



# CMS Vision of Meaningful Use of HIT

**Georgia eHealth Summit  
Atlanta, Ga.  
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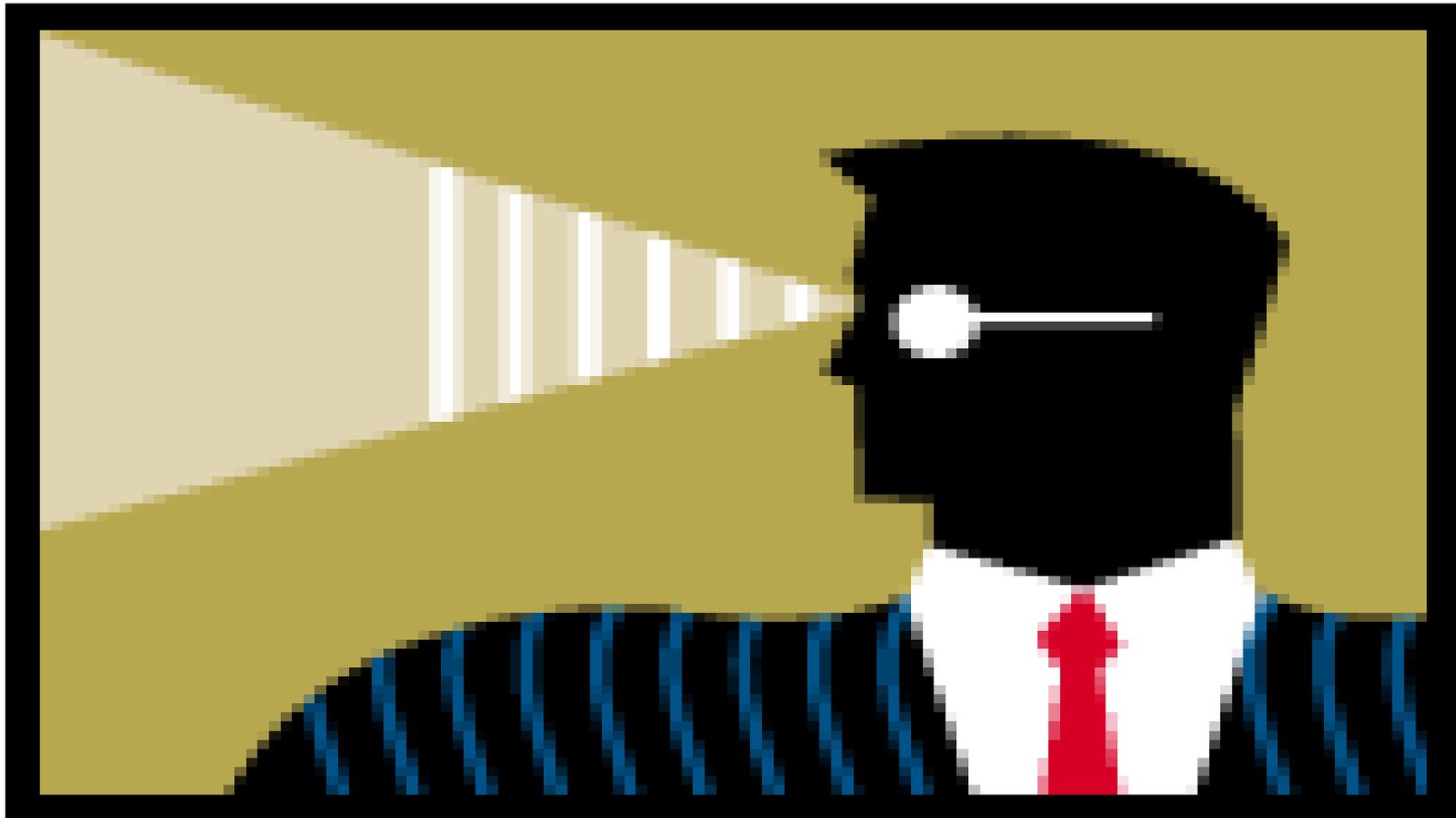
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*Chief Medical Officer*

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# The CMS Vision of Leveraging Meaningful Use of HIT



