HIMSS Patient-Centered Payer Roundtable

February 21, 2013
Agenda

Welcome  Call to Order and Roll Call (David Fitzgerald, Shelley Price)

Topic  10 Minute Drill:
HIMSS13 Overview with Payer interest (Shelley Price, Director, HIMSS)

Topic discussion  “MyHealth Access Network - The Infrastructure for Community-wide Health Care Quality Improvement” (David C. Kendrick, MD, MPH, CEO and Joe Walker, Director of Technical Operations, MyHealth Access Network)

Housekeeping  (Shelley Price)

Adjournment
Agenda

Welcome  
Call to Order and Roll Call (David Fitzgerald, Shelley Price)

Topic  
10 Minute Drill: HIMSS13 Overview with Payer interest (Shelley Price, Director, HIMSS)

Topic discussion  
“MyHealth Access Network - The Infrastructure for Community-wide Health Care Quality Improvement” (David C. Kendrick, MD, MPH, CEO and Joe Walker, Director of Technical Operations, MyHealth Access Network)

Housekeeping  
(Shelley Price)

Adjournment
The Three Pillars of HIMSS13

Education, Exhibition, Networking
# Schedule at a Glance

## Registration
- **Saturday**  
  Opens at 12:00 pm  
- **Sunday**  
  7:00 am – 7:00 pm  
- **Monday – Wednesday**  
  7:00 am – 6:00 pm  
- **Thursday**  
  7:00 am – 12:00 noon

## Exhibit Hall Hours
- **Monday**  
  1:00 pm – 6:00 pm  
- **Tuesday**  
  9:30 am – 1:00 pm; 2:30 pm – 6:00 pm  
- **Wednesday**  
  9:30 am – 1:00 pm; 2:15 pm – 6:00 pm

## General Education
- **Monday**  
  9:45 am – 1:15 pm  
- **Tuesday**  
  8:30 am – 10:45 am; 1:00 pm – 3:15 pm  
- **Wednesday**  
  9:45 am – 10:45 am; 1:00 pm – 3:15 pm  
- **Thursday**  
  10:00 am – 12:15 pm
Specialty Conferences

Delivering on Value – The Handshake between Cost & Quality
MARCH 3, 2013  NEW ORLEANS DOWNTOWN MARRIOTT AT THE CONVENTION CENTER

Summit for Healthcare Information & Financial Technology

Global Health Forum

HTP

T.I.G.E.R.

Career Services Institute

HIMSS13
Special Events: Receptions

Opening Reception:
Sunday, March 3rd, 5 pm - 7:00 pm
Ernest N. Morial Convention Center, Great Hall A

Communities Open House:
Monday, March 4th, 5:30 - 6:30 pm
Ernest N. Morial Convention Center, Great Hall A

HIMSS13 Awards Banquet: A Sparkling Affair
Tuesday, March 5th, 6:30 pm – 9:00 pm
Hyatt Regency New Orleans

Wednesday Night Event: Blaine Kern's Mardi Gras World
Wednesday, March 6th, 7:00 pm – 10:00 pm

Chapter Receptions:
Various locations; Consult onsite schedule for details
Exhibition Highlights

**KNOWLEDGE CENTERS**
- Mobile Health : Booth 8247
- Clinical & Business Analytics/Intelligence : Booth 869
- ICD-10: 4581

**HIMSS INTEROPERABILITY SHOWCASE™: LA NOUVELLE BALLROOM (LEVEL 2)**
- Monday, March 3rd, 9:30 am – 6:00 pm
- Tuesday, March 4th, 9:30 am – 6:00 pm
- Wednesday, March 5th, 9:30 am – 6:00 pm

**THE INTELLIGENT HOSPITAL™ PAVILION: BOOTH 8711**

**CAREER SERVICES CENTER: ERNEST N. MORIAL CONVENTION CENTER (RIVER GATE ROOM)**

**HIMSS ANALYTICS: BOOTH #4929**

**ENDORSER BOOTHS: LOBBY G**
Monday, March 4th, 8:00 – 9:30 am
Warner Thomas, President and CEO
Oschner Health System

Tuesday, March 5th, 8:30 – 9:30 am
Dr. Eric J. Topal
West Endowed Chair of Innovative Medicine
Scripps Health and Professor of Genomics, The Scripps Research Institute

Wednesday, March 6th, 1:00 – 2:30 PM
President Bill Clinton, Founder, the William J. Clinton Foundation
42nd President of the United States of America

Thursday, March 7th, 8:30 – 9:45 am
Farzad Mostashari, MD, ScM
National Coordinator for Health Information Technology
US Department of Health and Human Services

Thursday, March 7th, 12:30 – 2:00 pm
James Carville
Political Consultant

Karl Rove
Fox News Contributor and Wall Street Journal Columnist
Former Deputy of Staff and Senior Advisor to President Bush
Tips to Ensure an Exceptional Conference Experience

11. Look for the elevators for short cuts
10. Plan your visit across the three event pillars: Education, Exhibition, and Networking
9. Review the Pocket Guide before attending (soon to be posted online)
8. Use the HIMSS calendar feature
7. Connect socially with others
6. Visit the conference venue prior to the event
5. Don’t forget to bring your attendee badge if mailed
4. Identify CE sessions to attend (many single sessions fulfill multiple requirements)
3. Visit educational offerings on the Exhibition Floor (Knowledge Centers; Meaningful Use Experience; Intelligent Hospital)
2. Dress for business casual attire
1. Wear comfortable shoes
Online Conference Resources

Exhibitor Search
Enter a keyword:
Keyword

And / Or Select a Field
Category:
Any Category

OR Browse Exhibitor Name by letter
#ABCDEFGHIJKLMNOPQRSTUVWXYZ

Session Search
Enter a keyword:
Keyword

And / Or Select a Field
Topic:
None
Date:
Any

HIMSS13 TV: The place to be seen!
Customized Calendar
## Sessions Based on Professional Role

### Project Manager

<table>
<thead>
<tr>
<th>Session</th>
<th>Title</th>
<th>Date &amp; Time</th>
<th>Session ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lessons Learned from State HIE Implementation Experience in Five States</td>
<td>March 4 - 7, 2013, 8:00AM - 5:00PM</td>
<td>eSession 409</td>
</tr>
<tr>
<td></td>
<td>Performance Management with your Business Intelligence Competency Center</td>
<td>March 4 - 7, 2013, 8:00AM - 5:00PM</td>
<td>eSession 401</td>
</tr>
<tr>
<td></td>
<td>An Experienced RN's Seven Commandments for Healthcare Project Management Success</td>
<td>March 4 - 7, 2013, 8:00AM - 5:00PM</td>
<td>eSession 407</td>
</tr>
<tr>
<td></td>
<td>A Cacophony of CAC Solutions: How's an Organization to Choose?</td>
<td>March 4, 2013, 9:45AM - 10:45AM</td>
<td>Roundtable 300</td>
</tr>
<tr>
<td></td>
<td>Trends in IT Contracts</td>
<td>March 4, 2013, 9:45AM - 10:45AM</td>
<td>Education Session 5</td>
</tr>
<tr>
<td></td>
<td>Trending Health: Using Information Technology to Deliver Clinical Outcomes</td>
<td>March 4, 2013, 9:45AM - 10:45AM</td>
<td></td>
</tr>
</tbody>
</table>
8th Annual Payer Networking Luncheon
Invitation-Only Event

