



eHEALTH INITIATIVE

Real Solutions. Better Health.

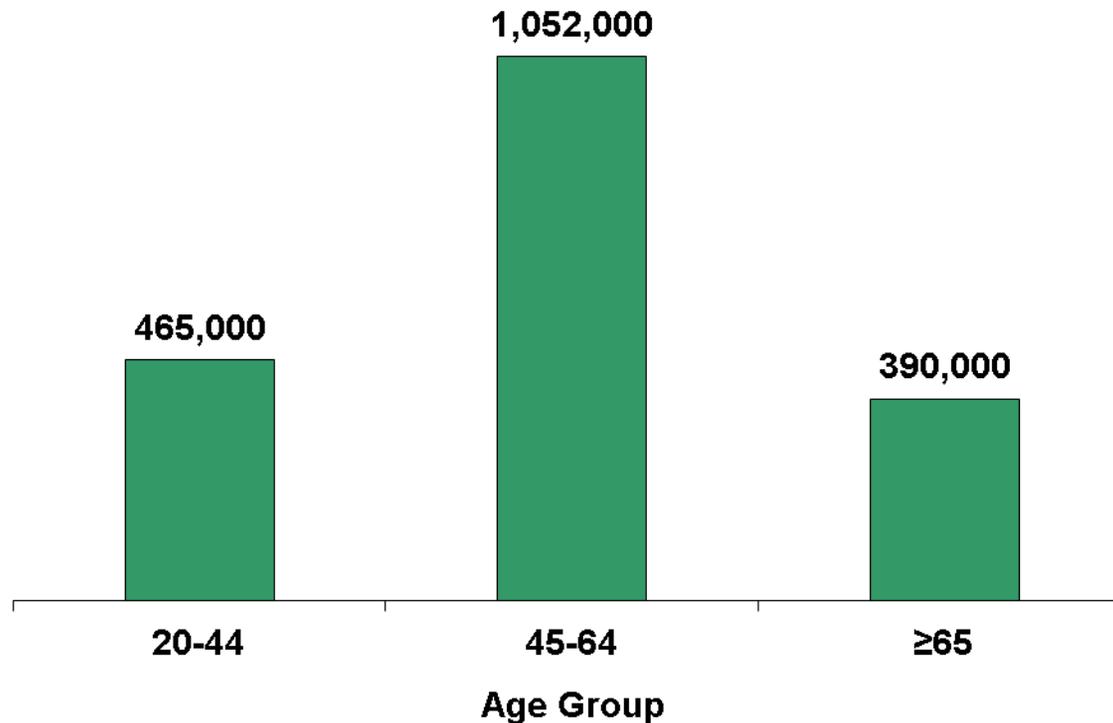
The New Dimension of Health Information Exchange

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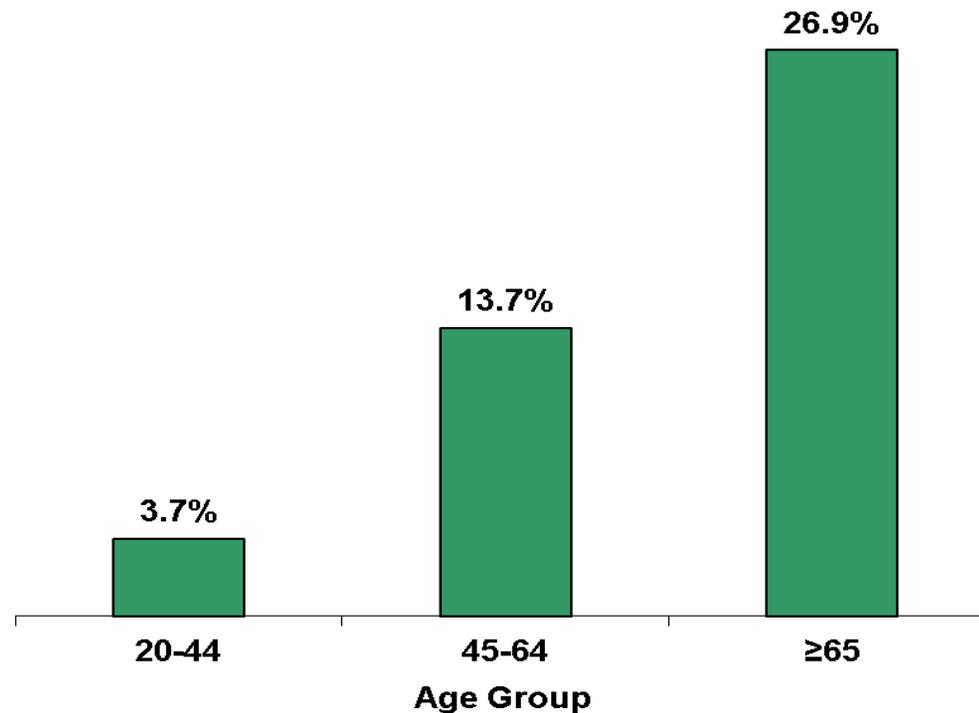
The Burden of Diabetes

