

The Role of Health Plans in Achieving a Wired 21st Century Healthcare System:

The Personal Health Record

Paul T. Sheils
Head - eHealth
Aetna, Inc.

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President Bush puts Digital Health Records on the Map

▪ Federal, State & Local Electronic Health Record (EHR) Initiatives

- 2004 - President Bush places EHRs on the national health care policy agenda, calls for every American to have an EHR in 10 Years
- 2004 *Dr. David Brailer appointed as National Coordinator of Health Information Technology*
 - *Dr. Brailer focuses on encouraging local health organizations (hospitals, clinics, physician organizations) to form **Regional Health Information Organizations (RHIOs)** to commence exchanging clinical information*
- 2006 – *AHIC established; EHR standards under development; Executive Order on Quality and Transparency*



“By computerizing health records, we can avoid dangerous medical mistakes, reduce costs and improve care.”

President George W. Bush, January 2004, State of the Union Address

“The use of electronic health records and other information technology will transform our health care system by reducing medical errors, minimizing paperwork hassles, lowering costs and improving quality of care.”

Secretary of Health & Human Services Michael Leavitt, June 6, 2005

What Are Health Plans Doing to Support Digital Health Records?

- Support ONCHIT's vision of a National Health Information Network
 - Provide health plan expertise on CCHIT and HITSP
- Learning through innovative demonstration projects
 - CMS PHR pilot
 - Testing the use of secure-messaging
- Leverage their claims data, health content, analytic capabilities and their existing relationships with patients and providers to build a secure, claims-based, patient-controlled, interoperable Personal Health Record.
 - PHRs compliment EHRs

Health Plans and Digital Health Records

Plans have the data, tools, relationships and motivation to help advance digital health records.

DATA

Plans are already the current “central repository” for terabytes of a steady-stream of claims-based health data

Technology

Most plans already maintain (or outsource) sophisticated data warehouses and web sites

Analytics

Predictive modeling, trend analysis, decision support, rules-based care-gap analyses

Relationships

Existing relationships with patients and providers

Motivation

PHRs Improve the Quality and Reduce the Cost of Care

EHRs vs. PHRs

"EHR"

- **EHRs** – the complete health record - clinician-populated and controlled, “institution-centric” application; derivatives of practice management systems (Cerner, Epic, IDX, etc.).
-

"Patient-Populated PHR"

- **Patient-Populated PHRs** – software applications that permit patients to record results of healthcare encounters, often have health diaries, reminders.
-

"Claims-Based PHR"

- **Claims-Based PHRs** – patient-controlled, populated initially with claims-based data (may be supplemented patient-populated data, e.g., HRAs).

Rich Clinical Data Derived from Claims

Claims forms contain valuable electronic health information that is available to be shared

HCFA 1500 (Doctor's Claim Form):

The HCFA 1500 form is divided into several sections. Arrows from the central labels point to the following areas:

- Patient Demographic Info:** Points to sections 1-4 (Patient Name, Address, Relationship, and Date of Birth).
- Date of Treatment:** Points to section 16 (Dates Patient Unable to Work).
- Diagnosis:** Points to section 21 (Diagnosis or Nature of Illness or Injury).
- Procedures:** Points to section 27 (Accept Assignment) and section 28 (Total Charge).
- Identities of Treating and Referring Providers and Contact Information:** Points to sections 14 (Date of Current Illness), 17 (Name of Referring Physician), 22 (Outside Lab), and 33 (Physician's Supplier's Billing Name).
- (Medications):** Points to section 27 (Accept Assignment).
- (Lab Values):** Points to section 22 (Outside Lab).

UB 92 (Hospital's Claim Form):

The UB 92 form is a detailed hospital claim form. Arrows from the central labels point to the following areas:

- Patient Demographic Info:** Points to sections 1-3 (Patient Name, Address, and Patient Control No.).
- Date of Treatment:** Points to section 21 (Admission, Discharge, and Medical Record Dates).
- Diagnosis:** Points to section 42 (ICD-9-CM Diagnosis Codes).
- Procedures:** Points to section 43 (ICD-9-CM Procedure Codes).
- Identities of Treating and Referring Providers and Contact Information:** Points to sections 44 (Provider No.), 45 (Referring Physician's Name), and 46 (Referring Physician's Address).
- (Medications):** Points to section 47 (Medication Codes).
- (Lab Values):** Points to section 48 (Lab Test Results).

