



HealthShare Exchange
OF SOUTHEASTERN PENNSYLVANIA, INC.

Transforming Healthcare and Improving Patient Care in the Greater Philadelphia Region



DVHIMSS Spring Symposium

HIE Update:
What's New, What's Coming and
What We've Learned

April 3rd, 2014

Involved in HSX?



Audience Poll!





2013

**A crazy busy year
in healthcare!**

- ✓ Aging Population
- ✓ Pay for Performance
- ✓ Population Health
- ✓ Cost Control
- ✓ Movement Towards Managed Care
- ✓ ACA Rollout and Enrollment
- ✓ On-going initiatives (MU1/2, ICD)
- ✓ State and Federal HIT Goals
- ✓ Public Health Registries
- ✓ MCOs/ACOs
- ✓ Health Plan Goals/Measures
- ✓ ER Readmit Penalties

The ability to exchange health information is foundational to addressing, augmenting and supporting all of this!

2014
Is this winter
over yet?



**Your Goal for 2014:
Adopt and Support HealthShare Exchange!**



What's New for HSX?

What did the year bring for HealthShare Exchange (HSX)?

What's the latest news?





2013 – An Exciting First Year of HSX!!

- Governance, Board and HIO in Place!
- Secured Four-year Commitments by 37 Hospital Systems and Three Health Plans Members!
- Three-time Grant Recipient!



HealthShare Exchange
Went Live in 2013!





Health System Members

- Currently 37 of the region's acute care hospitals are part of HSX (+93% EDs in the region).
- Each Hospital Signed a 4-year Letter of Commitment (LOC).
- Received Year 1 and Year 2 Contributions based on patient volume.

Health Plan Members

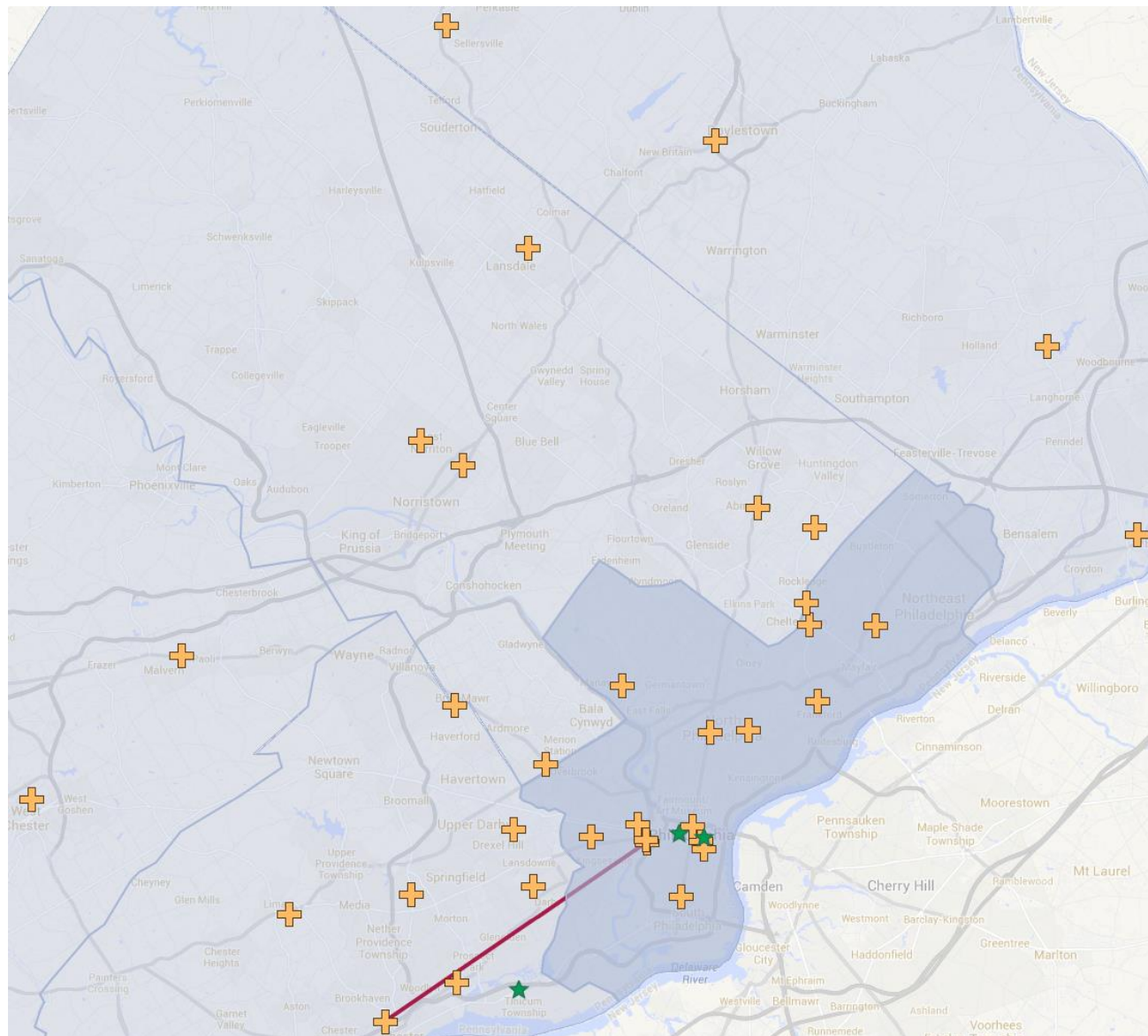
- Three Health Plans – IBC, AmeriHealth Caritas and Health Partners (+62% of covered lives in region).
- Each Health Plan Signed a 4-year Letter of Commitment (LOC).
- Received Year 1 and Year 2 Contributions based on covered lives in region.

