

Office of The Secretary of Technology



Health IT in Virginia – The Challenges Ahead

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Agenda

- Health Care Evolution & Importance to the Commonwealth
- Health IT Projects in the Commonwealth
- HITSAC In Depth
- VHEN In Depth
- Federal Initiatives/ARRA
- Health Information Exchange (HIE) Grant
- The Real Challenges



Health Care Evolution

- Digital transformation of medicine
- Interoperability of medical information

Numerous benefits to our citizens:

- Provides data when and where they are needed
- Reduces the overall cost of health care
- Improves privacy and security of data exchange
- Helps to improve patient safety
- Supports public health analysis and reporting



Importance to the Commonwealth

- Federal Support across the United States
 - \$2 billion for states or state designated entities
 - Resource Centers (1-2 per state)
 - Research Centers (multiple per state)
 - Health Information Exchange (HIE) (1 per state)
 - \$18 billion for achieving “meaningful use”
 - Incentives to hospitals and physicians



Importance to the Commonwealth

The Commonwealth will receive significant funding and incentives

Funding Source	Funding Amount
HIE Grant	11.6 million (final amt)
Resource Center Grant	8.5 million (avg award)
Research Center Grant	FOA not released
Meaningful Use Incentives To Eligible Providers in VA <ul style="list-style-type: none"> ■ Eligible providers will receive incentives – criteria to be finalized by Spring 2010 	TBD
To Hospitals in VA – VHHA estimates <ul style="list-style-type: none"> ■ Maximum Medicare HIT incentives, in addition some will qualify for Medicaid incentives 	347.5 million
Estimated Total for VA	367.6 million so far



Funding estimates for COV will be more concrete in March 2010

Health IT in the Commonwealth

- House Bill 2198 Electronic Health Records; requires any electronic health records system or software purchased by a state agency to adhere to accepted standards for interoperability or to be certified by a recognized certification body.
- House Bill 2044 Health Information Technology; established an advisory committee (HITSAC), consisting of persons with expertise in health care and information technology, to advise it on the adoption of nationally recognized health information technology technical and data standards.



Health IT Projects in the Commonwealth

- Health IT Standards (HITSAC)
- Virginia Health Exchange Network (VHEN)
- Virginia Immunization Information System (VIIS)
- Advanced Healthcare Directive Registry
- CommonwealthRX (ePrescription)
- No Wrong Door Initiative (One Stop Care Entry)



HITSAC Charter

HITSAC will advise the Information Technology Investment Board (ITIB) on the approval of nationally recognized technical and data standards for health information technology systems or software pursuant to subdivision 6 of § 2.2-2458 in the Code of Virginia.



HITSAC Guiding Principles

- Define a Health Information Exchange utility and identify steps to create it.
- Focus on data requirements for both patient health purposes and public health purposes (research).
- Ensure patient-centric data are available within the Commonwealth.
- Recognize standards: the Commonwealth of Virginia Health Information Exchange (COV-HIE) is a utility; not a competitive advantage for its creators.
- Focus on interoperability as a critical success factor of COV-HIE.
- COV-HIE will be semantically interoperable with the Nationwide Health Information Network the standards for which are defined by the Health Information Technology Standards Panel (HITSP).
- Adopt national standards where they exist. In the absence of a national standard, adopt other standards to meet the Commonwealth's needs.
- Ensure standards have been validated prior to adoption.



HITSAC – Work to Date

- Invited input from state agencies and stakeholders
 - VDH, DCLS (State Lab), DMAS, and VITA Enterprise Architecture
 - VHEN Project – Virginia Health Exchange Network
- Reviewed Major / Non-Major Health IT projects with VITA
- Reviewed current HIE activities for neighboring states
 - Maryland, NOVA, D.C., North Carolina, Indiana, Delaware, Vermont
- Reviewed federal standards and HIE architectures
- Discussed clinical research informatics
- Drafted COV-HIE Technical Infrastructure White Paper



HITSAC Recommendations - Examples

- Adopt the HITSP Interoperability Specifications and Capabilities recommended by the Office of National Coordinator.
 - The COV-HIE will support the interoperability and data exchange functions of “meaningful use” of Electronic Health Records (EHR).
- COV-HIE will support the connectivity requirements of the Nationwide Health Information Network (NHIN) and provide connectivity to it for citizen of the Commonwealth of Virginia.
- All HIEs within the Commonwealth that wish to connect to the COV-HIE must comply with the HITSP Interoperability Specifications and Capabilities.
- The Commonwealth advocate all Virginia Community HIEs go through the COV-HIE to connect to the NHIN.



