

Connecting Patients, Providers and Payers

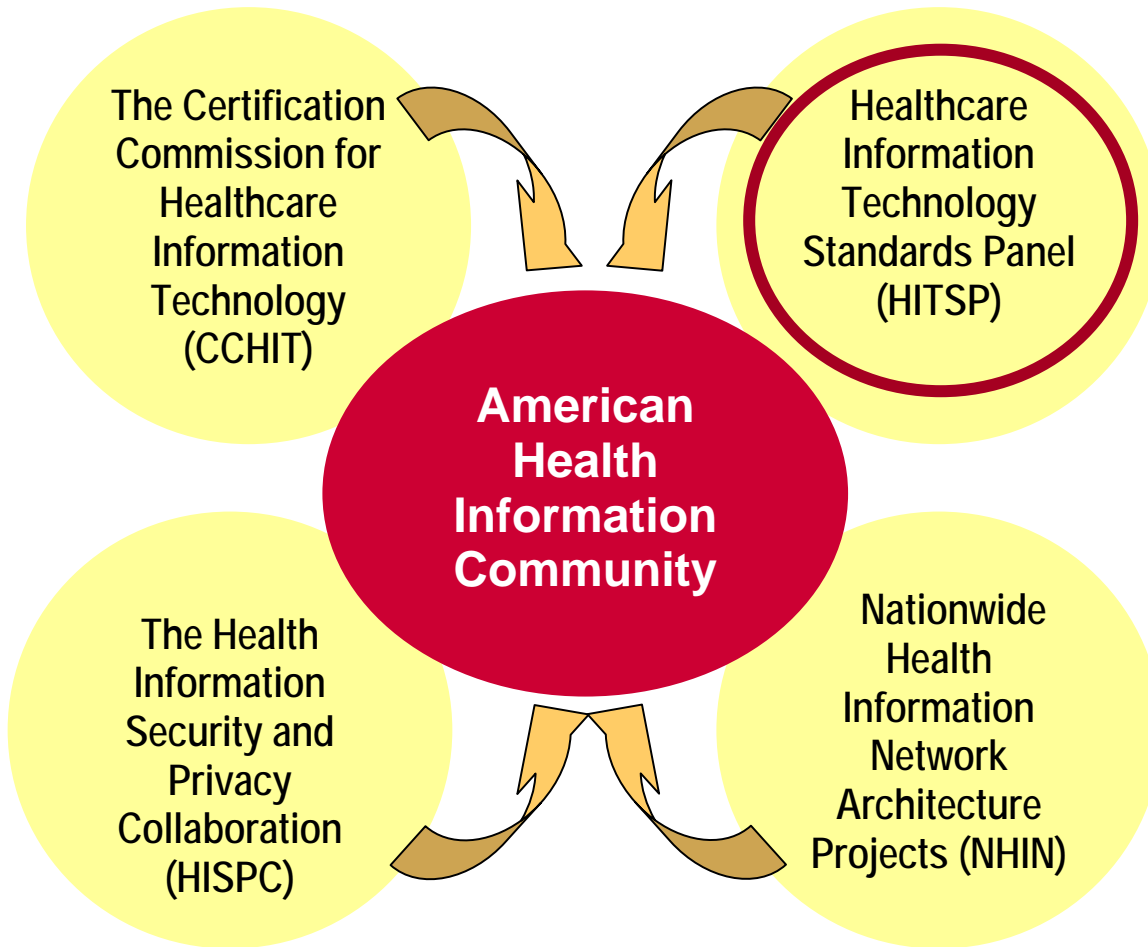
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CIO, CareGroup and Harvard Medical School

Chair, NEHEN

CEO, MA-Share

The National Healthcare IT Agenda



HITSP includes 249 different member organizations and is administered by a Board of Directors

- 16 SDOs (6%)
- 197 Non-SDOs (79%)
- 19 Govt. bodies (8%)
- 10 Consumer groups (4%)
- 7 Project Team and Undeclared (3%)

The Community is a federally-chartered commission and will provide input and recommendations to HHS on how to make health records digital and interoperable, and assure that the privacy and security of those records are protected, in a smooth, market-led way.

