Timing Is Everything: Health Plan Opportunities to Leverage HIE Data

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Director Strategy and Innovation

July 17, 2014
• AmeriHealth Caritas – Our mission, work and reach.
• HIEs and payers – Payers will pay for value.
• Our approach – Aggressive national supplier and consumer.
• Care transitions – Importance, payer role.
• Deconstruction of the ADT transaction.
• Using the ADT transaction.
• CRISP, Availity and others offering the message.
• Benefit opportunities.
• Extending the ADT message to other uses.
Corporate Overview

- Operates in 15 states and the District of Columbia, serving over 5 million members.
- One of the top 10 Medicaid managed care plans in the nation.
- Primary focus on Medicaid beneficiaries (TANF, CHIP, ABD, dual-eligibles) and other low-income populations in urban and rural settings.

AmeriHealth Caritas provides expertise in helping families to get care and stay well. By working with underserved communities, we achieve positive health outcomes throughout the communities we serve.

**Our Mission:** We help people get care, stay well, and build healthy communities.

**Our Vision:** Leading America in health care solutions for the underserved.

**What differentiates us:**
- National company owned by two Blue plans (Independence Blue Cross and Blue Cross Blue Shield of Michigan).
- Long and successful history of developing alliances with providers.
- Long history of developing effective solutions for government customers.
Corporate History

2013 Business Highlights

- Launched Medicare D-SNP operations in Pennsylvania (*Keystone VIP Choice & AmeriHealth VIP Care*) and South Carolina (*First Choice VIP Care*).
- Launched full-risk Medicaid operations in Florida with Florida Blue (*Florida True Blue*).
- Launched full-risk operations in District of Columbia (*AmeriHealth District of Columbia*). Acquired Chartered Health Plan.
- Launched MSA operations in Michigan with BCC, a subsidiary of BCBSMI.
- Expanded in Pennsylvania 22-county New East Zone (*AmeriHealth Northeast*).
Role in Care Coordination

Plans want to make sure their members get the care they need in the appropriate setting.

Providers have the same goal but tend to focus on their particular role in the patients’ care.

Medical Management departments in health plans have two roles:

– Ensure the care delivered and paid for by the plan meets the medical policies of the plan through the authorization process.
– Ensure members are getting coordinated and prompt care through various activities of the Care Management department.

Care Management typically covers:

– Population health – screenings, etc.
– Disease management – supporting providers in education and delivery of services for members with diabetes, asthma, heart disease and other conditions.
– Care coordination – focus on ensuring care is coordinated across providers and settings of care.
HIE/Payer Relationship is Maturing

• Meaningful Use Stage II requires data exchange for transitions of care.
• Health information exchanges are maturing and finding means of financial sustainability (or going out of business.)
• Broader acceptance that payers have a role in care management and a legitimate need for timely clinical information.
• AmeriHealth Caritas has physicians on the boards of HIEs in Pennsylvania and South Carolina, where we have a combined membership of more than 500,000.
Today, we have opportunities to work with HIEs in 8 geographies.
Began working with KYHIE in 2011.
One of the founders of Healthshare in 2013.
Consumer and supplier.
Clinical transaction growth will drive an increase in overall transaction volume.
You say you were in the ER five times this month. Why didn’t I know about that?
• Small amount of data.
• Name, DOB, MRN.
• Problem is free text.
Generating ADT

Health Information System (ADT) (Registration, moves, discharges)

Hospital

Interface engine

Pharmacy

Lab

Medical records

EHR

HIE

AmeriHealth Caritas Family of Companies
ADT Alerts

- Inpatient and Emergency Room Alerts.
- Received twice daily, immediate receipt scheduled for June.
- Reports generated for Medical Management case management.
- Emergency department data arrives within one day vs. 15.
Ways messages can be received:
- Text in direct mail.
- Spreadsheet in direct mail.
- Secure FTP.
### Sample De-Identified Data

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Challenge – What’s Important?