‘State of the State’ – Preparing for the New Health Insurance Marketplaces/Exchanges

Speakers: Vaughn Kauffman, Leader of the PwC Healthcare Payer Advisory Practice, and Serena Foong, PwC Health Research Institute

Health Insurance Marketplaces / Exchanges will bring new patients, expectations and business opportunities. Health insurance marketplaces are a central part of the Affordable Care Act’s goal to extend health coverage to millions of uninsured Americans, and by 2014 every state will have an exchange market. We will discuss state, federal, and hybrid marketplace models, with a special focus on the new consumer population and the implications around coordinating coverage.

Date: Monday, March 4, 2013
Time: 11:30am-1:00pm
Location: Ernest N. Morial Convention Center, New Orleans, LA, Room 287

Come meet your peers, industry leaders, and members of the HIMSS Patient-Centered Payer Roundtable. Join us for a compelling presentation and discussion!

By invitation only
Click HERE to register

Sponsored by:
Welcome  
Call to Order and Roll Call (David Fitzgerald, Shelley Price)

Topic  
10 Minute Drill:
HIMSS13 Overview with Payer interest (Shelley Price, Director, HIMSS)

Topic discussion  
“MyHealth Access Network - The Infrastructure for Community-wide
Health Care Quality Improvement” (David C. Kendrick, MD, MPH, CEO
and Joe Walker, Director of Technical Operations, MyHealth Access
Network)

Housekeeping  
(Shelley Price)

Adjournment
Better together: Payers and Providers

David Kendrick, MD, MPH
Agenda

• The Challenge

• Governance, Leadership, and Participation
  – Payers and Providers

• Technology
  – Payers and Providers working together

• Clinical implications and programs
Comprehensive Primary Care Initiative

$100M in NEW REVENUE to PCPs

- 68 practices, 265 docs
- Payers require MyHealth Participation
- >30 hospitals affiliated

- Four payers (BCBS, CCOK, Medicaid, Medicare)
- >90% of covered lives
- Shared savings Y3-4
Network Consolidation: Three Phases

1. Talking: Letter of Intent- completed

2. Transaction: LOI to completed transaction
   - Engaging SMRTNET and MyHealth members in the process
   - Designing consolidated Governance
   - Complete the Documentation

3. Transition: If transaction completed:
   - New consolidated Governance will determine path forward on Technology
Network Consolidation: Due Diligence

• Contracts review and determination of transferability
• Financial review and valuation
• Meetings with key stakeholder: GOCHC
  – Preferences for organization that emerges
  – Needs (met and unmet)
• Contract transferring assets
**States in Top and Bottom Quartiles, 2009 and 2007**

<table>
<thead>
<tr>
<th>Rank</th>
<th>State</th>
<th>Access</th>
<th>Prevention and Treatment</th>
<th>Avoidable Hospital Use and Costs</th>
<th>Equity</th>
<th>Healthy Lives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Vermont</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Iowa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>New Hampshire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Connecticut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>North Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Tennessee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>Alabama</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>North Carolina</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>Illinois</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>New Mexico</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Kentucky</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Texas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Arkansas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Mississippi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Revised 2007 Ranking*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Hawaii</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Vermont</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Iowa</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Connecticut</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>New Hampshire</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Massachusetts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Maine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Rhode Island</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Minnesota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Nebraska</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Wisconsin</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>North Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>South Dakota</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Alabama</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40</td>
<td>California</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Tennessee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42</td>
<td>West Virginia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43</td>
<td>Kentucky</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44</td>
<td>Georgia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>45</td>
<td>Florida</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46</td>
<td>Louisiana</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47</td>
<td>Nevada</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48</td>
<td>Texas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49</td>
<td>Arkansas</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50</td>
<td>Oklahoma</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>51</td>
<td>Mississippi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Some state rates from the 2007 edition have been revised to match methodology used in the 2009 edition.

SOURCE: Commonwealth Fund State Scorecard on Health System Performance, 2009

**Our challenge:** Improve health for all Oklahomans
Oklahoma is the only state where the death rate has gotten worse.....

Some Factors
1. Economic downturn → healthy people and jobs left Oklahoma
2. Poverty remained
3. Heart Disease – (Diabetes)
4. Cancer
5. Access to Care
6. Obesity
...And its not because we are not spending enough money on healthcare

Relationship between quality and Medicare spending, as expressed by overall quality ranking, 2000–2001

Overall quality ranking

1 (Highest)

11

21

31

41

51 (Lowest)

Annual Medicare spending per beneficiary (dollars)

Source: Medicare administrative claims data and Medicare Quality Improvement Organization program data, as analyzed by Baicker and Chandra (2004). The solid line shows that for every $1,000 increase in Medicare spending per beneficiary, a state's quality ranking dropped by 10 positions. Adapted and republished with permission of *Health Affairs* from Baicker and Chandra, “Medicare spending, the physician workforce, and beneficiaries’ quality of care” (Web Exclusive), 2004. Permission conveyed through the Copyright Clearance Center, Inc.
The State’s Next Challenge - Securing Primary Care for Expanded Medicaid Populations
Leighton Ku, Ph.D., M.P.H., Karen Jones, M.S., Peter Shin, Ph.D., M.P.H., Brian Bruen, M.S., and Katherine Hayes, J.D.

