

# The Impact of Emerging Technology for Health Providers & Health Insurers

## Personal Health Records (PHRs)

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is Our Business

# Agenda

- Key Definitions
- The Ecosystem
- What is the value of a PHR?
- What do Healthplans bring to the table?
- Critical Success Factors to adoption
- AHIP Commitments
- IAccomplishments
- Pilot - Process, Parameters & Participants
- PHR Data Domains
- Transfer standards
- What's Next?

# Key Definitions

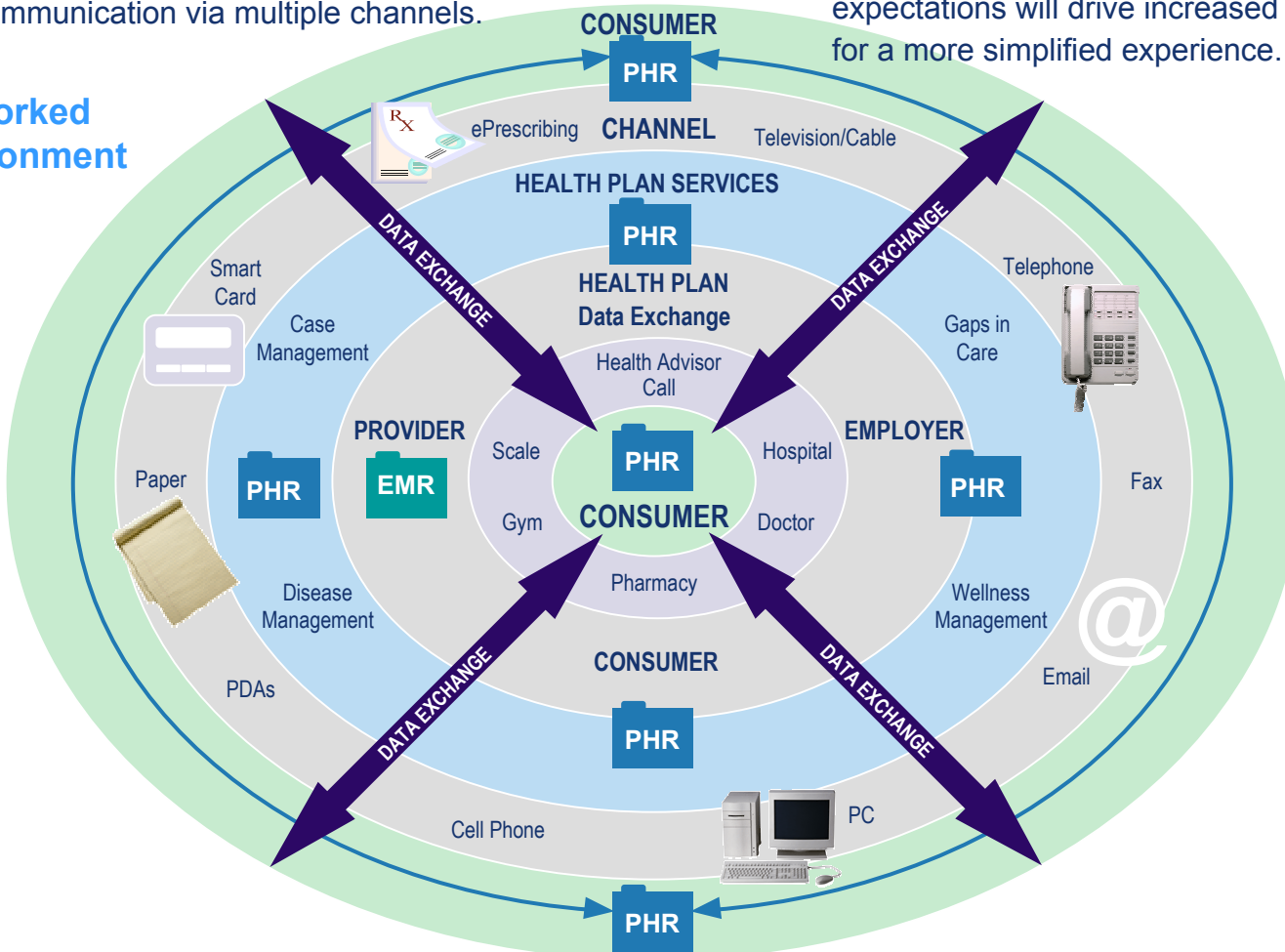
- **eHealth:** Use of electronically captured health information and information technology to improve consumer care, health, and well-being.
- **Personal Health Record (PHRs):** An electronic application through which individuals can access, manage and share their health information in a secure and confidential environment. It allows people to access and coordinate their lifelong health information and make appropriate parts of it available to those who need it.
- **Electronic Medical Records (EMRs):** Use of health information and technology by health care providers at the point of care to create a digital record specific to that care setting that can be used to improve the care providers deliver to consumers.
- **Health Information Interoperability Standards:** These are the necessary data, coding, and format standards that would allow health information to be moved between stakeholders with the appropriate security and privacy requirements.
- **Regional Health Information Organizations (RHIO):** Collaborative effort that can span whole communities, states, or even multi-state regions with the goal of improving the quality of patient care by linking all caregivers, provider organizations, health plans, pharmacies, public health entities, and other healthcare professionals.

