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HIMSS ANALYTICS BENCHMARK SUITE

- EMRAM, ACUTE
- EMRAM, AMBULATORY
- CONTINUITY OF CARE MATURITY MODEL
- ADOPTION MODEL FOR ANALYTICS MATURITY
- VALUE SCORE







My Health System

My Technologies

EMRAM

Compare Financials

ACOs & HIEs

Market Share

Support

Export

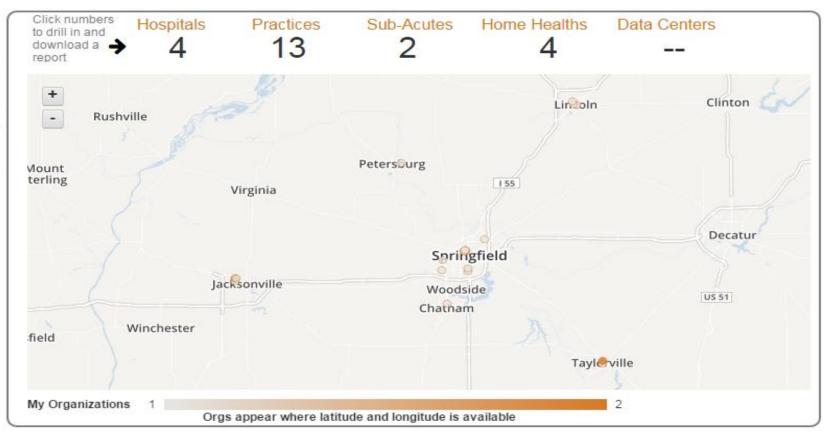
My Health System





email: itexec.services@himssanalytics.org





HOSPITALS

My Hospitals Click arrow	next to	title to download	invento	ry				
Organization	*	City	S/P	Туре	Primary Service	Staffed Beds	EMRAM Score	
Alicelano Lincolo Monocial Respitat		Lincoln	IL	Hospital	Critical Access	25	6.0470	ğ .
Memorial Medical Center		Springfield	IL	Hospital	General Medical & Surgical	446	6.0710	
Plansavant Area Hospital		Jacksmulle	IL	Hospital	General Medical & Surgical	108	6.0310	9
Taxionethe Monocial Hospital		Tips/ipradite	IL	Hospital	Critical Access	25	5,3580	













My Technologies

EMRAM

Compare Financials

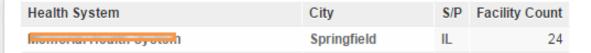
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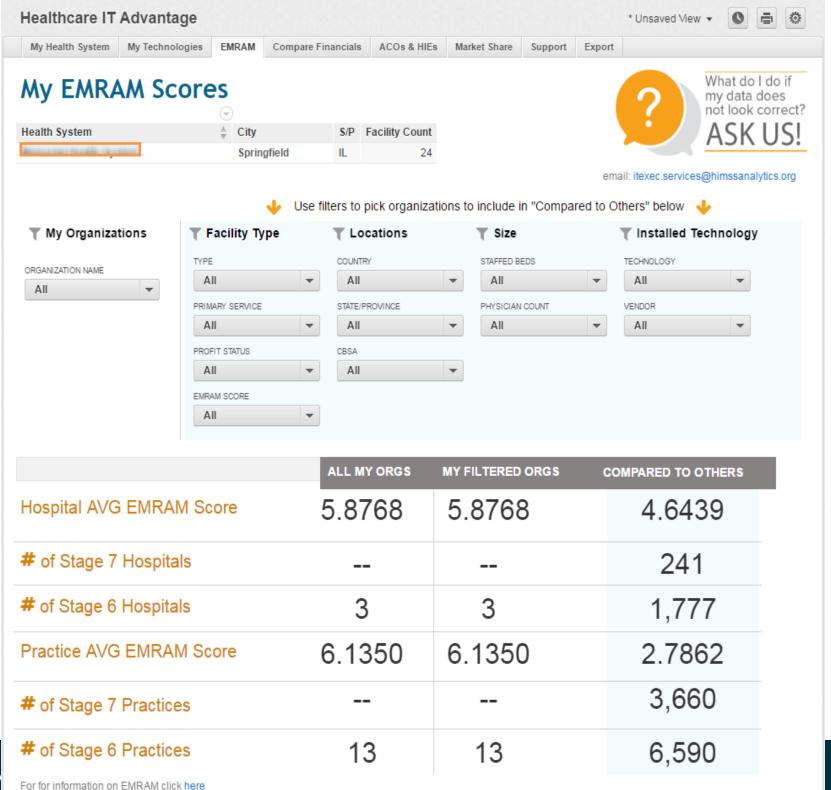
Use filters to pick your organizations to include in MY VENDOR PRODUCT INVENTORY &