<table>
<thead>
<tr>
<th>State</th>
<th>Rank</th>
<th>Access-Challenge Index</th>
<th>State</th>
<th>Access-Challenge Index</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>100.0</td>
<td>100.0</td>
<td>Average</td>
<td>100.0</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>212.6</td>
<td>92.0</td>
<td>Oklahoma</td>
<td>92.0</td>
</tr>
<tr>
<td>Georgia</td>
<td>190.7</td>
<td>90.9</td>
<td>Georgia</td>
<td>90.9</td>
</tr>
<tr>
<td>Texas</td>
<td>187.1</td>
<td>89.4</td>
<td>Texas</td>
<td>89.4</td>
</tr>
<tr>
<td>Louisiana</td>
<td>177.5</td>
<td>88.8</td>
<td>Louisiana</td>
<td>88.8</td>
</tr>
<tr>
<td>Arkansas</td>
<td>158.6</td>
<td>86.8</td>
<td>Arkansas</td>
<td>86.8</td>
</tr>
<tr>
<td>Nevada</td>
<td>154.3</td>
<td>86.6</td>
<td>Nevada</td>
<td>86.6</td>
</tr>
<tr>
<td>North Carolina</td>
<td>144.5</td>
<td>83.3</td>
<td>North Carolina</td>
<td>83.3</td>
</tr>
<tr>
<td>Kentucky</td>
<td>140.4</td>
<td>81.8</td>
<td>Kentucky</td>
<td>81.8</td>
</tr>
<tr>
<td>Alabama</td>
<td>129.3</td>
<td>81.6</td>
<td>Alabama</td>
<td>81.6</td>
</tr>
<tr>
<td>Ohio</td>
<td>128.2</td>
<td>79.7</td>
<td>Ohio</td>
<td>79.7</td>
</tr>
<tr>
<td>South Carolina</td>
<td>126.1</td>
<td>79.1</td>
<td>South Carolina</td>
<td>79.1</td>
</tr>
<tr>
<td>Indiana</td>
<td>125.3</td>
<td>78.0</td>
<td>Indiana</td>
<td>78.0</td>
</tr>
<tr>
<td>Wyoming</td>
<td>125.0</td>
<td>77.4</td>
<td>Wyoming</td>
<td>77.4</td>
</tr>
<tr>
<td>Mississippi</td>
<td>123.7</td>
<td>75.6</td>
<td>Mississippi</td>
<td>75.6</td>
</tr>
<tr>
<td>Virginia</td>
<td>120.7</td>
<td>64.7</td>
<td>Virginia</td>
<td>64.7</td>
</tr>
<tr>
<td>Florida</td>
<td>117.9</td>
<td>62.7</td>
<td>Florida</td>
<td>62.7</td>
</tr>
<tr>
<td>Utah</td>
<td>116.9</td>
<td>58.7</td>
<td>Utah</td>
<td>58.7</td>
</tr>
<tr>
<td>Oregon</td>
<td>115.0</td>
<td>57.8</td>
<td>Oregon</td>
<td>57.8</td>
</tr>
<tr>
<td>Michigan</td>
<td>114.8</td>
<td>48.8</td>
<td>Michigan</td>
<td>48.8</td>
</tr>
<tr>
<td>Tennessee</td>
<td>112.1</td>
<td>46.0</td>
<td>Tennessee</td>
<td>46.0</td>
</tr>
<tr>
<td>Kansas</td>
<td>110.8</td>
<td>43.4</td>
<td>Kansas</td>
<td>43.4</td>
</tr>
<tr>
<td>Nebraska</td>
<td>108.8</td>
<td>37.2</td>
<td>Nebraska</td>
<td>37.2</td>
</tr>
<tr>
<td>Missouri</td>
<td>108.2</td>
<td>28.1</td>
<td>Missouri</td>
<td>28.1</td>
</tr>
<tr>
<td>Idaho</td>
<td>103.8</td>
<td>17.0</td>
<td>Idaho</td>
<td>17.0</td>
</tr>
<tr>
<td>Minnesota</td>
<td>100.2</td>
<td>15.2</td>
<td>Minnesota</td>
<td>15.2</td>
</tr>
</tbody>
</table>

Oklahoma: Worst primary care shortage in the nation.
What is the problem?

• We have high quality doctors and hospitals.  
  – Often nationally ranked and recognized
• We have an extensive network of safety net clinics
• We have an active and engaged philanthropic community

But . . .

• We have a highly fragmented healthcare system
• Patients often see doctors in separate health systems
• Safety net clinics are often left out of communications entirely
• The left hand often doesn’t know what the right hand is doing
General Themes in Healthcare today

• Costs must stabilize or go down
• More patients need access to care
• Purchasers demand more quality, and proof thereof (gov’t, private corps, and individuals)
  – Will make purchasing decisions and policy accordingly
    • Readmissions
    • Medical errors
    • Duplication of services
  – New models of payment . . . Often risk based
• Bottom line: Must deliver a higher quality product to more people for less $ per person
The ACO challenge

• By taking risk on the cost of your patients’ care, you must:
  – Choose a care delivery model that actually improves health and reduces cost, not just “closes gaps”
  – Deliver high quality, cost-efficient care within each individual organization
  – Control the additional costs that your patients can (and will) incur outside of your system
Fly in the ointment . . .

• Clinicians have incomplete knowledge of their patients
  – Relevant patient data not available in 81% of ambulatory visits
    Tang 1994
  – 18% of medical errors that lead to Adverse Drug Events due to missing patient information. Leape JAMA 1995

• Medicare patients see an average of 5.6 different providers each year= 5.6 silos of data
Interdependency in the Age of Risk:
Oklahoma’s Major Healthcare Providers

<table>
<thead>
<tr>
<th>Healthcare Organization</th>
<th>% of Patients shared</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization 1</td>
<td>68.3%</td>
</tr>
<tr>
<td>Organization 2</td>
<td>64.0%</td>
</tr>
<tr>
<td>Organization 3</td>
<td>54.0%</td>
</tr>
<tr>
<td>Organization 4</td>
<td>47.2%</td>
</tr>
<tr>
<td>Organization 5</td>
<td>42.4%</td>
</tr>
<tr>
<td>Organization 6</td>
<td>39.2%</td>
</tr>
</tbody>
</table>

For an organization to take risk (i.e. become an ACO or enter into “bundling” contracts), it must be fully aware of all of the healthcare utilization of its attributed patients.

MyHealth provides this needed visibility while protecting the privacy of the patient...
Three tools for health system improvement

• Electronic Medical Records (EMRs) are important, but . . .

• Health Information Exchanges (HIEs) provide immediate benefit and greater cost savings through efficiency

• Community-wide care coordination will provide yet more benefit and cost savings
Definitions: EMR vs. HIE vs. HIO vs. CCC
Anatomy of MyHealth HIE

- Patient Portal
- Provider Portal
- Medical Education
- Electronic Master Patient Index
- Health Information Exchange
- Population Care Analytics
What is MyHealth Access Network?

• An Oklahoma non-profit organization (501c3)
• Created by a grass roots, community-driven effort of more than 100 organizations
• Governed by its participating communities
• Focused on a common objective
  – To improve the health of our community by improving the Oklahoma healthcare system
  – For the benefit of all patients, employers, and providers
• A “healthcare public utility” to improve our healthcare system and improve our health
Statistics:

- 36M clinical data elements on 2M Patients
- Growing at:
  - 200,000 patients per month
  - 7.5M clinical data elements per month
- >300,000 clinical data elements per day
Locations By City
Some of MyHealth’s current members

Blue Cross/Blue Shield of OK
Cherokee Nation
CommunityCare of OK
EMSA
Family & Children's Services
Hillcrest Medical Center
Indian Health Care of Tulsa
Morton Comp. Health Services
Muscogee (Creek) Nation
OK Department of Health
Southeast Oklahoma Rural Health Network
McAlester Hospital
HMC Rural Hospitals

Osteopathic Foundation
OMNI Medical Group
Oklahoma State University
OU Physicians, Tulsa
OU Health Sciences Center
Regional Medical Labs
Saint Francis Health System
St. John Health System
Tulsa Health Department
Tulsa County Medical Society
Utica Park Clinic
Warren Clinic
Oklahoma HealthCare Authority
Key Points

