

Rhode Island Quality Institute (RIQI)



A New Standard of Care

***Working Together to Improve Health and Health Care
at a Reduced Cost***

February 26, 2015



Questions You May Have

Question

Briefly, what are RIQI and CurrentCare?

What support is available to providers to adopt EHRs?

Who governs CurrentCare?

What's the cost, who's paying, and how are you sustaining it?

How did you address privacy issues?

What is the plan going forward?



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What is the Rhode Island Quality Institute?

- An independent, not-for-profit founded in 2001 with a mission to significantly improve the quality, safety and value of health care
- The vision is to achieve the “Triple Aim” of better health, better health care and lower costs
- 45 employees
- Owner and operator of “CurrentCare” – RI’s State-designated and sole statewide health information exchange
- Owner and operator of the RI Regional Extension Center – promoting the adoption and use of EHRs and clinical practice transformation



Named RI’s “2014 Most Innovative Company in Healthcare” by *Providence Business News*



What is CurrentCare?

- RI's State-designated Regional Health Information Organization (RHIO) and sole statewide health information exchange (HIE)
- One of the major services of the RI Quality Institute (but not the only one)
- Regulated and partially funded by—but not part of—the State of RI
- The purpose is to help RI achieve the “Triple Aim” and to help providers succeed under value-based payment models that support system transformation



What is RI's HIE Designed to Achieve? (Perhaps *the* most important question to answer when starting an HIE)

- **Capability for the data to follow the patient**—assuring that information is available where and when it's needed. *This includes aggregating the data in one place for access by patients and families.*
- **A complete clinical record across geographic, proprietary and payer boundaries**—enabling population health management, identification and spread of best practices, comparative performance analysis, research and advancement of public health efforts
- **Reduction of costly (*and unnecessary*) duplication**—thousands of point-to-point interfaces; multiple provider directories; preventable hospitalizations; duplicate lab, radiology, and other tests and procedures, etc.



A *Serious* Problem: Fragmented Patient Data Resulting in Errors and Inefficiency

Hospitals,
LTCs, BH /SA
Facilities, etc.



Dept. of
Health

Public
Health

The average Primary Care Provider needs to interact with
229 physicians working in 117 different practices
to care for their panel of patients.

Pham, O'Malley, Bach, Saiontz-Martinez, Schrag;
Annals of Internal Medicine v.150, p. 236-242, Feb 2009



Payers



Specialty
Physicians



Ambulatory
Centers (e.g.
imaging centers)

Information Flow Today: Fragmented Patient Data

Current system fragments patient information
resulting in error and waste

Hospitals,
LTCs, BH
/SA
Facilities,



Dept. of
Health Public
Health

Two things required of providers:

1. Adopt and use an EHR
2. Share the patient data
(So the data follows the patient)

Payers



Ambulatory
Centers (e.g.
imaging
centers)



Specialty
Physicians



Provides a longitudinal view to improve
quality, safety and value

Hospitals,
LTCs, BH
/SA
Facilities,
etc.



Dept. of
Health Public
Health

Laboratories



Pharmacies



Health
Information
Exchange

Primary Care
(incl. Beh.
Health/
Substance
Abuse, CHCs,
etc.)



Patients
and
Families



Specialty
Physicians

Payers



Ambulatory
Centers (e.g.
imaging
centers)

CurrentCare Value Proposition: Services to Enable Delivery System Transformation



More than 45% of Rhode Islanders Enrolled



CurrentCare Alerts

Providers notified in real-time about patient hospital encounters

CurrentCare Viewer

Providers view patient data via secure website

Provider Directory

Single "source of truth" for provider information in RI

CurrentCare For Me

Consumers access and manage health data on portal & mobile devices

Analytics

Intelligent alerts, quality and cost metrics

**79 Unique
Data Feeds**



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Support for Providers to Adopt EHRs in RI

