



transforming healthcare through IT

architects of change

Dogs and Cats Living Together!

**Transforming the Payer – Provider Relationship through HIT
(and other industry, policy and technology trends that will change
healthcare as we know it – “oh my!”)**

7th Annual Health Information Technology Institute – May 21, 2008

Jeff David, Director of Industry Advancement - HIMSS

Presentation Roadmap:

1. Healthcare and IT: Past – Present – Future
2. The Three Transformations that will change everything by 2015: Re-thinking the “system”
3. Payers and Provider...Dogs and Cats
4. EHRs, PHRs, RHIOs and the NHIN
5. Public Policy Update
6. Some *Food for Thought* before Lunch:

Information Technology and Healthcare:

A quick look at...

The Past...

The Present...

The Future



The Past... The Present... The Future

“We have a 21st Century system of Medicine based upon a 19th century system of paperwork”

PITAC: Presidents IT Advisory Council –’04 report
“Revolutionizing HC through IT”



The Past... The Present... The Future



What's the Big Deal?

- IOM - 44k – 98k people die yearly from medical errors
- Study in JAMA found that missing information from 1,614 charts could, 44% of the time, adversely impact patient's well-being
- RAND - patients receive appropriate care 55% of the time
- Preventable healthcare-acquired infections cost \$4.5B/yr and contribute to over 88,000 deaths annually
- CDC found that 16.7M elderly patient visits to physicians result in prescription errors yearly
- All this while Healthcare is 15% of GDP and Growing!

The Three Transformations

that, together, will change everything by 2017

Payers

**The
Consumer-
Directed
Healthcare
Revolution**

*Payer
as
INFOMEDIARY*

HIT

**The
EHR
Revolution**

*Delivering Consumer-
Centric, Information-
Rich Healthcare*

Life Sciences

**The
Bio-Pharma
Revolution**

*Delivering Consumer-
Centered, Personalized*

*Care through:
Smart Drugs,
Smart Devices
Smart Discovery
Smart Delivery*

Why all the focus on Information Technology in Healthcare ?

Healthcare
is
Information

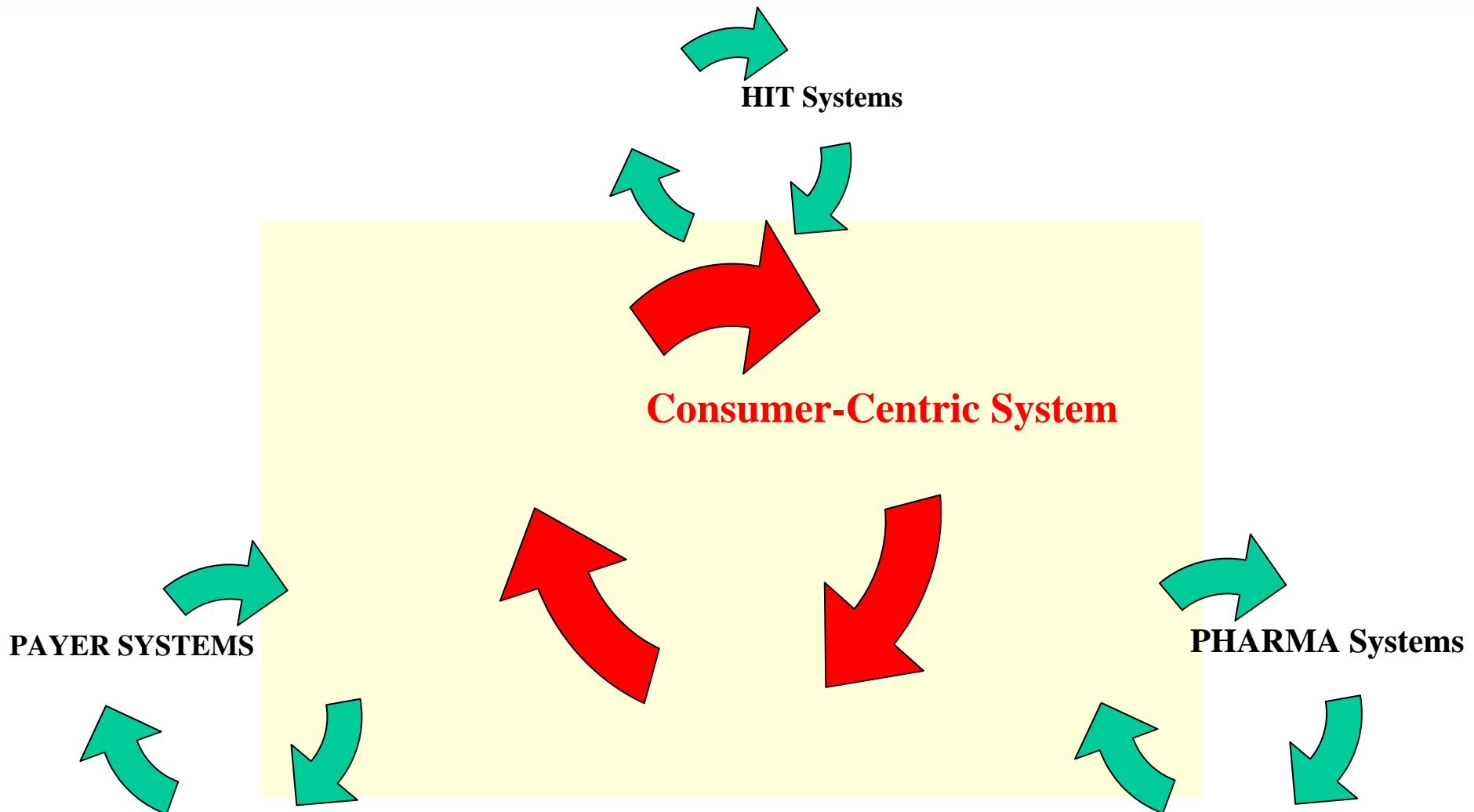
Healthcare is Information

- Over 90% of the activities that go into the delivery of healthcare are centered around information and information exchange.
- The CONSUMER is the central object within this Information System.
- Therefore, clinically-derived “Consumer-Centric, Information-Rich” *Electronic Health Records* will become the common Nexus of Information for **ALL** players in the 21st century health system.

Systems Theory

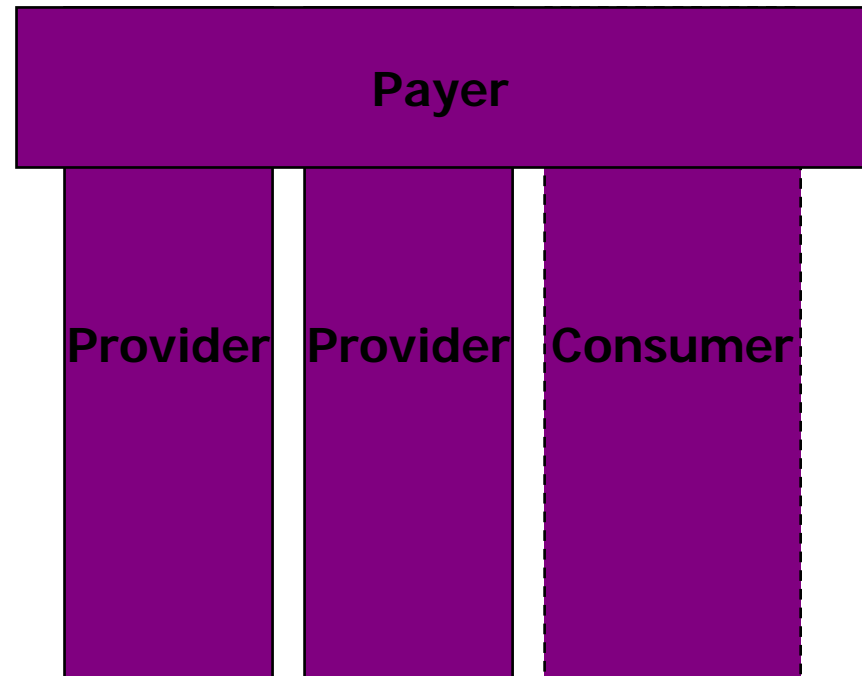
“Every system is perfectly designed to achieve the results it attains.”

