Commonwealth of Kentucky
Cabinet for Health and Family Services
Office of Health Policy (OHP)

# State Innovation Model (SIM) Model Design

## July Workgroup(s) Output – HIT Infrastructure Breakout #2

**July 2015**

# July HIT Infrastructure Breakout Activity

In the July HIT Infrastructure workgroup, members revisited the five components of the HIT Plan Strategy developed during the June workgroup in a breakout activity. They formed five groups and rotated to discuss these five components across the four key design elements of the KY SIM Straw Person for 20 minutes each.

Rotate → Rotate → Rotate → Rotate → Rot

| Group 1. Information, analytics, and reporting | Group 2. Engagement technologies | Group 3. Workflow and core app. environments | Group 4. Population health management | Group 5. Interoperability and integration |
|---|---|---|---|---|
| How can data collection and analytics support the goals of payment and service delivery reform? | How can technology be used by providers to engage consumers and make them more responsible for attaining health goals? | How can the capabilities of existing technology infrastructure be used to support the transition to value-based care models? | How can technology play a role in improving population health? | What is the best use of technology in integrating and coordinating care? How can shared information be transmitted and stored securely? |
| PCMHs / HHs | ACOs | BPIs / Episodes | Comm. Inn. Support Center | PCMHs / HHs |
| ACOs | BPIs / Episodes | Comm. Inn. Support Center | PCMHs / HHs | ACOs |
| BPIs / Episodes | Comm. Inn. Support Center | PCMHs / HHs | ACOs | BPIs / Episodes |
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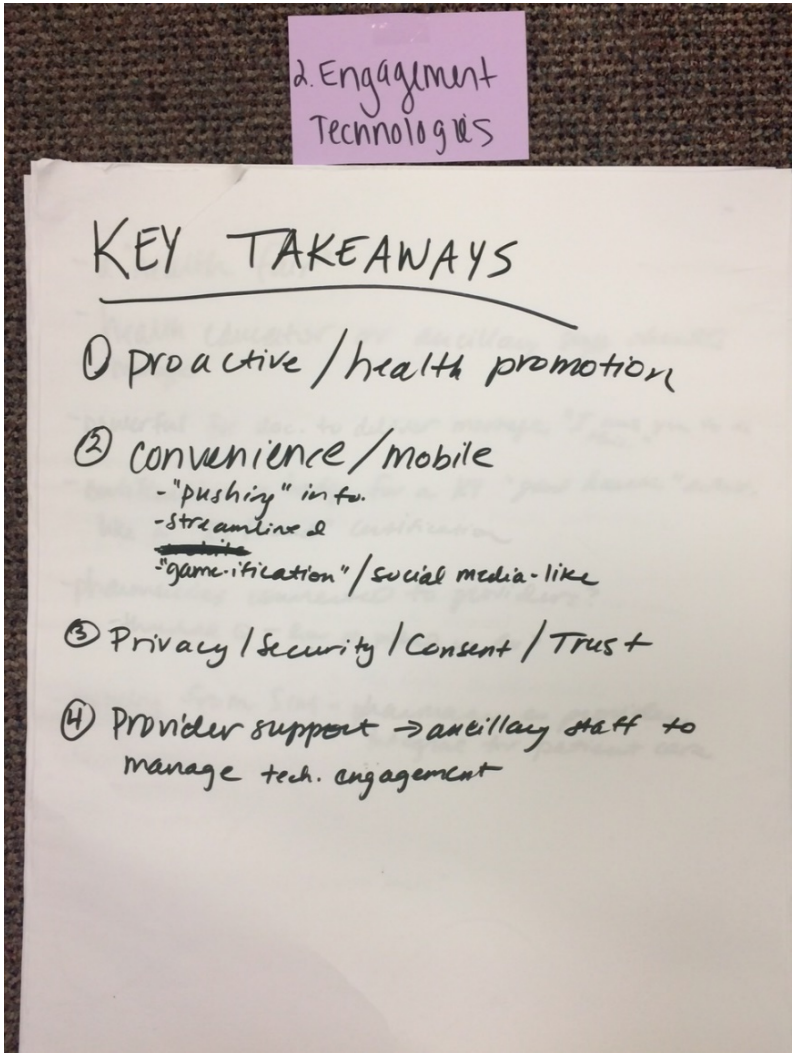
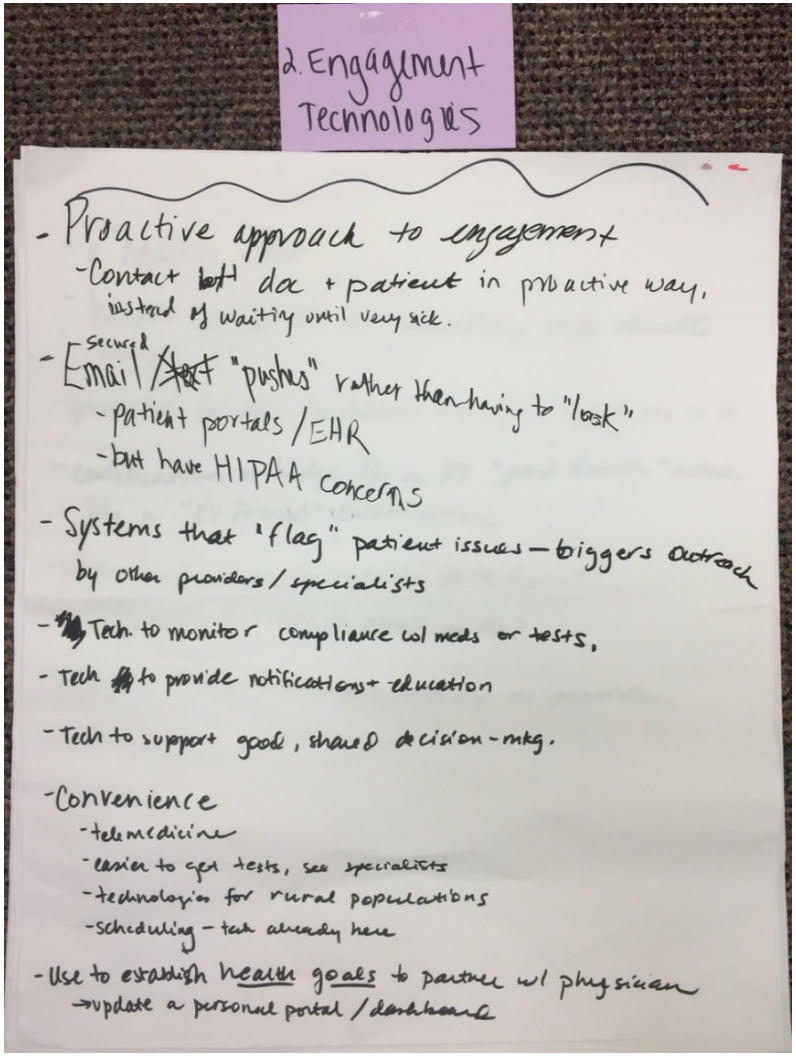
# HIT Infrastructure Breakout #2 – Engagement Technologies

