2012 Health Information Technology Survey Webinar
How Technology Is Changing the Practice of Care Management

February 5, 2013
12:00 p.m. ET

Webinar Hosts:
- Case Management Society of America (CMSA)
- TCS Healthcare Technologies (TCS)
- American Board of Quality Assurance and Utilization Review Physicians (ABQAURP)

Join us on Twitter during the webinar using #HealthITWebinar
Panelists

- **Moderator/Speaker**
  - Rob Pock, Founder and CEO, TCS

- **Speakers**
  - Joel V. Brill, MD, AGAF, CHCQM
    Board of Directors, ABQAURP
  - Cheri Lattimer, RN, BSN
    Executive Director, CMSA
  - Pat Stricker, RN, M Ed
    VP of Clinical and Client Services, TCS

Research Coordinator
- Garry Carneal, JD, MA
Session Objectives

Introduction

- Information Technology applications are rapidly changing care management workflows and interventions.
- All three surveys examine the impact of HIT systems.

Objectives

- Report how IT infrastructure is supporting transitions of care and readmissions.
- Assess average size of patient caseloads and the various amounts of time spent on face-to-face patient contacts, indirect patient contacts, and administrative activities.
- Showcase the need for data analysis and ROI within the health care industry.
- Highlight user satisfaction ratings of care management and electronic medical record (EMR) software.
- Tracking adoption rates of various forms of HIT.
Webinar and Trend Report Overview

Webinar Lead In
- Introductions
- Methodology
- Changing Health Care Environment

Part I: CM Processes
- Communications & Social Media
- Case Management Functions
- Transitions of Care/Readmission
- Patient Engagement Strategies

Part II: Resources
- IT Infrastructure
- Caseloads
- Data Analytics ROI
- Satisfaction and the Adoption Curve
Survey Overview

- **Purpose**
  - To look at health information technology trends in the care management field

- **Survey Sponsors**
  - Sponsored by CMSA, TCS and ABQAURP
  - Additional support provided by Schooner Healthcare Services and Trajectory Healthcare, LLC
  - Questions developed by representatives Advisory Panel

- **Bi-Annual Survey**
  - 2008
  - 2010
  - 2012 Results
    - To be highlighted in nine Trend Reports which will be consolidated into a White Paper
    - Download at [www.tcshealthcare.com](http://www.tcshealthcare.com) or [www.cmsa.org](http://www.cmsa.org)

Join us on Twitter during the webinar using #HealthITWebinar
Methodology

Survey Administration
- Web-based Survey sent to 15,000+ individuals
- Response rate approximately 5% each year
- Administered through Zoomerang
- Convenience sampling approach
- All three survey populations equivalent

Question Types
- Yes/No
- Narrative
- Likert Scale (e.g., scale 1 to 5)
- Multiple Choice (i.e., select on option or “check all that apply”)

Methodology Details
- Raw data checked to calculate total number of unique responses for most questions when more than one sub-response could be checked, i.e. “check all that apply”
- “Check all that apply” answers cause some results to add up to over 100%
- 2010/2012 sub-analysis run for care management organizations
Demographic Overview: Company Types
2012 Survey – Part I

Note: Respondents could select more than one option
Demographic Overview: Company Types
2012 Survey – Part II

2012 Company Affiliations: Health Providers
Percentage of Respondents (n = 642)

Note: Respondents could select more than one option
Demographic Overview: Company Types
2012 Survey – Part III

2012 Company Affiliations: Other Types
Percentage of Respondents (n = 642)

Note: Respondents could select more than one option
Respondent Professions
2010/2012 Surveys

Note: Respondents could select more than one option
IT Infrastructure
Trend Report #5

Use of Medical Management Software Systems
Electronic Linkage
Claims Integration
The Move To Cloud-Based Hosting
Medical Management Software Systems

Do you use a medical management software system? Note: A medical management software system supports utilization management, case management, disease management, prevention/wellness and other types of medical management programs. (Please check all that apply)

