

# SEPA Health Information Organization



DVHC Webinar  
SEPA HIO  
December 8, 2011



# SEPA HIO

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- Background and rationale for the establishment of the SEPA HIO
- SEPA HIO Committee Structure and Process
- Ensuring alignment with the State: PA eHealth Collaborative Update
- Next Steps
- Question and Answers



# SEPA HIO - The Beginning

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- Summer of 2011 - SEPA HIO Steering Committee established with representation from the Health Care Improvement Foundation, Independence Blue Cross, Keystone Mercy Health Plan and the Delaware Valley Healthcare Council of HAP
- Outgrowth of regional Preventing Avoidable Episodes (PAVE) Project
- Steering Committee fielded an RFP and engaged North Highland in October 2011.



# SEPA HIO - About North Highland

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- An international management and technology consulting company providing services to government and private sector clients in the areas of business and IT strategy, process analysis, design and improvement, IT management, technology solution evaluation and selection, infrastructure/architecture and overall program/project/change management.
- Local offices in Philadelphia, Trenton, and New York City. The company has made a strategic commitment to growth in public sector and healthcare services.
- Lead the effort in NJ to establish 6 health information exchanges.



# SEPA HIO

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- SEPA HIO is preparing a proposal for submission to the state that will:
  1. Define health information exchange use cases and the associated value propositions
  2. Delineate the technology requirements for “Direct,” a low cost, simple option for health information exchange
  3. Propose funding mechanisms for sustainability aligned with benefits received and value proposition to be shared by payors and providers
  4. Be flexible enough that the specifics can be determined through a more deliberative process in 2012



# SEPA HIO

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- DVHC Board reached consensus around pursuing a SEPA HIO in concept as follows:
  - “The vision of the SEPA HIO is to create a platform where health care providers and their partners will have timely efficient and effective access to a shared community information asset to support clinical decisions and care transitions that will improve the outcomes of the people served and reduce costs in the long term.”
- Board agreed with the establishment of a DVHC HIE Advisory Committee to guide the process.

# Discharges From IDN Hospitals – In Network or Out?

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## Discharges to PCPs In IDN Network



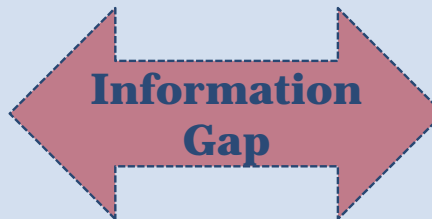
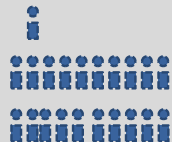
Hospitals



22%



PCP

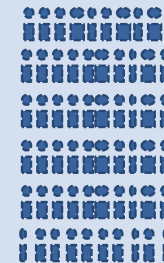


## Discharges to PCPs Out of IDN Network



PCP

78%



Out of this hospital's discharges for 2010, only 22% were for patients that had a PCP in the provider's practice network.

The remaining 78% of discharges were to practices outside of the IDN.



# Where Do an IDN's Patients Go?

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## Hospital Within IDN Network

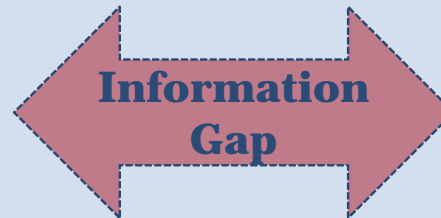
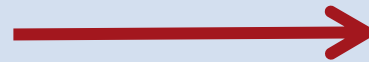
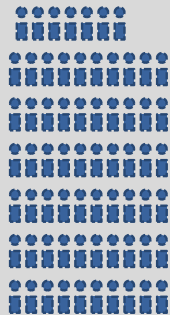


PCP

67%



Hospitals

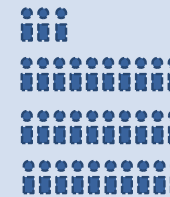


## Hospitals Outside IDN Network



Hospitals

33%



For this IDNs PCP practices, patients went to an IDN hospital 67% of the time.

The remaining 33% of admissions for the IDN's patients were to hospitals outside of the IDN.



# SE PA HIO Vision

## *Aligning to Federal, State and SE PA Needs*

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### ***We envision a collaborative and coordinated healthcare environment for Southeastern Pennsylvanians where:***

- Healthcare providers and stakeholders have access to a shared community information assets to support key clinical decisions across care settings
- Quality outcomes, patient safety and population health are improved
- Costs are contained through improved efficiency and reduction of duplicative services
- Patients and consumers benefit through an improved experience with the healthcare system with special focus on the chronically ill and underserved communities

