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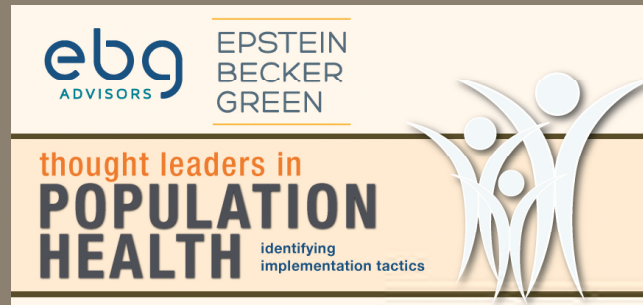
POPULATION HEALTH

identifying
implementation tactics



How Health Information Exchanges Are Supporting Population Health Management

January 29, 2015



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Healthix, Inc.



Presentation Overview

This session will examine Health Information Exchanges' (HIEs) support for population health management and coordinated care efforts for lessons learned, and utilize the panelists' national perspectives to explore the range of additional potential. Panelists will discuss the development and transformation of HIEs both in the private and public sectors, and address different approaches taken by HIEs to integrate disparate IT systems. The webinar will also review current issues associated with sustainability, privacy and security and data integrity.

In addition, the speakers will:

- Highlight best practices and lessons learned from HIEs
- Discuss different HIE data exchange models by examining the experience of a New York City area HIE
- Showcase the importance of establishing consistent standards and quality benchmarks
- Assess the future of HIE support for population health initiatives



Structure Overview Through Accreditation

- Healthcare's Exchange Structure Overview
- The Office of the National Coordinator for Health Information Technology's (ONC's) Push to Advance HealthWay and Nationwide Health Information Exchange Models
- Stronger Direct Connections: Direct Project
- Accrediting Those Connections
- Collaboration between DirectTrust and EHNAC
- The ACO (Population Health) Exchange Factor
- Accrediting Tomorrow's ACO



Healthcare's Exchange Structure Overview



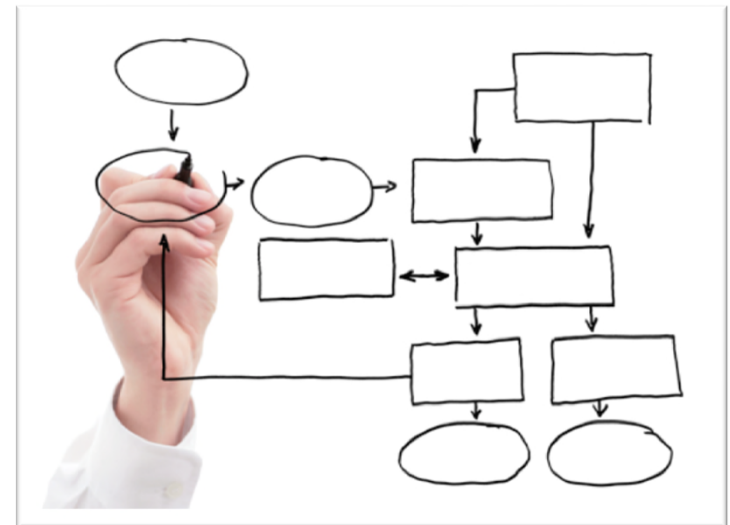
Health Information Exchange (HIE) Market Reality

- HIE facilitated by a variety of organizations/sources including:
 - HIOs
 - HISPs
 - EHR vendors
 - National services providers
 - Hospitals
 - ACOs/Population Health
 - Health Center Controlled Networks
 - Others



Health Information Exchange Truths

- Health information exchange is a journey, not a destination
- Leveraging government parameters can support conditions of exchange
- Health information exchange is not one-size-fits-all
- Multiple approaches will exist side-by-side
- Build in incremental steps – “don’t let the perfect be the enemy of the good”



Evolving Compliance Issues Affecting HIEs and ACOs

- The advent of the HITECH Omnibus Rule
 - Additional compliance provisions that place increased penalties for PHI disclosures and breaches
- The Office for Civil Rights (OCR) have been reinstating OCR audits in earnest
 - OCR conducted 115 audits in 2012 with a cross section of healthcare stakeholders
 - Reinstating audits in 2014 combination “desk review” and audits
- EHNAC worked collaboratively in 2013 with OCR to align the accreditation programs with OCR’s audit protocol



The ONC's Push to Advance HealthWay & Nationwide Health Information Exchange Models



ONC Strategies to Advance HealthWay & Nationwide Exchange Models

- Enable a governance infrastructure, including a trust framework, that reduces barriers to exchange;
- Coordinate across federal government partners on HIE funding, innovations and implementations;
- Create shared learning opportunities to identify best practices and lessons learned to advance exchange; and
- Help vendor community (EHR and HIE) understand meaningful use requirements and options.

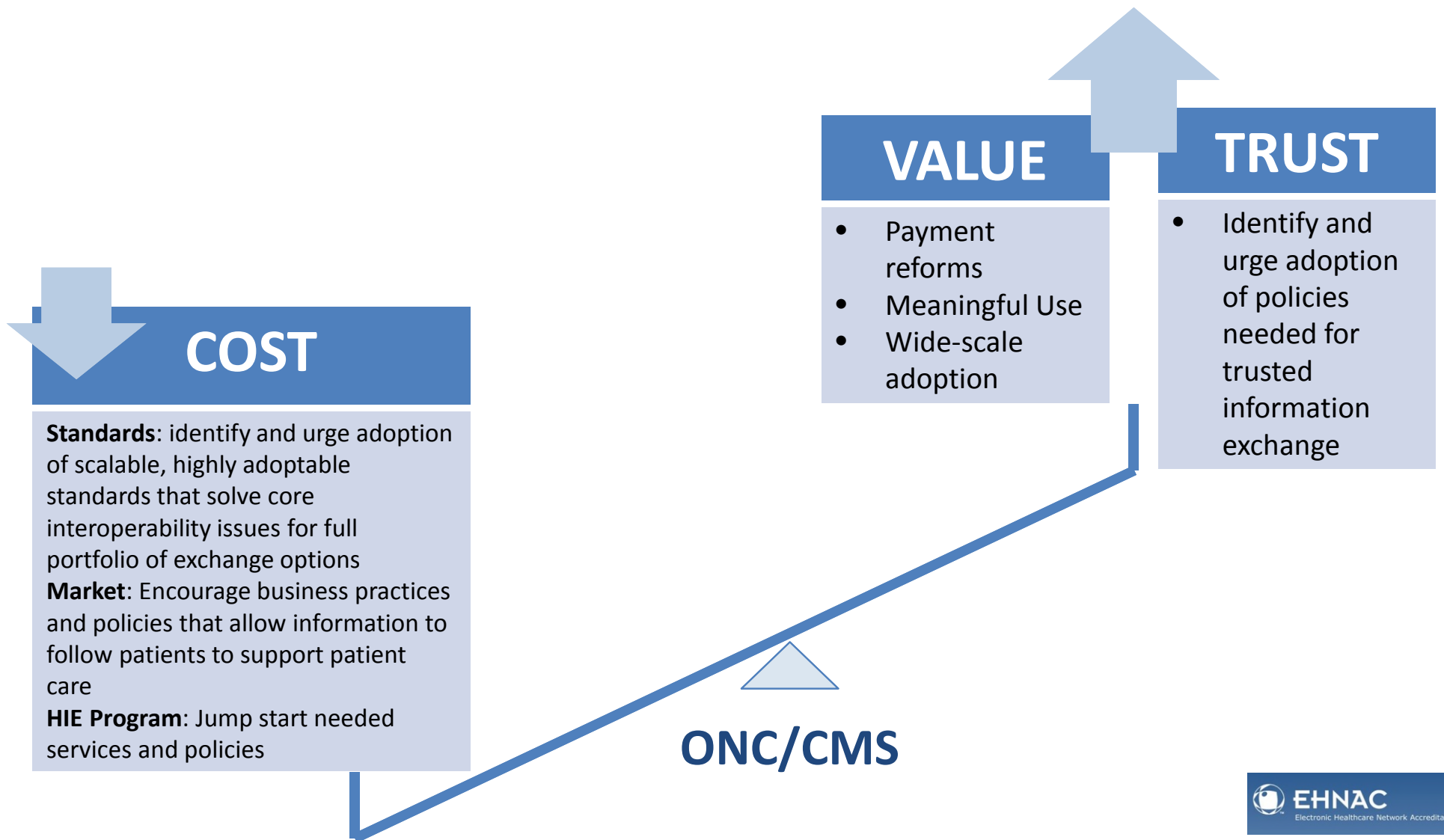


ONC's Strategies to Advance HealthWay & Nationwide Exchange Models, *Continued*

- Support state-level and community HIT-enabled care transformation; and
- Convene state policy leaders, federal partners and other leaders to tackle and resolve specific issues confronting on the ground implementers who are using HIT to support state-level care transformation including quality reporting, analytics, care coordination and patient engagement.



Reduce Cost and Increase Trust and Value



Collaboration Between DirectTrust and EHNAC



What is the Direct Project?

- The Direct Project seeks to benefit patients and providers by improving the transport of health information, making it faster, more secure, and less expensive. The Direct Project will facilitate “direct” communication patterns with an eye toward approaching more advanced levels of interoperability than simple paper can provide.

The Direct Project specifies a *simple, secure, scalable, standards-based* way for participants to send authenticated, encrypted health information *directly to known, trusted recipients over the Internet.*



Key Issues for Scalable Trust: Identity and Security

- Directed exchange is email over the Internet.
- Sender and receiver depend on one another for identity validation and encryption of message and attachments.
- Without trust in these, inability to establish service connections between HISPs are likely, leading to service interruptions.
- Roles for “trusted agents” – who supply identity validation and encryption – are critical, because they are potential weak links in the network of trust.
- What constitutes sufficient trust and how can we avoid costly, time consuming contracts between each HISP? That is, how can trust become scalable?

