

ASK THE EXPERT

with Jessica Colarusso and Allyson Davis, BSN, RN

What does it take to optimize your healthcare information technology?

To address the emerging and vital topic of using Health IT to support population health management, payment reform, and other initiatives, BRG Clinical Economics experts Jessica Colarusso and Allyson Davis, RN, BSN, provided insights to key questions about harnessing technology and clinical data. They have decades of combined experience with payer data analytics, payment reform, clinical analytics, EMR technologies, and regulatory compliance.





Q: With the increased adoption of EHR technology, haven't we solved the problem of gathering reliable clinical data?

Obtaining reliable clinical data is an age-old problem for healthcare organizations. Inconsistent processes between those who dictate, write, and type this data can erode its reliability. Some may perceive the adoption of Electronic Health Records (EHR) as worsening this existing problem because of the increased visibility it brings. In reality, the EHR, when optimized, can ensure the integrity and accuracy of clinical information.

Leveraging the EHR and associated technology can promote the accurate, real-time capture of provider documentation and clinical care. The EHR allows for structured documentation templates for healthcare providers that can help capture data in a standardized format. That means that we have not only clinical data linked to standard nomenclature for data exchange, but also consistent, high-value data for population health risk modeling. By capturing structured patient data, health systems will have a powerful new resource to more effectively guide strategic decisions and efficiently direct clinical resource utilization.

Q: Do I need specific analytics software to ensure effective decisions and actions from my clinical data?

Analytic software solutions are only as good as the data entered into the product; as such, these solutions are not the limiting factor. It is up to clinical administrators and front-line providers to establish consistency to in the clinical



process. Each organization is responsible for ensuring that EHR documentation tools have been optimized, enabling real-time and provider-friendly collection of patient data. Ultimately, this data may drive clinical decisions and actions that should be taken to promote quality of care. Additionally, through interpretation of the data, necessary actions can be prioritized. As such, the people and processes take precedence in actionable data over analytics software solutions.

Furthermore, the core EHR platform usually offers robust clinical decision support tools. One of the goals of optimizing the EHR environment is to configure these tools so that providers are presented with clinically useful alerts throughout the care delivery process.

Q: Is it clinicians and providers or administrators who typically drive changes based on analysis of clinical data?

All of the above and more! The adage "it takes a village" applies. In order for actionable, sustainable change to take place, it takes the full support of administration being completely behind the change. Providers must lead these changes, especially if they are clinically related. Others such as nursing, pharmacy, information technology, finance, and other clinical ancillary services will be part of the team implementing the changes. It is up to each organization to design processes that account for this team effort and involve all departments in delivering system-wide changes that are to the benefit of the patient, organization, and individual teams involved.

Q: With so much focus on the provider interaction with the EHR, are there other methods and technologies for directly gathering clinical data from the patient?

Healthcare organizations can capture patient-generated health data for use through emerging approaches that leverage existing investments as well as new technologies.

Many health systems engage with patients and collect additional clinical information through investments in patient portal technology. Patient portals now integrate with medical devices, such as glucometers and pulse oximeters, for monitoring of chronic diseases. Many portals also connect to consumer fitness trackers, providing clinicians access to real-time health data. Hospitals can reduce readmissions and improve post-acute care surveillance and coordination with questionnaires designed to identify unexpected complications in the recovery process, securely distributed to patients through a portal's notifications system.

A number of well-funded startups in the rapidly growing digital health space offer new opportunities to capture patient-generated health data. They are piloting platforms designed to improve remote patient monitoring capabilities. Mobile apps engage with chronically ill patients between visits through app notifications and text-message alerts. These provide medication and appointment reminders, as well as daily disease monitoring questionnaires.

Q: Does the recent CMS announcement regarding the ending of the Meaningful Use program affect how healthcare organizations should optimize the EHR?

CMS Acting Administrator Andy Slavitt announced at the J.P. Morgan Healthcare Conference that CMS will be ending the Meaningful Use program, replacing it with components introduced as part of The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). MACRA is widely known as being a repeal of the previous Medicare Sustainable Growth Rate (SGR); however, it also includes guidance that will not only replace Meaningful Use, but also streamline current pay-for-performance and quality measure reporting programs.

Essentially, MACRA introduces reimbursement models that place a greater focus on both clinical quality improvement and the use of healthcare technology. For healthcare organizations, this does not in any way invalidate the previous goals of optimizing the EHR, but it does mean that administrators should consider data-driven clinical quality improvement projects as they evaluate how to optimize their technology infrastructure.

Because there will be a transition timeframe from the current Meaningful Use guidelines, ramping up to the full implementation of the new guidelines in MACRA, it provides the opportunity for healthcare organizations to work on an EHR optimization plan that best meets the goals of the new programs.





Contact us for more information.

clinicaleconomics@thinkbrg.com

1.877.210.5246

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