- In-house developed system (only) - 26%
- Vendor solution (only) - 26%
- Both in-house and vendor applications - 20%
- None at this time - 23%
- Not applicable to my work or company - 9%
### Medical Management Software Systems 2008 to 2012 Comparison

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-house developed system</td>
<td>19%</td>
<td>21%</td>
<td>2%</td>
<td>26%</td>
<td>7%</td>
</tr>
<tr>
<td>Vendor solution</td>
<td>25%</td>
<td>21%</td>
<td>(4%)</td>
<td>26%</td>
<td>1%</td>
</tr>
<tr>
<td>Both in-house and vendor applications</td>
<td>19%</td>
<td>20%</td>
<td>1%</td>
<td>20%</td>
<td>1%</td>
</tr>
<tr>
<td>None at this time</td>
<td>27%</td>
<td>32%</td>
<td>5%</td>
<td>23%</td>
<td>-4%</td>
</tr>
<tr>
<td>Not applicable to my work or company</td>
<td>14%</td>
<td>11%</td>
<td>(3%)</td>
<td>9%</td>
<td>-5%</td>
</tr>
</tbody>
</table>

Note: A medical management software system supports utilization management, case management, disease management, prevention/wellness and other types of medical management programs.
## Use of Electronic Medical Record Software Systems

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In-house developed system (only)</td>
<td>14%</td>
<td>19%</td>
<td>5%</td>
<td>22%</td>
<td>8%</td>
</tr>
<tr>
<td>Vendor solution (only)</td>
<td>16%</td>
<td>17%</td>
<td>1%</td>
<td>22%</td>
<td>6%</td>
</tr>
<tr>
<td>Both in-house and vendor applications</td>
<td>13%</td>
<td>14%</td>
<td>1%</td>
<td>18%</td>
<td>5%</td>
</tr>
<tr>
<td>None at this time</td>
<td>32%</td>
<td>30%</td>
<td>(2%)</td>
<td>23%</td>
<td>-9%</td>
</tr>
<tr>
<td>Not applicable to my work or company</td>
<td>24%</td>
<td>21%</td>
<td>(3%)</td>
<td>26%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Are Your Case Management Systems:

- Remotely Hosted: 27%
- Locally Installed: 19%
- Both: 28%
- Not Applicable: 26%
**Electronic Linkage**

**Less Integration in 2012?**

*Your Clinical Practice Or Medical Management Data Are Electronically Linked To Which Of The Following?*

(Respondents could select more than one option)