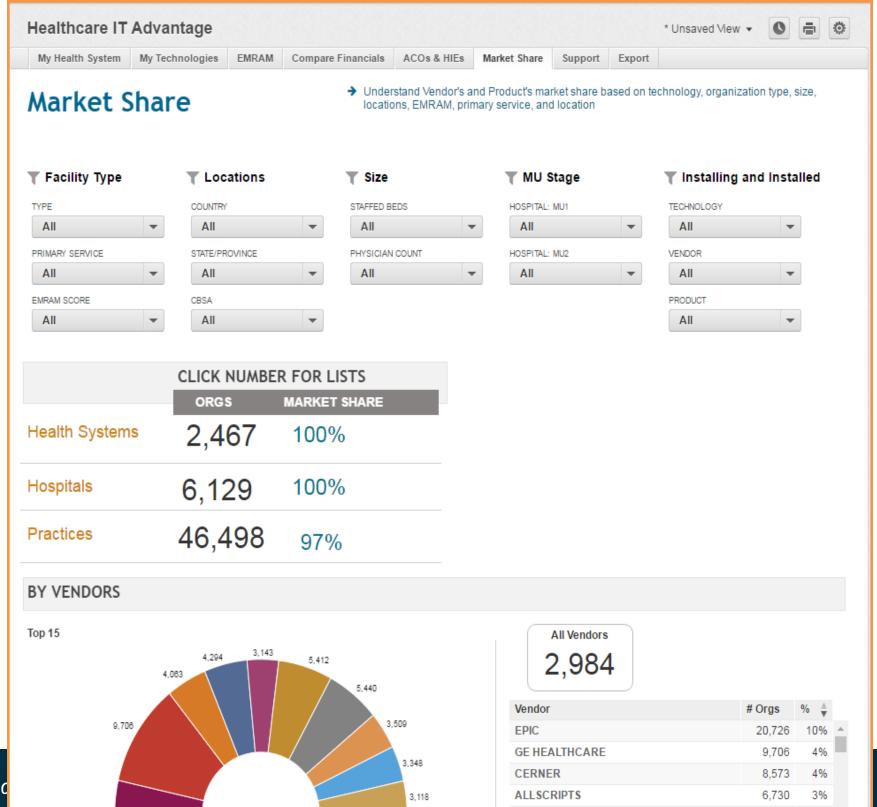




Filter by organization to understand what technologies, vendors and products each organization has installed.

	MY HEALTH SYSTEM	MY FILTERED ORGS
Installed Technologies	133	133
Installed Vendors	83	83
Installed Products	117	117







What is "Continuity of Care"?

Citizens' perspective...

Non-disruption of care provided to a patient throughout his/her care journey, across care settings and care givers

Industry perspective...

Alignment of healthcare resources, across care settings, orchestrated in a way that delivers the best healthcare services and value possible for a defined population

Continuity of Care Maturation Model

Model Overview

- Improve care coordination over diverse care settings
- Engages 3 key stakeholder groups
- Leverages an 7 stage maturity model, like EMR Adoption
 - 4 key focus areas theme for each stage, across entire model
- Aspirational model drives value based care approach
- Simple assessment survey
- Action oriented, strategically focused deliverables

Care Setting Orientation

Traditional Silo'ed

- Isolated Decisions
 - Errors
 - Increased Diagnosis
- Uncoordinated Care
 - Isolated care episodes
 - Lost efficiencies
 - Lost opportunity
- Increased Costs
 - Inefficient system usage
 - Redundant services
- Systemic Inefficiencies
 - Lacks health info. sharing
 - Incomplete health picture

Coordinated

- Health Information Exchange
 - Health information sharing
 - Consolidated EMR
 - Semantic interoperability
- Coordinated Patient Care
 - Coordinated treatment
 - Reduced Errors
 - Care team alerts
- Advanced Analytics
 - Population health
 - Patient specific CDS
- Patient Engagement
 - Personalized alerts, goals
 - EMR access, input
 - Mobile access

