

The Continuity of Care Maturity Model (CCMM)

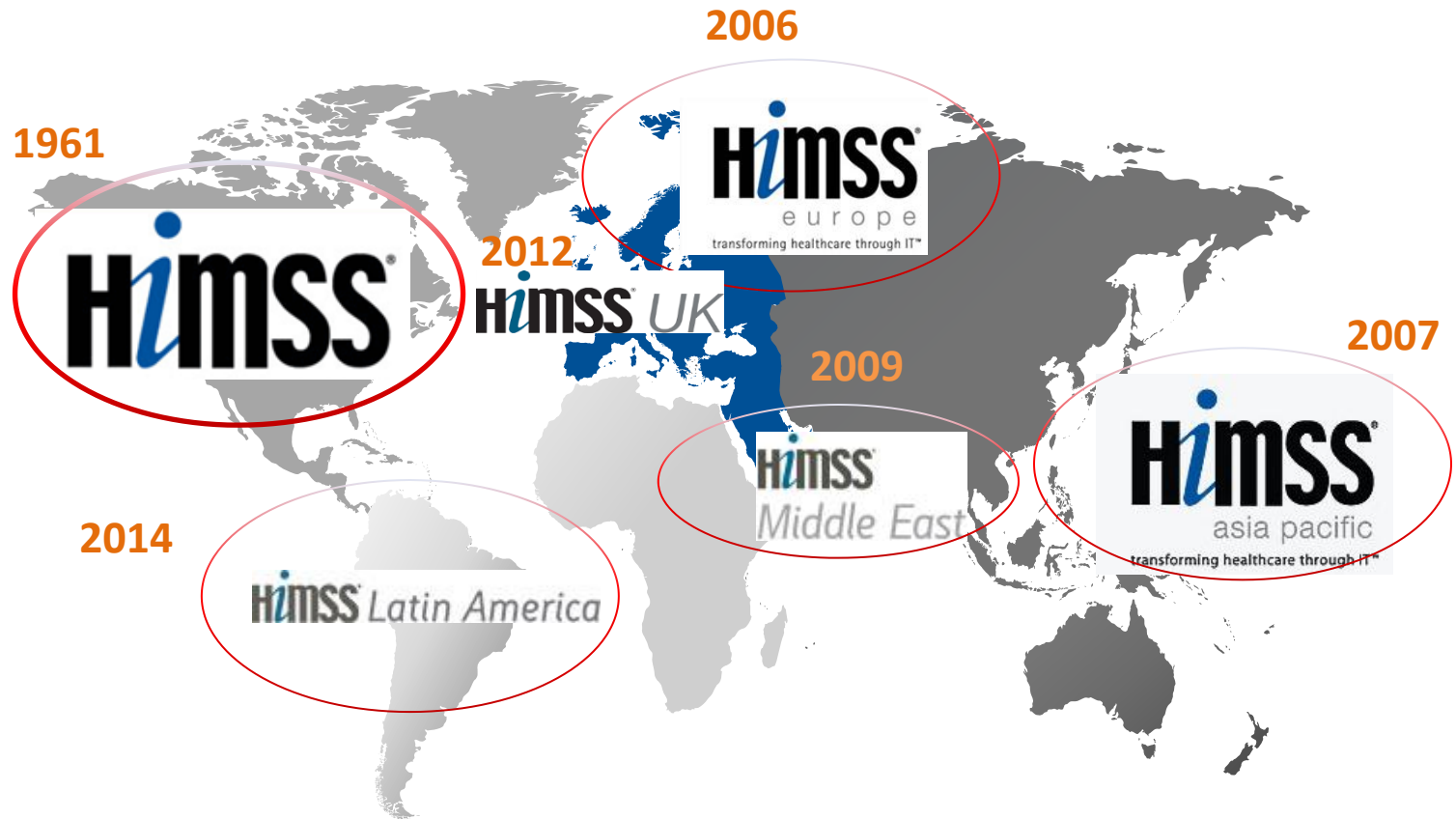
John Rayner
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HIMSS

