



Health Information Technology: Changes that can benefit people with intellectual and developmental disabilities

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Commissioners Forum

Westchester Institute for Human
Development

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Westchester Institute for Human Development
University Center for Excellence in Developmental Disabilities





Focus on two key areas:

- American Recovery and Reinvestment Act (2009) & Health Information Technology for Economic and Clinical Health Act
- Creating and using accessible health information with smart technologies



New York State Medicaid Health Information Technology Plan June 2011

[http://www.health.ny.gov/regulations/arra/docs/medicaid health information t
echnology plan.pdf](http://www.health.ny.gov/regulations/arra/docs/medicaid_health_information_t
echnology_plan.pdf)

410 Pages



Affordable Care Act: Impact on Health Information Technology

➤ Create incentives to providers that encourage them to adopt and meaningfully use health information technology especially electronic health records (EHRs)

➤ American Recovery and Reinvestment Act (2009) & Health Information Technology for Economic and Clinical Health Act

ARRA Stimulus Package

- Includes \$34B in incentives to physicians who use EHRs in a “meaningful” manner
- Includes \$2B for the Office of the National Coordinator of Health Information Technology (ONC) to build support services
- HIT Regional Extension Centers (RECs) to assist providers throughout the country in adopting and using EHRs



Eligibility for Incentives

Use **certified EHR technology** in a meaningful manner

Exchange health information to improve the quality of care

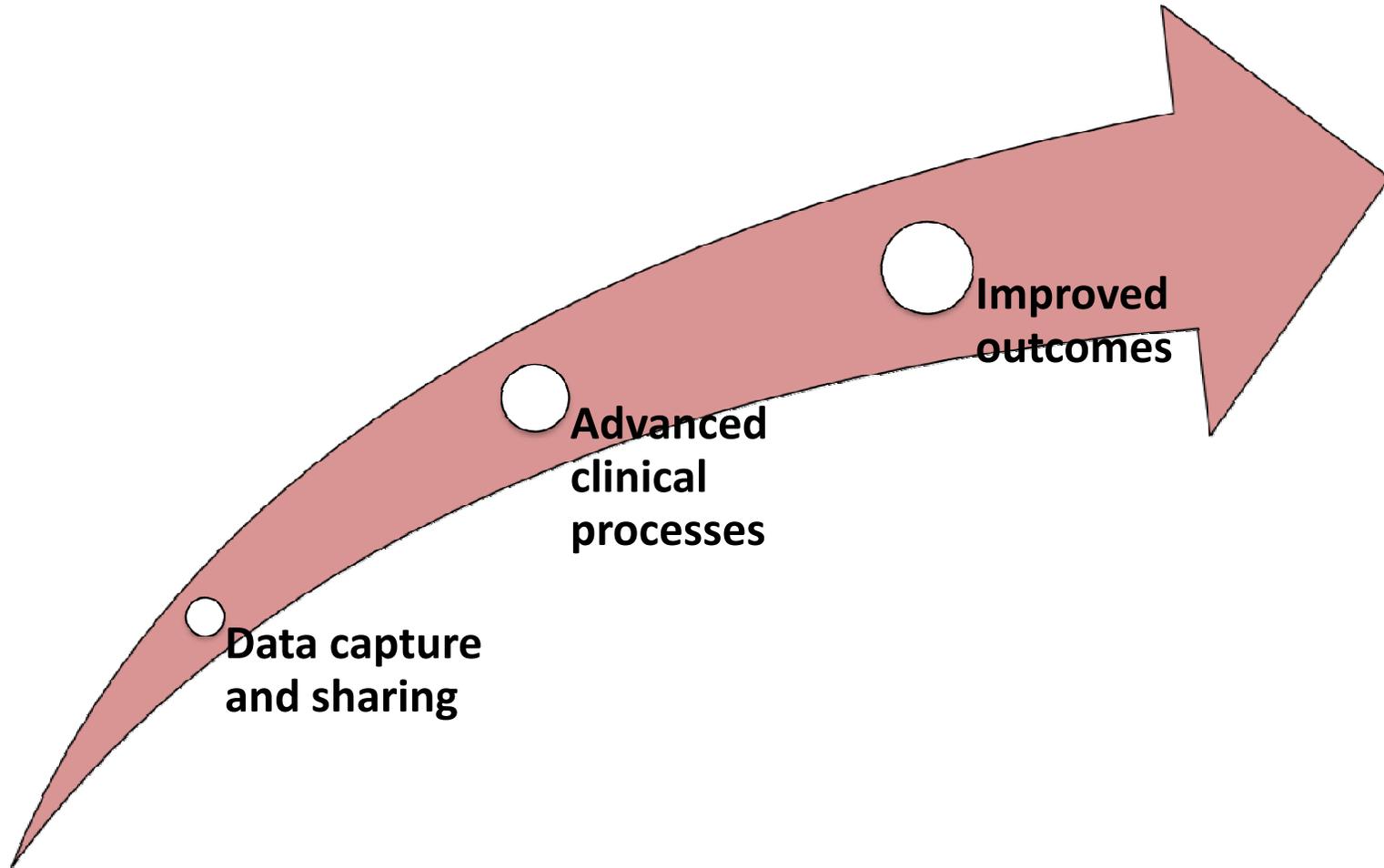
Report on clinical quality measures

Medicaid Incentives

- Beginning 2011, states will pay Medicaid EP up to 85% of net average allowable costs for certified EHR, and support services
- Net average allowable costs not to exceed
 - Year 1 \$25,000
 - Year 2 \$10,000

Maximum Medicaid Incentive						
Year 1 2011- 2016	Year 2	Year 3	Year 4	Year 5	Year 6	Total Max
\$21,250	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$63,750

Conceptual Approach to Meaningful Use



Phased Approach

First Payment Year	Payment Year				