# HIT Overview



- HIT and Congressional Initiatives
  - ARRA of 2009, HITECH ACT, established CMS EHR incentive program for Meaningful Use of HIT
- Recent Studies: Archives of Internal Medicine, Jan. 26 2009, Amarasingham, et.al, “Clinical Information Technologies and Inpatient Outcomes, a Multiple Hospital Study”
  - Hospitals with automated notes and records, order entry and clinical decision support had **fewer complications, lower mortality rates, and lower costs.**

# What is Meaningful Use?

- Meaningful Use is using certified EHR technology to
  - Improve quality, safety, efficiency and reduce health disparities
  - Engage patients and families in their health care
  - Improve care coordination
  - Improve population and public health
  - All the while maintaining privacy and security
- Meaningful Use mandated in law to receive incentives



# The Triple Aim Goals of CMS

## Better Care

- Patient Safety
- Quality
- Patient Experience

## More Efficient Care: (Reduce Per Capita Cost through improvement in care)

- Reduce unnecessary and unjustified medical cost
- Reduce administrative cost thru process simplification

## Improve Population Health

- Decrease health disparities
- Improve chronic care management and outcome
- Improve community health status



# ***What's Wrong with US Healthcare Today?***

*Too Costly?*

*Inefficient?*

*Disparities in Access and Quality?*

*Evidence Base foundation often lacking?*

*Lack of Prevention focus?*

*Fragmentation of care, between providers and sites of care? (Silos, care transitions)*

*Poor information and data sharing and transfer?*

***Patient safety and quality ? (Compare to aviation industry?)***

*A payment system that rewards providing services rather than outcomes?*

*Coordinated, accountable or Uncoordinated, Unaccountable care?*

# Aviation or Health Care ?



coach class

*first class*



## We Must Make Medical Care Safer

- On any given day, 1 out of every 20 patients in American hospitals is affected by a hospital-acquired infection.
- Among chronically ill adults, 22 percent report a “serious error” in their care.
- One out of seven Medicare beneficiaries is harmed in the course of their care, costing the federal government over \$4.4 billion each year.
- **Medical harm is the fourth leading cause of death in the U.S.** Each year, **100,000 Americans die from preventable medical errors in hospitals**– more than **auto accidents, AIDS, and breast cancer** combined.
- Despite pockets of success -- we still see massive variation in the quality of care, and no major change in the rates of harm and preventable readmissions over the past decade.

We can do much better – and we must.



# Why E-Prescribing?

98,000 die from medical errors annually

- More than breast cancer, AIDS, or motor vehicle accidents

**1.5 million preventable adverse drug events annually**

- Hospitals, long-term care, outpatient encounters
- **530,000 among Medicare beneficiaries**
- **\$877 million per year for Medicare beneficiaries**

*Source Institute of Medicine 1999, 2000, 2003, 2006*

Connecting America  
for Better Health



# Partnership for Patients: An Overview



**PARTNERSHIP  
FOR PATIENTS**





# Partnership for Patients: Better Care, Lower Costs

*Secretary Sebelius has launched a new nationwide public-private partnership to tackle all forms of harm to patients. Our goals are:*

- 1. Keep patients from getting injured or sicker. By the end of 2013, preventable hospital-acquired conditions would decrease by 40%** compared to 2010.
  - Achieving this goal would mean approximately **1.8 million fewer injuries** to patients with more than **60,000 lives saved** over the next three years.
- 2. 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.
  - Achieving this goal would mean more than **1.6 million patients would recover** from illness **without suffering a preventable complication requiring re-hospitalization** within 30 days of discharge.
  - **Potential to save up to \$35 billion dollars** over three years.

# How to Get Involved!



Join the Partnership for Patients – Sign the Pledge!

Partnership for Patients Signatories

Already, more than 500 hospitals, as well as physicians and nurses groups, consumer groups, and employers have pledged their commitment to the Partnership for Patients.