# SE PA HIO Strategic Intent

## *Aligning to Federal, State and SE PA Needs*

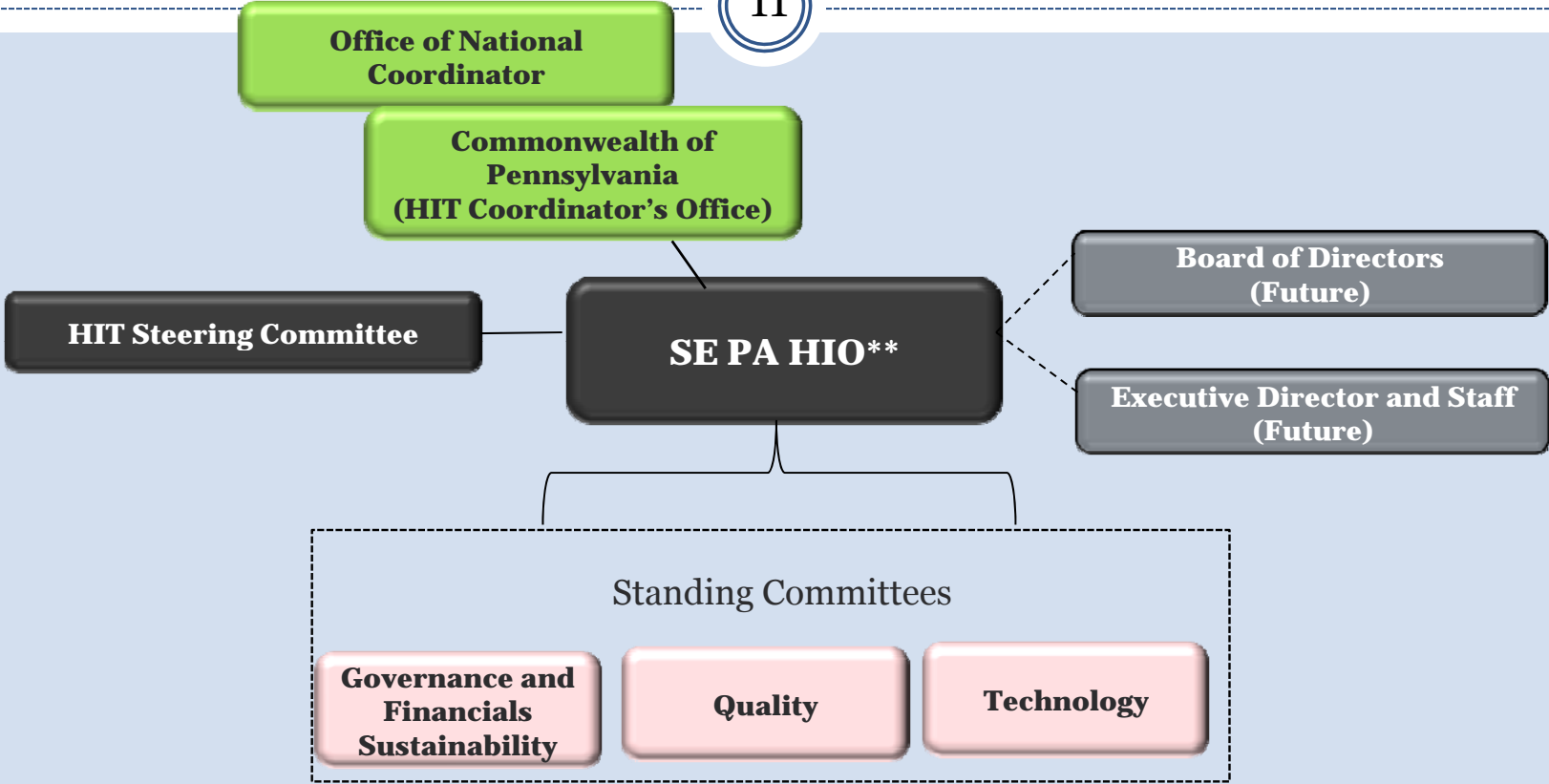
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### ***To accomplish our Vision we intend to:***

- Implement a secure exchange across health systems, payers, physicians, safety net providers and other healthcare organizations
- Provide the right information at the right time to support improved clinical decisions and care transitions
- Facilitate broad adoption of EHRs and MU in alignment with Federal and State frameworks
- Enhance the “Direct” solution to accelerate exchange in the short term and offer stepwise approach to building an expanded exchange capability in the future
- Implement and enforce a consumer privacy and security policy
- Integrate and further utilize public-health surveillance registries and databases
- Promote consumer outreach and awareness in coordination with State and Federal efforts
- Ensure a financially sustainable market driven exchange that leverages existing health IT assets and responds to evolving payment models

# Foundational SE PA HIO Structure/Governance

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*\*\*Currently the SE PA HIO entity is a group of healthcare related organizations with a focus to develop a business plan and funding proposal that will lead to the establishment of a 501c3 organization, Southeastern PA Health Information Organization (HIO), that will enable exchange of clinical data and significantly improve healthcare outcomes in this region.*

*Note: SE PA includes Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties.*

# SE PA Stakeholder Representatives

## *A Strong Cross Section of SE PA Healthcare Leaders*

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<b>Committees</b>	<b>Health Plans</b>	<b>Health Systems</b>	<b>Physician Practice</b>	<b>Associations/ Other</b>
<b>Governance and Financial Sustainability Committee</b>	Independence Blue Cross, AmeriHealth Mercy	Abington Health System, Crozer-Keystone Health System, Main Line Health System, University of Pennsylvania Health System, Thomas Jefferson University Hospital	Temple University Hospital, Philadelphia County Medical Society	Delaware Valley Healthcare Council of HAP (DVHC), Health Care Improvement Foundation (HCIF)
<b>Quality Committee</b>	Independence Blue Cross, Amerihealth Mercy	Holy Redeemer, CHOP, Aria Health, Einstein Health System	Renaissance Medical Group	Health Federation of Philadelphia, PA Medical Society, DVHC, HCIF,
<b>Technology Committee</b>	Independence Blue Cross, AmeriHealth Mercy	Main Line Health, Mercy Health System, Hahnemann	Doylestown Health Quality Partners	HCIF, DVHC, HAP, City of Philadelphia, Drexel University

# SEPA Committees – Focus and Deliverables

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**Focus**

**Deliverables**

## 1 GOVERNANCE & FINANCIAL SUSTAINABILITY

Provides advice and expertise regarding governance models and the identification and management of financial resources necessary to develop sustainable HIE

