

Clinical Information Exchange (CIE) and Interoperability:

The Future of Healthcare Data

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ICD-10 Post-Implementation: A Quick Summary

- Effective October 1, 2015:
 - Due to concerns with the lack of physician and provider ICD-10 readiness, Florida Blue implemented ICD-10 using its **ICD Dual Mode Contingency** capabilities.
 - Florida Blue implemented a **weekly physician and provider outreach effort** that was designed to help non-compliant senders/providers transition to ICD-10.
- Effective November 1, 2015, Florida Blue **ended its ICD Dual Mode Contingency** capabilities and successfully transitioned to **ICD-10 only** consistent with the regulatory rule.
- To-date Florida Blue has experienced “**no material defects or issues that directly impacted physicians or providers**” as a result of our ICD-10 implementation; executing our dual-mode contingency plan and capabilities essentially **eliminated any direct impact to 1553 unique entities** and enabled them to transition to being ICD-10 capable within a 30-day window.
- Financial Controls continue to indicate “**no measureable or material differences and no payment anomalies**” for our physicians and providers as a result of ICD-10; findings have been externally validated through the 1st quarter of 2016 by several external entities including hospitals, facilities and physician practices.
- The greatest single contributor to the successful implementation of ICD-10 was the willingness of individual physician practices, providers and electronic trading partners to **collaborate** across the health care spectrum; being able to do **end-to-end testing** came in a close second!

**I DON'T ALWAYS GET
SUCKED INTO A JET ENGINE**

**BUT WHEN I DO, I USE
ICD-10 CODE: V97.33XD**

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Agenda

- Session Objectives
- Background and Bridging
- Clinical Information Exchange (CIE):
 - Definition and Goals
 - Standards and Protocols
 - Value Proposition
- Institutionalizing CIE
- Current State and Future Direction
- Questions and Next Steps

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Session Objectives

- Increase your understanding and awareness of what **Clinical Information Exchange (CIE)** is and how it can be implemented.
- Understand the **value of sharing** clinical information between physicians, providers, health plans and patients/members.
- Learn what **Florida Blue is doing with CIE** including practical lessons learned to-date.
- Gain a better understanding of CIE and it relates to **interoperability** and new “**data driven**” alternative payment models.

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Background and Bridging

- The current state of healthcare data exchange was implemented to enable business system capabilities that **support HIPAA-AS** and the administrative side of healthcare.
- Effectively re-positioning this infrastructure can enable business system capabilities that are designed to support **interoperability between physicians, providers, health plans, patients and electronic “chain-of-trust” business partners.**
- A national interoperable environment would **“connect”** clinical data with administrative data to support a **future healthcare system that is focused on care management, healthy outcomes and data-driven alternative payment models.**
- The Office of the National Coordinator for HIT has published their first **National Interoperability Roadmap** – more to come!

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CIE: Definition and Goals

Definition:

Clinical Information Exchange (CIE) is the **electronic movement of health-related information** among organizations according to nationally recognized protocols and standards.

Goals:

1. To facilitate **access to** and **retrieval of** clinical data to provide safer, timelier, efficient, effective, equitable, patient-centered care.
2. To provide the capability to electronically **move clinical data between disparate health care information systems** while maintaining the meaning of the information being exchanged.
3. To provide **secondary use** of clinical data for public health, clinical, biomedical and consumer health informatics research as well as institution and provider quality assessment and improvement.

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CIE: Standards and Protocols

Standards and Protocols:

- Health Level 7 (HL7) is a set of **international** standards, protocols, formats and definitions that **support interoperability** and is **the baseline technical infrastructure** to enable CIE.
- HL7 **facilitates the interoperable interchange of clinical data** to enable various healthcare systems to communicate with each other in a meaningful way:
 - Data is shared and processed in a **uniform and consistent** manner
 - Allows Healthcare organizations to **easily share clinical information**
 - **Minimizes variability and isolation** in medical care
 - **Reduces** administrative costs and improves cycle times
 - **Automates** System-to-System Transactions

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CIE: Value Proposition

- The ability to **exchange clinical data** with facilities, physicians, referring or consulting providers and is essential for effective and efficient coordinated care.
- Having the data in an electronic format makes the **possibility of data exchange easier, more secured and readily accessible.**
- The **electronic exchange of patient data** with other physicians, providers and health plans means that physician practices can finally share patients' vital medical history quickly, easily and completely.
- Patient data and information can be exchanged **regardless of where patients are receiving care.**
- Having access to this data and information **provides safer, more effective care tailored to patients' unique medical needs.**

