

Health Technology Work Group Final Recommendations

Co-Chairs

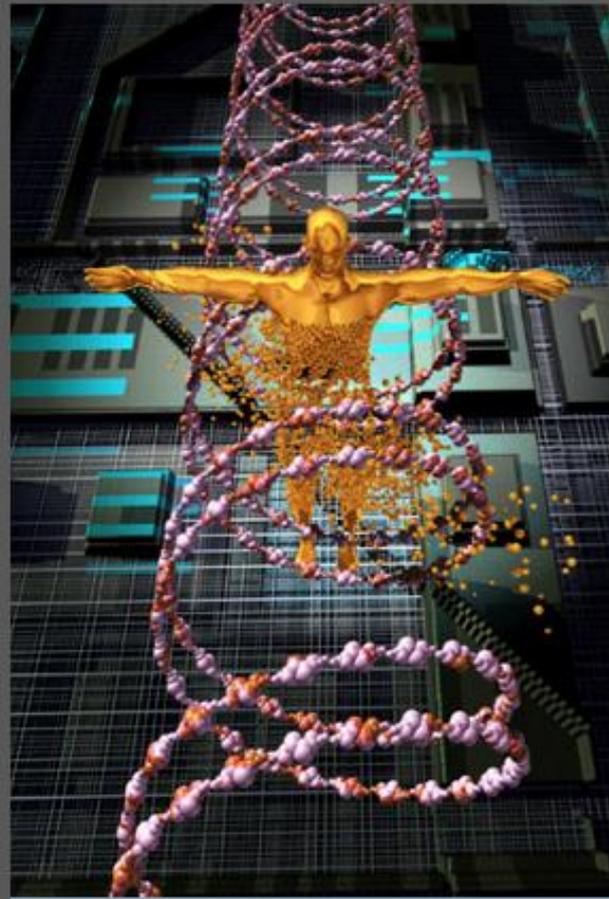
Roderick L. Bremby Commissioner, DSS
Victor G. Villagra, MD, University of CT TRIPP Center
and President Health & Technology Vector, Inc.

November 14th, 2012
Legislative Office Building
Hartford, CT

Our Charge

- Provide recommendations for consideration by the full Cabinet regarding a fully coordinated and integrated approach to
 - The design and purchase of technology related to health reform
 - An eye towards integrated architecture.
- Collaboration between multiple stakeholders
- Consider the impact of our recommendations on related and ongoing initiatives.

**Integrating
Connecticut's
Health
Information
Technology:
A White Paper**



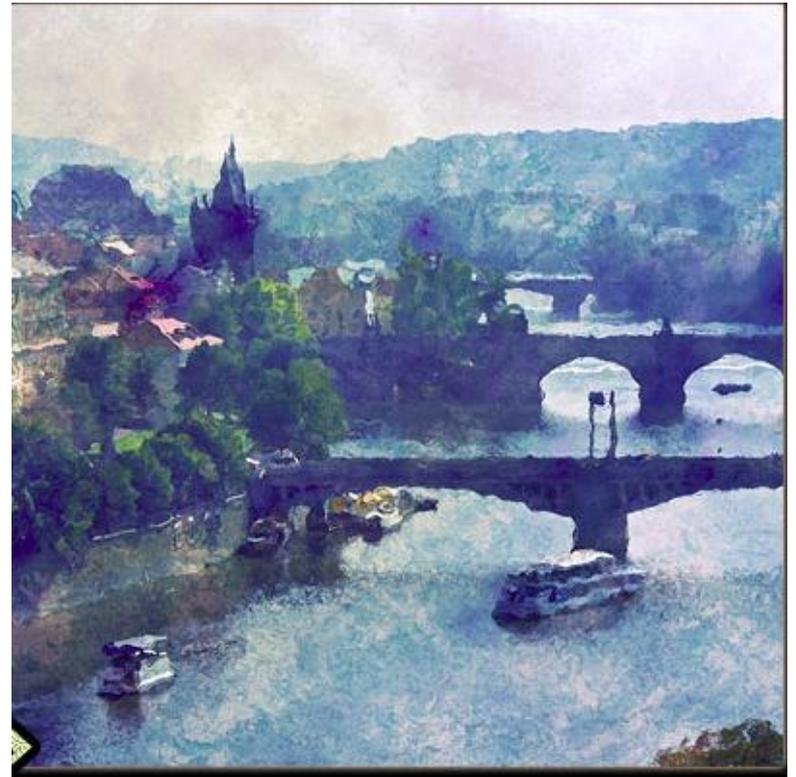
Prepared by the
Health Technology Work Group of
the Connecticut Health Care Cabinet

HTWG Findings

- Optimizing the state's human services and HIT investments should be considered an urgent strategic priority.
- Given the strategic importance of information technology and the magnitude of the investments, the Health Technology Work Group believes that the current state governance and management structures must be aligned to permit clear strategic accountability.