- **Cost to implement & operate services**
- **Universe of revenue sources**
- **Gaining stakeholder commitment – including up-front financial support**
- **Funding mechanisms best aligned with benefits received**

## 2 TECHNOLOGY

Establish an architecture for the SE PA HIE that establishes a standard to efficiently exchange meaningful use clinical data, while protecting patient record information

- **Technology Architecture**
- **Identify Current HIT Initiatives**
- **Develop a Technical Roadmap**
- **Align SE PA with State and Federal Priorities**

## 3 QUALITY

Reviews and confirms use cases and priority. Develops clinical value statement and quality measures for each use case

- **Use Case Definitions**
- **Value Statements for each Use Case**
- **Quality Metrics**

*Achieve Broad Adoption of EHR and MU*

*Improve Efficiencies and Reduce Costs*

*Leverage Exchange of Health Information*

*Improve Health Outcomes*

**KEY STAKEHOLDER INVOLVEMENT**



# Initial SE PA HIO Use Case Prioritization

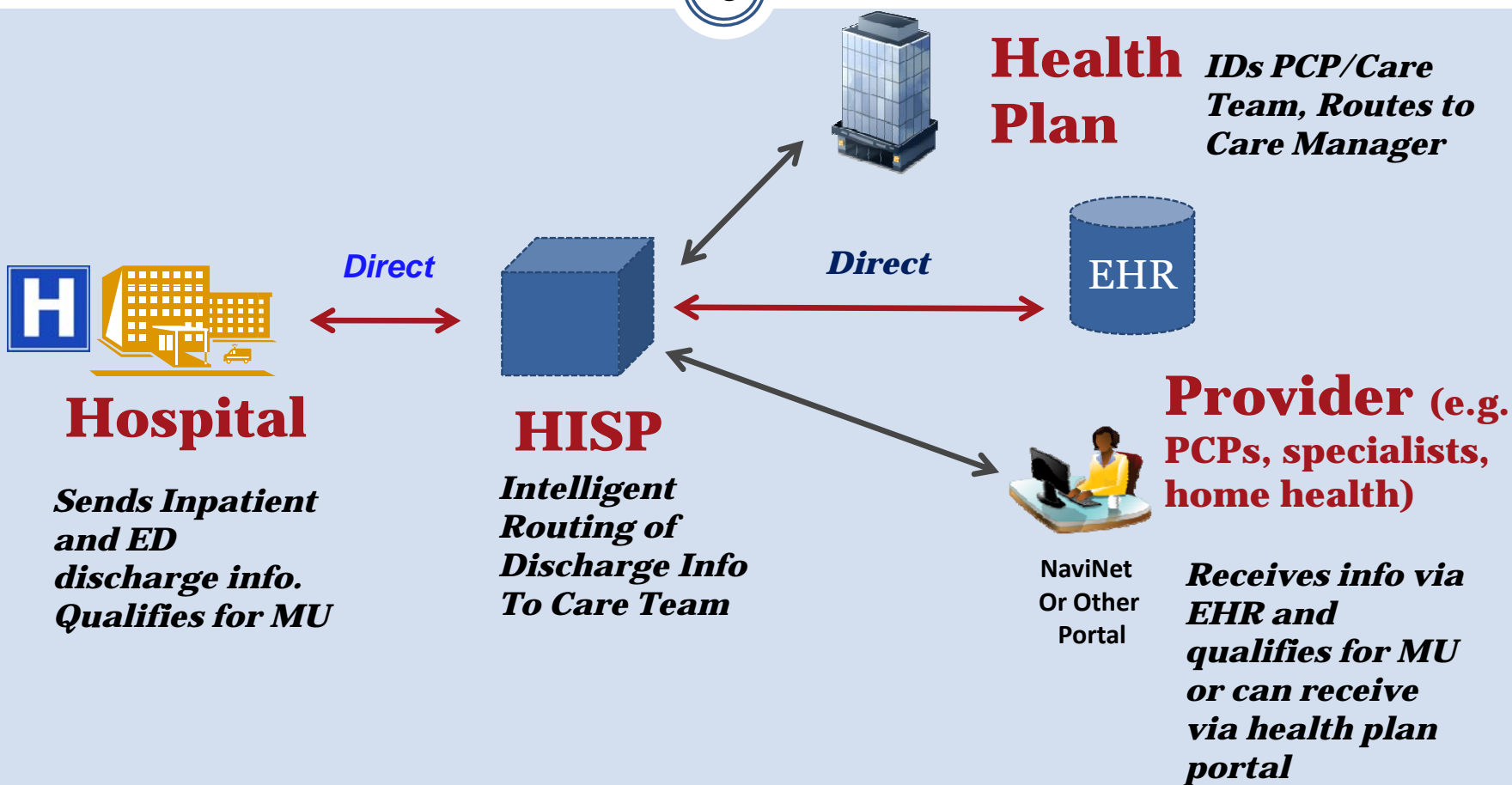
## *Focus on Quality of Care*

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SE PA HIO Use Case Name	Use Case Description	Alignment to State/Fed Priorities
Hospital Discharge Information	<p>The purpose of this use case is to supply physicians with detailed discharge information to improve the quality of follow-on care.</p> <p>The goal of this improvement initiative is to create a standardized process for communicating discharge information from hospitals to primary care providers, specialists and care coordinators to improve the transition of care and avoid re-hospitalization.</p>	<p>Supports the Discharge Continuity of Care Record (DCCR) priority as defined in the Pennsylvania eHealth Collaborative Evaluation and Performance Committee Accepted Recommendations.</p>
Payer Clinical Encounter Summary	<p>The payer clinical summary service allows providers to request via a portal or other method a clinical summary (with Med History) from the payer at the time of an office visit, ER or Inpatient admission or at any other time.</p> <p>The clinical summary data would include data on visits\admissions including provider, date(s), and type (ER, Inpatient, office/clinical visit). It would also include other information to the extent available including prescription history and fill dates, and lab and radiology procedures and their results if available. Clinical summary data would be based on the most current claims information available.</p>	<p>Aligns to Care Coordination Functions as defined in the Pennsylvania eHealth Collaborative Evaluation and Performance Committee Accepted Recommendations.</p>