HSX Context: Geography



The five-county region represents the largest and most densely populated healthcare marketplace in the Commonwealth:

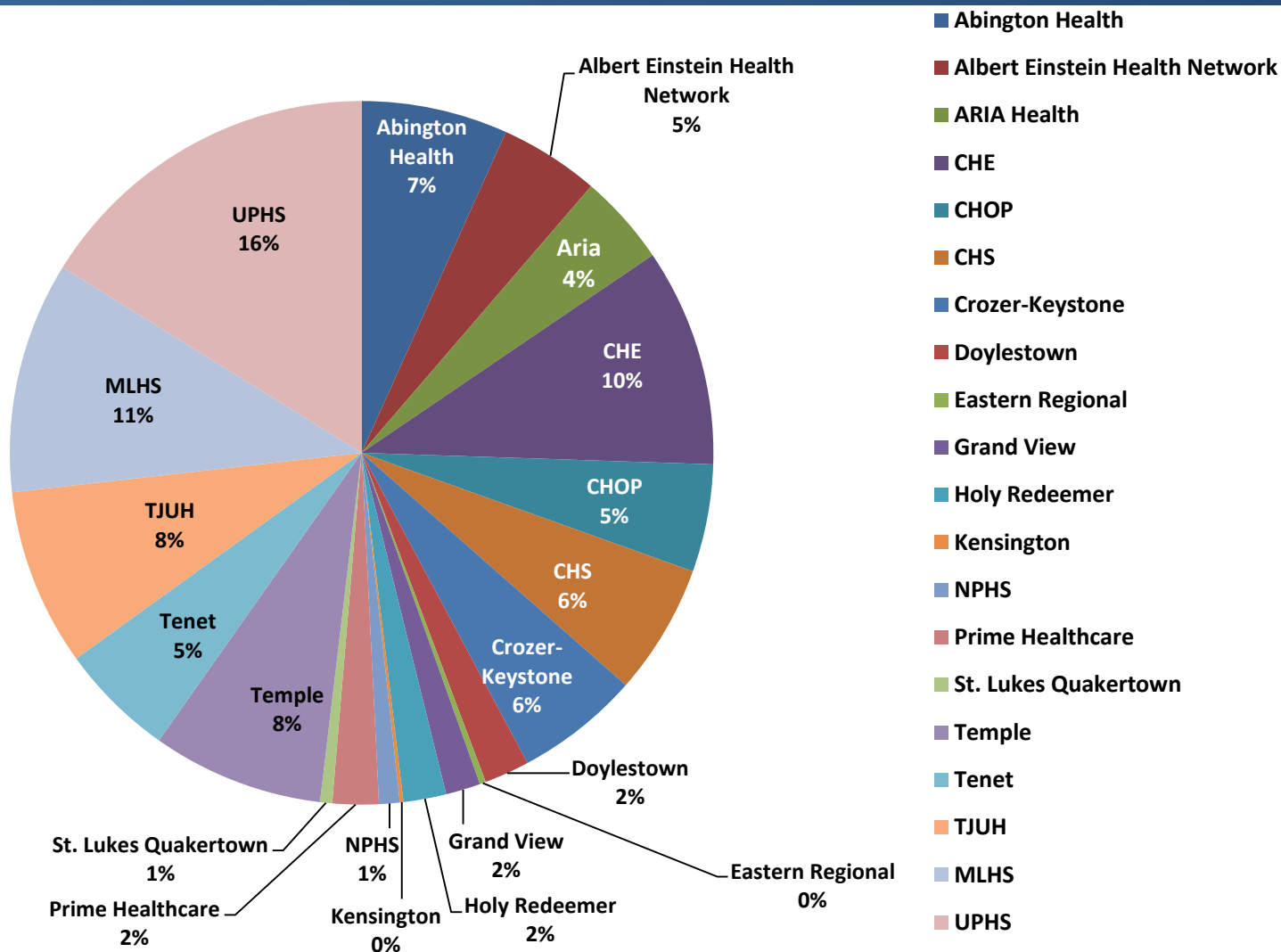
- 32% of all consumers live in the region
- 36% of all hospital discharges in the State (*PA DOH FY2010 Hospital reports, all hospital discharges (acute, specialty and federal hospitals)*)
- 39% of Pennsylvania's births occur in the region (*PA DoH report 2009*)
- 42% of all Medicaid admissions in the State (*PHC4 County Utilization Reports for CY 2010*)





No Single Dominant Health System in the Region

Southeastern Pennsylvania's 580,000 Inpatient Admissions by Health system FY2011-2012
Prepared by DVHC of HAP.



As a healthcare market, SE PA is ripe for health information exchange because of the complexity and diversity of the healthcare provider network in the region.

Solving Critical Healthcare Problems in the Region



Uncoordinated Discharge Process

The hand-off to the next provider is not well-coordinated.

Unknown PCPs

Discharging facility does not know the name of the patient's primary physician or how to contact them.