• MyHealth is infrastructure only = wires
• MyHealth does not provide patient care
• MyHealth exists as a public utility to
  – Support
  – Enhance
  – Extend
  The care and services its member organizations can provide
• MyHealth is here to help you deliver care more efficiently.
MyHealth Board Represents Its Constituents

- Health Systems: 6
- Clinicians (picked by TCMS/OSMA): 2
- Community, FQHC's, Safety nets, schools: 2
- Private payers: 2
- Universities: 2
- Tribal organizations: 2
- Public Health: 1
- Patients: 1
- Employers, Funders and Patients: 1

Cloture: 68.5% (13 of 19)
Beacon Communities
MyHealth: Beacon Objectives

Three required categories:
1. Cost Control
2. Quality Improvement
3. Population Health

All supported by the implementation of specific Health IT interventions
Cost Control

• Reduce inappropriate utilization
  – Labs (outpatient)
    • HbA1c: 16% of tests duplicated
    • Cholesterol tests: 22% of tests duplicated
    • Microalbuminuria: 37% of tests duplicated
  – Imaging (X-ray, CT, MRI)
    • New onset low-back pain: 32.3% of tests unnecessary
  – Hospitalizations
    • 30-day Medicare readmissions: 18%
    • Admissions for asthma, COPD, CHF: 2,000 per year
    • Use of ER’s instead of PCP visits
Quality Improvement

• Improve management of diabetes
  – Patients with annual eye exam: 38%
  – Patients with blood sugar in control: 37%
  – Patients with cholesterol in control: 29%

• Improve care coordination
  – Referral loops closed: 22%
  – Communication of eye exam results: ?
  – Decrease patient wait time for specialty referrals: ?
  – Decrease time to get specialist opinions: ?
Population Health

• Increase cancer screening rates
  – Breast: 43%
  – Colon: 25.5%
  – Cervical: 66.5%

• Increase immunization rates
  – Children: 64.6%
  – Elderly- influenza: 0.69%
  – Elderly- pneumovax: 9%
Oklahoma’s Beacon proposal singled out—Not for poor health or significant need, but for its “Innovations”
Basic Framework for Health Improvement using MyHealth Interventions

Community-wide Health Data

- Health Information Exchange
- Single-sign on
- Context Management
- Patient portal

Tools to Address Care Opportunities

Analysis and Synthesis of Care Opportunities
### Jason Klein

**Address:** 355 Elm St.
**City:** Owasso
**State:** OK
**Zip Code:** 74055
**Phone:** 555-555-7926

### Medications

<table>
<thead>
<tr>
<th>Medication</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lipitor</td>
<td>GTHAN Facility A Source</td>
</tr>
<tr>
<td>Lisinopril</td>
<td>GTHAN Facility A Source</td>
</tr>
<tr>
<td>Ultram</td>
<td>GTHAN Facility A Source</td>
</tr>
</tbody>
</table>

### Allergies

<table>
<thead>
<tr>
<th>Substance</th>
<th>Reaction</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sulfa (Sulfonamide Antibiotics) Group</td>
<td>anaphylaxis</td>
<td>GTHAN Facility A Source</td>
</tr>
</tbody>
</table>

### Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT code</th>
<th>Date</th>
<th>Attending physician</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLONOSCOPY</td>
<td>EXAMCOL</td>
<td>10/28...</td>
<td>--</td>
<td></td>
</tr>
</tbody>
</table>

### Vital Signs

<table>
<thead>
<tr>
<th>Observation date</th>
<th>Vital type</th>
<th>Reading</th>
<th>Interpret...</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/07/2000</td>
<td>Body weight</td>
<td>88 kg</td>
<td>--</td>
<td>GTHAN Facility B Source</td>
</tr>
<tr>
<td>04/07/2000</td>
<td>Body height</td>
<td>177 cm</td>
<td>--</td>
<td>GTHAN Facility B Source</td>
</tr>
<tr>
<td>04/07/2000</td>
<td>Blood Pressure</td>
<td>145/88 ...</td>
<td>--</td>
<td>GTHAN Facility B Source</td>
</tr>
</tbody>
</table>
### Procedures

<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT code</th>
<th>Date</th>
<th>Attending physician</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGEN... DEPT VISIT</td>
<td></td>
<td>09/11/2012</td>
<td>PR</td>
<td>HHS...</td>
</tr>
</tbody>
</table>

### Allergies

<table>
<thead>
<tr>
<th>Substance</th>
<th>Reaction</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>NKA</td>
<td>--</td>
<td>HHS_Hillcrest</td>
</tr>
<tr>
<td>No Known Allergies</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>seasonal</td>
<td>--</td>
<td>St. John Medical Center</td>
</tr>
</tbody>
</table>

### Clinical Documents

<table>
<thead>
<tr>
<th>Date</th>
<th>Document</th>
<th>Source</th>
<th>Author</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>09/1...</td>
<td>History and Physical</td>
<td>HHS_Hillcrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>09/0...</td>
<td>Discharge Summary</td>
<td>HHS_Hillcrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/2...</td>
<td>Discharge Summary</td>
<td>HHS_Hillcrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/2...</td>
<td>Consultation</td>
<td>HHS_Hillcrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/2...</td>
<td>History and Physical</td>
<td>HHS_Hillcrest</td>
<td></td>
<td></td>
</tr>
<tr>
<td>08/2...</td>
<td>Bedlam Longitudinal Clinic Clinical Summary</td>
<td>OUP-Tulsa</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Vital Signs

<table>
<thead>
<tr>
<th>Observation date</th>
<th>Vital type</th>
<th>Reading</th>
<th>Interpret...</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2012</td>
<td>respiratory rate E&amp;M - 9279-1</td>
<td>18.0 /min</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>08/02/2012</td>
<td>weight E&amp;M - 3141-9</td>
<td>173.0 [lb...</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>08/02/2012</td>
<td>pulse rate E&amp;M - 8867-4</td>
<td>72.0 /min</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
</tbody>
</table>
“App” Architecture to Expand Options

MyHealth HIE
From: Tiffany.Livengood@direct.healthbridge.org
To: Joe.Walker.MH@direct.myhealthaccess.org
Cc: David.Kendrick.MH@direct.myhealthaccess.org
Subject: RE: Test message from MyHealth

Joe,

I received the message in my HealthBridge Direct account.
Click here to connect patient.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>CPT code</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMERGEN... DEPT VISIT</td>
<td>--</td>
</tr>
<tr>
<td>FLOXETINE HCL 20 MG CAPS</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>CAPRESENTIN 200 MG CAPS</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>BMP</td>
<td>09/13/... -- Final results</td>
</tr>
</tbody>
</table>

**Connect with Microsoft HealthVault**

Use the form below to send an email invitation to join Microsoft HealthVault. * = required

- Patient’s email address *
- Patient’s last 4 digits of SSN *

[Send invitation] [Close window]