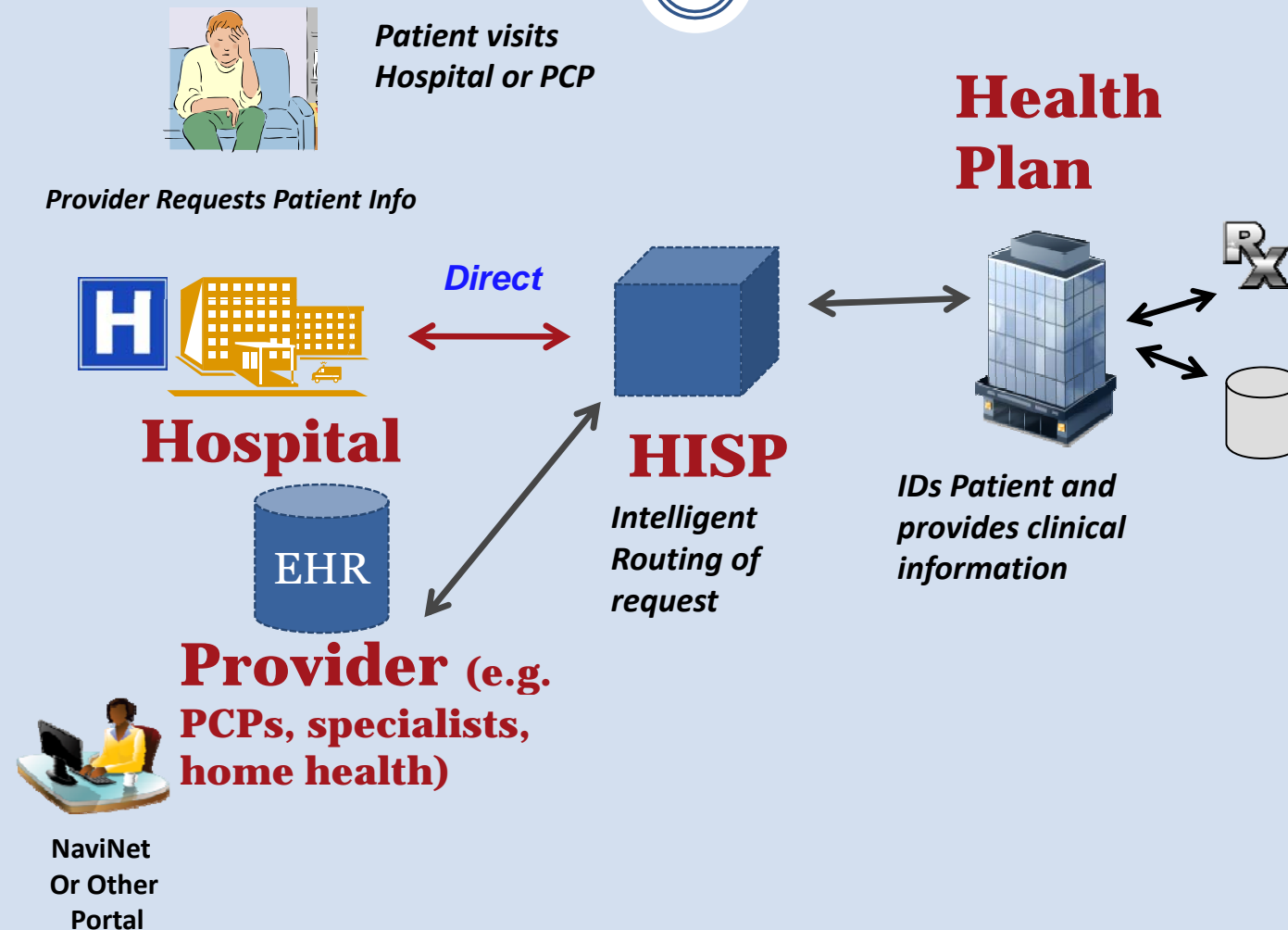
# Primary Use Case: Pushing Discharge Information to PCPs and Care Managers

