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Population Health Management Tools to Improve Care for Individuals and Populations of Patients

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Building Population Health

- Information-powered clinical decision-making
 - Use robust patient data sets to support proactive, comprehensive care
 - Operate within an integrated data network
 - Position a leader to merge data analytics with clinical care
- Primary care-led clinical workforce
 - Elevate PCP to "CEO" of care team
 - Mobilize community workforce to extend care team reach
- Patient engagement and community integration
 - Map services to population need
 - Overcome non-clinical barriers to maximize health outcomes
 - Integrate patient's values into the care plan
 - Use community stakeholders to connect patients with high-value resources



Population Health Core Components











HIE Data

Aggregation EHR Agent Collaborate Care Coordination

Collaborate
Care
Management

Analytics

Population Health Analytics EPSi

CAG

Patient Engagement

FollowMyHealth FollowMyHealth Achieve Value-Based Care

Value-based Care Services EZ Insights EZ Cap

dbMotion – Top HIE score for "Helping Maximize Value"

Care Management - #1 suite

Population Health Analytics – KLAS Best analytics on aggregated data

EPSi – Category Leader for "Decision Support"

FollowMyHealth – 100% would buy again



Interoperability, Care Coordination

Day One at UPMC...



A patient that was admitted to the UPMC St. Margaret ED complaining of abdominal pain was referred for a standard workup.

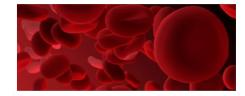
A nurse consulted her interoperability platform and discovered that the patient had a history of an aortic aneurysm. The patient was immediately sent for a CT scan which revealed an acute dissection with the likelihood of a rupture.





The UPMC St. Margaret team decided to transfer the patient to UPMC Presbyterian for the complex operation.

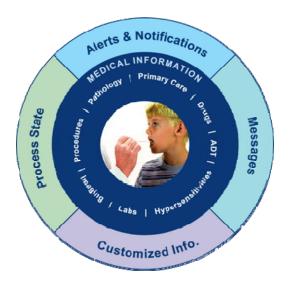
Prior to transfer, the nurse also noted, via interoperability platform, that the patient was taking a blood thinner... and appropriate therapy was initiated during transfer thus preventing further delay of surgery and saving the patient's life.



Achieving Interoperability

Optimize the point of care. Create an organized, longitudinal patient record spanning all points of care with technology focused on:

- Workflow create real-time connections to EHRs at the point of care
- Semantic Interoperability organize disparate data and translate disparate vocabularies
- Community reach out, connect, exchange, empower physicians through standards
- Adaptable Platform leverage a platform-based approach to implement Accountable Care and support analytic and research needs



The dbMotion single patient record

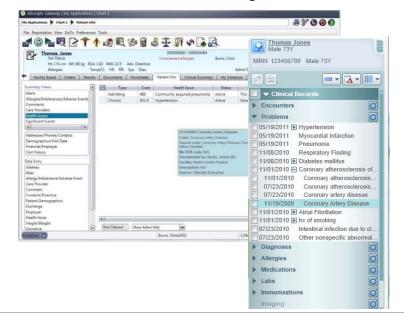
Visualizing Connected Healthcare

Leverage technology solutions above the EHR to bring the community into existing solutions and workflows.

dbMotion Collaborate



dbMotion EHR Agent

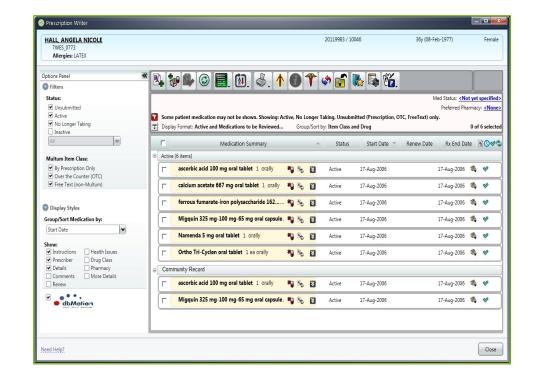


Driving Insights to the Point of Care

Fusion

Integrating patient information from community clinical systems directly into Sunrise workflows for improved care and outcomes