Continuity of Care Maturity



HZMSS Analytics Continuity of Care Maturity Model

STAGE 7	Knowledge Driven Engagement for a Dynamic, Multi-vendor, Multi-organizational Interconnected Healthcare Delivery Model				
STAGE 6	Closed Loop Care Coordination Across Care Team Members				
STAGE 5	Community Wide Patient Record using Applied Information with Patient Engagement Focus				
STAGE 4	Care Coordination based on Actionable Data using a Semantic Interoperable Patient Record				
STAGE 3	Normalized Patient Record using Structural Interoperability				
STAGE 2	Patient Centered Clinical Data using Basic System-to-System Exchange				
STAGE 1	Basic Peer-to-Peer Data Exchange				
STAGE 0	Limited to No E-communication				

Optimization

Pt engagement

Internal first, then external

Resolve ID issues HIE focus

Multiple Model Stakeholders



Findings Presented

Executive Summary

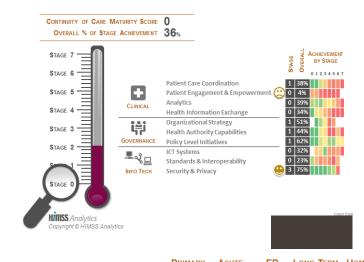
- Summary achievement standings
- Description of achievement
- Overall recommendations

By Stakeholder Group

- Individual achievement standings
- Individual recommendations

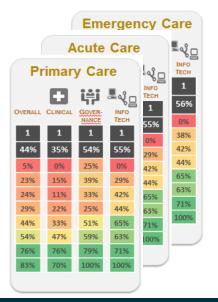
Across Care Settings

- Individual achievement standings
- Individual recommendations





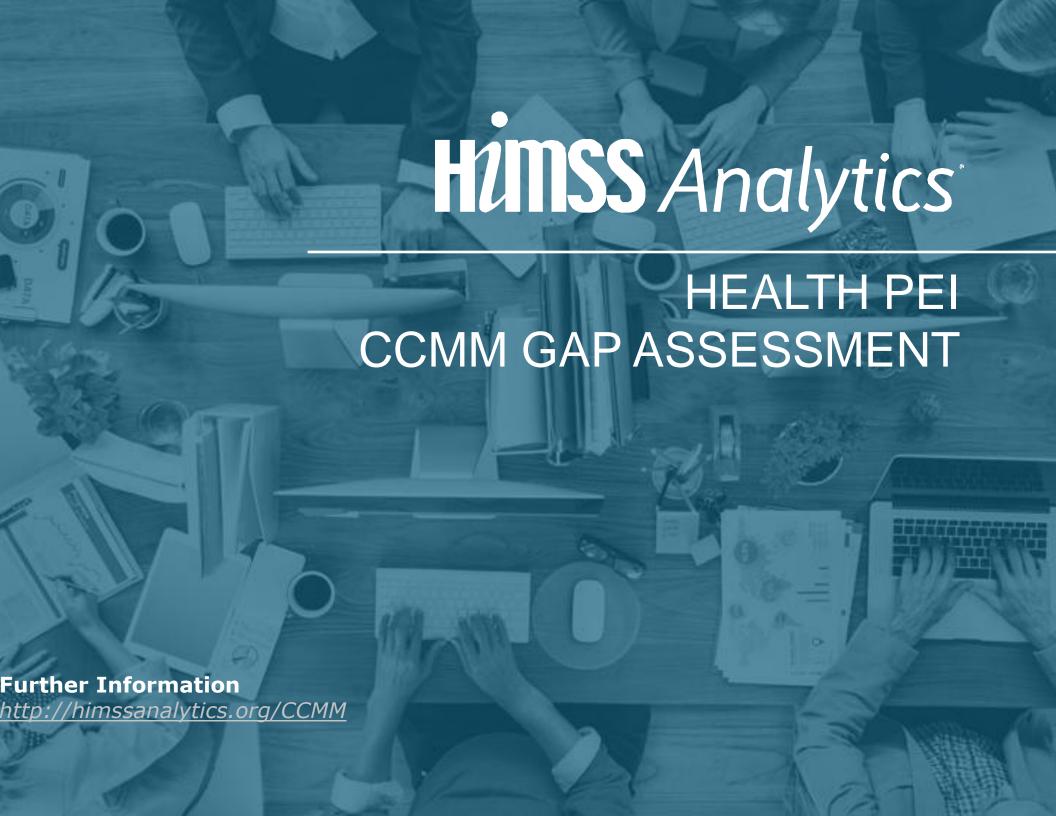
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63% 63% 34% 31	.%
71% 71% 71% 38% 38	%
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Continuity of Care Assessment