How can technology be used by providers to engage consumers and make them more responsible for attaining health goals?



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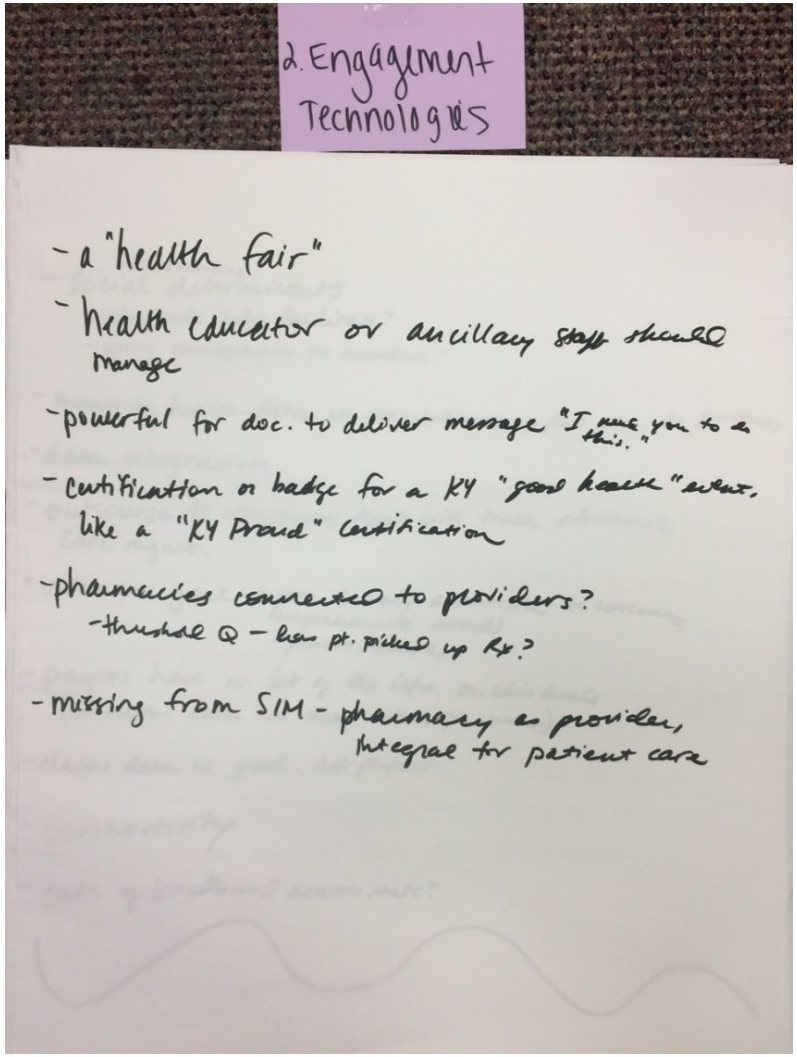