# The Ecosystem

**DEFINED:** The capture, aggregation and dissemination of an individuals health related activity in a digitized format that permits analysis, and communication via multiple channels.

**MARKETPLACE EXPECTATIONS:** As control of health care decisions continues it's shift to the consumer; new expectations will drive increased demand for a more simplified experience.

## Networked Environment



Digital Health Applications will accelerate adoption of Consumerism by **enabling engagement**, understanding, and decision making.

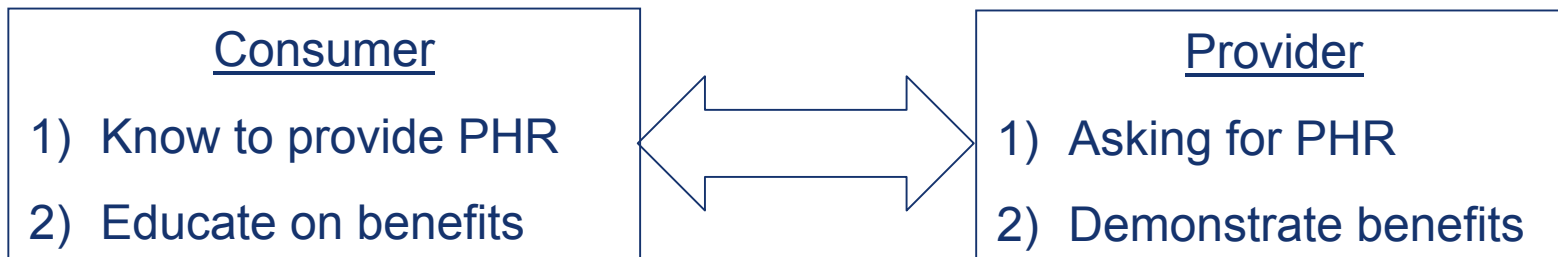
# The value of a Personal Health Record (PHR):

- Simplicity – reduces the work a consumer must do to aggregate their personal health information. Allows them to focus on use of the information, not the task of collecting it.
- Control – having access to their records helps to empower consumers and encourages them to play an active role in their own care.
- Knowledge – The healthcare system is confusing. A healthplan's ability to deliver meaningful insights that are tailored to a person's specific set of circumstances will allow a member to focus on their personal health opportunities and experience.
- Improved outcomes and lower cost – The consumer and his/her provider can make a fact-based decision rather than depending on personal recall or unnecessarily repeating tests or ordering inappropriate prescriptions.

