

Clinical Information Exchange (CIE) and MARCA:

Sharing Clinical Data for Dual Purposes

George Vancore

**Sr. Manager, Systems Integrator and
Business Architect
Florida Blue**

**Health Insurance Institute
Florida Sunshine Chapter of AAHAM
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ICD-10 Update

- The implementation of ICD-10 (version 1.0) on October 1, 2015 “**resulted in no known material defects or impacts to Florida Blue or to our physicians and providers**”.
- Florida Blue remains **financially neutral** since ICD-10 became operational; to the best of our knowledge, financial neutrality is also holding true for our physicians and providers; with a few exceptions, our experiences are identical to what happened across the health care industry (job well done).
- The October 2016 ICD-10 code set maintenance update “**resulted in no known material defects for Florida Blue or to our physicians and providers**”.
 - NOTE: all ICD codes were frozen in 2011; the October 2016 maintenance update was commonly referred to as ICD-10 version 2.0; this update added over 3600 new procedure codes and over 1900 new diagnosis codes.
- The October 2017 ICD-10 code set maintenance update will contain over 1900 new, 313 deletes and 351 revised CM (diagnosis) codes; see the CDC website for more details.
- Rumors persist surrounding a potential future implementation of **ICD-11**; the World Health Organization has no country willing to be a “beta implementation”; under current conditions, the earliest this could occur in the US Health Care System is the 2022/2023 timeframe
 - NOTE: ICD-11 does not add significant value to the international health care community; its primary value rests with the expansion of descriptive verbiage.

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

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

Clinical Information Exchange (CIE)

Definition:

CIE (Clinical Information Exchange) is the technical and business systems capability that enables the sharing of patient specific **clinical information** between and amongst physicians, providers and health plans for the purposes of care coordination and healthy outcomes.

The single most critical success factor behind a successful CIE deployment is based upon the willingness of the providers and physicians to get engaged.

Florida Blue CIE Deployment Update:

- CIE is broken down into 3 “data sharing” components; each component has its own value proposition and requires the bi-directional exchange of clinical information across the electronic chain-of-trust between the electronic medical record and the health plan:
 1. ADT (Inpatient; Admission, Discharge and Transfer Events)
 2. Clinical Metrics (Inpatient and Outpatient; Lab and Radiology Results)
 3. C-CDA (Inpatient and Outpatient; Consolidate Clinical Data Architecture)
- Our outreach and engagement efforts continue (i.e. Open-Line Friday; host one-on-one sessions from orientation to planning to implementation to post-production monitoring).
- We are in the process of evaluating EMR vendors and EMR Integrators through an RFI/RFP process to select value added collaborative partners that can add to our provider/physician outreach and engagement; more to come on this.

Clinical Information Exchange (CIE)

Florida Blue CIE Deployment Update (continued):

- Stabilized our orientation sessions, education curriculum and implementation guides.
- 37 existing connections where we operationally share clinical information bi-directionally:
 - Lakeland (3)
 - HCA Memorial Jacksonville (successful pilot; 43 additional implementations this year)
 - Tampa General Hospital
 - Bay Care (13)
 - Orlando Regional Health System (11)
 - St. Vincent's Medical Center (3)
 - UF Health (5; Gainesville and Jacksonville locations)
- Several hospitals/health systems, physician practices and ACO/PCMH practices are currently in-flight (i.e. Martin Health; Adventist Health Systems; Lee Memorial; Baptist Health South; Orlando Physician Partners; White-Wilson Family Practice; North Florida OBGYN, etc.).
- State Health Information Exchange (HIE) connection established effective 01/01/2017; this added an additional 175 “connections” that are currently integrated into Florida Blue.
- Continue to increase our CIE engagement opportunities for physician practices, professional groups, ACO's and PCMH's; this now takes us beyond the inpatient setting.

MACRA

(Medicare Access and CHIP Reauthorization Act of 2015)

Definition:

MACRA is one of the most significant payment changes since Medicare's inception in 1965 and will require physicians and physician groups to consider the clinical, financial and cultural changes that are needed to succeed in a value, quality and performance based environment.

MACRA will (in summary):

- change the way Medicare and commercial payers reward clinicians for value over volume
- repeal the Sustainable Growth Rate (SGR) Formula
- takes effect January 1, 2017
- provide bonus payments for participation in eligible alternative payment models (APMs)
- streamline multiple quality programs under the **new Merit-Based Incentive Payments System (MIPS)**; MIPS will require the reporting of 2017 performance measurements for 2019 incentive payments across 4 categories:
 - Quality
 - Resource Use
 - Advancing Care Information
 - Clinical Practice Improvement Activities (CPIA)

MACRA

(Medicare Access and CHIP Reauthorization Act of 2015)

MACRA Performance Measures: Quality (6)

1. Clinical Care

- Measures incorporating patient preferences and shared decision-making
- Cross-cutting measures that may apply to more than one specialty
- Focused measures for specialties that have clear gaps
- Outcome measures

2. Safety

- Measures of diagnostic accuracy and Medication safety related to important drug classes

3. Care Coordination

- Assessing team-based care (i.e. timely exchange of clinical information) and the effective use of new technologies (i.e. telehealth)

4. Patient and Caregiver Experience

- Patient-reported outcome measures (PROMs)
- Additional topics that are important to patients and families (i.e. knowledge and confidence for self-management)

MACRA

(Medicare Access and CHIP Reauthorization Act of 2015)

MACRA Performance Measures: Quality (6)

5. Population Health and Prevention

- Developing or adapting outcome measures at a population level, such as a community or other identified population, to assess the effectiveness of the health promotion and preventive services delivered by professionals
- IOM Vital Signs topics (i.e. life expectancy, well-being, addictive behavior)
- Detection or prevention of chronic disease (i.e. chronic kidney disease)

6. Affordable Care

- Overuse measures (i.e. overuse of clinical tests/procedures)

MACRA

(Medicare Access and CHIP Reauthorization Act of 2015)

MACRA Performance Measures: Resource Use

- CMS calculates based on claims so there are no reporting requirements for clinicians
- CMS determines the cost measures for the reporting period

MACRA Performance Measures: Advancing Care Information

- Protect Patient Health Information
- Electronic Prescribing
- Patient Electronic Access
- Provide Patient Access Coordination of Care Through Patient Engagement
- Health Information Exchange
- Public Health and Clinical Registry Reporting

MACRA

(Medicare Access and CHIP Reauthorization Act of 2015)

MACRA Performance Measures: Clinical Practice Improvement Activities

- Minimum selection of one CPIA activity (from 90+ proposed activities) for a partial score with additional scoring for more activities
- Activities categorized as “high” or “medium” weight, earning 20 or 10 points each, respectively
- Full credit is achievement of 60 points
- Full credit for patient-centered medical home or comparable specialty practice
- Minimum of half credit for APM participation with opportunity to select additional activities for full credit

CAUTION: Become aware of what MARCA is and get active now – you are “on the clock”

Clinical Information Exchange and MACRA

Some Helpful Resources

- **Helpful Websites:**

www.cms.gov (HINT: do a search on “MARCA”)

www.hl7.org

www.healthit.gov (HINT: do a search on ”interoperability”)

www.availity.com

www.connectinghealthcare.com

www.cdc.gov (HINT: do a search on “ICD-10”)

- **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, September 15, 2017

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george.vancore@floridablue.com

904-905-0176