



eHEALTH INITIATIVE

# ANNUAL CONFERENCE 2014



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DELIVERY TRANSFORMATION



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# OVERVIEW OF 2014 ANNUAL CONFERENCE

On January 28-29, 2014, eHealth Initiative (eHI) hosted its [2014 Annual Conference: The Roadmap to Healthcare Delivery Transformation](#) in Orlando, FL, where more than 150 leaders from across the healthcare industry convened for the event. Each year, eHI hosts an annual conference to bring together a wide range of stakeholders to discuss current trends and developments, share perspectives, and educate the industry on innovative uses of health information technology that can improve the quality, safety, and efficiency of healthcare. At the forefront of this year's discussion was the confluence of consumerization in the healthcare industry and evolving paradigm shift away from fee-for-service and toward value-based care models.

Healthcare delivery transformation efforts are fundamentally disrupting traditional approaches to healthcare in the United States. On the consumer side, multiple factors have converged to place the patient at the center of the decision-making process regarding healthcare selection and utilization. For example, the internet provides patients with new ways to read and digest health content specific to their individual needs. Increasingly, patients engage with the health system only after they've done independent research on their condition and treatment options, challenging the traditionally top-down relationship between patients and providers and opaque costs of care. The evolution of patient-centered care mirrors the growing consumerization of other industries, such as personal finance, entertainment, and travel. In each case, the internet has delivered new tools that empower the consumer through access to information.

*"Retail is one of the next frontiers of healthcare. Medicine doesn't have all the answers and physicians can have a hard time scaling up bedside manner and primary care to engage patients at a population level."*

**Josh Riff, MD**, Medical Director, *Target Corporation*

The implementation of the Affordable Care Act is shifting the traditional insurance market from wholesale to retail, and creating new networks of beneficiaries. No longer tied directly to employers, high-deductible health plans and private insurance markets are placing greater financial responsibility for healthcare in the hands of consumers. As a result, consumers are seeking more information about the quality of care they can expect to receive, selecting providers that are willing to communicate and accommodate to patient preferences and needs, and choosing consumer-centered coverage through health insurance exchange marketplaces.

The practice of medicine is also changing. New value-based models are striving to reduce healthcare costs by providing financial incentives that drive care coordination, evidence-based practices, and population health management. As the industry moves away from episodic, fee-for-service models towards a more integrated approach, provider practices, hospitals, and health systems are developing and implementing new technologies to improve patient health, quality of care, and cost containment.

*"As our healthcare system turns traditional business models upside down and pivots to be more patient-oriented, we would do well to learn from other industries by implementing B2C [business to consumer] strategies that improve consumer experience, care, and health."*

**Sam Ho, MD**, Chief Medical Officer & Executive Vice President, *UnitedHealthcare*



Combined together, market forces in the consumer and business sides of medicine are leading the U.S. health-care system down a new road. Providers, payers, and patients alike are turning to information technology to navigate the world of value-based care, and stakeholders such as labs, HIEs, and retail are rapidly entering new markets of healthcare and population health management. Speakers at the conference described the business imperative for care delivery transformation and how efforts can be supported by health information technology (health IT), analytics, and health information exchange (HIE). Some key themes identified for effectively using health IT include:

- 1.) Meet the consumer where they already are:** As consumers become more involved in their own care, they will desire new information and tools that make it easier to select services, compare performance, and manage their conditions. To succeed in this environment, healthcare delivery organizations will need to leverage technologies that patients are already comfortable with using and connect with patients in settings outside of traditional care sites. This might include greater use of social media, email, and SMS communication, digitally connected mobile applications, and/or care provided at home or retail settings.
  - a.** Though a patient may change phone numbers or email addresses, they rarely abandon a social media profile. Dr. John Haughton and Halim Cho discussed how Covisint technology combines social media data with a national donor registry to reduce the number of lost donors and improve donor matching.
  - b.** Clinically Home provides hospital-quality acute care in a patient's home through a combination of telemedicine and connected devices. The program has reduced readmission rates among patients by up to 50 percent.
  - c.** In Georgia, Kaiser Permanente is adopting telemonitoring and mobile health while expanding brick-and-mortar clinics so patients can receive care without visiting a hospital.
- 2.) Meet the provider where they already are:** Healthcare providers are pressed for time and must balance clinical and administrative needs while working collaboratively with their patients in as little as 20-30 minutes during a typical encounter. As a result, providers need technology that is integrated into their workflow and is convenient to access and use at the point of care. New technology solutions often come with additional logins, layers of security, software, or data that can fatigue providers, interrupt established care practices and ultimately reduce utilization. Data needs to flow seamlessly without the need for the provider to work through interfaces that take away valuable time and resources.
  - a.** Humana leverages generic standards surrounding a proprietary technological core to enable providers to seamlessly communicate with the system without having to translate source data into a new format. Patrick Murta described how Humana is also beginning to use this architecture to share internally generated information such as care plans with outside entities.
  - b.** Evolent Health establishes risk relationships with integrated delivery networks (IDNs) and then tailors clinical programs to the IDN's existing capabilities to support care improvement.
  - c.** The importance of physician engagement was emphasized by Dr. Brian Kiss of BlueCross BlueShield of Florida. As BCBS contracts with healthcare delivery organizations and/or helps build technical infrastructure to support value-based models like ACOs and PCMHs, practice transformation specialists have proven critical to success.