**Clinical Documents**

<table>
<thead>
<tr>
<th>Created</th>
<th>Document</th>
<th>Source</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/14/2012</td>
<td>Discharge Summary</td>
<td>HHS_Hillcrest</td>
<td>--</td>
</tr>
<tr>
<td>09/13/2012</td>
<td>Consultation</td>
<td>HHS_Hillcrest</td>
<td>--</td>
</tr>
<tr>
<td>09/12/2012</td>
<td>History and Physical</td>
<td>HHS_Hillcrest</td>
<td>--</td>
</tr>
<tr>
<td>09/06/2012</td>
<td>Discharge Summary</td>
<td>HHS_Hillcrest</td>
<td>--</td>
</tr>
</tbody>
</table>

**Vital Signs**

<table>
<thead>
<tr>
<th>Observation date</th>
<th>Vital type</th>
<th>Reading</th>
<th>Interpret...</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/02/2012</td>
<td>respiratory rate E&amp;M - 9279-1</td>
<td>18.0 /min</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>08/02/2012</td>
<td>weight E&amp;M - --</td>
<td>173.0 [lb]</td>
<td>--</td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>From</td>
<td>Subject</td>
<td>Received (EST)</td>
<td>Size</td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------</td>
<td>-----------------</td>
<td>--------</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Joe.Walker.MH@direct.myhealthaccess.org">Joe.Walker.MH@direct.myhealthaccess.org</a></td>
<td>processed: RE: Your lab results</td>
<td>10/2/12 7:43 AM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Joe.Walker.MH@direct.myhealthaccess.org">Joe.Walker.MH@direct.myhealthaccess.org</a></td>
<td>processed: RE: Your lab results</td>
<td>10/1/12 10:12 PM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:Joe.Walker.MH@direct.myhealthaccess.org">Joe.Walker.MH@direct.myhealthaccess.org</a></td>
<td>RE: Your lab results</td>
<td>10/1/12 12:13 PM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:David.Kendrick.MH@direct.myhealthaccess.org">David.Kendrick.MH@direct.myhealthaccess.org</a></td>
<td>processed: Re: Your lab results</td>
<td>10/1/12 11:11 AM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:David.Kendrick.MH@direct.myhealthaccess.org">David.Kendrick.MH@direct.myhealthaccess.org</a></td>
<td>processed: Re: Your lab results</td>
<td>10/1/12 11:11 AM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:David.Kendrick.MH@direct.myhealthaccess.org">David.Kendrick.MH@direct.myhealthaccess.org</a></td>
<td>Your lab results</td>
<td>10/1/12 11:07 AM</td>
<td>1 KB</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:healthvault@direct.healthvault.com">healthvault@direct.healthvault.com</a></td>
<td>Welcome to Message Center</td>
<td>10/30/11 12:47 AM</td>
<td>679 bytes</td>
<td></td>
</tr>
</tbody>
</table>
## Blood Pressure Measurement

Get the most out of your HealthVault experience

Some apps you can use with this health information:

- HealthJibe
- PrimePATIENT
- myHealthfolio

---

<table>
<thead>
<tr>
<th>Date</th>
<th>Systolic</th>
<th>Diastolic</th>
<th>Pulse</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/2011 9:00:00 AM</td>
<td>120 mmHg</td>
<td>84 mmHg</td>
<td>48 BPM</td>
<td></td>
</tr>
<tr>
<td>1/2/2011 8:59:00 AM</td>
<td>118 mmHg</td>
<td>88 mmHg</td>
<td>48 BPM</td>
<td></td>
</tr>
<tr>
<td>1/1/2011 10:57:00 PM</td>
<td>133 mmHg</td>
<td>79 mmHg</td>
<td>66 BPM</td>
<td></td>
</tr>
<tr>
<td>1/1/2011 10:56:00 PM</td>
<td>139 mmHg</td>
<td>79 mmHg</td>
<td>61 BPM</td>
<td></td>
</tr>
<tr>
<td>1/1/2011 10:55:00 PM</td>
<td>133 mmHg</td>
<td>72 mmHg</td>
<td>60 BPM</td>
<td></td>
</tr>
</tbody>
</table>
David's weight dashboard

HealthVault does not provide advice on dieting, exercise, or safe weight loss goals. If you have concerns, talk to your doctor.

Current
176.8 lbs

Set goal
Reach your goals with connected apps and scales
Activity

- **14031 steps taken**
- **23 floors climbed**
  - You have climbed: The Wicked Twister
- **6.53 miles traveled**
- **2796 calories burned**
- **890 active score**

Top Badges

- 15,000
- 10

Friends

Friends make fitbit more fun!
David

Create or update your emergency profile
PREPARE

Learn about ways to get information into HealthVault
LEARN

Find apps and devices that work with HealthVault
FIND

Share your health information with others
SHARE

For expert recommendations and tools to make the most of your HealthVault data, try Mayo Clinic Health Manager. LEARN MORE

Apps (?)

yourHealth powered by unval
Connected Not yet connected
CONNECT NOW

Microsoft HealthVault Connection Center
Connected Not yet connected
CONNECT NOW

Quest Diagnostics
Not yet connected

The Zweena Health Record
Not yet connected
# Peak Flow Measurement

## Add: Peak Flow Measurement

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>PEF</th>
<th>FEV1</th>
<th>FEV6</th>
<th>Measurement flags</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/2012</td>
<td>12:09:00 PM</td>
<td>204 l/min</td>
<td>0.98 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/9/2012</td>
<td>7:26:00 PM</td>
<td>104 l/min</td>
<td>0.92 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/8/2012</td>
<td>8:20:00 PM</td>
<td>115 l/min</td>
<td>0.89 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/8/2012</td>
<td>8:15:00 PM</td>
<td>165 l/min</td>
<td>2.18 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/7/2012</td>
<td>8:26:00 AM</td>
<td>209 l/min</td>
<td>1.59 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/2012</td>
<td>9:52:00 PM</td>
<td>207 l/min</td>
<td>1.27 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/2012</td>
<td>9:50:00 PM</td>
<td>77 l/min</td>
<td>0.74 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/2012</td>
<td>9:50:00 PM</td>
<td>361 l/min</td>
<td>2.02 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/2012</td>
<td>9:49:00 PM</td>
<td>91 l/min</td>
<td>0.86 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/5/2012</td>
<td>9:49:00 PM</td>
<td>70 l/min</td>
<td>0.68 liters</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Basic Framework for Health Improvement using MyHealth Interventions

Community-wide Health Data

Tools to Address Care Opportunities

Analysis and Synthesis of Care Opportunities

- Health Information Exchange
- Single-sign on
- Context Management
- Patient portal

- Archimedes
- Community Analytics Platform (Pentaho)
- DocSite Analytics

MyHealth ACCESS NETWORK
Pay for Performance: Current

- No provider generated data
- Performance based entirely on claims
- Payer determines performance independently of provider review
Pay for Performance: Current

- Clinical data
- Performance based on Provider’s self-report
- Payer must trust Provider’s assessment of performance
Pay for Performance: Trusted 3rd Party

Payer-specific Metrics
- ER Utilization
- Admissions
- Prescription drug use
- Etc.