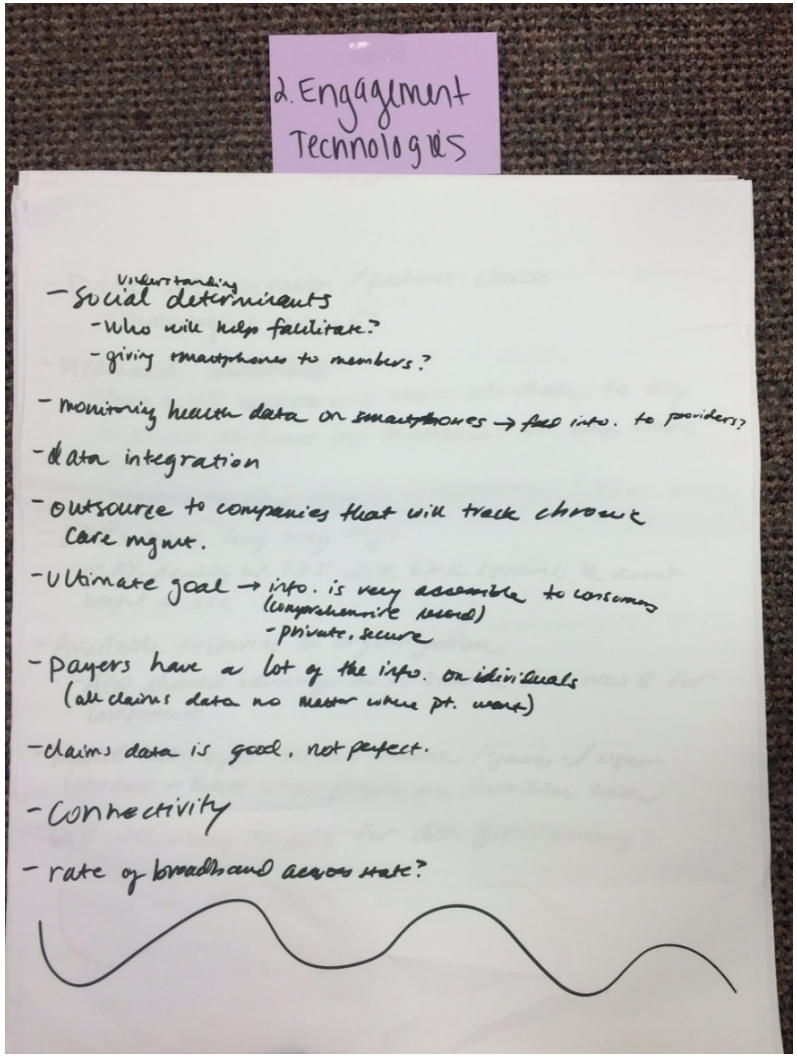

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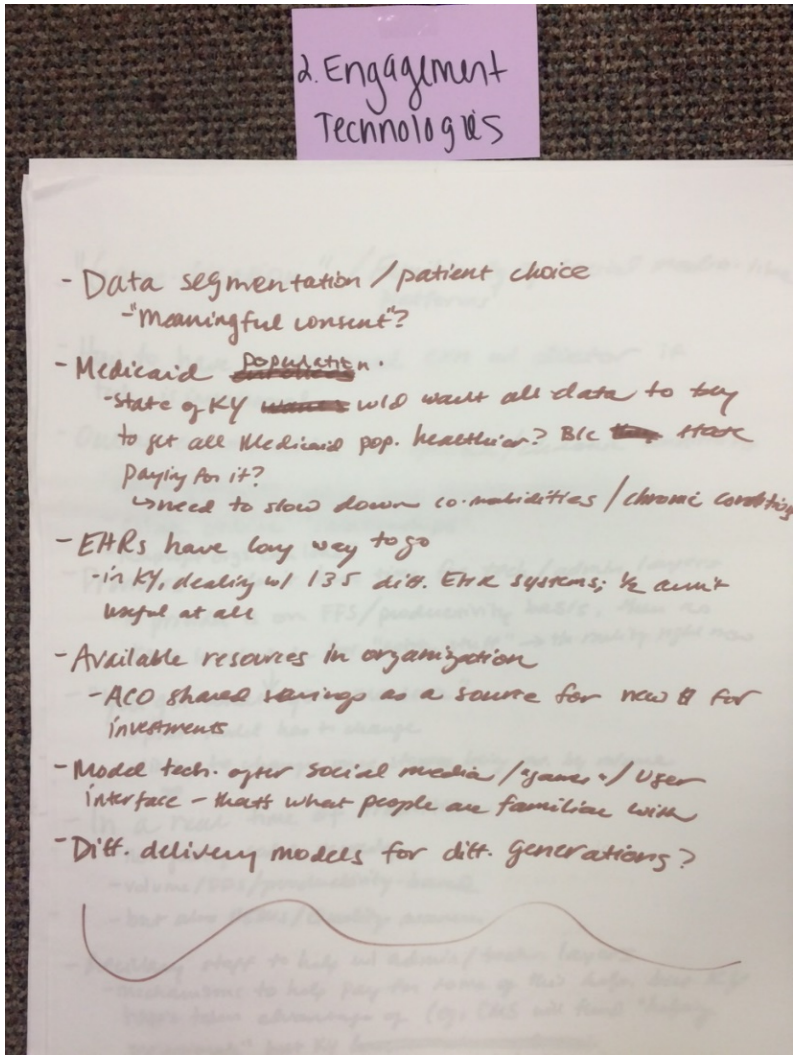


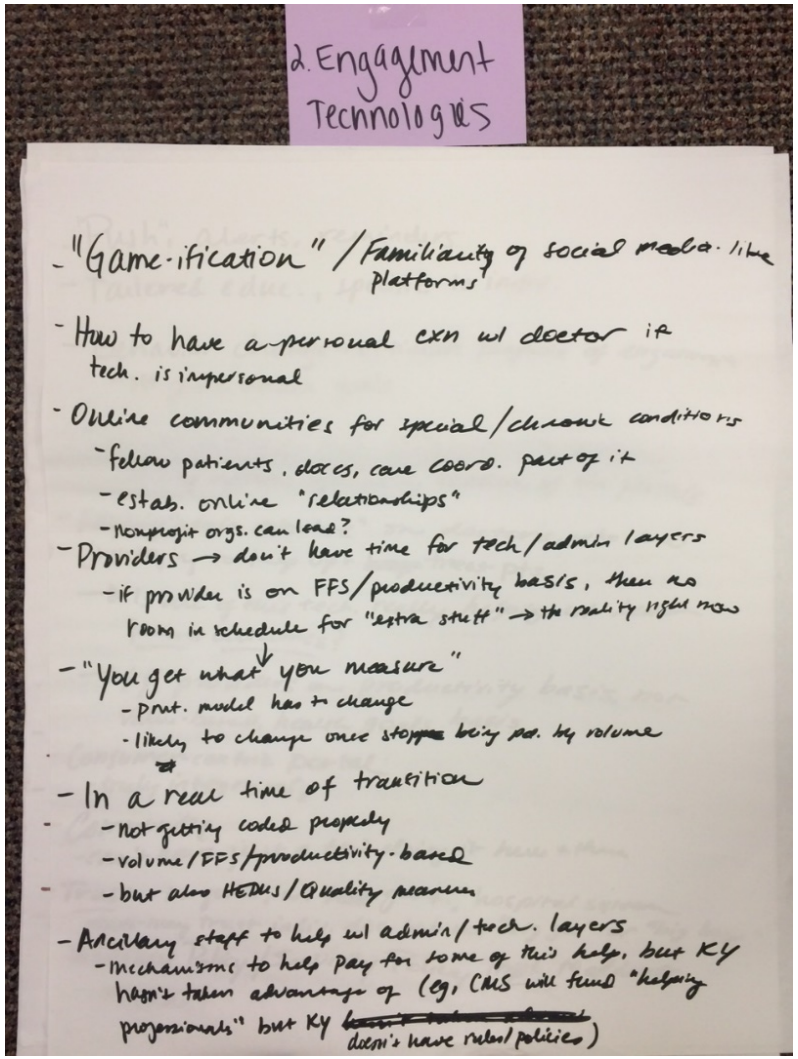

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# HIT Infrastructure Breakout #2 – Engagement Technologies

How can technology be used by providers to engage consumers and make them more responsible for attaining health goals?