Incomplete and Delayed Information

Even if information is transmitted, it is usually incomplete, not timely and sent by handwritten hard copy or fax.

Results in Failed System

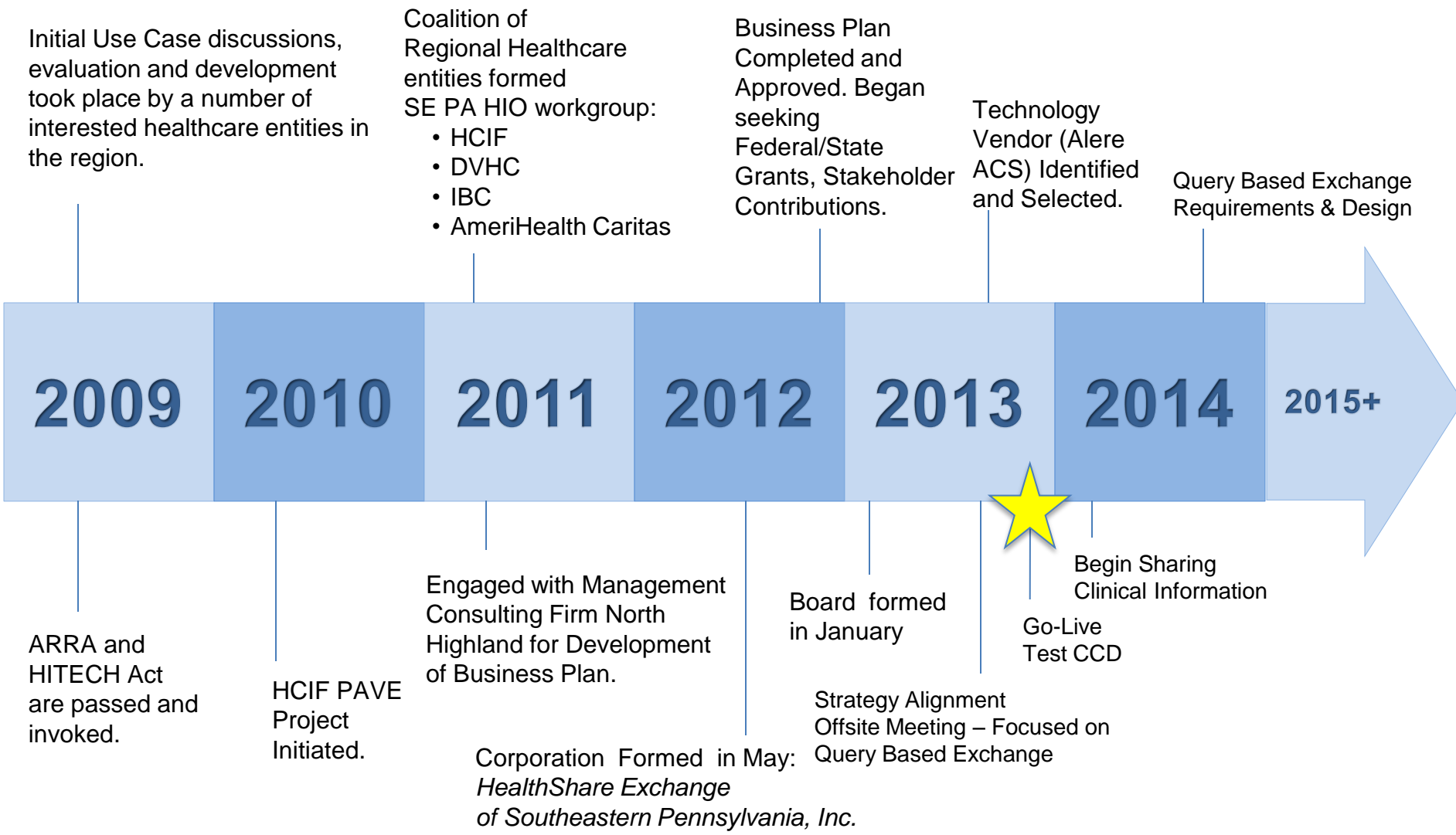
Leads to medication mix-ups and errors, absence or delay in follow-up care, greater use of emergency rooms.

To solve this critical problem, two initial clinical use cases were identified:
Discharge Information and Clinical Claims History

Roadmap for HSX






Forming and Storming





Early Adopters News

- Conducted Survey
- Completed Technology Discovery and Readiness
- Conducted Technical WebEx Session

HSX Clinic / Hospital / Health System Implementation Schedule		
Dec 2013 / Jan 2014	Potential Q1 2014	Beyond Q1 2014
Children's Hospital of Philadelphia	Abington Memorial Health	Penn Medicine Chester County Hospital
Crozer Keystone Health System	Aria Health	Doylestown Hospital
University of Pennsylvania Health System	City Clinics and FQHCs	Jefferson Health System
  	Einstein Healthcare Network	Mercy Health System
	Grand View Hospital	Prime Healthcare
	Holy Redeemer Health System	St. Mary Medical Center
	Main Line Health	Temple Health
	St. Christopher's (Tenet)	

Thank you, Crozer-Keystone, UPHS and CHOP!