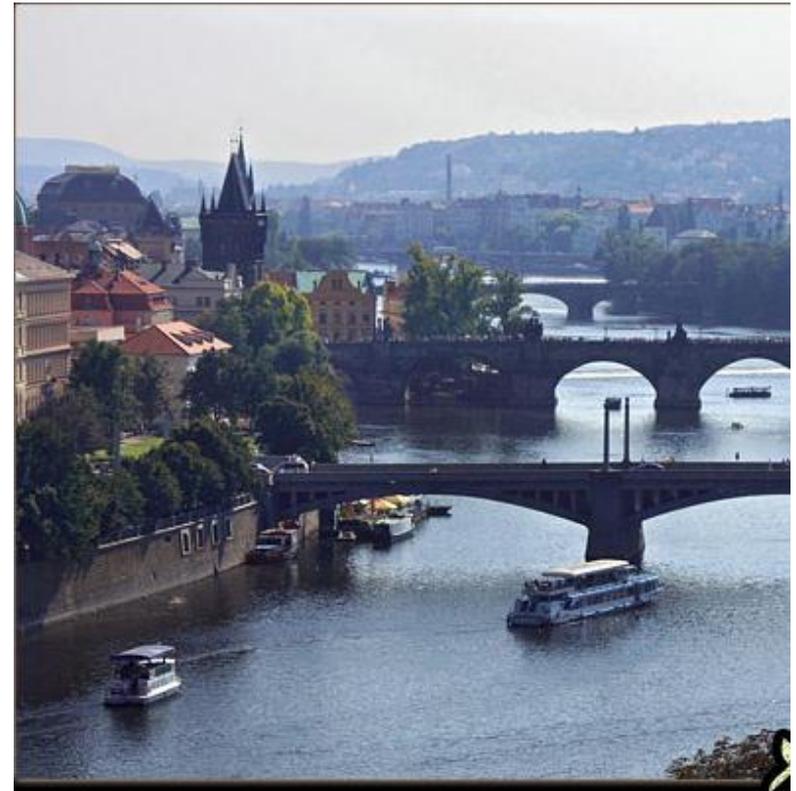
Focusing on Developing an Integrated View of “the Big Picture”

- Understand **the business requirements** that will drive the State HIT architecture
 - A broad view
 - Through the lens of state agencies
 - How HIT relates to the Insurance Exchange and beyond



Focusing on Developing an Integrated View of “the Big Picture”

- Understand the strategic plan for the development, adoption and use of HIT
 - **Adoption of eHRs by providers**
 - Meaningful Use
 - Incentives (Physicians: up to \$151K between 2011-2016)
 - **Development of the HIE infrastructure** (intra and inter-state)
 - New systems
 - Re-tooling, upgrading or replacing existing systems to conform to new requirements
 - **Development of the HIT Work Force**



State of HIT in CT

- Multiple efforts are underway to modernize the health and human services agencies' information systems
 - Preceding ACA
 - CONN-ADE
 - HITE-CT
 - Developing the CT HIT Workforce initiative
 - Regional Extension Center (REC)
 - CHIN
 - After ACA
 - Health Insurance Exchange (HIX)
 - DSS Modernization Project (ConneCT)

Efforts by those organizations and many more are laudable but they are only loosely interconnected.

Their separate funding sources and their tactical drive their separate actions.

HTWG Findings: Coordination of the State's HIT Investments

Linking and coordinating all current state HIT efforts has been a priority voiced repeatedly by the Health Care Cabinet, the Office of Health Reform and Innovation, and multiple agency Commissioners.

However, our assessment reveals the absence of convening structure or a single, highly visible and well-resourced state-wide health information technology coordinator charged with integrating multiple disparate operations into a cohesive plan.