Changing our view of the “system”



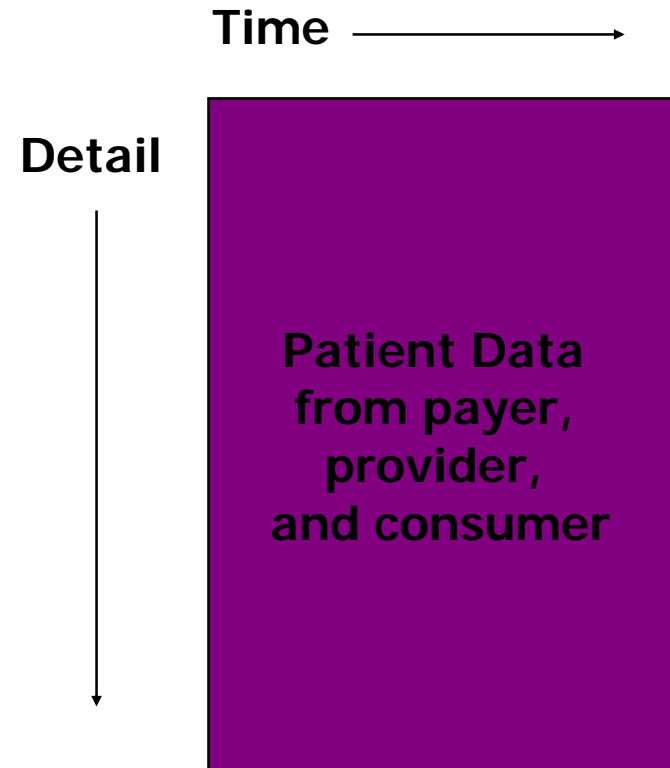
What Data is Available?

- **Providers**
 - Narrow Time Slice
 - Very Detailed
- **Payer**
 - Wide Time Slice
 - Not Detailed
- **Consumer**
 - Trust, but verify
 - Sparse availability today



Data Convergence

- Shared Data Set
- Breadth and Depth
- Credible and Suspect



Courtesy of Paul Oates, UHC

2005: Payers wake-up to HIT:

- *“The train is Leaving the Station”.*
- How do we interpret what is going on in the world of HIT?
- What should our response be to the emergence of a NHIN?
- Should we follow CMS’s lead?
- Pay for Performance?
- Pay for E.H.R. usage?
- Voice in Certification?
- Sharing of Claims-based, Payer Data?
- Lack of Understanding of HIT “basics”, internally, within Payer organizations

2008 -- The Payers are now on the train!:

The HIMSS Payer Roundtable

One over-arching theme:

Better alignment between Provider and Payer efforts around Healthcare IT has become a strategic necessity for both sectors. Through the HPR, leaders from both the Payer and Provider sectors engage in candid cross-industry dialogue, better aligning the activities and direction of each, and driving the transformation of Healthcare through IT.



"Human sacrifice, dogs and cats living together - mass hysteria." Dr. Peter Venkman (aka Bill Murray)

Aligning Payers and Providers:

QUALITY IMPROVEMENT -- Leveraging the Payer-Provider relationship:

Payers' role and influence regarding Quality reporting, measurement and improvement. Leveraging this trend to promote best-practice medicine, consumer/patient involvement, and improved health economic outcomes. Incorporating HIT tools to improve Pay-for-Performance initiatives.

Aligning Payers and Providers:

Healthcare IT Adoption:

Payer's Role in promoting Healthcare IT adoption. (Including incentive-based programs such as Value-Based-Purchasing and Pay-For-Performance)

Aligning Payers and Providers:

Working together on HIT Legislative and Regulatory Issues Affecting both Payers and Providers:

Including: CMS Quality Initiatives // AHIC and AHIC 2.0 – Payer role // Federal and State HIT legislation // ONC (Office of the National Coordinator for HIT)

Aligning Payers and Providers:

RHIO / HIE Sustainability:

Regional Health Information Organizations and Health Information Exchanges: Payers' role in sustainability. HPR involvement in regional and national demonstration projects focused on how Payers and Providers can work cooperatively as information partners supporting RHIOs and the NHIN (National Health Information Network).

Aligning Payers and Providers:

Privacy and Security:

Achieving robust Payer-Provider-Consumer information flow while insuring Data Privacy and Security: How do we balance the need for patient privacy and security with the need to utilize digital records for optimized health care (such as use of information for public and population health, disease management, PHRs and many of the other information uses mentioned in these areas of “alignment”).

Aligning Payers and Providers:

Care Coordination: Case Management / Care Management and Disease Management:

As the role of the Payer continues to evolve from "transaction manager" to "healthcare infomediary", how can Payers and Providers leverage e-Health tools to optimize the care-delivery process including Case/Care Management and Disease Management.

Aligning Payers and Providers:

Consumer Directed Healthcare and Healthcare IT:

Discovering and examining opportunities for each of these two industry "transformations" to synergistically enable and optimize the other. (HSAs, Medical Banking, and the overall Payer-Provider-Bank relationship could fall as a sub-topic under this category)

Aligning Payers and Providers:

The Payer-Provider Relationship --

Increasing cross-industry understanding:

- “
- *What do Providers want from “us” (Payers)?“*
- *What do Payers want from Providers?”*

Plus:

The Payer - EHR Vendor Relationship:

Facilitating Payer interaction with Electronic Health Record Vendors.
Including relationship with HIMSS' EHRVA (The Electronic Health Record Vendor's Association):

Aligning Payers and Providers:

EHR - PHR Alignment:

Aligning provider-side EHR efforts and payer-side PHR efforts. Additionally, Claims-Clinical data integration -- improving the complimentary roles of each.

PHR vs EHR

- **EHR:** “An electronic version of the patient medical record kept by doctors and hospitals. The data in the EHR are controlled by and intended for use by medical providers.”
- **PHR:** “An electronic application through which individuals can access, manage and share their health information in a secure and confidential environment. It allows people to access and coordinate their lifelong health information and make appropriate parts of it available to those who need it.”

EMRs and EHRs

What's the Difference?

Electronic Medical Records

- Legal record of the CDO
- Record of clinical services for all patient encounters in that CDO
- Owned by the CDO
- Sold by enterprise HIT vendors to hospitals, health systems, clinics, etc.
- May support patient access to some results via portal but not interactive
- Does not contain encounter information from other CDOs

Electronic Health Records

- Subset (including CCR or CCD summaries) of information from various CDOs where patient has had encounters
- Access controlled by patient
- Community, state, regional emergence today (RHINs)
 - Nationwide in the future
- Supports patient access and allows patient to append information.
- Connected by RHIN and/or NHIN