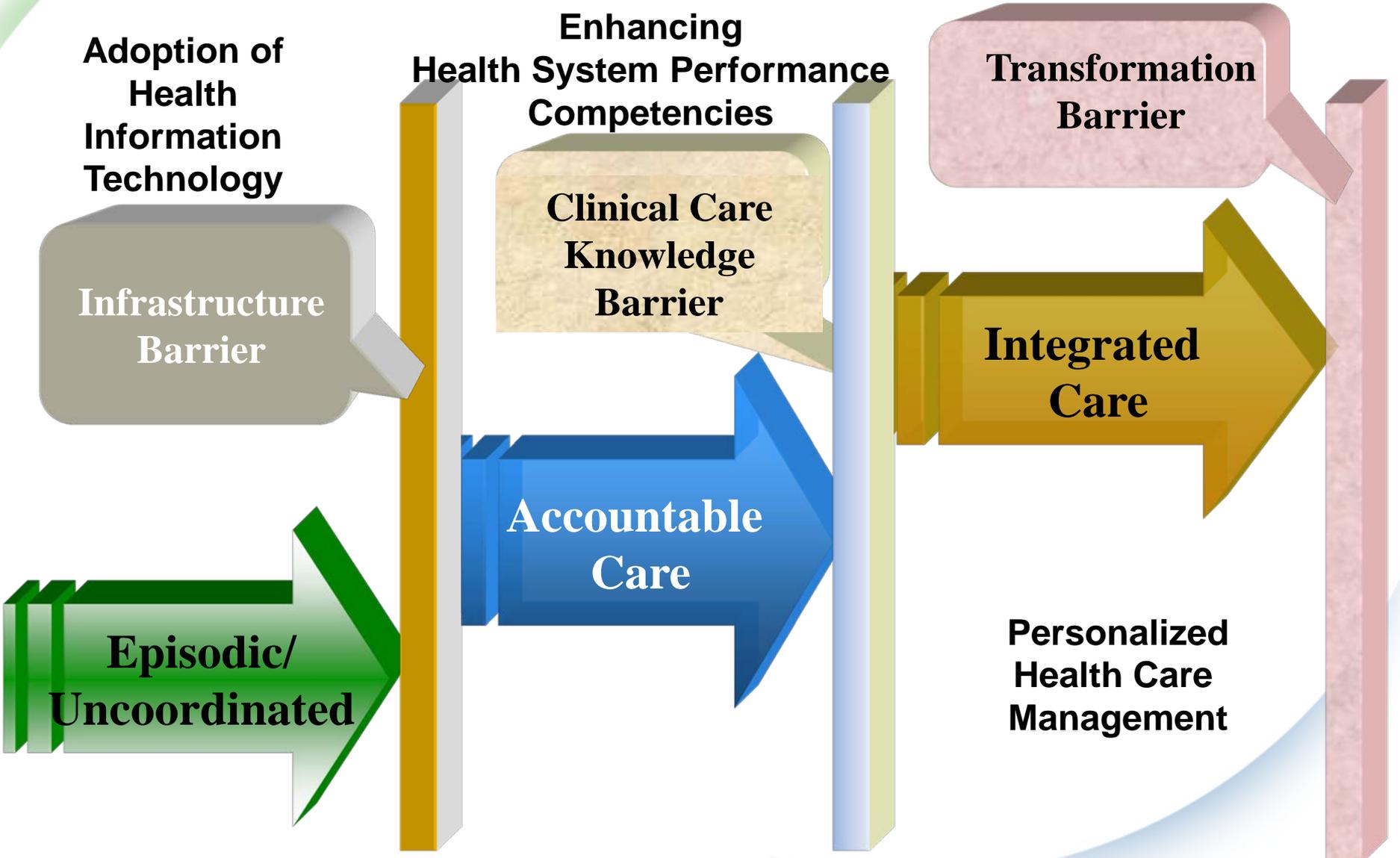
Learn about the pledge  
Read the pledge  
Download all pledge data as:  
CSV text file or  
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Filter  
Options  Hospital  
 Clinician or Other Provider