Implementation Schedule Update

HSX Clinic / Hospital / Health System Implementation Schedule – Week of 3/31/14

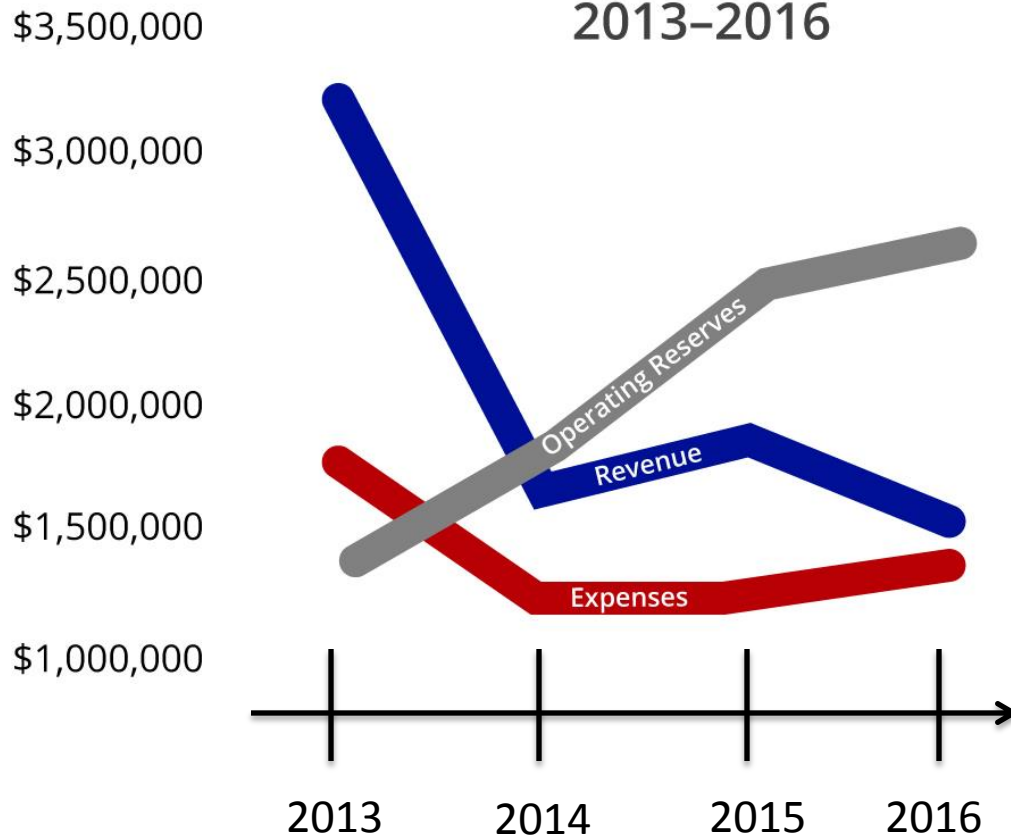
Member	EHR Type	Exchange Partner	Use Case	Kick Off	Go Live	Physician / Practitioner Count
Crozer Keystone	Ambulatory	UPHS	Discharge	10/2013	12/2013	500
University of Pennsylvania (UPHS)	Ambulatory	Crozer	Discharge	10/2013	12/2013	600
Children's Hospital of Phila (CHOP)	Ambulatory		Discharge	12/2013	4/2014	
Grandview Hospital	Inpatient	CHOP	Discharge	1/2013	4/2014	
MedAllies (HISP)*				2/2014	4/2014	
Crozer Keystone Health	Inpatient			2/2014	TBD	
Doylestown	Inpatient			4/2014	TBD	
Chester County Health	Inpatient	UPHS		4/2014	TBD	
Main Line Health		UPHS	Discharge	4/2014	TBD	
University of Pennsylvania (UPHS)	Inpatient			4/2014	TBD	
Einstein Health	Inpatient			4/2014	TBD	

* Establishing a HISP to HISP connection with MedAllies will support connectivity with Doylestown Hospital and University of Pennsylvania's inpatient EHR



HSX: A Solid Financial Foundation

Revenue vs Expense
2013-2016



Board
Committed to
Building
Operating
Reserve!

Fueled by:

- Annual member contributions
- Three grants:
 - PA/ONC
 - CMS HIT Startup
 - Consumer Education
- Value proposition of regional Use Cases



HealthShare Exchange Grant News...

ONC/PA CSS Grant - Pennsylvania eHealth Partnership Authority

- Received \$1.5M in December 2012
- Terms of Grant – Repayment of 75% (Year 1)
- Participation Fees TBD for State Shared Services



PA DPW/CMS Medicaid Grant

- Awarded \$1.2 over two years for HIE Startup Activities
- Due to Receive Funds Starting in Federal Fiscal Year 2014
- Milestone Payment Schedule Defined



Consumer Communication Grant

- Quick Grant Pursuit - 48-hour Turnaround.
- Grant Value - \$100K
- To Develop Tool Kit to initiate Consumer Dialogue on HIE in the Region:
 - Google Ads, Motion Story, Booth, Signage, Brochure ware, etc.