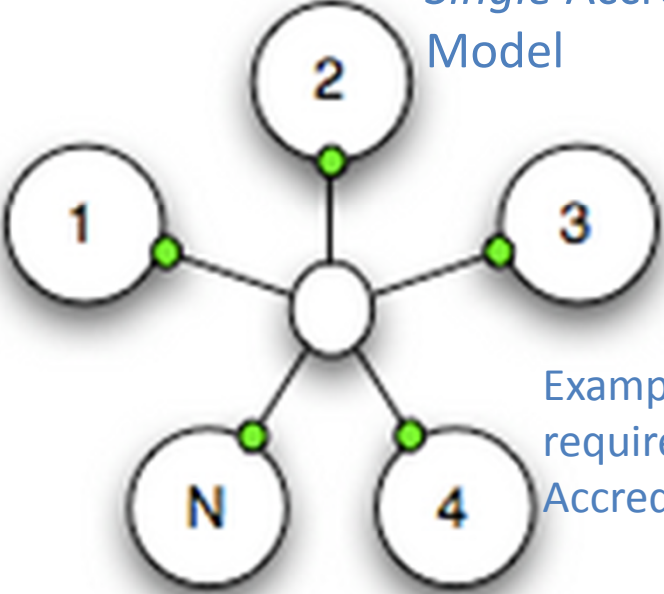
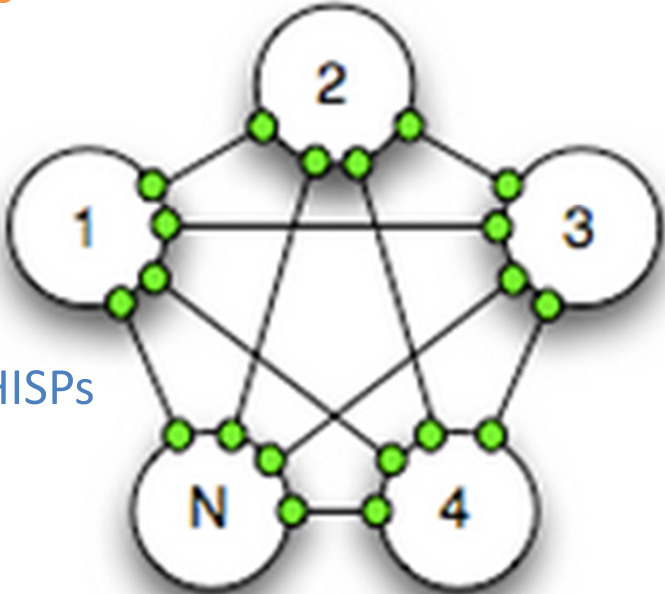


The $n(n-1)$ Connection Problem, Also Known as the N Squared Problem

Bi-directional
Contracts
Model

N Squared

Single Accreditation
Model



Example: 8 HISPs
requires 28
Contracts
{ $N(n-1)/2$ }

Example: 8 HISPs
requires 8
Accreditations

When N is large, # Interfaces $\sim N^2$

Interfaces = N

Each 2 interfaces requires a contract



Building Network Via Bi-directional Contracts Is Unworkable

- If HISPs have to forge one-off contracts with each other, the cost of Directed exchange goes UP with each new user group, each new contract, and thus the value decreases. Complex. Rate-limiting step.



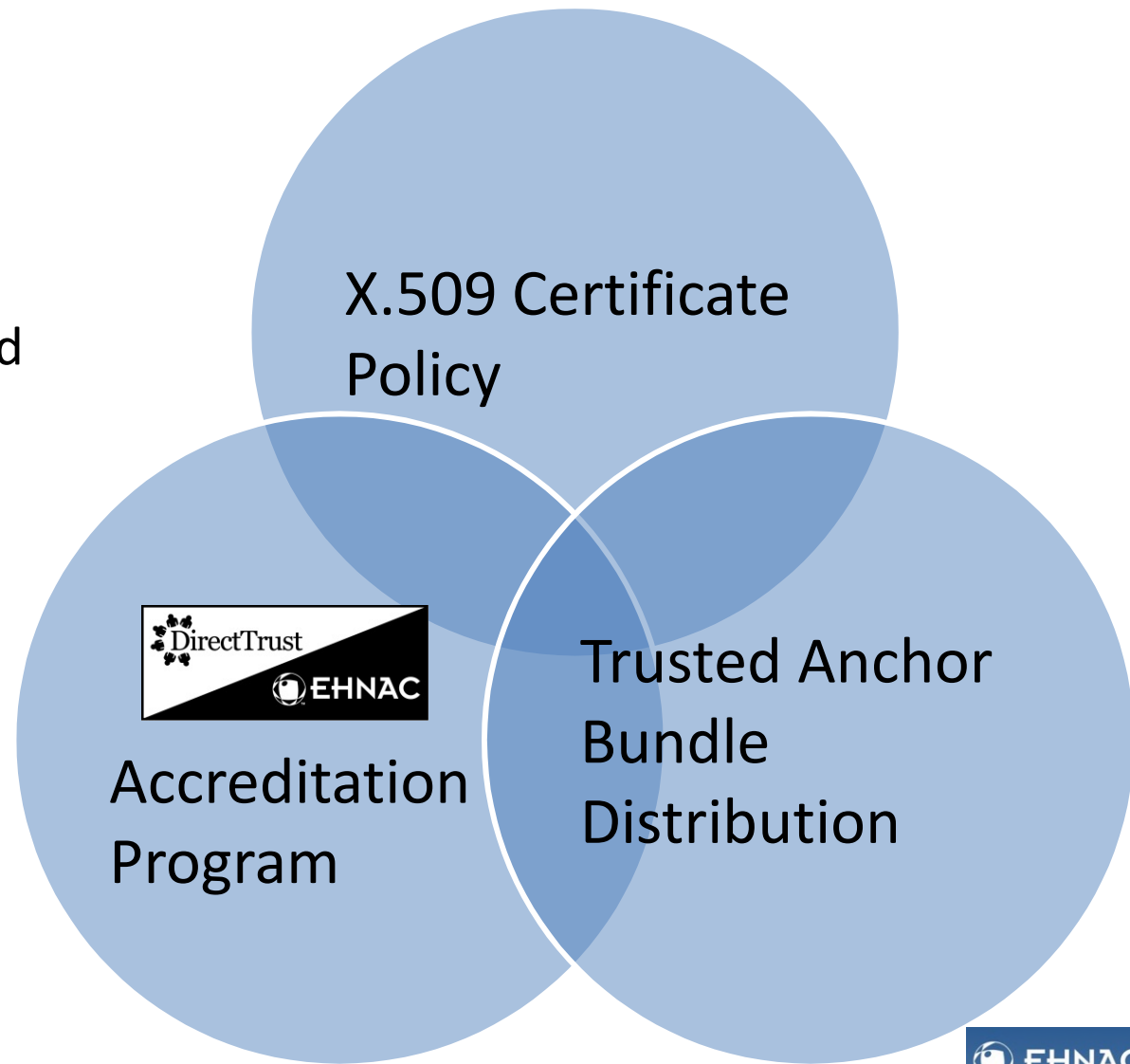
Scalable Trust

- Scalable Trust is a strategy for enabling Directed exchange between a large number of endpoints, in this case HISPs and their users/subscribers.
- If “scalable,”
 - Trust should happen “quickly” and uniformly.
 - A “complete” network will be formed voluntarily.
 - Complexity and cost of establishing a network will decrease, while the value of the network itself will increase, as more nodes are added.
 - This “network effect” will be a by-product of making trust scalable.



DirectTrust Framework

The goal is to make it easy and inexpensive for trusted agents in Direct to voluntarily know of and follow the “rules of the road” while also easily and inexpensively knowing who else is following them.



Accrediting Trusted Roles

- The DTAAP provides a baseline set of standards for the management and operations of HISPs, CAs, and RAs within the DirectTrust Framework.
- Accredited entities can be trusted by relying parties within the Direct community to be:
 - operating in accordance with the collective policies and processes proscribed by DirectTrust
 - subject to annual audits

DirectTrust.org Trust Framework



HISPs:

Policy: Accredited HISP Operational Policy (HP)

Practices: HISP Practices Statement (HPS)

Accreditation: Verify HPS maps to HOP, Direct messaging compliance, HIPAA privacy/security attestation, Accredited CA, audit.



CAs:

Policy: Accredited Certificate Policy (CP)

Practices: Certification Practices Statement (CPS)

Accreditation: Verify CPS maps to Direct CP, certificate & CRL profile compliance, Accredited RA process, audit.



RAs:

Policy: Accredited Registration Policy (CP) or Certificate Policy

Practices: Registration Practices Statement (RPS)

Accreditation: Verify RPS maps to CPS or RP, audit.