<table>
<thead>
<tr>
<th>Data Type</th>
<th>2008</th>
<th>2010</th>
<th>2008 to 2010 Change</th>
<th>2012</th>
<th>2008 to 2012 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims payment data</td>
<td>53%</td>
<td>54%</td>
<td>+1</td>
<td>33%</td>
<td>-20</td>
</tr>
<tr>
<td>Pharmacy claims</td>
<td>31%</td>
<td>35%</td>
<td>+4</td>
<td>18%</td>
<td>-13</td>
</tr>
<tr>
<td>Laboratory / LOINC data</td>
<td>29%</td>
<td>33%</td>
<td>+4</td>
<td>19%</td>
<td>-10</td>
</tr>
<tr>
<td>Radiology data</td>
<td>24%</td>
<td>28%</td>
<td>+4</td>
<td>17%</td>
<td>-9</td>
</tr>
<tr>
<td>Data warehouse</td>
<td>28%</td>
<td>27%</td>
<td>-1</td>
<td>22%</td>
<td>-6</td>
</tr>
<tr>
<td>A predictive modeling application</td>
<td>18%</td>
<td>18%</td>
<td>—</td>
<td>14%</td>
<td>-4</td>
</tr>
<tr>
<td>Consumer health information</td>
<td>n/a</td>
<td>24%</td>
<td>n/a</td>
<td>12%</td>
<td>-12</td>
</tr>
<tr>
<td>Electronic provider authorization system</td>
<td>n/a</td>
<td>16%</td>
<td>n/a</td>
<td>17%</td>
<td>n/a</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>------</td>
<td>------</td>
<td>---------------------</td>
<td>------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Use 1 System</td>
<td>17%</td>
<td>16%</td>
<td>-1</td>
<td>16%</td>
<td>-1</td>
</tr>
<tr>
<td>Use multiple IT systems</td>
<td>64%</td>
<td>69%</td>
<td>+5</td>
<td>72%</td>
<td>+8</td>
</tr>
<tr>
<td>Fully integrated and interoperable with other external applications</td>
<td>20%</td>
<td>23%</td>
<td>+3</td>
<td>23%</td>
<td>+3</td>
</tr>
<tr>
<td>Most of the work still gets done through paper-based record tracking &amp; documentation (even with 1 or more IT applications)</td>
<td>29%</td>
<td>24%</td>
<td>-5</td>
<td>19%</td>
<td>-10</td>
</tr>
<tr>
<td>Completely paperless environment for patient or care management records</td>
<td>17%</td>
<td>23%</td>
<td>+6</td>
<td>30%</td>
<td>+13</td>
</tr>
<tr>
<td>Providers have access to report cards (physician/patient c compliance with reporting initiatives (e.g. HEDIS, Bridges to Excellence, Physician Quality Reporting Initiative)</td>
<td>22%</td>
<td>26%</td>
<td>+4</td>
<td>29%</td>
<td>+7</td>
</tr>
</tbody>
</table>
## Description Of Organization’s Information Management Practices
(Continued)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical data can be shared electronically with other providers</td>
<td>28%</td>
<td>35%</td>
<td>+7</td>
<td>35%</td>
<td>+7</td>
</tr>
<tr>
<td>Offer a health information website to the general public</td>
<td>45%</td>
<td>47%</td>
<td>+2</td>
<td>46%</td>
<td>+1</td>
</tr>
<tr>
<td>Consumers or patient access their case information through our online portal</td>
<td>14%</td>
<td>17%</td>
<td>+3</td>
<td>18%</td>
<td>+4</td>
</tr>
<tr>
<td>Provide patients a web-based personalized health record from a preferred vendor</td>
<td>9%</td>
<td>12%</td>
<td>+3</td>
<td>12%</td>
<td>+3</td>
</tr>
<tr>
<td>Scan medical records, documents, and/or communications into medical management system</td>
<td>40%</td>
<td>54%</td>
<td>+14</td>
<td>63%</td>
<td>+23</td>
</tr>
</tbody>
</table>
## Claims Integration

### Describe The Integration Of Your Medical Management System With Your Claims System

<table>
<thead>
<tr>
<th></th>
<th>2010</th>
<th>2012</th>
<th>2010 to 2012 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use one (1) claims system</td>
<td>23%</td>
<td>19%</td>
<td>-4%</td>
</tr>
<tr>
<td>Use multiple claims systems</td>
<td>21%</td>
<td>16%</td>
<td>-5%</td>
</tr>
<tr>
<td>Manual entry into claims</td>
<td>12%</td>
<td>10%</td>
<td>-2%</td>
</tr>
<tr>
<td>Receive imports from claims (e.g., member, eligibility, benefits)</td>
<td>21%</td>
<td>16%</td>
<td>-5%</td>
</tr>
<tr>
<td>Authorization to extract claims</td>
<td>12%</td>
<td>6%</td>
<td>-6%</td>
</tr>
<tr>
<td>In-house developed system</td>
<td>13%</td>
<td>10%</td>
<td>-3%</td>
</tr>
<tr>
<td>Not applicable / Not sure</td>
<td>44%</td>
<td>54%</td>
<td>10%</td>
</tr>
</tbody>
</table>
Majority of respondents report lack of integration for most questions.

Progress toward fully integrated software platforms is occurring less quickly than originally anticipated. Yet, progress is occurring.