National level

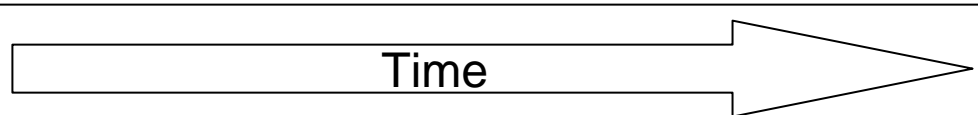
Region level

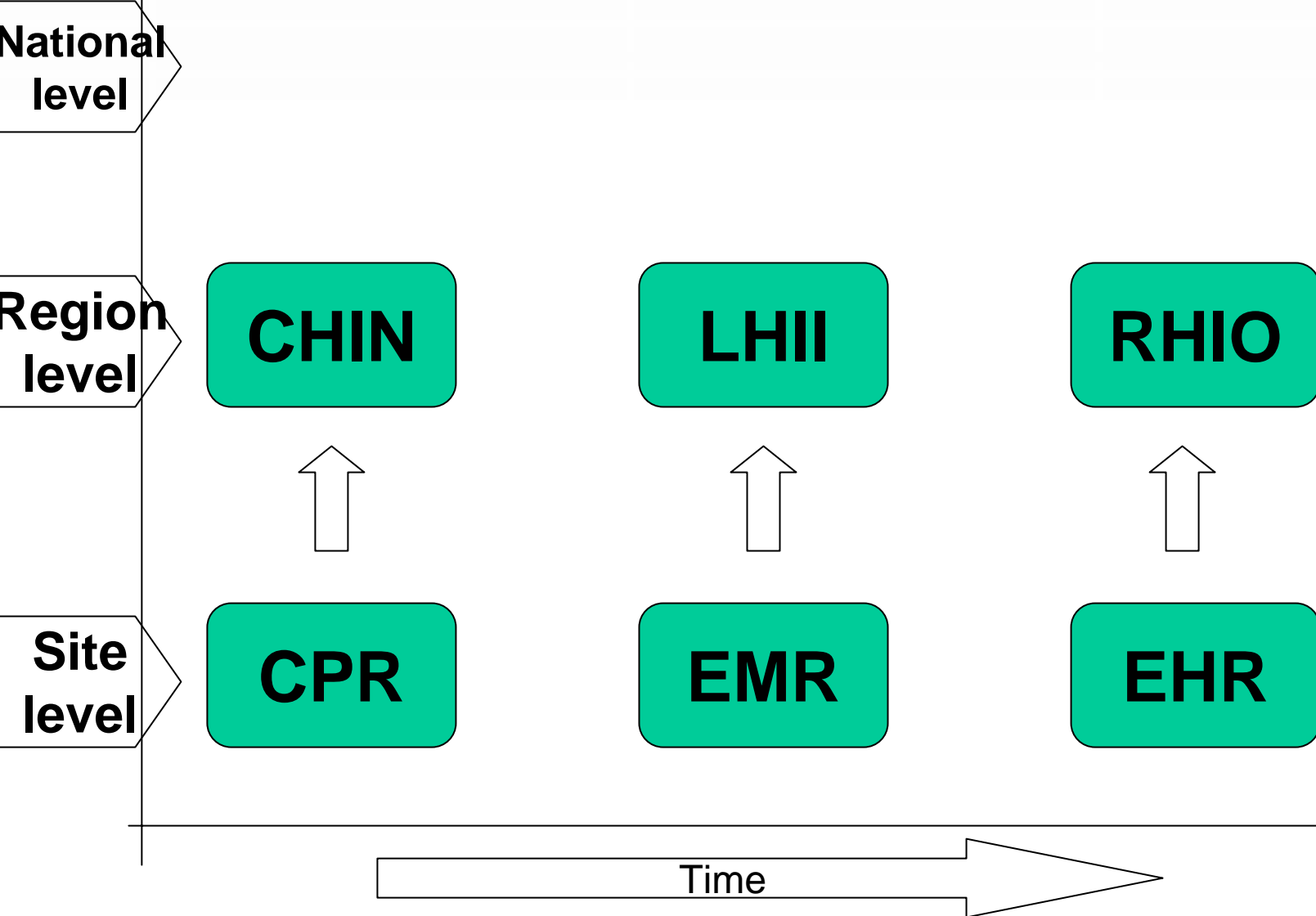
Site level

CHIN

LHII

RHIO





National level

NHII

NHIN

Region level

CHIN

LHII

RHIO

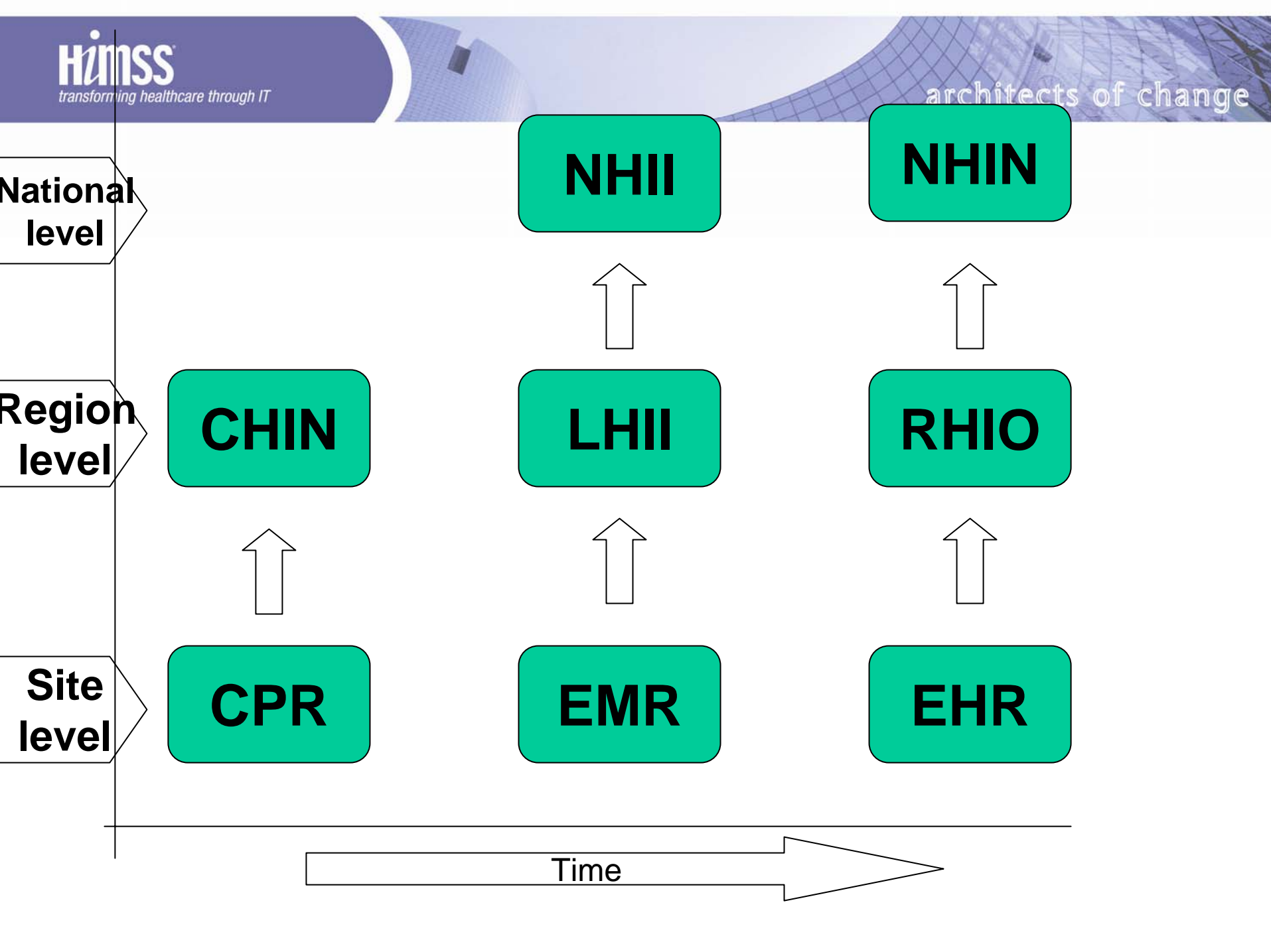
Site level

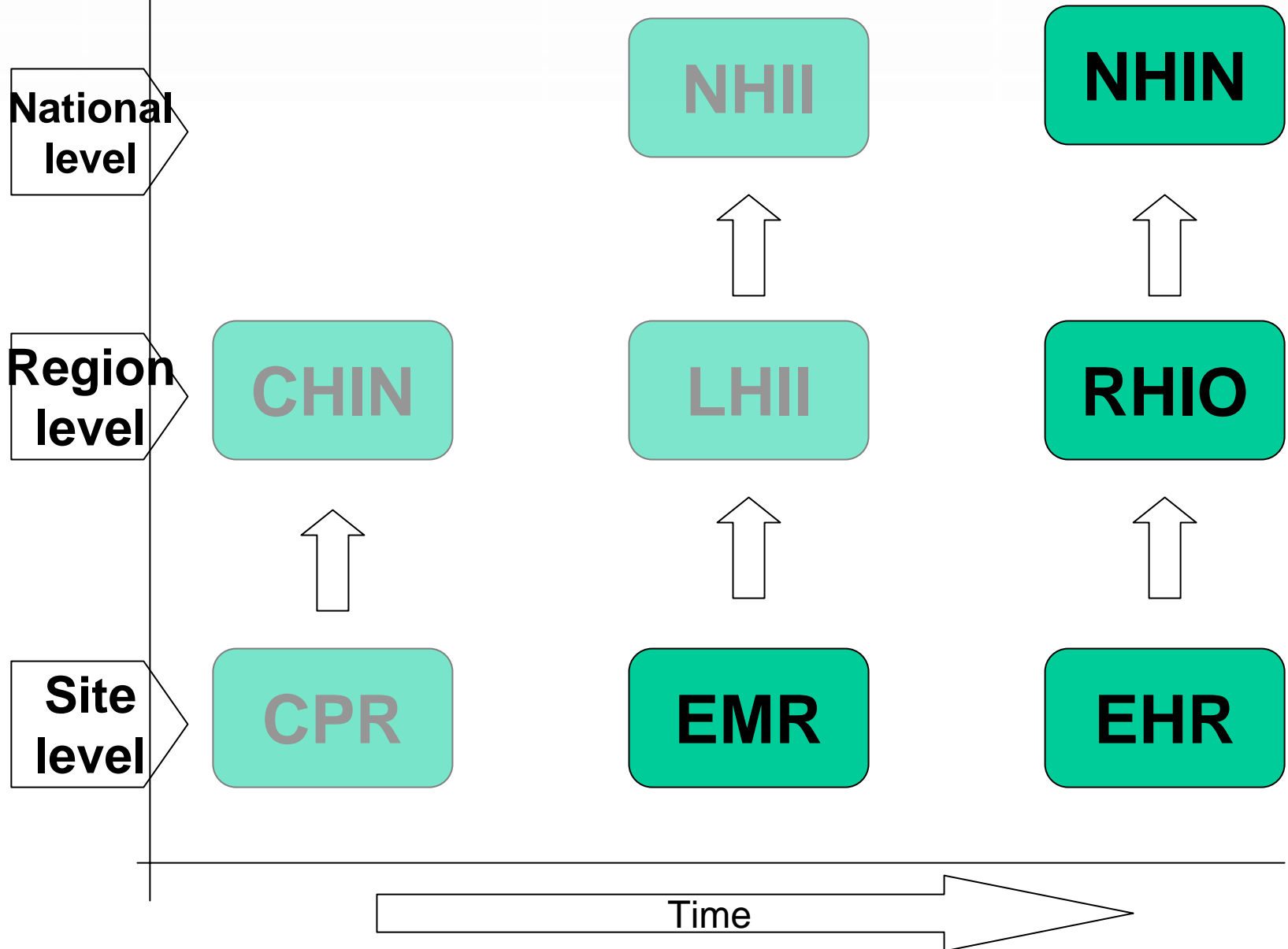
CPR

EMR

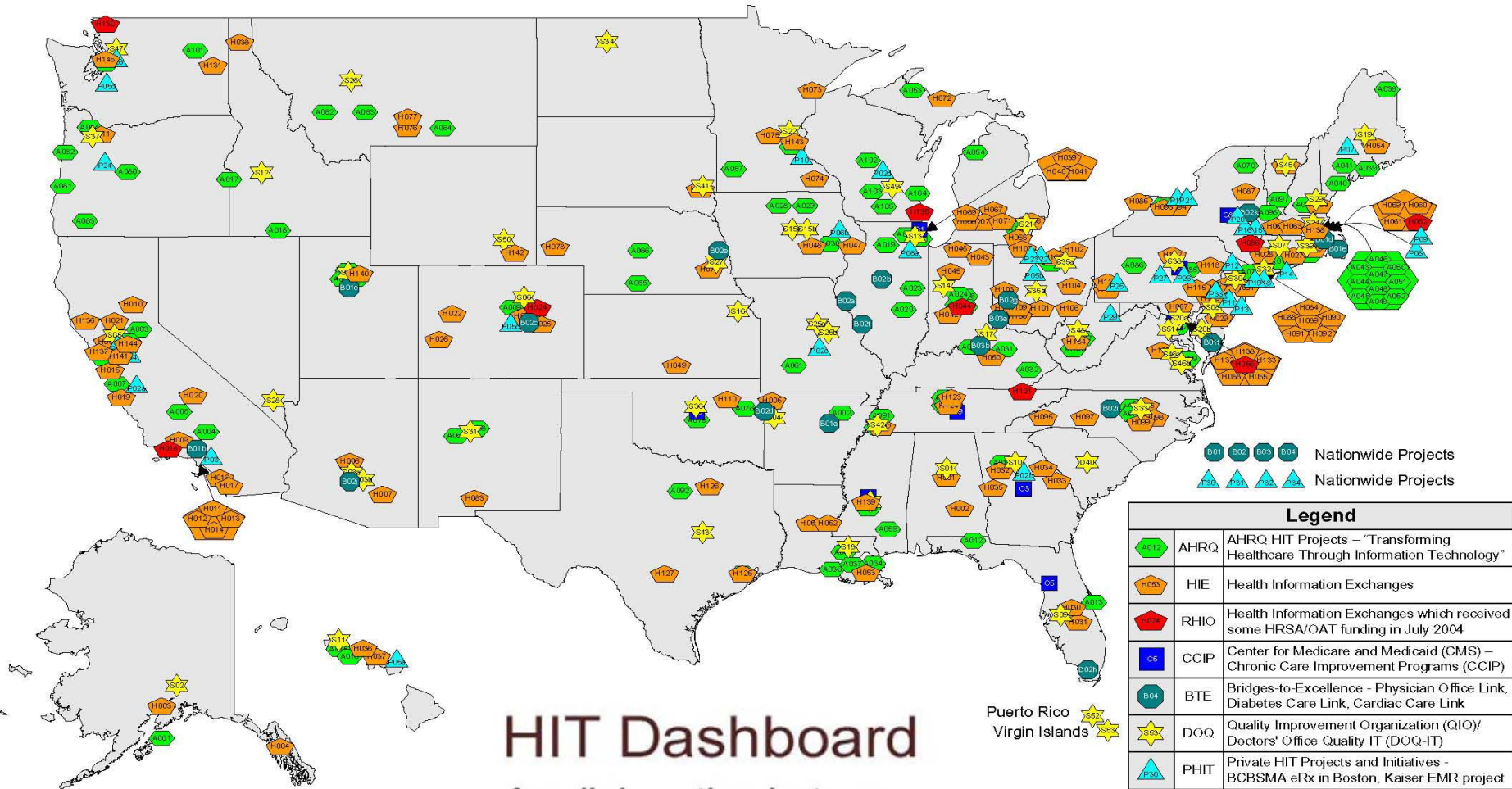
EHR

Time





Where have all the RHIOs gone?



Legend	
	AHRQ AHRQ HIT Projects – “Transforming Healthcare Through Information Technology”
	HIE Health Information Exchanges
	RHIO Health Information Exchanges which received some HRSA/OAT funding in July 2004
	CCIP Center for Medicare and Medicaid (CMS) – Chronic Care Improvement Programs (CCIP)