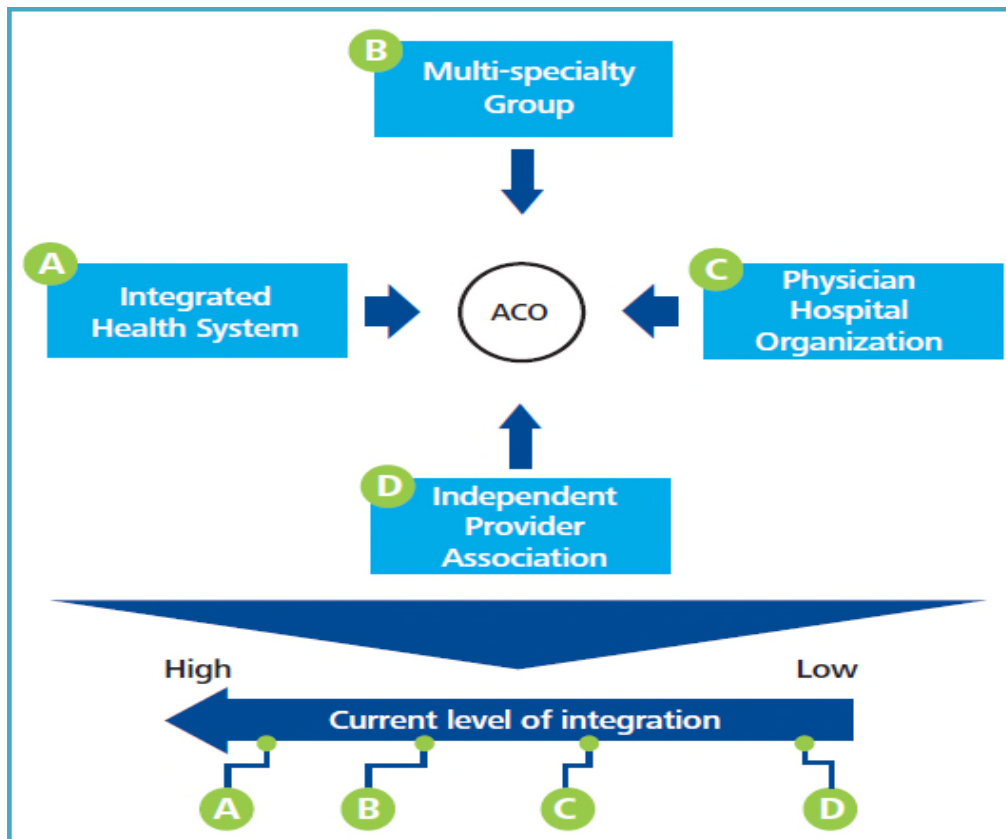


The ACO (Population Health) exchange factor:



ACO Operational Model

- Varying levels of integration drive cost to integrate multiple providers/networks



- Interoperability may require significant investment in short and long-term systems
- Intangible aspects (culture) may hold hidden costs



ACO Benefits

Better Member Outcomes

- ✓ **Individualized care plans** help deliver the right care to the right person
- ✓ **Identify care gaps** and close them
- ✓ **Timely interventions** through automated monitoring and tracking

Increased Patient Engagement

- ✓ **mobile PHR** allows members easy access to care plans
- ✓ **Patient Education** makes patient informed and empowered
- ✓ **Instant Messaging** between members & care manager

Enhanced Productivity

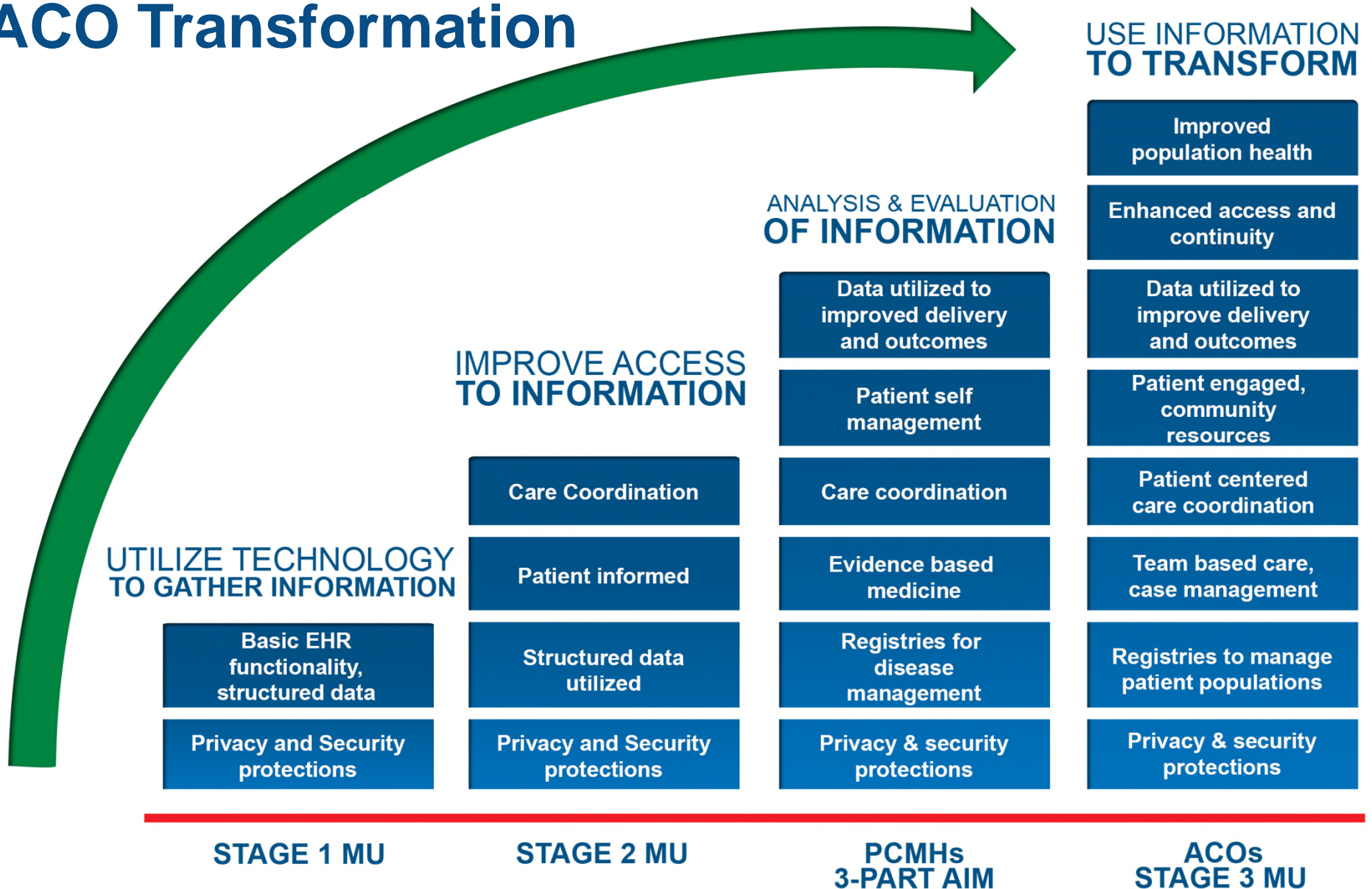
- ✓ **Real time access** to member Health information
- ✓ **Improved decision support**
- ✓ **Automated Processes** reduce administrative tasks
- ✓ **Measure variation across providers & identify best practice**

Improved Financial Performance

- ✓ **Reduction in long-term care costs**
- ✓ **Monitor and analyze costs** (e.g. average cost per beneficiary, per claim, etc. by service type, provider, etc.)



ACO Transformation



Potential Savings

An Integrated Approach to Population Health Management

Reduced  the # of BedDays  per 1'000 members by **40%** 



emergency room visits reduced  by **52%** for members actively enrolled in the program

More than **\$3,000**  cost saving per member per month for those engaged in Case Management 



 the commercial ER program realized an **8% PMPM reduction**  & **13%** utilization reduction 

The commercial BedDay per 1,000  decreased by **11%** compared to the prior 12 months  