- Patient Demographic Info
- Date of Treatment
- Diagnosis
- Procedures
- Identities of Treating and Referring Providers and Contact Information
- (Medications)
- (Lab Values)

AHIP and BCBCA Join Forces to Develop PHR Standards



**BlueCross BlueShield
Association**

- **AHIP & BCBSA Collaborate to Develop PHR Standards**
- **Goals of PHR Collaboration**
 - Encourage members to offer PHRs
 - Conduct market research with providers and consumers on PHR value
 - Jointly develop PHR standards
 - Common PHR data elements
 - Plan-to-Plan Portability Standards
 - Target date for PHR Standards Completion: **November 2006**
 - PHR Awareness and Education Campaign
 - Future: Interoperability with EHR and provider settings

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	CCR/CCD
Physiological Info.	Physiological characteristics such as blood type, height, weight, etc.	CCR/CCD
Encounter	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.	HIPAA NCPDP
Immunization	Information regarding immunizations such as vaccine name, vaccination date, etc.	NCPDP
Provider	Information regarding clinicians who have provided services to the individual	HIPAA ASC X12N
Facility	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.	CCR/CCD
Advance Directives	Advance directives documented for the patient for intubation, resuscitation, IV fluid, etc.	CCR/CCD
Alerts	Patient's allergy and adverse reaction information	CCR/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
Plan of Care	Any reminder, order, and prescription, etc. recommended by the care management and disease management for the patient.	CCR/CCD

White Rows are Self-Reported Information

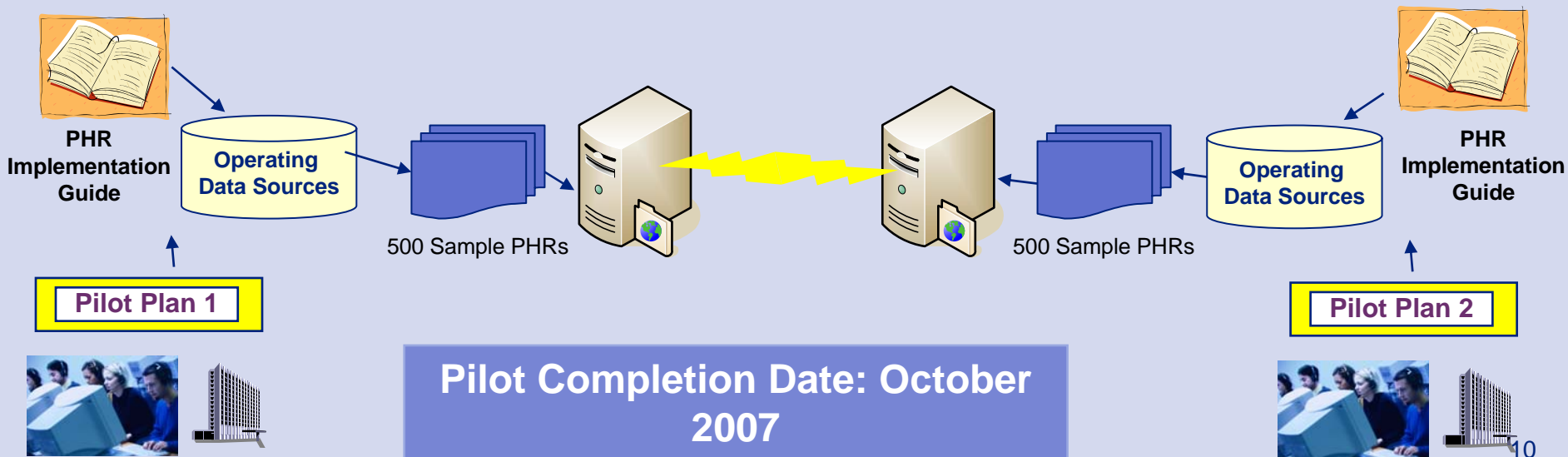
Yellow Rows are Systems-Populated Information

Developing Plan-to-Plan PHR Data Feed Standards

- AHIP and BCBSA are developing an industry-wide PHR transfer standard to leverage the work of existing standards organizations
 - Based on existing standards
 - Complies with HIPAA/Claims Attachment Proposed Rule
- Emphasis on preserving the longitudinality of PHR data
 - Not lost when member moves
 - Available on day one with new health plan
- For implementation in 2007
 - Does not need to wait for development of RHIOs/SNOs
 - Supplements and does not preclude EHR-to-EHR and PHR-to-EHR interoperability when that time comes

PHR Plan-to-Plan Data Transfer Pilot Program

- Verify data set can be populated by health plans' administrative data
- Identify the best health plan data sources
- Demonstrate the optimal flow of data
- Feed back information to improve project
- Identify any gaps



PHR-EHR Interoperability

- Plan to align with HITSP harmonized standards
 - Does not preclude individual plans from interoperating with EHRs
- PHRs are not a substitute for a provider-based EHR
 - Serve as a stimulus for more rapid adoption of EHRs

