



SOUTHERN LEGISLATIVE CONFERENCE

Health Information Technology Discussion

Technology's potential impact on healthcare

July 18, 2011



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❑ WHO:

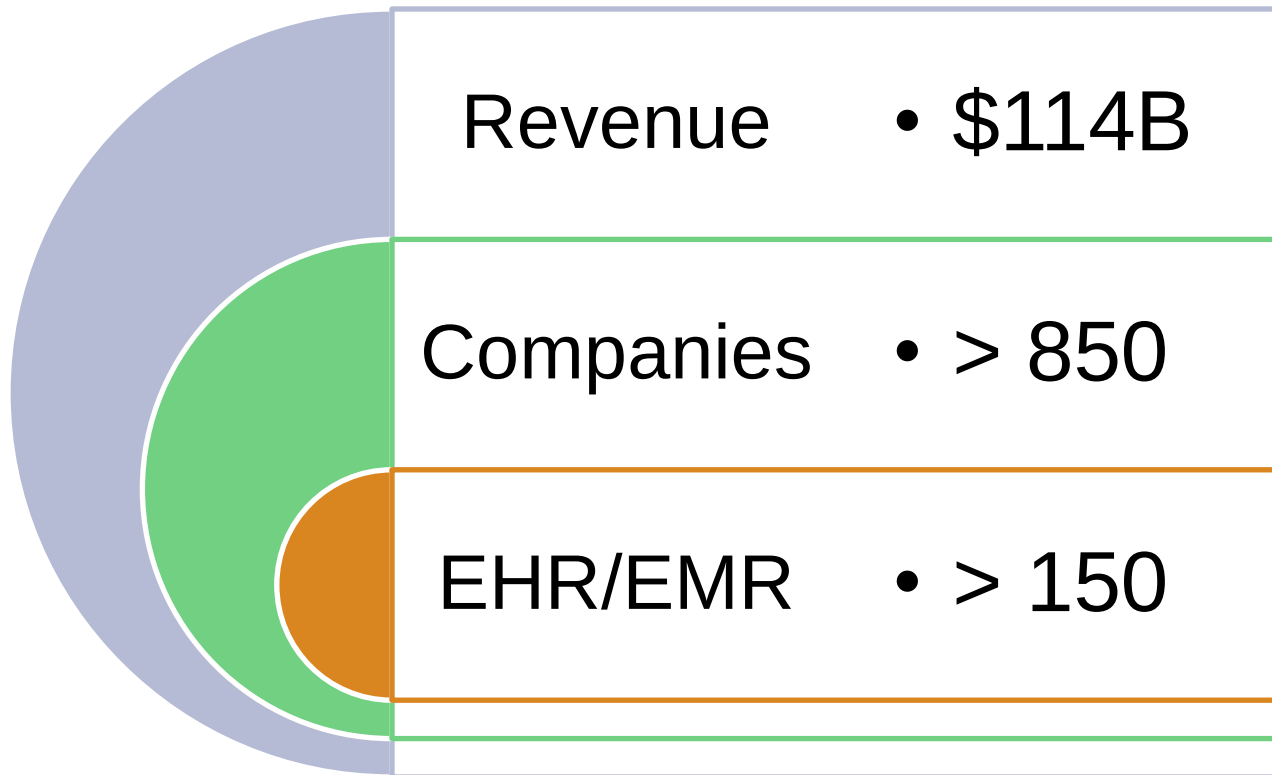
- Who am I and who do I represent?

❑ WHAT & WHEN:

- What federally has occurred?
- What does the new HIT space look like?
- What are the inputs and outputs?
- When does this start or stop?

❑ HOW:

- How will companies survive and flourish?



WHAT: ARRA & Meaningful Use

On February 17, 2009, President Barack Obama signed the American Recovery and Reinvestment Act (ARRA). Title XIII of ARRA, called the Health IT for Economic and Clinical Health Act (HITECH), allocated **\$19.2 billion** toward health information technology. This act seeks to bolster health IT to improve the delivery of healthcare in the United States. With various provisions and regulations, the Act provides assistance, tools, and resources to providers to allow for implementation and utilization of electronic health records.