# What do Healthplans bring to the Table?

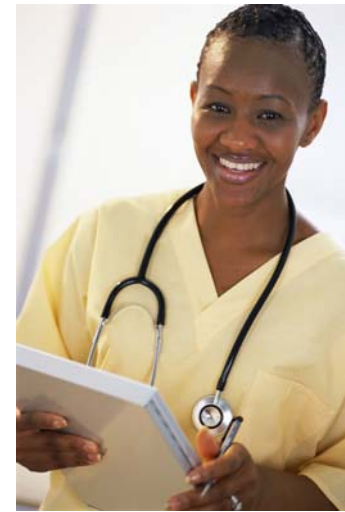
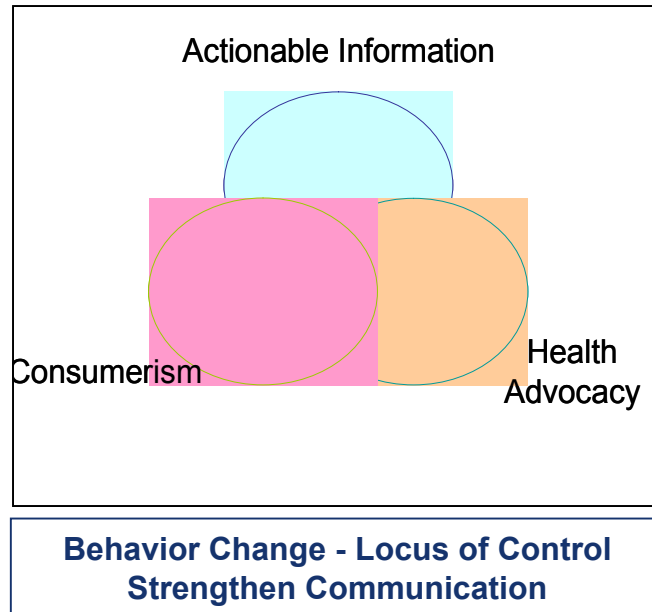
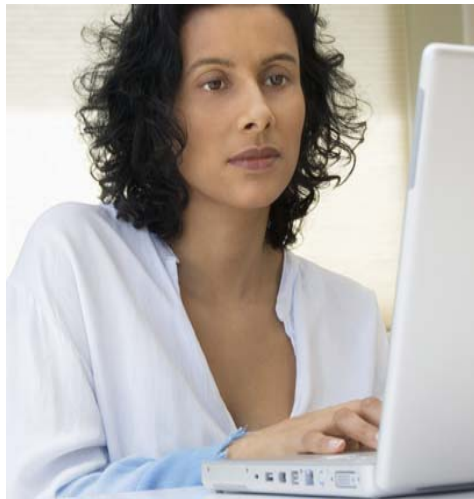
## Healthplan Data Set

- Multi-Provider Encounter Data
- Benefits & Eligibility
- Complete Meds
- Labs
- Care Coordination



**Behavior Change - Locus of Control**  
**Strengthen communication**

# Critical Success Factors to Adoption



Ease of use - products and tools must be comprehensive, accurate and timely

Consumer adoption – members understand the benefit of the product/tool and take steps to share with their provider.

Provider adoption - products and tools must demonstrate that they improve decision making, enhanced patient dialogue, and help achieve positive behavior changes by members

# AHIP Board Commitments

- **Standardize the Data in a PHR**
  - Endorsed the key data elements contained in a health plan based PHR
- **Approved Technical Standards**
  - Endorsed technical Implementation Guide (includes data dictionary and portability standards)
  - Endorsed a recommendation that consumers approve the transfer of their PHR data
- **Endorsed a future partnership with two standard's development organizations** (ASC X12 and Health Level 7) for joint long-term maintenance of transfer standard
- **Industry- wide Implementation of Standards.** Board supported the goal of the industry working to implement PHRs and adopt the health plan based PHR data standards and data transfer standard by the end of 2008.

