

Perspectives from the Field Interview Series

Interview with Patricia Montoya, MPA, BSN

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(<http://www.healthinfolaw.org/article/pat-montoya-biography>)

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Interviewer: Jane Hyatt Thorpe

Questions:

- 1) Please introduce yourself and tell us how what you do intersects with health information exchange?
- 2) What do you see as the most promising efforts to reform the health care delivery system through greater use and exchange of health information?
- 3) What are the most significant barriers to achieving these reforms?
- 4) What do you think the role of the states should be in reforming the health care system?
- 5) What strategies would you recommend to encourage greater use and exchange of health information across the health care system by physicians, patients, and payers?

Transcript:

Question 1

JHT: Welcome to the Health Information and the Law Perspectives from the Field interview series. Today, we're speaking with Patricia Montoya, Director of the New Mexico Coalition for Healthcare Quality. Welcome, Pat. Thank you so much for joining us today. Would you please tell us a little bit about your current position and how it intersects with health information exchange?

PM: Sure. Thank you very much for having me. It's a pleasure to be here today and to have been a part of this group. As you mentioned, I am the Director of the Aligning Forces for Quality Initiative in New Mexico, which is the New Mexico Coalition for Healthcare Quality, hosted at HealthInsight New Mexico, and we have been at this work since 2009. The focus of Aligning Forces for Quality is bringing together multi-stakeholders – those who provide care, pay for care, and receive care – to really improve both the quality and efficiency of care and help everyone reach the value proposition in health care. So, as a

result of that, we are looking at what we can do to create more efficiencies in the system, which is impacted by health information exchange. So, for instance, when we look at health information exchange, we go beyond just the technical term that many people think about when we talk about a health information exchange in a state to how and where is health information exchange needed. So, for instance, we're doing some public reporting, and that's about increasing transparency in health care on quality measures as to how both hospitals and medical groups, or physicians, are doing in their quality of care, but at the same time, we're also looking to reduce readmissions and to improve care transitions/care coordination. That is where it's so imperative that we have a functional health information exchange that allows for information to be exchanged between the different sites of care, whether it be ambulatory to a hospital, if a patient is admitted, or if a patient is being discharged, being transitioned back to their provider so that there can be the appropriate follow-up, thus reducing a readmission.

Question 2

JHT: Wonderful. That's incredible work. What do you see as some of the most promising efforts to reform health care delivery through greater use and exchange of health information as you've described?

PM: Well, I believe that the most promising efforts are that we will, at some point, really reach those efficiencies and truly get to that point of not only efficiency but better quality, more patient-centered care. As a result of all that, we'll be seeing hopefully reduction in health care costs. I do believe that if we can get all of the health IT that we have going on out there in communities and states around the country truly functional and connected to each other, we will actually create what could be called a system of care. I think that's one of the challenges we have right now, that we don't truly have a system; we have many silos in which we provide care. And the many inefficiencies and the cost and the loss of quality or patient-centeredness as a result of that not being able to connect all those different parts providing care to an individual.

Question 3

JHT: It sounds like one of the most significant barriers you see to achieving this efficiency, better quality, and sharing of information is the fact that while there are advances in the use of health information technology, there have been challenges in terms of connecting the systems together and connecting the providers together, and I think there's been a lot of discussion (at the federal level and the state level) around interoperability or lack of interoperability. Could you speak a little bit more about this barrier and ways in which, at the state level through your organization, you're trying to address this lack of interoperability or lack of connectedness across the silos?

PM: Sure. Well, definitely this interoperability is the major issue, not only in local communities and states but across the country. Even today, although there has been a major focus on health information

exchanges from the federal government since 2003, 2004, we have very few fully-operational statewide HIEs (Health Information Exchanges) that have really come up and are actually successful in creating all those connections. One of the big reasons is because of the lack of interoperability. You know, you ask what role can the state play and unfortunately, at this point in time, there is not an easy fix for the state at this time because, what has happened is that, from the federal level, as there has been this push and flow of dollars to implement electronic records and also to create HIEs and all-payer claims databases (APCDs) and all these different systems in health technology, there has not been enough focus and effort at the top, frankly, to encourage and push the vendors to assure that there is this interoperability. Therefore, when a delivery system or practice chooses a vendor for their health technology implementation, they look and ensure that they perhaps meet meaningful use criteria, but that doesn't mean that they will be able to be connected to others or to their exchanges locally. So, one of the things we see here in our local market is that we have three large hospital systems, with three different EHRs. So, for example, one of our large hospital systems has an Epic system, and they can work and connect within their system statewide, and they can even connect to Epic around the country, but that Epic system doesn't connect with, say, the Cerner system that is at another hospital or is not providing a direct connect to the HIE. So, it's one of those challenges, from the very beginning, where the vendors have been out there providing products but there has not been an effort ... and probably lessons learned, if we were to go back in time, would be to say as those federal dollars were released, there probably should have been more of an emphasis on the state at that point being in a role of coordination to assure that those types of efforts would occur, so that there would have been a real partnership. That wasn't necessarily the case, so therefore we now have these disparate systems – all of which are fine systems but not necessarily creating the linkages that were hoped for.

JHT: That's very interesting, especially the fact that there are good systems but they're not connecting. So, it sounds like, in terms of the barriers to achieving interoperability, you mentioned the vendors in particular, creating systems that can't talk to each other. Have you experienced other challenges, perhaps at the physician or hospital level, to achieving interoperability as well?

