

Mission: To promote and protect the health and well-being of Alaskans.



# The Use of Technology to Increase Efficiency and Effectiveness of Health Care Access and Outcomes

Presentation to the Alaska Senate HSS Committee

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Presented by: Paul Cartland



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## **Outline**

- Benefits
- What's happening today
- What's planned
- Federal Support
  - Electronic Health Records
  - Health Information Exchange
- Challenges
- Next Steps



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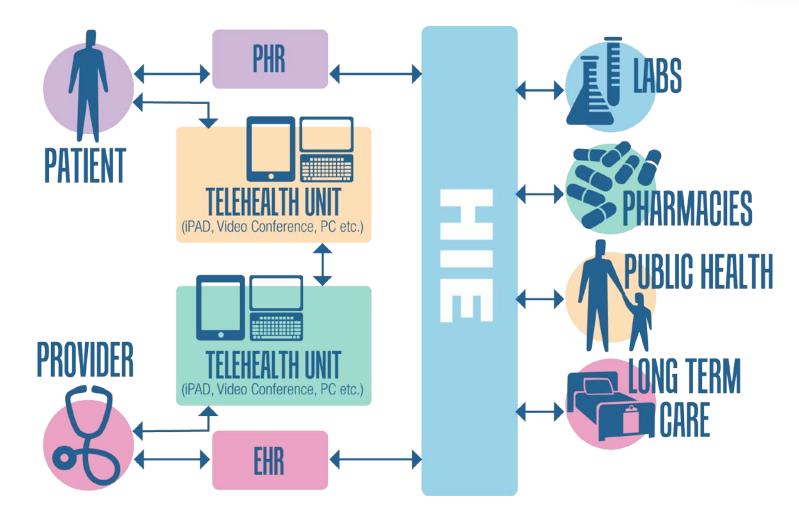
## **Benefits of Using Emerging Technologies**

- Improves access to and delivery of health services
- Improves patient safety
- Reduces costs (i.e. travel, office visits, decreased errors, fewer resources)
- Enhances public health interventions
- Improves clinical practice for enhanced health outcomes
- Improves disease surveillance, monitoring and control
- Enhances quality improvement in health systems, planning and policy development
- Improves performance measurement
- Decreases fraud

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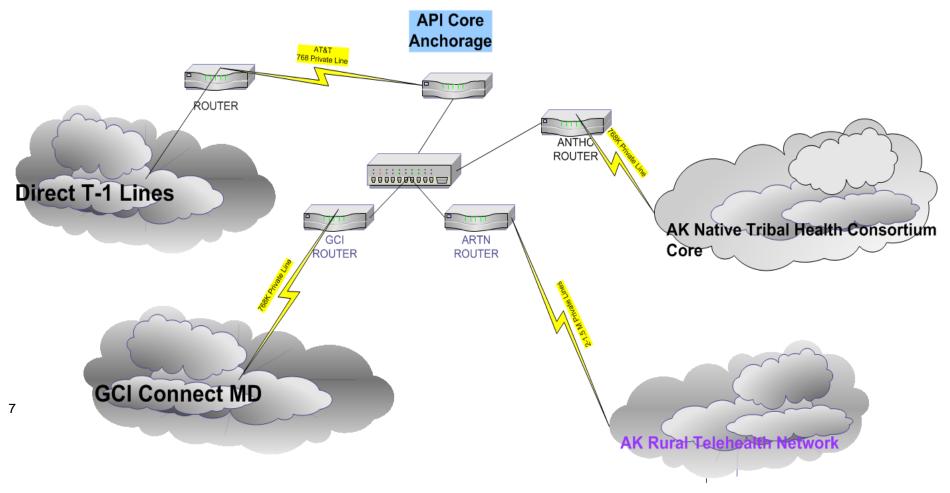
#### **Telehealth Services Across DHSS**

	DHCS	ocs	DBH	API	DII	SDS	DPH
Behavioral Health Consult		Active	Planned	Active & Future	Active		Planned
Clinical Consults	Active	Active					
Assessments / Case Planning		Active			Active	Planned	
Visitation					Active		
Training						Future	

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#### ALASKA PSYCHIATRIC INSTITUTE TELEBEHAVIORAL NETWORK DIAGRAM



- All major telecommunication networks connect to the API 'Core'. API has the ability to connect with over 200 sites.
- -The API TeleBehavioral Program provides psychiatric assessment and follow consultations to Behavioral Health and Primary Care sites around the State.

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## **Exchanging Health Information**

"Alaska Recognized as Leader in Advancing the use of Health Information Technology"

Federal government lauds state's efforts to increase use of health information technology – ADN March 20,2013





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#### **Electronic Health Records (EHRs)**

 Federal pass-thru funds from Medicaid & Medicare incentivize hospitals and practitioners to adopt certified Electronic Health Records for meaningful use.



- Meaningful use requirements increase in stages over the life of the incentive program
- Each stage adds requirement for additional:
  - Quality Measure Reporting
  - Exchange with other health care providers
  - Public Health reporting



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#### **Barriers**

- Cost to implement an Electronic Health Record system is significantly more than the overall incentive amounts
- Significant changes to business processes



"I would rather retire or sell my practice than have to significantly reduce my productivity because of an Electronic Health Record."

-Comment from providers to DHSS

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## Two ways of approaching electronic exchange of health information:

- **1. Push** your doctor sends information to another provider electronically
- 2. Pull (Query) you go to the doctor's office or the emergency room and they ask the HIE for relevant information about you

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## **Next Steps**

- Conduct planned telehealth pilots
- Personal Health Record with access via MyAlaska
- Integrate EHRs without interfaces into HIE
- Enable patient mediated exchange via BlueButton
- Implement chronic disease management
- Integrate with national database that monitors biologic threats across U.S.













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## Gaps and Other Challenges

- Limited bandwidth and infrastructure in some rural and remote communities
- Minimal use because of limited connectivity in communities and staffing issues (i.e. not having physicians to make referrals to or completed consults).
- Funding, costs of required maintenance, and inconsistencies of reimbursement from private insurance companies
- Lag between systems development, implementation and establishment of appropriate policies
- No service that schedules telehealth appointments for patients and available providers
- Few telehealth networks within the non-federal health systems



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#### We Can Do More

- Support the use of telehealth to address costs, quality and access issues
- Develop a provider directory that allows for scheduling telehealth sessions
- Remove inequities in coverage for telemedicine for both medical and behavioral health services
- Increase connectivity in rural communities that current do not have sufficient bandwidth
- Broader application of EHRs/HIE and other data reporting systems
- Support networks between urban and rural health clinics and federal and non-federal health systems to meeting staffing shortages













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