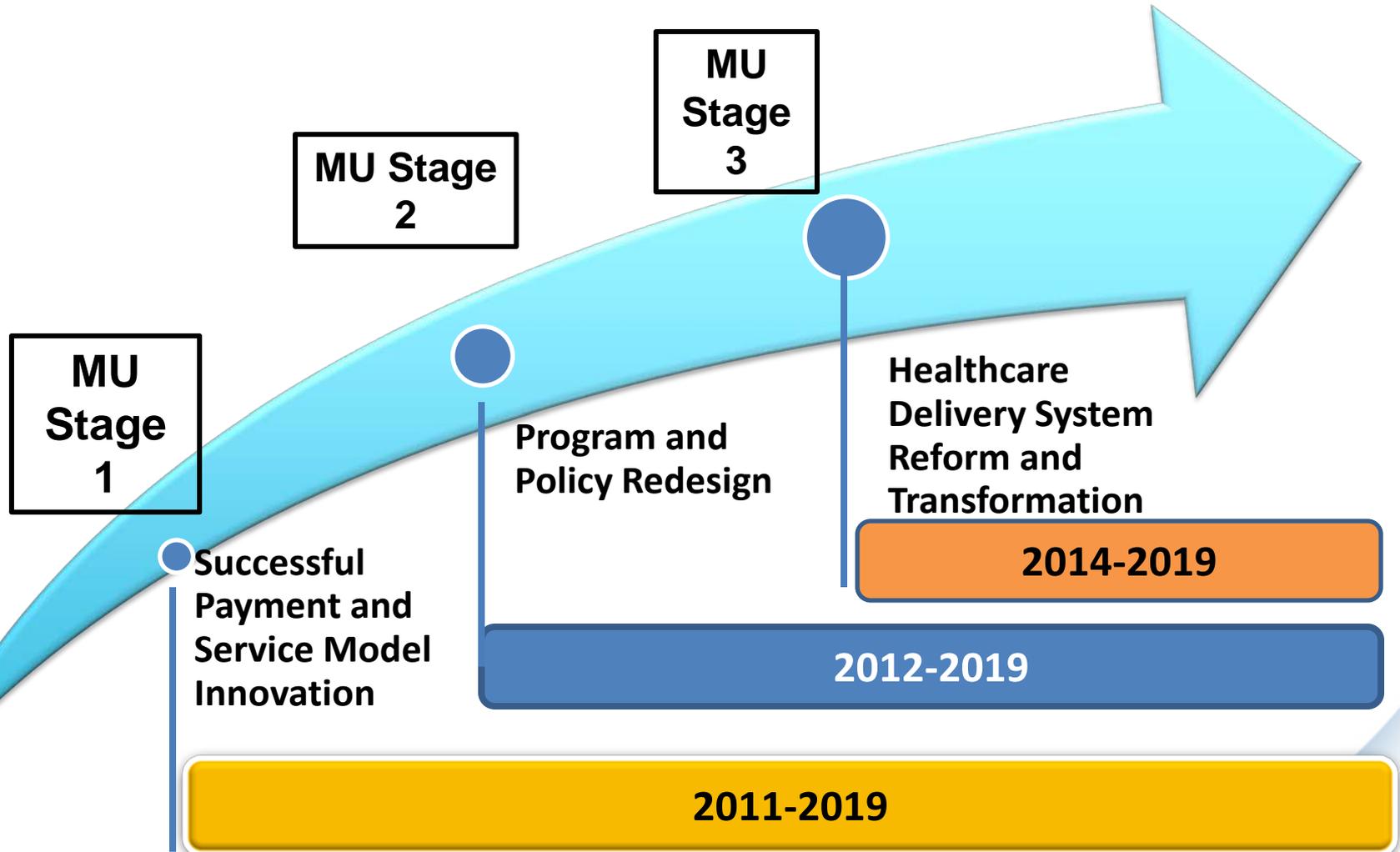
Show State:

Go to [www.healthcare.gov/center/programs/partnership](http://www.healthcare.gov/center/programs/partnership)

# Health Care Delivery System Transformation



# Timeline for Delivery System Reform and Transformation 2011-2019



# A Strategic System Approach to Healthcare Delivery Transformation



## Strategic HIT Focus Areas

## HIT Strategic Performance Metrics

## Quality and Cost Performance Outcomes

**Cost Containment**

**Quality Improvement**

**Administrative Efficiency**

**Population Health & Research**

Meaningful Use of EHR to reduce Duplication, Errors and improve care Cost Effectiveness