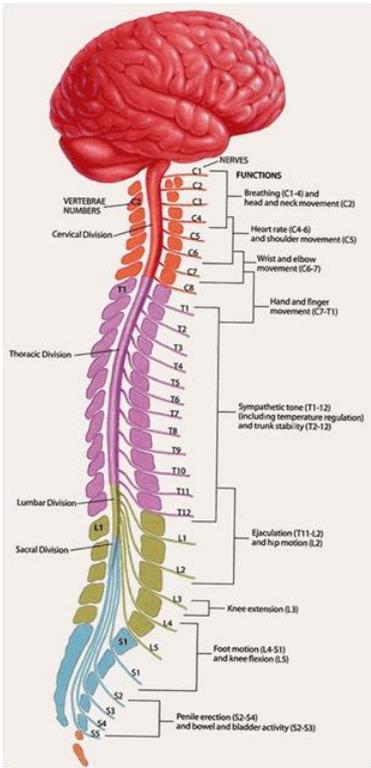
Recommendation #1

- The HTWG recommends the creation of the CT Office of Health Information Technology Coordinator and a supporting organization responsible for the integration of all the agencies HIT investments.
- Acting under the authority of the Governor, the position should report directly to the Office of the Governor or the Lieutenant Governor.

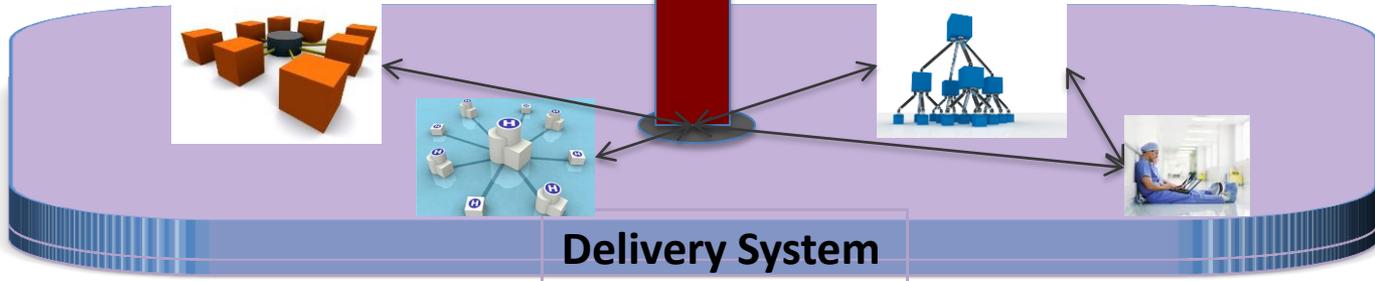
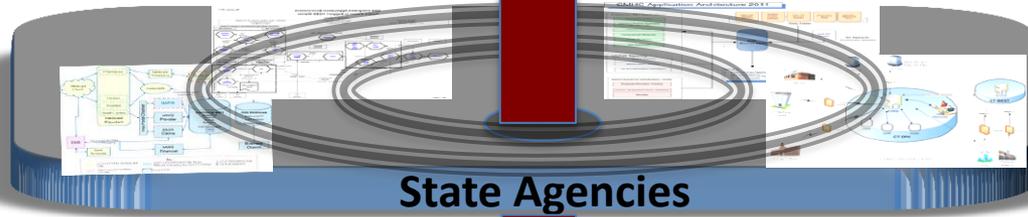
Recommendation # 2

- The HTWG recommends the creation of a convening forum, the HIT-Business Forum
- The HIT-Business Forum will convene on a regular basis public and private sector HIT-Business stakeholders to share ideas, exchange knowledge about emerging technologies to support the health reform goals and objectives and share best practices.

State HIT Coordinator Business-HIT Forum



HITE-CT



Transition

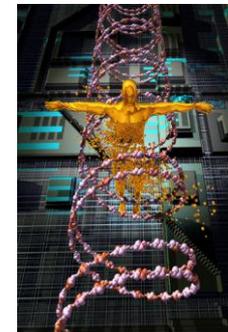
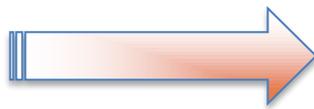
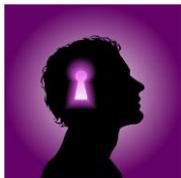
- The HTWG is ready to support a timely transition from its current role and *modus operandi* to a designated State Office of HIT Coordination. Given the urgency and the importance of the re-organization the transition should begin immediately and be completed by December of 2012.