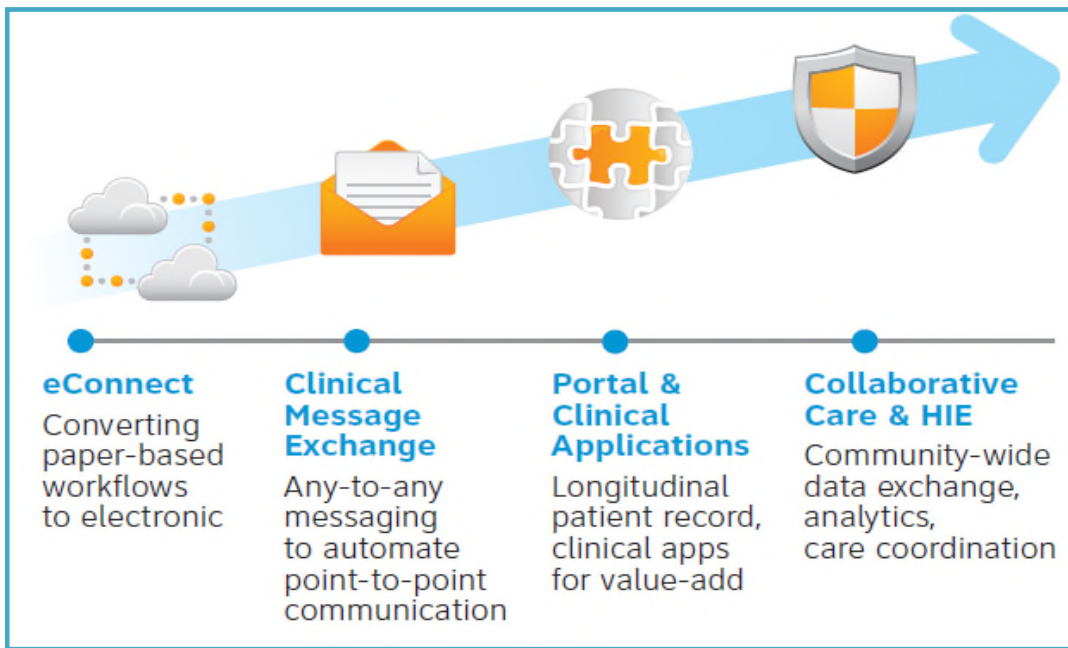


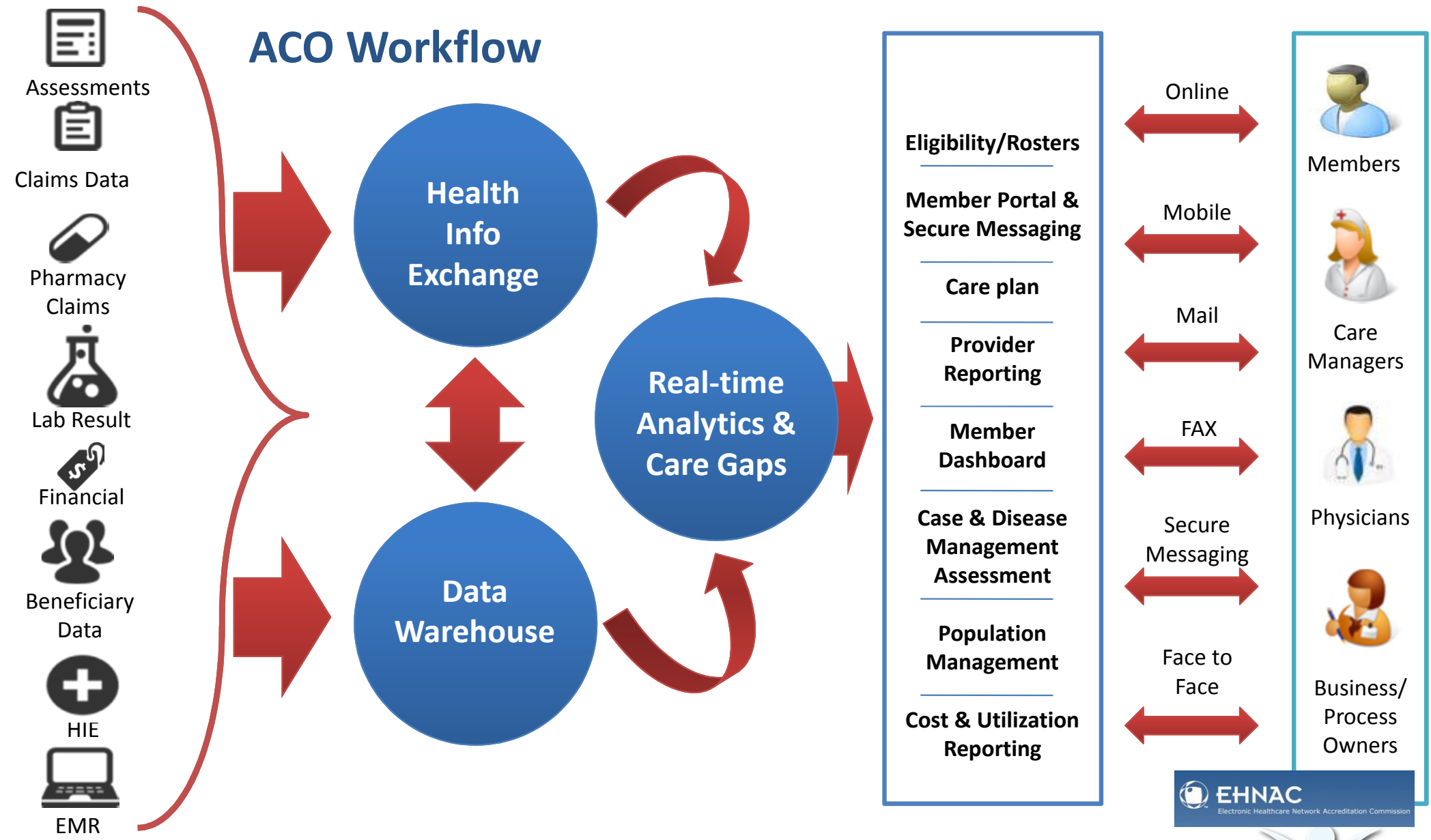
Health IT Enables ACO Operations

- Common Standards
- Data Liquidity
- Population Data Trending
 - Data Mining/Analytics
- Patient Engagement
 - Mobile/Digital Health



www.aha-solutions.org/resources/att-whitepaper-aco-082112.pdf





Analytics Suite

Enables PQRS and ACO Quality Metrics

Quality Metrics Reporting

Utilization Reporting

Includes standardized benchmarks for managed care

Predicts future expenditure from current chronic illness burden

Predictive Modeling

Financial Reporting

Provides an analysis on Medical Loss Ratio. Benchmarked with Customary & Reasonable Charged including

Provider, Patient, Commercial, Medicare and ACO Dashboards

Dashboard



Bed Days/1000

ER/1000

All Cause Readmission rates

Utilization and Cost by Service Type

Organizational and Provider Medical Activity Summaries

Average cost by diagnostic groupings and procedures compared to benchmarks

Per Member Per Month (PMPM) cost compared to benchmarks



Accrediting Those Connection Points: The EHNAC Factor



EHNAC History/Governance

- Founded in 1995 as an independent, 501(c)(6) not-for-profit accreditation organization
- Federally recognized as a standards development organization (SDO)
- DEA Certified e-Prescribing for Controlled Substances (EPCS)
- 100+ accredited organizations
- Legislated in the states of MD,NJ, TX, UT w/ others considering specific accreditation program adoption
- Governed by a Commission of 14 industry stakeholders from private and public sector organizations
- Guided by peer evaluation promoting quality service, innovation, cooperation and open competition



Benefits of Accreditation

- General Benefits
 - Provides a competitive advantage and differentiation
 - Showcases compliance with EHNAC criteria
- Framework
 - Provides a framework for reusable policies and procedures
 - Promotes industry best practices in healthcare
 - Identifies areas for improving business processes/workflows
 - Facilitates business discipline, organization and planning
- Metrics
 - Enhances performance through requirements for quality metrics and measurements
 - Improves customer satisfaction through the capture of call metrics

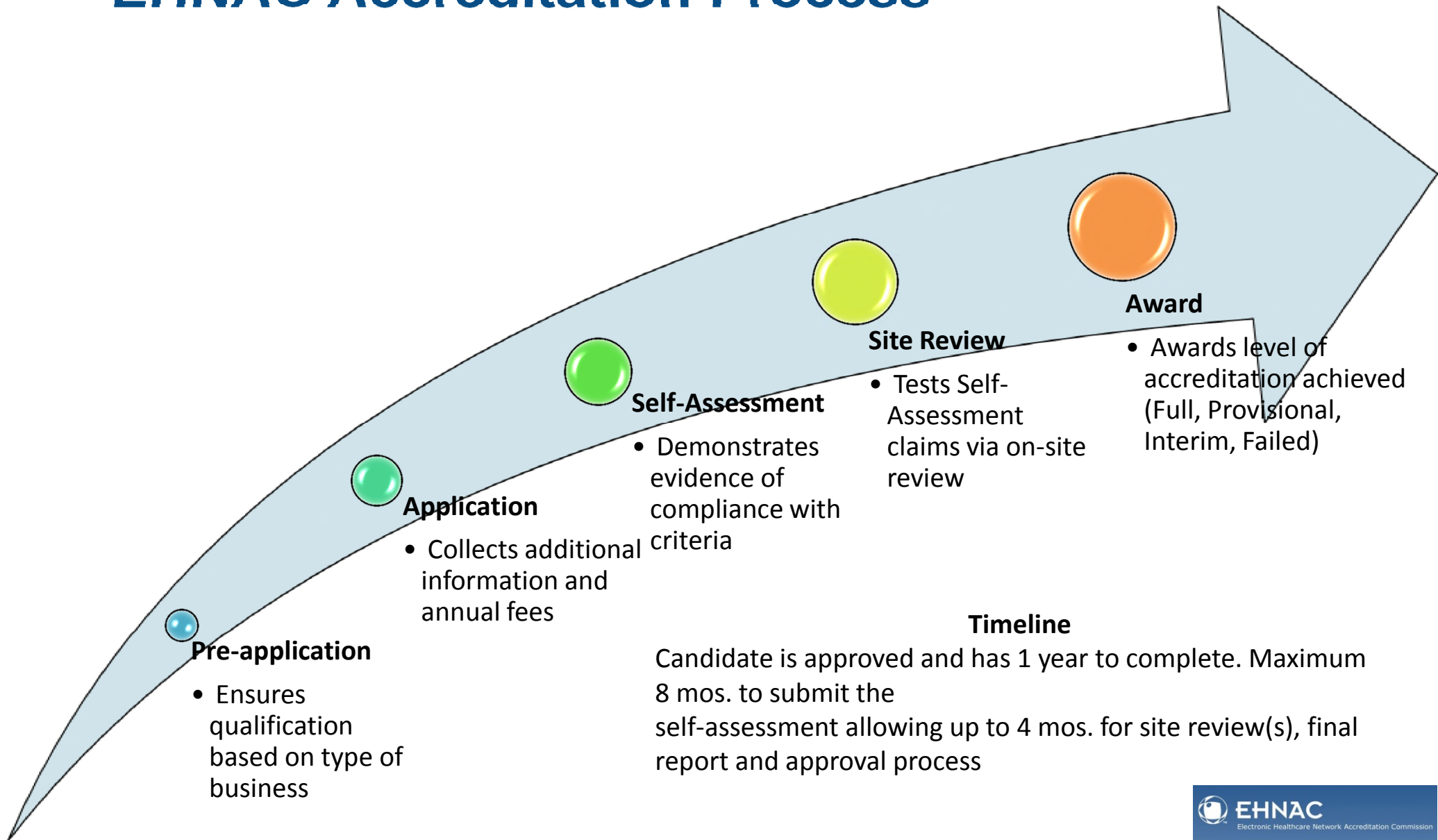


Benefits of Accreditation, *continued*

- Quality
 - Encourages quality improvements in products and services
 - Fosters operating cost reductions through efficiencies
 - Provides regular, comprehensive and objective evaluation of policies, procedures and controls
- Compliance
 - Reviews HIPAA, ARRA/HITECH, Affordable Healthcare Act, Omnibus Rule and other regulatory compliance requirements
 - Alliance with OCR Audit Protocol
 - Fulfills Maryland, New Jersey and Texas regulatory requirements
 - Identifies privacy, security, confidentiality and business risk exposures and mitigation strategies



EHNAC Accreditation Process



Status of ACO Programs

- Programs are being finalized
 - Over 40 ACO-specific criteria have been developed to supplement the EHNAC baseline criteria
 - Back-end “Instructional Guidance” and “Samples of acceptable evidence” have been developed for each.
 - Both the Criteria Committee and Commission have approved ACOAP v.1.0 to be released end of January 2015.



ACO Criteria Samples: EHNAC Baseline Criteria

Privacy and Confidentiality, Breach Notification, & Security:

- II. A.5 Candidate must utilize strong encryption, user authentication, message integrity, and support for non-repudiation as security measures in compliance with any legislation requiring it.
- III. L.2 Candidate must have a documented plan for breach notification, including determination of proper entities to notify.
- VI. B.1 Candidate must conduct an accurate and thorough annual analysis of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI held by the candidate.