Awareness & Education

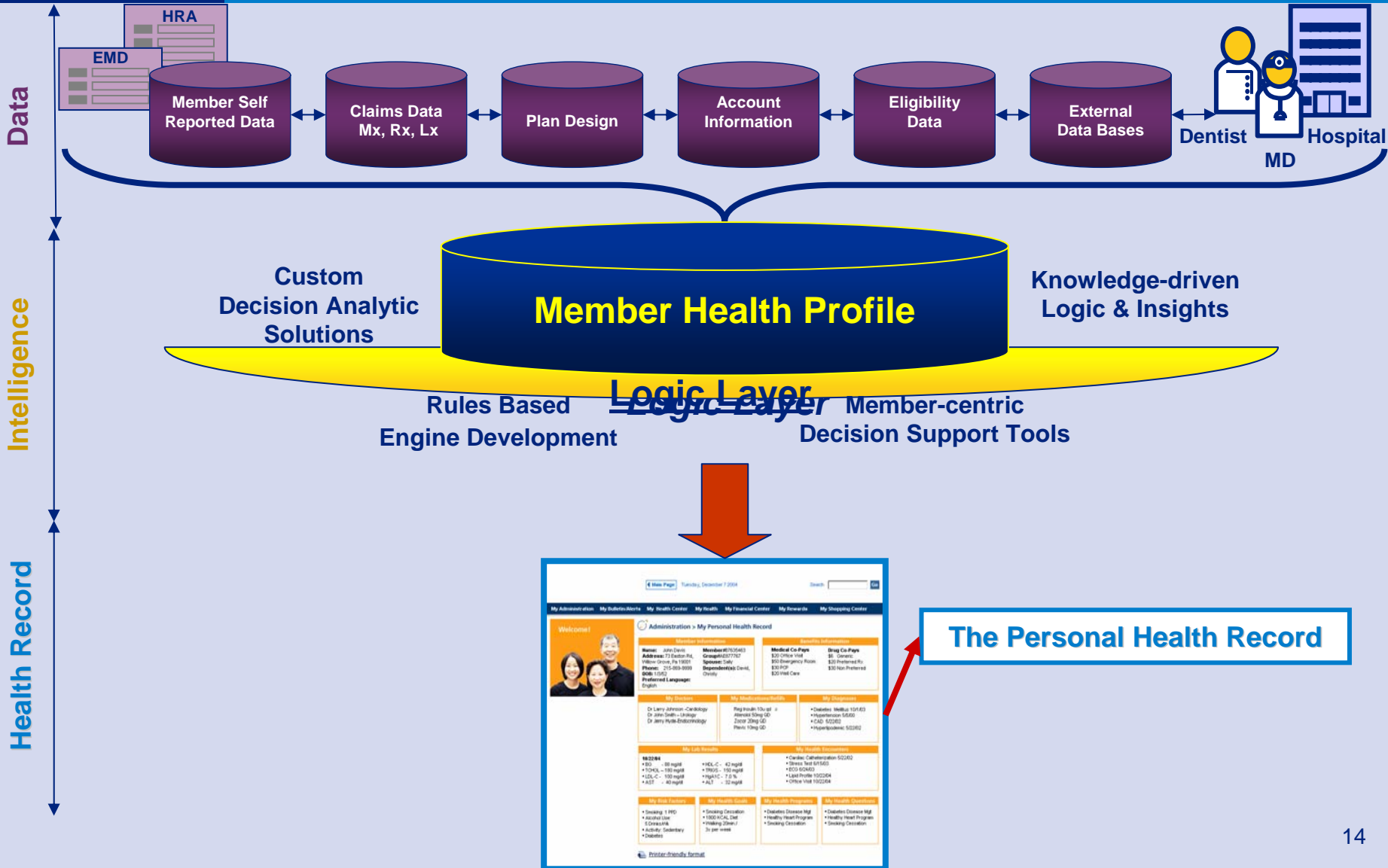
- **Developing a PHR Awareness & Communications Plan**
 - Consumers need to understand how PHRs will reduce confusion about their personal health care and simplify their lives
 - Testing messages to see what resonates with consumers
 - Partnering with Consumer Advocacy Groups, including the *National Health Council*

The Health Plan Solution: Claims-Based Personal Health Records

We want you to know™



The Data Flow in the Health Plan PHR



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Welcome! Administration > My Personal Health Record

Member Information		Medical Co Pays	
Name: John Davis	MemberID: 102345	Medical Co Pays	Drug Co Pays
Address: 71 Endor Rd, Willow Grove, PA 19091	GroupID: 007812	\$0 Office Visit	\$0 Co-insure
Phone: 215-680-0900	Spouse: Daily	\$0 Emergency Room	\$0 Preferred Rx
DOB: 11/22	Dependent(s): David, Christy	\$0 X-Ray	\$0 Non-Preferred
Preferred Language: English		\$0 In-House Care	