Notable Trends since 2008:

- General trend of less integration with data
- 23% increase of scanning medical records (40% to 63%)
- 13% increase in moving to a “completely paperless environment regarding patient or care” (17% to 30%)
- 10% decrease in paper-based record tracking and documentation (from 29% to 19%)
Tracking and Understanding Caseloads

Trend Report #7

Why are caseloads a problem?

What has CMSA research shown?

What are the survey results?

How can the caseload calculator help going forward?
2008 White Paper Highlights the Caseload Matrix

Case Management Caseload Concept Paper: Proceedings of the Caseload Work Group
Case Management Society of America
National Association of Social Workers

CMSA
National Association of Social Workers

Public Version
October 30, 2008
CMSA Activities

- Partnership with NASW
- Research
- Caseload Calculator
- Making a difference

Wondering How Your Case Load Compares to That of Other Case Managers?

CMSA is pleased to announce the launch of the CMI Case Load Capacity Calculator (CLCC). This software, developed by Consulting Management Innovators, Inc. (CMI), builds on both the Caseload Concept Paper and Matrix published by CMSA and the National Association of Social Workers (NASW) in 2008 as well as a 2011 survey of CMSA & NASW members. From that foundation, a team of clinicians and analysts developed software that provides comparison data between case managers in similar settings.

The Case Load Capacity Calculator is available, free of charge, to all case managers through December 31, 2011. Thereafter, it will remain free to CMSA and NASW members, though non-members may continue to use the tool for a fee.

This first version of the CLCC is designed for health plan and inpatient acute settings. However, during the public access period, case managers of any setting may try the tool by selecting one of three test settings during setup. CMI hopes to develop calculator software for case managers in other settings in the future.

GET STARTED

Click here to begin using the Case Load Capacity Calculator today.
Respondents were asked whether their HIT systems calculated caseloads, and questions about assessing the average size of patient caseloads.

A series of findings regarding average numbers of cases handled per week were examined in the 2010 and 2012 survey findings. The most frequently selected caseload range is 25-49 cases per week.

The four caseload categories that were examined:

- Face-to-face patient contacts (for example, meeting directly with patients in a provider setting, home visits, community settings, or clinic venues)
- Non face-to-face patient contacts (for example, includes telephonic, electronic and hardcopy correspondence)
- Administrative support (for example, paperwork, staff meetings)
- Other activities
A series of findings regarding average numbers of cases handled per week were examined in the 2010 and 2012 survey findings. The most frequently selected caseload range is 25-49 cases per week.

<table>
<thead>
<tr>
<th>Caseload</th>
<th>2010</th>
<th>2012</th>
<th>Absolute Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-9 cases</td>
<td>7%</td>
<td>6%</td>
<td>-1%</td>
</tr>
<tr>
<td>10-24 cases</td>
<td>21%</td>
<td>18%</td>
<td>-3%</td>
</tr>
<tr>
<td>25-49 cases</td>
<td>26%</td>
<td>27%</td>
<td>1%</td>
</tr>
<tr>
<td>75-99 cases</td>
<td>5%</td>
<td>6%</td>
<td>1%</td>
</tr>
<tr>
<td>100-125 cases</td>
<td>2%</td>
<td>1%</td>
<td>-1%</td>
</tr>
<tr>
<td>150-174 cases</td>
<td>2%</td>
<td>2%</td>
<td>—</td>
</tr>
<tr>
<td>More than 175 cases</td>
<td>3%</td>
<td>2%</td>
<td>-1%</td>
</tr>
<tr>
<td>Not applicable</td>
<td>12%</td>
<td>20%</td>
<td>8%</td>
</tr>
</tbody>
</table>
## Breakdown of Case Manager Time