PM: Well, yes. One of the things that we're seeing is that all of these provider groups, whether it be physician's offices or hospitals, they have invested a lot of their own money into their systems, and what they keep finding is that every time they turn around, in order to get themselves to a different level of being able to connect, they're having to keep adding to their system, which keeps adding to their cost. So, I think, what we're seeing even more so now is more resistance on the provider side, saying: "We thought this was a good idea, we moved forth with implementation, we know technology is here to stay, we do believe ultimately it will help improve care, increase efficiency, and help reduce cost, but now we're finding ourselves having to keep adding additional dollars to our bottom line for this investment because of the lack of interoperability." So I do see us at some point in time kind of reaching this deadlock where providers who have invested already in their systems will say: "We've gone this far and we're not going to do any more." And so I do think it's a really critical and important time to start having more strategic discussions, not just at the federal level but across the environment with everyone involved about where we are, what are the appropriate next steps, and what is the best roadmap to get there. Because I think that if we keep operating the way we have been until now, I think we're just going

to keep hitting this one-off type of situation where we may pick up one group that gets connected but not everybody will truly be there so you have a fully-functioning system.

Question 4

JHT: So you've mentioned a couple of times the efforts at the state level and the federal level, assessing where we are now and strategically thinking about the path forward, actually think about how we achieve more ubiquitous connection. Are there particular activities that you think the states and/or the federal government could take to help move forward past this deadlock you've described?

PM: I'm not one for saying that having more meetings is always beneficial, but I do think that really thinking about a summit or a meeting or a convening around health technology connectivity in the future that would include all the stakeholder partners (and that's the other piece that has probably occurred, not necessarily intentionally but at a particular point in time, that's where things have been) - when I say including all stakeholders, I include representatives from the states and from the feds that are working on health technology as well as key stakeholder organizations – the hospital association, the medical societies, as well as some of the pioneers in this area. I don't want to leave the thought out there that this isn't working at all and is not working anywhere. I think there have been a few successes in some fully-operational or more operational-type exchanges going on, but it just hasn't been across the board, it's been more haphazard and not systemic. I think that's the challenge we have. For instance, in the city of Cleveland, they've created their own Health Information Exchange and they can do a very good job across their system there because they all went with the same vendor, and again, they have that same issue of being able to connect nationally with anybody that has their vendor but if it's not their vendor, they run into some of the same issues. So I think those are some of the areas that I'm not aware of work going on and where I think it would be helpful to get a clearer idea of where things are on that roadmap and where the best practices and successes have been achieved so there is more of a goal towards which to work.

Question 5

JHT: That makes good sense. So, in your experience, working with New Mexico in particular, are there any strategies that you have found, working in your community, that have really facilitated greater exchange of health information, understanding the barriers we've talked about, but perhaps strategies that you think would be useful in pushing forward greater interoperability and greater exchange of health information.

PM: Well, I think, as with anything around health care or this particular area of health care, [we need] clarity about what we're trying to achieve and why we're doing it. You know, I do believe that everyone is in it to improve patient care and everybody is talking about patient-centered care and how we create this better health care system. So, I think being clear on the vision of what we're trying to achieve and then starting to look at some strategies to get there. One of the things that we find with our regional

collaborative here at the local level is that bringing all the different players to the table and laying the groundwork, having everybody on the same page, is very important. That also leads to building trust, which is so critical in all of this, and then realizing that everybody at the table comes to it with a different lens. The vendors are all there to do a good job, but their lens is very different from those who are providing care as the direct provider or the hospital administrator who is looking to reduce readmissions because he or she is going to be penalized by CMS. And so, it's really keeping in mind that there are so many different lenses, so the more we can lay out that vision that I believe most folks would agree to, the better off we'll be. I can tell you that right now in New Mexico, we have been on the road to building an HIE since 2004, with some positive movement and some starts and stops, and some exchange occurring now but not fully-functioning and not statewide. So when I mentioned having three different delivery systems that have three different electronic health records (EHRs), they are not necessarily a part of that exchange at this point in time. So we may have input from rural hospitals, but that may not be impacting our large urban population, which is a little over a third of the population in the state. So as we looked at the HIE, we started talking about all-payer claims database, which is another whole area of technology, and looking at quality measures as well as cost measures. So the question is, well, can you get that out of a health information exchange? There's a lot of non-clarity out there, in that, depending on who you talk to, some people will say yes, you can get what you need in an APCD from an HIE. Well, more than likely, you can't because a lot of it has to do with the infrastructure, the technology, and how the data is being provided. So those are some of the things that need to be looked at and we're starting to ask this question here in New Mexico before building or putting in place more HIE infrastructure at high cost, is there something we have built or begun to build that we can create connections to. So it's going beyond just the electronic records to, how does an HIE interrelate or connect with an APCD or with a health insurance exchange (HIX), which many states are also building? And so, that's one thing that I think states need to very much be focused on at this point in time as they look forward to building their health infrastructure.

JHT: That's very interesting, and I think, good thinking for going forward. Well, Pat, we very much appreciate your time today. This has been very helpful. Thank you!

PM: Thank you!

Further Resources:

- HealthInsight New Mexico
 - <http://healthinsight.org/newmexico>
- HealthInfoLaw.org materials on quality measurement and reporting:
 - <http://www.healthinfoLaw.org/topics/65>
- HealthInfoLaw.org materials on health information technology:
 - <http://www.healthinfoLaw.org/topics/58>