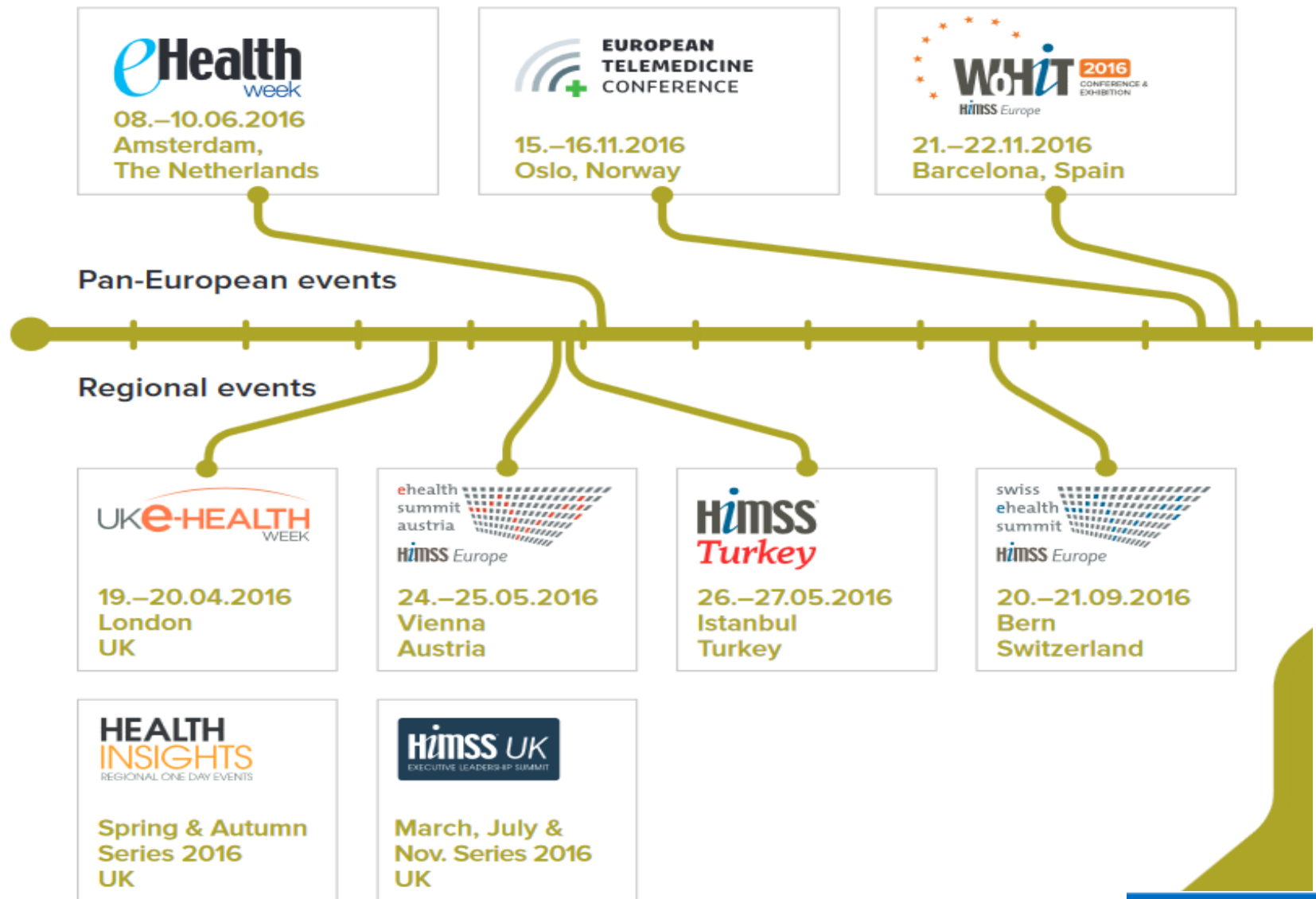
HIMSS Vision

- Improve health through the better use of technology and information.

Global presence and influence..



EVENTS IN 2016



MEDIA – EUROPEAN HEALTH IT NEWS AND VIEWS

HEALTH **IT** CENTRAL
HIMSS Europe

WWW.HITCENTRAL.EU

Insights
HIMSS Europe

The quarterly IT journal for healthcare leaders across Europe – in print & online

British Journal of
Healthcare Computing®
HIMSS Europe

The positive voice of healthcare IT in the UK – available online

HealthTech Wire®
HIMSS Europe

The eHealth business news channel online – both in English and in German

“As a decision maker, HIMSS Insights provides an excellent understanding of industry best practices and trends that take place throughout Europe.”

Vicent Moncho Mas, CIO, Hospital de Denia Marina Salud. Spain

HIMSS Analytics



All HIMSS websites:

40,000
visitors/month

all combined

HIMSS media products:

15,000
readers/month

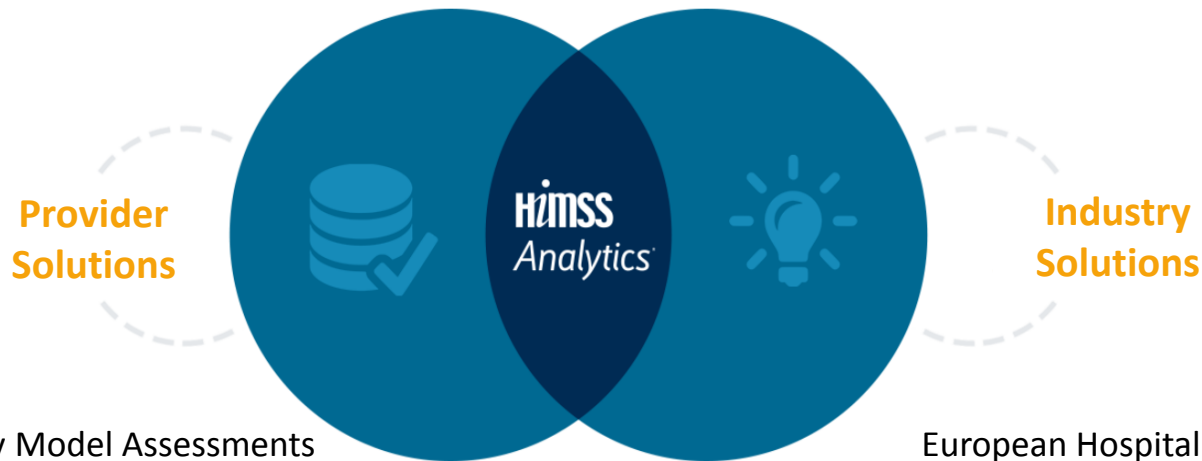
across Europe



forum
eHealth

ANALYTICS

Uniquely positioned
at the intersection of **data** and **insight**



Maturity Model Assessments
Stage 6/7 Validations and Mock Visits
Best Practice Hospital Excursions
IT Implementation and Benefits
Realization Consulting
Certified Educator Programme

European Hospital Database
Proprietary Market Research
Maturity Model Consulting
Market Reports and Executive Briefings
Certified Educator Programme

We have data
from

2,000+
European
hospitals

EMRAM Stage 6
Award

60+
European
hospitals

EMRAM Stage 7
Award

3
European
hospitals

Going beyond the EMRAM...

- The whole system approach
- Recognising transfers of care
- Hospitals are not always at the centre
- Care is managed by several providers in a number of care settings



Continuity of Care – What is it?

Citizens' perspective...