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Institutionalizing CIE

HL7 Events: Admission, Discharge, Transfer Data (ADT):

- A01 – Admission (Patient is admitted to facility)
- A02 – Transfer (Patient is transferred from one level of care to another)
- A03 – Discharge (Patient is discharged from facility)
- A08 – Update (Patient demographics/clinical have been changed)

Clinical Metrics:

- ORU – Clinical Observations Results (Lab and Radiology)

C-CDA (Consolidated Clinical Document Architecture):

- **Automates** responses to **requests for additional clinical documentation** to health plans, payers and practitioners (i.e. Hospital Discharge; Referral Summary; History & Physical; Operative Notes; Procedure Notes; Progress Notes; Consultation Notes)
- **Establishes a standard format** to provide to a facility, practitioner or others who coordinate or provide services post patient's hospital stay.

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Institutionalizing CIE (continued)

Some Clinical and Administrative Challenges (current facts known):

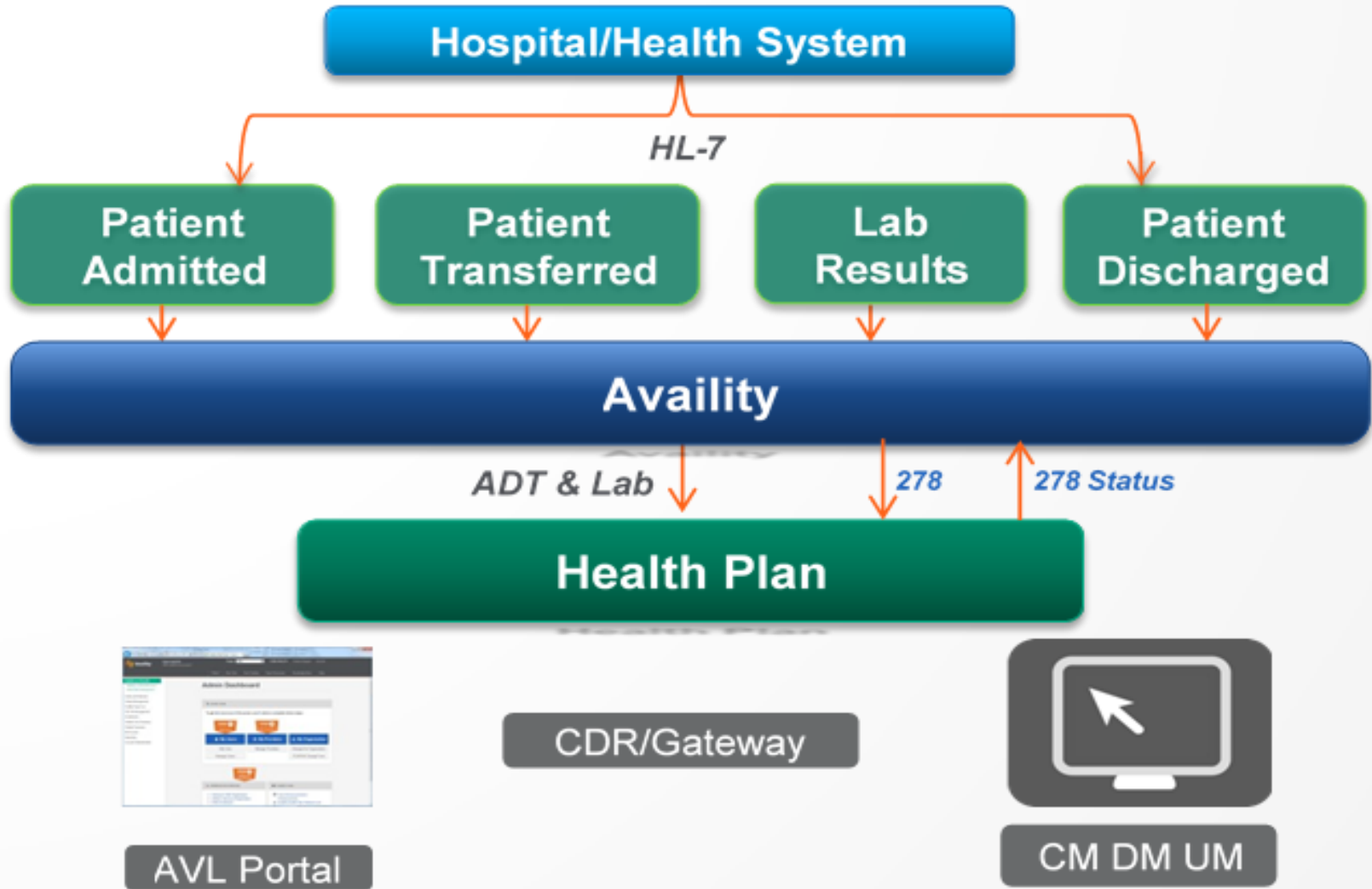
- Notification of admission and discharge disposition is inefficient (i.e. prior authorization process)
- Care Coordination is challenging.
- Obtaining patient encounter data for HEDIS, STARS and Risk Adjustments are problematic at best.