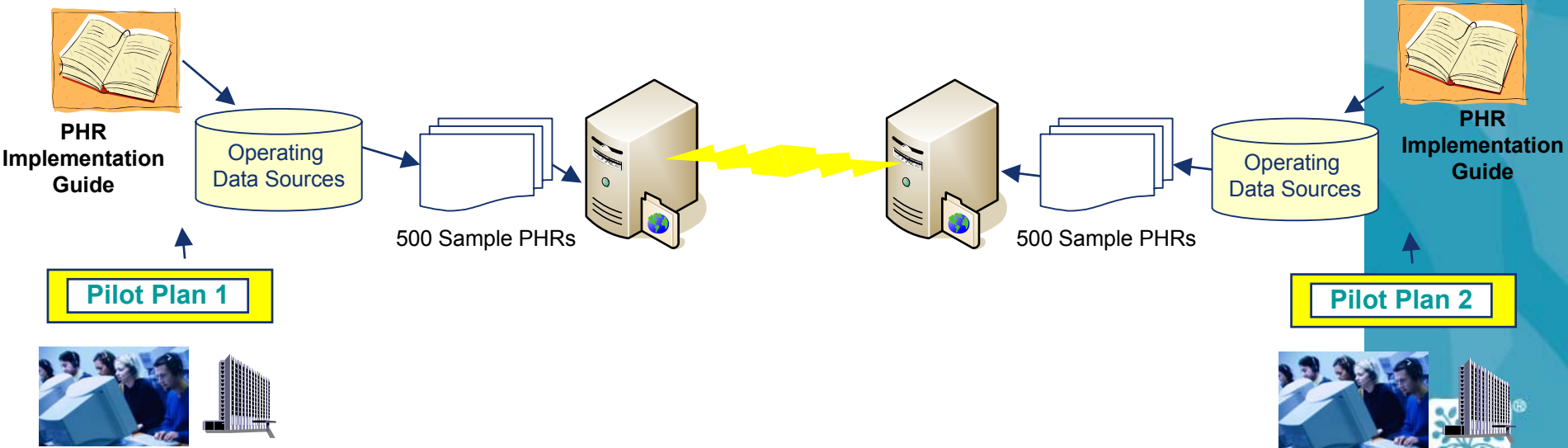
# Accomplishments

- Defined and agreed to a minimum common set of data elements to be included in a PHR
- Developed a standard for transferring PHR data among plans
- Developed a industry-specific Implementation Guide©, containing a data dictionary, operating rules and technical standards based on existing health standards.
- Work was validated through a multi-plan pilot test
- Reached consensus on key legal issues associated with the plan-to-plan transfer of PHR data

# Pilot Test

- Verified PHR data domains can be supported by the health plans' data sources
- Identified the most available health plan data sources for the PHR data domains
- Demonstrated the import, export, and transfer of PHR data domains
- Provided additional input to the PHR specifications and implementation guide

Tested if received PHR data can be imported into health plan operation and identified gaps



# What wasn't included in the Pilot?

- Project did not address:
  - A common “look and feel” for Health Plan PHR
  - Core PHR functionality (plans will compete)
  - Standards for access control features (e.g. spouse access, minor child access)
  - Integration of disease management or quality information
  - Work with PHR vendors
  - Other data feeds besides claims and administrative (e.g. labs, provider systems, e-RX)
  - Sending consumer self-reported information