ACO Criteria Samples: ACO-specific Criteria

Intro to Candidate Environment and Trading Partner Agreements

- I. A.4 Candidate must have the following in place:
 - (1) A formal Operating Agreement;
 - (2) A formal Participation Agreement; and
 - (3) A website that lists the participants, the governing body, and a general description of how the distribution of savings is calculated.

- IV. A.3 Candidate must have policies requiring periodic audits to monitor the use of the ACO to ensure compliance with applicable federal and state privacy law and ACO policies, and include the following in the audit:
 - Consents are on file at the appropriate entity (ACO or trading partner) for patients whose PHI is accessed via the ACO; and
 - ACO trading partner or business associate agreements require that authorized users who access PHI do so for authorized purposes.



ACO Criteria Samples: ACO-specific Criteria

Sustainability and Termination of Operations:

- IV.C.1 Candidate must have a documented sustainability plan that is reviewed on at least a quarterly basis. This plan must establish metrics for tracking cost savings through quality of care improvements, and it must define the percentage of savings to be reinvested into the ACO.
- VI.D.1A formal Termination of Operations plan must be in place that addresses the full requirements when the ACO terminates its services.



About Healthix

Healthix is a regional health information organization (“RHIO”)

Health information exchange (“HIE”) services facilitate the coordination of care and secure exchange of information among disparate providers

Goal is to improve clinical outcomes, promote efficiency and reduce healthcare costs

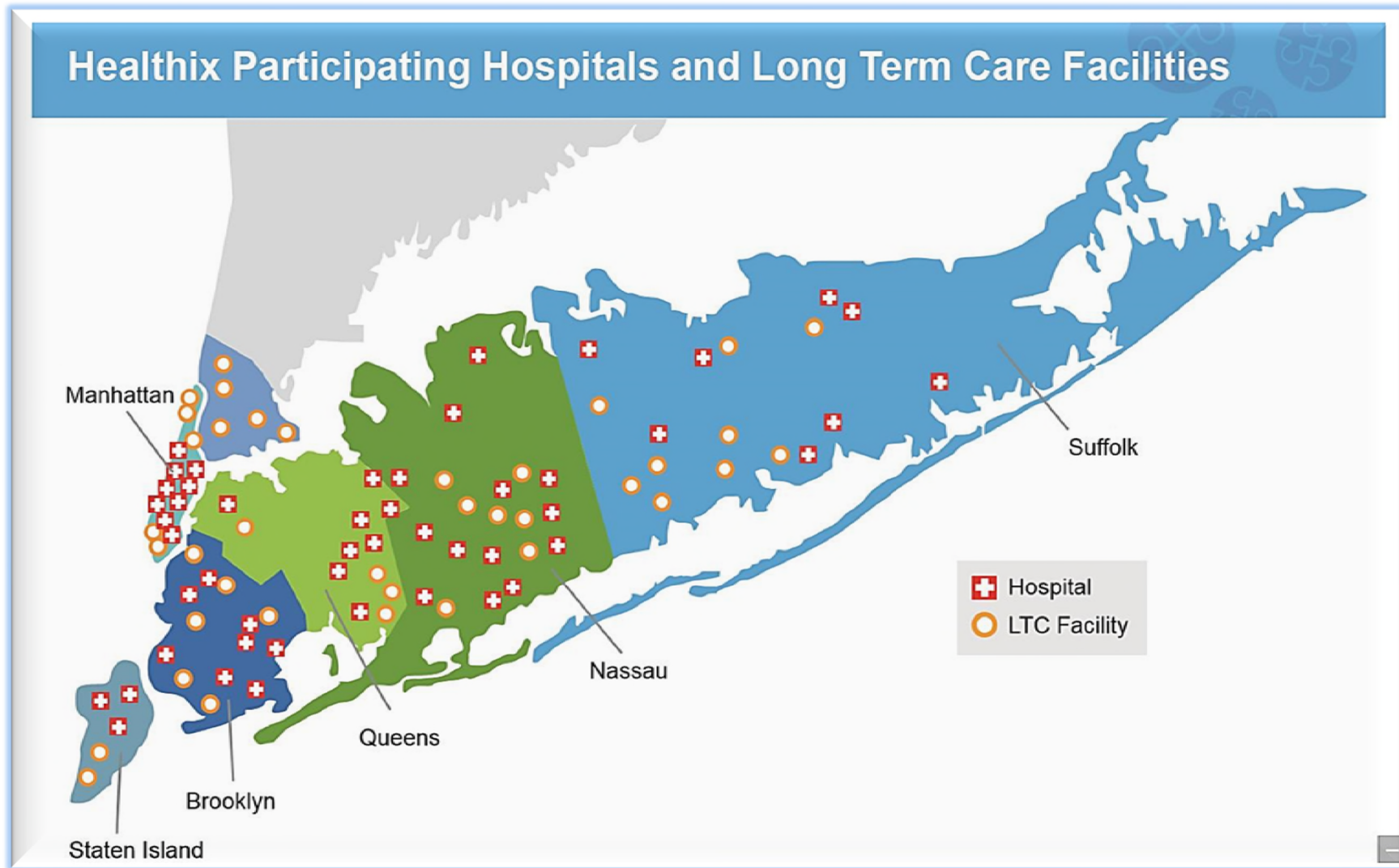
Healthix currently hold records of over ten million people, with technical infrastructure originally focused on delivering patient-centric solutions



 Healthix



Service Area



Healthix Data and Services

- Allergies
- Consent
- Diagnosis/Problem List
- Demographics
- Encounters
- Insurance
- Lab Results
- Medications
- Plans of Care
- Radiology Reports
- Summary Documents

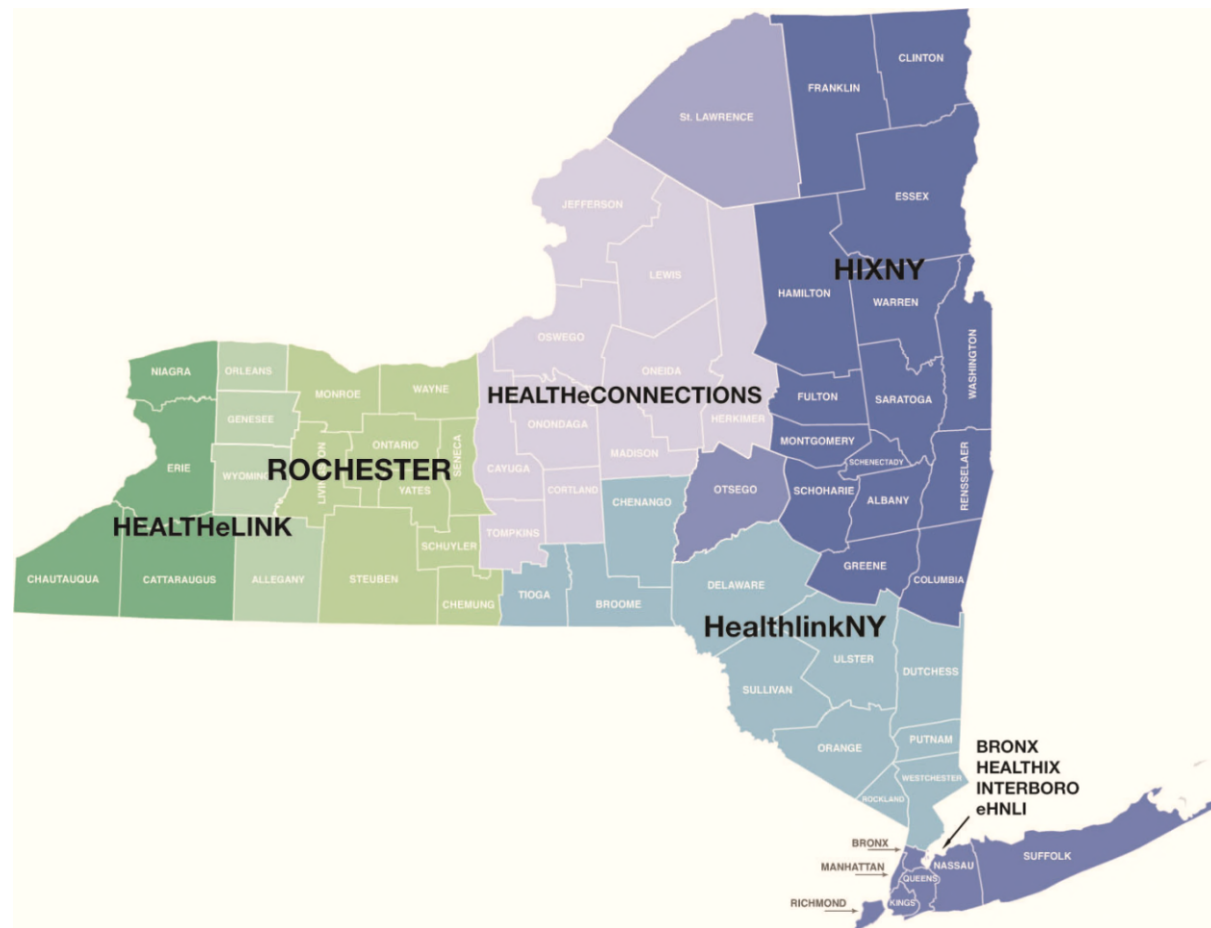
Healthix currently provides a range of services, which support and enhance patient care and coordination:

- EHR Integration and Single Sign-On
- Consent Management
- Patient Record Look-Up
- Secure Messaging – Direct
- Clinical Event Notifications
- Reporting and Analytics
- Consulting Services



New York State's HIE Landscape

- RHIOs in New York State are adopting common standards to Exchange data in the State Health Information Network of New York (SHIN-NY)
- RHIOs will become “Qualified Entities” under proposed SHIN-NY regulations after undergoing a certification review