My Doctors	My Specialists/Referrals	My Dispositions
Dr. Lora Johnson - Cardiology Dr. John Smith - Lifestyle Dr. Jerry Hyde - Endocrinology	My Health (10 of 10) Hemal King MD Zahir Zing MD Phan Thuy MD	Diabetes Mellitus 101413 Disseminated Scleroderma 56503 CAD: E02003 Hypertension: S02002

My Lab Results	My Health Statistics	My Health Encounters
HDL-C HDL-C - 80 mg/dl HDL-C - 100 mg/dl HDL-C - 100 mg/dl HDL-C - 40 mg/dl	HDL-C - 42 mg/dl HDL-C - 100 mg/dl HDL-C - 7.5 % HDL-C - 32 mg/dl	Cardiac Catheterization 522002 Stress Test 015003 ECG 600003 Lab Profile 102204 Office Visit 102204

My Risk Factors	My Health Goals	My Health Programs	My Health Dispositions
Smoking 1 PPD Alcohol Use 0 Drink/Week Activity Sedentary Diabetes	Smoking Cessation HDL-HDL Goal HDL-HDL Goal 3x per week	Diabetes Disease Mgt Health Heart Program Smoking Cessation	Diabetes Disease Mgt Health Heart Program Smoking Cessation

Printer-friendly format

Personal Health Record – Optimizing the Physician Encounter

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[My Administration](#) [My Bulletin/Alerts](#) [My Health Center](#) [My Health](#) [My Financial Center](#) [My Rewards](#) [My Shopping Center](#)

Welcome!

Administration > My Personal Health Record

Member Information

Name: John Davis **Member#**87635463
Address: 73 Easton Rd, Willow Grove, Pa 19001 **Group#**AE877767
Phone: 215-869-9999 **Spouse:** Sally
DOB: 1/3/52 **Dependent(s):** David, Christy
Preferred Language: English

Benefits Information

Medical Co-Pays	Drug Co-Pays
\$20 Office Visit	\$6 Generic
\$50 Emergency Room	\$20 Preferred Rx
\$30 PCP	\$30 Non Preferred
\$20 Well Care	

My Doctors

Dr Larry Johnson -Cardiology
 Dr John Smith – Urology
 Dr Jerry Hyde-Endocrinology

My Medications/Refills

Reg Insulin 10u qd x
 Atenolol 50mg QD
 Zocor 20mg QD
 Plavix 10mg QD

My Diagnoses

- Diabetes Mellitus 10/1/03
- Hypertension 5/5/00
- CAD 5/22/02
- Hyperlipodemic 5/22/02

My Lab Results

10/22/04

▪ BG - 88 mg/dl	▪ HDL-C - 42 mg/dl
▪ TCHOL - 180 mg/dl	▪ TRIGS - 150 mg/dl
▪ LDL-C - 100 mg/dl	▪ HgA1C - 7.0 %
▪ AST - 40 mg/dl	▪ ALT - 32 mg/dl

My Health Encounters

- Cardiac Catheterization 5/22/02
- Stress Test 6/15/03
- ECG 6/24/03
- Lipid Profile 10/22/04
- Office Visit 10/22/04

My Risk Factors

- Smoking: 1 PPD
- Alcohol Use: 5 Drinks/Wk
- Activity: Sedentary
- Diabetes

My Health Goals

- Smoking Cessation
- 1800 KCAL Diet
- Walking 20min./ 3x per week

My Health Programs

- Diabetes Disease Mgt
- Healthy Heart Program
- Smoking Cessation

My Health Questions

- Diabetes Disease Mgt
- Healthy Heart Program
- Smoking Cessation

[Printer-friendly format](#)

Convenient access to full benefits summary

Physician gets comprehensive view of member's other health encounters

Prepared with questions in advance, member has more effective office visit

Comprehensive view of member's physicians, medications, and diagnoses

Access to Recent labs – even if physician wasn't the "ordering physician"

Print & take to next office visit

Benefits of a Health Plan, Claims-based PHR

- **Member-Controlled**
 - Strict Authentication and Authorization
- **HIPAA and State Law Compliant**
- **Portable – Two Types of Portability**
 - Place PHR data in secure, portable storage devices (smart cards, flash drives, etc.)
 - Plan to Plan (improves the longitudinal view and value of the IHR)
- **Interoperable with the EHR**
 - Common data fields, protocols, clinical vocabularies
 - PHR = downstream recipient and/or upstream supplier
- **Enhancing the Physician Encounter**
 - One-Page Summary; “Print this page”
- **Member View & Provider View of the PHR**
 - Member View Can be Customized; Provider View Should be Standard
- **Informatics-Informed – The real power of PHRs**
 - Advanced analytics, algorithms and rules engines delivering customized content, alerts, recommendations, guidance, hints