There are a myriad of legal implications of which stakeholders must be aware when implementing electronic health records and meeting **Meaningful Use Standards**. Certain provisions of the related laws may be subject to the judicial interpretations. Key judicial actions will be outlined in this section and continuously updated as new developments in the law occur.

WHAT: Meaningful Use

Key Dates of Meaningful Use

- January, 2009 – President signs the “American Recovery & Reinvestment Act” (ARRA)
- January, 2010 – Official “Notice of Proposed Rulemaking” in *Federal Register* (over 2,000 responses from the public received by CMS)
- July 13, 2010 – CMS releases pre-pub Final Rule
- On July 28, 2010 – Official publication of the Final Rule in *Federal Register*
- On September 25, 2010 – 1.1 National Institute of Standards 7 Technology for Certification of Meaningful Use State 1 effective October 24, 2010

Key Market Drivers

ARRA/HITECH

Healthcare Reform

Value Based
Reimbursement
Programs

Direct HIT financial
incentives and penalties

Risk shifting to provider
community

accelerates

Shared Health market
opportunities

HOW? A divide we must cross.....somehow

EXISTING

- Pay for volume
- Fragmented care
- Fee For Service
- Treating sickness
- Adversarial payers
- Little HIT
- Duplication & waste



FUTURE

- Pay for value
- Accountable care
- Global payment
- Fostering wellness
- Payer partners
- Fully wired systems
- Right care, right setting, right time

Laggards

Early Adopters

Late Majority



Clinical Integration Pathway

Stage 1

Collect

- + Get patient data into standardized formats and submit claims electronically
- + Use a Practice Management System that provides revenue cycle enhancement
- + Collect and start using clinical data

TO GET TO THE NEXT STEP

You need an electronic health record (EHR) solution, an interoperable Health Information Exchange (HIE), and the ability to meet meaningful use criteria. Shared Health® Clinical Xchange® delivers all of these.

Stage 2

Move

- + Begin exchanging data
- + Put tools into place that maximize reimbursements, including:
  - Meaningful use
  - Electronic prescribing
  - Physician Quality and Reporting Initiative (PQRI)

TO GET TO THE NEXT STEP

You need population health and wellness management tools with clinical decision support (CDS). We have the tools you need to meet these requirements.

Stage 3

Improve

- + Maximize patient outcomes and reimbursement performance
- + Accelerate Accountable Care Organization (ACO) participation and leadership
- + Meet pay-for-performance metrics
- + Achieve clinical integration

YOU NEED TO BE HERE

By reaching this step, you achieve clinical integration that enables you to meet emerging reimbursement models and improve care in your community.

Claims Driven

Clinically Driven

Introduction

Shared Health Vision

- **Mission**

- Shared Health creates **comprehensive patient-centric health information** with intelligent clinical decision support tools to empower clinicians to deliver exceptional care

- **Motivation**

- Shared Health achieves this mission with a passion for continually improving our products to increase our value to health systems and the clinicians who practice within these systems

- **Purpose**

- Shared Health's purpose is to.....
  - Improve efficiencies and quality of care within health systems
  - Provide a navigational system for clinicians (Clinical GPS)



Introduction

The Shared Health Overview

- Launched in 2004 with the goal of delivering meaningful health information to physicians at the point of care to reduce systemic health care costs
- Four critical success factors:
  - Build scalable technology
  - Demonstrate ROI
  - Secure provider adoption
  - Provide a secure environment, building stakeholder trust
- 6 years experience serving clinicians in ten states
  - Nearly 6 million patient records and over 6,500 registered clinician users
  - Average 70,000 patients accessed monthly and 25,000 ePrescribe Prescriptions
  - Peer reviewed demonstration of cost savings
  - Strong workflow and data interoperability capabilities
  - Localized clinical outreach teams to drive adoption
  - Less than 1% patient opt-out rate
- Well positioned for the growing H.I.T. market



