Louisiana Health Information Exchange (LaHIE)

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Louisiana Health Care Quality Forum
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WORKING TOGETHER FOR A HEALTHIER STATE
Presentation Objectives

• Review history of Louisiana Health Care Quality Forum
• Discuss philosophy and structure of LHCQF
• Describe current quality initiatives
History

- Established as a private, not-for-profit 501(c)3 in 2007
  - Carry forward recommendations of the Louisiana Health Care Redesign Collaborative
  - Rebuilding/redesigning the health care delivery system after Hurricanes Katrina and Rita

- Provides for a statewide public-private partnership dedicated to improving the quality of health and health care

- **Mission**: To lead evidence-based, collaborative initiatives to improve the health of Louisiana residents
Philosophy and Structure

• **“Neutral Convener”** – the Switzerland of LA
  - Provide neutral, trusted mechanism through which stakeholders collaboratively participate in design, development & implementation of solutions to health care quality & cost challenges
  - Thousands of organizations and individuals

• Establish direction through **consensus**

• **Evidenced-based approach** combined with **stakeholder expertise**

• Role is to be one of a **“learning system”** for stakeholders
  - **NOT a regulatory body** with punitive functions
  - All program efforts are **voluntary**

• Support **pilot programs** and demonstration projects to test ideas

• Objective and transparent
Governance

- Volunteer board representing major regions of the state and balanced across key stakeholders in health care
  - **Providers**, i.e., physicians, medical practices, hospitals, health systems
  - **Payers**, i.e., health insurance plans and public programs such as Medicaid
  - **Purchasers**, i.e., employers who purchase health insurance for employees
  - **Consumers** and organizations representing consumer interests
Initiatives of the Forum

• **Patient-Centered Medical Home**
  o Promote use of patient-centered primary care as foundation of coordinated, quality-driven health care
  o Helping physician practices become PCMHs
  o More effectively coordinate care with other providers

• **Clinical Quality Improvement**
  o Support clinicians in pursuit of meaningful, specific and quantifiable improvements in health care
    - Ways to analyze problems in care delivery
    - Ways to design and successfully implement solutions
  o Diabetes and CVD
  o LaPOST
Initiatives of the Forum

- **Quality Measurement and Analytics**
  - Collect and use data to guide improvements in health care quality
  - Provide actionable information
    - Cost and quality of health care services
    - Health of the population
    - Extent to which advanced methods of delivery, payment, and health promotion are being used in communities
All Payer Claims Database (APCD) and Analytics

• Data Collection System of All Health Care Claims
  o Facilitate development of APCD warehouse to initially include commercial, Medicare, Medicaid and self-insured claims data
  o Enhance through linkage of claims to clinical data (HIE)
  o Participating Stakeholders: Health Plans, Employers (via LBGH), Providers, Consumers, Researchers

• Opportunities
  o Support efforts to targeted QI initiatives at community, parish & state levels
  o Equip providers with tools and information necessary to:
    • Monitor patient outcomes
    • Thrive in health care reform environment

• Reporting
  o Initial focus on chronic diseases (Diabetes, CVD)
  o Physician input to determine criteria regarding quality indicators
Initiatives of the Forum

• Health Information Technology
  o State Designated Entity to lead the planning and implementation of HIT grants contained in ARRA
    - Regional Extension Center (REC) grant
    - Health Information Exchange (HIE) grant
Federal Health IT Strategic Plan: 2011 - 2015

2011 – 2012
Data Capture & Sharing
- Accelerated adoption
- Data capture & exchange

2013 – 2014
Demonstrate Health System Improvement
- Widespread adoption & data exchange
- Process improvement

2015+
Transform Health Care & Population Health through Health IT
- Demonstrated improvements in care, efficiency & population health
- Breakthrough examples of delivery & payment reform

Beyond 2015: Transformed Health Care
- Enhanced ability to study delivery and payment systems
- Empowered individuals and increased transparency
- Improved care, efficiency and population health outcomes
Who Are We?

