Speaker Introduction

Ann Meehan, B.S. Health Information Management
Director, Information Governance
AHIMA IGAdvisors™

• 30 years of experience in healthcare leadership and consulting
• Joined AHIMA in November 2015
• Extensive background in planning and directing cross-functional business operations and technology projects
• Information Governance program leader and champion at Ardent Health Services in Nashville TN
• Areas of focus: Health Information Management Operations, Coding, Clinical Documentation Improvement, Information Governance, Regulatory, Project Management, Quality, Risk and Case Management Initiatives
Conflict of Interest

Ann Meehan, B.S. Health Information Management

Has no real or apparent conflicts of interest to report.
Agenda

• Overview of Information Governance
• Payment Reform Defined
• Overview of Key Payment Reform Concepts
• Information Governance as Key to Payment Reform Compliance
• Conclusion
Learning Objectives

• Explain the principles and competencies that make up healthcare information governance
• Discuss the latest payment reform regulations, reporting requirements and reimbursement implications
• Recognize how information governance for healthcare can ensure trustworthy information in support of payment reform and appropriate reimbursement
• Identify tools and determine next steps for building an information governance program for the lifetime of the healthcare organization
An Introduction of How Benefits Were Realized for the Value of Health IT

Governing Health Information for Payment Reform

**Satisfaction** = Patient satisfaction with positive outcomes and accurate claims

**Treatment/Clinical** = Quality care through timely, trustworthy information

**Electronic Secure Data** = Information sharing with exchange partners

**Patient Engagement and Population Health Management** = Trustworthy information in support of engaging patients in their care and in determining patient populations for care models

**Savings** = Elimination of duplicate/repetitive patient testing; improved workflows and operational efficiencies

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Polling Question #1 Placeholder

What is the most important for payment reform?

1. Analytics
2. IT Governance
3. Information Management
4. Data Governance
Challenges to Ensuring Trust in Our Information

Rate and volume of electronic systems adoption
Rate of growth, types and volume of devices
Explosion of data/data sources
State of interoperability
Lack of agreed upon rules/standards
Inefficient work flows
Focus on technology and not on information
Acquisitions and mergers
Human error
Ever-changing rules and regulations

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Information Governance,
A Healthcare Ecosystem Imperative

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WHAT IS INFORMATION GOVERNANCE (IG)?

AHIMA DEFINES IG AS “AN ORGANIZATION-WIDE FRAMEWORK FOR MANAGING INFORMATION THROUGHOUT ITS LIFECYCLE AND FOR SUPPORTING THE ORGANIZATION’S STRATEGY, OPERATIONS, REGULATORY, LEGAL, RISK, AND ENVIRONMENTAL REQUIREMENTS.”

- Establishes policy
- Determines accountabilities for managing information
- Promotes objectivity through robust, repeatable processes
- Protects information with appropriate controls
- Prioritizes investments

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INFORMATION GOVERNANCE FOR HEALTHCARE INCLUDES:

- All departments, areas of the organization
- All types of organizations
- All types of information (clinical, financial, and operational)
- Information on all types of media

Adopting an IG program shows an organization’s commitment to managing its information as a valued strategic asset.
Information Governance Principles for HealthCare (IGPHC™)

- Accountability
- Transparency
- Integrity
- Protection
- Compliance
- Availability
- Retention
- Disposition

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Data Governance and Information Governance: Different, but Essential and Reciprocally Reliant

Data Governance
- **Focus on inputs**
  - Data models
  - Metadata management
  - Master data management
    - Single source of truth
  - Content management
  - Data security
  - Data quality

Information Governance
- Broader, encompasses DG
- **Focus on outputs**
  - Sharing and disclosure
    - HIE, e-discovery, legal holds
  - Privacy protections
  - Uses
    - Patient care
    - Business efficiency
    - Regulatory compliance
    - Intellectual property

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Information as a Valued Asset

Right Patient – Right Information – Right Time
quality care - lower costs
Payment Reform Readiness
Accurate and Timely Reimbursement
Patient Satisfaction
Safe Use of Health IT
Reduced Information Risk
Reliable Performance Measures
Proof of the Value of Care Purchased
Trust in Exchange Partners
Reliable Analytics for Population Health/Business Initiatives
A State of Interoperability

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Polling Question #2 Placeholder

Do you have an information governance program in place?

