



eHEALTH INITIATIVE

Real Solutions. Better Health.

Payer-Provider Collaboration and Accountable Care Savings

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About eHealth Initiative

- Since 2001, eHealth Initiative is the only national, non-partisan group that represents all the stakeholders in healthcare.
- Mission to promote use of information and technology in healthcare to improve quality, safety and efficiency.
- eHealth Initiative focuses its research, education and advocacy efforts in four areas:
 - Using Data and Analytics to Understand and Improve Care
 - IT Infrastructure to Support Accountable Care
 - Technology for Patients with Chronic Disease
 - Connecting Communities through Data Exchange



2013 HEALTH DATA **EXCHANGE** SUMMIT

October 30-31, Grand Hyatt, Washington, DC

Early bird rate expires September 30!

DISCUSSIONS TOPICS:

Interoperability & Standards for Health Data Exchange

Breaking Down Silos: Exchanging Data Across the Continuum of Care

Cybersecurity and Health Data

Data Sharing to Improve Population and Public Health

Sustaining the HIE Model: Defining the Value of Health Data Exchange

Exchanging Data with the Federal Government

Protecting Patient Rights While Exchanging Data

Connecting Health Data to Health Insurance Exchanges

Data Sharing in Accountable Care Organizations

Best Practices to Support a Trusted Environment for Exchange

2013 HEALTH DATA EXCHANGE SUMMIT SPONSORS:



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Agenda

- Welcome and Introductions
 - **Rebecca Jones**, eHI (1:00-1:05)

- Presentations
 - **John Haughton**, M.D., MS, Covisint (1:05-1:15)
 - **Carl Couch**, M.D., MMM, Baylor Quality Alliance (1:15-1:25)
 - **Anshuman Choudhri**, MHS, Blue Cross Blue Shield Association (1:25-1:35)
 - **Jennifer Horowitz**, HIMSS Healthcare Transformation Project (1:35-1:45)
 - **John Haughton**, M.D., MS, Covisint (1:45-1:50)

- Questions from Audience (1:50 – 2:00)



Today's Speakers



John Haughton, M.D., MS
Chief Medical Information Officer
Covisint



Carl E. Couch, M.D., MMM
President
Baylor Quality Alliance



Anshuman Choudhri,
MHS Director
**Blue Cross and
Blue Shield Association**



Jennifer Horowitz
Senior Director, Research
**HIMSS Healthcare
Transformation Project**



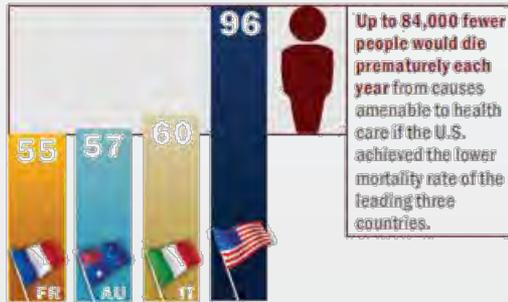
John Haughton MD MS
CMIO, Covisint Healthcare

We All Know Healthcare Works ...

and Doesn't...

PREVENTABLE DEATH

DEATHS PER 100,000 PEOPLE



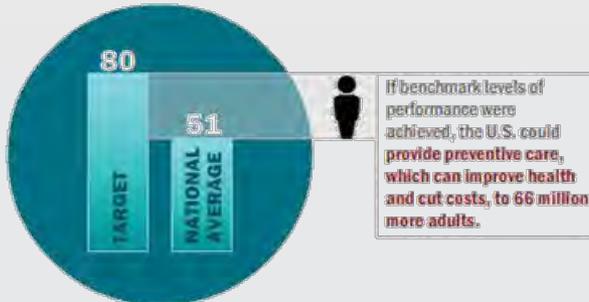
HEALTH INSURANCE WASTE

PERCENT OF NATIONAL HEALTH EXPENDITURES SPENT ON HEALTH INSURANCE ADMINISTRATION



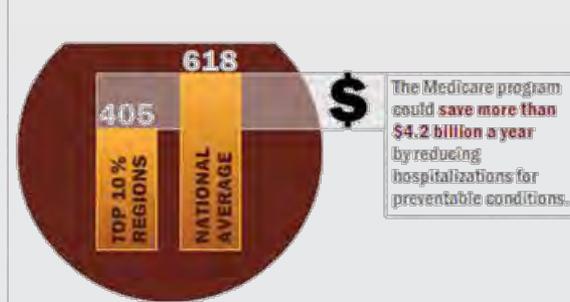
BETTER CARE

PERCENT OF ADULTS WHO RECEIVED RECOMMENDED SCREENING AND PREVENTIVE CARE



MEDICARE SAVINGS

MEDICARE HOSPITAL ADMISSIONS FOR AMBULATORY CARE-SENSITIVE CONDITIONS, PER 10,000 BENEFICIARIES



Source: The Commission on a High Performance Health System, Why Not the Best? Results from the National Scorecard on U.S. Health System Performance, 2011. The Commonwealth Fund, October 2011.

Then There's Healthcare Reform...

Fear, Uncertainty & Doubt



...or Opportunity?

