

“ICC has an aggressive IT agenda, but what makes this community’s work so impressive is that it is guided by the desire to solve particular health care problems that actual patients and providers face every day”. Health IT Buzz)



Health IT Innovation in Texas • Part II
Thursday, February 10th, 2011

Posted by: ***Parastou Fatemi Beacon Research Fellow and
Aaron McKethan Beacon Community Program Director***

Category: ***HITECH Programs***

In Austin, we visited with the [Integrated Care Collaboration](#) (ICC), a broad and committed group of health care stakeholders that since 1997 have collaborated to improve access to high-quality care in Central Texas. ICC now includes clinical and non-clinical partners whose contributions have bolstered ICC to pursue population health outcomes-based programs that are driven by a strong foundation of health IT, including high rates of electronic health record usage, a community health information exchange, analytic reporting and tracking of care quality and overall health, and clinical decision support technologies.

ICC has an aggressive IT agenda, but what makes this community’s work so impressive is that it is guided by the desire to solve particular health care problems that actual patients and providers face every day. Rather than building out new IT systems merely because it is technically possible to do so, ICC has built its IT strategy around, for example, addressing specific ways to enhance specialty access for underserved patients in federally qualified health centers, reducing complications that asthmatic patients face by better coordinating their care across provider settings, and targeting other concrete health improvement aims for patients with diabetes and other conditions.

We were equally impressed by the engagement of competing health systems in the organization's governance structure and leadership. ICC Treasurer/Secretary and IT Committee Co-Chair Pete Perialas explained how the local health systems compete with each other "vertically," but there is shared consensus around the need for a "horizontal" level of collaboration across multiple health systems in areas of care coordination and delivery of specialized clinical services.

Health IT programs linking competing health systems is the result of, not the basis for, this commitment to community collaboration. What has made this work possible is a shared commitment to maximize the use of local resources to improve the health of the community.

ICC plans to launch a web-based patient portal and upgrade its health information exchange system by the end of 2011, and we will continue to track and learn from their ongoing work in enhancing regional care delivery and improving health outcomes.