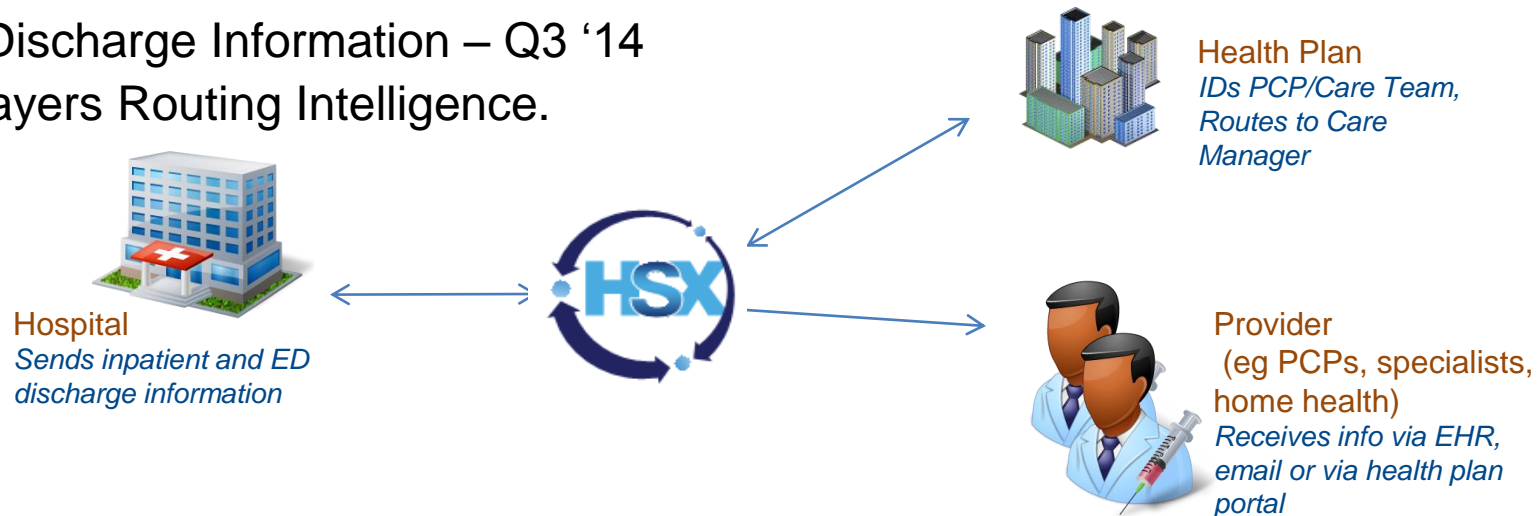
What's Coming for HSX?



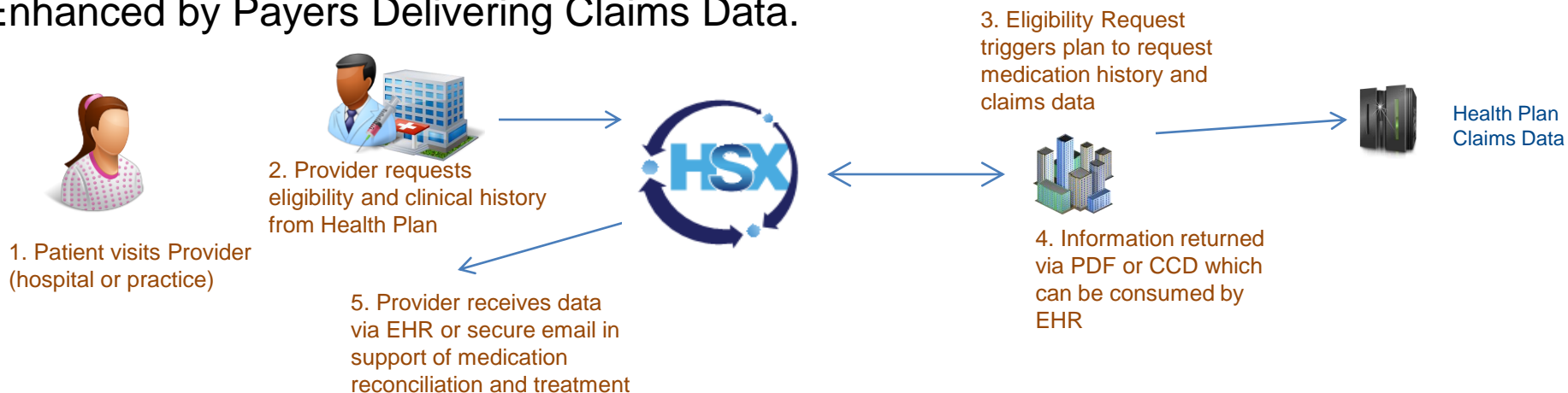


“Enhanced” Direct

Use Case #1 - Discharge Information – Q3 ‘14
Enhanced by Payers Routing Intelligence.



Use Case #2 – Claims History – Q4’14
Enhanced by Payers Delivering Claims Data.