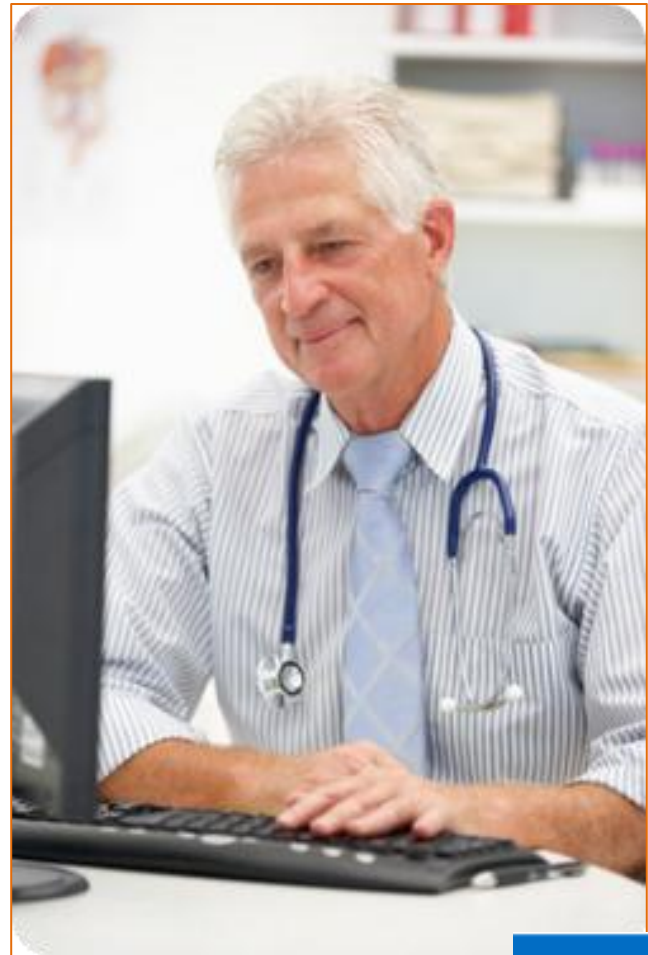
“Non-disruption of my care as I move across care settings and care providers.”



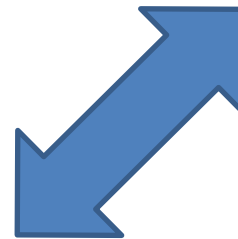
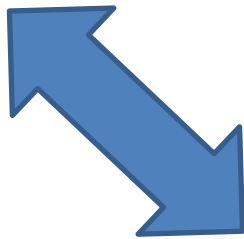
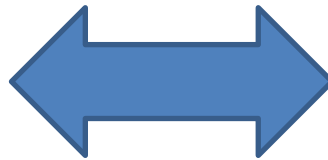
Continuity of Care – What is it?

Health care providers perspective:

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



Transfers of care...



Some Enablers of Integrated Care...

- Exchange of Information
- Culture and Leadership
- Procedures
- Funding
- Attitude to risk
- Patient choices
- Governance
- Clinical Practice
- Patient Engagement



Patient scenario - Ana...

- Discharged home after routine surgery
- Poor pain relief
- No physiotherapy
- Delayed discharge summary
- **Post op complication**
- **Anti-coagulants required**



Patient scenario - Frank...

- Contradicting directives
- No social care intervention
- Confused patient
- Poor medicines compliance
- No district nurse
- **Fall**
- **Re-admission**



Patient scenario - Robert

- Heart Surgery in Acute Care facility
- Discharged with no way to monitor heart rhythm
- Poor medicines compliance
- Weight gain
- Emergency Department visit and readmission to hospital



Some of the key barriers...

- Separate information systems or ones that are not interoperable
- No single assessment process
- Money doesn't follow the patient
- Highly risk averse organisations
- Service users exercising absolute choice
- Clinical responsibility is not clear
- Unwillingness to transfer care
- Culture – where is the power?

Coordinated Care – Robert....

- Discharged with mHealth weighing scale
- Care coordinator explains best practice follow-up
- Weight tracked by technology, alerts sent if issues arise
- Care coordinator verifies adherence to medications and therapy regime
- Alerts for patient and core care team when problems arise
- Patient engagement is strong
- Consistent coordinated care and care across all care settings



CCMM – Why do we do it?

- Provide orientation, knowledge, awareness
 - What characterises good continuities of care
 - Benchmarking
 - How am I doing, how are my peers doing?
 - Action and strategy
 - What gaps do I need to close
- Global applicability and comparison
- Recognise that holistic integrated care is the gold standard