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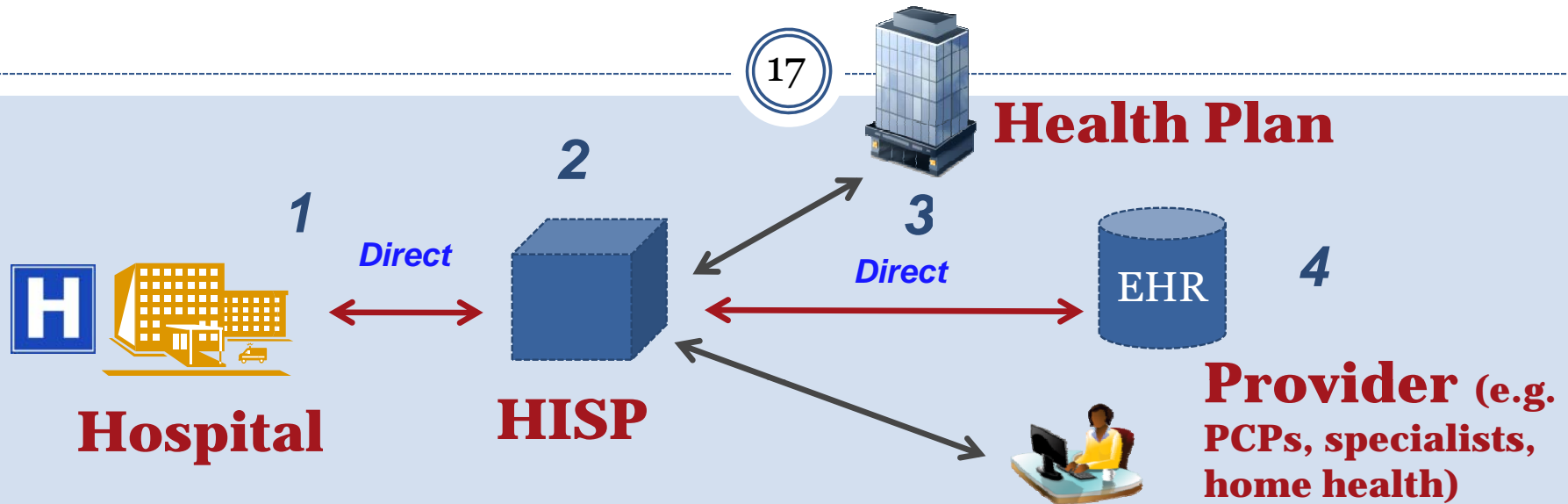


# Clinical Information Use Case: Medical history

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# Where Are the Costs?



## 1. Facility Push and Connectivity.

Support for hospitals to develop technology and pushing discharge info both technology and coordination.

## 2. HISP Services Including Intelligent Routing.

Cost of standing up the HISP and its services plus the intelligent routing services that will enable consistent delivery of information to providers.

## 3. Health Plan Data Services.

Enabling health plans to deliver information on PCPs and health plan clinical summaries.

## 4. Provider Connectivity Services.

Enabling providers to connect to the HIO and receive and send information.

**5. Coordination.** Management of the HIE including planning, financial management, support for various services and services supporting the adoption and use of HIE information.

# Financial Sustainability Direction

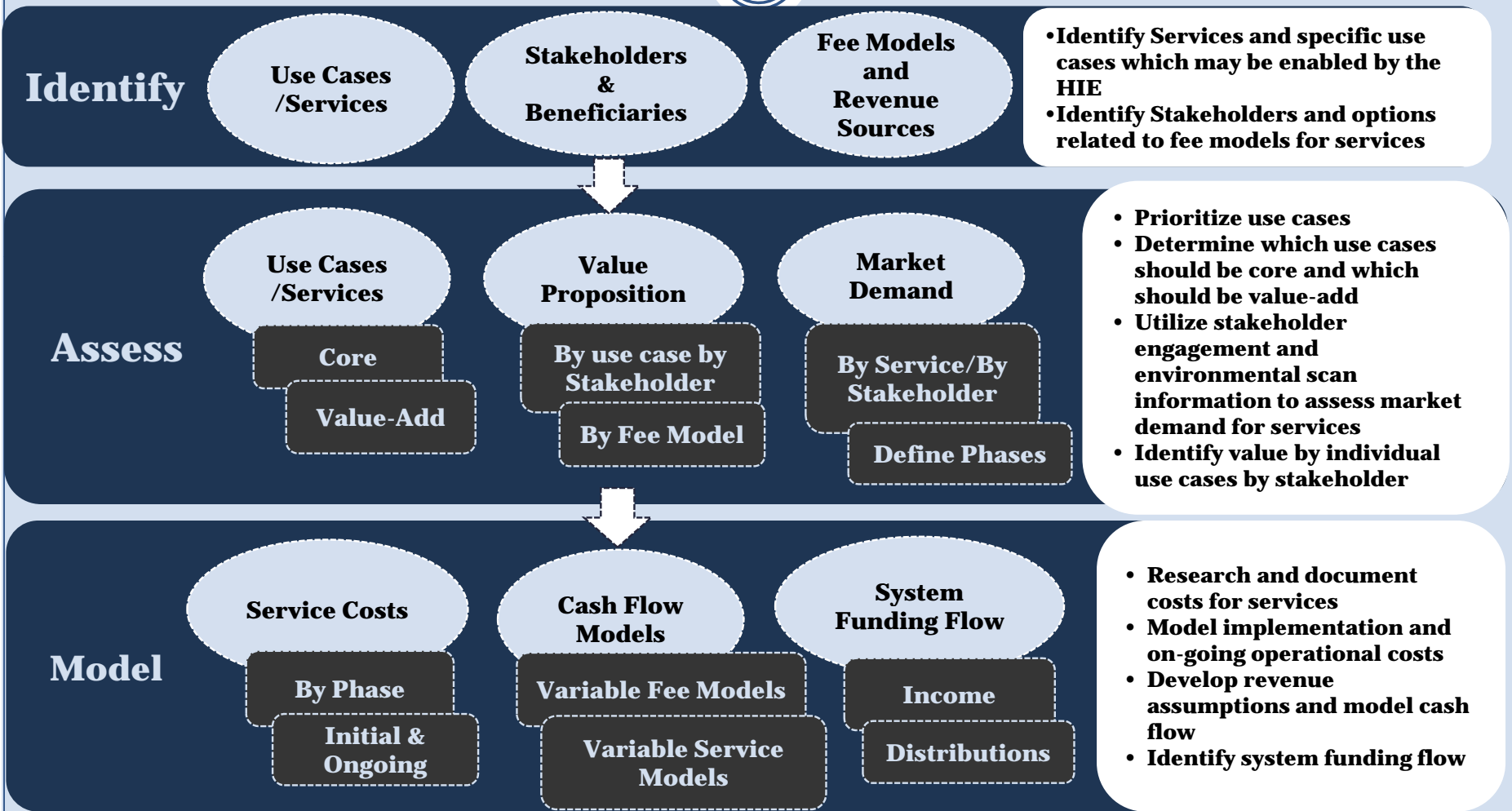
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- **Approach**
- Gain Broad Stakeholder Commitment to Process – Payers, Plans, Hospitals, Associations
- Develop Baseline Costs - Lean Technology Solution
- Accelerate Approach for Clinical Information Exchange
- Accelerate Value to Drive Supporting Revenues
- Actively Pursue Medicaid Support
- Utilize Fair Share Approach
- Three Part Funding Approach to Support Development Costs
  - Benefiting Entity Fees/Contributions
  - Federal and State Participation
  - Public and Private Grant Funding