- 90% RI primary care providers received assistance from our RI Regional Extension Center (RI REC) **at no cost** via a federal grant
- Other grants/incentives offered to providers for EHR purchase:
 - RI REC provided Vendor Marketplace of vetted EHR vendors **required** to offer discounts to providers
 - BCBSRI offered up to \$5,000/physician to purchase a qualified EHR
 - Tufts Health Plan offered \$750/physician for adopting a qualified EHR
- Incentives offered for Meaningful Use (MU) achievement:
 - RIQI offered a \$2,500 subsidy to those who met MU (in addition to federal incentives)
 - BCBSRI aligns their physician fee schedule with the MU program, offering providers who successfully achieve MU with a higher reimbursement rate (about 10%)
- 78% of grant eligible providers met MU with RI REC assistance, resulting in approximately \$90M in federal incentives paid to RI providers



Support for Providers to Adopt EHRs (cont'd)

- RIQI has applied for a CMS Transforming Clinical Practice Initiative (TCPI) Practice Transformation Network Grant
- If awarded, the grant will bring another \$9.6M of assistance to prepare providers—who have not yet received support—to succeed under value-based payment models (included is adoption and use of EHRs, quality reporting, management by metrics, leadership and change management, etc.)
- ***CT providers can—and very likely will—be assisted under RI's award, if received***
- Notices of award anticipated on April 10, 2015; Work to commence on May 1, 2015



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Who Governs CurrentCare?

- The State has designated CurrentCare as the sole statewide health information exchange (HIE) in RI
- CurrentCare is regulated under the RI HIE Act of 2008 and overseen by the RI Department of Health
- RIQI's board is comprised of CEO-level leaders from hospital systems/Accountable Care Organizations (ACOs), health insurers, consumer groups, physician-led ACOs, community health centers, employers, the Quality Improvement Organization (QIO), and state government



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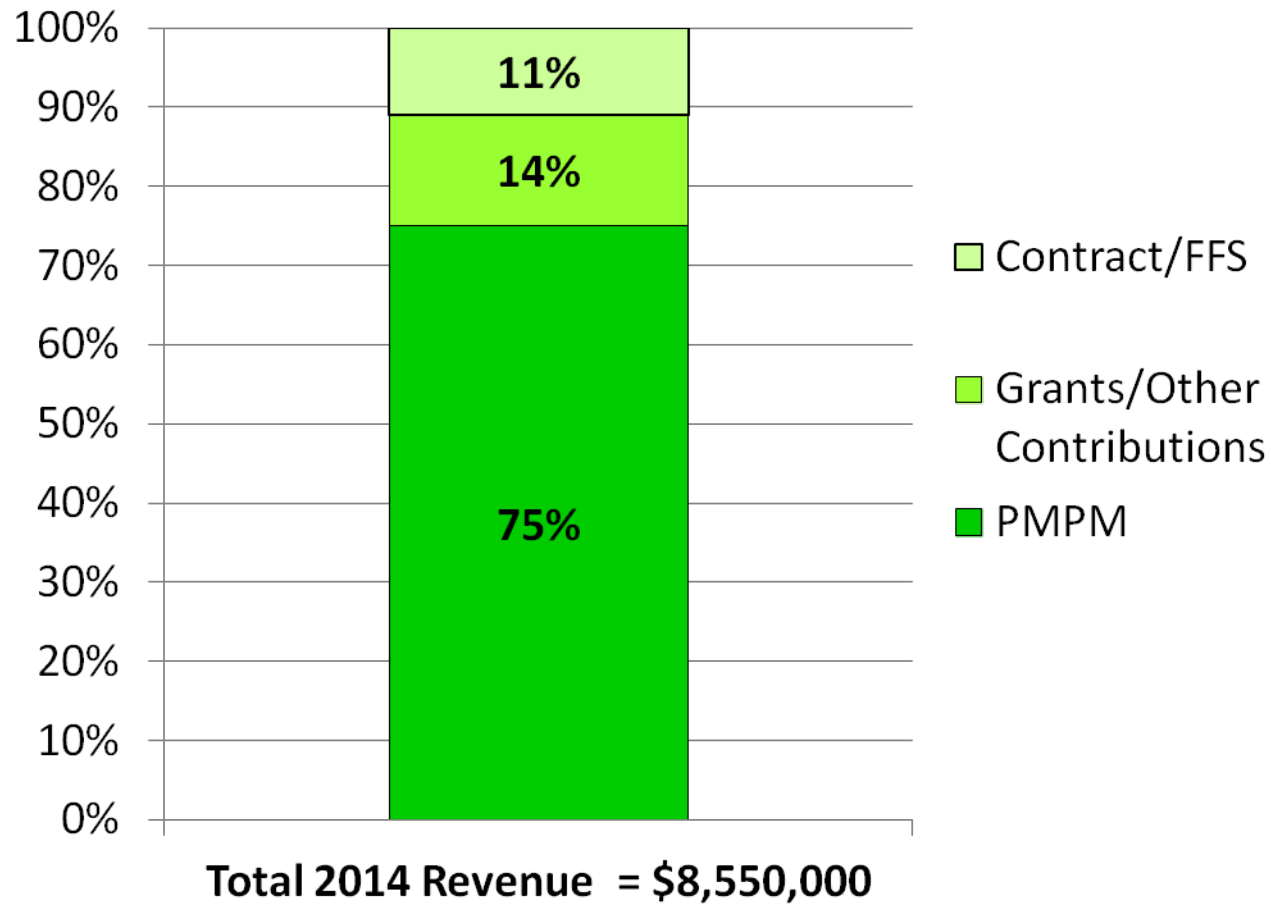