Meaningful Use of EHR to better coordinate care and Quality Performance

Meaningful use of EHR to Reduce Admin. Process Cycle Times

Meaningful Use of EHR to build Population Health Mgmt. & Research

Reduced Unnecessary Cost/Utilization & Lower % Admin Cost

Improved Quality & Patient Wellness Benchmarks

Higher Provider Satisfaction & Reduction in Admin. Cost

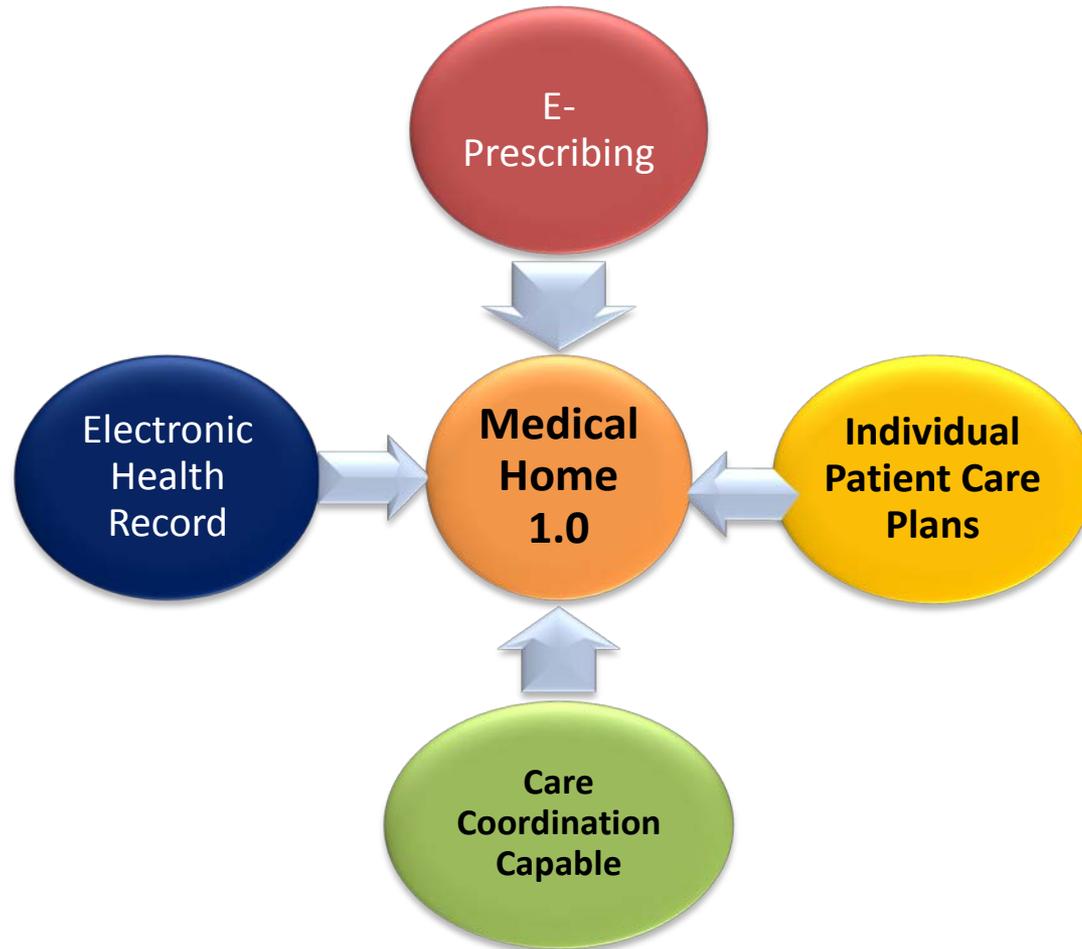
Improve health status Reduction in Health Disparities