2. Engagement Technologies

- "Push" alerts, reminders
- Tailored educ., specific to indiv.
- Behavior change → ultimate purpose of engagement
  - set goals; attain goals
- Current portals are difficult, cumbersome
  - many systems operating outside of the portals
- Laying "admin. minutae" on doctors, who are just trying to keep up + treat pts.
  - → Is all of this tech. really helping w/ better patient outcomes?
  - → KY providers on productivity basis, not value-based, health goals basis
- Consumer-centric portal
  - truly integrated
- Community
  - can't have just a few doing it here + there
- Trust - in gov't., w/ gov't., hospital system
  - may trust indiv. doc, but not "big gov" or "big hosp."
- *Privacy Policy / Security Policy Impt. to address
  - *Consent?

2. Engagement Technologies

- Pre-information, before seeing doc., so can think abt. right Qs at visit
- Monitor compliance w/ meds @ pharmacy
  - basic Q: did they pick up prescription?
- Alerts re: drug interactions? How to deal w/ OTC meds?
- In providers' office:
  - patient portal, but hard to access, so not convenient
  - challenge: doc offices may not know how to use tech. optimally or don't have capacity } support structure for physicians
    - "I'm just trying to get thru my day"
    - ↓ but value-based world will require!
  - scheduling notifications
- "Push" info. to patients to better understand diagnoses
- Mobile Health
  - providers not utilizing, but consumers are
- Personal tech. to monitor movement goals, exercise, etc.
  - ↳ provide info. to providers? connect info.?
  - smartphones, Fitbits, smart watches, etc.
  - ↳ using tech. to create awareness
- Streamline platforms, merge records, etc.
  - cumbersome to have several diff. patient portals
    - great concept, but not where they need to be
  - portals should visually resemble something patients already familiar with.

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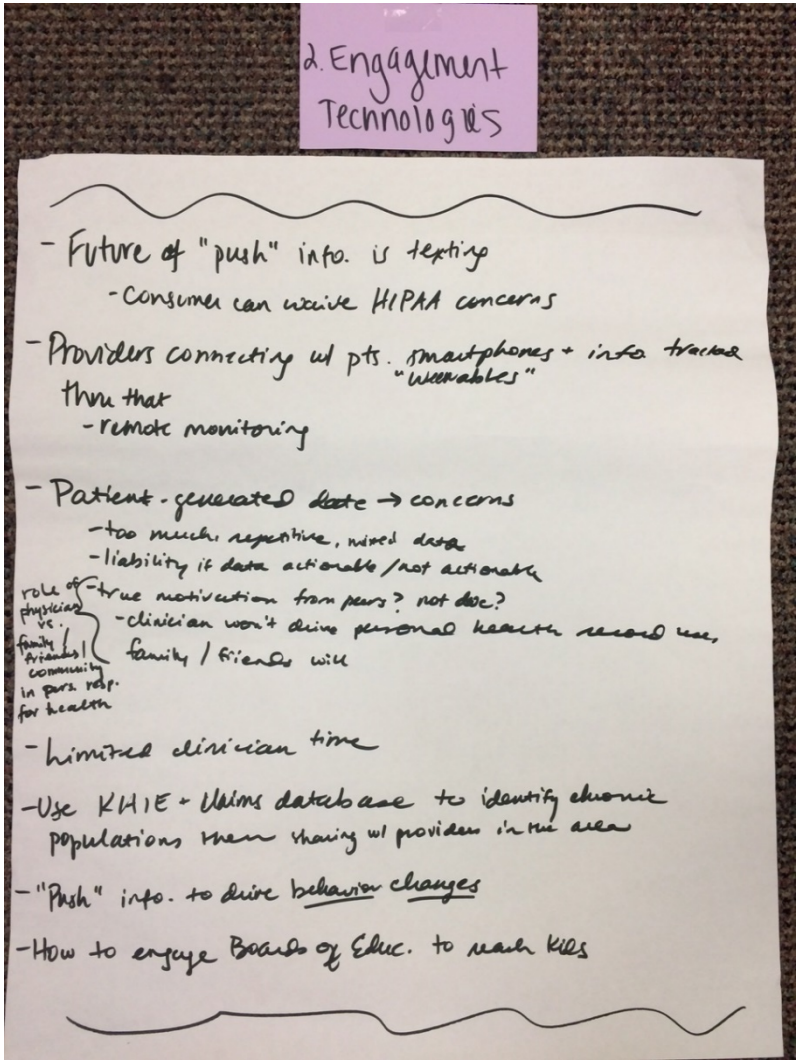
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