What is the Cost, Who's Paying and How are You Sustaining CurrentCare?

- CurrentCare has cost approximately **\$45M** to build, expand and maintain over more than 10 years (*not including significant in-kind contributions from stakeholders*)
- RIQI's revenue:
 - 2014: \$8.5M
 - 2015: \$8.8M (NOT including State Innovation Model grant funding recently awarded to RI)
- Sustained by a broad-based payer funding model of \$1 per member per month (PMPM) paid by:
 - Commercial insurers (State mandated)
 - State government
 - Federal Medicaid match (90/10)
 - Self-funded employers

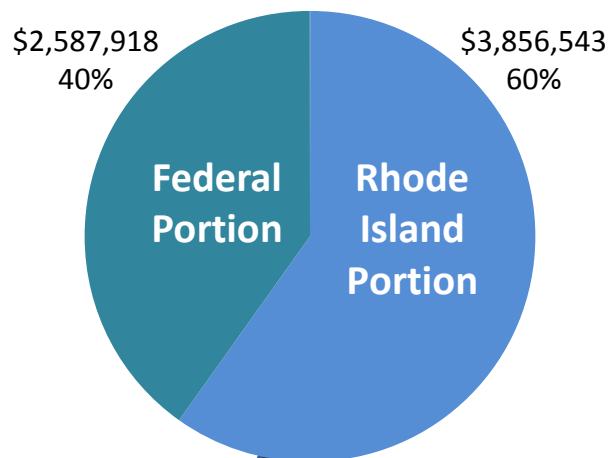


Where Did RIQI's Revenue Come From in 2014?