Estimated number of new cases of diagnosed diabetes among people aged 20 years or older, by age group, United States, 2010



Percentage of Diagnosed and Undiagnosed Diabetes

Estimated percentage of people aged 20 years or older with diagnosed and undiagnosed diabetes, by age group, United States, 2005–2008



Costs of Diabetes

- The estimated diabetes costs, including both direct and indirect costs totals \$174 billion
- Indirect costs include disability, work loss, premature mortality
- Medical expenses for people with diabetes are two times higher than people without diabetes



The Making of an Epidemic

- Diabetes is the seventh leading cause of death in the United States
- It is the major cause of heart disease and stroke
- It is the leading cause of kidney failure, nontraumatic limb amputations and new cases of blindness among adults in the United States



We Are Not Equipped



- Uncoordinated Care
- System is not adequately addressing needs
- Focus is on immediate, acute care; not ongoing care



Lack of Information

- Records are stored in various locations
- Cannot measure progress
- Cannot facilitate response and improvement
- Information is fragmented and not comprehensive



Health Information Exchange

- Holds great promise in chronic disease management
- Provides important clinical information about the patient when and where needed
- Enhances greater care coordination and clinical decision support at the point of care
- Better measurement and improvement





Haven't you all heard this before??















Beauty is Not Just in the Design

- Incredible amount of storage available to collect data
- The data has numerous variables that specifically match to the end-user
- The engine can identify trends and help recommended additional choices for the user to consider



Goes Beyond the User

- The application allows for collaboration and engagement
- The overall experience is enhanced
- Redundant and unnecessary data is filtered out and does not become part of the user's library of information



WHY?



Chronic Care Model

- Created by Ed Wagner and others at the MacColl Institute for Healthcare Innovation
 - Interaction between informed patients and care teams
 - Self-management support
 - Delivery system with clear roles and tasks
 - Decision support systems
 - Clinical information systems that track the care of individuals and populations

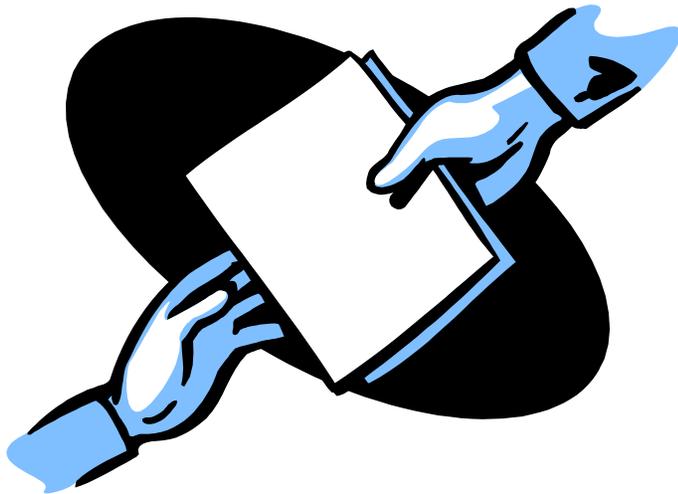


Chronic Disease Management

- Using the Chronic Care Model to help manage chronic disease
 - Data sharing for performance measurement
 - Engaging consumers
 - Improving health care delivery
 - Aligning benefits and finances