Please indicate on a scale of 1 to 5 how much time you spend with patients and performing other duties on a weekly basis. (Scale ranges from: 1= no time to 5= all of your time)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>No Time</th>
<th>Some of your time</th>
<th>Moderate amount of time</th>
<th>Most of your time</th>
<th>All of your time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Face-to-face patient contacts</strong> (e.g., meeting directly with your patients in a provider setting, home visits, community setting or clinic venues)</td>
<td>39%</td>
<td>22%</td>
<td>22%</td>
<td>15%</td>
<td>3%</td>
</tr>
<tr>
<td><strong>Non face-to-face patient contacts</strong> (e.g., includes telephonic, electronic, and hard copy correspondence)</td>
<td>14%</td>
<td>28%</td>
<td>24%</td>
<td>26%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Administrative support</strong> (e.g., paperwork, staff meetings)</td>
<td>7%</td>
<td>34%</td>
<td>32%</td>
<td>20%</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Other activities</strong></td>
<td>13%</td>
<td>45%</td>
<td>25%</td>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>
What is the Return on Investment for using one or more HIT systems?
New to the 2012 survey were a series of questions regarding data analytic software and reporting tools being utilized.

Survey respondents were asked about different aspects of dashboard/reporting systems and the source of various predictive modeling solutions being used.

What information is actionable by clinician or patient?

The return on investment (ROI) question series addresses the medical management programs which respondents are using, and what the systems being used are doing to help improve clinical or financial outcomes.
### Dashboard Functionality

Respondents were asked to indicate on a scale of 1-5, which of the following aspects of a dashboard/reporting system are most important. (Scale ranges from: 1=not important to 5=most important)

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Not Important 1</th>
<th>Somewhat Important 2</th>
<th>Moderately Important 3</th>
<th>Very Important 4</th>
<th>Most Important 5</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to manipulate the reports and data presented</td>
<td>8%</td>
<td>8%</td>
<td>14%</td>
<td>33%</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Convenient access to and delivery of information (e.g., use on iPad, Android)</td>
<td>11%</td>
<td>10%</td>
<td>17%</td>
<td>22%</td>
<td>23%</td>
<td>17%</td>
</tr>
<tr>
<td>Ability to view trends for individual patients</td>
<td>5%</td>
<td>8%</td>
<td>15%</td>
<td>29%</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>Ability to view trends for large sets of data</td>
<td>7%</td>
<td>7%</td>
<td>16%</td>
<td>26%</td>
<td>28%</td>
<td>17%</td>
</tr>
</tbody>
</table>
Dashboard Functionality

Please indicate on a scale of 1 to 5, which of the following aspects of a dashboard/reporting system are most important to you? (Scale ranges from: 1 = not important to 5 = most important)

- Convenient access to and delivery of information: 3.44
- Ability to manipulate reports & data presented: 3.58
- Ability to view trends for large sets of data: 3.74
- Ability to view trends or individual patients: 3.81
What Data Analytics Software/Reporting Tools Does Your Company Use?

<table>
<thead>
<tr>
<th>Analytics/Software Reporting Tool</th>
<th>Response Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td>17%</td>
</tr>
<tr>
<td>Azure</td>
<td>1%</td>
</tr>
<tr>
<td>Crystal Reports</td>
<td>20%</td>
</tr>
<tr>
<td>Excel</td>
<td>39%</td>
</tr>
<tr>
<td>Oracle</td>
<td>9%</td>
</tr>
<tr>
<td>SAS</td>
<td>6%</td>
</tr>
<tr>
<td>SQL Server Reporting Services (SSRS)</td>
<td>15%</td>
</tr>
<tr>
<td>Tableau</td>
<td>1%</td>
</tr>
<tr>
<td>None at this time</td>
<td>15%</td>
</tr>
<tr>
<td>Not applicable to my work or company</td>
<td>18%</td>
</tr>
<tr>
<td>Other, please specify</td>
<td>19%</td>
</tr>
</tbody>
</table>
What Data Analytics Software/Reporting Tools Does Your Company Use?
Predictive Modeling Question Series

Do you use a predictive modeling solution to support population stratification? (Respondents could check all they apply)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, we use an in-house developed application</td>
<td>16%</td>
</tr>
<tr>
<td>Yes, we use a vendor solution</td>
<td>8%</td>
</tr>
<tr>
<td>No, we do not use a predictive modeling system</td>
<td>25%</td>
</tr>
<tr>
<td>Not applicable/Not sure</td>
<td>50%</td>
</tr>
<tr>
<td>Vendor Solution</td>
<td>1%</td>
</tr>
</tbody>
</table>
In both 2010 and 2012 respondents were asked about the return on investment (ROI) for using different health information technology systems. Responses were open ended narratives and were reviewed to determine if respondents answered the ROI question affirmatively, negatively, or impartially.