	BTE Bridges-to-Excellence – Physician Office Link, Diabetes Care Link, Cardiac Care Link
	DOQ Quality Improvement Organization (QIO)/ Doctors’ Office Quality IT (DOQ-IT)
	PHIT Private HIT Projects and Initiatives - BCBSMA eRx in Boston, Kaiser EMR project

HIT Dashboard
A collaboration between

Note: Some projects fit multiple categories, in these instances, the item was placed in the most appropriate category. Most projects in this list

RHIO Resistance

“Blame it on RHIO?” JD Kleinke

“The EHR first has to work as a medical record before physicians concern themselves with interconnectivity, interoperability, and health information exchange.”

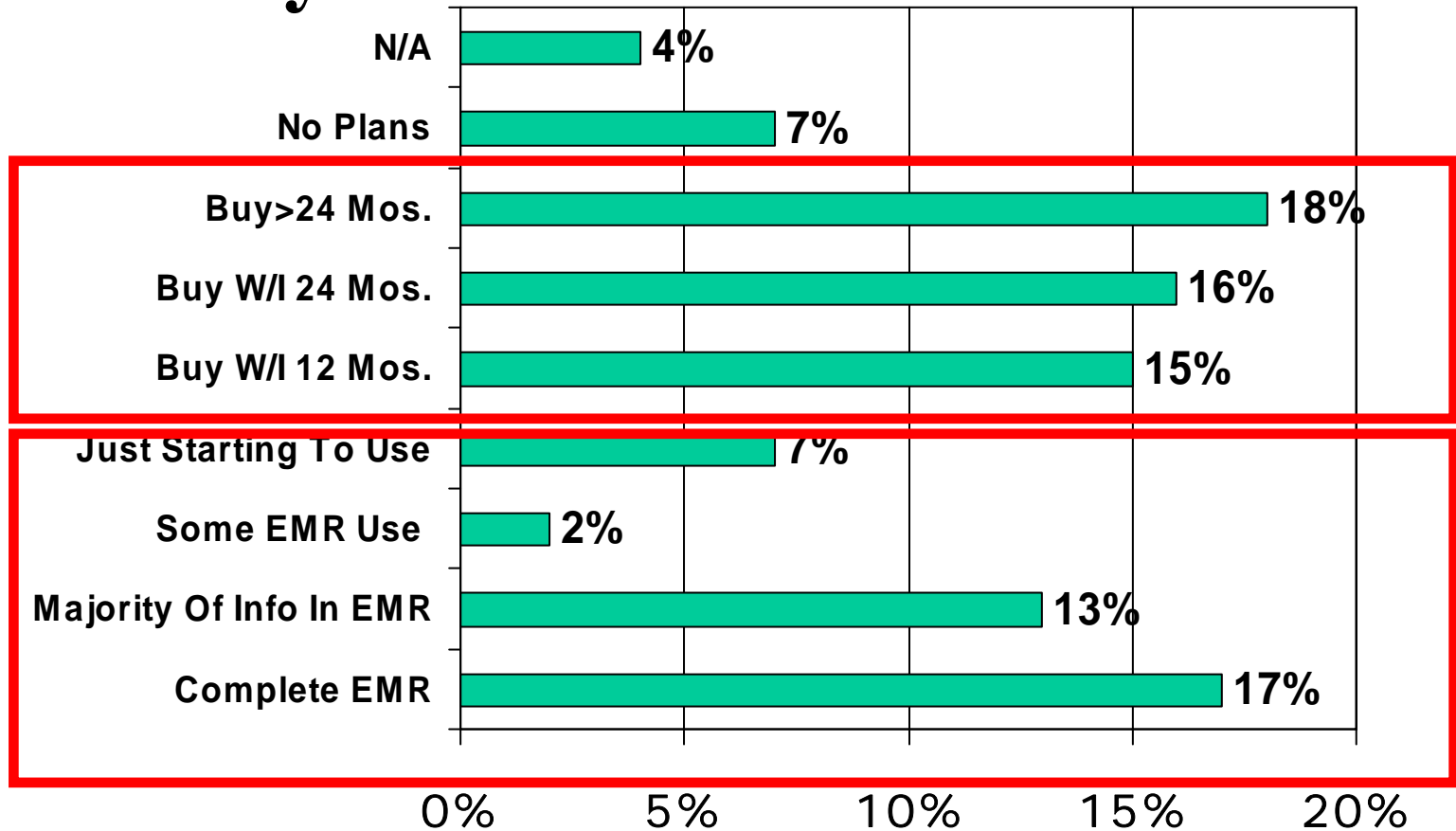
Dr. Joseph Heyman, Chair-Elect, American Medical Association (AMA) Board of Trustees