HSX CCD Elements – Discharge Info Use Case



	HealthShare Discharge Elements	LOINC Code or header section	cCDA CCD (Continuity of Care Document)	cCDA Discharge Summary	Meaningful Use Stages 1 & 2	
					MU1	MU2
Allergies	-	48765-2	R	O	MU1	MU2
Demographics (Patient Name, DOB, Sex, Ethnicity, Race, Language Preference – MU2, Encounter Date/Time)	R	<i>US Realm Header recordTarget/patient</i>	R	R		MU2
Hospital Admission Diagnosis	R	46241-6	-	O		MU2(inpt)
Hospital Discharge Diagnosis	R	10184-0	-	R		
Hospital Admission Medications	-	42346-7	-	O		
Hospital Discharge Medications	R	10183-2	-	R		
Medications	-	10160-0	R	-	MU1	MU2
Procedures	R	47519-4	R	-	MU1(inpt)	MU2
Results (<i>pending results</i>)	R	30954-2	R	-	MU1	MU2
Hospital Discharge Studies Summary (<i>Tests for follow-up AND Relevant results/finding</i>)	R	11493-6	-	R		MU2
Care Team Members (<i>Attending MD of Record - HSX</i>)	R	documentationOf/ser	R	R		MU2
Plan of care (<i>Date of follow-up appointment with PCP, referrals, name of PCP AND Discharge plan of care</i>)	R/O	18776-5	O	R		MU2
Problems	O	11450-4	R	O	MU1	MU2
Resolved hospital problems	O	<i>include "resolved"</i>	-	-		
History of Past Illness (<i>Past medical history</i>)	O	11348-0	-	R		MU2
History of Present Illness	-	10164-2	-	R		
Hospital Course (<i>Summary of hospital course</i>)	O	8648-8	-	R		
Hospital Consultations Section	-	18841-7	-	R		
Hospital Discharge Instructions Section	-	8653-8	-	R		MU2
Hospital Discharge Physical Section	-	10184-0	-	R		
Vital Signs (<i>Weight and vital signs at discharge</i>)	O	8716-3	O	O		MU2
Advanced Directives	-	42348-3	O	-		MU2
Encounters	-	46240-8	O	-		
Family History	-	10157-6	O	O		MU2*
Functional Status	-	47420-5	O	O		MU2*
Immunizations (Transmission to Registries – MU2)	-	11369-6	O	O		MU2 (v2)
Medical Equipment	-	46264-8	O	-		
Payers	-	48768-6	O	-		
Social History (<i>Smoking Status – MU2</i>)	-	29762-2	O	O		MU2
Chief Complaint (either <i>CC</i> or <i>Reason for Visit – MU2</i>)	-	10154-3	-	O		MU2
Reason For Visit	-	29299-5	-	O		MU2
Review of Systems	-	10187-3	-	O		

Start Simple and Build Upon Approach

Crawl, Walk, Run...



DIRECT Messaging via HISP

(Years 1 - 2)

- Introduction of DIRECT secure messaging
- Enablement of 2 use cases:
 - Discharge Information
 - Medication / Clinical History
- Onboarding of HSX stakeholders
 - 4 large health systems
 - 9 community hospitals
 - 2-3 health plans



Introduction of Query Based Exchange (HIE)

(Years 3-4)

- Continued onboarding of HISP services to HSX stakeholders
 - 3-4 large health systems
 - 8-10 community hospitals
 - Additional health plans
- Introduction of robust HIE



- Introduction of new HSX use cases

Identification of new healthcare stakeholders for participation in HSX

Getting Connected...