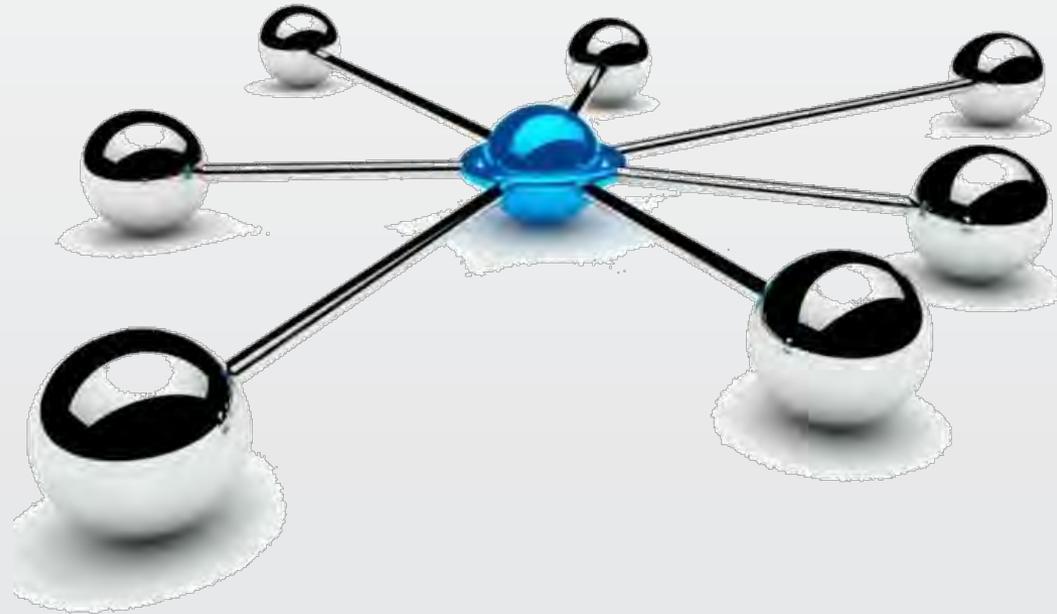
Looking Back

We've learned lots with our \$12 Billion Dollar Spend

**Technology driven islands-
don't fix care.**

**Wishing for interoperability-
doesn't make it happen.**

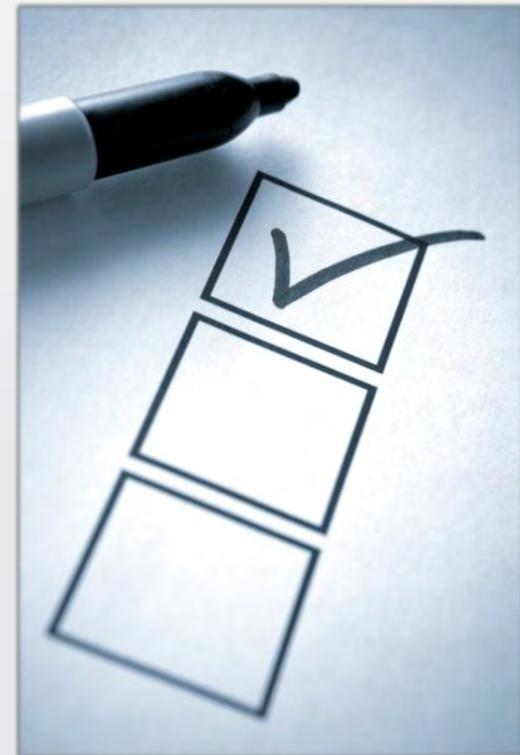
**People and organizations-
watch out for their interests.**



Right Now

We're Applying What Works & We're Learning More

- **The needs of the patient are known, shared and addressed at the point of care**
 - Not “HIE Plumbing”, Isolated EHRs
 - Purpose Driven, Trusted, Brokered, Real Time Analytics and Information Exchange
- **Provider performance is transparent across care networks**
- **Communications and referrals are fluid resulting in distributed team-based care**



Looking Forward

Like Any Network, Healthcare Requires Scalable Trust

- **Organizational Trust**

- Private Networks with Public Infrastructures

- **Technology Trust**

- Open Environment, Embracing Changes

- **Workflow Trust**

- Reliable, Usable Information that Saves Time



Looking Forward

Markets Take Off When Trust Arrives

Global Automotive Supply Chain Ecosystem

- **Neutral 3rd Party**
 - Use took off after 2003 sale by auto companies to a neutral 3rd party
- **45,000 companies connected securely**
- **One ID - 450,000+ global supply chain users**
 - Utilizing **One ID** to connect with over 500 applications



What about New Technologies Impacting Everyone ...



Cloud Computing

“Everything-as-a-Service”



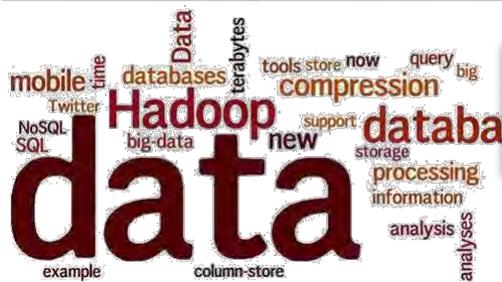
Social Networks

Creating new user expectations



Connected “Things”

Multiple wireless standards



Big Data Analytics

Data → Actionable Information



Mobility & BYOD

“Work anywhere is what we do”

Connected Healthcare

Delivering on Accountable Care

Accountable Care “Must Have” Abilities:

- **Health Information Exchange**
 - Not just HIE 1.0 “pipes”
- **Drive Population Health Management**
 - Performance & Registry Outreach Analytics
- **Simplify Patient Engagement**
 - Alerts & Reminders with Multi-source Community View that saves time
- **Communicate Seamlessly**
 - Simple peer to peer or machine to machine communication about a patient or a population



One Secure, Patient Experience

It's Real & Works Today – Vermont Blueprint

*Driven by Connecting Care using Connected Data
NOT the other way around*

- **Multi-Payer Medical Home Model**
- **Embedded Case Managers**
- **Integrated Patient Record**
- **Curated Community View for Care**
- **Multi-Vendor State Infrastructure**
- **Public Health and Clinical Care**
- **Team Collaboration**
- **Decrease in Events and Costs**





“Payer Provider Collaboration”

EHI Webinar

September 12, 2013

Carl Couch, MD, MMM
President BQA

Today's Agenda

 Introduction-- BQA Structure and Priorities

 Clinical Integration

- BQA Committee Structure
- Care Coordination/ RN Health Coaches
- Best Care/Clinical Integration Committee
- Informatics and Analytics

 Contracting and Payer Relations

A Brief Description of BQA

- ◆ Clinically Integrated network of 2,400 physicians, 17 Baylor Hospitals, Post-Acute Care Facilities, 31 Surgicenters, others
- ◆ 625 employed physicians; 1775 Independent
- ◆ Governance: 20 member Board, 15 physicians
- ◆ Extensive Committee Structure
 - Best Care/ CI Committee Drives Standards
- ◆ Clinical Integration via
 - Care Coordinators
 - 300 NCQA Level III PCMH
- ◆ Data and Analytics-Driven
- ◆ 34,000 Commercial Lives; 6,000 Medicare Advantage Lives

Population Health

Designing Solutions for Population Healthcare

Achieve and maintain **CLINICAL INTEGRATION** legally, economically, culturally, clinically for the populations we serve

DATA driven care redesign

Grow and Maintain the **NETWORK**

Maintain mission driven **GOVERNANCE**

Contractually and operationally surpass **FINANCIAL** breakeven

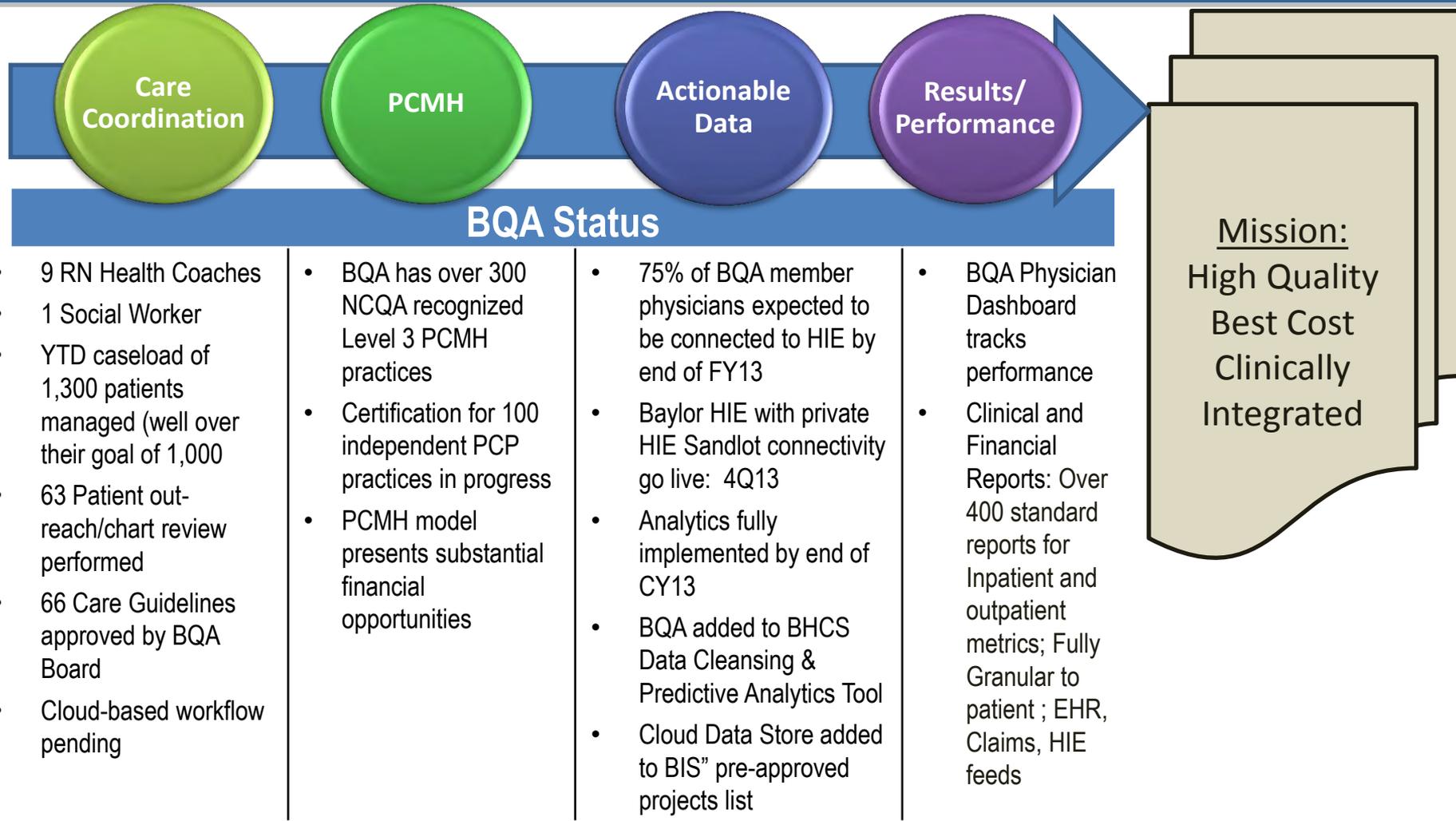
COMMUNICATE effectively with all stakeholders

