

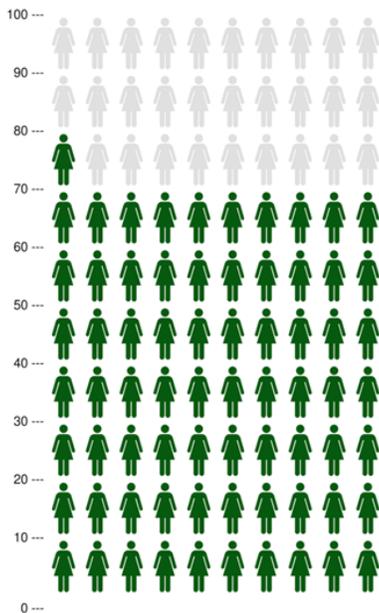
The Beacon Community Project

Project Overview

From 2010 to 2013, *HealthInsight* served as one of 17 Beacon Communities in the nation. Funded by the Office of the National Coordinator for Health Information Technology, the Utah Beacon Community Program, "Improving Care through Connectivity and Collaboration (IC³)" assisted over 69 primary care clinics throughout Salt Lake, Summit and Tooele counties in Utah to use health information technology to generate dramatic and quantifiable improvements in health care quality, cost and efficiency.

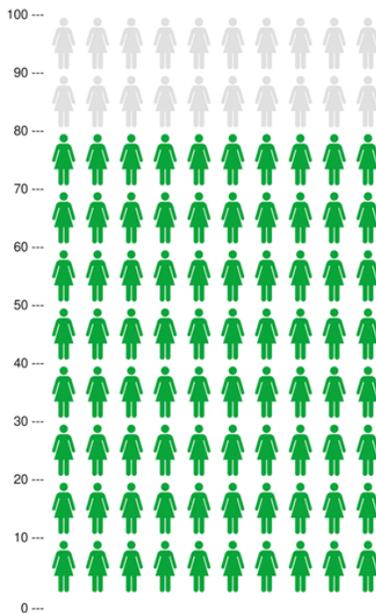


Pre Beacon



At the beginning of the Beacon Project, 71% of diabetes patients had their blood sugar under control.

Post Beacon



By the end of the Beacon Project, 80% of diabetes patients had their blood sugar under control.

Key partners working together in this effort included Intermountain Healthcare, University of Utah, Utah Department of Health (UDOH) and the Utah Health Information Network (UHIN).

Improving Diabetes Care

The first task of the Beacon Community project was accessing, analyzing and acting on data related to diabetes care and treatment. While closely aligned with the goals of Meaningful Use, the electronic health records (EHRs) of participating clinics demonstrated varying capacities to track and report on key performance indicators pertinent to diabetes care. *HealthInsight* worked with clinics individually to overcome these barriers and enable the reporting of feedback to support advanced quality improvement interventions.

Every Beacon Community clinic showed improvement in their diabetes quality of care measures. Supported by regular feedback and comparative performance information, Beacon Community clinics improved the effectiveness of the care they deliver to people with diabetes.

Solutions. Success. Sustainability

In building the Beacon Community in Utah, *HealthInsight* sought out problems and developed solutions. Centered on improving diabetes care, the project devised solutions to improve exchange of clinical information, streamline public health reporting and advance end-of-life planning.

The Beacon Community Program allowed innovation and flexibility in improving health care and reducing costs.

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Health Care Impact: Utah

Diabetes Self-Management: Care4Life

The Care4Life interactive text-message program was enacted through the Beacon Community project to address the importance of diabetes self-management. With self-management essential to the control of diabetes, this program allowed patients the opportunity to receive reminders to:

- 1) Take medications
- 2) Attend doctors' appointments
- 3) Measure blood sugar levels

and more. The implementation of this inexpensive tool increased patient adherence to diabetes management and increased daily life satisfaction. Ninety-one percent of trial users would recommend the application to another patient (base group: 400+).

Public Health Reporting

HealthInsight partnered with the University of Utah, UDOH and UHIN to demonstrate the detection and transmission of four reportable conditions from the state-wide Clinical Health Information Exchange (cHIE) to the UDOH. The detection logic was developed by the University of Utah using standards and source tools such as OpenCDS and Drools Guvnor for chlamydia, invasive pneumococcal disease, influenza-associated hospitalizations and salmonella. The processes established for this public health reporting project during the Beacon project, as well as the lessons learned, will inform and improve future efforts to operationalize electronic public health reporting from the cHIE.

End-of-Life Care

Among the achievements of the Beacon Community project was the development of an electronic Physician Orders for Life-Sustaining Treatment (POLST) registry to document patients' end-of-life care (EOL) preferences. The registry allows authorized users to store and retrieve information in real-time using a web-based user interface. Currently, electronic POLST registries for EOL care are being developed in only four other states in the U.S. and lessons learned from the Utah Beacon community will be valuable in informing other national efforts.

To address the needs of patients and families, *HealthInsight* developed the Leaving Well website (www.leaving-well.org). This comprehensive, consumer-friendly collection of information covers virtually every aspect related to end-of-life. From legal and financial tips to health care, visitors will find the information they need to make informed decisions. Extensive information about providers of hospice and palliative care, nursing homes, and home health are also available and aim to provide quality information to patients.



Celebrating Success: One Person at a Time

The Beacon Community developed numerous tools to help both clinicians and patients achieve success in diabetes care. Healthier living events, Care4Life, care coordination programs and Utah Diabetes Practice Recommendations for clinicians represent some of these successes.

To view stories of patients and providers, visit the Beacon website at: www.healthinsight.org/beacon-community.

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