Introduction

Shared Health Stakeholders

Markets

State
Government &
Dept. of Medicaid

Commercial
Payers

Hospital-centric
Health Systems

Physician
Organizations

Value Proposition

- Business drivers
  - ✓ Control long-term escalating healthcare costs compatible with practical funding sources
- Adoption
  - ✓ Ease of use
  - ✓ Connected to reimbursement programs
- Quality improvement
  - ✓ Improve care coordination through exchange of clinically relevant information

End Users

Clinicians at
the point of
care

Customer
administrative
& clinical
representatives

Patient or
Consumer

Shared Health 2010 Tennessee Results

*The following data is representative of **2010** all of Tennessee. Shared Health solutions such as Clinical Health Record, ePrescribing, and CCD, are widely adopted across the entire state.*

ADOPTION STATISTICS

- **673,600** patient records accessed (look-ups) thru Clinical Health Record
- **172,021** user sessions (~717 user sessions per working day)
- **102,000** CCD transactions (started in June 2010)



CLINICAL VALUE FOR STATE

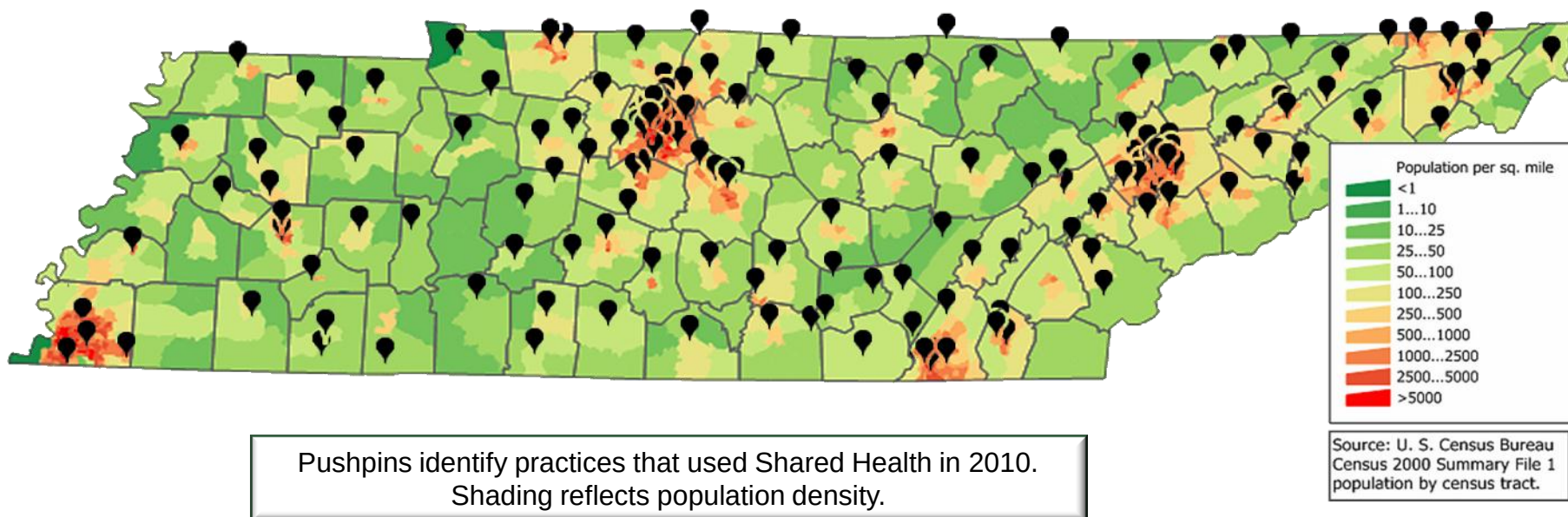
- **83%** of Tennessee counties utilize Shared Health and coincide with state population density
- **1 out of 5** eligible patients are viewed at the point of care thru Shared Health's solutions.