Conduct ourselves in legally **COMPLIANT** manner in all things

OPERATE effectively and efficiently

STRUCTURE

Keys to Clinical Integration



Board of Managers

Gary Brock Randy Crim MD Travis Crudup MD Daniel DeMarco MD Dennis Gable MD Prasanthi Ganesa MD Don Kennerly MD	Glen Ledbetter MD Brad Lembcke MD Kathryn Levy MD Rosemary Luquire, PhD George McCleskey Keith Newman MD Dighton Packard MD, Chairman	Bill Plummer Michael Rothkopf MD Clifford Simmang MD Jill Studley MD Scott Webster MD Mark Teresi
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Best Care/Clinical Integration Committee

Compliance Committee

Finance, Contracting and Compensation Committee

IT/Informatics Committee

Membership and Standards Committee

Cris Brown
Staff Support

Randy Hoffman
Staff Support

Randy Hoffman
Trent Hadley
Staff Support

Deirdre Marek
Staff Support

Bruce Miller
Staff Support

Brad Lembcke, Committee Chair, BQA Board Member and Medical Director
Stuart Black MD
Julie Campbell
Marsha Cox
Robert Fine MD
Cliff Fullerton MD (CMO)
Rob Goldstein MD
Steve Harris MD
Steve Hays MD
Scott Holliday DO (Med Dir)
Beth Houser
Roger Khetan MD
Rob Kowal MD (Med Dir)
Glenn Ledbetter MD
Mike Massey MD (Med Dir)
Sina Matin MD
Stuart McDonald MD
Natalie Murray MD
Greg Pearl MD
Amy Wilson MD
Nick Zenarosa MD

Gerald Harder MD
Robert Israel MD
Alan Jones MD
Rainer Khetan MD
Jeff Kopita MD
Bob Michalski
Keith Newman MD, Committee Chair and BQA Board member
Jennifer Wilkerson MD

Eric Beshires MD
John Bousquet MD
David Bryant MD
Daniel DeMarco MD, Committee Chair and BQA Board Member
Hal Jayson MD
Rainer Khetan MD
Goran Klintmalm MD
Bill Plummer
Charlie Risinger MD
Shahid Shafi MD
Mark Teresi
Kevin Wheelan MD

Paul Bassel MD
David Bragg MD
Tim Houtchens
Don Kennerly MD
Jeff Kerr MD
Kevin Liu MD
Jay Mabrey MD
John Marcucci MD
Bill Plummer
John Preskitt MD
Eric Salmassian MD
Aaron Samsula MD
Joe Schneider MD
Michael Sills MD, Committee Chair
Tom Van Dinter MD

Steve Arze MD
Stuart Black MD
Randy Crim MD
Butch Derrick MD
Peter Heidbrink MD
Joseph Kilianski MD
Kim McMillin MD
James Murphy MD
Michael Rothkopf MD, Committee Chair and BQA Board Member
Clifford Simmang MD
Rob Watson MD
Amy Wilson MD

Sub-Committee (Chairman):

Anesthesia (Eric Silverman MD)	ENT	Neurosciences (Stuart Black MD)	Pulmonary/Critical Care (Stuart McDonald MD/ Bob Baird MD)
Behavioral Health/ Psychiatry	Gastroenterology	Ophthalmology	Surgical Oncology
Cardiology (Rob Kowal MD)	General Surgery (Sina Matin MD)	Palliative Care (Rob Fine MD)	Transplant (Robert Goldstein MD)
Cardiothoracic Surgery	Inpatient/Hospitalists (Matt Cantrell MD/ Roger Khetan MD)	Pathology (Raul Benavides MD)	Urology (Scott Webster MD)
Colorectal Surgery (Randy Crim MD)	Medical Oncology	Pediatrics (Kathryn Levy MD)	Vascular Surgery (Greg Pearl MD)
Emergency Medicine (Robert Risch MD)	Musculoskeletal (Alan Jones MD)	Population Management	Women's Health (Steve Harris MD/Rob Watson MD)
Endocrinology		Primary Care (Mike Massey MD)	

Best Care/Clinical Integration

Care Guidelines/Metrics

- ◆ BQA care guidelines establish baselines for which improvements in care can be compared against and monitored
- ◆ These evidence-based guidelines assist BQA's efforts to standardize care and ultimately reduce unnecessary health care costs

Subcommittees Producing Approved Care Guidelines

Website Logins	Primary Care APS
Generic Prescribing	Primary Care Diabetes
Patient Satisfaction Surveying	Primary Care Depression
Payer Performance Metric	Readmissions TF
Low Back Pain	Emergency Med
Cardiology	PAC SNF Metric
Musculoskeletal	PAC HH Metric
Neurology	PAC Hospice Metric
Women's Health	Primary Care APS
Hospitalists	Primary Care Diabetes
Primary Care	Primary Care Depression

**66 Evidence-based
Care
Guidelines/Metrics
Approved by BQA
Board of Managers**

RN HEALTH COACH

- ◆ RN Health Coaches (7): Roles established in April 2012
 - Certified Diabetes Educator
 - Advanced Asthma Certification
 - Case Management Experience
- ◆ Augments PCMH care coordination for high risk (top 5%) populations
 - Supports transitions of care
 - Chronic disease management
- ◆ Directed by BQA Care Coordination Steering Committee
- ◆ Payer investment growing
 - 2012: 2 contracts covering 9,000 members
 - 2013: 5 contracts covering approximately 40,000 members (BQA and HTPN)