The VHEN Multi-Health Plan Web Portal
Information for the Virginia Health Care Community

Administrative Simplification through Collaboration

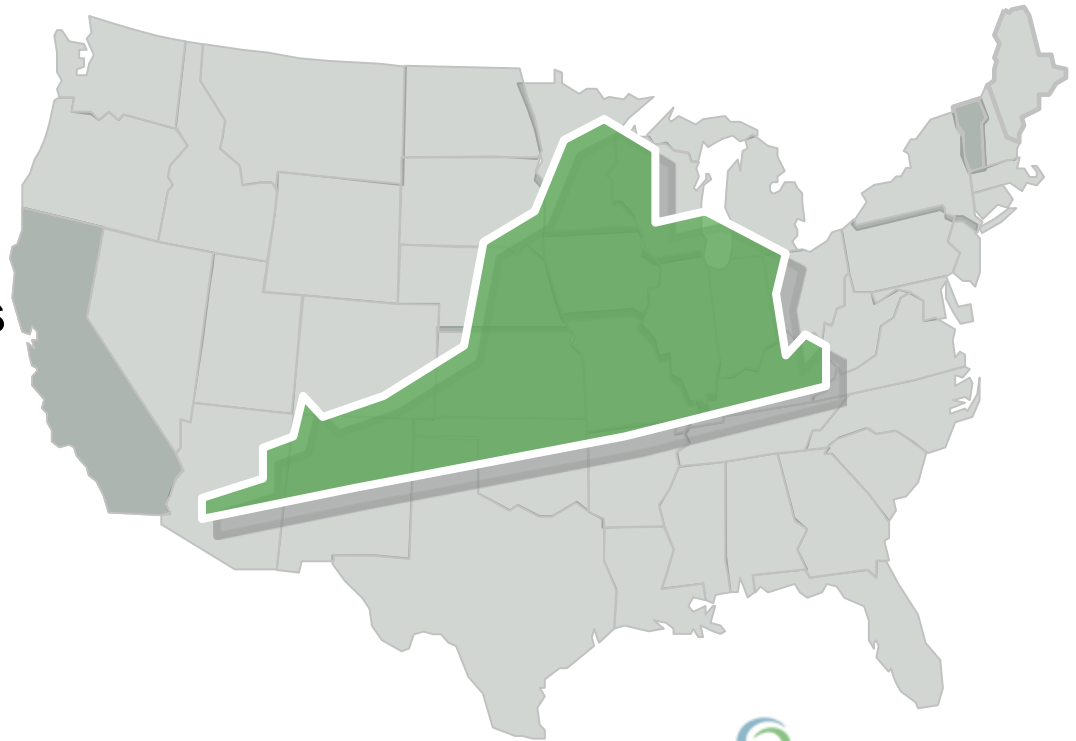
Collaborate | Simplify | Save



Agenda

■ Virginia Multi-Health Plan Portal Overview

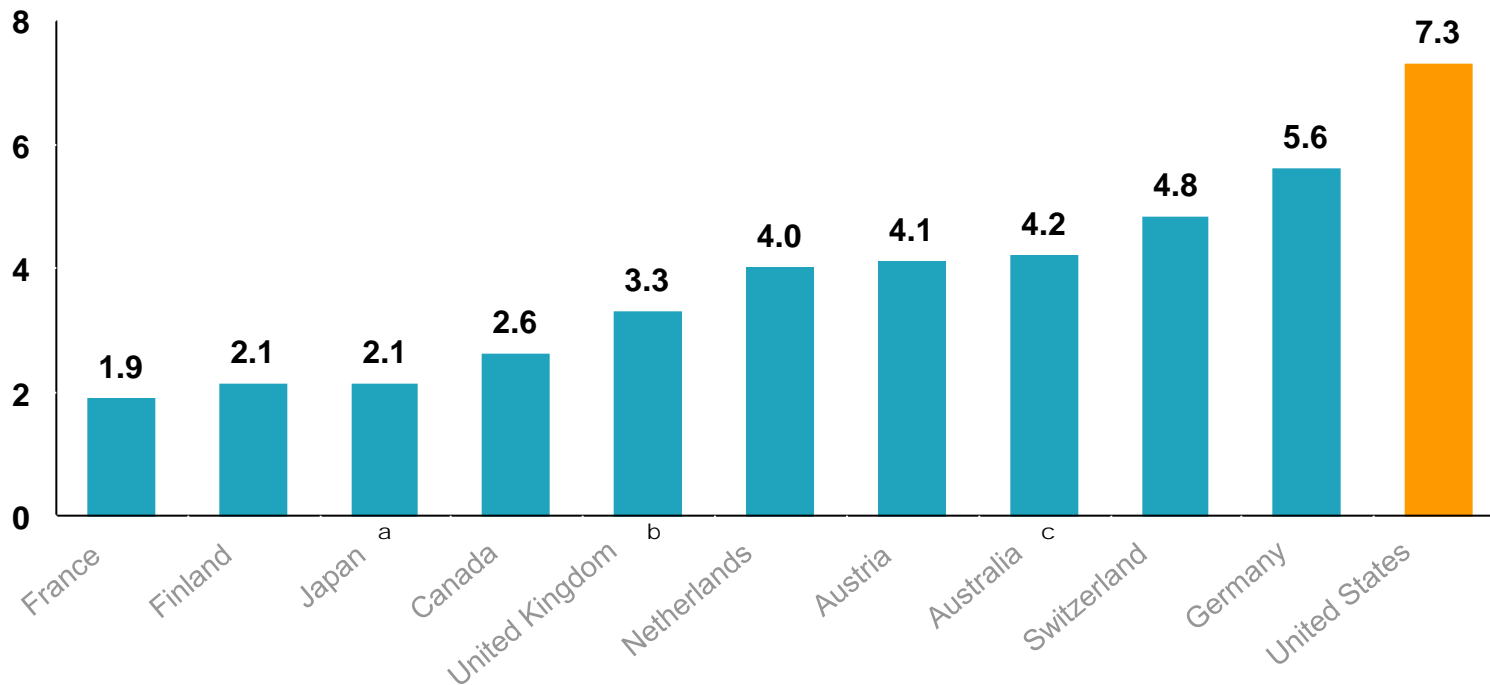
- Key Takeaways
- About VHEN
- Participating Health Plans
- Timeline
- Future Applications
- About Availity



Administrative Costs Are High

Percentage of National Health Expenditures Spent on Health Administration and Insurance, 2003

Net costs of health administration and health insurance as percent of national health expenditures



^a 2002 ^b 1999 ^c 2001

* Includes claims administration, underwriting, marketing, profits, and other administrative costs based on premiums minus claims expenses for private insurance. Data: OECD Health Data 2005.

Source: Commonwealth Fund National Scorecard on U.S. Health System Performance, 2006



Key Takeaways



Collaboration among the Commonwealth and public and private stakeholders

- **9 health care plans**
- **8 health systems**
- **Medicaid and Medicare**
- **Covers > 75% of Virginia's commercially insured citizens**

Objective is to standardize and streamline administrative transactions

- **Lower costs**
- **Improve service quality**
- **Encourage broader reform**



About VHEN

- Started in spring 2007
 - Leadership from Aneesh Chopra