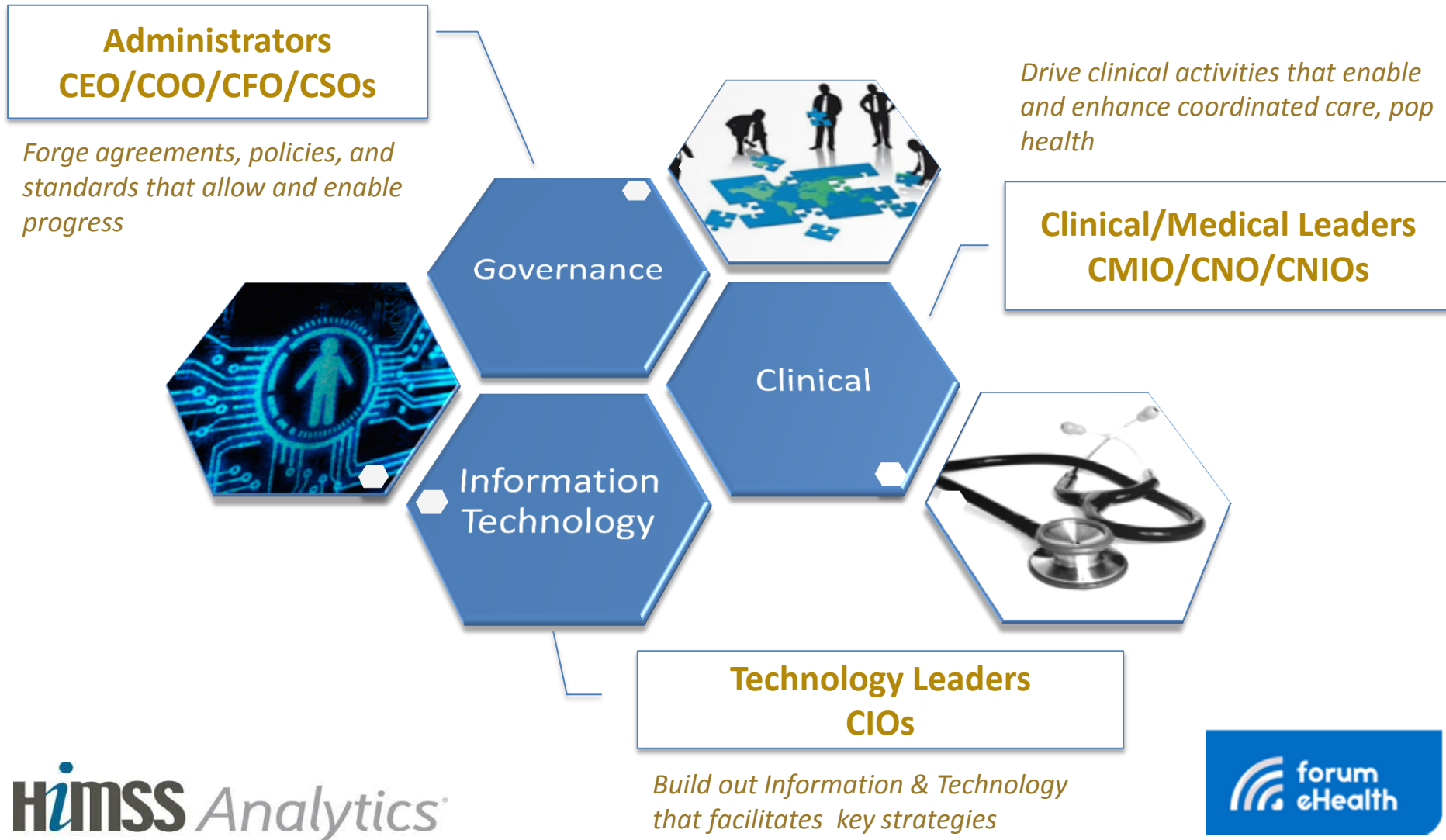
CCMM....



himss Analytics[®] Continuity of Care Maturity Model

STAGE 7	Knowledge Driven Engagement for a Dynamic, Multi-vendor, Multi-organizational Interconnected Healthcare Delivery Mode	↑	Optimization
STAGE 6	Closed Loop Care Coordination Across Care Team Members		
STAGE 5	Community Wide Patient Record using Applied Information with Patient Engagement Focus	↑	Pt engagement
STAGE 4	Care Coordination based on Actionable Data using a Semantic Interoperable Patient Record		
STAGE 3	Normalized Patient Record using Structural Interoperability	↑	Internal first, then external
STAGE 2	Patient Centered Clinical Data using Basic System-to-System Exchange		
STAGE 1	Basic Peer-to-Peer Data Exchange	↑	Resolve ID issues HIE focus
STAGE 0	Limited to No E-communication		

Multiple Model Stakeholders..



Three perspectives...



Governance Focus



himss Analytics CCMM Governance Focus

STAGE 7	National and local policies are aligned.
STAGE 6	Policies address non-compliance.
STAGE 5	Best clinical practices are derived from care community healthcare data and operationalised across the community
STAGE 4	Policies in place for collaboration, data security, mobile device use, and interconnectivity between healthcare providers and patients
STAGE 3	Data governance across organisations
STAGE 2	Policies drive clinical coordination, semantic interoperability. Change management is documented and standardised
STAGE 1	Policies for CofC strategy, business continuity, disaster recovery, And security & privacy. Data governance is active
STAGE 0	Governance is informal and undocumented

Clinical Focus



himss Analytics[®] CCMM Clinical Focus

STAGE 7	Comprehensive pop-health. Completely coordinated care across all care settings. Integrated personalised medicine
STAGE 6	Dynamic intelligent patient record tracks closed loop care delivery. Multiple care pathways/protocols. Patient compliance tracking
STAGE 5	Community-wide patient record with integrated care plans, bio-surveillance. Patient data entry, personal targets, alerts.
STAGE 4	Shared care plans track, update, task coordination with alerts and reminders. ePrescribing. Pandemic tracking and analytics.
STAGE 3	Multiple entity clinical data integration. Regional/national PACS. Electronic referrals, consent. Telemedicine capable.
STAGE 2	Patient record available to multi-disciplinary internal and tethered care teams. EMR exchange. Immunization and disease registries.
STAGE 1	Limited shared care plans outside the organization. Leverage 3rd party reference resources. Basic alerts.
STAGE 0	Engaged in EMRAM maturation

IT Focus



himss Analytics[®] CCMM IT Focus

STAGE 7	Near real-time care community based health record and patient profile
STAGE 6	Organisational, pan-organisational, and community-wide CDS and population health tracking
STAGE 5	Patient data aggregated into a single cohesive record. Mobile tech engages patients. Community wide identity management
STAGE 4	All care team members have access to all data. Semantic data drives actionable CDS and analytics. Comprehensive audit trail
STAGE 3	Aggregated clinical and financial data. Medical classification and vocabulary tools are pervasive. Mobile tech supports point of care
STAGE 2	Patient-centered clinical data presentation. Pervasive electronic automated ID management for patients, providers, and facilities
STAGE 1	Some external data incorporated into patient record.
STAGE 0	Data is isolated

Methodology...

- **Defining the Whole System**
 - The population who's continuity of care is being profiled
- **Client selected" care settings**
 1. Primary Care
 2. Acute Care
 3. Home based Care
 4. Urgent Care
 5. Long Term Care
- **Data collection**
 - Several quality assurance rounds
 - Stakeholder by focus area discussions / workshops
- **Data Analysis and Reporting**
 - Executive summary with scores
 - On-site presentation of the results

SCORING TUTORIAL.....