- Only Regional Extension Center selected by ONC to provide Meaningful Use assistance in Louisiana
- Awarded $7.8 million over four years to assist 1,042 Priority Primary Care Providers and 64 CAH/RH achieve meaningful use & incentive payments

Services Provided

- **Unbiased guidance** on EHR selection – choosing best EHR for physician practice
- **Project management** and **implementation assistance**
- **Privacy and security assistance**
- **Meaningful Use education** - ensure eligibility for incentives
- Guidance on **applying for incentive payments**
Meaningful Use (MU)

Using Certified EHR Technology

- Improve care coordination
- Improve population and public health
- Engage patients and families in their health care
- Improve quality, safety, efficiency and reduce health disparities
- Maintain privacy and security

Three Main Components of Meaningful Use

- Use of certified EHR technology:
  - In meaningful manner (e.g., e-prescribing)
  - For electronic exchange of health information to improve quality of health care
  - To submit clinical quality measures (CQM) and other such measures selected by the Secretary of DHHS
Medicare and Medicaid EHR Incentive Program Eligibility

Subsidy

- May be available to Priority Primary Care Providers (PPCP) and Rural/CAHs through the Cooperative Agreement with ONC
  - PPCPs are: General Practice, Internal Medicine, Pediatrics, Adolescent Medicine, Geriatrics, and OB-GYN (MD, DO, NP, PA, CNMW)

Meaningful Users of EHR Technology MAY be eligible for incentive payments

- Medicare Incentive Payments
  - Up to $44,000 for EPs paid out over 5 years
  - Professionals not adopting by 2015 may lose 1% a year in overall Medicare reimbursements up to a maximum of 5%

- Medicaid Incentive Payments
  - Up to $63,750 for EPs paid out over 6 years
  - Minimum percent Medicaid patient volume required
Transforming Health IT

1200+ PPCP
200+ Specialists
21 CAH

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Medicaid Incentives Paid

Total: $105,675,654

**EHR Incentives Payment by Provider Type**

<table>
<thead>
<tr>
<th>Provider Type</th>
<th># of Providers</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td>74 (6.8%)</td>
<td>$84,408,234 (79.9%)</td>
</tr>
<tr>
<td>Physician</td>
<td>638 (60.2%)</td>
<td>$13,702,170 (13.0%)</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>233 (23.1%)</td>
<td>$5,312,750 (5.0%)</td>
</tr>
<tr>
<td>Dentist</td>
<td>95 (8.7%)</td>
<td>$1,976,230 (1.9%)</td>
</tr>
<tr>
<td>Physician Asst.</td>
<td>13 (1.2%)</td>
<td>$276,250 (0.3%)</td>
</tr>
<tr>
<td><strong>TOTAL:</strong></td>
<td><strong>1093</strong></td>
<td><strong>$105,675,654</strong></td>
</tr>
</tbody>
</table>

*Addresses with PO Boxes are not represented by pushpins
**Pushpins may represent multiple providers*
Louisiana Health Information Exchange (LaHIE)

- LHCQF operates statewide HIE, a **secure**, standardized electronic system where providers can **share important patient health information within the state** and ultimately enable exchange across states
  - Awarded $10.6 million over four years
  - HIE **Technical Partner** - Orion Health
  - **Hosted SaaS Model** – Web-based access
  - Use iPad, Personal PC, Network PC
  - **Hybrid Repository Architecture**
    - Every HIE participant has a choice
Louisiana Health Information Exchange (LaHIE)

Mission
• Be the neutral entity for facilitating authorized sharing of information among all stakeholders to improve the health of Louisiana’s residents

Guiding Principles
• Consumer/Patient-focused
• Collaboration
• Accommodate growth and expansion
• Stay flexible
• Provide value to ensure sustainability
Louisiana Health Information Exchange (LaHIE)

- **Statewide Health Information Exchange**
  - Secure, standardized electronic system where providers can share important patient health information within the state and ultimately enable exchange across states
  - Real-time access to consolidated patient data from multiple sources
  - Focus on building critical mass of provider participants