 - Expert guidance from Louis Guittierez
 - Facilitation from Mark Rubin
- Reached consensus on common goal for standardization (CAQH CORE)
- Explore multi-payer portal technology
 - Drive electronic claims submission for providers not already doing so and lower calls and costs for plans and providers
 - Improve linkage of patient to valid payer for providers (lower self-pay)
Fall 2008 RFI
 - **Seeking technology partner for multi-payer portal**
 - **Execute on near term business cases**
 - **Provide a platform for broader transactions and savings in the future**



About VHEN

- 3 finalists selected by Steering Committee for further consideration
 - Two of whom combined prior to final presentation
- Availability selected by Steering Committee December 2008
- Press release at tipping point of plan participants summer of 2009



VHEN Process

- Phased Approach:
 - Phase One: Implement VHEN Eligibility Verification Tool
 - Connect health care providers and health plans for real-time information exchange
 - Eligibility & Benefits
 - Other transactions as available through the health plan (e.g. Claim Status)
 - Phase Two: Implement Self-Pay / COB
 - Details TBD
 - Health Plan participation
 - Provide a platform for broader transactions and shared savings in the future



VHEN Participants, to date

Health Plans

Aetna

AMERIGROUP

Anthem

CareFirst

CIGNA

Coventry

Kaiser Health Plan of the Mid-Atlantic States

Optima (Sentara)