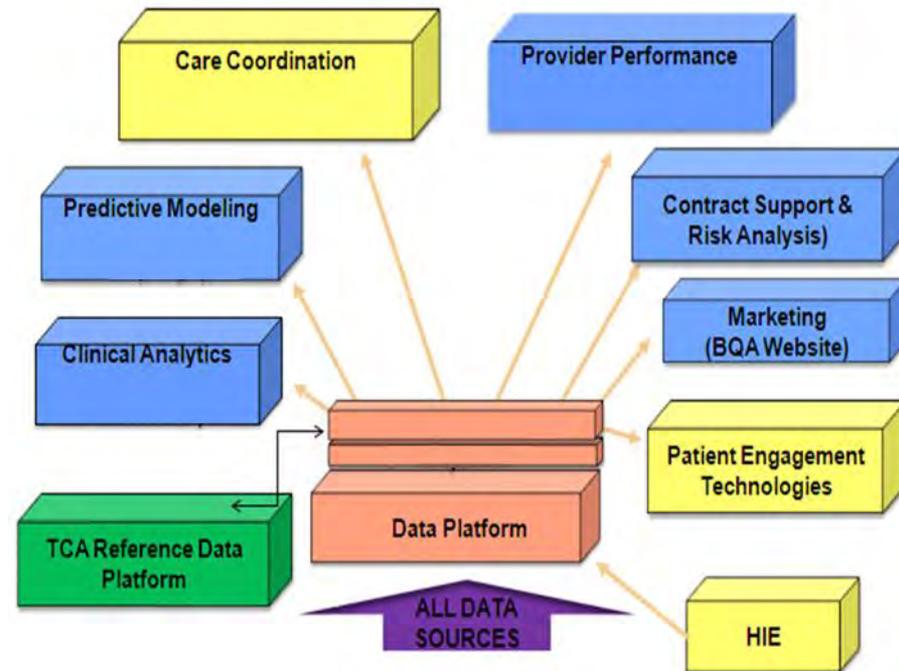
RN Health Coach responsibilities

- Self-management support and goal setting
- Health status assessment
- Medication reconciliation
- Health system navigation (facilitates access to appropriate levels of care)
- Care coordination among providers and services
- Care plan development and communication with health team

IT/ Informatics

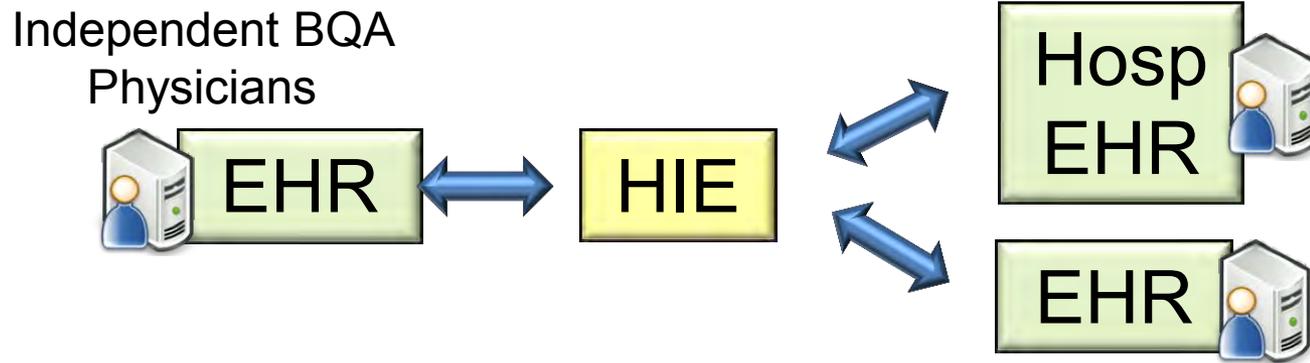
- ◆ **Integrated Clinical and Financial Analytics Reporting**
 - Integrated clinical and financial analytics reports
 - Phase I ambulatory data – First Step
 - Phase II Claims and inpatient data to be complete October 18th
 - Majority of BQA data currently goes to analytics
 - Includes predictive modeling & clinical analytics
- ◆ **Cloud-based Data Aggregation/ Big Data Solution**
 - Integrating with a cloud based big data solution, we will gradually move to the overall IT structure vision as depicted
- ◆ **Data Aggregation Services**
 - Includes semantic (meaning) mapping and data cleaning
 - Aggregate BHCS' comprehensive clinical/financial data (includes data from BQA members not otherwise represented in BHCS data repositories)
- ◆ **Care Coordination Tools**
 - Patient and Population workflow management
- ◆ **Exchange of Health Information**
 - (includes private and public and connection / cloud broker)

BQA Vision for IT Structure



Pathway defined to identify the appropriate tools needed to manage BQA in fiscal year 2013