• More than 50 transactions daily.
• Which are the most important?
• Transaction is relatively silent on reason for admission.
Filtering

1. HIE filter removes non-plan members.
2. Plan filter Highlights members with key needs.
Members Matching Alerts

Targeted Members:
- High Risk
- 1 Inpatient Visit Last 30 Days
- 2 ED Visits Last 90 Days
High-Level HIE / Health Plan Integration View

- HIE 1
- HIE 2
- HIE 3
- HIE 4

AmeriHealth Caritas receiver

Router

Analytics

Care Management

Co-located staff

PCP

Others
• Reduction in inpatient readmissions depends on knowing as soon as possible when the member is discharged.
• Reduction in admissions can be reduced by real-time notification of emergency department visits.
• Duplicate therapy can be reduced by delivering appropriate information at the point of care in a timely manner.
Who is Sharing?

HIEs (e.g., CRISP):
  • Leverage their networks.
  • Avoid “empty HIE syndrome.”
  • Value/revenue source.

Clearinghouses (e.g., Availity):
  • Value-added service to plans.
  • Integrate with claim processing.

IDNs:
  • Support local network of physicians.
• For health plans unable to consume HL7: 
  Make available in a health plan portal 
  Or transform the HL7 into XML for the health plan to consume.

• Send directly to a health plan clinical data repository.

• Integrate directly with a Care Management system.

• Includes Labs, as well as ADT.
Many HIEs are Offering

CRISP (MD, DC)  
NEHII  
Indiana Health Information Exchange  
One Health Port  
Cincinnati  
Maine  
Oregon  
Colorado  

Minnesota  
Maine  
Nevada (HealthHIE)  
North Dakota HIE  
Mass.  
North Carolina  
Florida  
Cresant City
Initial Results – Indiana HIE


_The Challenge_ – Eliminate a portion of the 56% of ED visits estimated as avoidable.

_The Solution_ – IHIE provides a health plan daily ADT alert – The Plan executes member-specific outreach and engagement supporting care goals.

_The Results_

- Non-urgent ED visits down by 53%.
- PCP office visits increase by 68%.
- Health plan savings estimates at $2.1 Million to $4.1 Million for 6-month trial.

Initial Results – MUSC

The Assessment – Estimate effects of having access to information from an HIE on cost and quality of ED care.

The Challenge – Gauge how assessing information thru an HIE influences component costs of ED care.

The Solution – Facilitating access to information on previous diagnostics and care through an HIE improves quality and saves money in an ED setting within a 12-month period.

The Results:
- Aggregate savings - $1.0 Million.
- Laboratory avoidance - $2,073.
- Radiology avoidance - $476,840.
- Consultation avoidance - $6,461.
- Admission avoidance - $551,282.

Source - A twelve-month study presented at the ACEP annual meeting in Seattle – October 2013
**The Assessment** – Effect of using community-wide data from an HIE to improve identification of frequent ED users across unaffiliated hospitals.

**The Challenge** – Gauge how assessing information available through a regional HIE improves identifying frequent ED users.

**The Solution** – Using an HIE to improve identification with frequent ED users enhances targeting of care and case management services that increase patient health – and reduce costs.

**The Results:**
- Frequent (FQ) ED users identified – +20.3%.
- Visits by frequent ED users - +16.0%.
- Use of multiple ED – 28.8% of frequent users.
- Use of multiple ED – 3.0% of all users.
- Frequent users – 4+ ED visits in 30 days.

Source – Health Affairs 32, Number 12 (2013): 2193-2198
The Assessment – Effect of using community-wide data from an HIE to enhance diabetes care management through a patient-centered medical home (PCMH).

The Challenge – Define changes in clinical, as well as financial outcomes, plus patient satisfaction over a three-year pilot program.

The Solution – Information access and coordination through a community-wide HIE directly facilitates gains in care and ROI under the PCMH.

The Results – Test vs. Control Groups
- Reduce ED visits – 15% vs. 4%.
- IP admissions – (18%) vs. +18%.
- Specialty referrals – 0% vs. +10%.
- ROI to WellPoint – 2.5:1 to 4.5:1.

Why does this work?

- Leverages the automation of an existing process.
- Aligns with incentives for value-based payment and Meaningful Use.
- Is a capability that plans and providers will pay for.
- Delivered in real-time.
Challenges

• Limited Information.
• Need the high-volume facilities.
• Deceleration of the message.
• Downstream processes needed to use the message.
• Cost.
Future of the Transaction

• Create “stub” pre-authorization for inpatient visits.
• Forward notification on to PCP.
• Trigger request for CCD on discharge (assuming query-based HIE).
• Send CCD back to the hospital on admit, particularly the ED.
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