UnitedHealthcare

Health Systems

Bon Secours Health System

Carilion Health System

HCA

Inova Health System

Riverside Health System

Sentara Healthcare

University of Virginia
Medical Center

VCU Medical Center/MCV
Hospital

Commonwealth of Virginia

Secretary of Technology

Department of Medical Assistance Services



Benefits

Health Care Providers

Secure and Compliant

Saves Time and Money

Access Multiple Plans via a
Single Portal

Reduces Labor-intensive
Efforts to Obtain Information

Improves Efficiencies

Leaves More Time to Focus on
the Patient

Health Plans

Secure and Compliant

Saves Time and Money

Improves Provider
Utilization of Electronic
Solutions

Reduces Costly Phone Calls

Enhances Provider Interaction



System-wide Efficiency and Savings

VHEN Timeline

November 2009

- Awareness Campaign
- Training

January 2010

- Aetna
- CIGNA
- Humana
- UnitedHealthcare

Market Share*
26%

March 2010

- Anthem Blue Cross and Blue Shield
- Others TBA

Market Share*
45 % - Anthem
71 %- Total Market

The portal will be available statewide; deployment will include a specific focus on the Richmond Metropolitan Statistical Area

** Percentage of commercially insured Virginia residents covered by the participating plans*



Future Applications for the Virginia Portal

- **Administrative (HIPAA) Transactions are the Initial Step**

- Engage the Virginia medical community and influencers
- Solicit feedback through the Progress Tracking
- Collaborate
- Refine as appropriate

- **Build on the Foundation with Future Offerings**

- Add swipe card to streamline patient processing
- Seamlessly estimate patient financial responsibility
- Enable faster patient payment collection



Future Applications



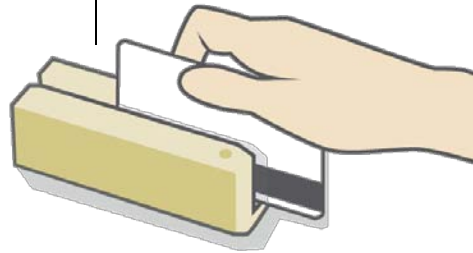
Eligibility & Benefits portal



Seamlessly calculate patient responsibility

2009

Add swipe card to streamline E&B entry



Enable collection of patient payment



The Florida Model

1

Card swipe populates the Availity eligibility and benefits screen automatically

2

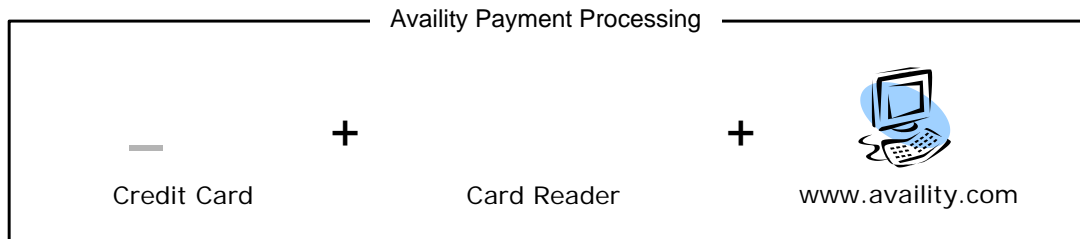
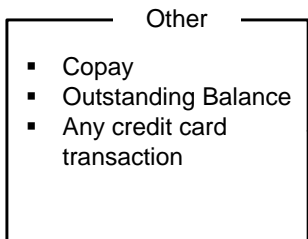
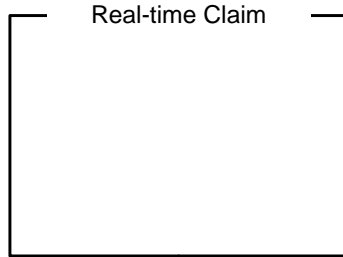
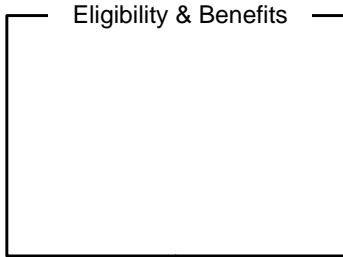
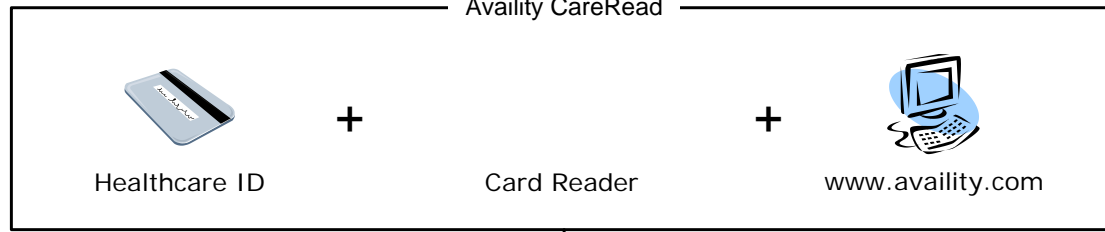
Access to additional patient information is available via the E&B results screen

3

Member Responsibility is estimated at the point of care, providing transparency for both provider and patient. A real-time claim may be submitted at this time; health record information is also available.