Have we been putting the cart before the horse?

Is this even the right question to be asking?

Are we too caught-up in a linear paradigm?

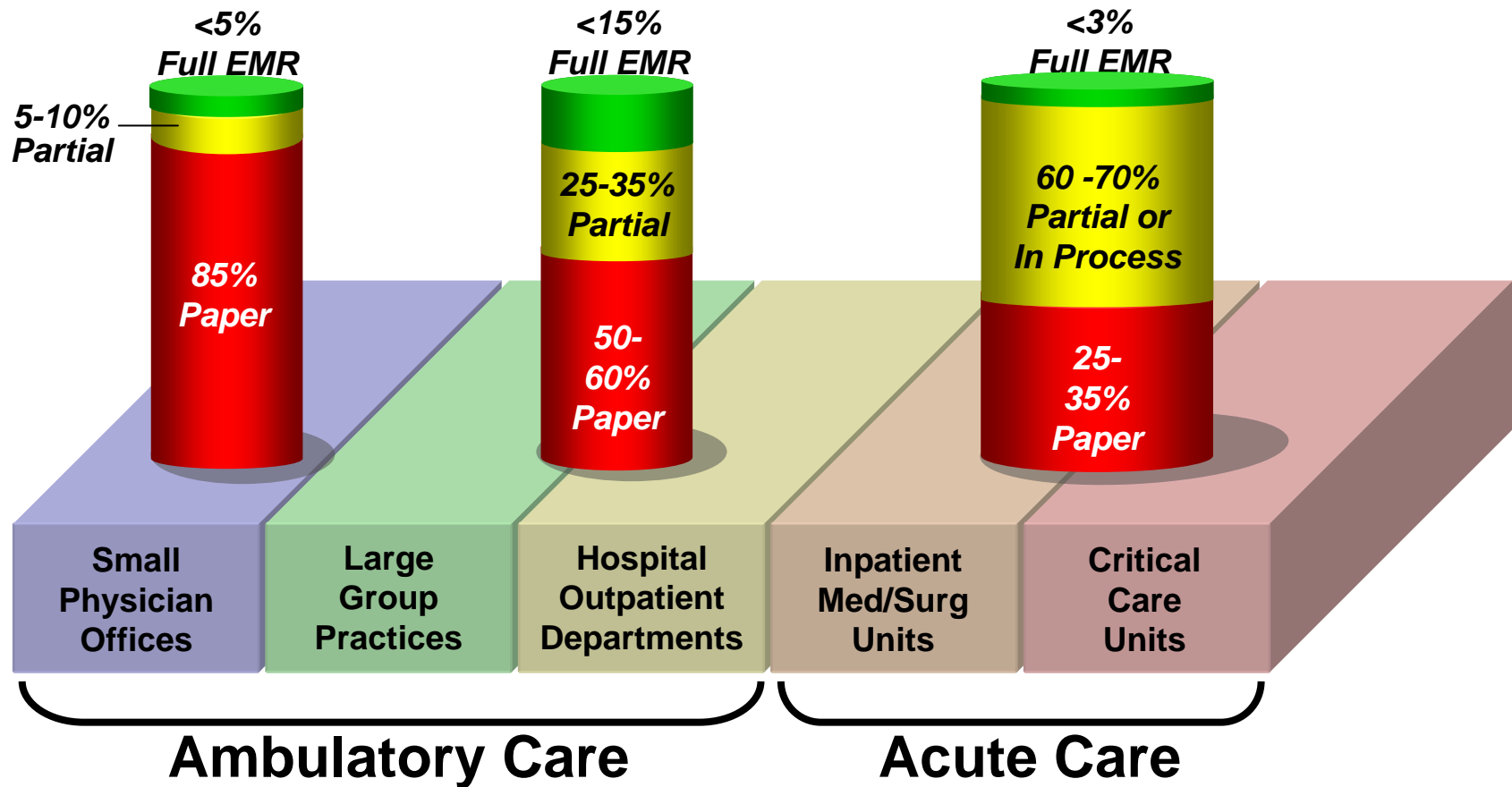
Starting around 2004 – A major shift in Physician view of EMRs



SOURCE: AAFP Survey 7/04

But where are today? – 4 Years later...

One view of EMR Adoption Today



Another View...

Best Estimates of EHR Adoption

American Health Information Community - September 12, 2006 Presentation

	Range from Medium or High Quality Surveys	Best Estimates Based on High Quality Surveys
EHRs in physician offices	17 to 25%	17%
Solo practitioners	12.9 to 13%	13%
Large physicians offices*	19 to 57%	39%
EHRs in hospitals	16+ to 59% ++	None
CPOE in hospitals	4 to 21 %	5%

* Large is defined as ≥ 20 physicians by one study (with an estimate of 39%) and ≥ 50 physicians (with an estimate of 57%).

+ Estimate from a survey rated "low" in quality of methodology

++ Estimate from a survey quality of content suggested "low" in confidence in the estimate

The Economics of Interoperability

HIEI National Net Cost-Benefit

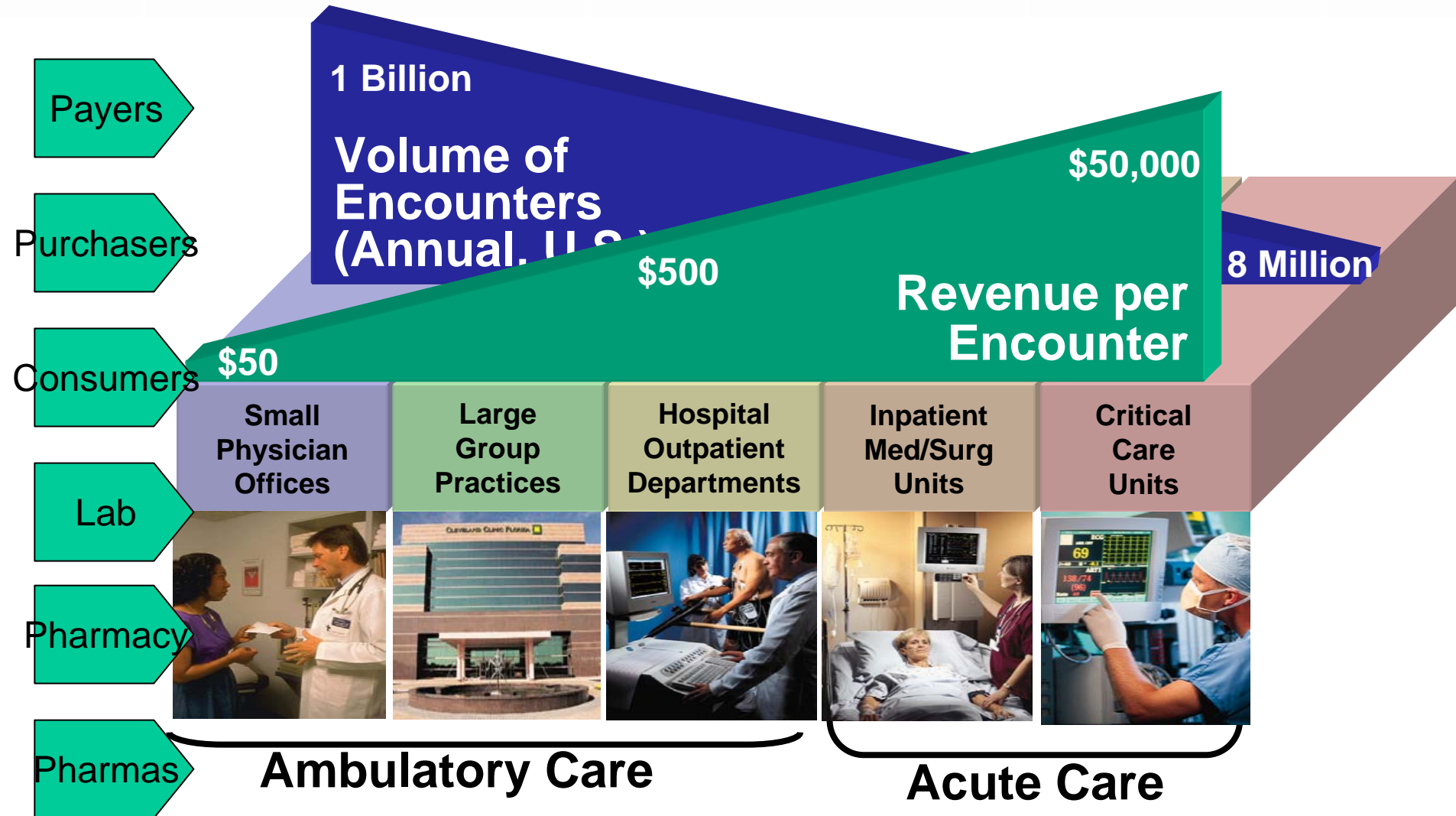
	<u>Net Return over 10-year Implementation</u>	<u>Annual Net Return after Implementation</u>
Level 2	\$141B	\$22B
Level 3	-\$34B	\$24B
Level 4	\$337B	\$78B

