

DESCRIPTION

In response to rising costs and outcomes that fall below those of other wealthy nations, the US healthcare system has come to a consensus on a broad goal for change: The Triple Aim. This goal focuses on three results: better healthcare, better health, and lowered costs.

In support of the Triple Aim, US healthcare now faces radical changes in the mechanisms for paying for healthcare, which in turn will transform the way healthcare is delivered. This change has been propelled by key pieces of federal legislation: The HITECH and Affordable Care Act of 2010 established programs intended to accelerate eligible providers' ability to effectively implement and utilize health information technology (health IT) in support of the Triple Aim. In 2015 the MACRA legislation, established new payment mechanisms and quality reporting requirements.

In our new value-based reimbursement landscape, the business and care models are increasingly intertwined. Care teams need relevant training and support in leveraging data to improve population health management, clinical decision-making, and care delivery. New knowledge and skills are necessary for incumbent healthcare professionals to participate in this data-driven transformation.

In 2010, to support healthcare providers in their use of technology and new care delivery methods, the Office of the National Coordinator (ONC) funded training in a number of topics. When the MACRA legislation was enacted in 2015, the ONC issued an FOA targeting new areas of concern. The four topics listed in the FOA were expanded to a fifth, after a vetting process by the awardees. The resulting new curriculum content covers five broad topics: Population Health, Value-Based Care, Healthcare Data Analytics, Care Coordination, and Patient-Centered Care. In the proposed activity, we aim to address three of these topics: Population Health, Value-Based Care, and Healthcare Data Analytics.

The need for training in each of these three areas is great.

Value-Based Care: Successful progression into value-based and shared-risk contracting models is challenging for physician practices. In order to support the financial viability of practices, new competencies are required to understand the combinations of alternate payment models and the challenges associated with improving care delivery. "Meeting the objectives of a value-based care model requires hospitals and health systems to realign operational processes, invest in targeted resources (such as physician extenders, educational initiatives and care coordination structures), educate physicians and staff, change organizational culture, and invest in capital such as physical locations and information technology". Training that explains the requirements of the new payment models and provides insights into how leverage care coordination, patient engagement, and quality reporting will help fill the gaps in understanding that is slowing the pace of transformation.

Healthcare Data Analytics: The transformation of the US healthcare requires that providers develop skills to turn the data captured in EHRs and billing systems into actionable information. The importance of healthcare data analytics in decreasing cost and improving outcomes is documented by Parikh, Kakad, Bates. Yet, the skills necessary to do so are broadly lacking in the field today: "studies have indicated that as healthcare continues to digitize, there is a talent gap due to growing and emerging IT demands. According to the 2014 HIMSS Workforce Study released in 2015, nearly 70 percent of providers said the lack of qualified talent was the biggest challenge to achieving a fully staffed department and 30 percent said they scaled back or put an IT project on hold due to a shortage in staffing. Healthcare delivery organizations are increasingly finding that health IT professionals with the right skills and expertise are critical to the success of health IT implementations as well as moving forward on key. As with an understanding of value-based care and population health, the current lack of high-quality, affordable training on healthcare data analytics slows the transformation of healthcare in the US.

Population Health Informatics: The wide-scale adoption of HIT, including a quadrupling of electronic health record (EHR) use among physicians, has enabled diverse stakeholders, such as providers, payers, and government agencies, to collaborate using new digital tools to improve the health of defined populations. There are an increasing number of population health interventions that use HIT to improve the health of persons enrolled in a specific health plan or cared for by a single provider organization. There are specific competencies for managers (clinical and otherwise) of population health.

Because of the time pressures faced by physicians and other health professionals, we have chosen to place and deliver this educational content online, and to enable learners to choose the courses and pathways.

TARGET AUDIENCE

This activity is intended for healthcare professionals in health information technology.

OBJECTIVES

After participating in the activity, the participant will demonstrate the ability to:

Healthcare Data Analytics Track:**Understanding Healthcare Data Analytics (8 Credits) -**

1. Describe different types of data generated in health care
2. Describe best practices for communication of data analysis results
3. Identify limitations and challenges of re-using clinical data
4. Use Microsoft Excel as a tool for data analytics, and demonstrate the ability to
 - a. Describe reasons why data needs to be cleaned or modified before analysis
 - b. Identify and correct basic errors in data
 - c. Perform descriptive statistics
 - d. Use pivot tables
- e. Describe the relationship between a database in a health IT system and data analysis tools
- f. Conduct a data re-use analyses for healthcare quality measurement utilizing a sample data set

Clinical Data Analytics and the Learning Health System (9.5 Credits) -

1. Describe the current state of data analytics in clinical settings, particularly the role that data analytics plays in value-based payment systems
2. Identify key tools and approaches to improve analytics capabilities in clinical settings.
3. Describe different governance and operations strategies in analytics in clinical settings.
4. Analyze data used in population management and value-based care systems
5. Describe ethical considerations in risk adjustment and population management

Population Health Track:**Population Health and the Application of Health IT (prerequisite for Population Health Policy, Data Analytics and Intervention Courses) (1.75 Credits) -**

1. Describe the definitions and perspectives related to population health, and provide an overview of the potential health IT applications in population health.