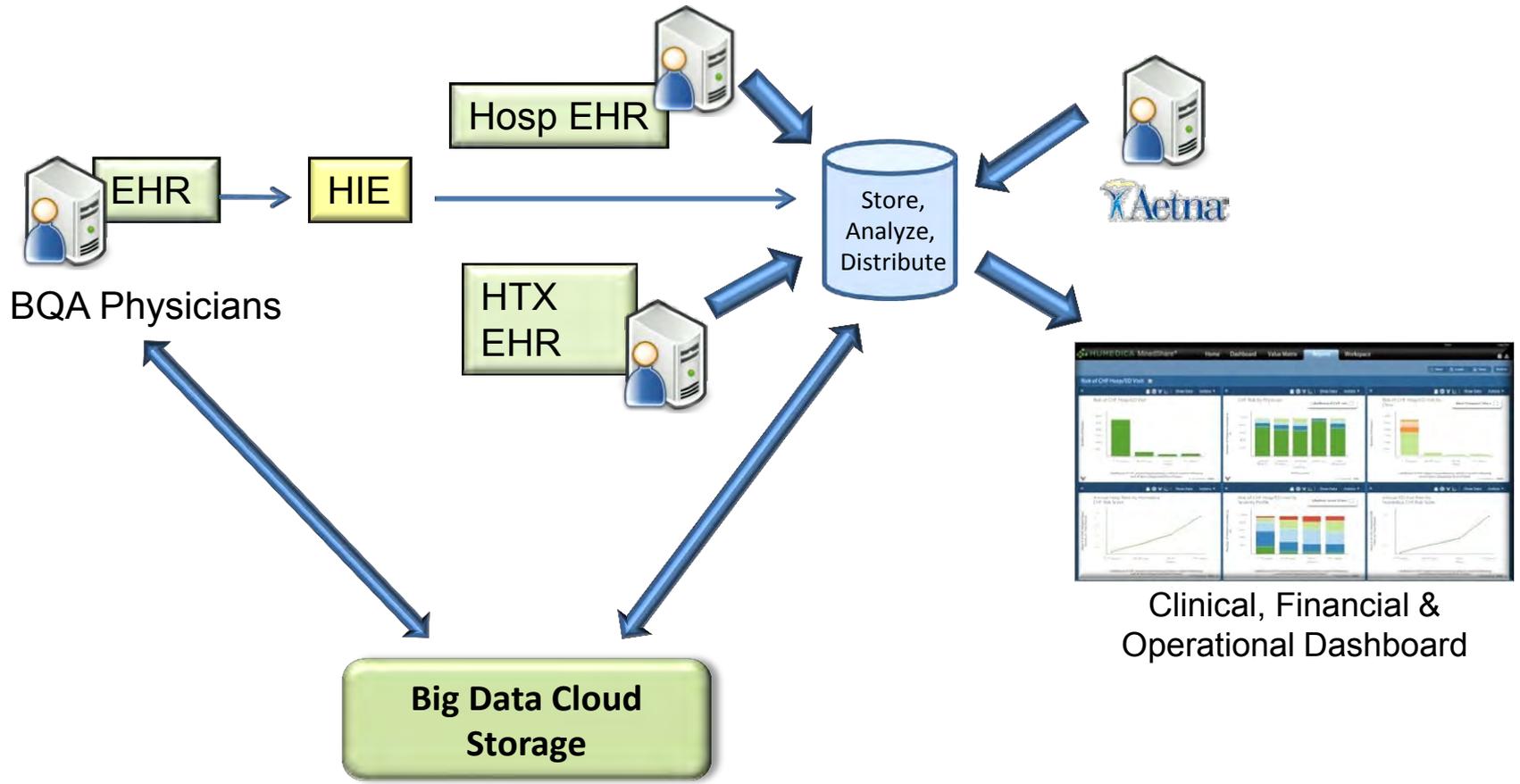
Data for CARE of Patients



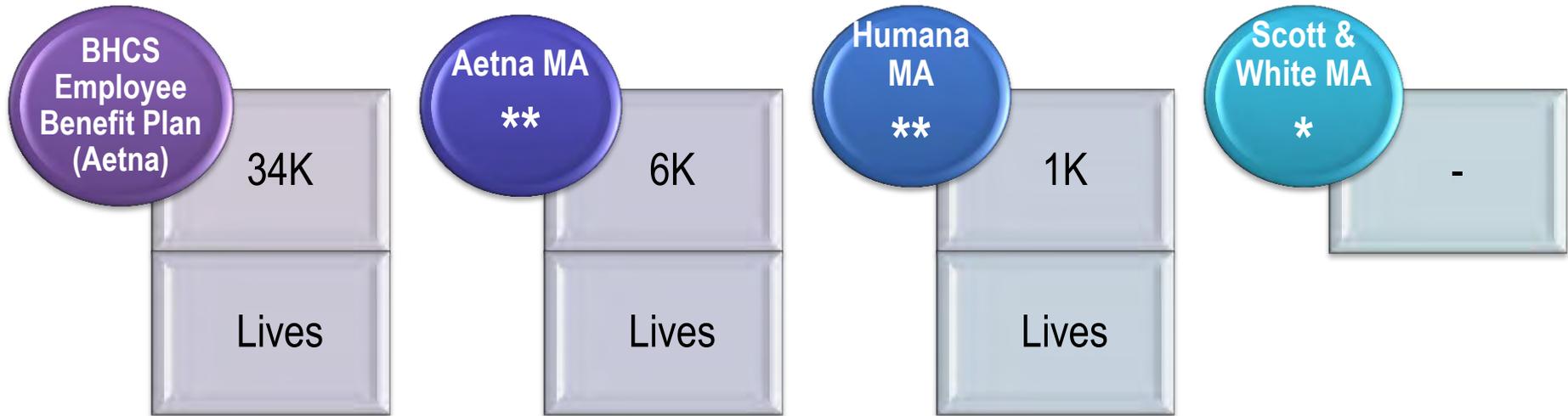
Problems with HIE alone

- Limited Data Set: CCD
- Costly
- Very little data for performance

Robust Data helps Align Physicians



Current Payer Contracts



- Current Contracts all “Shared Savings”
- Collaborative Care Coordination Meetings Monthly
- Utilize both payer and internal data
- Our Care Coordinators much more successful than Payers

****Anticipate major increases Fall Enrollment 2013**

Diverse Contract Quality Metrics

Aetna/Humana Medicare Advantage

Criteria	Threshold
One office visit each calendar year	75%
Office visit each 6 months for those diagnosed with CHF, diabetes mellitus or COPD	70%
HbA1c test each calendar year for members diagnosed with diabetes mellitus	80%
Follow-up office visit within 30 days of an inpatient stay discharge	70%
Reduce avoidable hospital inpatient days, admissions, readmissions	Aetna: 795-1325 admissions/1k members/yr Humana: Between 795/1,000 days and 1,325/1,000 annually

BHCS Employee

Criteria	Threshold
Make 3 attempts to contact associated members discharged from an inpatient stay. First attempt w/in 4 days of discharge and last not later than 7 days post discharge	95%
Increase in members w/provider wellness visit annually	5% improvement from previous plan year
HbA1c test each calendar year for members diagnosed w/diabetes mellitus	90% or 10% improvement in annual test percentage
LDL measurement each calendar year for members diagnosed w/diabetes mellitus	90% or 10% improvement in previous plan year
Members diagnosed with chronic asthma will be on controlled drugs (i.e. inhaled steroids, rescue meds)	70% or 10% improvement in previous plan year
LDL measurement each calendar year for members diagnosed with coronary artery disease (CAD)	90% or 10% improvement in previous plan year
Reduce readmission rate for members admitted for pneumonia, heart failure, and acute myocardial infarction	5% improvement from previous plan year

Efficiency Dashboard June 2013

Measure	Basis	Current Performance	Reference Point	Status*	Data Source
Net Income	\$	\$(3,814,296)	\$(7,931,343)		Fin. Stmts.
BHCS Employee Healthcare Costs (reduce actual PMPM costs to below target)	\$	\$487.62 PMPM	<\$516.22 PMPM		Towers Watson Analysis
Medicare Advantage Medical Loss Ratio					
Aetna MA	%	<i>Not available</i>	<i>Not available</i>		Vendor Info
Humana MA (<i>Through April 2013</i>)	%	82.4%	88.3%		Vendor Info
Protocols approved by the Best Care Committee and BQA Board and available on physician website	#	12	7		BQA Website
PCMH Self Assessment Completed by Independent Physicians (Levels I and II)	#	<i>Not available</i>	<i>TBD June 2013 for FY 2014</i>		BQA Reports
Cases Managed by RN Health Coaches	#	785	700		BQA Reports
BQA Covered Lives	#	37,697	35,333		BQA Reports
Generic Prescribing	%	78.2%	75.6%		BQA Data Warehouse
Volunteer Physician Hours for Committee Members	#	1,659	1,200		BQA Reports

*  Meets or Exceeds Reference Point  Within 10% of Reference Point  Lags More than 10% Behind point

Baylor Quality Alliance



www.BaylorQualityAlliance.com



**BlueCross
BlueShield
Association**

An Association of Independent
Blue Cross and Blue Shield Plans

Payer-Provider Collaborations: Care Delivery and HIT

eHealth Initiative Webinar
September 12, 2013

Anshu Choudhri, MHS
Blue Cross and Blue Shield Association

Agenda

- About the Blue System
- Care Delivery Innovations
- Blue Plan Examples
- The “Last Mile of Connectivity”

Agenda

- About the Blue System
- Care Delivery Innovations
- Blue Plan Examples
- The "Last Mile of Connectivity"

About the Blue System

BCBSA is a national federation of 37 Blue Plans in all 50 states and U.S. territories