7

Stage model, like the EMR Adoption Model

- Lowest is Stage 0, highest Stage 7
- Compliance measured using a 5-point Likert Scale

%

Overall and stage level achievement reported as a percentage

- Conveys overall achievement against requirements
- Color scale shows % achievement against each stage (from red to green)
- Shows areas of strength and opportunity

70%

Achieving a stage requires 70% or more compliance

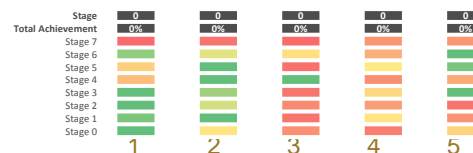
- On that stage and all previous stages
- Your “Stage” standing is the highest stage achieved
- Accommodates different approaches in priorities, resources types, and execution of healthcare advancements

Stage Progress (example data)

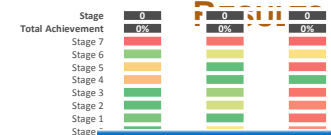
OVERALL RESULTS

Stage	1
Total Achievement	41%
Stage 7	9%
Stage 6	27%
Stage 5	35%
Stage 4	47%
Stage 3	37%
Stage 2	55%
Stage 1	72%
Stage 0	83%

CARE SETTING RESULTS



STAKEHOLDER RESULTS



Example Results

Information Tech Stakeholder Achievements



Stage Achievement: **Stage 1**
Overall Achievement: **33%**

<i>Total</i>	33%
Stage 7	0%
Stage 6	13%
Stage 5	39%
Stage 4	35%
Stage 3	42%
Stage 2	40%
Stage 1	70%
Stage 0	75%

Information Technology Stakeholder Group Achievement

Info Tech		Primary Care		Acute Care		Post Acute Care		Home Based Care		Long Term Care	
Total	38%	Total	55%	Total	23%	Total	22%	Total	23%		
Stage 7	0%	Stage 7	0%	Stage 7	0%	Stage 7	0%	Stage 7	0%		
Stage 6	25%	Stage 6	25%	Stage 6	8%	Stage 6	8%	Stage 6	0%		
Stage 5	58%	Stage 5	67%	Stage 5	21%	Stage 5	17%	Stage 5	33%		
Stage 4	32%	Stage 4	55%	Stage 4	27%	Stage 4	36%	Stage 4	27%		
Stage 3	30%	Stage 3	90%	Stage 3	50%	Stage 3	20%	Stage 3	20%		
Stage 2	36%	Stage 2	77%	Stage 2	23%	Stage 2	32%	Stage 2	32%		
Stage 1	67%	Stage 1	75%	Stage 1	83%	Stage 1	67%	Stage 1	58%		
Stage 0	75%	Stage 0	100%	Stage 0	75%	Stage 0	75%	Stage 0	50%		

Example Results

Acute Care Setting Achievements



Acute Care

	Overall
Total	40%
Stage 7	7%
Stage 6	30%
Stage 5	29%
Stage 4	51%
Stage 3	56%
Stage 2	63%
Stage 1	80%
Stage 0	56%

Governance

Total	31%
Stage 7	10%
Stage 6	24%
Stage 5	16%
Stage 4	46%
Stage 3	50%
Stage 2	63%
Stage 1	86%
Stage 0	40%

Clinical

Total	48%
Stage 7	
Stage 6	56%
Stage 5	19%
Stage 4	56%
Stage 3	55%
Stage 2	50%
Stage 1	73%
Stage 0	50%

Info Tech

Total	55%
Stage 7	0%
Stage 6	25%
Stage 5	67%
Stage 4	55%
Stage 3	90%
Stage 2	77%
Stage 1	75%
Stage 0	100%

Recommendations

Gov

- Work with Info Tech Stakeholders to document and implement an overarching information and communications technology strategy
- Develop master patient, provider and facility indexes that are common

Clinical

- Develop an overarching care coordination strategy, focusing on higher volume care settings and eventually extending into all care settings
- Develop care plans that can be shared and leveraged across all care settings as appropriate

IT

- Build a patient-centered data repository supporting analytics, patient engagement, and coordinated care
- Aggregate clinical and financial patient data into repository, including some externally sourced data
- Further expand multi-level clinical decision support systems (CDSS) including into other care settings (e.g.: across acute care facility service lines, in all facilities)
- Provide actionable clinical decision support and advanced analytics (batch and on-demand), including drug interaction, age and sex appropriate findings, and diagnosis recommendations

STEP BY STEP PROCESS.....



Responsible

- Client

Objective

- Define the population who's continuity of care is being profiled (e.g. all citizens in a certain geographic region, only citizens with chronic diseases, only citizens >65 years etc.)

STEP BY STEP PROCESS.....

○ Define Care Population

○ Define Care Settings

○ Define Stakeholders

○ HIMSS distributes survey

○ Completion Phase

○ Quality Assurance

○ On-Site Workshops

○ Report

○ Results Presentation

Responsible

- Client

Objective:

- Define the care settings that should be profiled.
- *Currently proposed:*
 - Primary Care
 - Acute Care
 - Emergency Care
 - Social/Home Care

→ Please add a definition (or examples from facilities/tasks) for each of those care settings.

Please note:

HIMSS accepts a maximum of 3 different responses per capability requirement from within each care setting (e.g. you could have multiple hospitals within your Acute Care Setting that might have different capabilities in terms of Continuity of Care. HIMSS accepts to survey a maximum of 3 hospitals from this Acute Care Setting. The same applies to Primary Care, Long-term care, Home Care, etc.)

STEP BY STEP PROCESS.....

○ Define Care Population

Responsible

- Client

○ Define Care Settings

Objective

- Ideally each care setting nominates a representative from each stakeholder group (Clinical, IT, Governance) that completes the survey.
- HIMSS accepts a maximum of 3 different responses per capability requirement from within each care setting.