Value Proposition

- Prescriptive direction across 4 key focus areas
 - Care Coordination
 - Health Information Exchange
 - Analytics
 - Patient Engagement
- Actionable stakeholder group directives & alignment
- Actionable care setting profiles and directives
- Scalable across populations and care settings



CCMM Gap Analysis – Health PEI

- CCMM Report categorized assessment results into three broad categories
 - » Governance, clinical & information technology
 - » Governance & clinical dimensions were viewed as added value within this model
- Assessment was designed to address maturity within:
 - » Acute care, Primary Care, Home Care, Mental Health & Addictions, LTC & Out-of-Province Care

Findings & Progress I

- Findings highlighted importance of focusing on governance and clinical dimensions in achieving coordination of care
 - » Need to integrate governance and clinical dimensions in IM/IT operational planning
 - » Need to demonstrate good information sharing across spectrum of patient care, not merely in separate departments
 - » Need to directly engage clinicians in concert

Findings & Progress II

- Reinforced the vision of engaging patients in their healthcare
 - » Need to introduce consumer health products (e.g., patient portals, e-bookings, e-Rx)

Findings & Progress III

- Addressed governance challenges across continuum of healthcare delivery
 - » Role of governance in setting clinical standards and clinical best practices
 - » Developing shared governance including medical, nursing and allied health leadership



Interior Health Overview



Interior Health

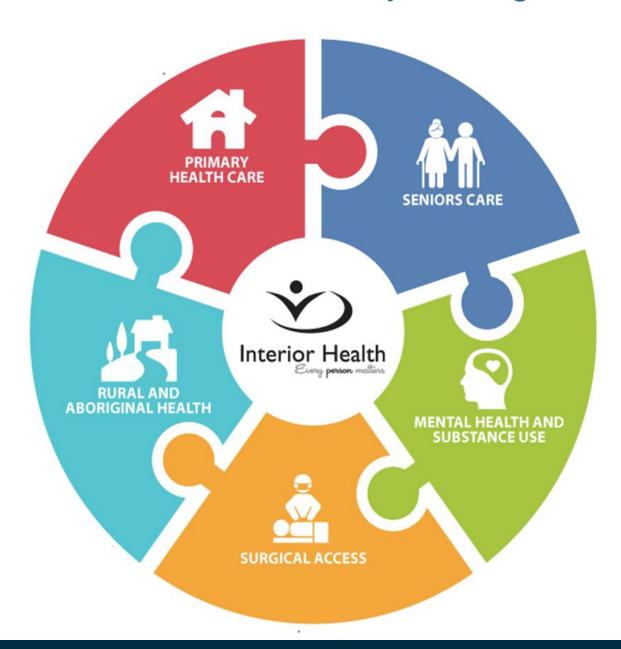
Our vision

To set new standards of excellence in the delivery of health services in the Province of British Columbia.

Our mission

Promote healthy lifestyles and provide needed health services in a timely, caring, and efficient manner, to the highest professional and quality standards.

Interior Health 5 Key Strategies



- Enhance access to appropriate primary health care.
- Improve primary and community care delivery and outcomes for frail seniors living with complex chronic conditions.
- Improve primary and community care delivery and outcomes for mental health and substance use clients.
- Improve timely access to elective surgery.
- Implement a renewed system
 of care to improve access and
 service quality across rural
 and remote communities,
 including continuing to build
 relationships with Aboriginal
 partners to ensure health care
 is provided in a culturally safe
 and sensitive way.

How can a single chart happen?

- Single HCIS (Health Care Information System) in use across the continuum of care.
- 2. Where clinician specific tools (e.g. Family Practice Physician EMR) exist, share data from source of truth. INTEROPERABILITY is key.

Benefits of CCMM

- 1. Sets the broad targets for health agencies and jurisdictions to follow.
- Enables benchmarking against endorsed path to identify provincial & national leaders in continuity of care.
- 3. Provides unbiased measurement on progress to date, and guides future investment in continuity of care.