In 2010, responses were as follows:
- Positive: 54%
- Negative: 22%
- Impartial: 24%

In 2012, responses were as follows:
- Positive: 47%
- Negative: 14%
- Impartial: 39%
Satisfaction Question Series

Trend Report #9

What is the satisfaction of Care Management Software Systems?

What is the satisfaction of EHRs?

How do they compare?

Final observations
2012 CM Software Satisfaction Ratings

How satisfied are you with your care management software system(s)?

- Very Satisfied: 9%
- Satisfied: 25%
- Somewhat Satisfied: 26%
- Not Satisfied: 13%
- No Opinion: 27%
### CM Software Satisfaction Ratings

#### 2008 to 2012

**Case Management Software Satisfaction Ratings**

Large Respondent Pools

(Respondents could select one option)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>19%</td>
<td>12%</td>
<td>-7%</td>
<td>13%</td>
<td>-6%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>31%</td>
<td>28%</td>
<td>-3%</td>
<td>34%</td>
<td>3%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>29%</td>
<td>35%</td>
<td>6%</td>
<td>36%</td>
<td>7%</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>21%</td>
<td>25%</td>
<td>4%</td>
<td>17%</td>
<td>-4%</td>
</tr>
</tbody>
</table>
## EHR Software Satisfaction Ratings
### 2008 to 2012

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>18%</td>
<td>18%</td>
<td>0%</td>
<td>14%</td>
<td>-4%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>31%</td>
<td>32%</td>
<td>1%</td>
<td>30%</td>
<td>-1%</td>
</tr>
<tr>
<td>Somewhat Satisfied</td>
<td>32%</td>
<td>36%</td>
<td>4%</td>
<td>36%</td>
<td>4%</td>
</tr>
<tr>
<td>Not Satisfied</td>
<td>19%</td>
<td>14%</td>
<td>-5%</td>
<td>20%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Satisfaction rates are a little higher for CM than EHRs software applications. Specifically, 80% of respondents were somewhat satisfied with their EHR systems compared to 83% of the respondents using CM software systems.

Things to remember:
- EHR & CM software systems are increasingly overlapping both in terms of key functions and users.
- However, each electronic healthcare application originally had different purposes (e.g., CM Software to support chronically ill through the continuum of care; and EHR Software to support patient at the point of care).
- Both have strengths and weaknesses.
- It will be interesting to see how they continue to integrate moving forward.
General Health IT Survey Findings

- Most respondents use more than one HIT system
- Meaningful use rule is promoting paperless environments
- Both in-house & vendor solutions are common; but neither is dominant
- Opportunity for more integration and interoperability
- HIT platforms supporting CM and EHR systems are not standardized and have many different orientations and attributes
- Organizations offering CM services are a few steps ahead the entire population sample for many key HIT measures
- 2012 care management functionality is limited; only a few report >50% adoption rate
- Expected increase in technology use (i.e., texting, email) in communication links between patients and providers
- Promoting transitions of care, evidence-based criteria, standardized caseloads will flourish with the aid of technology
- Adoption of electronic applications may take longer than originally anticipated, despite an increase in healthcare reform funding
Health IT Integration Challenges

