Connecting Patients, Providers and Payers

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Chair, NEHEN
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The National Healthcare IT Agenda

The Certification Commission for Healthcare Information Technology (CCHIT)

The Health Information Security and Privacy Collaboration (HISPC)

Healthcare Information Technology Standards Panel (HITSP)

Nationwide Health Information Network Architecture Projects (NHIN)

American Health Information Community

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

Image removed due to copyright restrictions.
Timeline of membership in NEHEN for various healthcare providers.
NEHEN Technology Overview

**Provider-side**

- **Hospital Information or Physician Practice Management System**
  - Integrated Lookup for some transactions
  - Normal, familiar processing of bills and claims

- **Patient Accounts**
  - Uses whichever tool is appropriate
    - Regular processing system for claims and other integrated transactions
    - NEHENLite or payer website for on-demand lookups, etc.

- **NEHEN Reports**
  - Eligibility Exceptions
  - Claim Status

- **NEHEN Express**
  - Batch and Real-Time Transactions
  - Ad Hoc / On-Demand
    - Verify Eligibility
    - Request and verify Referral and Authorization
    - Check Claim Status
    - Track submitted claims

- **NEHEN Database**
  - Provides audit trail
  - Available for ad hoc queries and custom reporting

**Payer-side**

- **NEHEN eGateway**
  - Installed at each Member payer & affiliate

- **NEHEN Network**
  - Transactions are transmitted to NEHEN e-Gateways at other members
  - Via private leased lines, virtual private network (VPN) or web transaction service (HTS) technology

- **NEHEN Payer Services**
  - Transactions are transmitted to non-NEHEN payers and clearinghouses
  - Via proprietary arrangements

- **NEHEN Contract Affiliates**
  - Harvard Pilgrim
  - Tufts Health Plan
  - NHP
  - Network Health
  - BMCHP

- **Non-NEHEN Payer**

- **Non-NEHEN Clearinghouse**

There is nothing in the middle, no centralized repository or telecom hub.
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

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’

View your electronic Remittance Advice directly within NEHEN Express.

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.

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

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.

Image removed due to copyright restrictions.
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

#### 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

#### 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
- **Estimated annual savings = \$400 million\(^1\)**
- **Estimated annual savings = \$65 million\(^2\)**
- **Estimated annual savings = \$315 million\(^1\)**

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2. BCBSMA estimated 1.5% savings in drug expenditures through an exclusive use of e-Prescribing.
Slides removed due to copyright restrictions.
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
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<th>Use Case No.</th>
<th>Sender</th>
<th>Receiver</th>
<th>Information</th>
<th>Work Flow</th>
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<td>1</td>
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<td>Specialist</td>
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<td>☐ PCP sees patient and refers patient to specialist</td>
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<td>☐ PCP sends clinical summary to specialist</td>
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<td></td>
<td>☐ Specialist receives clinical summary</td>
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<td>☐ Specialist sends summary of encounter to PCP</td>
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<td>☐ Emergency Department sees patient</td>
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<td>☐ Emergency Department sends summary of encounter to PCP</td>
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<td>☐ Hospital sends discharge summary to PCP</td>
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<td>Results</td>
<td>☐ PCP orders test</td>
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<td>Send Hospital Discharge Summary</td>
<td>Receive</td>
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* With optional notification/alert
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Implementing the base applications throughout the region

- Ambulatory Electronic Medical Record
- Computerized Provider Order Entry
- Personal Health Records
eRx and EMR

- 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.
• 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
• Shared medical care by involving patients
• Full access to electronic medical records
• Secure email
• Prescription renewal
Slides removed due to copyright restrictions.
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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