**37 independent,
community-based
and locally
operated Blue
Plans**

**Collectively covering nearly 100
million – one in three – Americans**

**The Blues contract with over 96% of
hospitals and 92% of providers –
more than any other insurer**

**83 years' experience providing
health benefits in local communities**

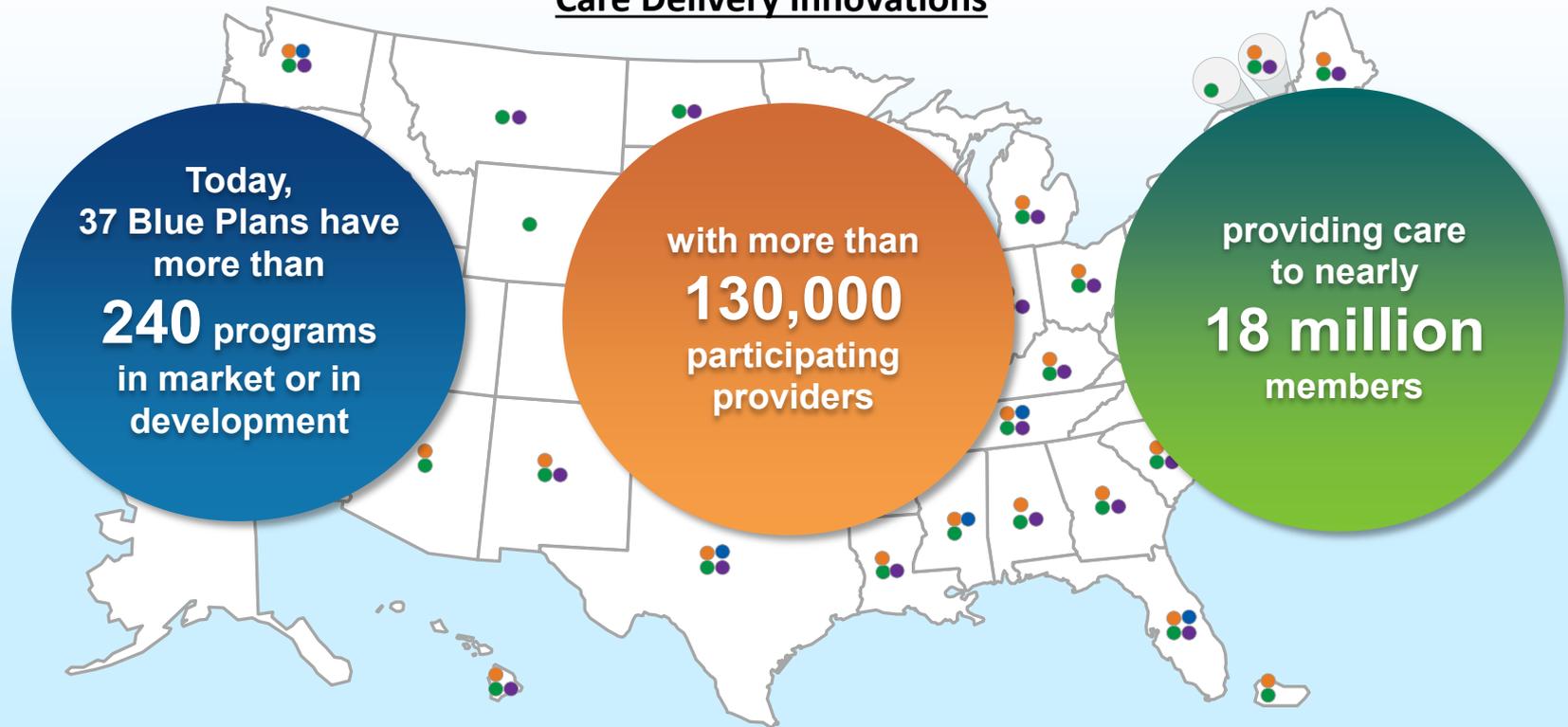
Agenda

- About the Blue System
- Care Delivery Innovations
- Blue Plan Examples
- The "Last Mile of Connectivity"

Blue Plan Activity

Blue Plans have programs with provider partners in market or development in 49 states, District of Columbia and Puerto Rico

Care Delivery Innovations

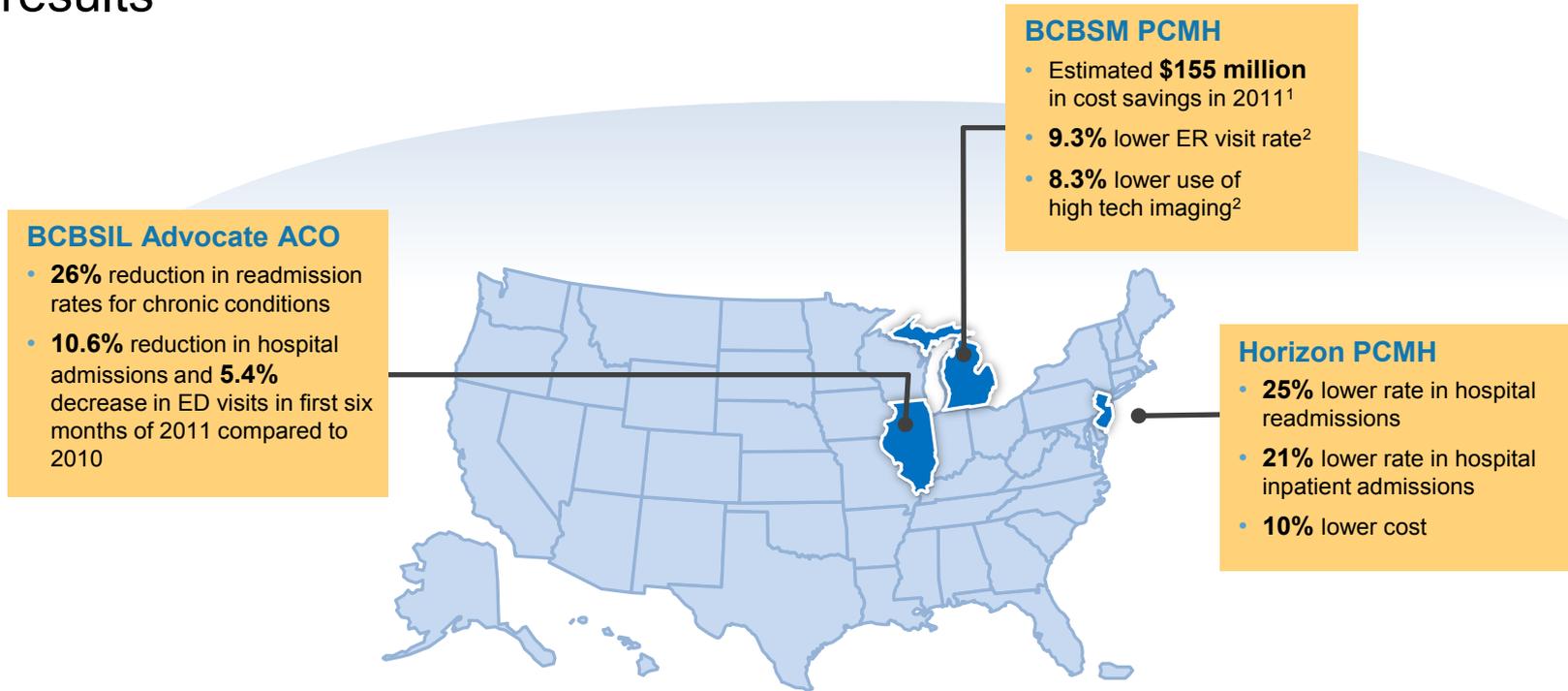


● Pay-for-Performance Programs ● Patient-Centered Medical Homes ● Episode-Based Payment ● Accountable Care Organizations

Note: Information as of June 2013.