A CIE Solution (a real example):

- Hospital admission triggers the creation of a record (HL7 event) to exchange with the health plans.
- Availity creates and sends a 278 authorization request to the health plan on behalf of the hospital; this can include HL7 based chat and attach features.
- All ADT, Lab results and C-CDA for that plan's members are sent to the plan's care management systems or are made available on the Availity portal for physician, provider and health plan access.
- Patient transfers, labs, radiology and discharge notices are sent to the health plan and primary care practitioner.

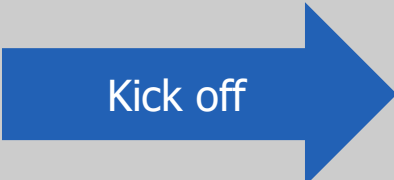


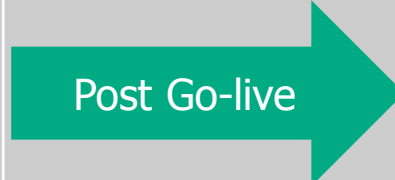
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Institutionalizing CIE (continued)



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Institutionalizing CIE (continued)

Technical Implementation			
1 Day	2 Weeks*	1 Day	30 Days
 <p>Kick off</p> <ul style="list-style-type: none"> • Review Requirements • Sample Files • Connectivity • Identify Users 	 <p>QA Setup & Testing</p> <ul style="list-style-type: none"> • Configuration • Sample Testing • Access • Connectivity • QA UAT • Training 	 <p>Production Go-live</p> <ul style="list-style-type: none"> • Configuration • Validation • Prod UAT 	 <p>Post Go-live</p> <ul style="list-style-type: none"> • Training • Daily Monitoring

* Dependencies on physician and provider priorities, resources and availability.

Institutionalizing CIE (continued)

Value Proposition of Institutionalizing CIE (real results):

- **SIGNIFICANTLY REDUCE** operating costs by reducing calls, faxes and human intervention
- **EASY** access and management of bed day authorizations
- **SUPPORT** early-intervention care management programs via real time identification of gaps in preventative care and implementing interventions
- **BUILD** the foundation for additional real-time exchange of clinical data to improve member care coordination
- **REDUCE** unnecessary member re-admission
- **ACCELERATE** speed of authorization and revenue cycle, while eliminating missing authorization related claim denials

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Current State and Future Direction

- Florida Blue has **successfully implemented CIE with 33 Florida** hospitals including a number of ancillary facilities (I.e. Ambulatory Surgical Center; Rehab; Psych Units) and one Miami based large physician practice.
- Effective April 1, 2016, Florida Blue began executing an accelerated **CIE engagement initiative** that is designed to increase physicians and providers adoption of CIE.
- Florida Blue has initiated a **Open-Line Friday: Clinical Information Exchange Edition** and a **CIE Users Group**; we began free monthly calls in July 2016 where physicians and providers will share their experiences and values realized by the implementation of CIE within their environments.

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Some Helpful Resources

- **Helpful Websites:**

- www.hl7.org
- www.healthit.gov
- www.availability.com
- www.connectinghealthcare.com

- **CIE Open-Line Friday: Clinical Information Exchange Edition**

- **What:** An Interactive Information Exchange Session for Florida Blue's CIE Users Group and Other Interested Parties
- **When:** 3rd Friday of every month from 9:30am to 10:30am EST
Dial Toll-Free: (800) 882-3610 or (412) 380-2000
Conference Passcode: 6829655#
- **Next Session:** Friday, August 19, 2016

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