**3.) Foundational technologies pave the way for care delivery im-**

**provement:** A few technologies in particular are quickly becoming essential to leveraging health IT for healthcare transformation. Identity matching solutions such as an enterprise master patient index (EMPI) are crucial for matching patients with their data as they transition between providers in disparate medical settings across the care continuum. Electronic exchange tools are the backbone of care coordination, while more advanced organizations are leveraging data warehouses to integrate disparate data feeds and support complex analytic operations.

*"We're at the forefront of data intelligence that will drive performance improvement at a micro and macro level."*

**Andrew Mellin, MD**, Vice President & Medical Director, McKesson

**4.) Proper data management is essential:** As data is generated and integrated into care processes, it must be kept secure and maintain patient privacy. Data needs to be translated into a common language so that disparate systems can make use of it. Different data elements must be interpreted in such a manner that duplicate records aren't created or patients aren't incorrectly matched with other records. When a patient's data is being used for purposes other than treatment, payment, or healthcare operations, it should be properly de-identified to protect the patient's identity. As patients become more empowered stewards of their own health, care, and information, a more transparent system should allow patients to monitor who accessed their data and for what purposes.

- a.** Healthy data can lead to health intelligence. Lynne Thomas Gordon noted how AHIMA is driving information governance and data standardization. The quality, amount, dimensions, and availability of data contribute to its usefulness.
- b.** Key challenges to data management include duplicate entries and incomplete or missing information, according to Beth Just. Technical solutions are leveraging algorithms that apply machine learning or natural language processing, incorporate socioeconomic data to improve probabilistic matching, and use standardized data fields and nickname databases.
- c.** Lynn Bunn suggested that internal audits and third-party assessments can help organizations think about data management and identify potential weaknesses in their strategies before facing a data breach or external audit.

**5.) Transform data into information:** Once data is collected and cleaned by foundational technologies and appropriate data management safeguards are in place, data must be operationalized to make it relevant at the point of care. Simply having access to data is not sufficient if it isn't presented or used in a meaningful way. Analytics is one tool for turning data into actionable information. For example, analytics can be run on normalized data sets to identify patients with characteristics that put them at greater risk for readmission, compare the effectiveness of interventions, or determine which sites are overutilizing healthcare services.

- a.** Indiana HIE's provider community sought to reduce readmissions. IHIE developed a real-time admission/discharge/transfer notification service so that providers could better follow-up with patients. In addition IHIE is developing analytics tools to create readmission risk reports which include prospective drivers of risk that may be amenable to targeted interventions.
- b.** Holly Benson works with Medicaid programs to provide managed care solutions. A simple pregnancy notification service enabled providers to identify pregnancies among new benefit enrollees and reduce the number of costly preterm births.
- c.** Target Corporation analyzes the cost and frequency of specific procedures for enrollees in its employee health plan. By requiring bariatric surgeries to be performed at established centers of excellence, for example, Target was able to save nearly \$250,000 and reduce complications.

## LOOKING AHEAD TO 2014 AND BEYOND

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If the conference was any sign of things to come, 2014 promises to be a critically important year as healthcare stakeholders across the country engage in delivery system transformation efforts at an organizational, regional, state, and national level. Over the next ten months, the public and private sectors of healthcare will evolve at an increasingly rapid pace. As new provisions of ACA and HITECH roll out and the healthcare industry gears up for ICD-10 compliance later this year, eHealth Initiative will continue to monitor the landscape and marketplace of health information technology, and provide critical thought leadership and policy analysis for our membership. Please visit our website ([www.ehdc.org](http://www.ehdc.org)) and join our mailing list to learn more about upcoming research, programs, surveys, roundtable events, webinars, and conferences.