Data Governance

- Aggregation and use of data in Healthix -- and throughout SHIN-NY -- is subject to contractual and regulatory parameters, as well as additional RHIO practices and policies:
 - Federal law/regulations (e.g. HIPAA; SAMHSA)
 - NYS law/regulations (e.g. Consent; HIV; Mental Health)
 - SHIN-NY Policy and emerging regulations
 - RHIO Participation Agreements and Business Associate Agreements
 - RHIO Policy and Committee structure
 - Contractual arrangements between/among Participants



Data Policy/Practice

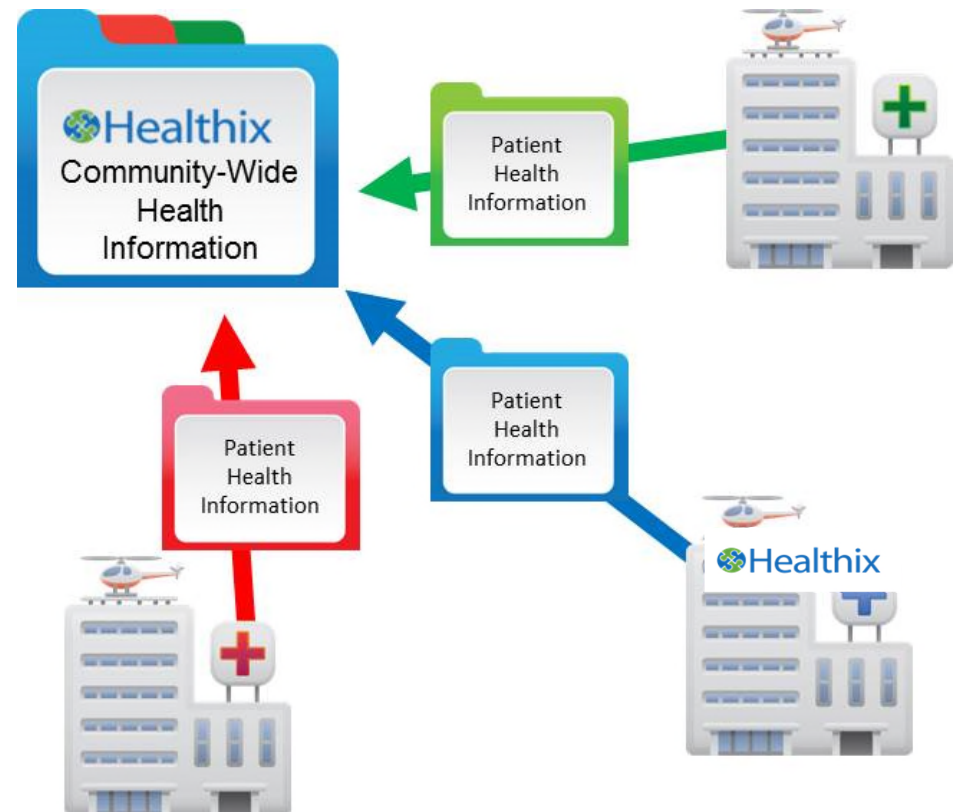
- Healthix aims for maximum transparency with respect to:
 - How data is handled within and by Healthix
 - How data is used by and among other Participants
- RHIO Committees meet on a quarterly basis:
 - Privacy and Security Committee
 - Data Governance Committee
 - Clinical Evaluation Committee
 - CIO/CMIO Committee
 - Research Committee (as needed)
- Healthix Board approves major projects and amendments to RHIO Policies and Participation Agreements
- SHIN-NY funding by NYS comes along with evolving data use standards and use case requirements



Business Associate

By signing a Healthix Participation and Business Associate Agreement, each Participating Organization agrees to comply with SHIN-NY Policy Standards

As a business associate of each Participating Organization under HIPAA, Healthix can hold, aggregate and exchange health records based on specific patient consent policies and as otherwise allowable by law, policy and contract



Healthix



Consent to Access

New York State has an “opt-in” (affirmative consent) model

Patients grant or deny consent to allow their providers to access community-wide health information and receive Clinical Event Notifications through Healthix

Healthix has received over 1 million affirmative consents from patients across the greater New York area



Consent Model

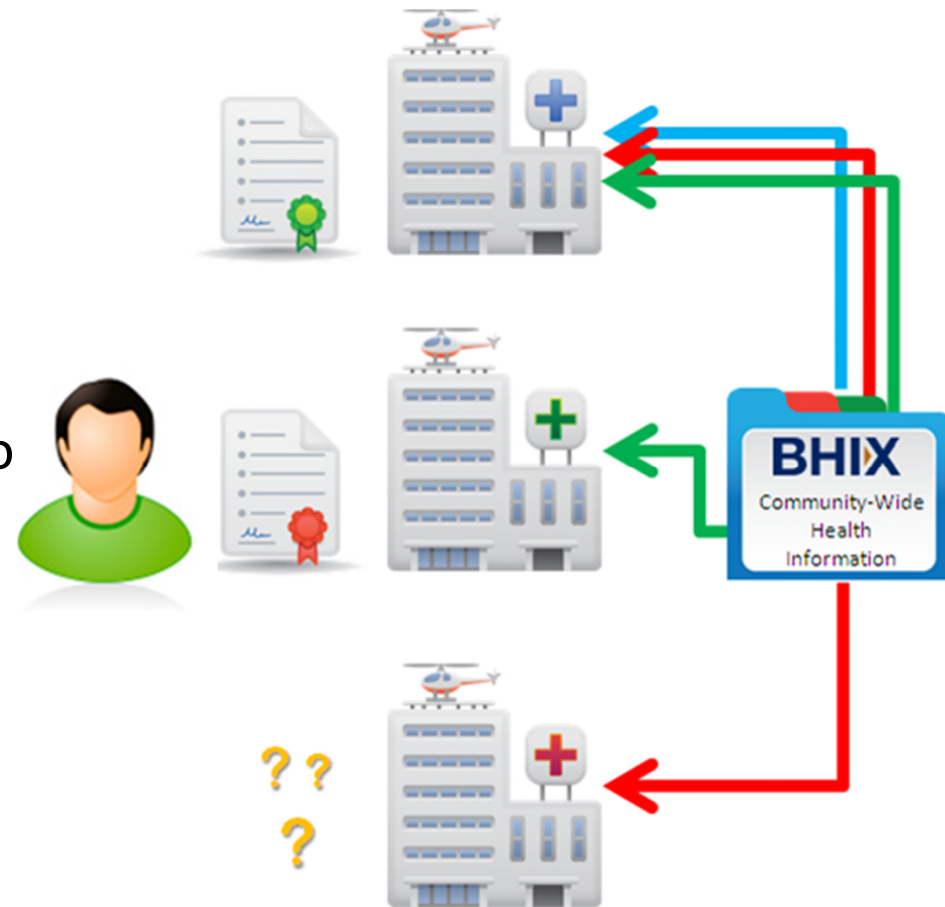
Allows patients to administer consent independently at each Healthix participating organization

Consent is consent for authorized users at the participating organization to access ALL Healthix information for the patient

Healthix users do not need patient consent to access information provided by their own participating organization

Patients may:

- **GIVE** consent which allows Authorized Users to see all data
- **DENY** consent which allows Authorize Users to see only their own data – no emergency access
- Remain **UNDECIDED** allowing only Authorized Users with Break the Glass access to see all data for one time only



 Healthix



Illustrative Use Cases

In addition to facilitating access to community-wide data, Healthix has also been authorized to use Participants' data to facilitate other initiatives, always subject to SHIN-NY rules and RHIO contractual and policy

Some examples of some Healthix supporting its Participants in deploying innovative uses of HIE to facilitate coordination of care and population health initiatives:

- **Oscar Health Insurance**
- **Brooklyn Health Home**
- **NYS DSRIP**
- **DOHMH – Query Health Project**
- **NYC-CDRN - PCORI**



Oscar Health Insurance

- Oscar is a health insurance company using an innovative approach to coordinate member care
- Oscar participates in New York State's (and New Jersey's) Health Insurance Exchange Program

Opportunity: Members have significant care events (ER visits and emergent hospital admissions); health plans often learn about it weeks to months later...sometimes after a very poor member experience and missing the opportunity to contribute to the discharge plan



Oscar Health Insurance

- Oscar integrated Healthix into everyday care routines
- Upon enrollment, Oscar members are given option to consent to Healthix
 - When Oscar members open an e-account with the Plan, they are pushed information about the RHIO and given the option to consent
- As part of Oscar's Transitional Care initiative, Oscar's Nurse Practitioner follows members with Clinical Event Notifications (CEN) for case management purposes



Oscar Health Insurance Member Consent Screen

Get smarter, faster care

We can better coordinate your care by sharing medical information and notifications with your doctors. But we need your permission first.

Consent Form

Oscar Insurance Corporation

In this Consent Form, you can choose whether to allow Oscar Insurance Corporation ("Oscar") to obtain access to your medical records through a computer network operated by Healthix Inc. ("Healthix"), which is part of a statewide computer network. This can help collect the medical records you have in different places where you get health care, and make them available electronically to Oscar.

Yes please

I give consent for Oscar Insurance to access all of my electronic health information through RHIO to carry out the quality improvement or care management activities described in this Consent Form.