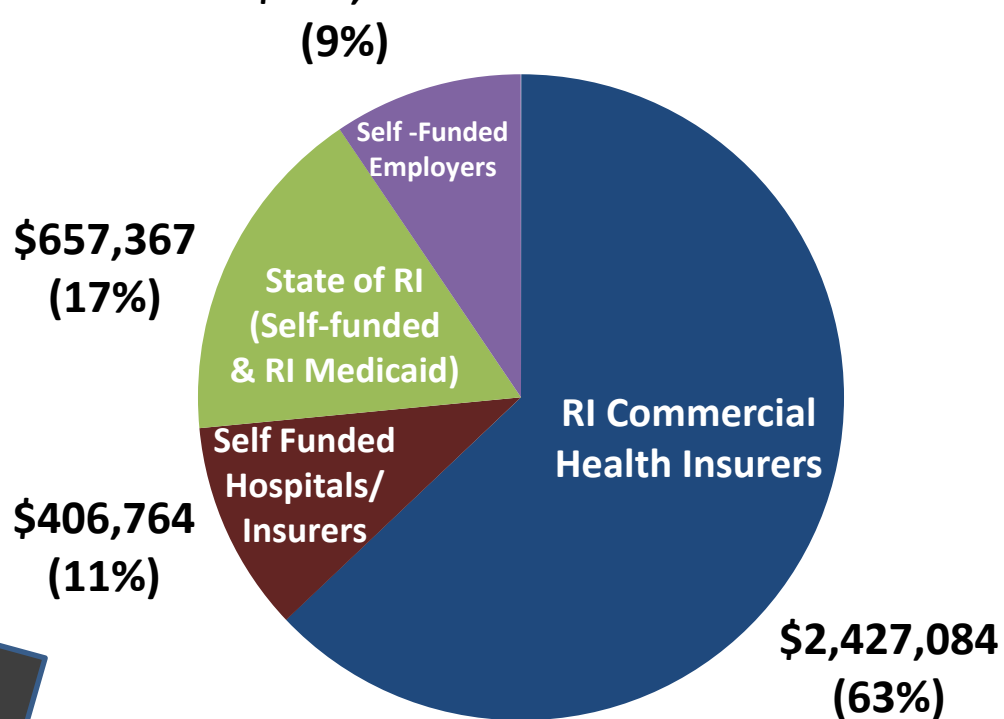


CurrentCare \$6.4M PMPM Funding Sources

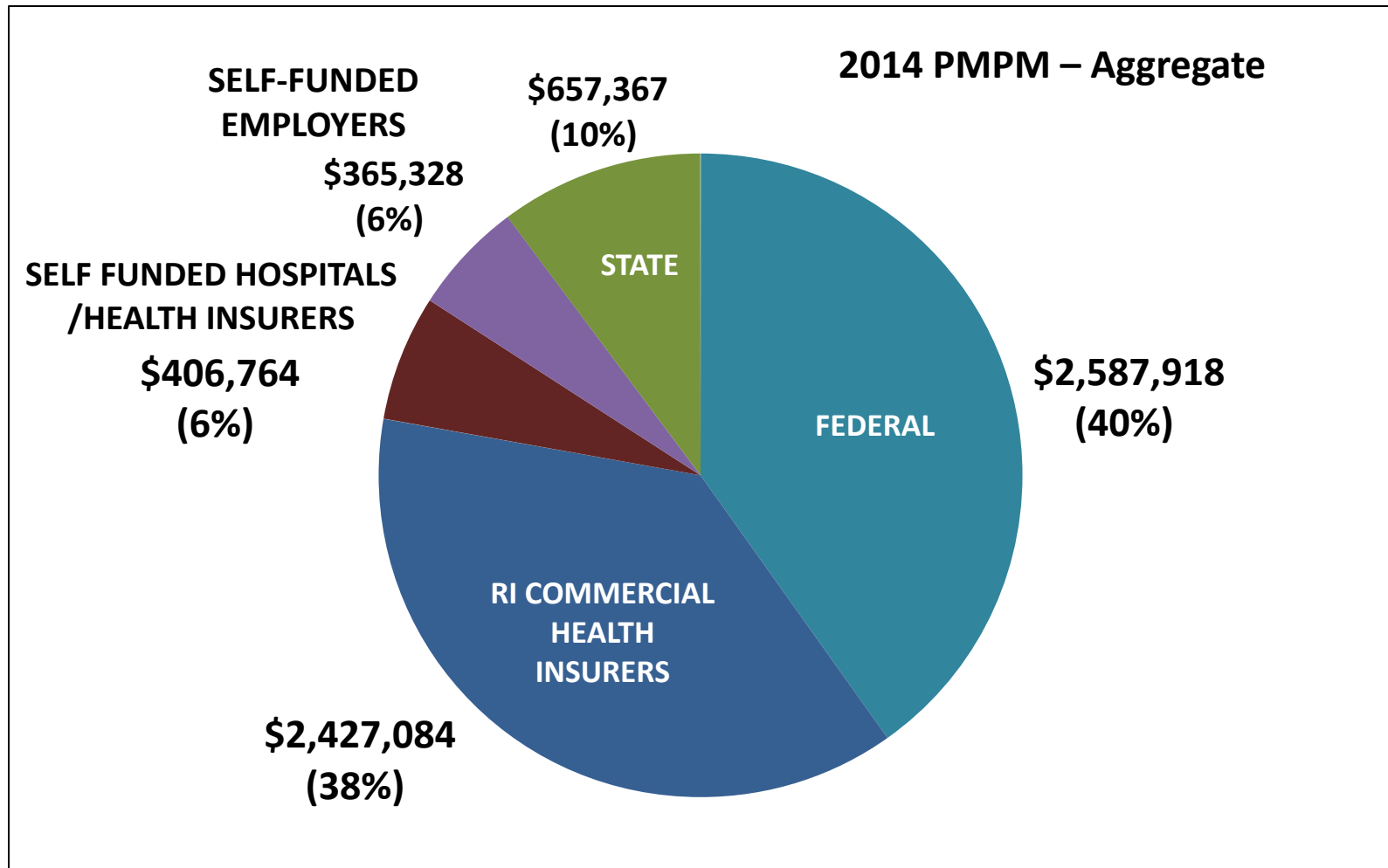
2014 – PMPM, \$6.4M



Rhode Island Sources, \$3.9 M



CurrentCare Aggregate 2014 PMPM Funding



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How Did You Address Privacy Issues?

- *Earned trust* via extensive community engagement in developing the privacy framework
- Opt-in model selected, despite \$\$ and effort required
- Legislation enacted
- Constant vigilance

Integration of Behavioral Health

- First statewide HIE to integrate behavioral health and substance abuse information.
- Received 2013 National Council of Community Behavioral Healthcare Excellence Award for Impact in behavioral health and substance abuse care.



