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# 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*

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# 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 manage 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,
- Participate with federal health: IHS, DoD, VA
- Advanced directive management services
- De-identified data for research and quality reporting

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# 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*

Document LOINC# <sup>1</sup>	Component LOINC#	Property <sup>2</sup>
48769-4		Continuity of Care Panel
	34133-9	Summarization of episode note
	48764-5	Summary purpose
	48768-6	Payment sources
	42348-3	Advanced directives
	47420-5	Functional status assessment
	11450-4	Problem list
	11323-3	General health
	10157-6	History of family member diseases
	29762-2	Social history
	48765-2	Allergies, adverse reactions, alerts
	10160-0	History of medication use
	46264-8	History of medical device use
	11369-6	History of immunization
	8716-3	Physical findings
	30954-2	Relevant diagnostic tests & or laboratory data
	47519-4	History of Procedures
	46240-8	History of hospitalizations and History of outpatient visits ( from claims)
	18776-5	Plan of treatment
	33999-4	Status
	48766-0	Information source
	48767-8	Annotation comment

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# 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 in to 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

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# 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

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# 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

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# 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*

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# Discussion