4

The provider also has the opportunity to collect payment from the patient at the point of care.



Federal Initiatives with ARRA

- The American Reinvestment and Recovery Act (ARRA) includes the Health Information Technology for Economic and Clinical Health Act of 2009 (the HITECH Act) setting forth ***a plan for advancing the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform.***
- HITECH established the Office of the National Coordinator for Health Information Technology (ONC) within the U.S. Department of Health and Human Services (HHS).



Federal Initiatives with ARRA

- The first area of funding - \$598 million will be distributed nationally over four years. Designed to assist individuals and small group practices focused on primary care in implementing an EHR system. Priority given to medically underserved areas and those that serve uninsured.
- The second area of funding - \$564 million is designed to promote HIE across the health care system. Primary goal over time is to improve the quality and efficiency of health care.



Health Information Exchange Overview

- The purpose of the HIE program is to continuously improve and expand health information services over time and reach all health care providers in an effort to improve the quality and efficiency.
- The program will build off existing efforts to advance regional and state level HIE while moving towards nationwide interoperability.
- Provides funding for statewide HIE with option to create through a state designated entity.
- Allows for planning and implementation funding planning period.



HIE Grant Application

- Grant application due October 16th
- COV will submit application for planning
- COV will have 6-8 months to complete a strategic and operational plan for an HIE
- If the grant application is approved, COV will be awarded \$11.6 million to plan and implement the state HIE
- All state plans will be approved by ONC



COV-HIE Plan will address 5 Domains

- Governance
 - Finance
 - Technical Infrastructure
 - Business and Technical Operations
 - Legal/Policy
- HITSAC's Focus*
- influence
- leadership
- influence
-



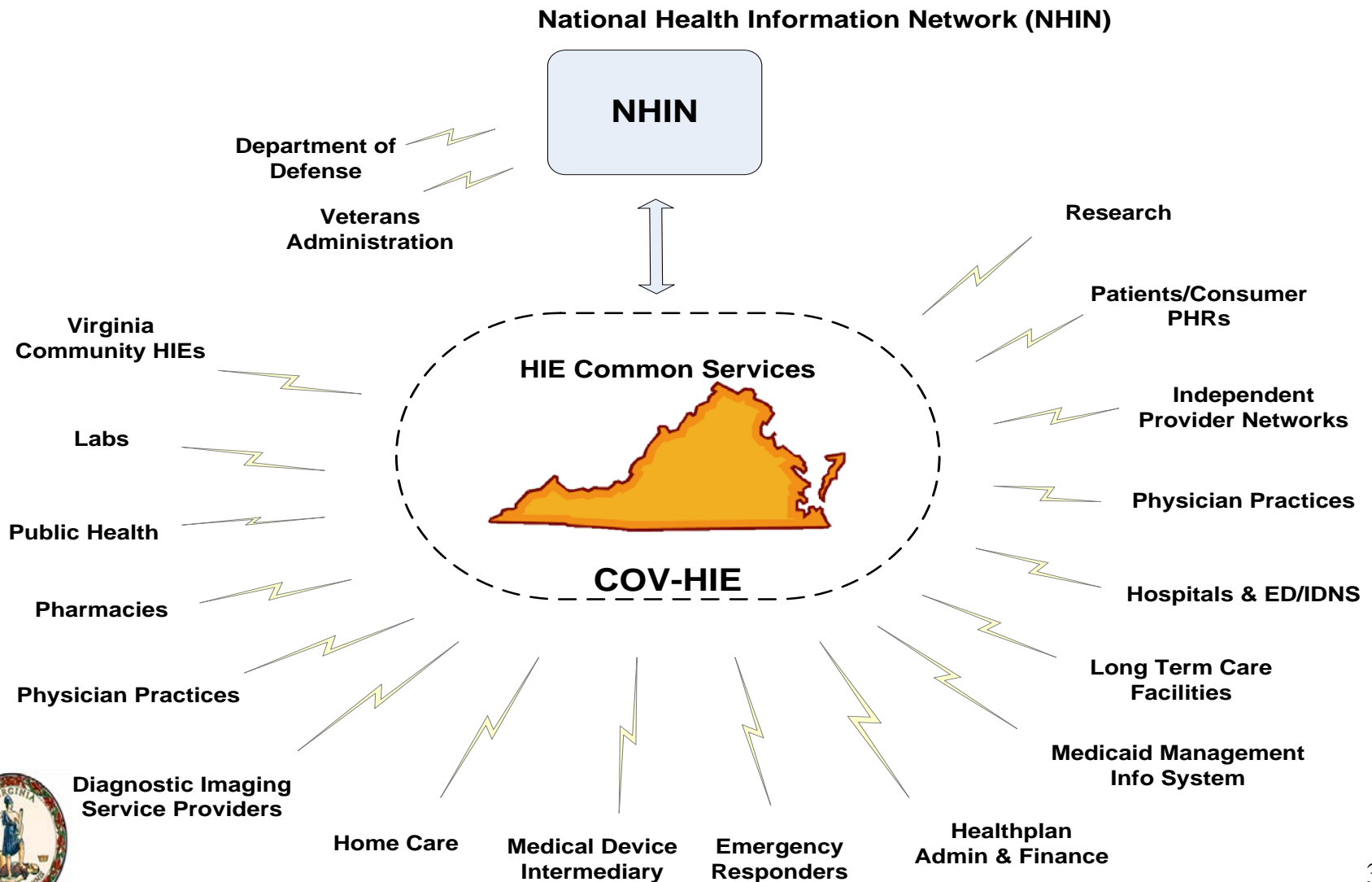
Defining Meaningful Use – Provider Example