- Include community medications directly in reconciliation and views
- Check for duplicate orders throughout the community prior to order placement
- Display community documents and allergies directly in EHR
- Integrate population health insights into clinical workflow





Population Health Analytics

Analytics in 2015

- Risk is increasingly being shifted to the point of care
- "The Cloud" has created an opportunity not only to store information remotely...but to leverage computing power in a new way
- "Big Data" approaches allow us to solve new problems
 - Data does not have to be normalized prior to ingestion as in the past
 - Queries can be done on non-relational structures using server arrays to "rent" computing power
 - Questions can be modified and re-asked gracefully and quickly

Interoperability: Critical for "Big Data"



The Allscripts Difference

Allscripts has been doing the "challenging" work for healthcare analytics since 1999

- 1. Aggregating and staging data
- 2. Point-of-Care connections
- 3. Chronic disease management
- 4. Amassing data



Population Health Analytics

Stratify populations and understand gaps in care and patient compliance. Take action to impact care.

- Point-of-care, real-time analytics
 - Automatic patient tags for chronic conditions
 - Care team alerts for gaps in care and out-of-range tests
- Cohort management
- Predictive models
- Quality metrics and dashboards for derived insights across care settings





Patient Engagement

FollowMyHealth

A patient-owned, unterhered patient engagement solution to rapidly help you change patient behavior.

- Patient-owned, patient-controlled No user management required
- Cloud-based architecture No on-site hardware or software to manage with rapid deployment
- EHR-agnostic Discrete data flows back into EHR; tight integration with Allscripts EHRs and dbMotion
- Configurable Organizations set thresholds for results and sophisticated family management criteria



FollowMyHealth Achieve

Engaging patients directly in their care, while enabling providers to monitor patient status remotely and intervene in a timely manner.

- 1. Care plans created in Allscripts EHR
- Patient accesses clinicians' orders via FollowMyHealth
- 3. Patient follows care plan, using wireless devices integrated with the portal—scales, blood pressure monitor, blood glucose meter
- 4. Results are automatically integrated with EHR
- 5. Care team is notified via EHR messaging if patient is noncompliant or results exceed parameters.



Allscripts EHR

Achieve @ Yampa Valley

Live on Achieve Jan. 2015



- Client feedback
 - Achieve training & set-up fast, intuitive and straightforward
 - End users of Achieve at Yampa
 - Care managers not physicians
 - Managing 119 diabetics on care plans
 - Behavioral health care plans for weight monitoring
 - Rollout success
 - Targeting 119 diabetics with good response
 - New FMH registrations driven by the Achieve goal
 - Improved care manager productivity through auto notifications
 - Discreet data from Achieve available in Pro EHR (History & Physical)



FollowMyHealth Telemedicine: Avail. 2015

Phase 1

- Secure Asynchronous eVisit Messaging
 - Out-of-the-box support for ~ 10 chief complaints
 - Proxy support
 - Limited dashboard customization

Phase 2

- Advanced Asynchronous eVisit Messaging
 - Dashboard customization of chief complaint forms
 - Flat fee payment integration
 - Billing & volume reporting
 - eVisit File Uploads image and document attachments

Phase 3

- Real-Time Video Virtual Visits
 - Scheduling & check-in via FMH w/Virtual Waiting Rooms
 - Support for registration & insurance updates
 - Secure real-time videoconferencing
 - Secure real-time chat & screen sharing

FollowMyHealth Payer & Wellness

- Available later in 2015
- Keep employee/patient populations healthy and engaged
- Provide a wellness solution leveraging FollowMyHealth
- Higher costs due to rise in chronic diseases
 - 75% of all healthcare expenditures driven by chronic diseases
 - General rise in chronic diseases with earlier appearance in younger populations
- Lifestyle changes and prevention can eliminate or mitigate many chronic illnesses BUT...
 - Low employee/patient engagement in current wellness programs
 - Current healthcare model rewards treatment for symptoms rather than prevention

FollowMyHealth Payer & Wellness

- Wellness program creation and management
- Integration with key internal HR systems
- Health Assessment with recommendations and a defined action plan
- Activity Tracking using the latest health-tracking technology
- Incentives for completing wellness activities; competitions and challenges;
 support/peer groups
- Reporting measuring program effectiveness, overall biometric/health assessment results and ROI