No thanks

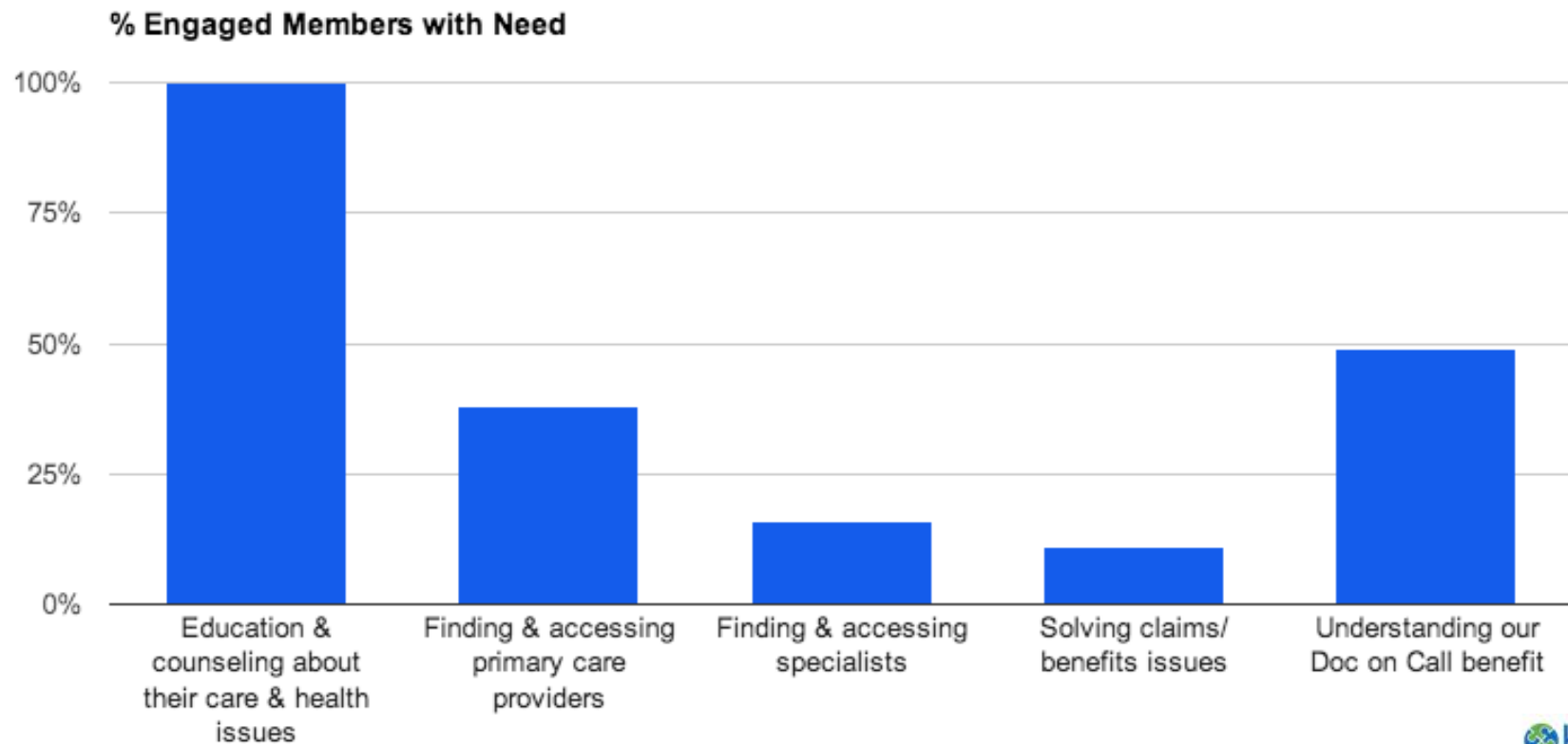
I deny consent for Oscar Health Insurance to access my electronic health information through RHIO for any purpose.

Save



Oscar Health Insurance

- In a recent 6-week period, Healthix notified Oscar of 66 hospital ER admissions
- Oscar engaged 80% of members...and helped with a wide range of issues:



Brooklyn Health Home

- Brooklyn Health Home (BHH) is an independent entity operating as a New York State Medicaid Health Home for 8,000+ members who live and/or receive care in Brooklyn, with particular focus on patients with serious mental illness (SMI)
- BHH comprises a network of organizations working together to coordinate care for Medicaid patients

Opportunity: Patients are often lost to follow up care, post-hospitalization, due to insufficient communication among extended care team members, leading to preventable ED visits and/or hospital readmissions



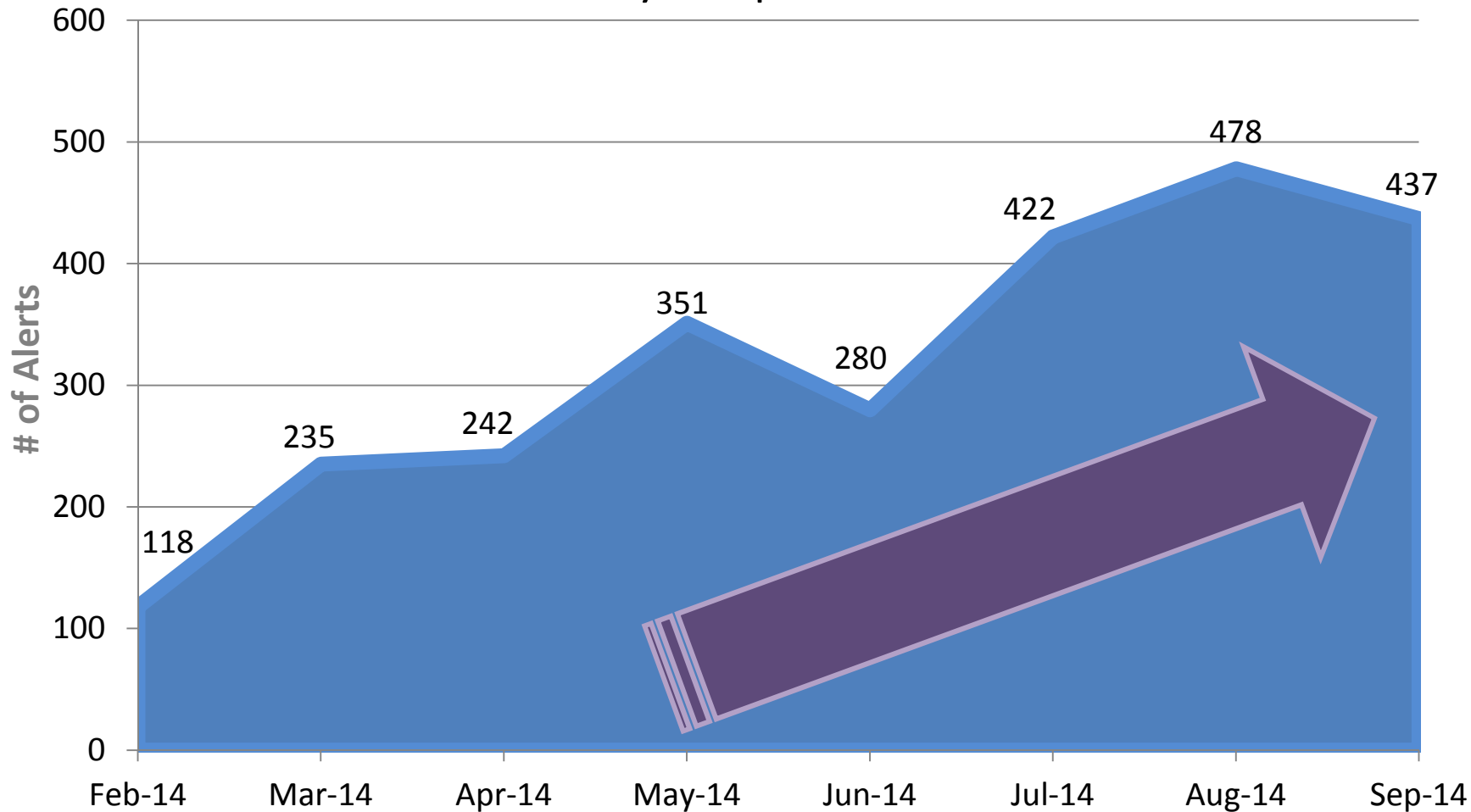
Brooklyn Health Home: Hospital Response Alert Protocol

- Brooklyn Health Home uses Healthix Event Notifications to drive care coordination
- Care managers monitor events to enable timely communication, sharing information through care transitions, coordinating post hospitalization and assisting patients with appointments and linkages to specialty services
- Healthix Alerts trigger a standardized set of care management activities, designed to minimize the likelihood of a preventable ED visit or hospital readmission:
 - **Notify** the member's PCP and/or psychiatrist
 - **Contact** hospital staff
 - **Follow up** with the member in the hospital ED or inpatient unit to learn the circumstances of the visit or admission
 - **Case conference** with providers to understand the root causes of the ED visit/hospitalization and develop a discharge plan
 - **Follow up** with the member post discharge to implement discharge plan, ensure compliance with plan
 - **Update** the care plan, as appropriate



BHH Alerts Received (ED visits, Inpatient and Psychiatric Admissions)

February – September 2014



DSRIP

Delivery System Reform Incentive Payment (DSRIP) Program

- \$6.4 billion funding for public and safety net providers to transform the NYS health care delivery system
 - Incentivize value over volume – Funding is earned based on achieving specific performance levels
 - Achieve the Triple AIM: Better Health, Better Health Care; Lower Cost
- Each DSRIP program will be led by Performing Provider Systems (PPS) and include a variety of clinical partners and collaboratively they will implement projects selected from a menu to address findings of Community Needs Assessments
- On December 22, 2014, 25 emerging PPSs applied to participate in DSRIP, collectively responsible for improving health outcomes of approximately 6 million Medicaid beneficiaries

Opportunity: Desire to leverage huge NYS investments in HIE and RHIOs to support DSRIP goals and to meet expectation of utilizing innovative, evidence-based models to scale across communities



DSRIP

- Healthix is collaborating with 8 of the emerging PPSs in NYS
- Healthix offerings under discussion with PPSs are:
 - Recruiting partners into Healthix as prioritized by the PPSs
 - Ensuring that Healthix standard functions (PRL, Clinical Event Notifications, Secure Messaging/Direct) are utilized to support PPS projects
 - Understanding work flow for PPSs, Health Homes, partners
 - Creating panels of patients and/or registries for analytics (e.g. readmission rates)
- Still under discussion in NYS:
 - Sharing roster of “attributed” patients with PPS and/or RHIOs
 - Possibly re-visiting patient consent model in NYS
 - Need to connect all partners in PPSs to RHIOs
 - Consistent analytics and reporting of operational data and results across the State



DOHMH – Query Health

- SHIN-NY Policies and Procedures for Privacy and Security, and Healthix Policies, allow Public Health Agencies access to QE data *without* patient consent to perform public health duties, including the ability of Public Health to:
 - analyze clinical information of a large population of patients in order to improve health outcomes
 - identify cases for individual surveillance
- Data in Healthix is not currently stored in a centralized location, so ability to support Public Health population-based queries is limited
- Medicaid grant funding became available through the New York eHealth Collaborative (NYeC) to develop and test systems to enable Public Health Agencies to perform this function

Opportunity: Can clinical data submitted by providers to the RHIO be used to support these Public Health purposes?