1. No
2. Yes, in the beginning stages
3. Yes, it’s well on its way
4. I don’t know
Do you have an information governance program in place?

No

Yes, in the beginning stages

Yes, it's well on its way

I don't know

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“Alphabet Soup” of Payment Reform Acronyms

ACO  ACO  APM  APCs  HHRG  OPPS  MIPS

APCs  FFS  RVU  DRGs

MACRA  P4P  ACO  HHRG

PPS  LTCH PPS  OPPS  MIPS

IRF PPS  PCMH  CEP

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The Payment Reform Glossary

• Definitions, abbreviations, explanations
• Basic descriptions of current payment systems
• Descriptions of payment reform models
• Descriptions of care delivery approaches
• Key revenue cycle and accounting terms


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Let’s Clarify…

Organizational Structure
- Accountable Care Organization (ACO)
- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)

Care Delivery Models
- Population Health
- Patient-Centered Medical Home

Payment Models
- Alternative Payment Model (APM)
- Merit-Based Incentive Payment System (MIPS)
- Bundled Payment
- Comprehensive Care Payment
- Condition-Based Payment
- Medical Home Payment
- Pay-for-Performance (P4P)
- Value-Based Payment
- Value-Based Purchasing


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What is Payment Reform?

“The most precious resource of any nation is its people, and the most important way to nurture that resource is to enhance the health of each individual. However, the payment system does not reward the very actions that will foster improved health. A new payment system is needed, and a broad multidisciplinary effort is under way to define it. The new system should be built on the principles of quality, alignment of incentives, fairness/sustainability, simplification, and societal benefit.”

HFMA, Healthcare Payment Reform: From Principles to Action, 2008

https://www.hfma.org/Content.aspx?id=1017

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“...new designs must be developed to simultaneously pursue three dimensions...”

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

http://www.ihi.org/engage/initiatives/TripleAim/Pages/default.aspx
Alternative Payment Model (APM) and Merit-Based Incentive Program (MIPS)

• Overlapping Characteristics:
  – Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)
  – EHR incentive
  – Payments based on
    • Quality measures
    • Resource use
    • Clinical practice
    • Meaningful use
  – To be implemented in 2019

Bundled Payments

• Covers multiple services, traditionally paid for separately
• Many different bundled options
  – Multiple services delivered by same provider
  – Services delivered by two or more providers
  – Treatment with any services to address complications
  – All services associated with a procedure or treatment of a specific condition


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Comprehensive Care Payment

- Payment in support of a condition or group of conditions
- Form of conditions-based payment
- Supports for range of services needed by patient
- Includes payment of all services for all providers (hospital, physician, etc)


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Condition-Based Payment

- Triggered by a condition
- May be more than one disease
- Challenged by patients with more severe conditions
  - Generally requires some form of risk-adjustment


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Medical Home Payment

• Various payment models to ensure care that is consistent with one or more of the Patient-Centered Medical Home principles:
  – Personal physician
  – Physician directed medical practice
  – Whole person orientation
  – Care is coordinated/integrated across all elements of the health system


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Pay For Performance (P4P)

- Payment is based on provider performance
  - Pay for Achievement
  - Pay for Improvement
  - Tournament Pay for Performance
  - Pay for Reporting


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Value Based Payment

• Generic payment model where payment is tied to quality or cost of service provided
• Designed to improve quality


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Value Based Purchasing

• Generic term to describe a purchaser that contracts in ways to improve quality and/reduce costs


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The Big Unknown

What is healthcare going to look like as we move further into 2017?
The Common Denominator Across All Proposed Models

The need for trustworthy information that

- Supports quality patient care, reduced readmissions, improved safety and outcomes
- Supports efficient and effective processes to support increased productivity and reduced costs
- Allows an accurate analysis of patient populations and grouping of like conditions/services
- Allows the scrutiny of claims data for created episode billing
- Provides the means for ongoing review of models and metrics
- Facilitates the availability and transparency of data and information for continuity of patient care and patient engagement
Information Governance Principles for HealthCare (IGPHC™)

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What Should You Do?

• Determine the status of an information governance program at your organization
• Assess challenges with data and information at your organization
• Consider the possible impacts (positive and negative) on your organization’s ability to implement various payment and care models
• Work across senior leadership to take action - now
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Questions

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