The Massachusetts Regional Efforts

- MHDC – The convener and educational organization, the business incubator
- NEHEN – The transactor of community administrative data
- MA-SHARE – The grid of community clinical utilities
- MAeHC – The last mile to the clinician offices for selected communities

The Need for a Business Model

- A Chicken/Egg Problem – Stakeholders will only pay for value received from a live data exchange but building one requires capital
- Grants are not a business model
- No one will pay for a public good
- Incentives must be aligned
- Best to automate an existing business process and trust relationship

The Need for Policies

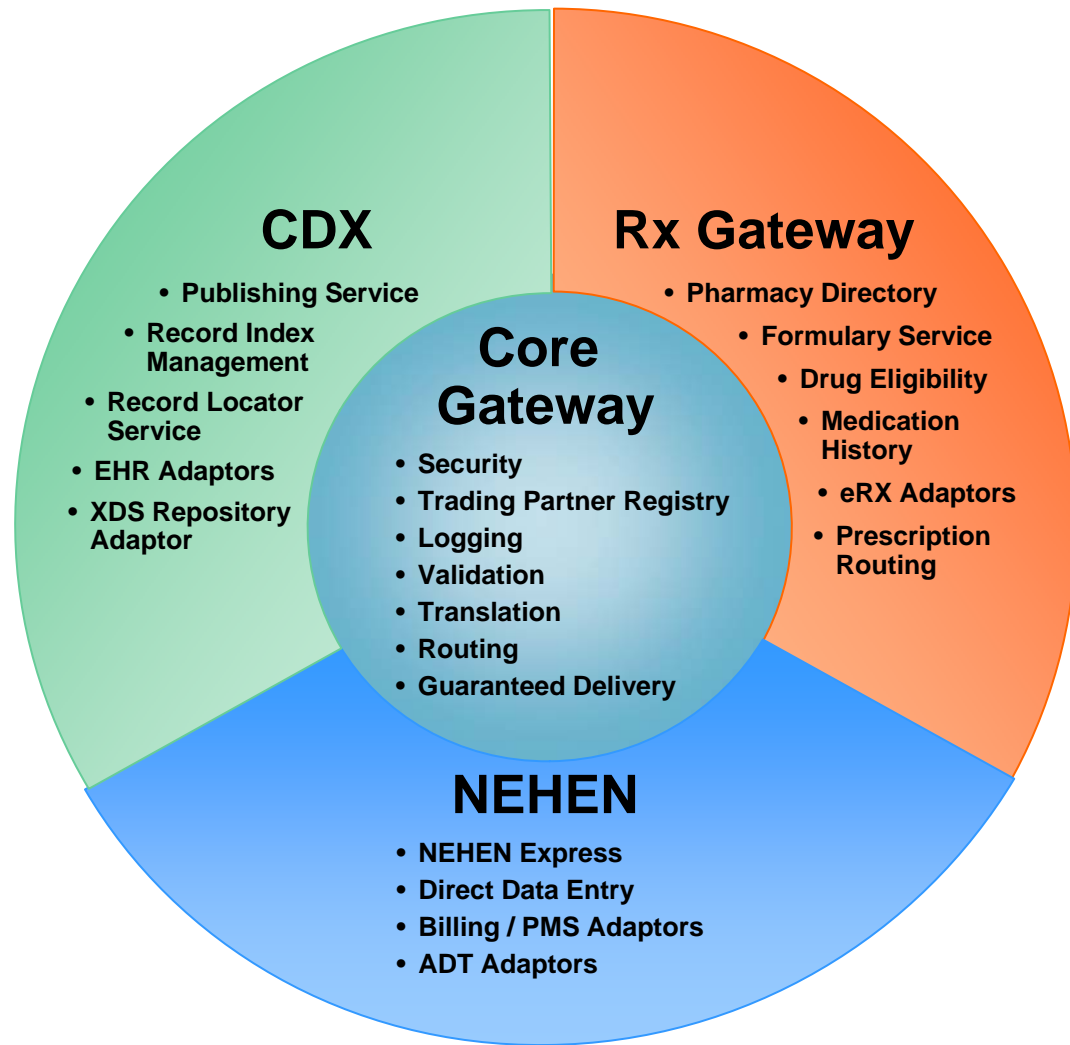
- Just like care, trust is local
- Primary uses of data for clinical care
 - Who authorizes and consents?
 - Who audits and how?
 - Who sanctions and how?
- Secondary uses of data
 - How do we share data for Clinical Research?
 - How do we measure Quality/Outcomes?
 - Where is the data stored and how is it architected?

The Need for Architecture

- Keep it thin
- Keep it simple
- No transaction fees
- Successful models thus far are
 - Administrative data exchange
 - e-Prescribing
 - Clinical summary push

The MA-Share Appliance

- Rx Gateway and other lines of service (Administrative and Clinical Data Exchange) are built on a common messaging gateway framework
- The Rx Gateway Service provides functionality required for all aspects of e-Prescribing
 - New Prescription Delivery
 - Eligibility and Formulary
 - Prescription Renewals
 - Medication History



Case 1 – New England Health EDI Network

- 50+ hospitals
- 5,000+ physicians
- 4.5M+ health plan members
- 8 health plan participants
- Connectivity to 3 national insurers through affiliates
- 60 million transactions per year
- NEHEN is a collaborative, payer and provider-owned solution for connectivity and administrative simplification that:
 - Delivers a close-to “all-player” solution to connectivity
 - Has a low-cost of ownership, no transaction fees
 - Transports HIPAA-compliant transactions, eliminates the need for clearinghouses
 - Shared development effort & shared best practice
 - Has both Web and legacy-integration implementation options
 - Can be integrated on each organization’s terms into the claims payment and provider service (payer) or patient access and revenue cycle (provider) process and workflow

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Timeline of membership in NEHEN for various healthcare providers.