# Financial Sustainability Framework

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# Update on PA eHealth Collaborative

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**March 2011:** Revised Operational Plan Approved by the Office of the National Coordinator for Health Information Technology (ONC)

**May–July 2011:** State met with key stakeholders

**July 26-27, 2011:** Stakeholder Planning Session

**July 27, 2011:** PA eHealth Collaborative executive order issued

**August 2011:** Compiled stakeholder findings-Organized committees-ONC site visit

**August–October 2011:** Committee Work-HIE survey conducted-Executive Council briefing

**November 2011:** Senate hearing-Finalize recommendations

**November–December 2011:** Draft strategic plan and operational plan-December 6 meeting to review strategic plan presentation

**January 2012:** Submit new strategic plan to ONC

# PA eHealth Collaborative Re-launch

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- Re-launched project with stakeholder planning sessions in July and August 2011
  - 134 individuals participated representing many sectors of the healthcare industry and consumers
  - Defined state role primarily as governance and standards coordination
  - Selected 14 primary HIE functions of importance to them
  - Organized five working committees and began work



# eHCO Stakeholder Committees

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- Business & Operations Committee
  - Direct Tiger Team
- Legal, Privacy and Security Committee
- Finance and Sustainability Committee
- Communication and Outreach Committee
- Evaluation and Performance Committee



# ONC-HIE-Program Information

## Notice (PIN)-001

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- Must enable point-to-point exchanges in 2011 (Direct Project)
- Must address:
  - Gaps in use of e-prescribing by pharmacies
  - Gaps in the ability of independent labs to send structured lab results electronically
  - Gaps in provider ability to electronically share patient care summaries across unaffiliated organizations

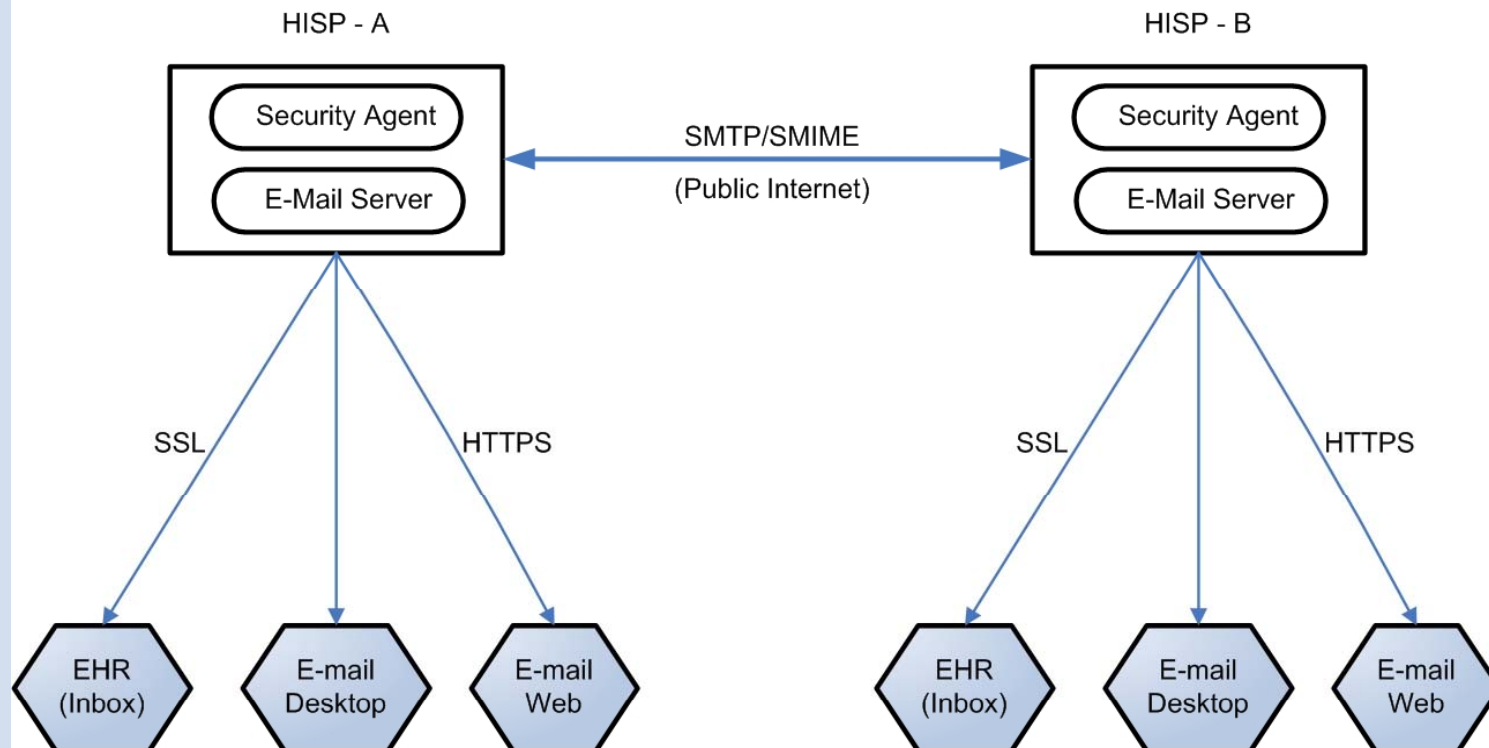


# What is Direct?

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## Basic HISP Model for DIRECT