Health Outcomes	2011 Objectives	2013 Objectives	2015 Objectives
<i>Improve quality, safety, efficiency, and reduce health disparities</i>	Use computer based order entry (CPOE) for all orders.* Electronic interfaces to receiving entities not required	Use CPOE for all orders	Achieve minimal levels of performance on quality, safety, and efficiency measures
	Implement drug-drug, drug allergy and drug formulary checks	Record family medical history	Medical device interoperability
<i>Engage patients and families</i>	Provide patients with electronic copy of their health information	Access for all patients to personal health record populated real time	Patients have access to self management tools
	Provide clinical summaries for patients for each encounter	Incorporate data from home monitoring device	Electronic reporting on experience of care

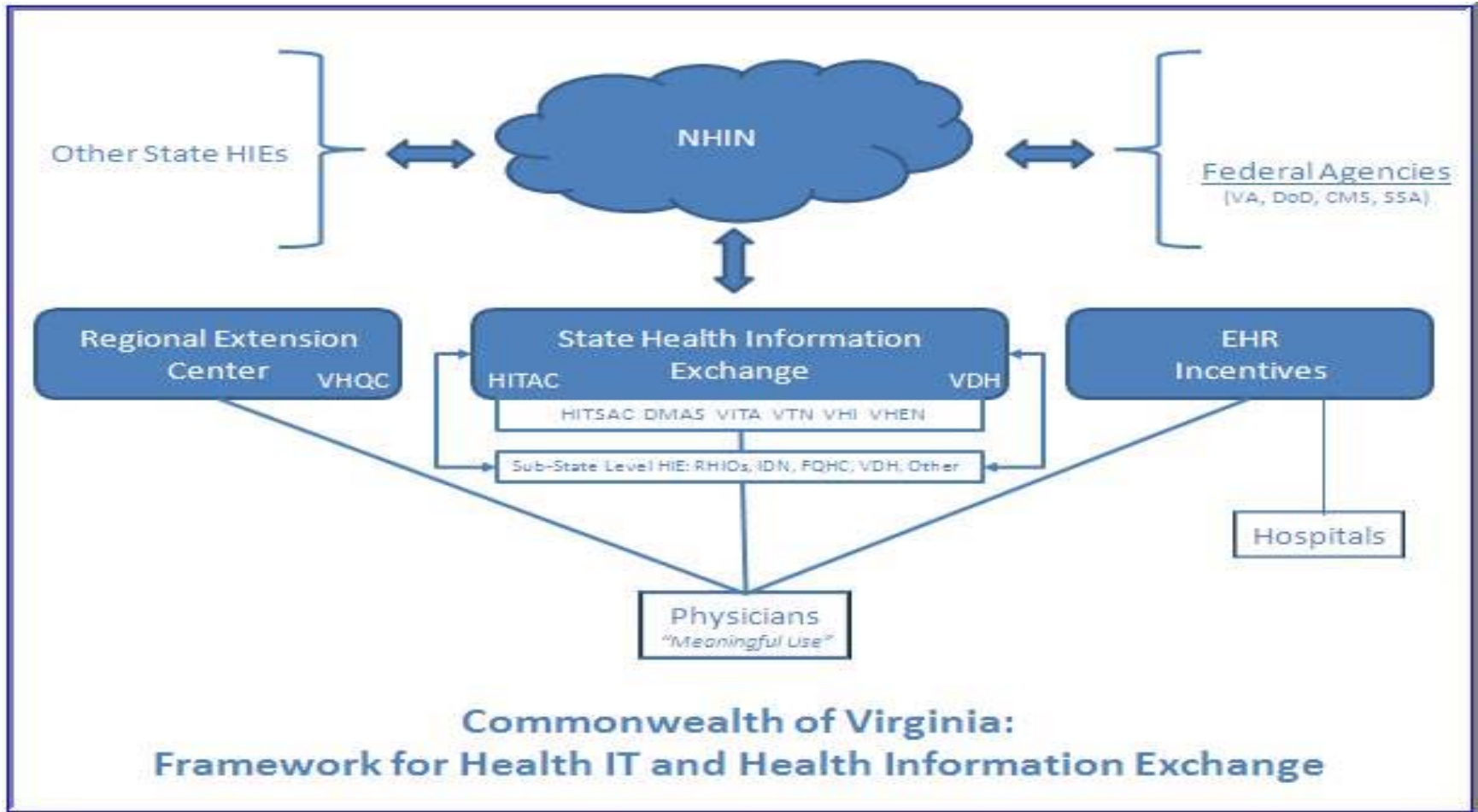


* **Orders** - medication, laboratory, procedure, diagnostic imaging, immunization, referral

COV-HIE Conceptual View



COV-HIE Framework



Executive Order 95

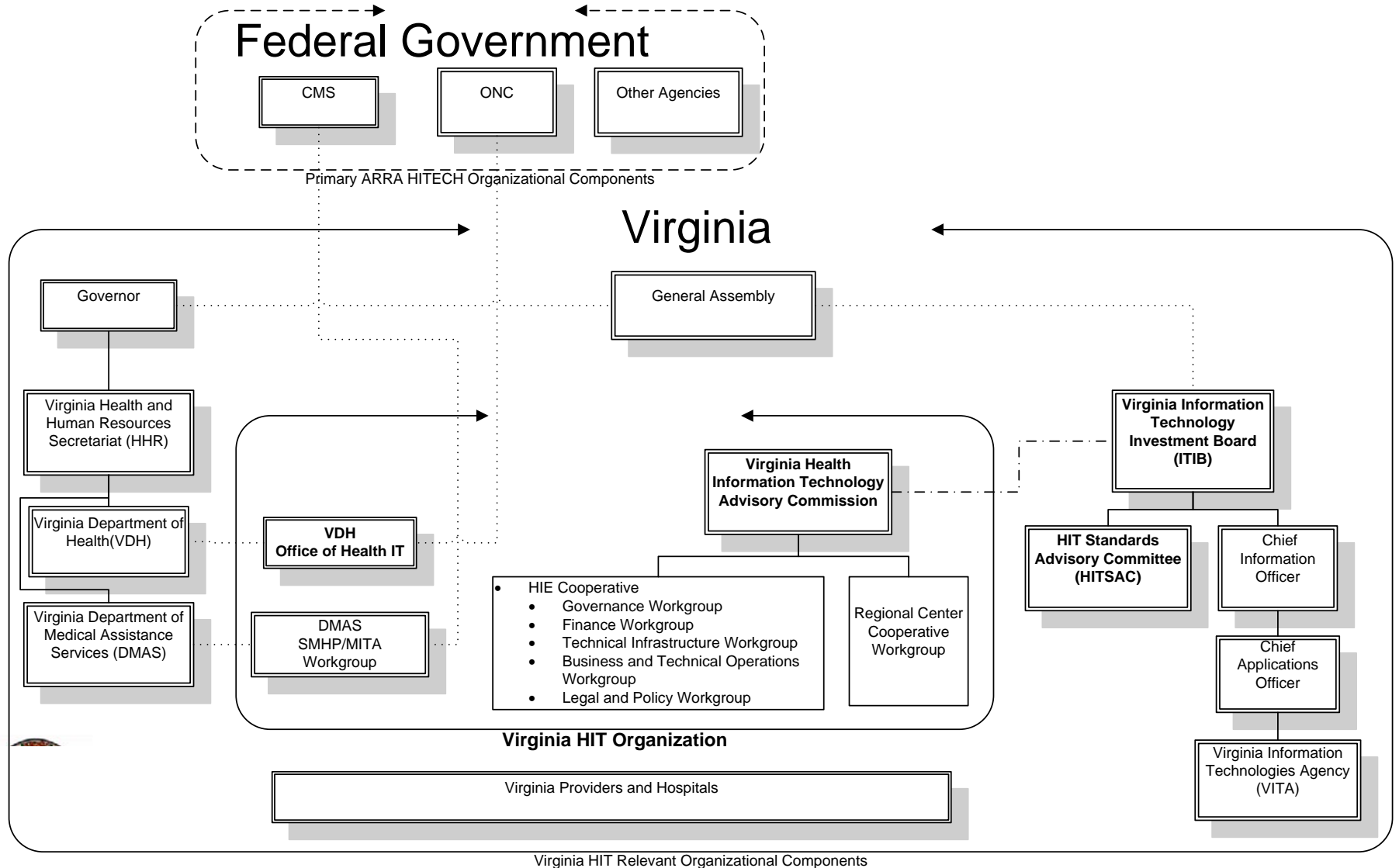
- To assist in the development of a strategic and operational plan for health IT, Governor Kaine issued Executive Order 95 establishing:
 - **Virginia Health IT Advisory Commission (HITAC)**; a public/ private partnership to provide guidance and oversight for Commonwealth health initiatives
 - *Chaired by the Secretary of Health and Human Resources in consultation with the Secretary of Technology.*
 - **Office of Health IT** within the Virginia Department of Health (VDH)
 - *Led by Ms. Kim Barnes, Coordinator*