○ Define Stakeholders

○ HIMSS distributes survey

○ Completion Phase

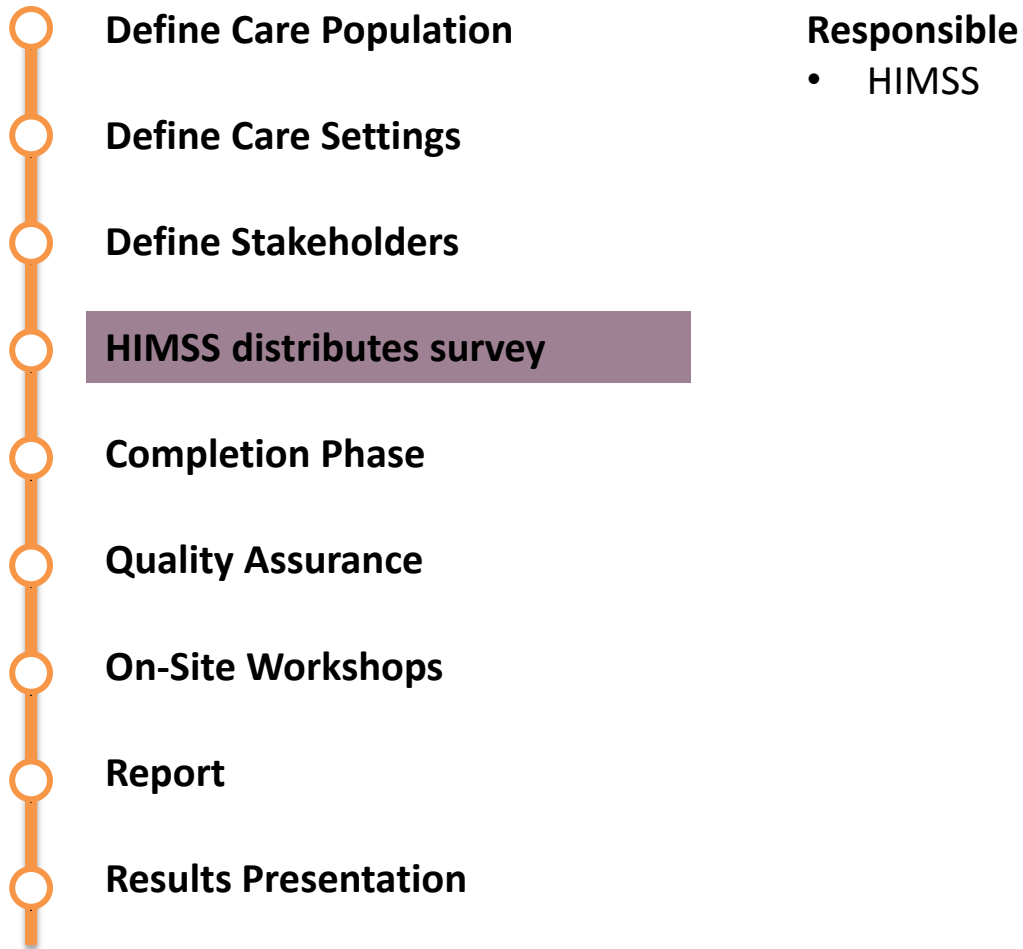
○ Quality Assurance

○ On-Site Workshops

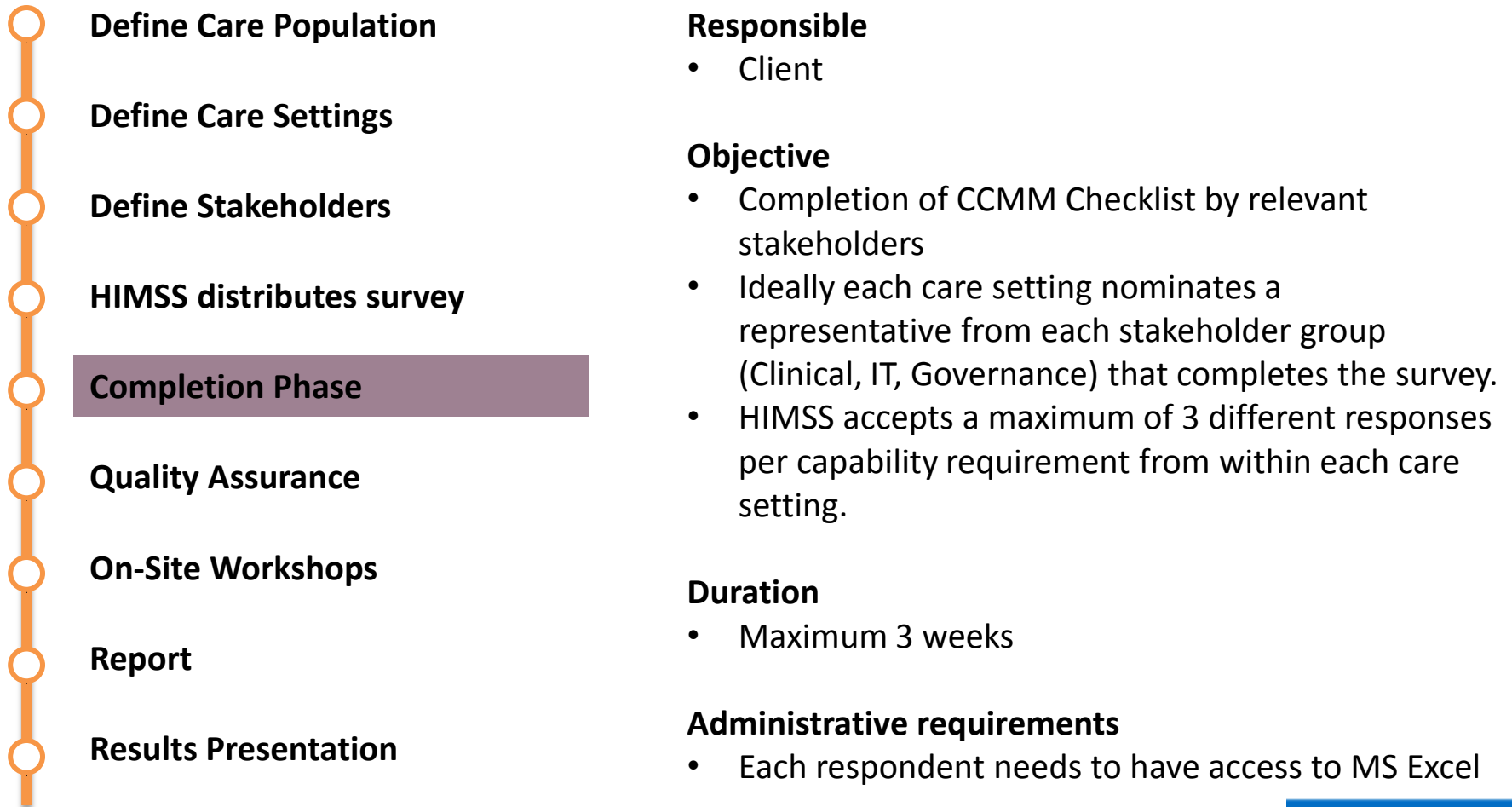
○ Report