	2011	2012	2013	2014	2015
2011	Stage 1	Stage 1	Stage 2	Stage 2	Stage 3
2012		Stage 1	Stage 1	Stage 2	Stage 3
2013			Stage 1	Stage 2	Stage 3
2014				Stage 1	Stage 3
2015					Stage 3

Meaningful Use – Stage 1

25 objectives & measures

Divided among five priority areas

Improving **quality, safety, efficiency**, and reducing health **disparities**

Engage **patients** and families in their health care

Improve **care coordination**

Improve **population and public health**

Ensure adequate **privacy and security** protections for personal health information

15 Core Requirements & Measures

1. Computerized provider order entry:

30% of patients have at least one order using the CPOE

2. Drug to drug and drug allergy checks:

Must enable functionality

3. Maintain an up to date problem (diagnosis) list:

80% of all patients

4. E-Prescribing:

At least 40% of permissible prescriptions

5. Maintain an active medication list:

80% have at least one entry recorded as structured data

15 Core Requirements & Measures

6. Maintain an active medication allergy list:

80% of patients have at least one problem noted

7. Record Demographics

(Sex, DOB, Race, Ethnicity & Preferred Language)

50% (must have all)

8. Record and chart changes in vital signs:

At least 50% have height, weight and BP

9. Record smoking status (for patients 13 and older):

> 50% for patients 13 years or older

10. Report an ambulatory clinical quality measure to CMS:

Successfully transmit report

15 Core Requirements & Measures

11. Implement clinical decision support:

Implement one decision support rule

12 Provide patients with an electronic copy of their record, upon request:

Satisfy 50% of requests within 3 days

13. Provide clinical summaries for patients at each visit:

At least 50% of patients receive a summary ≤ 3 days

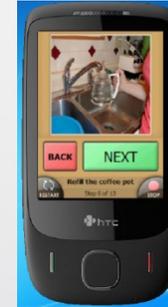
15. Have the capability to exchange key clinical information:

Perform at least one test of the system's ability to electronically transfer information to another provider

15. Protect electronic health information:

Conduct a HIPAA Security Risk Analysis and address identified deficiencies

Creating and using accessible health information with smart technologies



The User Interface is the Key (Software)