Blue Plan Program Impact

Blue Plans are working collaboratively with providers to drive meaningful results



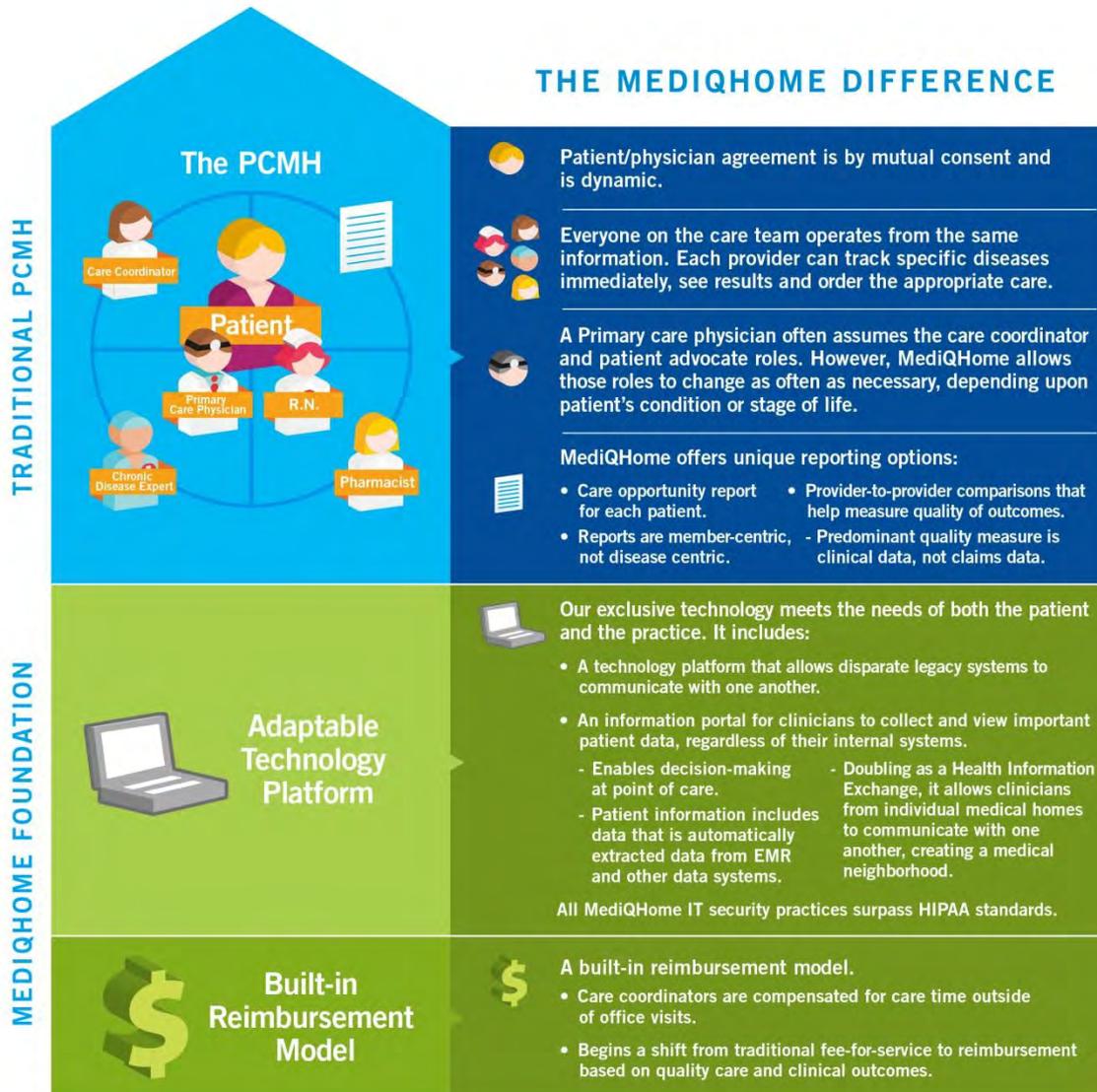
1) David A. Share and Margaret H. Mason. "Michigan's Physician Group Incentive Program Offers A Regional Model For Incremental 'Fee For Value' Payment Reform." *Health Affairs*, 31, no.9 (2012):1993-2001.

2) Adult Population results

Agenda

- About the Blue System
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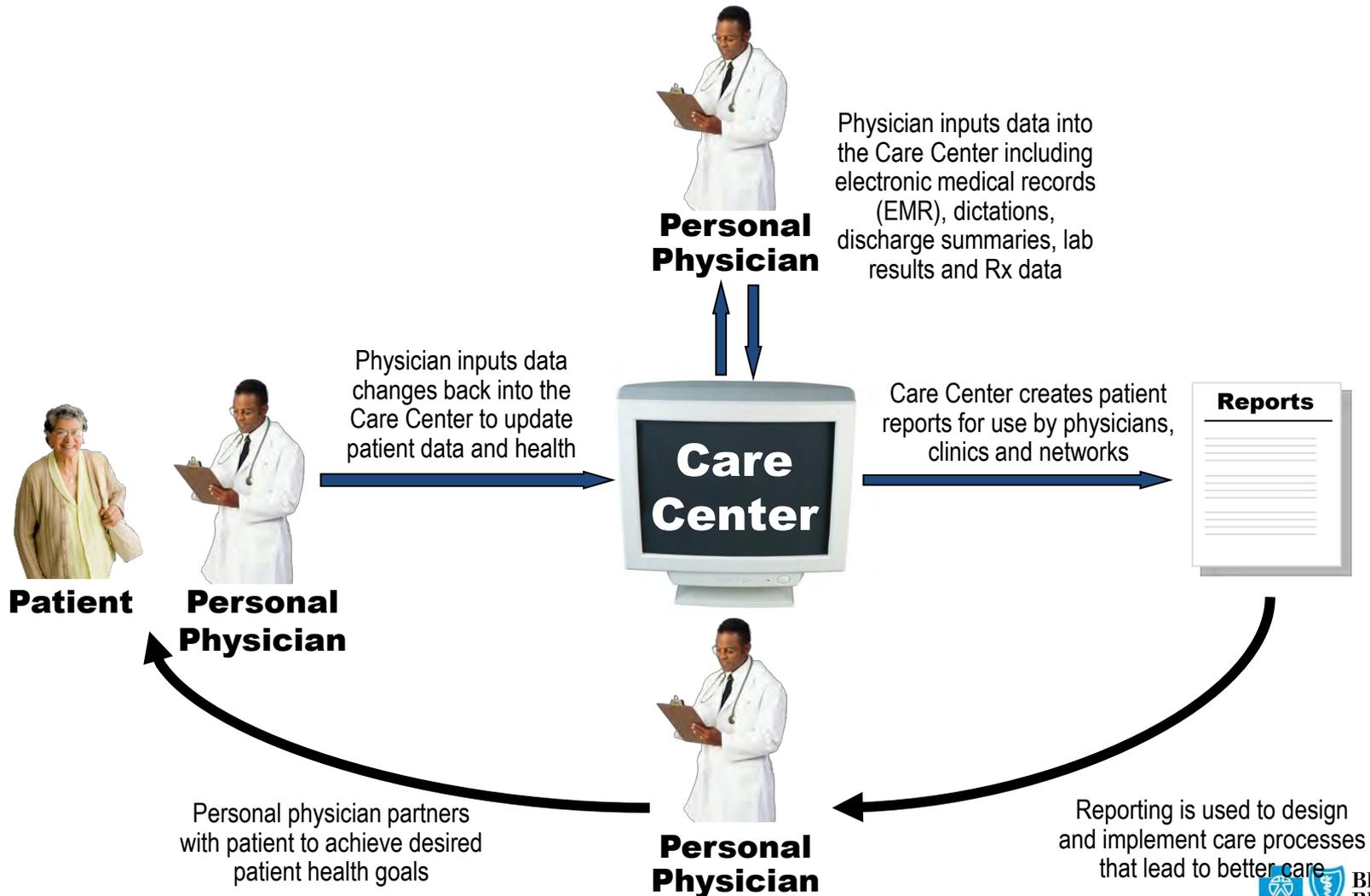
BCBS North Dakota - The MediQHome