○ Results Presentation

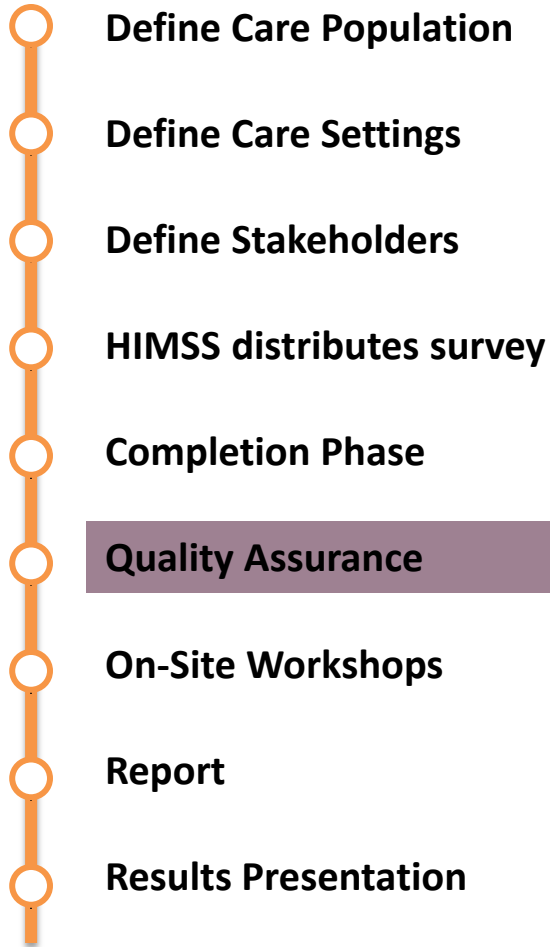
STEP BY STEP PROCESS.....



STEP BY STEP PROCESS.....



STEP BY STEP PROCESS.....



Responsible

- HIMSS (with support from survey respondents)