Population Health Policy (6 Credits) -

1. Describe new models of care for population health and the role of payment reform in the context of population health and accountable care, and explain the challenges of chronic care management in populations while analyzing the ways that health IT can be used for effective population management.
2. Discuss and interpret the key financial drivers in the U.S. health care systems and their implications on population health and IT challenges going forward.10. Discuss the research processes by which population health IT solutions bring about change and the environmental/organizational contexts within which they work best.

Population Health Data Analytics (7.5 Credits)-

1. Identify various data sources used for population health management, including both traditional and nontraditional data sources, and examine how data quality affects population health analytic.
2. Identify challenges in using population health data sources and describe the conceptual and practical challenges of developing population health analytic methods.

Population Health Interventions (9 Credits) -

1. Explain perspectives related to the concept of “risk” measurement and segmentation within the population health context, and explore developing frontiers in the population-based predictive-modeling field.
2. Describe the population health data necessary for segmenting into risk cohorts, and explain the processes and key decision points by which interventions are prioritized for segments of the population.
3. Explore the frameworks relevant to the concept of population health at the community level.
4. Identify population health programs’ key constituents; compare behavior change models; evaluate individual, organizational, and community-level behavior change interventions’ designs; and recognize and relate health IT’s capabilities, users, and purposes.

Value-Based Care Track:**The Business of Value-Based Care (8.25 Credits) -**

1. Describe the problem with value in US healthcare
2. Define the broad strategy (Triple Aim) that provides a way toward Value-Based Care
3. Describe how Value-Based Care is designed to meet the goals of the Triple Aim
4. Describe new payment models, including ACOs, bundled payments and incentive payments
5. Explain important details of the law and regulations that establish Value-Based Care
6. Identify the elements of healthcare IT required to meet the measurement and reporting standards of Value-Based Care
7. Articulate concerns raised by Value-Based Care and how the ACO model addresses those concerns.

Applications of Value-Based Care (6.75 Credits) -

1. Define care management and explain why it is central to VBC
2. Delineate opportunities for improved care management that can result from redesigned workflows, improved communication, and effective use of Health IT
3. Describe challenges of care transitions and define mitigating interventions and tools
4. Describe the importance of quality and safety in VBC
5. Identify techniques to link performance assessment with episodes of care
6. Use the basics of quality improvement methods to implement quality improvement initiatives in a healthcare organization
7. Define consumer engagement
8. Explain the importance of consumer engagement to VBC
9. Describe how consumer satisfaction is measured in healthcare today

Negotiating Contracts for Value-Based Care (2 Credits)-

1. Outline essential elements that appear in Value-Based contract negotiations
2. Describe steps a healthcare organization can take to prepare for value-based contract negotiations

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ACTIVITY DIRECTOR

Harold Lehmann, MD, PhD

PLANNING COMMITTEE MEMBERS

Hadi Kharrazi, MD, PhD

David Chin, MD, MBA

Sunny Ainley, BBA, BA

Tracy Mastel

Tricia Francis, MS, MA

AUTHORS

Sunny Ainley, BBA, BA

Ashleigh Allgood, MPH

Eta Berner, EdD

David Chin, MD, MBA

Chris Coughlin, BA

Phil Deering, BA

David Dorr, MD

Susan Fenton, PhD

Eric Ford, MPH, PhD

Peter Graven, PhD

Allyson Hall, PhD

Larry Hearld, PhD

William Hersh, MD

Hadi Kharrazi, MD, PhD

Amy Landry, PhD

Harold Lehmann, MD, PhD

Cathryn Lemak, PhD

Katrina Longborg, JD

Deirdre McCaughey, PhD

Lisa Moon, PhD Candidate, RN, LNC, CCMC

Jose Quintana, PhD

Carol Robinson

Kimberly Smith, PhD

Cally Vinz, RN, AD, RCC

Jonathan Weiner

COURSE FORMAT – METHOD OF PARTICIPATION

For each module completed, you must pass the post-test and complete the evaluation to receive CME credit.

The content is available at: <https://www.mnhealthit.com/act.html>

RELEASE DATE

December 1, 2016

EXPIRATION DATE

November 30, 2018

PREREQUISITE

Population Health and the Application of Health IT is a prerequisite for Population Health Policy, Data Analytics and Intervention Courses.

HARDWARE/SOFTWARE REQUIREMENTS

Internet connection.

EVALUATION AND OUTCOMES SURVEY

Post activity, an online evaluation form will be available to attendees to evaluate each module and identify future educational needs. Upon completion of the evaluation, the learner must attest to the number of hours completed. Credits earned will be added to the learner's transcript and immediately available for print.

A survey will be sent to all physician attendees within three months post activity to assist us in determining what impact this activity had on the learner's practice.

POST-TEST

A participant post-test will be conducted at the conclusion of each module. A grade of at least 70% within three attempts is needed to receive CME credit. After successful completion, you will be provided a link to the Hopkins CloudCME website to register and complete the online evaluation with attestation to obtain your certificate of credit.

TO OBTAIN CME CREDIT

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FOR FURTHER INFORMATION

Certificates/Transcripts	(410) 502-9634
General Information	(410) 955-2959
E-mail the Office of CME	cmenet@jhmi.edu

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