* Data represents 2010, January through December

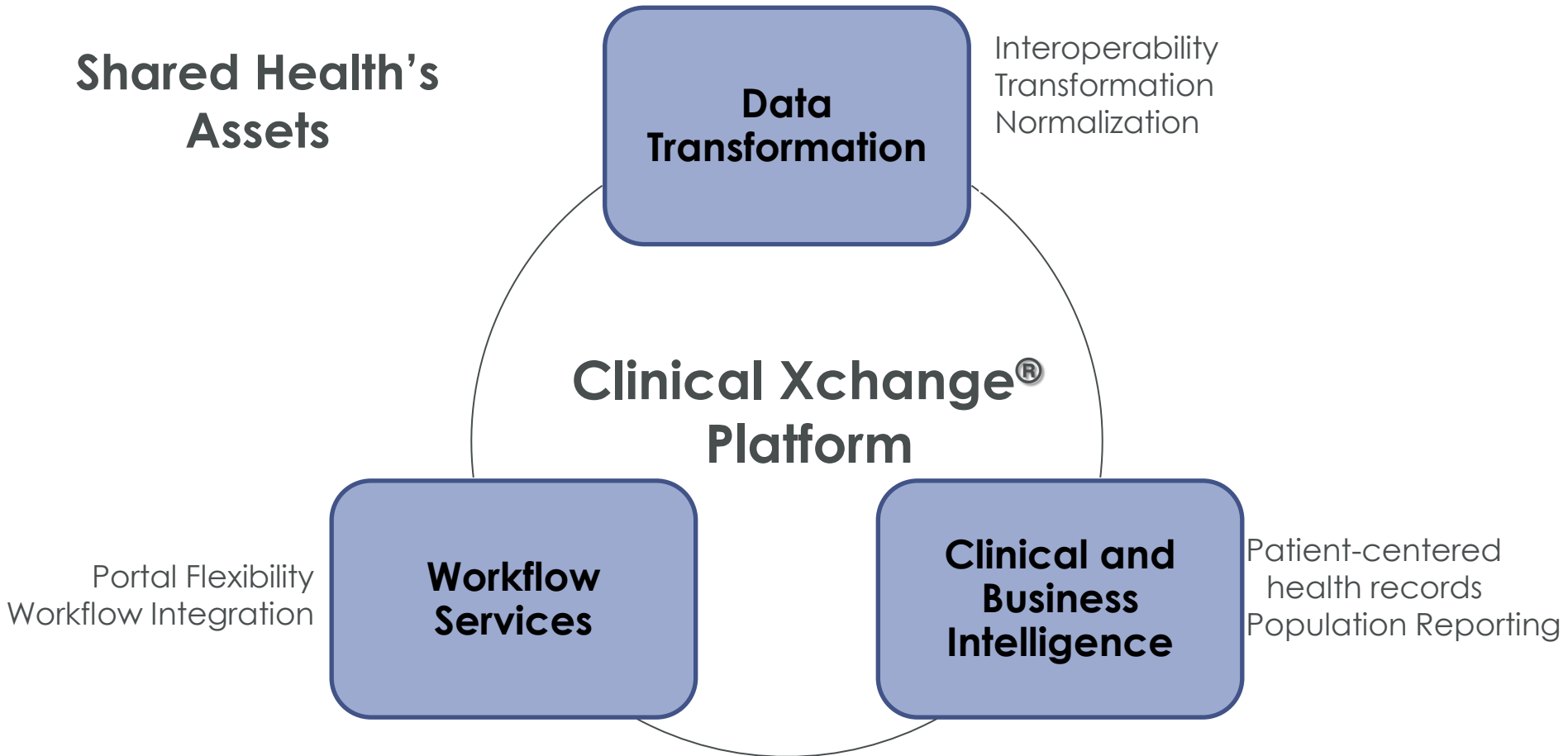
Adoption alignment with Tennessee population

Shared Health solutions were utilized in high population density areas....

- 438 Tennessee practices accessed Shared Health
- 79 out 95 counties (83%)
- 1,232 providers



Shared Health's Assets



Shared Health Tools and Products

Clinical Health Record®

- Patient centric record aggregating key encounter, observational, and clinical information at the point of care.

Clinical Insight®

- Interactive dashboard allowing users to effectively manage patient populations and performance under quality programs.