The Evolving Model



- Not only about the exchange of data
- But also the data that is part of the exchange
- The functionality of technology to expand HIE



Data Comes from Various Sources

- Comes from hospitals, local laboratories, pharmacies, and physician practices
- Each part of that data provides insight to the patient and to the population
- While we continue to evolve the ways to exchange data with various systems, we must evolve the way we leverage and use the data as well



Expand the Potential

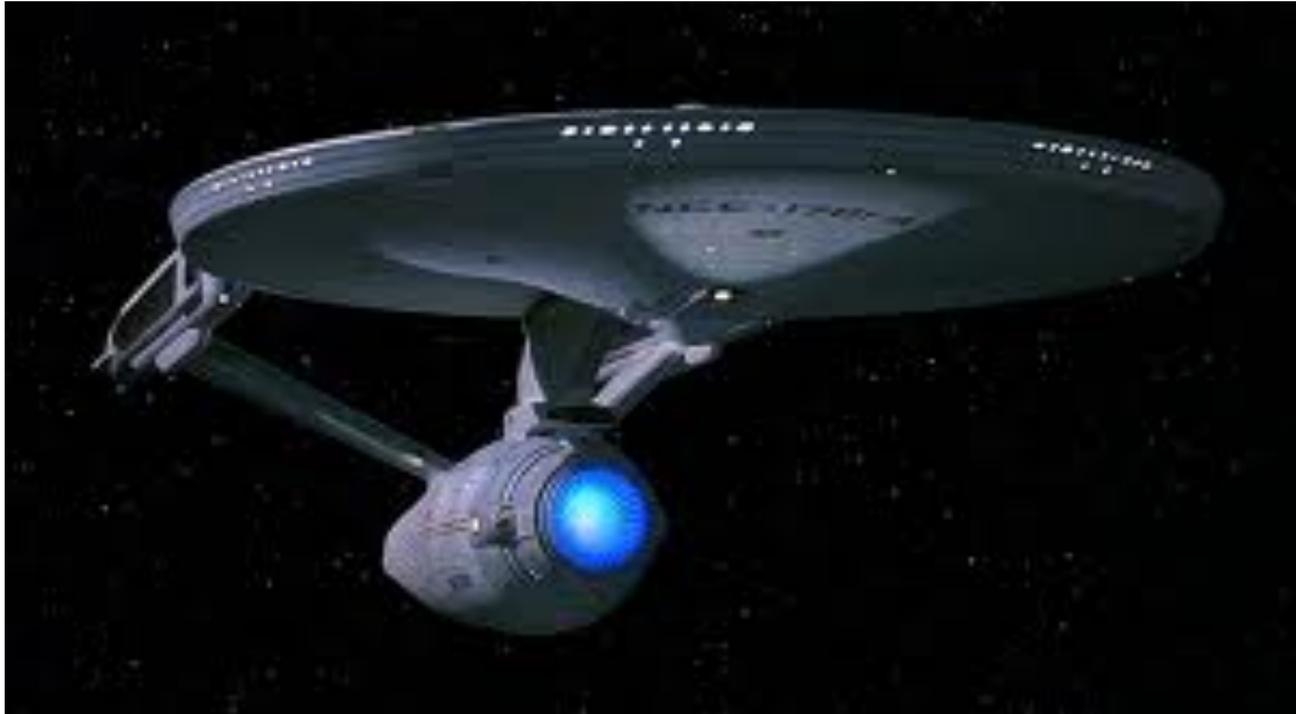
- Data on patients can provide stories to assist care teams and providers
- Patient's preferences; types of medications they use; clinical and non-clinical information
- The system can expand beyond one that exchanges data into one that learns from the data it receives