- Technology keeps changing -- Moore’s law is alive and well
- Time and opportunity costs to keep on the cutting edge
- Lack of compatible systems & interoperability
- Integrating existing business and clinical workflows
- The challenge of selecting the right HIT system(s)
- Reduced reimbursement rates (e.g., Medicare reimbursement)
- Changing privacy and security landscape
- Rise in social media
<table>
<thead>
<tr>
<th>Health IT Predictions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Healthcare Reform</strong></td>
</tr>
<tr>
<td>• ARRA, HITECH, and ACA initiatives and incentives</td>
</tr>
<tr>
<td>• Funding for IT systems</td>
</tr>
<tr>
<td>• Horizontal and vertical integration</td>
</tr>
<tr>
<td><strong>More Reliance on Shared Knowledge Base</strong></td>
</tr>
<tr>
<td>• Improve documentation – Does it improve care coordination?</td>
</tr>
<tr>
<td>• Increasing use of evidence-based criteria and clinical decision support</td>
</tr>
<tr>
<td>• Meaningful use and health information exchange is critical to success of Accountable Care Organizations and Value-Based Purchasing</td>
</tr>
<tr>
<td><strong>Move to Thin Layer Applications</strong></td>
</tr>
<tr>
<td>• Enterprise solutions (e.g., iPhone, Android)</td>
</tr>
<tr>
<td>• Are we moving to the cloud? (e.g., remote-based servers)</td>
</tr>
<tr>
<td><strong>Central CM Strategy</strong></td>
</tr>
<tr>
<td>• Improve clinical and financial outcomes</td>
</tr>
<tr>
<td>• Improve quality and impact of encounters with patients</td>
</tr>
<tr>
<td>• Promote professional standardization and satisfaction</td>
</tr>
</tbody>
</table>
Questions?
Both Webinars will be available for streaming video or download on TCS’ website and will be posted on CMSA’s online education library.

Trend Reports will be published periodically on the TCS and CMSA websites.

PowerPoint slides also will be available early next week.

Visit:

- www.tcshealthcare.com
- www.cmsa.org
The Case Management Society of America has been approved by the California Board of Registered Nursing to offer 1.2 Nursing CE’s for this webinar.

Please keep an eye out for a follow-up email that will provide you with the information to obtain your CE certificate for this webinar.
Special Thanks

- Thanks to ABQAURP, CMSA and TCS for sponsoring this research project.
- Additional support provided by Schooner Healthcare Services and Trajectory Healthcare, LLC.
- Advisory panel members: Joel V. Brill, MD, AGAF, CHCQM; Bill Harms, PhD; Jeff Frater, RN, BSN, CCM; Cheri Lattimer, RN, BSN; Jimmy Long; Danielle Marshall; Mary Beth Newman, MSN, RN-BC, CCP, CCM; Julie O’Brien, BSN, RN, MS; Rob Pock; Dave Rice; John Sekerak; Pat Stricker, RN, MEd; Teri Treiger, RN-BC, MA, CHCQM-CM/TOC, CCM; Thomas Wilson, PhD, DrPH; and Renee Willoughby.
- Research Staff: Garry Carneal, JD, MA, Jessica Larkin, and Alice Sowinski.
- Special thanks to
  - Rob Pock, CEO, TCS Healthcare Technologies for providing a grant to help underwrite this research project.
  - Tom Wilson, PhD, DrPH Founder of Trajectory Healthcare, LLC for providing statistical analysis support.
- Thanks to the 1,000 plus respondents who have participated in the three HIT Surveys!
The Trend Reports can be downloaded at www.tcshealthcare.com or www.cmsa.org.

Trend Report #1 is currently available, and report #2 will be available early next week. Moving forward, the remaining Trend Reports will be published on a monthly basis.

For more information about the research sponsors:

TCS Healthcare Technologies
John Sekerak
11641 Blocker Drive, Suite 200
Auburn, CA 95603
(530) 886-1700 ext. 211
jsekerak@tcshealthcare.com
www.tcshealthcare.com

CMSA
Brianne Baird
6301 Ranch Drive
Little Rock, AR 72223
(501) 225-2229 ext. 1143
bbaird@cm-innovators.com
www.cmsa.org

ABQAURP
Renee Willoughby
6640 Congress Street
New Port Richey, FL 34653
(727) 569-0190 ext. 112
rwillog@abqaurnp.org
www.abqaurnp.org

Send follow-up questions about survey methodology or results to gcarnel@tcshealthcare.com