RHIOs, Health Plans and The Community Health Record (CHR)

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Chief Medical Officer
BlueCross BlueShield of TN
Government Business, Emerging Markets and SharedHealth
Contrast Internet Banking and...
Universal ATM Access with...
This:
EHR Adoption: A Long Way to Go!

Figure 1. Percent of office-based physicians using selected information technologies: United States, 2003

Catharine W. Burt, Ed.D., and Esther Hing, M.P.H., Division of Health Care Statistics
Brailer’s Framework

Goals:
• Inform Clinical Practices:
  ▪ Promote Electronic Health Records
• Interconnect Clinicians:
  ▪ Foster regional/local data sharing
• Personalize Care:
  ▪ Encourage Personal Health Records
• Improve Population Health:
  ▪ Unify PH surveillance architecture.
  ▪ Accelerate dissemination of evidence.

Critical Needs:
• Avoid Medical Errors
• Improve Resource Utilization
• Accelerate Diffusion of Knowledge
• Reduce Variability in Access to Care
• Advance Consumer Role
• Strengthen Privacy/Data Protection
• Promote Public Health and Preparedness
The HIE: Liberating Trapped Data

Keith McDonald/Jane Metzger
First Consulting Group
Current TN RHIOs

Volunteer e-Health Regional Demonstration Project (Memphis)

CareSpark

eTHIN

Chattanooga?
“Committed to better health in the central Appalachian region through collaboration, innovation, and wise use of health information”

Mission
To improve the health of people in Northeast Tennessee and Southwest Virginia through the collaborative use of health information

Vision
To be a world-class, quality-driven, clinically integrated, efficient health and wellness system for the people of our region
It’s People **Not** Technology, Stupid!

- **Started with strong community coalition.**
  - Long history of community cooperation
  - Kingsport Tomorrow – Leisa Jenkins, Exec. Dir.
  - Community Health Improvement Project (CHIP): 10 years of community service

- **Expert help: CA consulting firm and NY law firm.**
  - High profile players on HIT/RHIO scene
  - Strong CITL influence (Middleton on BOD)
  - **Very** optimistic ROI model

- **CAHIP Incorporated as 501-c-3**
  - Bylaws in place
  - **Non-representative** community board
CareSpark: 4 Principle Activities

• Principle Activity 1: Created a “Zone of Cooperation”.
• Principle Activity 2: Completed a community-based visioning and strategic planning process.
• Principle Activity 3: Formed a not-for-profit entity to create and advance community-wide standards.
• Principle Activity 4: Create a governance structure representative of the broader community rather than of particular interest groups.
CareSpark Governance

Board of Directors

- Consumer Advisory
- Public Health Advisory
- Payer/Employer Advisory
- EBM Evaluation
- Clinical Work
- QM/UM Metrics Analysis Work
- Technical Work
- Finance Work
- Facility Advisory
- Provider Advisory
- CARESpark Management

CARESpark OPS
CareSpark Business Model

- Reliant on Blackford Middleton/CITL, but…
- CareSpark forced more conservative ROI
- Capitalization (The big battle over who pays!)
  - **Investment** model with:
    - Purchasers (employers, government & payers)
    - Providers
    - Others?
  - Debt
- ROI = Savings (Gain Sharing)
  - Proportional to investment
  - Devil is truly in the details:
    - Who administers and pays ROI - RHIO? Health Plan?
    - Will RHIO disintermediate health plans? Competition?
Modifications to Business Plan

• Considering more modest infrastructure.
  – Leverage existing technologies and players.
  – “In kind” contributions of talent and technology.

• Take advantage of ONCHIT’s NHIN RFP

• Evaluate other partnerships.

• Explore the “Elk’s Lodge” value proposition.
  – “Zone of cooperation”
  – Sanctuary from anti-trust, Starke, etc.
  – Transactional conduit for P4P as opposed to a mediator?
Merging 2 Worlds: SharedHealth

Financing & Administration
(Health Plans)

- Demographics
- Dx and procedures
- Rx filled
- Lab results
- D/C Summaries

Payer based Health Record

Clinical & Care Delivery
(Providers)

- Clinical Data Base
- Process Control
- Decision Support
- Claims and Incentives

Electronic Health Record

Shared Services Platform

Comprehensive Health Record

Personal Health Record

Informatics
(Center of Excellence)
Payer Based Health Record - Why?