Provider-specific Metrics
- Clinical outcomes
- BP mgmt
- DM performance
- Etc.

MyHealth Analytics: Trusted Third Party

Payer → Claims → Clinical Data → Provider

$\text{MyHealth ACCESS NETWORK}$
Analytics and Decision Support

• Three tools
  – MyHealth Community Analytics
    • Pentaho implementation with organization specific sand-boxes
  – DocSite
    • Community-wide view of rules-based gaps and care opportunities
  – Archimedes IndiGO
    • Innovation to identify patients at greatest risk and provide the treatments of highest value
## Utilization after Hospital Discharge

<table>
<thead>
<tr>
<th>Index Health System</th>
<th>1-30 Days</th>
<th>31-60 Days</th>
<th>61-90 Days</th>
<th>90 Day Total</th>
<th>Avg Encounters Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>42,491</td>
<td>22,864</td>
<td>15,352</td>
<td>80,707</td>
<td>2.55</td>
</tr>
<tr>
<td>101</td>
<td>20,322</td>
<td>11,379</td>
<td>8,641</td>
<td>40,342</td>
<td>5.65</td>
</tr>
<tr>
<td>102</td>
<td>8,251</td>
<td>1,071</td>
<td>262</td>
<td>9,584</td>
<td>2.4</td>
</tr>
<tr>
<td>1058</td>
<td>42,109</td>
<td>23,969</td>
<td>14,896</td>
<td>80,974</td>
<td>2.86</td>
</tr>
</tbody>
</table>

## Encounters with other Health Systems within 90 days of an admission

<table>
<thead>
<tr>
<th>Initial Parent Facility</th>
<th>Total Encounters within 90 Days</th>
<th>Total Encounters within 90 Days</th>
<th>Total Encounters within 90 Days</th>
<th>Total Encounters within 90 Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>60,243</td>
<td>2,678</td>
<td>6,013</td>
<td>9,768</td>
</tr>
<tr>
<td>101</td>
<td>1,999</td>
<td>17,863</td>
<td>1,428</td>
<td>1,915</td>
</tr>
<tr>
<td>102</td>
<td>523</td>
<td>380</td>
<td>7,513</td>
<td>700</td>
</tr>
<tr>
<td>1058</td>
<td>3,555</td>
<td>1,815</td>
<td>5,101</td>
<td>66,296</td>
</tr>
</tbody>
</table>

## 30-day Readmissions by Readmitting Facility

<table>
<thead>
<tr>
<th>Initial Parent Facility</th>
<th>30 Day Encounters</th>
<th>30 Day Encounters</th>
<th>30 Day Encounters</th>
<th>30 Day Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>8,157</td>
<td>129</td>
<td>63</td>
<td>259</td>
</tr>
<tr>
<td>101</td>
<td>159</td>
<td>1,801</td>
<td>27</td>
<td>64</td>
</tr>
<tr>
<td>102</td>
<td>68</td>
<td>39</td>
<td>1,122</td>
<td>74</td>
</tr>
<tr>
<td>1058</td>
<td>210</td>
<td>67</td>
<td>53</td>
<td>2,882</td>
</tr>
</tbody>
</table>
Analytics to Plan Outreach
ER utilization by individual patients over time, broken out by Facility.

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>46</td>
<td>13</td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td>65</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>22</td>
<td>18</td>
<td></td>
<td></td>
<td>57</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>1</td>
<td>26</td>
<td>11</td>
<td>16</td>
<td>1</td>
<td></td>
<td></td>
<td>55</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>13</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
<td>13</td>
<td>26</td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td>43</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>4</td>
<td>14</td>
<td></td>
<td></td>
<td>42</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td>4</td>
<td>8</td>
<td>18</td>
<td></td>
<td>10</td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>2</td>
<td>4</td>
<td>26</td>
<td></td>
<td>8</td>
<td></td>
<td></td>
<td>40</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>6</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>39</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>4</td>
<td>14</td>
<td></td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>10</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td>2</td>
<td>5</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td>2</td>
<td>22</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td>1</td>
<td>15</td>
<td>17</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34</td>
</tr>
<tr>
<td>16</td>
<td></td>
<td></td>
<td>22</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33</td>
</tr>
<tr>
<td>17</td>
<td></td>
<td>3</td>
<td></td>
<td>3</td>
<td>26</td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>18</td>
<td></td>
<td></td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>32</td>
</tr>
<tr>
<td>19</td>
<td></td>
<td>2</td>
<td>1</td>
<td>9</td>
<td>10</td>
<td>4</td>
<td>4</td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>2</td>
<td>5</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>31</td>
</tr>
<tr>
<td>21</td>
<td></td>
<td></td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td>30</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>11</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>23</td>
<td></td>
<td>6</td>
<td>12</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>24</td>
<td></td>
<td></td>
<td>30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>25</td>
<td></td>
<td>1</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>26</td>
<td></td>
<td>1</td>
<td>8</td>
<td>14</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>27</td>
<td></td>
<td>1</td>
<td>13</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>10</td>
<td>29</td>
</tr>
<tr>
<td>28</td>
<td></td>
<td></td>
<td>15</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>29</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>3</td>
<td>1</td>
<td>13</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td></td>
<td>28</td>
</tr>
</tbody>
</table>
## ER utilization by individual patients over time, broken out by Facility.

<table>
<thead>
<tr>
<th>Patient Insurance ID Category</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
<th>Number of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 MEDICAID</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>6</td>
<td>9</td>
<td>-</td>
<td>4</td>
<td>14</td>
<td>-</td>
<td>-</td>
<td>35</td>
</tr>
<tr>
<td>2 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>29</td>
</tr>
<tr>
<td>3 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>4 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>32</td>
</tr>
<tr>
<td>5 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>30</td>
</tr>
<tr>
<td>6 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>7 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>8 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>9 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>40</td>
</tr>
<tr>
<td>10 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>16</td>
<td>1</td>
<td>55</td>
</tr>
<tr>
<td>11 MEDICAID</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>42</td>
</tr>
<tr>
<td>12 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>43</td>
</tr>
<tr>
<td>13 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>11</td>
<td>30</td>
</tr>
<tr>
<td>14 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>21</td>
</tr>
<tr>
<td>15 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>6</td>
</tr>
<tr>
<td>16 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
</tr>
<tr>
<td>17 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>34</td>
</tr>
<tr>
<td>18 PRIVATE</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>13</td>
<td>-</td>
<td>23</td>
</tr>
<tr>
<td>19 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>20 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>23</td>
</tr>
<tr>
<td>21 Not Available</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>10</td>
<td>-</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>31</td>
</tr>
<tr>
<td>22 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>22</td>
<td>11</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>33</td>
</tr>
<tr>
<td>23 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>24 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>29</td>
</tr>
<tr>
<td>25 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>14</td>
<td>57</td>
</tr>
<tr>
<td>26 Not Available</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>-</td>
<td>23</td>
</tr>
<tr>
<td>27 Not Available</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>12</td>
<td>-</td>
<td>21</td>
</tr>
<tr>
<td>28 Not Available</td>
<td>-</td>
<td>-</td>
<td>7</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>14</td>
<td>39</td>
</tr>
<tr>
<td>29 PRIVATE</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>24</td>
</tr>
<tr>
<td>30 Not Available</td>
<td>-</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>2</td>
<td>-</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>28</td>
</tr>
</tbody>
</table>
New revenue: MyHealth identifies needed screening and testing across the population and notifies providers