Condition Tracker®

- Multi-Condition registry allowing users to track key clinical indicators, by condition, across the continuum of care.

ePrescribe®

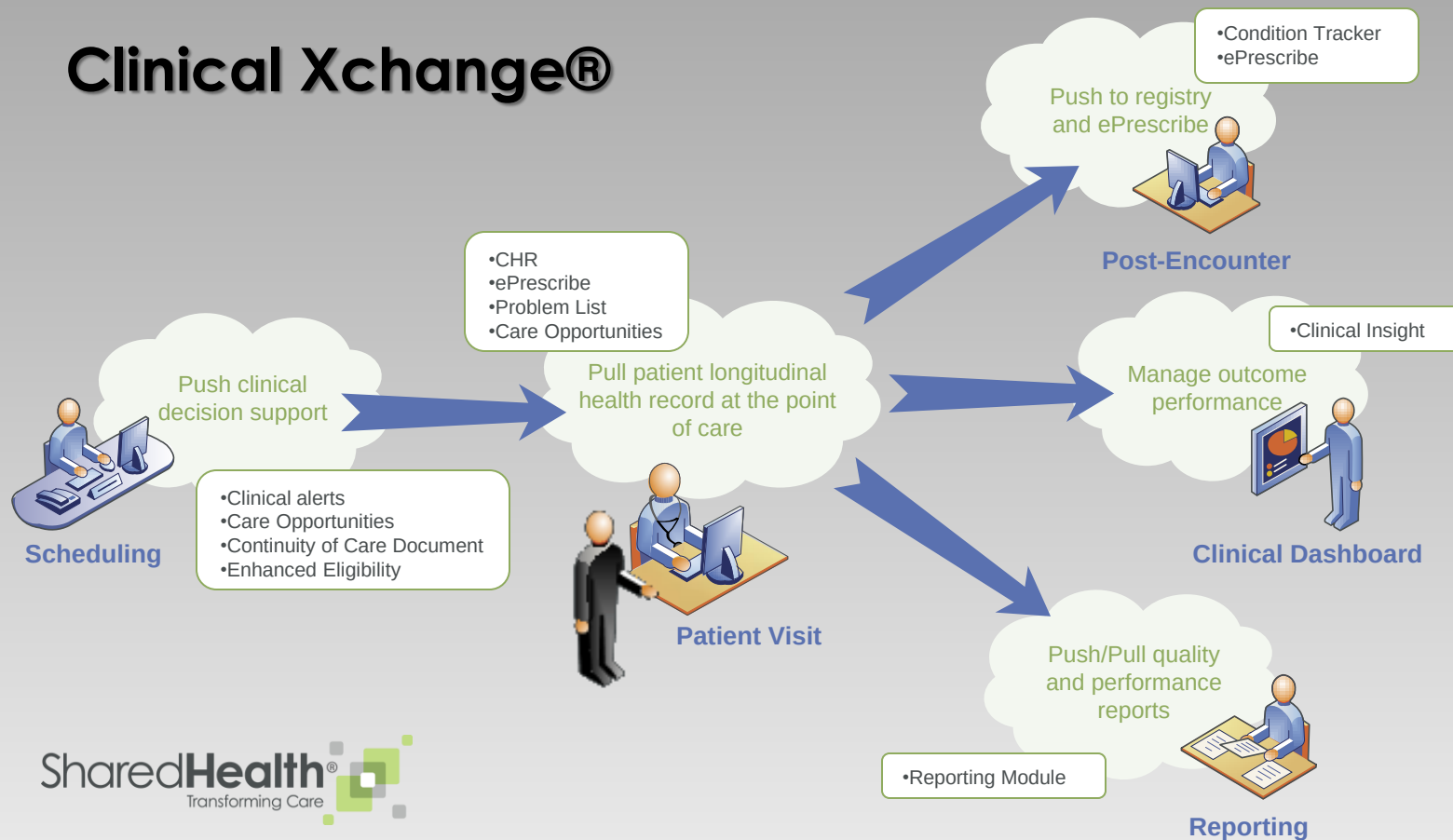
- Web-based electronic prescribing solution allowing users to create and submit new prescriptions and manage refills.