- **Value Proposition**
  - Improve health care quality
  - Improve the coordination of care and information among hospitals, laboratories, physician offices, and others
  - Reduce health care costs
  - Vehicle to facilitate quality reporting and capture critical clinical data elements
Potential Value and Benefits

- Provide a **secure interoperability platform** to share patient information across **disparate information systems**
  - Allows a **one-to-many connection** that **improves communication** and **saves money** for creating and maintaining interfaces over time

- Access readily available electronic patient information (**longitudinal record**) shared from other caregivers

- **Manage unique patient populations** (patients with chronic disease, access disease registries, service unique populations like the VA)

- Improve quality of patient care (**reduce medical errors and health disparities**)
Potential Value and Benefits

- **Reduce health care costs** resulting from:
  - Inefficiency, medical errors, inappropriate care, duplicative care and incomplete information

- **Collect metrics** that can be shared with participants, public health and other agencies

- Enables improvements to **state immunization registry**
- Delivers **real-time eligibility status for Medicaid**
- **HIE and LINKS** integration
The HIE Concept

HIE Community Record

- Allscripts
- Cerner
- Meditech
- GE
- Greenway
- NextGen
- McKesson
- Others...
- Epic
- Clinical Portal
- Patient Portal

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Patient Centric Care

- Patient Demographic Data
- Patient Problems
- Patient Allergies
- Patient Medications
- Encounter List
- Diagnostic Testing Results
- Patient Primary Care Provider
- Patient Insurance Information
Clinical Quality Improvement

- Sharing of CCD’s
- Longitudinal view of patient record
- Inpatient and outpatient information in LaHIE
- Critical care information in central location
Care Coordination

- Secure messaging for provider referrals
- Notifications to providers when patients
  - Enter a Hospital
  - Visit an ER
  - See another provider
  - Move from location to location
- NwHIN Connect
  - Communication with providers in other states
- DIRECT messaging
  - With providers who do not participate in the LaHIE
Without LaHIE
With LaHIE
Sales Strategy and Financial Overview

- Cost shared by all who use or benefit from LaHIE
  - 1st responders to hospice
- Tiered hospital pricing model based on NPR
  - < $10M
  - >$10M < $25M
  - >$25M < $100M
  - >$100M < $175M
  - >$175M < $225M
  - >$225 < $300M
  - >$300M
- Affiliated physicians included in hospital license
- Flat subscription rate for unaffiliated MDs
Sales Strategy and Financial Overview

• 5-year contract, with a capped annual license fee
• First year licensure waived for early adopters
  o Sign up by June 30, 2012 and go-live by December 31, 2012
• Evaluating Louisiana Medicaid and Private Payers contributions to maximize success of the HITECH initiatives
Privacy and Security

- LaHIE will only receive and disclose PHI among Participants for treatment, payment or health care operations as authorized by HIPAA.
- Participating providers sign Participation Agreement and BAA.
- Participant may, but is not required to, obtain patient authorization before sharing PHI with LaHIE or with other Participants via LaHIE for treatment, payment or health care operations.
  - LaHIE does not require consent – up to providers.
- Robust auditing to determine inappropriate use of LaHIE.
Patient Choice

- Patients choose whether to have their data exchanged via LaHIE

- Patient choice process managed by participating providers

- Data will be prepopulated in LaHIE for patient matching and locating, but will not be accessed if patient has declined to participate

- Patient choice to participate will be flagged in the system

- Patient’s decision is all in or all out
“Break the Glass”

Accessing patient sensitive locked information
MAXIMIZING THE OPPORTUNITY
ENGAGING STAKEHOLDERS

LaHIE
Clinical

Link clinical with claims data
Link clinical to reporting services

Claims eligibility
Preventive Care

APCD
Insurance Claims, IP, OP & ER clinical data

Public Health
Surveillance

State-wide P4P Programs
Forecast & Prevent Outbreaks
Target Interventions
Coordinate Systems of Care
Call for Subject Matter Experts and Stakeholder Expertise

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Questions