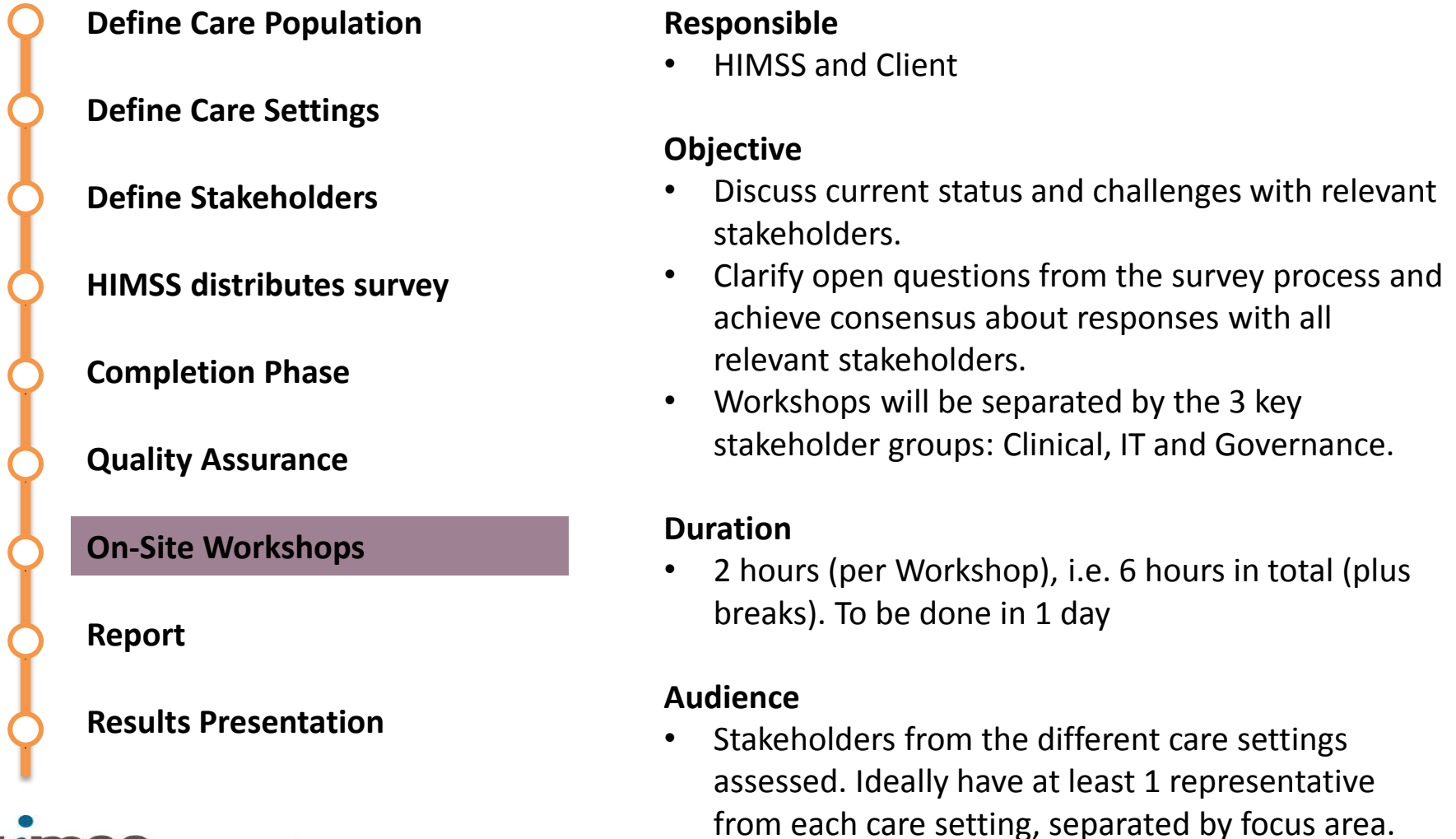
Objective

- Merge all data into 1 “database” containing relevant responses from all 4 care settings and all 3 stakeholder groups.
- If multiple facilities within 1 care setting have participated (e.g. 3 hospitals for the Acute Care Setting) HIMSS will consolidate different responses so that only one (“average”) response is left per capability item.

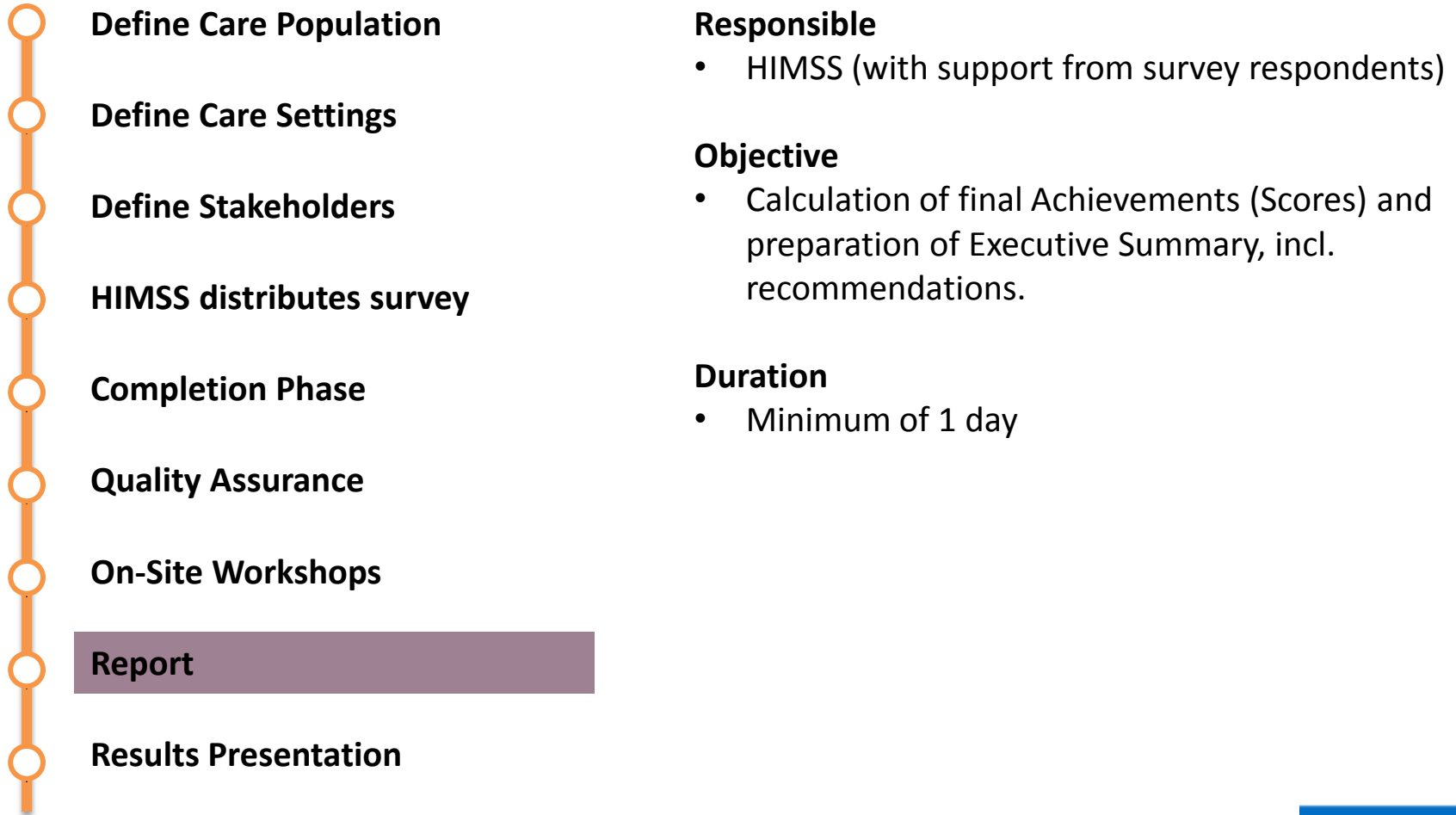
Duration

- Maximum 2 weeks (depends on how quick responses to clarification questions will be provided by participants)

STEP BY STEP PROCESS.....



STEP BY STEP PROCESS.....



STEP BY STEP PROCESS.....



Responsible

- HIMSS

Objective

- Present the findings of the CCMM assessment to relevant stakeholders and enable a discussion around those findings and conclusions.
- Depending on the discussion HIMSS will make some updates to the final report.

Agenda

- Review of methodology
- Facts & Figures about the organization
- Achievements & Recommendations overall, by stakeholder group and by care setting
- Wrap-up, discussion, next steps

Duration

- 2 hours

Thanks!!

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