Mysharedhealth.com

- Patient access to their Clinical Health Record and Condition Tracker Registry.



Clinical Xchange®



Sizing the Market Opportunities with Health Systems

Market Intelligence Phase II further defined Shared Health's target customers

Shared Health completed the Market Opportunity Assessment in August. Phase II was also a blind interview with 'C-Suite' hospital executives to identify their current and near-term strategy in developing health information technologies to support new payment reform models, such as Accountable Care Organizations (ACO).

*ESTIMATED SIZE OF UNIVERSE: Hospital Segment – \$18.9B | Physician Organization Segment – \$1B

Defining the segments

1

NEOPHYTES

Defined: No current strategy for ACO program

Market Cap: Hospital ~\$2.4B Physician ~\$100M

2

EVOLVING MARKETS

Defined: Next 12-18 months engage in ACO program

Market Cap: Hospital ~\$16B Physician ~\$500M

3

MATURE MARKETS

Defined: Currently engaged in ACO type reimbursement

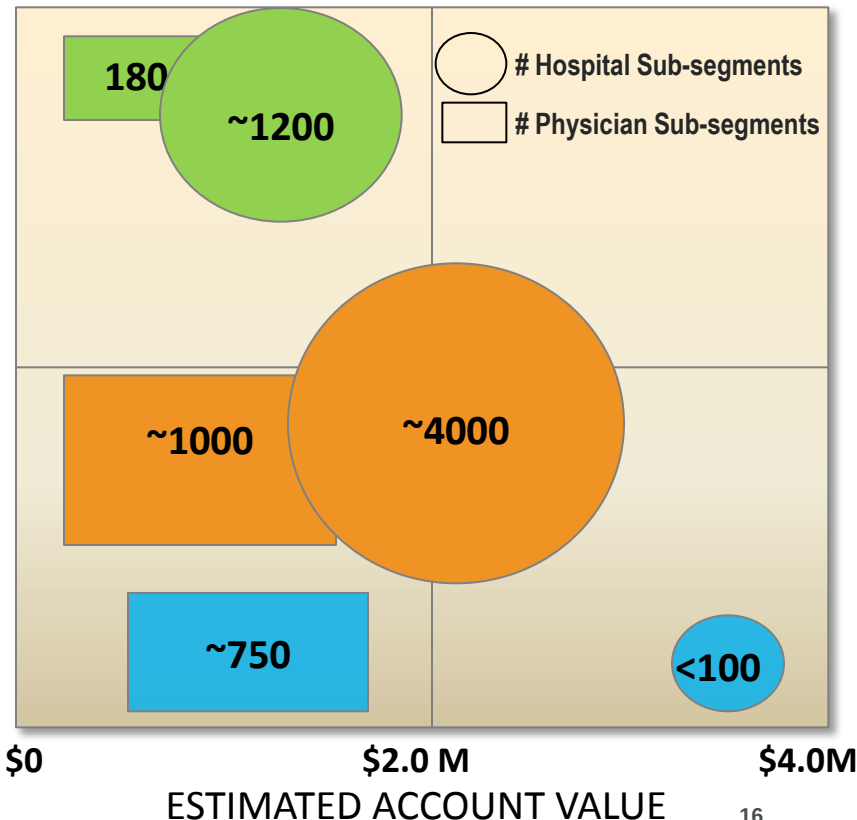
Market Cap: Hospital ~\$500M Physician ~\$375M

Segment loyalty vs. spend

Low

VENDOR LOYALTY

High



The Longitudinal Clinical Health Record

Patient Demographics

DOB: 05/05/1954
Age: 54 years
Gender: M
SSN: 210988341
Home Phone: Not available
Address: 1212 S Second St Greensville TN 48230-1913
Member ID: Not available

Allergies

Add Allergy Refresh

Allergy Agent	Date of Onset	Reaction	Source	End Date	Co
Xanax		Shortness of breath	Portal Entered Data	04/01/2009	
Sulfamethoxazole-TMP DS	02/20/2009	Gastrointestinal symptoms NOS	Portal Entered Data		