The mission is to use information technology to improve health care quality and efficiency through the authorized and secure electronic exchange and use of health information.

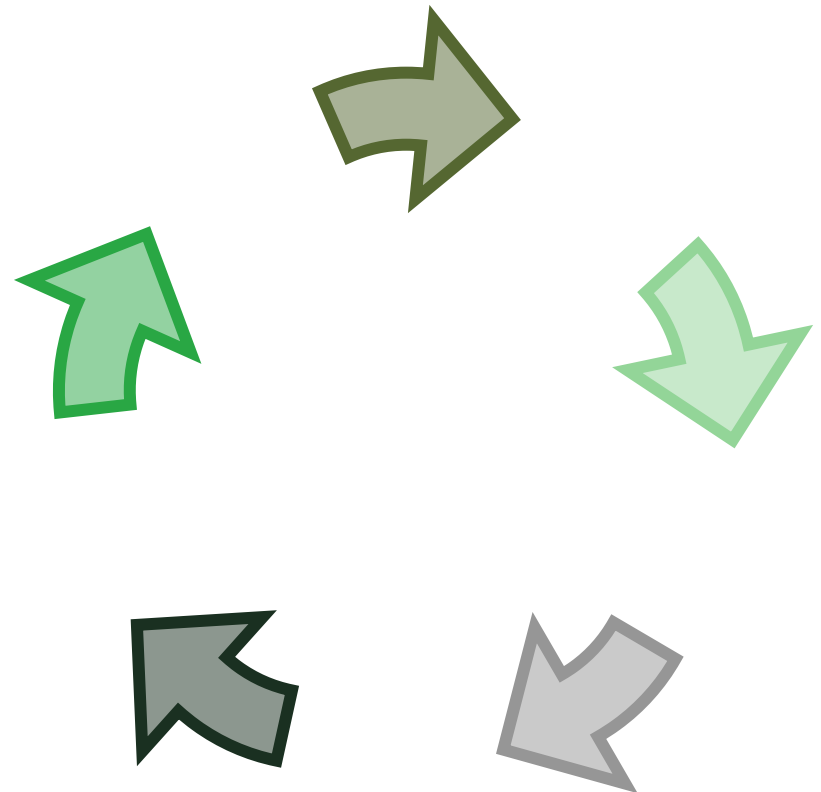


Organizational Structure



The Real Challenges

- Adoption
 - \$\$\$ benefits
 - Customer service benefits
- Social
 - Value to citizens
 - Education for all parties
- Legal
 - Protection for citizens
 - Protection for providers
- Research
 - Data collection
 - Improve outcomes



Next Steps

- Implement EO 95 & Form Health IT Council
- Develop HIE Work Plan & assign resources
- Hold Public Forums to gather input
- Develop policy recommendations for new administration
- Develop legislative research topics for 2010
 - Legal changes to be implemented in 2011
 - Ongoing framework to allow for change cycle



The Commonwealth needs your help to make our Health IT Programs work.

- Contact me with any suggestions
- John McDonald
 - Deputy Secretary of Technology
 - Email: john.mcdonald@governor.virginia.gov
 - Phone: 804-692-2558