Value of HIE standards is the difference between Level 3 & 4

Interoperable HIT Impact:

- **CITL**
 - Savings of \$77.8 billion/year if health information exchange existed in the US
 - \$44 billion/year potential savings with widespread CPOE
- **RAND**
 - Estimates savings 3-5% above the CITL study
- e-Prescribing can reduce pharmacists' calls to physicians by 50%
- Patients access to EHRs improves satisfaction and allows informed input to their care
- Evidence-based medicine and care guidelines improve compliance and quality of care

As HIT moves toward the left side of this graph, we need RHIOs more than Ever!



RHIOs 2.0

Role Shift?

From designing, building, governing and implementing the HIE (Health Information Exchange)

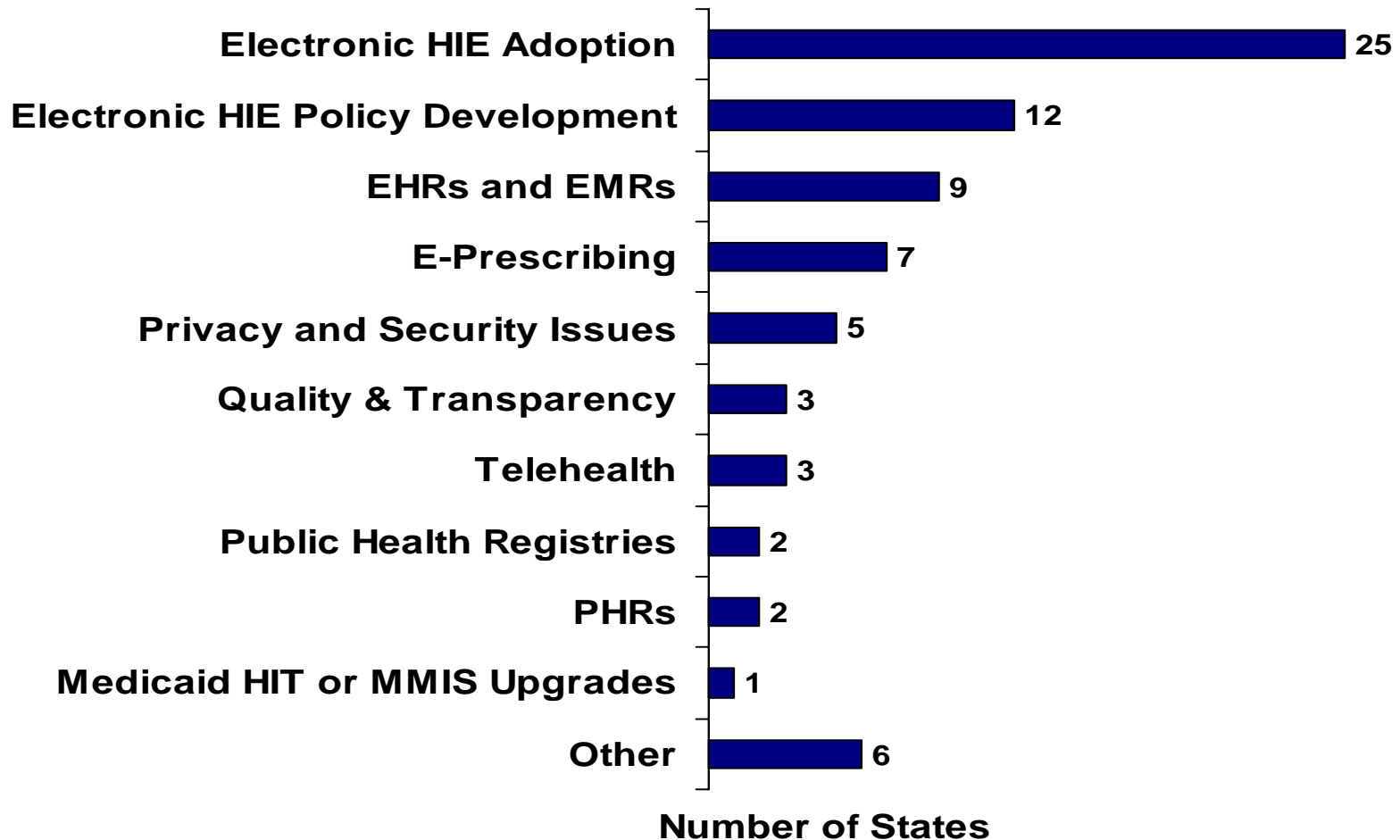
To Enabling Health Information Exchange to take place.

“I’m Not Bad, I’m Just Drawn that Way”



Jessica Rabbit -- *Who Framed Roger Rabbit*, Disney 1988

Top State E-Health Priorities for Next Two Years



State Government Legislative Update

- 1,000 pieces of legislation have been introduced in 45 state legislatures that address some aspect of HIT in 2008 (funding, publicly funded health programs, reimbursement, etc.).
- 250 HIT bills introduced in 38 state legislatures and the District of Columbia in 2007
- 74 Bills passed and became law in 2007.
- The next few years promise to be particularly important in the development of state-level elements in HIT.
- States expect HIT to improve quality and safety in the health system and the efficiency and effectiveness of their own health-related operations.
- States important part of nationwide HIT strategies - they have demonstrated a range of preferences and approaches when integrating health IT activities into their policy agendas.

The Executive Branch and HIT:

For Five Years Goal Reaffirmed again and again...



White House photo by Eric Draper

2004: *“Medicine ought to be using modern technologies in order to better share information, in order to reduce medical errors, in order to reduce cost to our health care system by billions of dollars... Within ten years, every American must have a personal electronic medical record. The federal government has got to take the lead ... President George W. Bush, April 26, 2004*

2005: *“... most Americans to have electronic health records within ten years. The President’s vision would create a personal health record that patients, doctors and other health care providers could securely access through the Internet no matter where a patient is seeking medical care.” June 6, 2005 HHS*

2006: *“We will make wider use of electronic records and other health information technology, to help control costs and reduce dangerous medical errors.” President Bush’s State of the Union Address, January 31, 2006*

2007: *... “ we need to reduce costs and medical errors with better information technology.” State of the Union January 23, 2007*

2008: *... yada, yada, yada...*

- **Goal 1: Inform Clinical Practice**

- Strategy 1: Incentivize EHR adoption
- Strategy 2: Reduce risk of EHR investment
- Strategy 3: Promote EHR diffusion in rural & underserved