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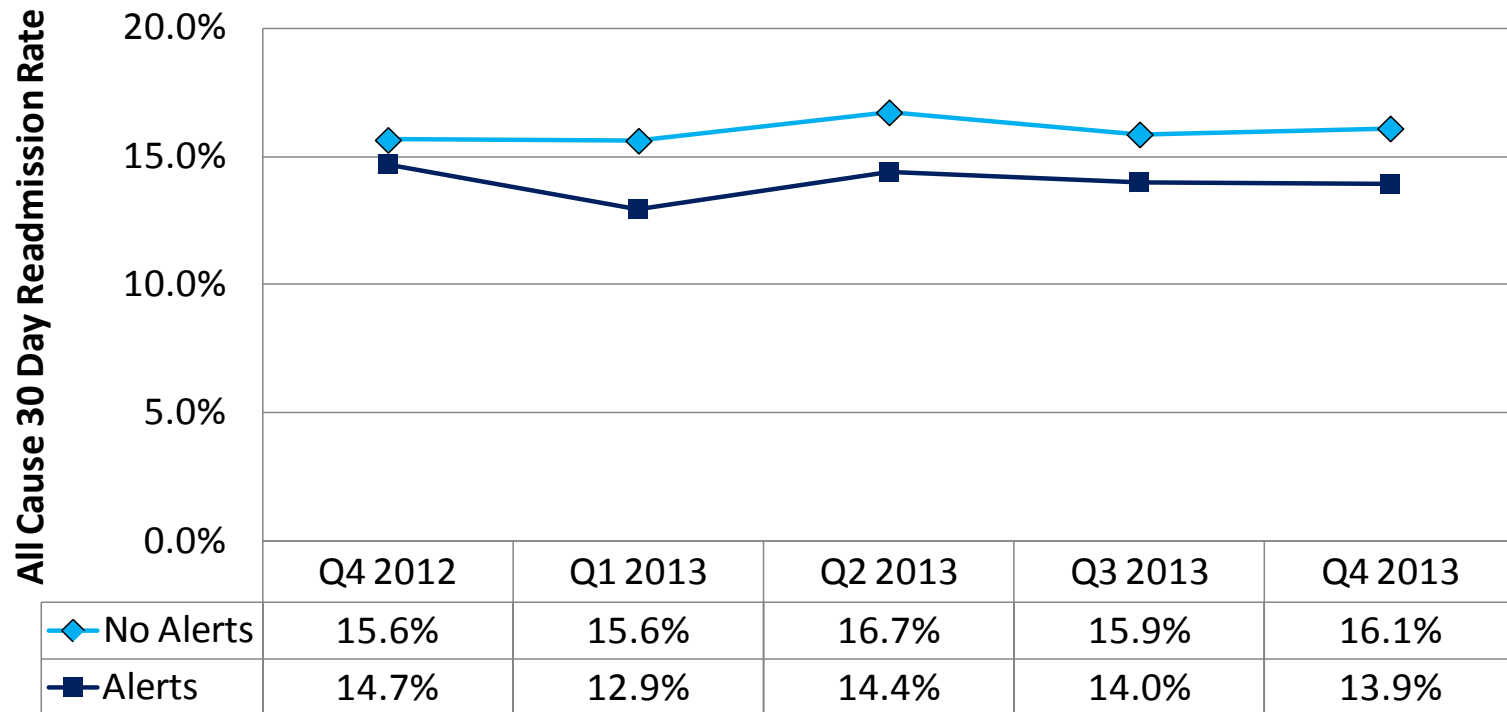
What is the Plan Going Forward?

- Continue CurrentCare expansion, innovation and ROI measurement
- Continue to assist primary care and specialty providers to adopt and use EHRs
- Support people and their families in managing their own health
- Support academic research
- Expand “fee-for-service” users of CurrentCare
 - “Full panel” services permitted under HIPAA
 - Provider Directory service
 - Turn-key HIE for those who’d rather buy than build



One Important CurrentCare ROI Metric: Hospital Readmission Analysis

**Quarterly All-Cause 30 Day Readmission Rate
CurrentCare Alerts vs. No Alerts**



\$1.8M lower readmission costs in the alerts group in 2013
\$24M reduction if extrapolated to all patients in the state



Reason No. 27

Why you need CurrentCare

"Your 15 year old babysitter knows your child has a peanut allergy, but the doctors in the Emergency Room at your local hospital do not."

Sounds nuts doesn't it?



CurrentCare for Me Consumer Portal and Apps

CurrentCare for Me Consumer Portal and Apps

About Us

Home Health Records Library Calendar My Account Sign Out Help

currentcare

Health Records Home

MELISSA
Stoneworth
70 years old | Female
Not Hispanic or Latino
Prefers %

★ = Records Available

★ Health Records Home

- ★ My Clipboard
- ★ My Medical History
- ★ My Medications
- ★ My Immunizations
- ★ My Problem List
- ★ My Allergies
- ★ My Lab Tests
- ★ Download My Records