Print

Results 1-2

Problem List

Information Availability

Problem

CAD
 COPD
 Congestive Heart Failure
 Diabetes
 Diabetes, Type 2
 Hypertension
 Ischemic heart disease, except CHF, w/o AMI
 Renal Failure, Chronic & Nephrosis

Print

Results 1-8

Care Opportunities

Information Availability

Opportunity

Colorectal screening may be due
 Eye (retina) exam may be due
 Flu vaccine may need to be given
 Lipid profile may be due
 Pneumo-vax may need to be given

Print

Results 1-5

Medications

Add Self-Reported Medication Refresh

Source	Drug Name	Date Dispensed	Amount Dispensed	Prescribing Physician
ePrescribed	LISINAPRIL@10MG@ORAL@TABLET			Darryl Adams
Claimed	Zolpidem Tartrate	01/08/2009	30	darren perry
Claimed	PENTOXIFYLLINE@400MG@ORAL@TABLET, SUSTAINED ACTION	01/08/2009	90	RIFFE KATHRYN ADR
Claimed	RANITIDINE HCL@150MG@ORAL@TABLET	01/08/2009	60	darren perry
Claimed	Potassium Chloride Crys CR TBCR 20MEQ	01/05/2009	30	darren perry
Claimed	Ciclopirox Olamine 1% Topical Cream	12/11/2008	90	RIFFE KATHRYN ADR
Claimed	CIPROFLOXACIN 500 MG / CIPROFLOXACIN HYDROCHLORIDE / CIPROFLOXACIN HYDROCHLORIDE 594 MG ORAL TABLET, FILM COATED	12/08/2008	14	HAGE KORBAN ELIE E DR
Claimed	METOPROLOL TARTRATE@50MG@ORAL@TABLET	12/08/2008	60	CREWS, HOLLY B.
Claimed	FUROSEMIDE@40MG@ORAL@TABLET	11/13/2008	60	darren perry
Claimed	METOPROLOL TARTRATE@25MG@ORAL@TABLET	11/12/2008	60	HAGE KORBAN ELIE E DR

Smarter Information Exchange

- Integrated clinical decision support
- Harmonized view of information from across care continuum
- Instant collaboration
- Fast point-of-care access

Clinical Decision Support Products - Condition Tracker™

View patient history and clinical indicators by condition, regardless of who administered care

SharedHealth®
Condition Tracker

User Name: Brian Young
User ID: byoung

Patient Information
Doe, Peyton M Age: 60 DOB: 01/01/1949

Please check conditions for display below (* = System Identified Problem)

☒ Asthma ☒ CAD ☐ CHF ☐ COPD ☒ Diabetes*
☒ Hypertension ☐ Medication Management ☐ Wellness [Update Screen](#)

Care Opp	Clinical Indicator	07/07/2009	06/12/2009	06/11/2009	05/04/2009	03/27/2009	03/26/2009	03/19/2009	02/20/2009	11/15/2008
	Pulse			105						
	Respirations			30						
	Systolic Pressure								125	
	Diastolic Pressure								75	
	Height					71	72			
	Weight			150		195	195			
	Calculated BMI					27.19	26.44			
☒	A1c	5%	10%		15%			2.0%	6%	
	HDL-C screen						2 mg/dL	20 mg/dL		Done
	LDL-C screen					79 mg/dL				Done
	Triglycerides									Done
	Total cholesterol screen			325 mg/dL						Done
☒	Nephropathy management					20 g/L				
	Beta-Blocker therapy									
	ACE-I/ARB therapy									
☒	Retinopathy screening									

Reports
☐ Detailed ☒ Summary ☐ Current View [Printable View](#) [Add Data](#)

https://www.sharedhealth.com/sh_cict/conditionTracker.seam?launchedFrom=CI&dyn=nx:1249418194837

- Simplify the registry process
- Obtain source data from across the care continuum
- Complete the patient record to accurately reflect care delivered
- Track multiple chronic conditions and wellness care simultaneously

Population management tool that provides a broad view of care delivered across a patient population

- Drive incentive revenue
- Determine evidence-based care opportunities across populations
- Manage adherence to program and evidence-based guidelines
- Generate action/call reports to contact patients that need to be seen
- Create quality reports for payers or quality program administrators

