Delivering Value Through Health Information Exchange

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Physician Webinar Series #2
Welcome to the Physician Community Webinar Series

• Complimentary virtual event that will be held monthly & offer continuing education hours

• Will cover a wide range of topics on Medical Informatics, HIEs (Health Information Exchange), Standards & Interoperability, eMeasures & Quality Initiatives and more

• More information www.himss.org/physician or contact Lauren Kaderabek lkaderabek@himss.org
Learning Objectives

• LO 1: Explain how the development of health information exchange has been shaped by issues of financial sustainability.

• LO 2: Analyze alternative models for public and private HIE competition and collaboration.

• LO 3: Identify the relationships between standards and interoperability and HIE functionality and sustainability.
Learning Objectives

• LO 4: Describe how payment reform and public policy levers are changing HIE value propositions.

• L05: Assess the implications of the evolving structure of health information exchange for the healthcare provider.
Disclaimer

Opinions expressed are those of the presenter and do not represent the views of any other entity.
Speaker Bio

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Kentucky Health Information Exchange
Chair, Business Development & Finance Committee

Chair (2014FY)
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Health Information Exchange: Noun/Verb

• Cliché but important
• ONC and CMS focus is on the verb, not necessarily perpetuating an HIE entity
Information Exchange: The Verb

The capability and process of reliably exchanging data electronically across both affiliated and non-affiliated healthcare systems. Non-affiliate exchange is a key metric in Meaningful Use.
Health Information Exchange: The Noun

HIE: The organization providing the information exchange capability and processes
Consider 6 Different Models for HIEs:

- Statewide HIE (public utility model)
- Regional HIOs (interconnection agreements)
- ACOs
- IDNs with interconnection with networks including non-affiliates (e.g., referral network)
- DIRECT based exchanges
- Vendor networks (could be considered HIO)
HIE Sustainability: Still the Major Issue

- CHINs (1990’s)
- RHIOs (2000’s)
- HIOs/HIEs (2010’s)
Life after ARRA....

• Primary source of funding of public HIEs has been through the State Cooperative Agreement Grants under HITECH

• Funding provided to each state, allocated by population size

• These Grants are ending 2/2014
  – ONC denied no cost extension requests
  – Although such extensions granted to some RECs
There Is No Consistent HIE Market Structure

• Health Information Exchange is a regional business
  – Subject to the competitive characteristics of the region
  – States used their own models in allocating Cooperative Agreement Funds
  – Some regions have long standing (R)HIOs.

• Mergers/acquisitions in healthcare
  – Evolution of IDNs
  – Hospitals, ambulatory care, long term care
Private HIEs Are Growing Faster than Public HIEs

- Mix of Private and Public HIEs
  - No validated measure but studies indicate that there are 2 to 2.5x’s as many private HIEs than public HIEs.
  - Dynamic number because there are new entrants of both private and public HIEs (particularly private).
California HIOs
Keys to HIE Organization Sustainability

• Value of Data Exchanged/Value Propositions
  – Changes under different payment models
• Interoperability/Record Locator/MPI/Clinical Data/APCD/Provider Directory/Behavioral Health, Consumer Engagement Support, etc.
• Scope of Integration (including Public Health/CMS Programs)
• Payer Integration
• Revenue Models
  – Subscription
  – Public Funding
  – Value-Added Services
  – Third Party Services
**Issue: Sharing Data**

- Private HIEs (Providers/IDNs) are most common
- Willingness to share data
  - Community specific (historical)
  - Degree of competition
  - Size of region
- Movement to Shared Savings/Accountable Care is huge incentive
  - Need for data
  - “Network leakage” viewed differently under shared savings
Competition between HIEs

• Reflection of competitive marketplace
• “Wait and See”
• Focus on Meaningful Use requirements (connectivity rather than volume to this point)
• “Trust” and Governance
Issues Facing Information Exchange

Key Technical Concerns
- Interoperability/Interfaces
- HL-7 as a competitive weapon
- Workflow
- Delivery to point of care (transitions in care)

Data Exchange
- Private HIE walled gardens
- Economic incentives to share data
- Actionable information/Workflow
- Analytics/Business Intelligence
Technological Barriers

• General standards and interoperability
• Interfaces
• CCD issues
• Workflow integration
  – Both technical and human factors
  – Limited workflow availability across provider
• Analytics
• Patient portal integration
Two Provider Concerns in Meeting MU2

- Demonstration of exchange with non-affiliates
- Consumer engagement
  - Vendor patient portal issues (costs & integration)
  - Functionality of portal
  - Getting 5% of patients to view/download/transmit
Information Exchange/Payment Reform Need Each Other