• Leverages existing information database for quick wins – informs practice.
• Integrates clinical and administrative data bases using standardized format.
• Breaks down silos – One accurate, efficient resource for patient information cutting across spectrum of care – shares data.
• It’s free to physicians and hospitals.
• Promotes implementation of EHRs in MD offices nationwide.
• Can ultimately lessen the burden of health care costs while improving quality for all stakeholders.
SharedHealth Community Connections

- Online, person-centric community health record.
- Repository of payer + data.
- Aggregated at the patient level.
- Presented in an EHR-like format for clinicians.
- Viewable at the point of care through an Internet browser.
- Adding a robust E-Prescribe function with full decision support – 10/31/05.
- Interoperable: CCR/XML interface to EHRs.
Medications

ORDER

ADVIR: DESKUS 50/10, Start: 06/14/2004, Dispense: 60, Jones MD, Linda
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STAGGS, JESSICA L  28 Y  F  ALLERGIES: Recorded

Medication Details

Dosage  Pharmacology  Warnings  Side Effects  Pregnancy  Lactation

**OTC** Anaproxen sodium 220 mg oral tablet

**SIG**
- 2 tab(s) orally every 8 hours, PRN: as needed for menstrual pain, 5 day(s)

**Dispense**
- No refills
  - Dispense As Written
  - Print DEA number

**Management**
- Starts: 8/25/2005  Supply Remaining: PRN
- Expect to renew: No
- Internal comment: like

History

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Past Medications for naproxen

-- No Results --

Medication Claims for naproxen

-- No Results --
Warnings

Patients with a hypersensitivity (angioedema, bronchospasm, urticaria, or rhinitis) to aspirin or other nonsteroidal anti-inflammatory agents (NSAIDs) may be cross sensitive to naproxen. Patients with the "triad" of asthma, nasal polyps, and aspirin or other NSAID hypersensitivity are at particular risk. The use of naproxen is considered contraindicated in these patients.

In addition, renal function may be further compromised by the use of naproxen in patients with renal dysfunction, heart failure, hypovolemia, cirrhosis, nephrotic syndrome, or hypocalcemia. Renal blood flow in patients with renal dysfunction, edematous disorders, or hypovolemic states is dependent upon renal prostaglandin synthesis. If naproxen must be used, periodic monitoring of renal function is recommended.

Serious gastrointestinal toxicity, such as bleeding, ulceration, and perforation, can occur at any time with or without warning symptoms, in patients receiving NSAID therapy chronically. Symptomatic upper gastrointestinal (GI) ulcers, gross bleeding, or perforation appear to occur in approximately 1% of patients treated for 3 to 6 months, and in about 2% to 4% of patients treated for one year. Caution should be exercised when using NSAIDs in the elderly and debilitated, because most of the spontaneous reports of fatal GI adverse events are in this population. Patients that consume 3 or more alcoholic drinks per day may be at a higher risk of stomach bleeding.

Because of the potential to cause gastrointestinal bleeding, renal failure, high blood pressure, and heart failure, naproxen meets the Beers criteria as a medication that is potentially inappropriate for use in older adults.

An increased risk of cardiovascular events has been observed in the preliminary data analysis of a clinical trial involving the use of naproxen in patients at risk of developing Alzheimer’s disease, when compared to placebo. In the meantime, until the full review of scientific information on naproxen is completed, the FDA has issued a statement advising that patients taking over-the-counter naproxen products should not exceed the recommended dose of naproxen (220 mg twice daily) and should not take naproxen for longer than ten days unless a physician directs otherwise.

Side Effects

gastrointestinal

Gastrointestinal side effects have been reported most frequently. These have included constipation (3% to 9%), general abdominal discomfort (3% to 9%), nausea (3% to 9%), dyspepsia (3% to 9%), diarrhea, and stomatitis. Serious gastrointestinal side effects include peptic ulcers, and, in rare cases, gastrointestinal hemorrhage or perforation. Ulcerative esophagitis, esophagitis, colitis, allergic sloughed skin, and pancreatitis have been reported. Heartburn and stomatitis have been reported in patients receiving the controlled release formulation of naproxen.

Because peptic irritation may be asymptomatic, occasional monitoring of the hematoctit and of the stool for occult blood loss is recommended.

Patients with a history of serious gastrointestinal events or alcohol abuse are at increased risk for severe gastrointestinal side effects. Naproxen should be used with caution in these patients.

A new study reports that the combination of naproxen and dexamethasone have a synergistic effect in the development of gastric ulcers.
The Roll-Out

• 6/2005: 2-year agreement with TN Medicaid (TennCare) program
• 7/2005: Successful launch to providers for BlueCross TennCare - 750K members.
• 10-12/2005: All TennCare membership (approx. 1.3M members) loaded into system.
• 1Q2006: Shared Health offered to commercial insurers and group accounts
• Pipeline: Agreements with other Blues and other states.
Lessons Learned (So Far!)

• “Drop and run” technology will not be used.
• It’s the work flow, stupid!!!
• Enthusiasm 🕒 Adoption/Use
• Free may not be cheap enough.
• Paper is a good thing.
• Physicians will not adopt information technology without practice staff buy-in.
• Patients don’t get it…yet.