The screenshot displays the SharedHealth Clinical Insight web application. The interface includes a top navigation bar with the SharedHealth logo and user information (User Name: Brian Young, User ID: byoung, and an Exit link). Below the navigation bar, there are three tabs: Population View (selected), Guideline View, and Patient View. The main content area is divided into a left sidebar and a central table. The sidebar contains three sections: Analysis For (set to Dr. Garner), Patient List (with links to ALL PATIENTS, Demo Patients, and My Lookups), and Guideline Set (listing various conditions like Asthma, BCBST P4P, CAD, CHF, COPD, Diabetes (selected), Well-Child, and Wellness). At the bottom of the sidebar is a Call List section with a Generate Call List button. The central table displays a comparison of guideline adherence between a Peer Group and Dr. Garner. The table has four columns: Guideline, Peer Group, Dr. Garner, and Difference. The data rows show adherence percentages for A1c, Eye Exam, Lipid Profile, Nephropathy Screen, Flu Vaccine, and ACE-ARB Therapy. Below the table, there are two sections: 'Not Recorded' and 'Recorded', each listing patient names and dates with links to Add Data and Condition Tracker.

Guideline	Peer Group	Dr. Garner	Difference
A1c	56.3%	0.0%	-56.3%
Eye Exam	22.1%	33.3%	11.2%
Lipid Profile	50.2%	100.0%	49.8%
Nephropathy Screen	55.6%	66.7%	11.1%
Flu Vaccine	17.4%	66.7%	49.3%
ACE-ARB Therapy	62.4%	N/A	N/A

Not Recorded

Patient Name	Date	Action	Tracker
Doe, Peyton	(Jan 1, 1949)	Add Data	Condition Tracker
Doe, David	(May 5, 1954)	Add Data	Condition Tracker
Doe, Cindy	(Jan 1, 1960)	Add Data	Condition Tracker

Recorded

EXAMPLE: Physician Practice using paper Patient Summary/CCD- Batch

Book1 - Microsoft Excel

Home Insert Page Layout Formulas Data Review View Add-Ins

Snagit Window

Custom Toolbars

C8 Jane

	A	B	C	D	E	F	G	H	I	J
	PID	LN	FN	MI	G	DOB	Address 1	City	ST	Z
1	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
2	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
3	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
4	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
5	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
6	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
7	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
8	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
9	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
10	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
11	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
12	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
13	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
14	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
15	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
16	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
17	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
18	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
19	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
20	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
21	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
22	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
23	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
24	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	
25	888888	Doe	Jane	M	F	1011921	100 MAIN ST	Anytown	TN	

Ready

Patient Scheduler
Request

SharedHealth®
Transforming Care

Continuity of Care Document (CCD)

Created On: October 5, 2009

Patient: DAVID DOE
DOB: May 4, 1954
Address: 1212 S SECOND ST, GREENSVILLE, TN, 462301913

Member ID: d5aaac2-2266-4bb2-ba93-94a826dfc9b
Sex: Male
Phone:

Table of Contents

- Vital Signs
- Allergies and Other Adverse Reactions
- Immunizations
- Medications
- Encounters
- Procedures

Vital Signs

Date	Height	Weight	BMI	BP Systolic (mmHg)	BP Diastolic (mmHg)	Temperature	Pulse Rate (beats/min)	Resp Rate (breath/min)
February 20, 2009	64 inches	185 lbs	31.8	160	90	98.7 Fahrenheit	62	

Allergies and Other Adverse Reactions

Substance	Reaction	Date of Onset
Sulfamethoxazole-TMP DS	Gastrointestinal symptoms NOS	February 20, 2009
Xanax	Shortness of breath	
Naprosyn	Laryngeal spasm	

Immunizations

Vaccine	Reaction	Administered Date	Administrator
INF VIRUS SPLT 3 YR+ IM		February 20, 2009	
TETANUS TOXOID ADSORBED IM		February 1, 2007	

Medications

Medication	Start Date
METFORMIN HCL	

Done

Unknown Zone