Graphic adapted from <https://www.bcsnd.com/web/providers/mediqhome/what-is>

MediQHome Care Center

The Care Center organizes medical data from various inputs to help personal physician identify patient care opportunities



BCBS Rhode Island – Incentive Program to adopt CurrentCare

The program is designed to reward PCPs who are advancing health information technology and health information exchange in Rhode Island

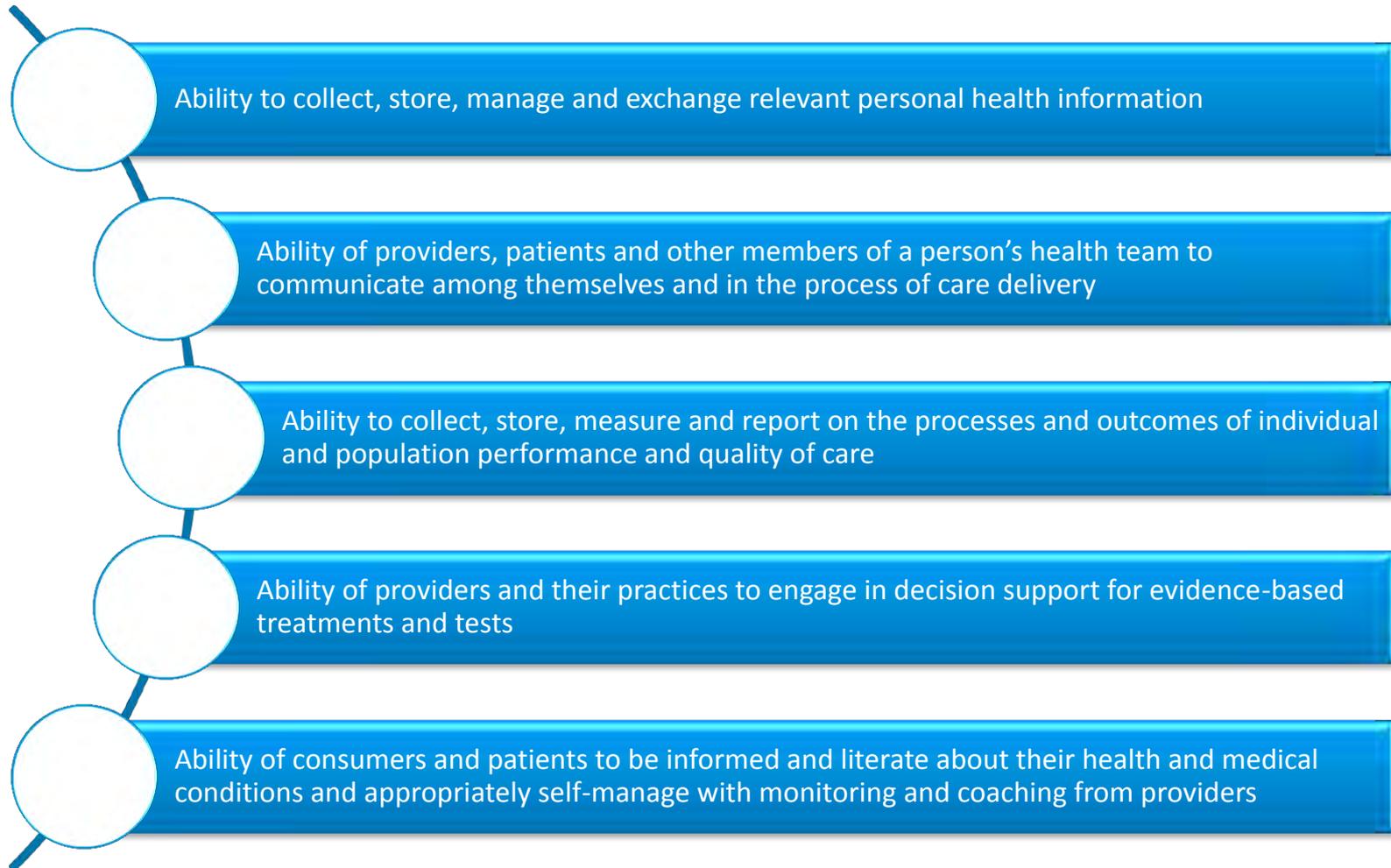
Providers who use CurrentCare are able to see enrolled patients' protected health information through a secure electronic network.

CurrentCare is the first health information exchange in the nation to produce patient hospital encounter notices statewide which alert PCPs of when their patients are admitted to or discharged from the hospital.

Agenda

- About the Blue System
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The “Last Mile of Connectivity”



Adopted from the Patient-Centered Primary Care Collaborative, *Meaningful Connections*, 2009

Contact Information

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Selecting IT Tools that Improve Patient Outcomes and Facilitate Value Based Purchasing

Jennifer Horowitz, CPHIMS, FHIMSS

HIMSS Analytics[®]

HIMSS Healthcare Transformation Project

- Exclusively for senior healthcare executives in all care delivery settings
- Offers year-round activities and programs designed to help executives realize their missions of transforming healthcare through the best use of IT and management systems
 - HIMSS14
 - Virtual Events
 - Blogs and Podcasts

Research Methodology and Objectives

- Two focus groups conducted in February 2013
 - Conducted via telephone
- 15 total hospital-based executives
 - Chief Information Officers
 - Chief Financial Officers
 - Nursing and Physician Executives
- Research goal
 - Explore the perspectives of healthcare executives in leveraging IT as a means for achieving higher quality outcomes and cost savings

Table of Contents

- Healthcare Leadership and Quality Initiatives
- Decision Making Process
- Benefits of IT in Solving Patient Care/Quality Issues
- ***Value Based Purchasing***
 - *The Industry Today*
 - *The Future of Value Based Purchasing*
 - *IT's Role in the Support of Value Based Purchasing*
 - *Drawbacks to Value Based Purchasing*
- Future of IT
- Conclusion

Value Based Purchasing

- The Industry Today
 - Most respondents noted a mix of revenue from traditional sources and value based purchasing
 - Affordable Care Act (ACA)
- Future of the Industry
 - General consensus that value based purchasing will continue to grow in the future
 - “No turning back”
 - Accountable Care Organizations (ACOs)
- Drawbacks to Value Based Purchasing
 - Investment required for staffing and technology
 - Legislative “hoops”

IT & Value Based Purchasing

- Mechanism to provide more comprehensive access to healthcare data
- Tool to facilitate advanced analytics
- Means to ensure that patients are getting care in a timely fashion
- Method for patient engagement

For More Information:

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Questions

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