- Alignment with Meaningful Use
- Shared risk/Bundled payments
  - Provider financial incentive for information from non-affiliates
  - Population management/Risk adjustment
  - Consumer engagement
- Willingness to push data
- Value of exchanged data
- Migration path to HIE 2.0 (or is it 4.0?)
Core Processes of Shared Savings Models

- Data
- Exchange
- Clinical/Business Integration
- Analytics/BI
- Care Coordination/
  Performance Improvement
- Reporting
Policy Levers: Shared & Integrated Claims and Clinical Data Will Be Required for Reporting
Information Exchange and ACO Revenue Management

- Attributed Pop & Comparative Data
- Transitions In Care
- Clinical Care/Predictive Modeling
- Supply Chain
- Billing & Reporting
- In/Out of Network Costs
- Real Time Data Across Settings
Analytics Require Shared Data

- Clinical Data
- Claims Data
- Predictive Modeling
- Risk Adjustment
- Reporting & Compliance
- Outcomes
- Interventions
Analytics Can Reside in the Exchange or on the Premise
Consumer Engagement and HIE: Another Policy Lever

• The success of healthcare reform depends upon engagement
• Data to the right place at the right time includes consumers
• Chronic disease management/wellness/adherence monitor and engage
• Transitions in care
• Shared Savings will not meet targets without an engaged consumer
• CE: “The Blockbuster Drug of this Century”
Potential Roles for HIE in Consumer Engagement

1. Gateway for consumer-sourced data
   - m-Health, remote monitoring
   - Consumer sourced content
   - Audit/Validate/Standardize

2. Aggregate and populate data for Provider PHRs

3. Offer a PHR (branded on non-branded)
Near Term Provider Considerations

• There is a HIE/HIO shakeout underway
• Expect leadership from CMS
  – Payer perspective
  – Large scale integration perspective
• Private HIE development
  – Will follow M&A activity
  – Large IDN’s expand to non-affiliates
• Payment reform drives HIE acceptance and use
• Standards & Interoperability are being addressed
Engines Driving HIE 2.0 (or is it 4.0?)

- Cloud-based service
- Standards
- Need for Trusted 3rd Party connecting private/public HIEs
- Big Data/Analytics/BI distributed between cloud and local sites
- Timely data to multiple locations and stakeholders
- Consumers on the network through intermediaries
HIE SYMPOSIUM AT HIMSS 14

• Sunday February 23 (8:30 AM - 4:00 PM reception follows)

• Covers these topics in details

• Speakers from HIEs, Providers, Industry and Government

Continuing Education Credit

• This program has been designated for 1 hour of CAHIMS Credit
• This program has been designated for 1 hour of CPHIMS Credit
• Download forms at www.himss.org/physician
HIMSS14 Physician Activities - Orlando, FL

• Physician IT Symposium: The Road to Quality-Enabled Health IT
  – Sunday, February 23, 2014, 8:00am-4:00pm, Convention Center, Room 224A

• Physician Community Reception
  – Sunday, February 23, 2014, 4:00pm-5:00pm, Convention Center, Room 224 Foyer

• Physician Community Networking Breakfast
  – Monday, February 24, 2014, 7:00-7:45am ET, Convention Center, Room 209 A-C
Physicians' IT Symposium: The Road to Quality-Enabled Health IT

8:00 am – 4:00 pm

The HIMSS14 Physician Symposium will explore ground breaking sessions on the impact on HIT on our current quality framework, the value of personalized healthcare, communication & collaboration through transitions of care, the perils of patient safety, HIT enabled clinical decision support, future payment models and the future state of medical informatics.

Overall Learning Objectives:

1. Analyze current health IT challenges with collecting data and quality metrics utilizing the national quality aims and strategies of better care, healthier people and affordable care.
2. Illustrate real world case studies of health information exchange to enable transitions of care across the community.
3. Explore the advances in medicine and recognize where the future will take medical informatics.

Download the Physicians' IT Symposium Brochure >>

Sunday, February 23

February 23, 2014
8:15AM - 9:15AM ET
Opening Keynote: Working title The New Frontier for Quality Driven Data
Session ID: Symposium PHY1
SAVE the Date: Physician Community Webinar Series

Schedule: 3rd Thursday of Every Month

• Feb 20, 2014 1:00 pm central
• Mar 20, 2014 1:00 pm central
• Apr 17, 2014 1:00 pm central
• May 15, 2014 1:00pm central

• Register today! http://www.himss.org/physician
Physician Community Website

• Please visit www.himss.org/physician for more information on:
  – Physician Community Activities
  – How to Get Involved
  – HIMSS14
  – Educational Sessions
  – Networking