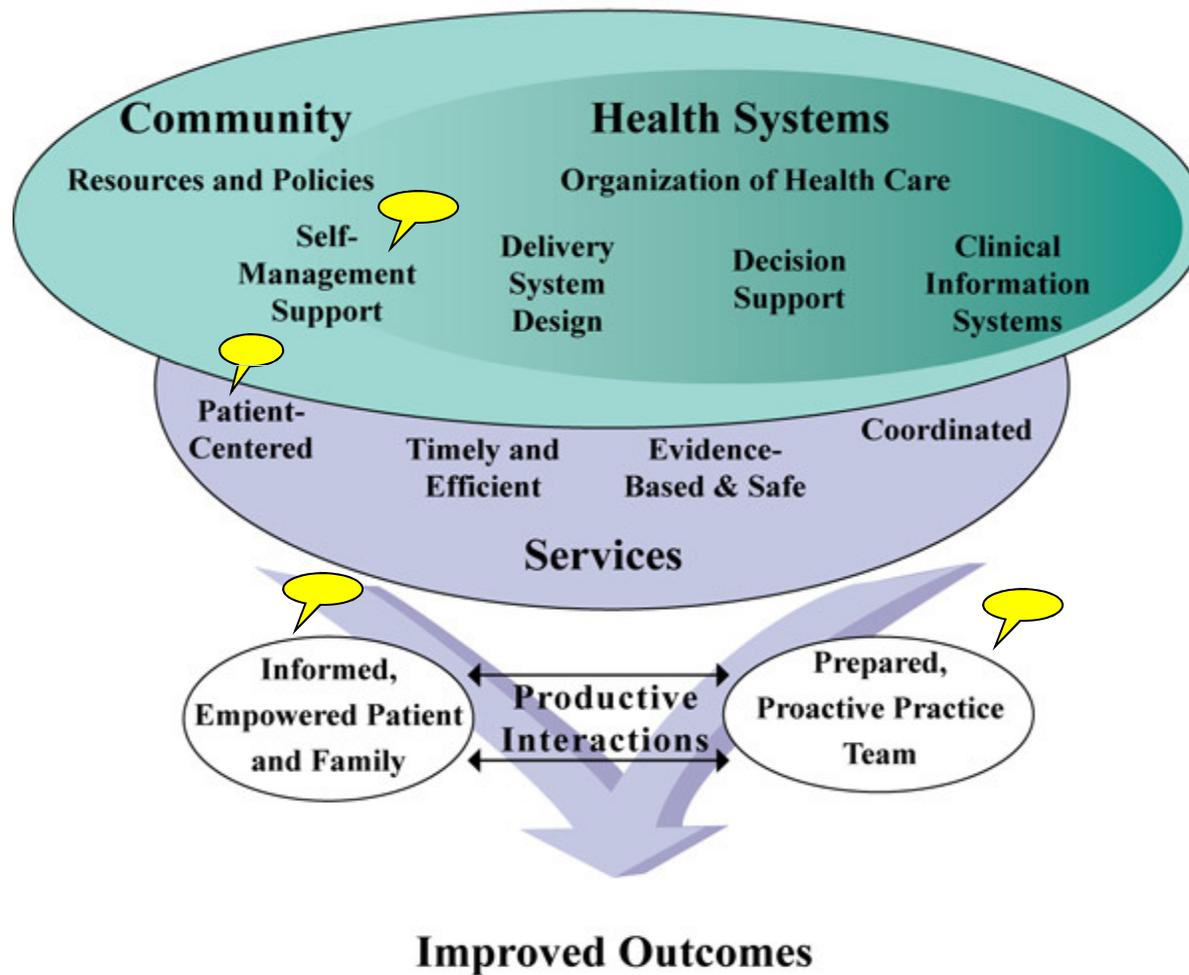
Type 2 Diabetes and People with I/DD

- Data from 2006 Medical Expenditures Panel Survey
 - Health status of working age adults with cognitive limitations compared with adults with no disability
Adults with I/DD significantly higher prevalence
19.4% vs 3.8%
 - Also significantly higher prevalence 6 other chronic health conditions
 - Adults with I/DD and diabetes significantly more likely to have 4 or more chronic illnesses

Reichard & Stolzle (June, 2011). Diabetes among adults with cognitive limitations compared to individuals with no cognitive disabilities. *Intellectual and Developmental Disabilities* 49 (3), p 141-154.

The Wagner Chronic Care Model

The Care Model



Improved Outcomes

Developed by The MaColl Institute



Health Literacy

- Institute of Medicine workshop reports:
 - Promoting health literacy to encourage prevention and wellness (November 1, 2011)
 - Research to find better pathways to improved health literacy and better health
 - Innovations in health literacy (March 10, 2011)
 - Health literacy and health disparities, better use of IT improve health literacy
 - Overall nearly nine out of 10 adults have difficulty using health information to make proper health decisions



HealthCare Manager – Personalized Health Plan on iPad



Cognitively Accessible Telehealth Portal - iPad/Android

Weather



Low 42°
High 67° **62°**

Cool with light clouds and chance of rain.