2,156 patients with previously HIGH LDL who have not been tested in >180 days

949 patients with previously HIGH HbA1c who have not been tested in >90 days
Supporting Quality at Provider Panel Level

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Number of Key Metrics out of control</th>
<th>BP - Systolic Average</th>
<th>BP - Diastolic Average</th>
<th>HbA1c Average</th>
<th>LDL Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5</td>
<td>159.0</td>
<td>97.7</td>
<td>5.9</td>
<td>145.0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>132.0</td>
<td>82.5</td>
<td>8.9</td>
<td>106.0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>148.0</td>
<td>96.0</td>
<td>8.6</td>
<td>178.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>140.0</td>
<td>90.0</td>
<td>8.4</td>
<td>142.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>130.0</td>
<td>90.0</td>
<td>11.2</td>
<td>171.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>130.0</td>
<td>93.3</td>
<td>5.6</td>
<td>174.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>124.0</td>
<td>92.0</td>
<td>-</td>
<td>111.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>152.5</td>
<td>100.0</td>
<td>6.4</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>157.0</td>
<td>110.0</td>
<td>6.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>96.0</td>
<td>62.0</td>
<td>12.1</td>
<td>103.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>124.0</td>
<td>82.0</td>
<td>6.0</td>
<td>102.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>152.0</td>
<td>66.0</td>
<td>8.5</td>
<td>95.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>139.0</td>
<td>91.0</td>
<td>8.2</td>
<td>90.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>144.0</td>
<td>86.0</td>
<td>8.3</td>
<td>78.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>115.0</td>
<td>74.0</td>
<td>-</td>
<td>122.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>140.0</td>
<td>90.0</td>
<td>6.8</td>
<td>135.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>169.0</td>
<td>88.0</td>
<td>5.1</td>
<td>138.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>128.0</td>
<td>76.0</td>
<td>8.4</td>
<td>105.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>115.0</td>
<td>70.0</td>
<td>10.7</td>
<td>60.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>124.5</td>
<td>87.0</td>
<td>5.8</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>146.0</td>
<td>97.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>57.0</td>
<td>47.0</td>
<td>11.6</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>129.0</td>
<td>68.0</td>
<td>-</td>
<td>140.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>135.0</td>
<td>75.0</td>
<td>9.5</td>
<td>67.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>124.0</td>
<td>80.0</td>
<td>6.4</td>
<td>145.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>118.0</td>
<td>72.0</td>
<td>7.0</td>
<td>102.0</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>140.0</td>
<td>74.0</td>
<td>7.0</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>123.0</td>
<td>89.0</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Breaking down testing needs by patient panel and provider
This message was automatically generated by a subscription from the Pentaho BI server.
Community Health Analytics
Links

• MyHealth Analytics QA

• Analytics Clinical
IndiGO: Individualized Guidelines
Oversimplification harms quality

• Age
• Height
• Weight
• Smoker
• Diabetes
• History of MI or stroke
• SBP
• DBP
• LDL
• HDL
• FPG
• Currently on hypertension meds

Mrs. Smith | Mr. Jones
---|---
42 | 45
5’6” | 5’11”
244 | 345
no | no
no | no
no | no
142 | 138
88 | 80
116 | 178
61 | 35
89 | 116
no | no

• Risk of MI or stroke in 5 years
  1.2% | 7.1%
• Absolute risk reduction if lower BP
  0.4% | 2.1%

Who would JNC-7 treat for hypertension?
One or more data sources have failed to respond. View the sources that have failed to load.

Problem List

Filter Problem/Condition status: Show all

<table>
<thead>
<tr>
<th>Problem/Condition status</th>
<th>Onset/Dur.</th>
<th>Problem/Condition status</th>
<th>Attending physician</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASYMPTOMATIC POSTMENOPAUSAL STATUS</td>
<td>12/01/2010</td>
<td>Active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOULDER PAIN, BILATERAL</td>
<td>04/09/2009</td>
<td>Active</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DYSPEA ON EXERTION</td>
<td>08/15/2006</td>
<td>Active</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Found: 9 results

IndiGO Risk Scores

5-Year Risks

- Cardiovascular Disease: high
- Diabetes: elevated
- DM Complications: insufficient data
- Breast Cancer: elevated
- Lung Cancer: insufficient data
- Colorectal Cancer: high

Based on available data as of 02/07/2013

Potential Care Gaps

<table>
<thead>
<tr>
<th>Alert</th>
<th>Search</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasma Creatinine was due on 12/8/2011.</td>
<td></td>
<td>DocSite</td>
</tr>
<tr>
<td>Na+ was due on 12/8/2011.</td>
<td></td>
<td>DocSite</td>
</tr>
<tr>
<td>K+ was due on 12/8/2011.</td>
<td></td>
<td>DocSite</td>
</tr>
<tr>
<td>HbA1c was due on 6/6/2011.</td>
<td></td>
<td>DocSite</td>
</tr>
<tr>
<td>BUN was due on 12/8/2011.</td>
<td></td>
<td>DocSite</td>
</tr>
</tbody>
</table>
Problem List

Filter Problem/Condition status: Show all

<table>
<thead>
<tr>
<th>Problem/Condition status:</th>
<th>Onset/Duration</th>
<th>Problem/Condition status</th>
<th>Attending Physician</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASYMPTOMATIC POSTMENOPAUSAL STATUS</td>
<td>12/01/2010</td>
<td>Active</td>
<td></td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>SHOULDER PAIN, BILATERAL</td>
<td>04/09/2009</td>
<td>Active</td>
<td></td>
<td>OUP-Tulsa</td>
</tr>
<tr>
<td>DYSPNEA ON EXERTION</td>
<td>08/15/2006</td>
<td>Active</td>
<td></td>
<td>OUP-Tulsa</td>
</tr>
</tbody>
</table>

5-year risk of stroke or heart attack: 7.6%
Most effective individual treatments:
- Statin to reduce risk by 2.8%
- Diuretic to reduce risk by 2.7%
- CCB to reduce risk by 2.3%
- Diet to achieve 5% weight loss to reduce risk by 2.1%
- Exercise to reduce risk by 2%
### Problem List