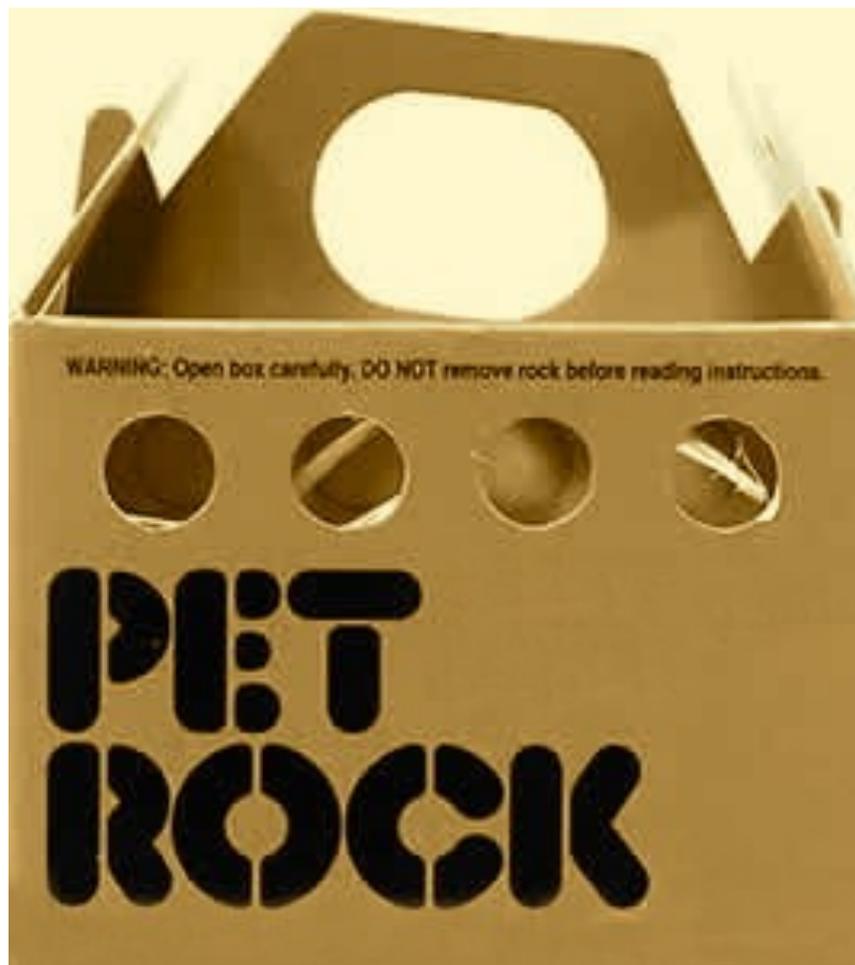


How Is It Accomplished?

- Analytics – examining trends and points within the data
- Quality Improvement – aggregating results against prescribed measures; then learning from that output
- Engagement – Allowing patients to actively participate
- Alignment – understanding where the costs come from







There are Real Barriers

- Privacy and Security
- Focus on the volume of health care services
- Interoperability
- Fragmented delivery system
- Lack of trust
- Lack of belief



But It Has Been Done

- Work in rural West Virginia in Type 2 diabetes, hypertension and hyperlipidemia
- Work in Pennsylvania on Type 1 and Type 2 diabetes as well as coronary heart disease
- Work in New York City on using HIE to support patient-centered medical home and at-home older adult care to treat diabetes



Where to Start

- Examine the HIE in your area and understand what data sets are being exchanged; who the recipients are; and how the capabilities of the HIE can be expanded for diabetes care
- Devise a solid, concrete strategy
- Align data sharing, quality improvement, patient engagement and cost information



Communication

- Use the HIE to assist providers in giving them complete information about their population
- Engage patients by giving them access to the data in an understandable format
- LEARN from the data – what is it telling you?
- Get a complete picture of the patient



You Want to Change the World

- Start small – Rome was not built in a day
- Efforts like this are grassroots and come from regional or community-based HIEs
- Build social capital – demonstrating small success builds to larger efforts
- Everyone needs to get into the pool – no “adult swim” only.



Think Differently



Let Us Know

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