My Schedule

 **Dinner with Marcus and Maria**
October 13, 2010 6:00 PM

 **Chess with Jimmy**
October 13, 2010 8:30 PM

12:35 PM **13**
Wednesday, October 13, 2010

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

Applications



Chat



Dr. Brian Jameson

My Health

MESSAGE 1 of 3

FROM: **Dr. Brian Jameson** 

 Check My Heart Rate

 Check My Weight

 Check My Blood Pressure



21

12:35 PM

Wednesday, July 21, 2010



Our trip to St. Louis in January.

January 5, 2010



Warm with light clouds and chance of rain.

82°

High 87° Low 59°

Activities for Today



Take your blood pressure.

July 21, 2010 1:30 PM



Fill the pill organizer.

July 21, 2010 1:45 PM



Aerobics class.

July 21, 2010 3:00 PM



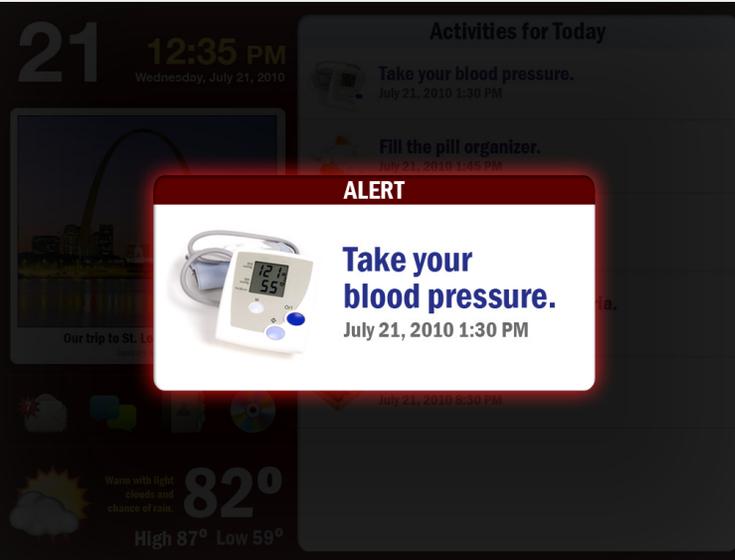
Dinner with Marcus and Maria.

July 21, 2010 6:00 PM



Chess with Jimmy.

July 21, 2010 8:30 PM

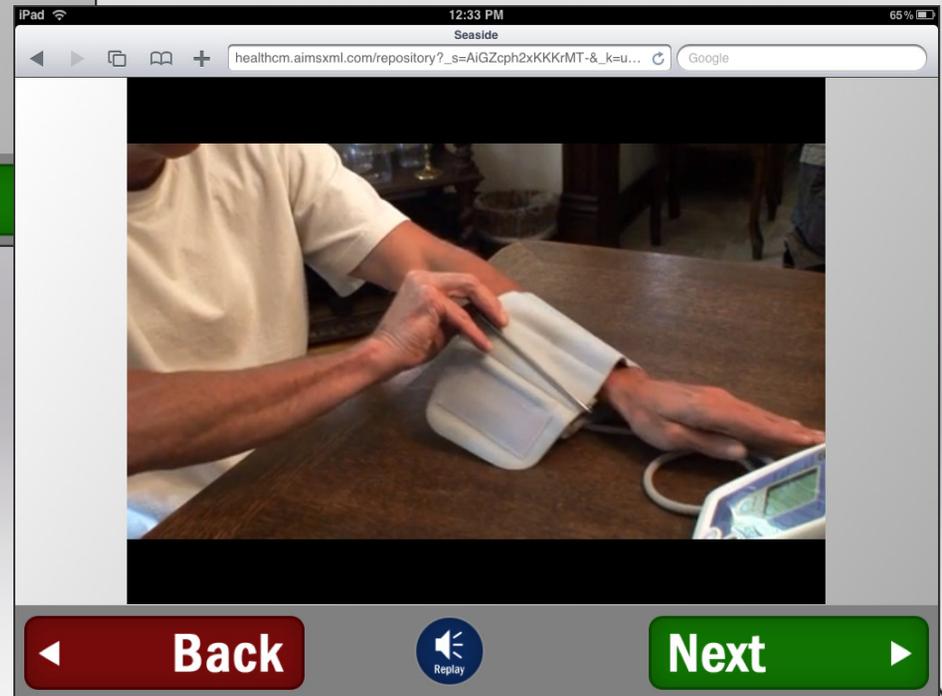
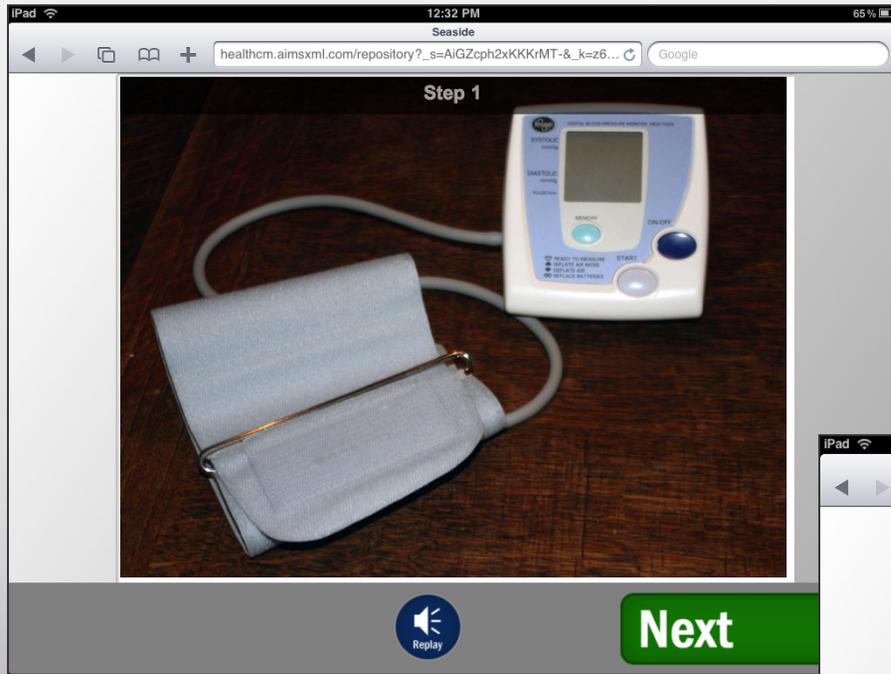