my medical history

my lab tests

my medications

my immunizations

download my records

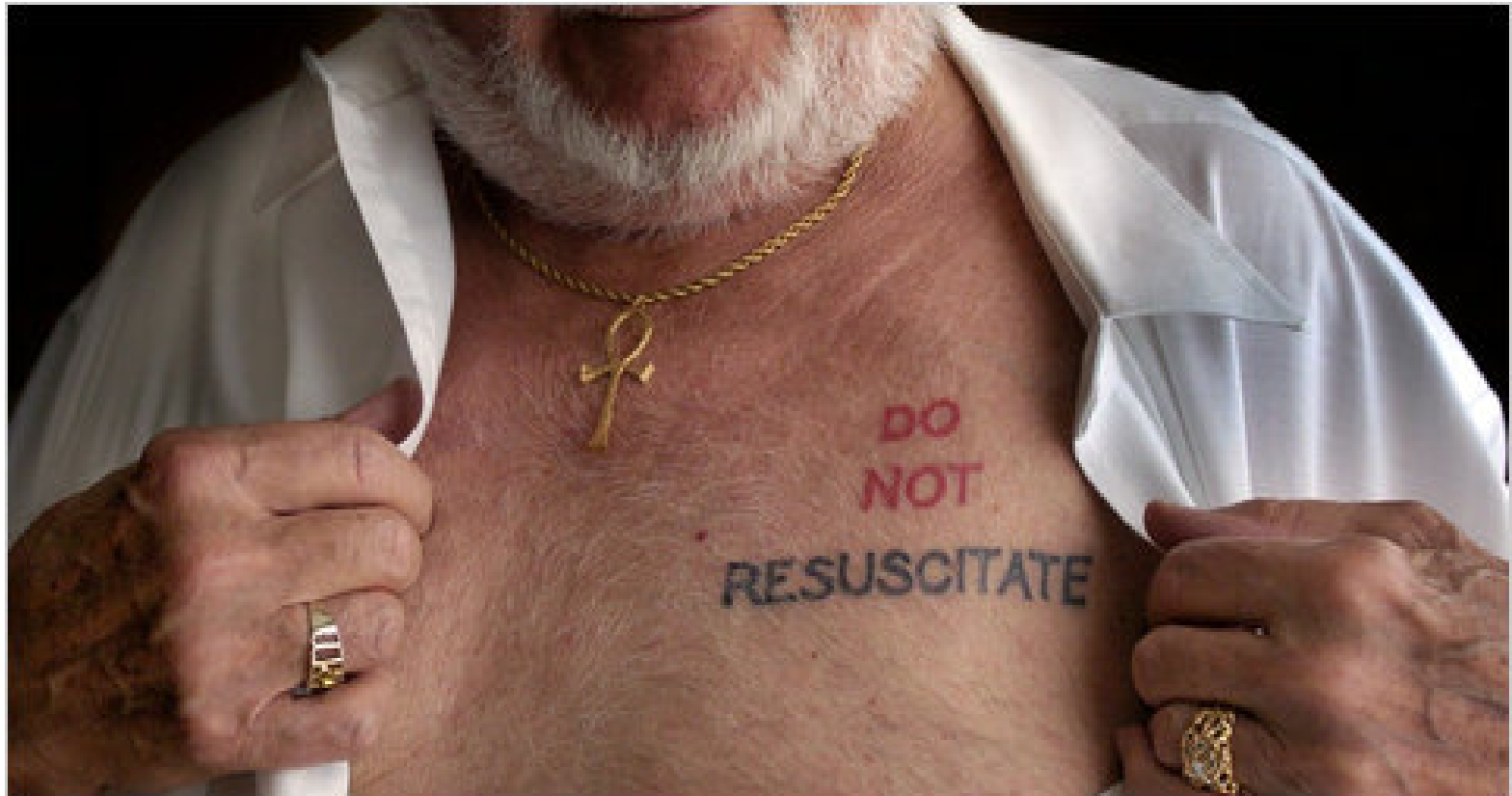
my problems

my allergies

my clipboard



CurrentCare for Me: Consumer-Supplied Data



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