Health Information Technology
QTIP Learning Collaborative

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Agenda

- HIT Overview
- Overall Plan and Objectives
- Practice Implications
- Relationships with Other ARRA/HITECH HIT Efforts
- Demonstration of QTIP Registry Tool
- Discussion
Role of IT - Implicated in All Three Grant Categories

- **Category A** – Experiment with, and evaluate the use of, new measures for quality of Medicaid/CHIP children’s health care
  - Collection of quality measures raw data
  - Quality report generation

- **Category B** – Promote the use of HIT (Health Information Technology) for the delivery of care for children covered by Medicaid/CHIP
  - “Connected” health care – care coordination (PCMH Level II)
  - Innovative “real time” delivery of quality feedback

“This project will reveal how technology within the office can be used to measure performance, share a longitudinal health history of patients across the care continuum using a standards based approach, provide real time feedback to caregivers regarding specific patients to drive prospective care decisions, and create a learning system that evolves as practice patterns and medical science does.”
## Connected Healthcare Ecosystem

<table>
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<tr>
<th>Today: Within Your Office (EMR/PMIS)</th>
<th>Gap - Opportunity</th>
<th>How</th>
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<tbody>
<tr>
<td>Document your findings</td>
<td>Access to what others know about your patient historically</td>
<td>Connect to SCHIEx to exchange info about your patients</td>
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<tr>
<td>Delivery care and document</td>
<td>How does that translate to quality measures</td>
<td>Adapter - Transform documentation to calculate measure</td>
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<tr>
<td>Typically does not receive information form outside</td>
<td>Regional hospital lab and other results, ED visits in near real time</td>
<td>Adapter – as hospitals join SCHIEx, their information can feed</td>
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<tr>
<td>No feedback on your practice quality compared to national norms</td>
<td>Standardized feedback on key process and outcome measures</td>
<td>Integrated with QTip registry tool: web based tool</td>
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Overall Solution Strawman

- Diversity in “IT” at Providers
- Connect to SCHIEx
- Capture Quality Metrics
- Share Information
- Receive e-scorecards
- Rinse and Repeal
Practice Implications

• HIT Diversity – represent the “reality” out there

• Willingness to adopt new work processes and change workflow to improve the granularity and consistency of information capture and documentation.

• Commitment to care coordination and PCMH level II philosophy – care about what happens to patients after they leave the clinic

• Adoption of EMR/tech within practice; or use of Qtip Registry tool to capture quality measures

• Migrate to a “certified” EMR
Other HITECH HIT Programs – No Double Dip Allowed

**EHR MU Incentives**
- Direct costs associated with software, services, hardware to adopt an EHR must be borne by the practice
- Medicaid or Medicare eligibility
- Cannot be “paid” for by another federal program

**RECs / HIE Coop Program**
- **RECs**
  - Advisory services and disseminating of best practices for EHR selection, adoption, and MU
  - **not** the direct costs associated with adoption at a given practice
- **HIE Cooperative Agreement**
  - Something to connect to
QTIP Registry Demo

• Used if
  – you do NOT have an EMR or choose to not use it to capture the necessary documentation
  – or we cannot implement or you do not want us to implement an adapter (link) to your EMR
  – or you do not wish to connect to SCHIEx

• Must use it to retrieve quality feedback