Consumer Perspective

- **Access**
 - Consumer access to affordable, technology that will link them to the HIX, providers, health support organizations and web resources.
 - Consumer education.
- **Promote Health**
 - Eliminating HIT-business interoperability barriers
 - Prioritizing population health objectives (Healthy People 2020)
 - Integration of behavior change theories and technology
- **Reduce costs**
 - Shared decision making
 - Technology to support self-care, graduated autonomy for chronic conditions
- **Eliminate disparities**
 - Customization of care to match consumer cultural, linguistic and other individual preferences
 - Elimination of the digital divide
 - Maximize participation and continuity of coverage

Leveraging technology to improve health

1. Traditional vs. new emerging behavior change theories shaping Individual and population health programs
2. Examine the role of technology (computers, smart phones, “apps” and the internet) as tools for effecting health behavior change and supporting competent self-care
3. How population health sciences (think uses of APCD) could improve population health programs
→ optimize outcomes → lower costs



Preventive Health Programs

“The art, science, and business of motivating and enabling consumers to engage in healthier lifestyles”



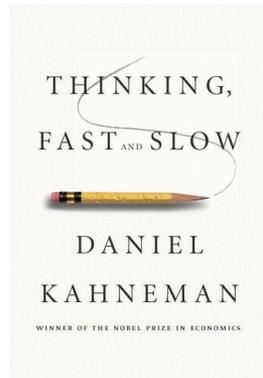
Why is this task so hard?



- Diverse populations
- Diverse interests
- Diverse skill sets
- Diverse motivations
- Diverse social context

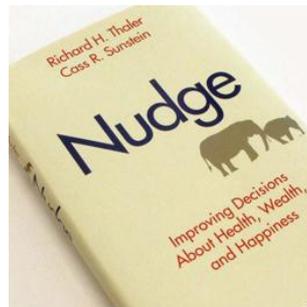
New Behavior Change Exponents

Daniel Kahneman



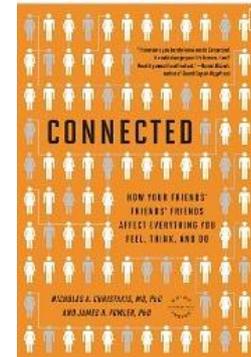
Prospect theory:
Humans are 2-3Xs more averse to potential losses than motivated by potential gains of identical value

Richard Thaler



Choice architecture
Changing the environment to make good choices easy

Nicholas Kristakis



The Surprising Power of Our **Social Networks** and How They Shape Our Lives -- How Your Friends' Friends' Friends Affect Everything You Feel, Think, and Do

Pathways to behavior change

Contrasting old and emerging views

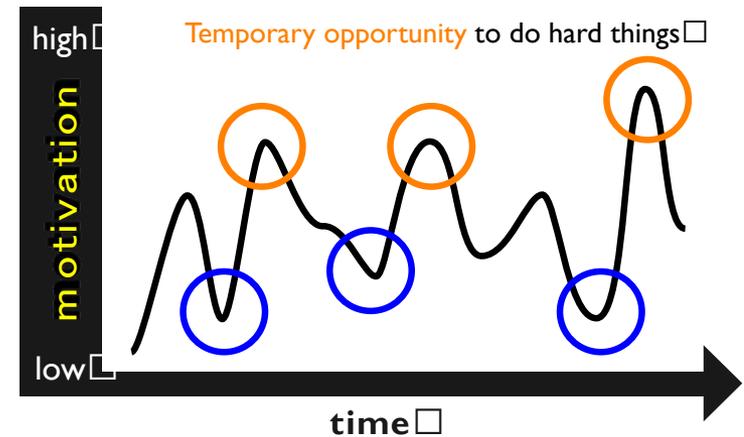
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Trans-theoretical Model



Prochaska J.O., DiClemente C.C.: The transtheoretical approach. In: Norcross JC, Goldfried MR, editors. Handbook of psychotherapy integration. 2nd ed. New York: Oxford University Press; 2005. pp.147-171.

Motivation Waves

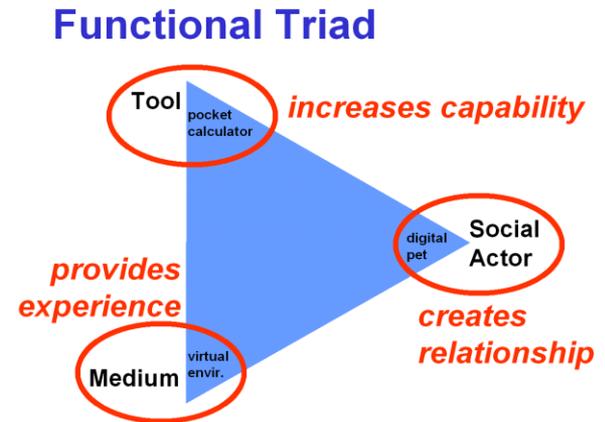
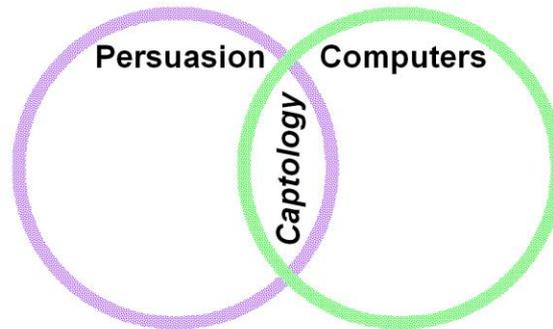
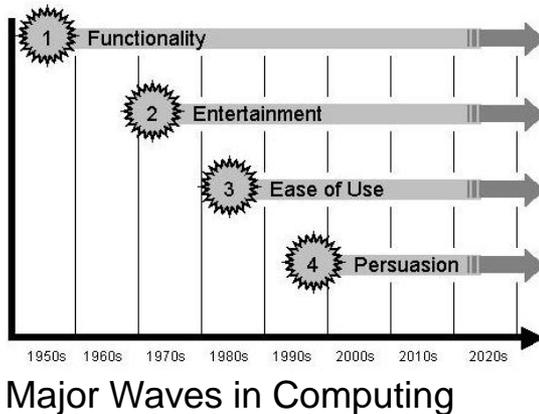