HISP = "Health Information Service Provider"



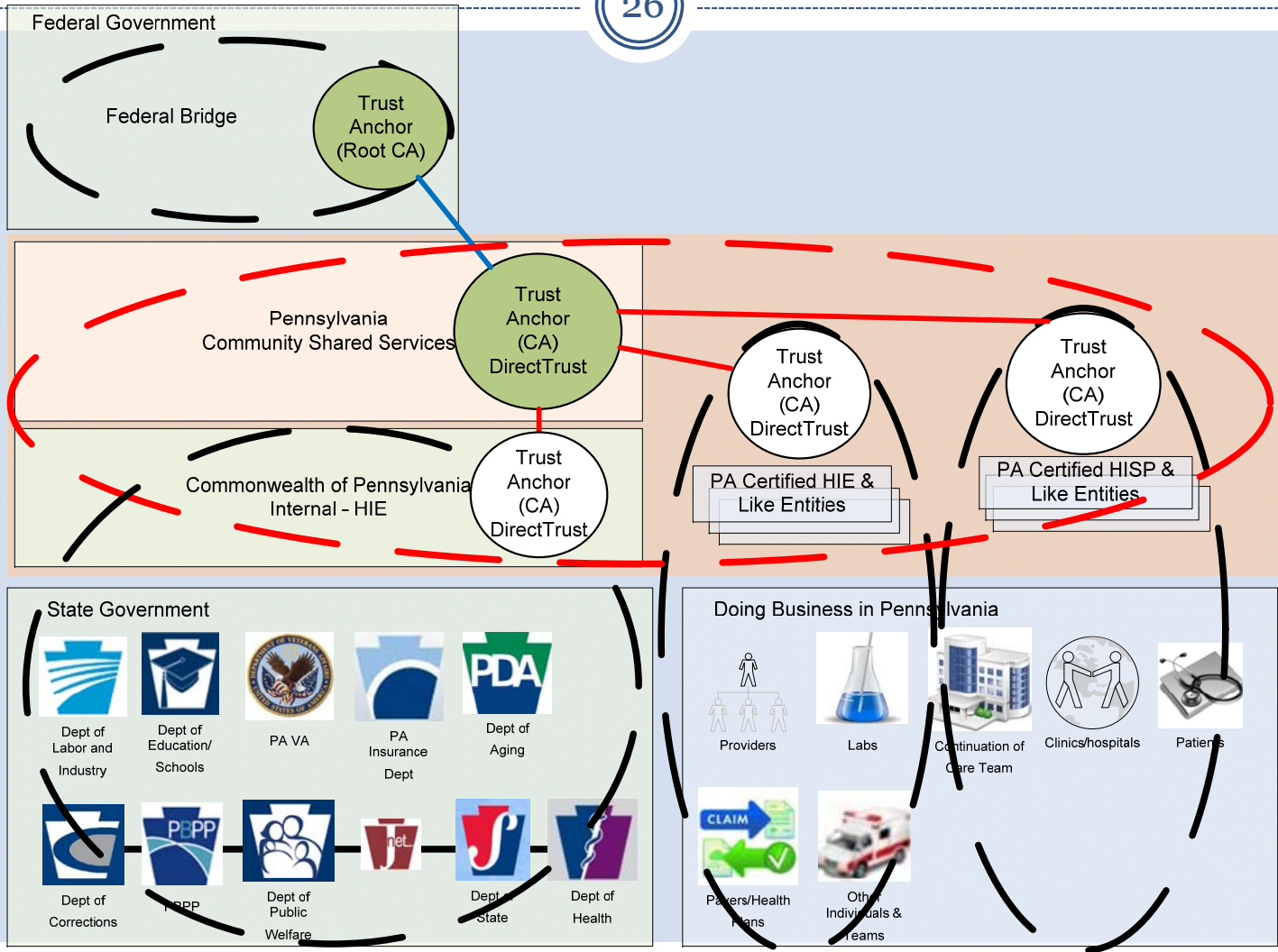
# PA eHealth Collaborative Direct Plan

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- Start with a Direct Pilot
- Two HISP pilot participants
- Shooting for:
  - Pilot Design 10/20/11 - 12/9/11
  - Pilot Readiness/Build 11/16/11 - 12/13/11
  - Testing with individual HISPs 12/19/11 - 12/23/11
  - Testing Across HISPs 1/2/12 - 3/15/12
  - Finalize documentation 3/16/12 - 3/31/11
  - Certification Framework 3/16/11 - 3/31/11
  - Program Roll-Out 4/1/11 - 5/1/11
- Two potential Lab participants



# PA eHealth Collaborative Phase #1



# Central Shared Services (CSS)

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- The State assigned governance entity should provide and maintain a statewide Central Shared Services (CSS) fabric for Pennsylvania.
- The PA CSS should have capability to connect with National network; ultimately allowing every PA HIE/HISP to interoperate with this layer of PA Central Shared Services.