HSX Technology Architecture – Direct Operations

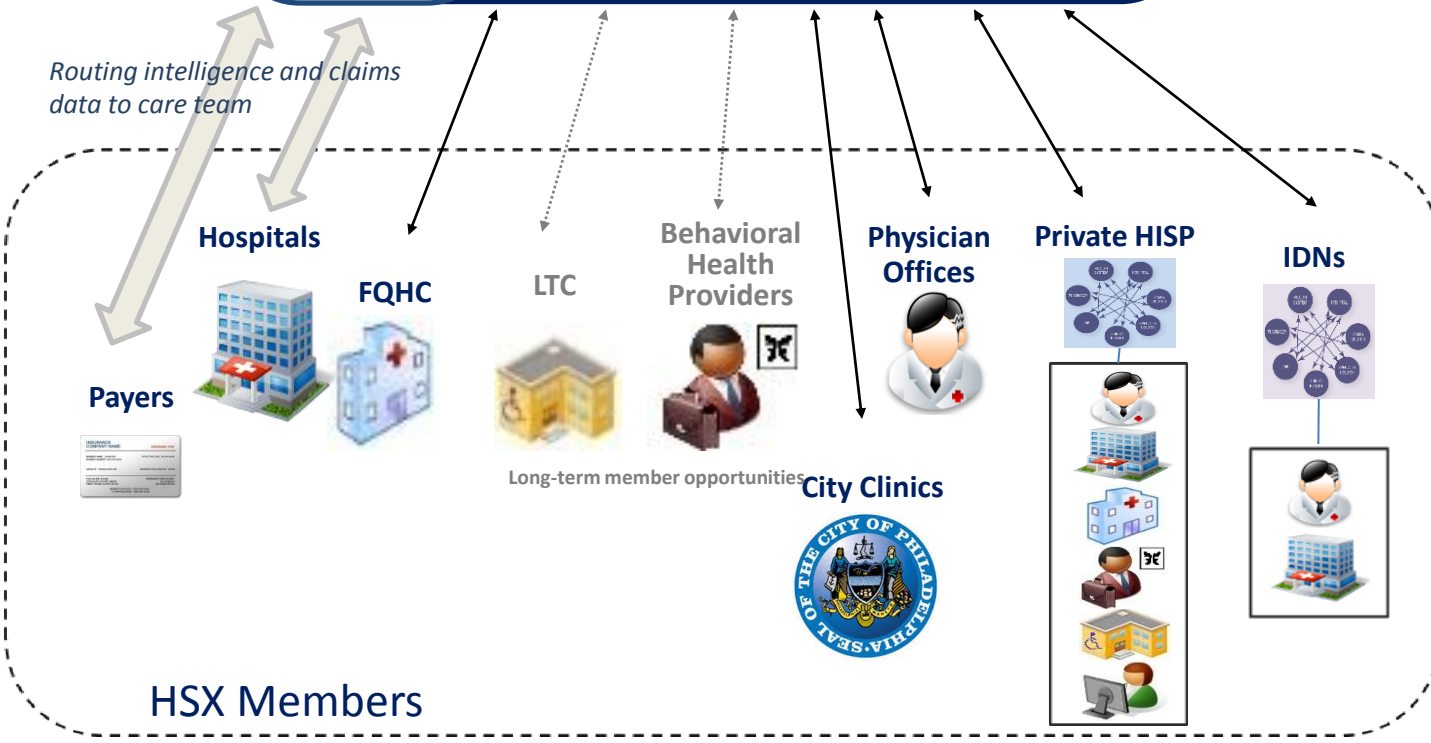


- HSX Core Services**
- Certificate Authority
 - Health Entity Directory (Entity and Provider Directory)
 - State Direct Gateway Services

- HSX ENHANCED FEATURES**
- Automated PCP Finder
 - Automated Clinical Activity History

- CONNECTIVITY OPTIONS**
- WebMail
 - Internal EHR inbox
 - HISP to HISP

- *RELEVANT P3N SERVICES**
- Statewide Provider Directory
 - DIRECT-enabled State Registries



* Note: Members and external data sources are intended to be representative and for illustrative purposes only. They may not be inclusive of all HSX member types and external data partners.

Candidates for New Members in 2014?

- National Health Plans
- Regional Focused Health Plan
- National Long Term Care Organization
- Large Private Practice
- FQHCs
- Behavioral Health Facilities
- Retail Pharmacy
- Additional Hospital/Health Systems



PA Connection and Multi-State Exchange is Coming...



PA eHealth Partnership Authority:

- HSX Part of PA HIT Plan
- Represented on Authority Board
- Supporting State Committees
- Support P3N(PA Patient & Provider Network)Services



Multi-State Exchange:

- PA and HSX Hosted a Multi-State Exchange Forum.
- NJ, PA, MD, DE, DC HIT Coordinator Offices and HIEs gathered to discuss synergies.
- Future sessions planned in 2014/15.

Outreach

Communications *plus* Engagement & Adoption



Goals:

- Explain health information exchange and its benefits
- Explain HSX's role.
- Assist in user uptake.
- Communication tools and media relations underway
- Engagement & Adoption function launched
(to assist concurrently with implementation/deployment)
- Initial focus on member organizations + consumers



- Assist members in campaign with physicians and other clinical staff
- Outreach has included media coverage of HSX Go Live by CBS Philly, Philadelphia Inquirer, Philadelphia Business Journal, and other outlets
- Assist members with communications to patients/families and enrollees

HSX Business Plan 2.0



Developing the Future Vision and Strategy

- In Parallel with Direct Project Implementation:
 - Vision Development for Query Based Exchange
 - Alignment on Vision for Query Based Exchange
 - A Strategy to Implement the New Vision
- Planning Two Types of HSX Connection Service Options:
 - Direct Project– Continue to Enhance and Develop Use Cases.
 - Query Based Exchange – Develop Requirements and Design.



What We've Learned

(besides what a polar vortex is...)





MU Stage 2 Learning

- HSX's initial Direct Project Deployment will **directly support MU2's** Summary of Care Core Objective (for EH #12 of 16).
 - Will Support HSX Members that are part of early adoption Q1 and Q2 Deployments.
- **Attesting** using Direct:
 - HISP to HISP.
 - EHR/EMR – Message Delivery Notification.



Lessons Learned on Vendors' Readiness**



- EHR Certification and MU Stage 2 Readiness
- Direct Enabled (XD, SMTP)
- CCD and CDA Exchange Capability
- Provider Directory Capability:
 - HSX intends to provide a Federated PD Model (HPD+)
 - Market Limitations and Inability of Vendors to Support HPD+, Results in HSX Developing Interim Approach to Manage Directories.

**Only 13% of office-based physicians reported an intention to participate in the EHR incentive program and had a system meeting 14 of the 17 Stage 2 core objectives, according to a [report released this week from the CDC's National Center for Health Statistics \(NCHS\)](#). *The Gupta Guide, January 17th, 2014.*



HSX Member Implementation Learning

Getting Business Associate Documents in Place Early

Legal review of BAA, HISP to HISP agreements need to be done and executed despite HSX being just a conduit of data.

Working Through Partner/Vendor Relationships

Contracts that need adjustments and/or renegotiating to enable connectivity.

Establishing Encryption Certificates

Agreeing on vendor and use of certificates for secure exchange.

Assessing Workflow Integration Plans

Need to consider physician rollout and deployment with technology connectivity.

Possessing Direct Project Experience

Understanding and having experience with Direct.

The readiness of our Member's technology partners to enable HISP exchange, whether via Direct enabled software, ability to render CCDs, or provide Direct expertise in support of connectivity is presenting a barrier to success.