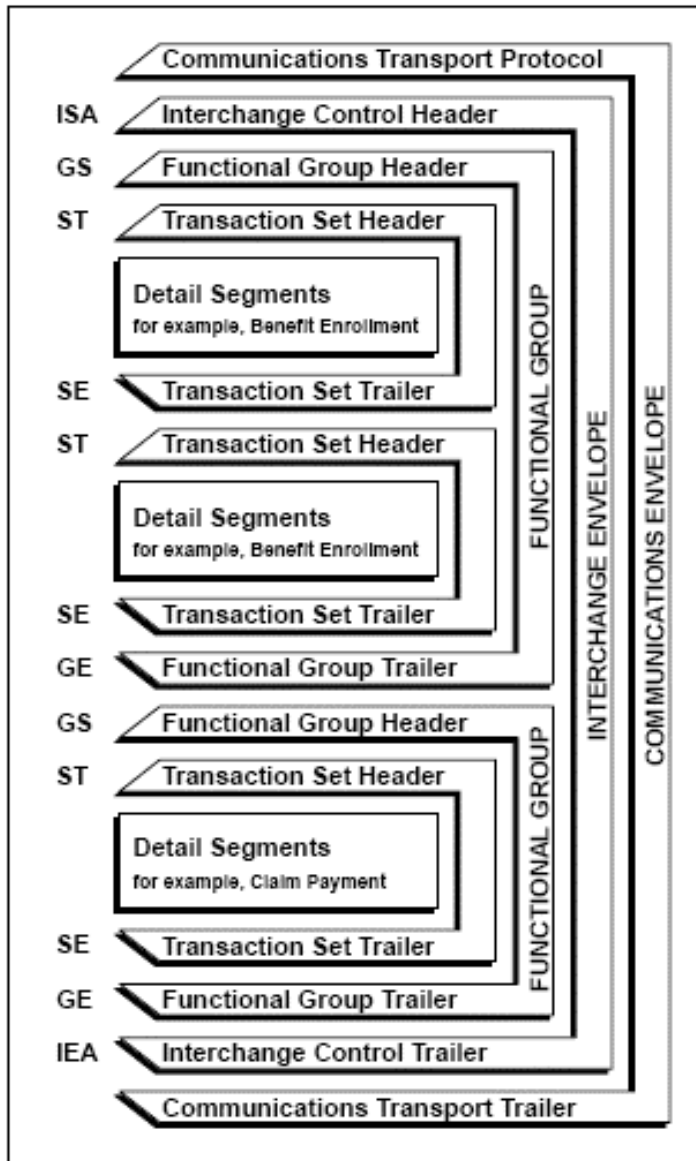
# Pilot Test Participants

- Aetna
- CIGNA
- Group Health Incorporated
- Health Care Service Corporation (BCBS IL, NM, OK, TX)
- HIP Health Plan
- Horizon BCBS of NJ
- Regence Group (ID, OR, UT, WA)
- Shared Health (BCBS TN)
- Trustmark Insurance
- United HealthCare

# PHR Data Domains

Domain	Domain Summary	Standard
Patient Information	Demographic and personal information, emergency contacts, PCP, etc.	HIPAA ASC X12N
Family History **	Possible health threats based on familial risk assessment	CCD
Physiological Info.**	Physiological characteristics such as blood type, height, weight, etc.	CCD
Encounters	Encounter data in inpatient or outpatient settings for diagnoses, procedures, etc.	HIPAA ASC X12N
Medication	Medication history such as medication name, prescription date, dosage, etc.	HIPPA NCPDP
Immunization**	Information regarding immunizations such as vaccine name, vaccination date, etc.	HIPAA NCPDP
Providers	Information regarding clinicians who have provided services to the individual	HIPAA ASC X12N
Facilities	Information regarding facilities where individual has received services	HIPAA ASC X12N
Health Risk Factors**	Patient's habits, such as smoking, alcohol consumption, substance abuse, etc.	CCD
Advance Directives**	Advance directives documented for the patient for intubation, resuscitation, IV fluid, etc.	CCD
Alerts**	Patient's allergy and adverse reaction information	CCD
Health Plan Info.	Used for plan to plan PHR transfer. Information about the sender and recipient plans; the originator of the PHR for the consumer download of PHR.	HIPAA ASC X12N
Plans of Care**	Any reminder, order, and prescription, etc. recommended by the care management and disease management for the patient.	CCD

# PHR Transfer Standard



- Developed a standard based on health plan infrastructure
- ASC X12 275 transaction used for PHR Plan to Plan transfers
- Maximizes the usage of existing HIPAA transaction infrastructure
- Supports both bulk (employer group) and individual transmission.
- Practical when transferring PHR data on behalf of a large number of subscribers to single destination.
- Will allow for future intake data from providers to populate PHRs hosted at health plans.

# What's Next?

- AHIP's Operations Committee is prioritizing the next phase of its PHR work
- Under Consideration:
  - If standards are necessary for provider interoperability with PHRs
  - Determine if additional data should be added to the PHR (i.e. lab results, images, dental records)
  - Review if additional changes needed based on the results of the federal standards approved 10/31/06
  - Looking for opportunities to provide operational assistance to AHIP members as Board recommendations are implemented.
  - How to broaden our industry outreach to expand the use and value of PHRs for consumers