A Market View of State Health Information Exchange

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Outline

- State HIE – What is the value? What do we see that the states want?
- Business Models
- Provider Adoption
- Program Success Factors & Key Considerations
Vision for State HIE

- Support care coordination, patient engagement and population health
- Enhance data for quality measurement, program, and policy-making decisions
- Facilitating connectivity between hospitals, providers, payers and others - fosters meaningful use

Electronic health solutions should provide the **knowledge** to improve healthcare by enabling providers and patients to make better informed decisions
The Value of a State HIE

- Longitudinal record (“single source of truth”)
- Seamless integration of Patient data promotes care coordination
  - 360 degree view of patient eliminates silos of care
- Transmit care recommendations based on National Evidence-based Medicine (EBM) guidelines
- Fosters interoperability between private healthcare stakeholders Federal (NHIN) and state agencies
- Fosters “intra-operability” amongst Medicaid and other state agencies
  - Data exchange between Medicaid, Public Health, Schools, Mental/Behavioral Health, Corrections, Home Health, Immunization & disease registries, other databases, etc.
The Value of a State HIE (cont’d)

- Impact to state budgets: Improved health/outcomes for the federal/state funded population
  - Enables Medicaid to better manager costs through use of data
- Provides new level of reporting based on clinical data
- Enhances the state’s ability to achieve its’ population health goals
- Aligns with Federal Health mandated open architecture
State HIE Requirements

- Administrative simplification – Eligibility, claims submission, prior authorization
- E-prescribing
- Medical and medication history / utilization
- Real-time lab ordering and results delivery, radiology
- Evidence-based clinical decision support application tailored to State and/or specific to payer (Medicaid versus private payers’ needs)
- Public health reporting
- Quality / Meaningful Use reporting
- Personal health record (PHR)

- Follow industry standards and standard vocabularies & code sets
- Hybrid model to meet the needs of all stakeholders
- Flexible open architecture architecture (SOA) that fully supports healthcare connectivity
- Integration with Medicare and federally-funded, State-based programs (CMS, AHRQ, CDC, HRSA, SAMHSA, IHS, DoD, VA
- Advanced directive management services
- De-identified data for research and quality reporting
What is a Continuity of Care Document (CCD)?

- Patient history
  - Medical history
  - Medication history
- Vital statistics
- Lab results
- Clinical alerts
- Medication therapy alerts
- Case management / clinical SOAP notes

Meaningful Uses of a CCD are Summary of Care Record, Encounter Summary, and Discharge Summary
Business Models
Business Models

- **Free Market** – Community portal that would provide enough value that people pay for its use

- **Recaptured Waste** – Cost avoidance model in which savings from streamlined clinical and administrative processes flow back into HIE operations

- **Shared Savings** – HIE will create savings for health plans and a portion of those savings provide ongoing funding

- **Pay-to-Play** – Subscription or transaction fees are charged for use of the exchange

- **Value-Based** – Require stakeholders to pay fees based on value received from participation
Business Models

- **Employer-Based** – Involve insurance premium surcharges
- **Fee for Service** – HIE participants pay as you go
- **Per Click Charge** – State-provided claims filing portal to all medical claims and participants pay a small charge per each claim submission
- **Public-Good** – Apply taxes or surcharges spreading the cost across the largest number of stakeholders
  - VT – Fee of two-tenths of 1% on all medical claims = approx $32M
  - PA – Tax 1/16 of 1% of all medical claims in PA = approx $35M
Provider Adoption
More Excuses than Your Children…

- Too much time to find patient
- Not enough information
- Staff turnover
- Locked myself out and haven’t had time to reset
- Not enough time to look up patients
- Does not connect with our billing system
- Too much trouble
- Waiting for critical mass of the use of EMRs

→ And #1 complaint, “I Don’t Have Time!!!”
Meaningful Information

Clinical
- Medical and medication history & utilization
- Radiology films
- Laboratory results
- e-Prescribing

Administrative Simplification
- Claims submission
- Eligibility verification
- Benefit limits & utilization
- Prior authorization
HIE Program Success Factors & Key Considerations
HIE Program Success Factors

- Get stakeholder involvement early and ongoing
  - Create an unified vision including clinical standard(s) of care
- Establish multi-stakeholder governance
  - Clearly define the decision-making process around HIT-related projects
- Workgroups – Clinical, Legal/Policy, Technical, Business Operations, Financial
- Pilot providers: High volume in geographic area and committed to engage
- Focus on HIE features the providers will adopt early
- Incremental implementation
- **Non-stop provider outreach and education campaign**
- Understand using EHR is a process change for providers
- Utilize external resources: Universities, Non-profits, QIOs
Key Considerations

- Leverage both *clinical* and *claims data* to impact and increase the quality of care and decrease the direct/indirect costs of care.
- Clinical rules engine supports *real-time clinical surveillance* on all sources of data and provides clinical alerts to both provider & patient (“opportunities for care”)
- *Evidence-based medicine guidelines* tailored to the state’s needs (and/or the payers needs)
- *CCD-based exchange* – Summary of Care Document, Encounter Summary, Discharge Summary, Transfer of Care
- Plug-n-play SOA-based components, integrates with provider workflow and both state and private systems ("interoperability")
Key Considerations (cont’d)

- “Intra-operability” between MMIS & other State health systems
- One combined, summarized CCD (not “FedX model” of CCD delivery) with care alerts included
- Seamless integration of HIE in to provider EMRs; providers do not use a separate Web portal
- Extensive provider outreach & adoption program
- Certification of EMRs for interoperability with HIE solution
- EMR Lite web portal available to providers with no EMR
- E-Prescribing - Telecom, e-fax, print – for 100% adoption
- EMR vendor agnostic solution
Discussion