# Recommended Shared Services

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- HISP and HIE Security Certificate Services
- User Security Certificate Services
- Auditing/Logging
- White Pages Applications
- HIE Interoperability Testing
- HISP Interoperability Testing
- Systems Notifications
- Authoritative Participant Services Directory
- Record Locator Services
- Content Based Routing
- Public Health Index Services
- Patient Identification Index Service
- Patient Consent Services



# Desired End State

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# PA eHCO Governance

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- Propose public/private authority with transition to non-profit after grant period (February 2014)
- Commonwealth continues as governing entity until new governance structure is in place
- Authority runs at least through the end of the grant period
- Maintain transparency and inclusiveness



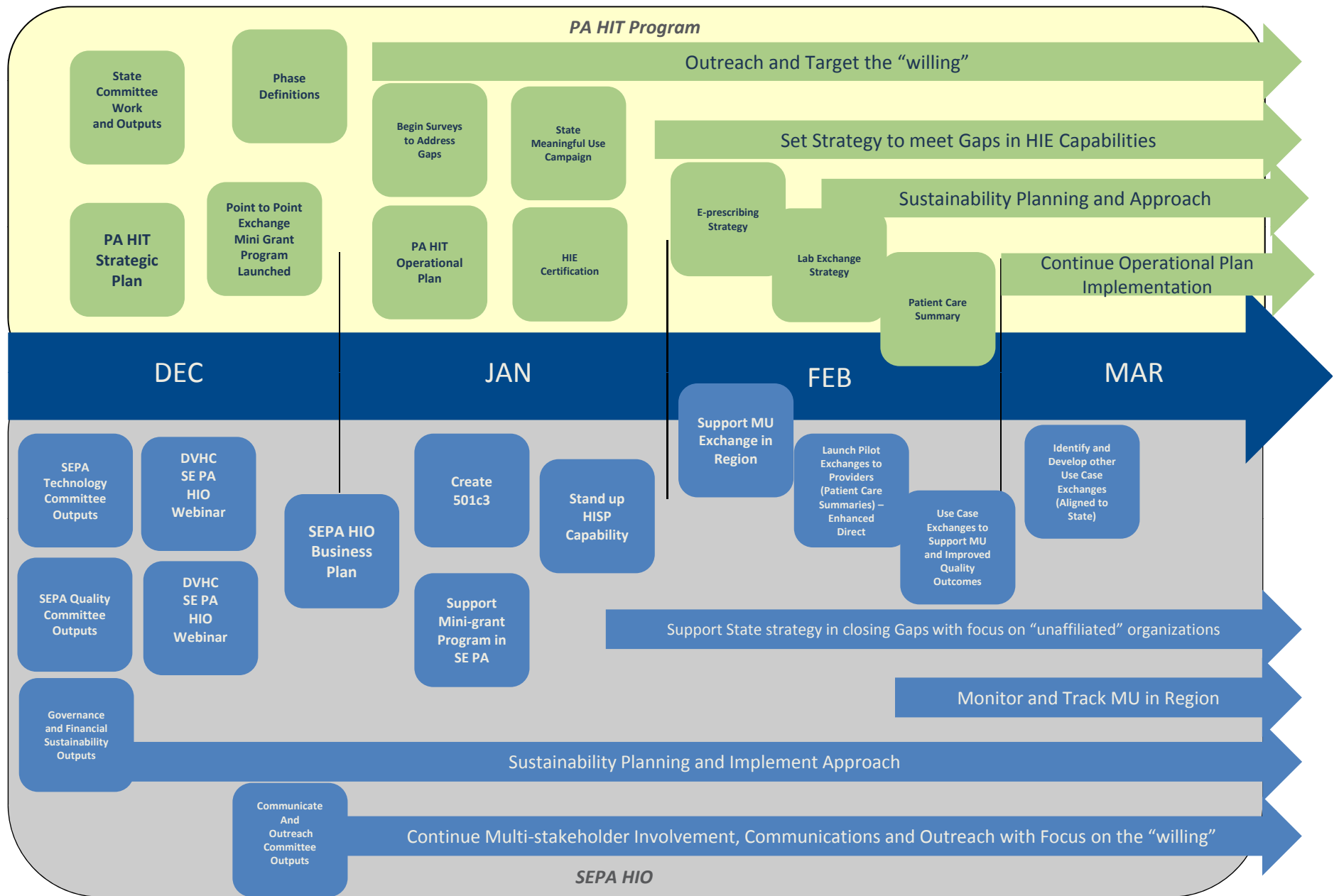
# PA eHCO Authority Core Functions

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- Develop and implement policies and procedures
- Select, implement and manage community shared services(CSS)
- Manage grants and operational budget
- Select and adopt standards
- Define and adopt certification programs
- Develop, implement and collect fees
- Enforce standards, certifications, fees, policies and procedures
- Orchestrate seamless transition to a successor entity



# SEPA HIO – Timeline and State Alignment



# SEPA HIO Benefits

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- High impact on quality/cost
- Supports meaningful use
- Uses State Direct approach
- Leverages existing assets: MCO information
- “Plus” components ensure adoption and utilization.



# SEPA HIO Next Steps

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- Quality, Technology and Governance/Sustainability Committees continue to work on aspects of proposal.
- Complete Business Planning Process- 12/31/11
- Develop White Paper for Medicaid funding option for submission in January 2012.
- Follow-up with PA Department of Public Welfare and PA eHealth Collaborative/PA HIT Coordinator.
- Secure Stakeholder Commitment Letters



# SEPA HIO

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## Questions and Answers

We request that you submit questions via the Webinar. Please type your question in the text box at the bottom of the chat window.



# SEPA HIO

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