Case Studies





30+ hospitals connecting

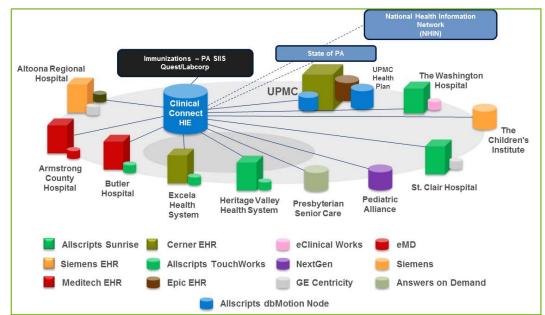
- 11TB of aggregated data
- 45,000 users

Heritage Valley Health System

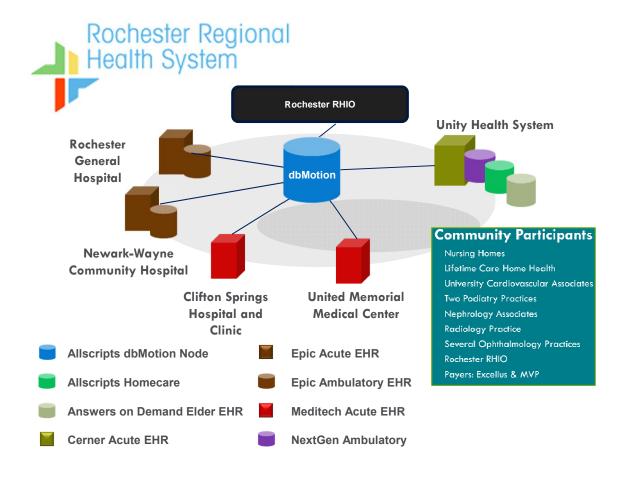
- CCD communication into their "CAP" physician portal
- Connecting Sunrise and TouchWorks environments
- Now deploying Heritage Valley's dbMotion solution

UPMC

- 13,000 users accessing information with EHR Agent
- Integrated 2 million health plan members' information
- Deploying full analytics suite
- Connected to State Immunization Registry



Connecting Western Pennsylvania



- Reduced the number of patients with uncontrolled A1c levels (A1C > 9%) by 14% in year two, and by 25% in year three
- NCQA Diabetes Recognition Certification for all Unity primary care physicians
- Decreased time to bring patients in control of fasting BGs through intensive insulin management tool (61 days)
- Improved patient satisfaction scores (3.8% improvement by year two in the six participating PCMH practices, averaging 95.2%)
- Hospital readmissions dropped
 11% by year three

HCA



Timeliness of Data

- Peak at 60 messages per second
- Data latency requirements vary by use case

Data Standardization

- Non-standard implementations across 30-plus markets in 20 U.S. states
 - √ Customized Dictionaries within each market
- Terminology Standards SNOMED, LOINC, RxNorm

Foundation for our Strategies

- HIE Longitudinal view of patient records
- Consumer portal bill pay, scheduling, preregistration, clinical results
- Natural Language Processing
- Decision Support at Point of Care (future)
- Analytics





Analytics @ HCA

Clinical Excellence

 Analytics used to score and benchmark care areas to drive out clinical variance and improve quality across the enterprise

Emergency Department

 Real-time analytics optimizes throughput and customer satisfaction; posting ER wait times on billboards across the community

Surgical Services

Analytics used to drive efficiency of operating rooms

The Province of Manitoba



Manitoba's Connected Healthcare Solution

- 285 live sites utilizing the solution!
- Supporting a very distributed geography
 - Supporting 1.2 million people throughout the province including 150,000 First Nation
- Solution live province-wide in 9 months... on time and on budget

Province-Wide Deployment

- Security and Privacy
 - Optional masking of clinical information
 - Province wide Chief Security Role
 - Very low "opt-out" rate
- Communication and Population Education
 - Video and Advertisements
 - Web Site for Manitobans -http://www.connectedcare.ca/echartmanitoba/
 - Instant Access to Facility list
- Implementing "Above the Tree Line"
 - Deploying 2-3 Facilities per week throughout the province
 - Deploying to remote areas across the province



Thank you!

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