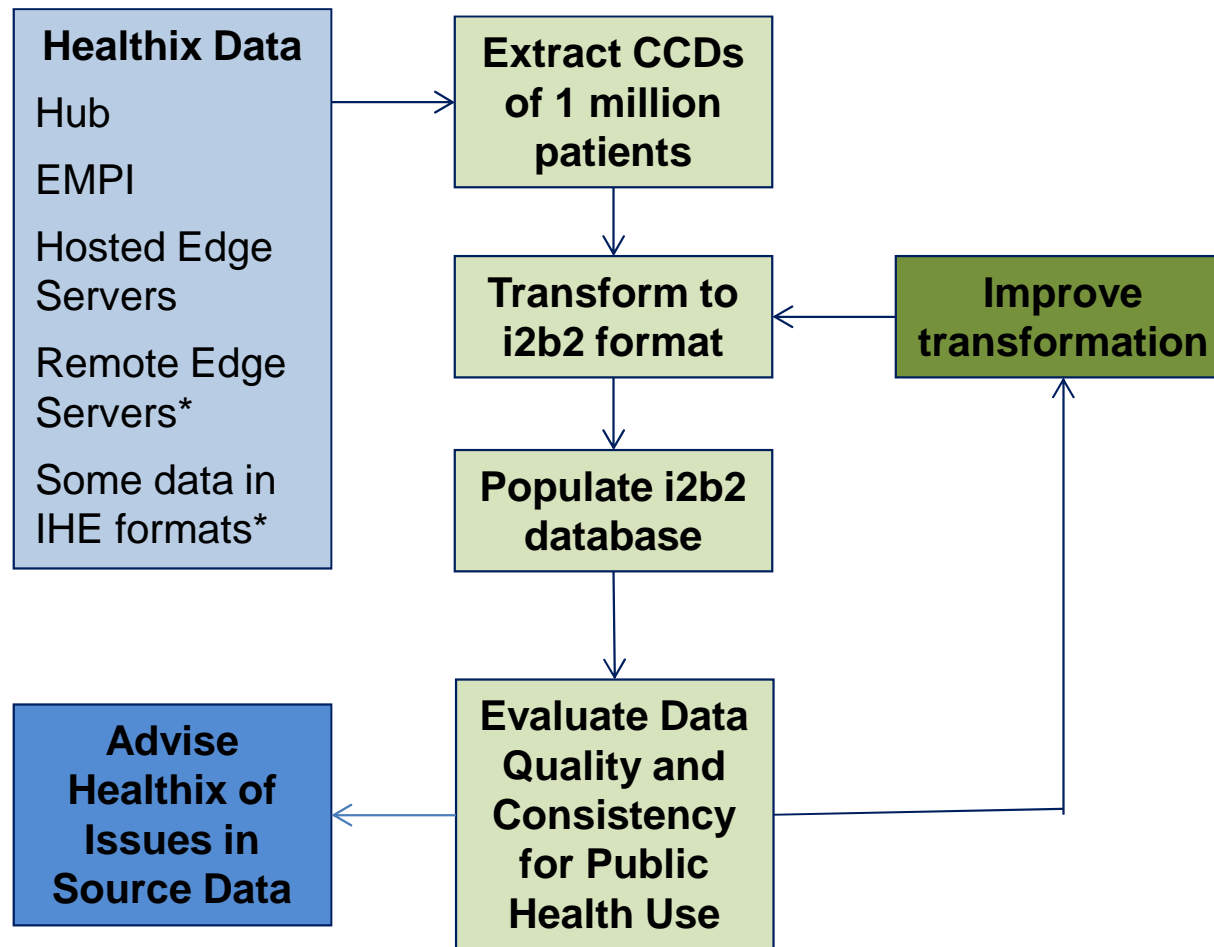


DOHMH – Query Health

- The Query Health project, during the first phase of the grant period, will involve quality assurance testing to determine the feasibility of using QE data for this public health purpose
 - Consistency and quality of diverse data to determine whether it is suitable for Public Health population health management
- Healthix will create CCDs - continuity of care documents - of about one million patients and copy them to a secure server in the Healthix data center
- A few staff members of DOHMH (acting as agents of Healthix during this phase) will be granted secure remote access to transform the CCDs into an i2b2 instance on that server and will use i2b2 to test the ability to derive meaningful analysis of the population data



DOHMH – Query Health Technical Approach



* Remote Edge Servers and some data in IHE formats are maintained at Participants' sites; all other servers and functions in this diagram are hosted at the Healthix data center.



NYC-CDRN

- Weill Cornell Medical College awarded grant and serves as lead for the New York City Clinical Data Research Network (NYC-CDRN), a project under the Patient-Centered Outcomes Research Institute (PCORI)
- Stakeholders include major academic medical centers and FQHCs in NYC

Opportunity: NYC-CDRN group seeks to facilitate research between and among stakeholders in a way that minimizes further warehousing of identifiable data

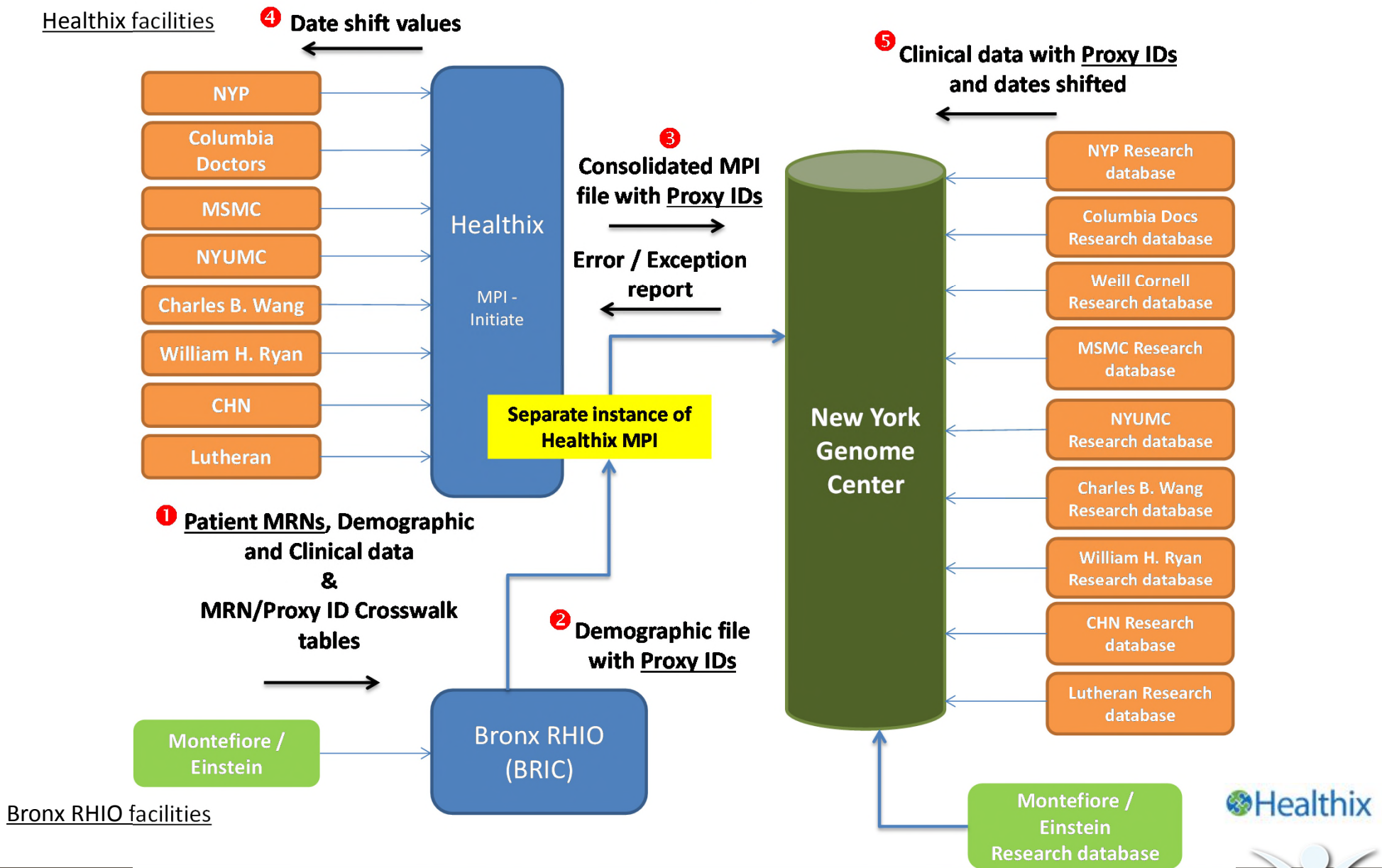


NYC-CDRN

- NYC-CDRN project leverages the Master Patient Index (MPI) of Healthix to link the patients' records from multiple providers (as well as from Bronx RHIO)
- Healthix sends de-identified linkages to NYC-CDRN trusted agent (New York Genome Center) using Proxy IDs
- NYC-CDRN participants, in turn, send fully de-identified data (with date shifts) to New York Genome Center, which is able to be linked and aggregated from many providers even though de-identified
- Data flow and governance of NYC-CDRN reviewed/approved by independent IRB, NYC-CDRN Committees and Healthix Committees and Board of Directors
- Agreements (and Amendments to Participation Agreements) were developed to accommodate this data usage



NYC-CDRN Technical Approach



Questions?





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thought leaders in

POPULATION HEALTH

identifying
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