- **Goal 2: Interconnect Clinicians**

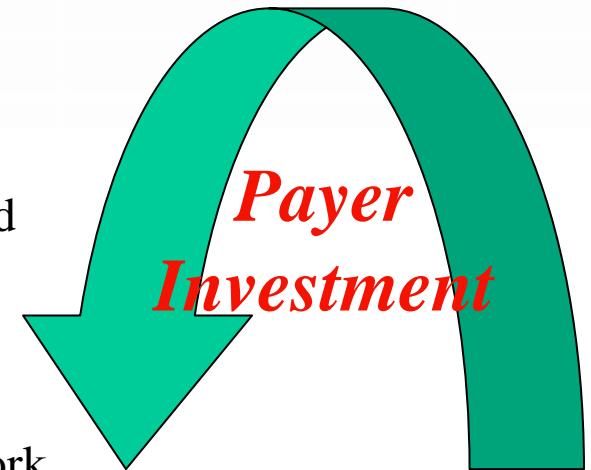
- Strategy 1: Foster Regional Collaborations (RHIOs).
- Strategy 2: Develop a National Health Information Network
- Strategy 3: Coordinate Federal Health Information systems

- **Goal 3: Personalize Care**

- Strategy 1: Encourage Use of Personal Health Records
- Strategy 2: Enhance Informed Consumer Choice
- Strategy 3: Promote use of Telehealth Systems

- **Goal 4: Improve Population Health**

- Strategy 1: Unify Public Health Surveillance Architectures
- Strategy 2: Streamline Quality and Health Status Monitoring
- Strategy 3: Accelerate Research and Dissemination of Evidence.



A public-private “Community” was established to serve as the focal point for America’s health information concerns and drive opportunities for increasing interoperability



HITSP includes 351 different member organizations and is administered by a Board of Directors

- 24 SDOs (7%)**
- 248 Non-SDOs (71%)**
- 30 Govt. bodies (9%)**
- 13 Consumer groups (3%)**
- 36 Project Team and Undeclared (10%)**

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.

American Health Information Collaborative (AHIC) 2.0 Successor

- Two-phased grant proposal process to transition organization
- Phase I Awarded to LMI/Brookings Institution
 - HIMSS supporter of effort
- Phase II: Award?
- Begin phase-out of AHIC 1.0 and transition activities to successor organization (AHIC 2.0)
- AHIC 2.0 meetings - March, April and May

CMS-Led Demonstration to Accelerate EHR Adoption

- October 2007:** Five-year demonstration project announced
- Incentives to providers from small (three to five physicians) practices for using EHRs
 - 12 markets, covering 1,200 providers and up to 3.6 million Americans
- **February 2008:** CMS announced application criteria
- Information available at Medicare Waiver Demonstration Application Instructions
 - HHS and CMS conducting town hall meetings across the U.S.
 - Application deadline May 13, 2008
- **Summer 2008:** Target Start Date
- Year 1: Get systems up and running
 - Year 2: Start receiving incentives for electronic reporting
 - Year 3-5: Receive incentives for improved clinical outcomes

The Legislative Branch and HIT:

The Hug that Changed Healthcare

Newt Gingrich and Hillary Clinton Embrace!

New York Times -- *A Good Idea From the Odd Couple*

Published: May 16, 2005, Editorial

“The last thing that's likely to get noticed, amid all this potential for dish, is that the cause this odd couple was promoting in the press conference heard round the world is actually a very good one - the need to drag the health care industry out of the dark ages of scribbled notes and into the modern world of electronic record keeping...

...Shifting to electronic records that can be viewed by doctors, patients and health insurers not only will make the health care system more efficient, but also should reduce medical errors caused by sloppy records or the failure to communicate effectively.”

Legislative HIT Environment

- **Currently tracking 97 separate pieces of HIT related legislation (50 House and 47 Senate)**
- No significant action during 1st Session of 110th Congress
- What to expect during 2nd Session (2008)?
 - S. 1693 (Wired for Health Care Quality Act)
- Has passed HELP Committee
- Awaiting full Senate Action; No House Action on companion bill (H.R. 3800)
 - H.R. 1467 (10,000 Trained by 2010)
- Passed House – Provides authority to spend \$100M at NIST for workforce shortages
- Viewed as education legislation by Senate HELP. No Action to date.
 - S. 2408/H.R. 4296 (Medicare Electronic Medication and Safety Protection Act)
- Introduced into both House and Senate
- Track all HIT legislation at the HIMSS Legislative Tracker at www.himss.org/advocacy/actioncenter.asp

Key Legislation:

Wired Legislation - S. 1693/H.R. 3800

- Codifies National Coordinator office in HHS
 - Termination date of September 30, 2014
- Codifies AHIC and authorizes policy framework
 - Termination date of September 20, 2014
- Creates Partnership for Health Care Improvement
 - Enhance/support coordination between HITSP and CCHIT
- Two grant programs: HIT for providers & Health Information Exchange (HIE)
- One state loan fund for providers to buy HIT
- Authorizes certification process
- Some privacy provisions
- Quality provisions create entity to advise HHS Secretary on performance measures/priorities, including integration of measures with interoperability standards from Partnership
- Creates Quality Reporting Organizations



2008 Congressional Action Plan

- Coordinating HIMSS and EHRVA efforts
- Belief that all HIT legislation could be “held hostage” by privacy concerns
- Working with Administration and Congress to address concerns on privacy/security
- Conducting meetings with key House and Senate health aides to assess situation for legislation movement
- Still tracking Health Record Bank legislation
- Supporting efforts of GAO and Congressional Budget Office
- New educational sessions and field trips for congressional staff

HIMSS Public Policy Educational Efforts

Issued Presidential HIT Briefing Book to all Presidential campaigns in January 2008.

- Educated over 65 Capitol Hill staff on privacy and security, interoperability, and Davies Award program
- Educated 30 Executive branch staff on HIMSS activities, legislative updates, and ideas to leverage HIMSS resources
- Provided HIT 101 training session for New Democrats Coalition Health Care Task Force health aides.
- Hosted HIT Forum for Congressional Black Caucus. Planning follow-up forum on June 12.

National Health IT Week: 3rd Annual Event: June 9 – 13, 2008

Extensive Collaboration including HHS

- 29 Partners to date signed up!
- HIMSS events include:
 - Summit, June 9 - 10
 - Volunteer Leadership Training, June 10
 - National Advocacy Day, June 11
 - Board meeting, June 12
- Honorary Steering Committee
- Planning Committee



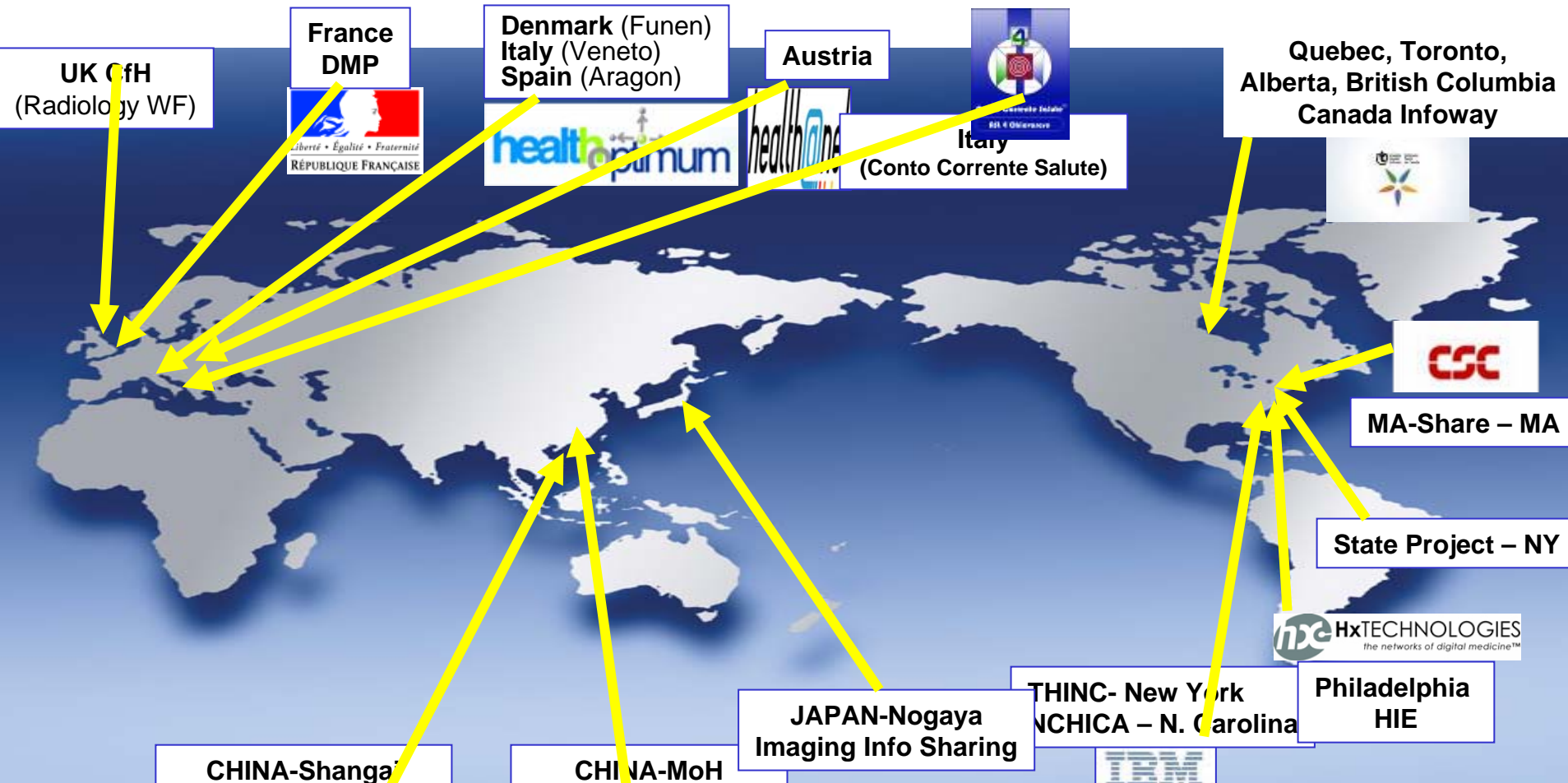
HIMSS and Interoperability:

Integrating the Healthcare Enterprise

- A Proven, Real-world solution that creates frameworks for passing health information seamlessly from application to application, system to system, and setting to setting – all available in the public domain
- IT Infrastructure, Radiology, Cardiology, Lab, Care Summaries, Cross-Enterprise orders/results, Continuity of Care in both Ambulatory and Enterprise settings, ECG, Ophthalmology, patient care devices
- **IHE insures true Interoperability** - *the ability of two or more systems or components to **exchange** information and to **use** the information that has been exchanged.**

IHE: The Framework for a “GHIN”

IHE, the only sets of harmonized global standards already adopted by several national & regional projects



Healthcare's Data Disconnect:

We know the Price of Everything and the Value of Nothing

**One clinical example of the
Claims / Clinical data disconnect...**

**(Warning: the following slide contains
graphic imagery)**

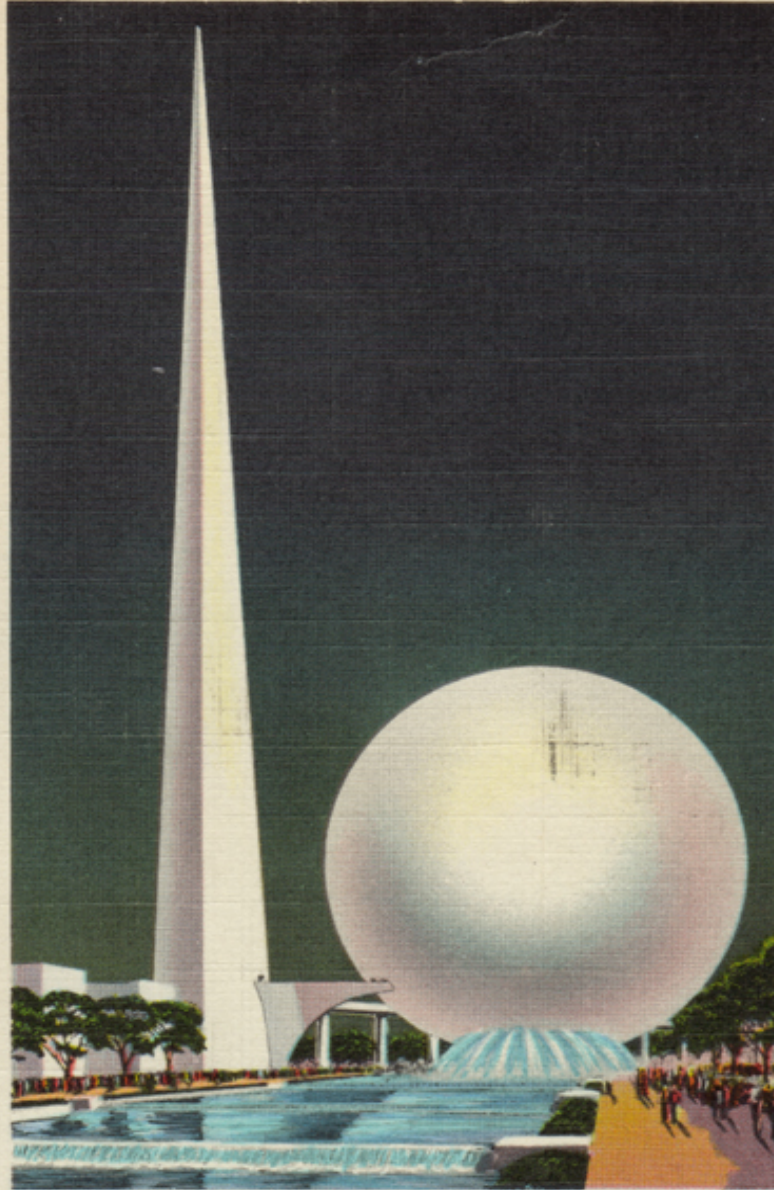


I'm sorry Mr. Jones, but your HMO does not pay for enemas. I'm going to have to have to slap the sh*! outta you.

*The “Boot
of
Efficiency”*

55W

Trylon and Perisphere, New York World's Fair

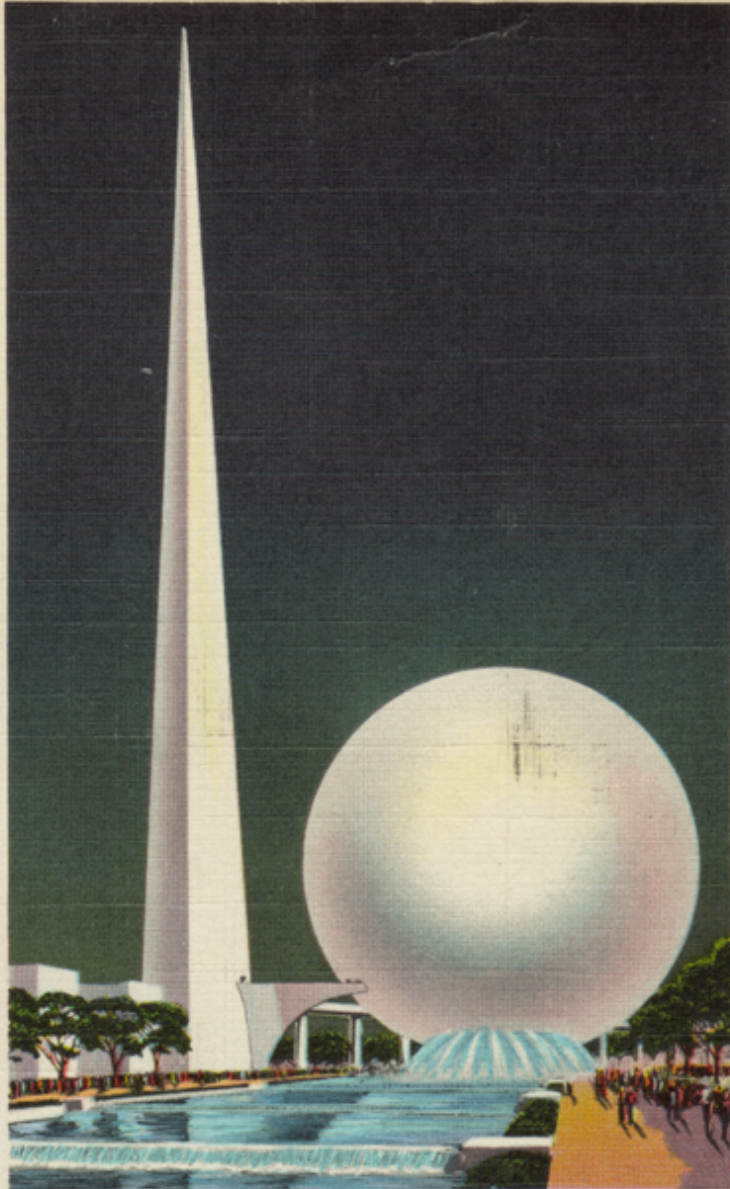


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Trylon and Perisphere, New York World's Fair



Lesson from the 1939 World's Fair...

*The city of tomorrow will be
designed and flourish under
the theme of...*

“UNITY

Not

UNIFORMITY”

Thank You

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