ALERT



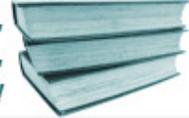
Take your blood pressure.

July 21, 2010 1:30 PM



Cognitively Accessible Telehealth Portal – Desktop/Touchsmart





Top Category > My Health



Session 1

[detail](#)



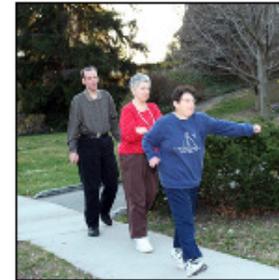
Session 2

[detail](#)



Session 3

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Session 4

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Session 5

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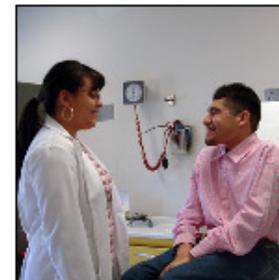
Session 6

[detail](#)



Session 7

[detail](#)



Session 8

[detail](#)

Session 7: Feel Good about Yourself and Others



Listen and
Learn



Test What
You Learned



Things to Remember

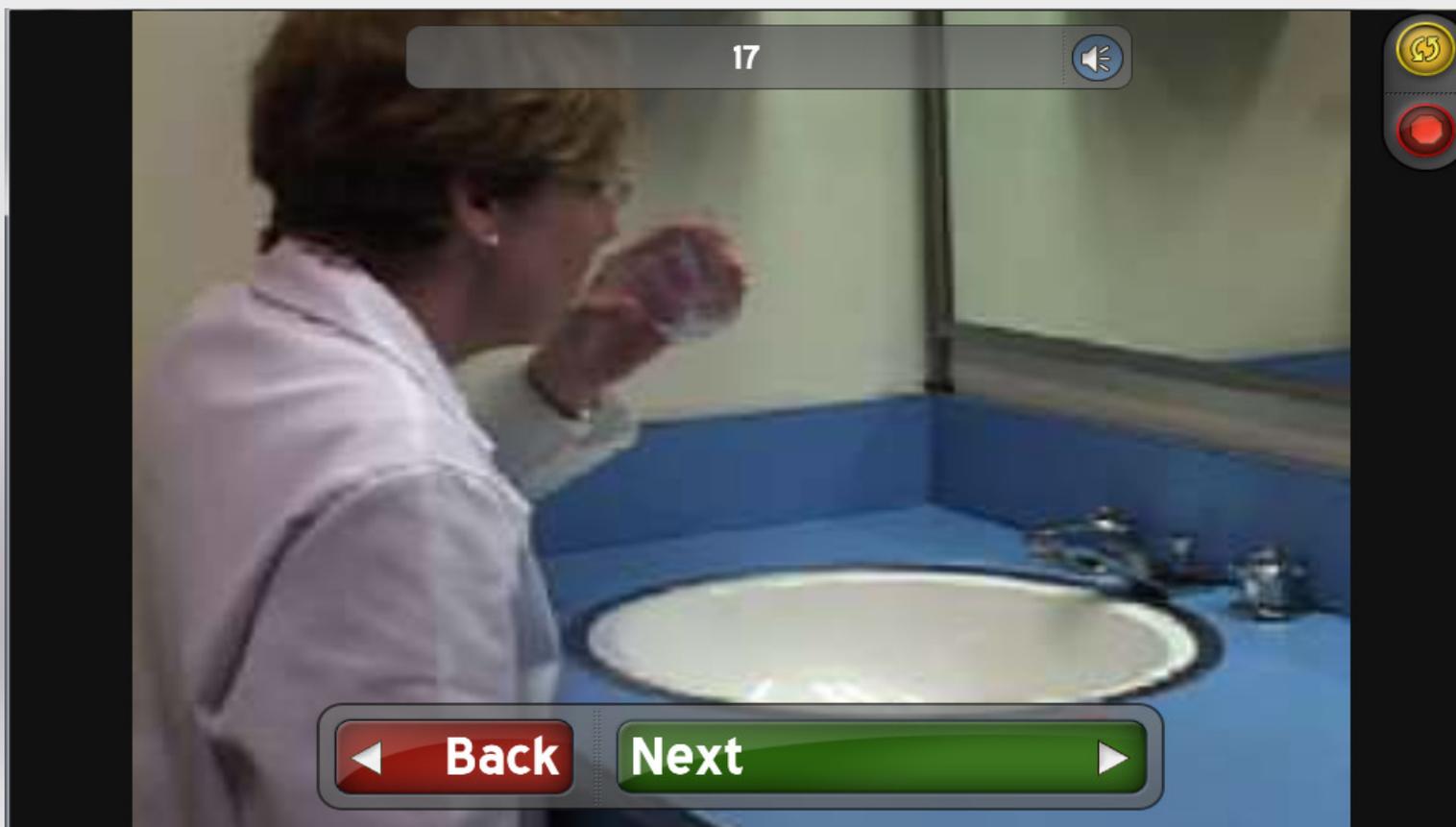


Feelings



Beating the Blues

Improving Oral Health





Janice after
you eat
every meal
you need to
go brush
your teeth
and you
need to get
your brush
and your
toothpaste
and go to
the
bathroom

Self-Directed Consumer Surveys

Self-directed, survey tools, such as consumer satisfaction surveys, using multi-modal presentation and accessible design can increase independence and reduce staff time interviewing and entering/ aggregating data.

A Gateway to Self-Determination **The NTI Self-Determination Survey**

Where do you live?



-  **In my own house or apartment**
-  **At home with my family**
-  **In a group home or nursing home**

Back **Next**



Did you and the doctor
talk about things you
could do to stay
healthy?



 **Yes**

 **No**

 **Back**

POWERED BY ABLELINK TECHNOLOGIES

Did the doctor ask you
to talk about all of
your health problems or
concerns?



 **Yes**

 **No**



Back

POWERED BY ABLELINK TECHNOLOGIES

Health Quest

An accessible survey tool to enable individuals with cognitive disabilities to become active participants in their own health and wellness.



How are you feeling today?

 I feel good.

 I don't feel very good.

 I don't know.

HealthQuest
ABLELINK TECHNOLOGIES

POWERED BY ABLELINK

How are you feeling today?

 I feel good.

 I don't feel very good.

 I don't know.

HealthQuest
ABLELINK TECHNOLOGIES

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NEXT



Conclusions

- iPad and other smart touch screen technologies make it possible for people with IDD to provide direct responses to surveys
- Implications for supporting people with I/DD to “speak for themselves” - fully accessible to non- readers
- Participants enjoyed it:
 - “Fun”; “Cool”;
 - “I didn’t realize how many decisions I made about my life”
- Efficient data collection
- Implications for making various types of information accessible to people with I/DD