Value Proposition to Members

Value of Collaboration

- Shared strategic direction moves the entire healthcare community forward in achieving administrative simplification
- Shared development costs dramatically reduces individual organization's investment effort
- Leveraging existing system assets and technology from NEHEN dramatically speeds up implementation timeline
- No transaction fees, direct connections between payers and providers
- Member directed, complete control of development effort

NEHEN Collaboration Results

- Zero transaction costs to exchange 4.5 million* transactions monthly among 50 hospitals and 8 payers organizations covering over 80% of transaction volume in the State
- Dramatic improvement in Revenue Cycle processes and Claim Operations using best practices across member organizations
 - Reducing denials and write-offs at providers
 - Increasing electronic transaction volume and reducing EDI operational costs at payers

* Estimated monthly transaction volume as of 10/06

Eligibility Verification

NEHEN Express
screen-shots

Select Payer
from a drop-
down list

Complete
required patient
information
below



**Eligibility
Response
includes**

**patient
demographic**

**plan info such as
PCP, plan type**

**full co-pay,
deductibles and
co-insurance**

Image removed due to copyright restrictions.
NEHEN Express screen shot.

Remittance Advice 'Viewing'

**NEHEN Express
screen-shots**

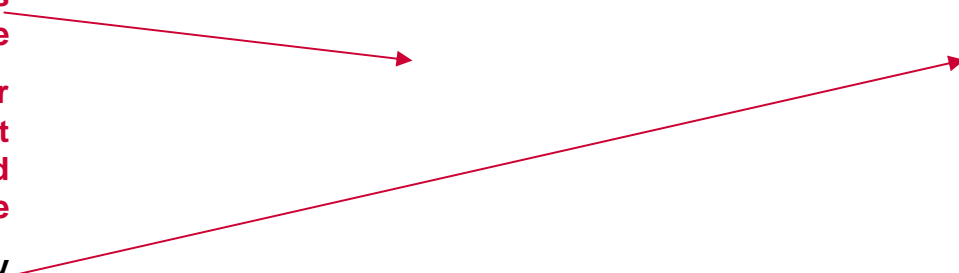
**View your
electronic
Remittance
Advice directly
within NEHEN
Express**

Image removed due to copyright restrictions.
NEHEN Express screen shot.

**Use Filtering
options to focus
on select claims
within a file**

**Either work your
list here or print
and download
them to file**

**ex. filter only
denied claims**



NEHEN Claim Tracking

NEHEN Express
screen-shots

**All HIPAA
compliant claim
files are directly
transmitted to
payers**

**Track the status
of all of your
claim files in one
view**

**Learn whether
your claim files
has been
'accepted' into
the payer
adjudication
system or follow-
up immediately
on failed files, no
more lost claims**

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NEHEN Express screen shot.



Case 2 - e-Prescribing

- **RxCollaborative experience with e-Prescribing - 2% of all prescriptions were changed**
- **Pharmaceutical expenditures decreased 3 percent to 3.5 percent due to improved utilization of preferred brands and generics that were lower cost.**
- **Members on average save \$20 to \$25 for each electronic prescription changed in favor of a preferred brand or generic.**
- **For members who take maintenance medications, the savings could be as much as \$250 per medication per year.**

e-Prescribing/Rx Gateway Benefits

Providers

- Patient safety
 - **Medication history reconciliation**
 - **Reduced medication errors**
 - **Improved patient compliance**
- Patient satisfaction
 - **Lower prescription costs**
 - **Convenience**
- Clinician satisfaction
 - **Improved prescription work flow**
 - **EMR integration**
 - **Simplified prior authorization**
- Clinical cost reduction
 - **Reduced calls from pharmacies and patients**
 - **Reduced effort to review charts**
- IT cost reduction
 - **No point-to-point connections with e-Prescribing vendors/other partners**
 - **Insulation from changes in standards and business partners**

**Estimated annual savings =
\$400 million¹**

Payers

- Member satisfaction
 - Lower prescription costs
 - Convenience
- Cost reduction
 - Formulary compliance
 - Reduce ADEs
 - Simplified prior authorization
- Expanded adoption and coverage
 - “All payer” coverage encourages provider use
- IT cost reduction
 - No point-to-point connections with e-Prescribing vendors/other partners
 - Insulation from changes in standards and business partners
 - Joint investment in infrastructure
 - Reduced dependence on vendor solutions