**Meaningful USE Barrier**

**PERFORMANCE Management Barrier**

Strategic Planning Logic Map

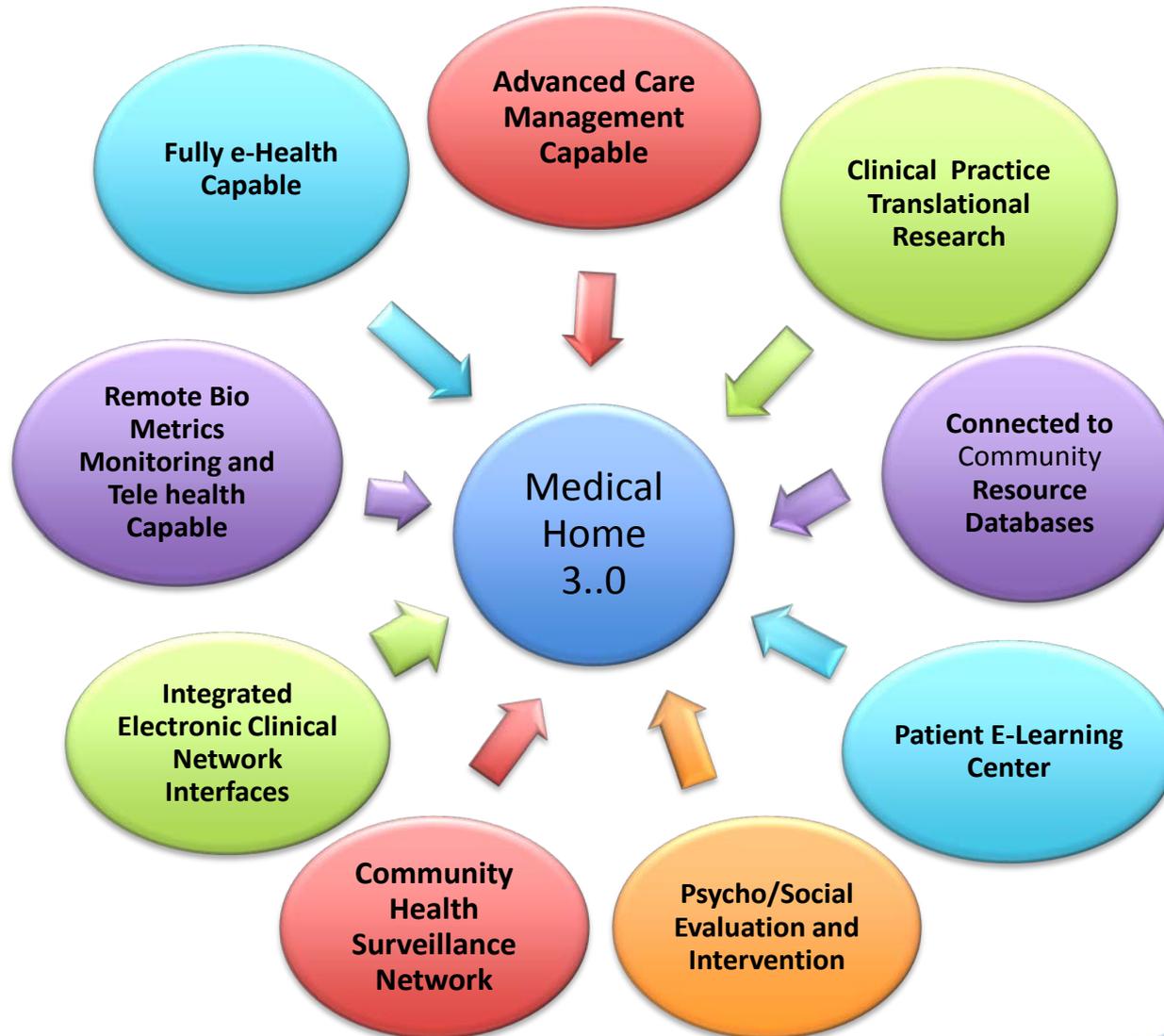
# Medical Home 1.0



# Medical Home 2.0



# Medical Home 3.0





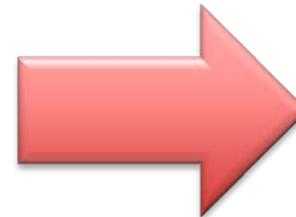
# Return on Investment from HIT

## Wide Spread Adoption of Electronic Health Information (EHI) Technologies for Better Outcomes , Lower Cost , Improve Population Health

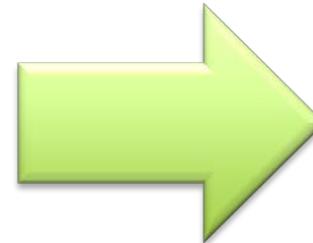
Improving Health Care Quality,  
Cost Performance, Population Health

### *ROI of EHI at Point of Care:*

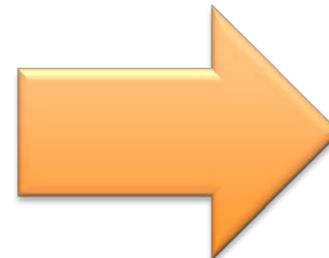
- Improved Patient Safety
- Reduced Complications Rates
- Reduced Cost per Patient Episode of Care
- Enhanced cost & quality performance accountability
- Improved Quality Performance
- Improve Community Health Surveillance



Better  
Outcomes



Lower  
Costs



Population  
Health



## More information:

- <http://www.cms.gov/EHRIncentivePrograms>

Thank You