased so that all hospital readmissions would be reduced by 20% compared to 2010.

http://www.healthcare.gov/center/programs/partnership/
CMS Final Rule ACOs: Payment Model and Quality Measures

Advance Payment Accountable Care Organization (ACO) Model

Overview
On October 20, 2011, the Centers for Medicare & Medicaid Services (CMS), an agency within the Department of Health & Human Services (HHS), finalized new rules under the Affordable Care Act to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through Accountable Care Organizations (ACOs). ACOs create incentives for health care providers to work together to treat an individual patient across care settings – including doctor’s offices, hospitals, and long-term care facilities. The Medicare Shared Savings Program (Shared Savings Program) will reward ACOs that lower their growth in health care costs while meeting performance standards on quality of care and patient satisfaction. Providers participating in an ACO are voluntarily.

In developing this final rule, CMS worked closely with agencies across the Federal government to ensure a coordinated and aligned inter-agency effort to facilitate implementation of the Shared Savings Program. CMS encourages all interested providers and suppliers to review this final rule and consider participating in the Shared Savings Program.

Summary of the Advance Payment ACO Model

The Advance Payment ACO Model is an initiative developed by the Center for Medicare and Medicaid Innovation (Innovation Center) designed for organizations participating in ACOs in the Shared Savings Program. Through the Advance Payment ACO Model, selected participants in the Shared Savings Program will receive advance payments that will not be recouped from the shared savings they earn. CMS will recognize these advance payments from an ACO’s shared savings.

The Advance Payment ACO Model will test:
• Whether providing an advance (in the form of upfront payments to be repaid in the future) will increase participation in the Shared Savings Program.

Improving Quality of Care for Medicare Patients: Accountable Care Organizations

Overview
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In developing this final rule, CMS worked closely with agencies across the Federal government to ensure a coordinated and aligned inter-agency effort to facilitate implementation of the Shared Savings Program. CMS encourages all interested providers and suppliers to review this final rule and consider participating in the Shared Savings Program.

This fact sheet describes the quality measures and the method for scoring an ACO’s performance for purposes of meeting the performance standard under the Shared Savings Program.

ACO Final Quality Measures and Performance Scoring Methodology

Quality Measures: The final rule adopts 33 individual measures of quality performance that will be used to determine if an ACO qualifies for shared savings. These 33 measures span four quality domains: Patient Experience of Care, Care Coordination/Patient Safety, Preventive Health, and At-Risk Population. The list of measures is included as an appendix to this fact sheet.

Interoperability & Portability

- Accountable Care & ACOs
- Value Based Purchasing
- Care Coordination
- Patient & Family Engagement
- HIE
Informatics Today and Tomorrow

Continue to…..

• Define nursing informatics as an extension of nursing practice.
• Build and infrastructure for evidence based practice
• Define the Nursing Informatics Competencies
• Integrate the Nursing Informatics Infrastructure and competencies within the Nursing Professional Practice Model
• Define the unique contributions that nursing informatics makes through taxonomies to the information model and transformational care
• Partnering for workforce readiness & development
• Educate organizations about informatics
• Incorporate human factors concepts and usability for transforming care delivery
• Support & optimize evolving care delivery models
• Blend business & clinical intelligence and analytics
Clinical Business Intelligence Committee

New for FY13 (July 1, 2011)

Clinical Business Intelligence refers to technologies, applications and practices for the collection, integration, analysis, and presentation of clinical information, for the purpose of better clinical decision-making. In recent times, quality in healthcare is being shaped by evidence based medicine and the proper utilization of data.

Call for Committee Membership

HIMSS Annual Call for Committee Applications opens Jan. 2, 2012 through March 2, 2012
HIMSS Committee Membership Application >>

Interested potential Committee members must have a high interest or be working with Clinical Business Intelligence already. Committee members are selected by the HIMSS Board of Directors for a term beginning July 1, 2012. Potential members must be in good standing and have been a member for at least the past 12 consecutive months. The Clinical Business Intelligence Committee will meet virtually on a monthly basis. Members of the Committee will be expected to dedicate 3-4 hours per month on volunteer activities such as:

- Developing thought leadership resources and tools
- Participating in speaking engagements
- Providing public comment on proposed regulations
- Developing resources and tools with associated Task Forces and Work Groups
Up to $1 billion in support of local innovation

This new initiative will invest up to $1 billion in support of local innovation in communities across the nation to achieve three-part aim outcomes: better care, better health and lower costs through continuous improvement.

- Solicit Ideas for New Models → Select the Most Promising Models → Test and Evaluate Models → Spread Successful Models

http://innovations.cms.gov/
Care Innovations™ Guide System

Nurse Care Manager

Patient Education and Protocols

Phone line
Internet
3G wireless

Telehealth
But it’s not about the technology... It’s about the people...
Aligning the Voice

……and Taking Position

ARRA/HITECH 2009
PPACA 2010
Informatics 2012
Legislative Perspectives

Elizabeth C. Halley, MBA, RN
Principal Health Information Technology MITRE Corporation

(2012 HIT Legislative Drivers for Nursing Awareness and Engagement- Document Referenced)
Informatics 2012
Providers Perspectives

Teresa McCaskey, BC, BSN, MBA, RN
Director Clinical IT, DaVita
What Has This Meant to Us?

• Ensure Data is Being Captured
• Review Data Analytics
• Process changes
• New Measures
• Over large clinic and patient population
## Current and Future QIP Measures

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Join the Conversation – Exploring the New Discussion Forum & NI Website

Wednesday January 25th 10:00am CT/ 11:00am ET/ 8:00am PT*

*Meeting information will be distributed to the NI list serv.