BJ Fogg. Behavior Change Model Stanford Persuasive Technology Lab. Palo Alto, CA.



Help people succeed on the **most desirable health behavior** that matches their current motivation.

Roles of computers and mobile technology



- Health Tools:

<http://www.youtube.com/watch?v=gA2xEH2C7Fg&jt=1&jmt=1&js=100&jsid=28097&jaid=38067&jcp=brand&jag=fitbit>

- Persuasive Media: <http://www.aprilage.com/demos.html>

- Social actors

<http://www.virtualgym.tv/>

Based on BJ Fogg "Captology"



Social Networks have been found to have effects on..

- Obesity
- Smoking
- Feeling Lonely



[Nicholas A. Christakis, James H. Fowler](#)
[New England Journal of Medicine](#) **357** (4): 370–379 (26 July 2007)

[Nicholas A. Christakis, James H. Fowler](#)
[New England Journal of Medicine](#) **358** (21): 2249–58 (22 May 2008)

[John T. Cacioppo, James H. Fowler, Nicholas A. Christakis](#)
[Journal of Personality and Social Psychology](#) **96** (12): TBD (December 2009)

Chronic, Non-Transmissible Diseases

A person's chances of becoming obese increased by 57% if he or she had a friend who became obese in a given interval.

Among pairs of adult siblings, if one sibling became obese, the chance that the other would become obese increased by 40%.

If one spouse became obese, the likelihood that the other spouse would become obese increased by 37%.

These effects were not seen among neighbors in the immediate geographic location.

Persons of the same sex had relatively greater influence on each other as compared with those of the opposite sex.

Population Health Sciences

- Setting priorities for “population health: What health maintenance interventions yield the greatest improved health outcomes?
- Maximizing individual benefit: How are each of us is different and how will we respond to health maintenance or cure-oriented interventions?

Setting Prevention Priorities

Example

PRIORITIES AMONG RECOMMENDED CLINICAL PREVENTIVE SERVICES

Services	CPB	CE	Total
— Vaccinate children: <i>DTP/DTaP, MMR, Oral Polio/IPV, Hib, Hep B, Varicella</i>	5	5	10
— Assess adults for tobacco use and provide tobacco cessation counseling	5	4	9
— Screen for vision impairment among adults 65+ years	4	5	9
— Assess adolescents for drinking and drug use and counsel on alcohol and drug abstinence	3	5	8*
— Assess adolescents for tobacco use and provide an anti-tobacco message or advice to quit	4	4	8*
— Screen for cervical cancer among sexually active women or 18+ years	5	3	8
— Screen for colorectal cancer (FOBT and/or sigmoidoscopy) among all persons 50+ years	5	3	8
— Screen for hemoglobinopathies, PKU, and congenital hypothyroidism among newborns	3	5	8
— Screen for hypertension among all persons	5	3	8
— Vaccinate adults 65+ years against influenza	4	4	8
— Screen for chlamydia among women 15-24 years	3	4	7*
— Screen for high blood cholesterol among men 35-65 years and women 45-65 years	5	2	7
— Screen for problem drinking among adults and provide brief counseling	4	3	7*
— Vaccinate adults 65+ years against pneumococcal disease	2	5	7

**PARTNERSHIP
for PREVENTION**

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CE: cost effectiveness (societal perspective)

CPB: Clinically Preventable Burden

Making things easier, more fun, more affordable...whatever the motivation, induces behavior change



http://www.youtube.com/watch?v=leAJJDRn_H0

...and much more
Thank you!