- Easier Technology Lift
- Less Privacy and Security Concerns
- A Way to Start Exchange Quickly
- HSX is a BA vs. Conduit



*Noticing more momentum on use of Direct.
may save the day for wasted HIE efforts.*

We are in a *Race*... but it's a Marathon



- Urgency Exists (But ability to move fast is difficult).
- MU Stage 2 Attestations Windows Are Imminent.
- Alternative HIE's, HISPs, etc.
- The HSX Benefit for the Region Continues to be Confirmed.
- Streamlining the On-boarding Process.
- If you have seen one HIE,
you have seen one HIE.



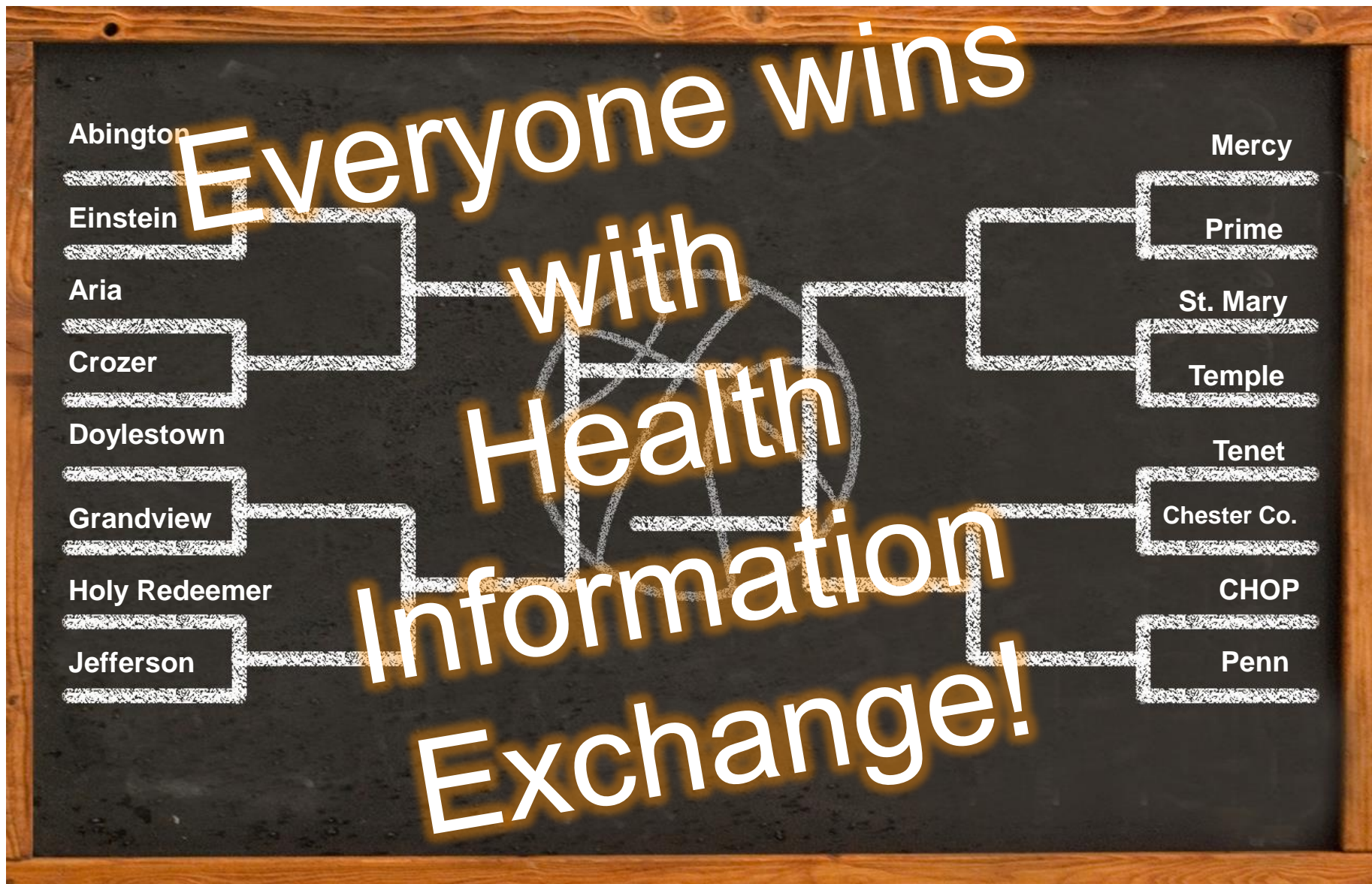
Remember...



- Adopt *and* Support HealthShare Exchange!
- Develop ways DVHIMSS and HSX can collaborate.
- Get involved!
- The HSX Team is available to help you get connected.



Looking Ahead



Thank You!



www.hsxsepa.org

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2013 HIE Champions Awards

Celebrating those that contributed significantly to the advancement of health information exchange in SE PA!

- Greg Barnowsky - Chief Architect, Independence Blue Cross
- Pam Clarke – Vice President of Health Care Finance and Managed Care, DVHC of HAP
- Angela Poole - Director, Regional Data and Information Systems, DVHC of HAP
- **Joe Miller – Director of E-Health and Innovation, AmeriHealth Caritas**
- Kate Flynn – President, Health Care Improvement Foundation (HCIF)
- Mike Padula, MD - Medical Director of Informatics, Division of Neonatology, The Children's Hospital of Philadelphia.