**Estimated annual savings =
\$65 million²**


Pharmacies

- Customer safety
 - Reduced risk of medication errors introduced by handwriting or miscommunication
 - More detailed, accurate and codified patient and drug data for error checking
- Customer satisfaction
 - Lower prescription costs
 - Convenience
- Cost reduction
 - Reduced calls from providers
 - Reduced data entry
 - Improved process automation and standardization

**Estimated annual savings =
\$315 million¹**

1. Medical Group Management Association Accessed via the Internet <http://www.mgma.com/gprn/gpr-adcomplex.cfm>, July 11, 2006

2. BCBSMA estimated 1.5% savings in drug expenditures through an exclusive use of e-Prescribing.



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NEHEN Express screen shots.

Case 3 - Clinical Document Push

- The “push” model supports an organization’s ability to forward information to another person or organization
 - This model is typically implemented by allowing the organization to manually or systematically “look up” a clinician or organization and then forward information to the intended recipient
- Develop and deploy a solution that:
 - Is aligned with the business and technical direction of participating organizations, including the pilot participants, NEHEN, and MA-SHARE
 - Demonstrates the viability and cost effectiveness of data exchange among participants with dissimilar internal applications and networks
 - Leverages existing infrastructure where possible
 - Is extensible to additional use cases and healthcare partners
 - Is attractive to other participants and results in expanded participation in the network

Use Case No.	Sender	Receiver	Information	Work Flow
1	PCP	Specialist	Clinical summary	<ul style="list-style-type: none"> <input type="checkbox"/> PCP sees patient and refers patient to specialist <input type="checkbox"/> PCP sends clinical summary to specialist <input type="checkbox"/> Specialist receives clinical summary
2	Specialist	PCP	Clinical summary	<ul style="list-style-type: none"> <input type="checkbox"/> Specialist sees patient referred by PCP <input type="checkbox"/> Specialist sends summary of encounter to PCP
3	Emergency Department	PCP	Clinical summary	<ul style="list-style-type: none"> <input type="checkbox"/> Emergency Department sees patient <input type="checkbox"/> Emergency Department sends summary of encounter to PCP
4	Hospital	PCP	Discharge summary	<ul style="list-style-type: none"> <input type="checkbox"/> Hospital stay is concluded <input type="checkbox"/> Hospital sends discharge summary to PCP
5	Testing site	PCP	Results	<ul style="list-style-type: none"> <input type="checkbox"/> PCP orders test <input type="checkbox"/> Testing site sends results to PCP

Org/ Function	Send ED Discharge Summary	Send Hospital Discharge Summary	Receive			
BIDMC	ED Dashboard	webOMR	Fax*	NEHEN Express*	webOMR	eCW
Children's	Cerner Millenium	Cerner Millenium	Fax*	NEHEN Express*	Cerner Millenium	eCW
Lahey	LCMC	LCMC	Email or Fax*	LCMC Portal or NEHEN Express*	LCMC	LCMC
Northeast	MEDITECH	MEDITECH	Fax*	NEHEN Express*	MEDITECH	GE Centricity

* With optional notification/alert

Org/ Function	Send ED Discharge Summary	Send Hospital Discharge Summary	Receive			
BIDMC	ED Dashboard	webOMR	Fax*	NEHEN Express*	webOMR	eCW
Children's	Cerner Millenium	Cerner Millenium	Fax*	NEHEN Express*	Cerner Millenium	eCW
Lahey	LCMC	LCMC	Email or Fax*	LCMC Portal*	LCMC	LCMC
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Implementing the base applications throughout the region

- **Ambulatory Electronic Medical Record**
- **Computerized Provider Order Entry**
- **Personal Health Records**

- **Results viewing, alerts/reminders and ordering**
- **Built in decision support**
- **ePrescribing with routing to pharmacies**
- **Voice recognition for text input**
- **Electronic forms support**
- **Scanning of documents from outside organizations**


Slides removed due to copyright restrictions.
eRx and EMR screen shots.

Provider Order Entry

- **Best practice dosing for all medications**
- **Drug/Drug, Drug/Allergy, Therapeutic duplication checking**
- **Workflow enhancement with order sets, results sign offs, oncology management system, automated discharge, medication reconciliation**

Personal Health Records

- **Shared medical care by involving patients**
- **Full access to electronic medical records**
- **Secure email**
- **Prescription renewal**



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PatientSite screen shots.

Summary

- The US National Healthcare IT program focuses on Standards, Architecture, Privacy and Certification
- Successful RHIOs have developed a sustainable business model using administrative transactions, e-Prescribing and clinical document push
- Completing rollouts of electronic health records, computerized provider order entry and personal health records is foundational

Questions

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