<table>
<thead>
<tr>
<th>Problem/Condition status</th>
<th>Onset/Dur.</th>
<th>Problem/Condition status</th>
<th>Attending physician</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASYMPPTO...POSTMEN.</td>
<td>12/01/2010</td>
<td>Active</td>
<td>OUP-T...</td>
<td></td>
</tr>
<tr>
<td>SHOULDER PAIN, BILATERAL</td>
<td>04/09/2009</td>
<td>Active</td>
<td>OUP-T...</td>
<td></td>
</tr>
<tr>
<td>DYSPNEA ON EXERTION</td>
<td>08/15/2006</td>
<td>Active</td>
<td>OUP-T...</td>
<td></td>
</tr>
</tbody>
</table>

- **Cardiovascular Disease**
- **Diabetes**
- **Breast Cancer**

#### 5-Year Risks
- Cardiovascular Disease: high
- Diabetes: elevated

5-year risk of developing diabetes: 19.9%
New potential risk with all treatments: 4.5%
Most effective individual treatments:
  - Increase in exercise to reduce risk by 11.2%
  - Diet to achieve 5% weight loss to reduce risk by

### IndiGO Risk Scores

<table>
<thead>
<tr>
<th>Access IndiGO</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-Year Risks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Alert</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plasma Creatinine was due on 12/8/2011.</td>
<td></td>
</tr>
<tr>
<td>Na+ was due on 12/8/2011.</td>
<td></td>
</tr>
<tr>
<td>K+ was due on 12/8/2011.</td>
<td></td>
</tr>
<tr>
<td>HbA1c was due on 6/6/2011.</td>
<td></td>
</tr>
<tr>
<td>BUN was due on 12/8/2011.</td>
<td></td>
</tr>
</tbody>
</table>
Risk of Heart Attack or Stroke over the next 5 years

IndiGO™ (Individualized Guidelines and Outcomes) is intended solely for informational purposes only. It is not intended to replace or otherwise serve as advice from a medical professional. If you have any questions about the information or results presented, seek assistance from your medical professional.
Direct patient engagement

Million Hearts Campaign

• Know your risk App: Free to Oklahoma population

• Enables individuals to assess their own risk

• If screening/visits warranted, directs them to a local provider

Screening needed:
• Fasting Cholesterol
• HbA1c
• Colonoscopy

Click here to see local screening providers
Effects on Heart Attacks and Costs of Different Blood Pressure Guidelines for Treating Blood Pressure in a Typical Corporation of 30,000 Employees, per Year

- **Individualized Guidelines:**
  - Twice the benefit,
  - Save $500,000
- **Individualized Guidelines:**
  - Same benefit,
  - Save $750,000

**National BP Guideline**

Current measures have Plans climbing up this line.
Basic Framework for Health Improvement using MyHealth Interventions

Community-wide Health Data

- Health Information Exchange
- Single-sign on
- Context Management
- Patient portal

Tools to Address Care Opportunities

- Clerk2Clerk Care Transition Management and order entry
- Doc2Doc Care Coordination
- eRx
- Performance Reporting
- DocSite Care Management

Analysis and Synthesis of Care Opportunities

- Archimedes
- Community Analytics Platform (Pentaho)
- DocSite Analytics
MyHealth: Beacon Technologies

• Expand **Community-wide Care Coordination System**
  – System in place since 2000
  – Launched in Tulsa as Doc2Doc in 2007: >**110,000 Referrals**
  – Connects 2,100 Oklahoma regional providers and services (imaging, labs, etc.)
  – Bolts on top of any EHR and provides workflow and reporting to care transitions
  – Expanding use to ED’s, remaining providers
Pre-Doc2Doc Care Transition Management

- Understaffed
- No written procedures in place
- No quality monitoring or backup procedures
- Initial contact: 4-60 days
- 50 to 3,000 referrals behind
- Many simply dropped
ALL Observed Transitions Between Visit Request Statuses

Symbol Interpretations
- Arrows represent transition from one referral status to another
- Arrow thickness is proportional to # of transitions
- Status color represents relative length of time consults remain in each status (compared to others in this subset): red = longest; green = shortest
- Status states are abbreviated
Care Transitions Measured

• 1 clinic, 12 months of experience

### Visit Request Status as of August 31, 2011 by Month Initiated:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Number Initiated</th>
<th>Pending Appointment</th>
<th>Scheduled</th>
<th>Consult in Progress</th>
<th>Visit Occurred: Report Pending</th>
<th>Visit Occurred: Complete</th>
<th>Cancelled</th>
<th>Cancelled by Patient</th>
<th>Cancelled by Receiving Provider</th>
<th>Cancelled by Sending Provider</th>
<th>Failed Appointment</th>
<th>Rejected by Receiving Provider</th>
<th>Not Specified</th>
</tr>
</thead>
<tbody>
<tr>
<td>JAN 2011</td>
<td>325</td>
<td>211</td>
<td>57</td>
<td>4</td>
<td>1</td>
<td>14</td>
<td>14</td>
<td>6</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>FEB 2011</td>
<td>285</td>
<td>199</td>
<td>37</td>
<td>2</td>
<td>0</td>
<td>9</td>
<td>14</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>JUL 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AUG 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SEP 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OCT 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NOV 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DEC 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAR 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APR 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAY 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>JUN 2011</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Doc2Doc Care Transitions Process

- All communications electronic and logged
- Status of referral events clear to all involved parties
- No faxes, no printing: All records sent electronically to receiving provider
- Sending providers given the software, trained in 0.5 days
- Enables sending and receiving provider to meet meaningful use for care coordination, with or without an HIE
Results: A Tale of Two Clinics

Clinic 1:

Visit Request Status as of August 31, 2011 by Month Initiated:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Number Initiated</th>
<th>Pending Appointment</th>
<th>Scheduled</th>
<th>Consult in Progress</th>
<th>Visit Occurred: Report Pending</th>
<th>Visit Occurred: Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUL 2010</td>
<td>409</td>
<td>154</td>
<td>79</td>
<td>4</td>
<td>5</td>
<td>144</td>
</tr>
<tr>
<td>AUG 2010</td>
<td>361</td>
<td>172</td>
<td>49</td>
<td>2</td>
<td>3</td>
<td>103</td>
</tr>
<tr>
<td>SEP 2010</td>
<td>442</td>
<td>227</td>
<td>58</td>
<td>3</td>
<td>2</td>
<td>106</td>
</tr>
<tr>
<td>OCT 2010</td>
<td>363</td>
<td>210</td>
<td>44</td>
<td>3</td>
<td>2</td>
<td>77</td>
</tr>
<tr>
<td>NOV 2010</td>
<td>362</td>
<td>165</td>
<td>37</td>
<td>3</td>
<td>2</td>
<td>45</td>
</tr>
<tr>
<td>DEC 2010</td>
<td>324</td>
<td>171</td>
<td>32</td>
<td>2</td>
<td>1</td>
<td>46</td>
</tr>
<tr>
<td>JAN 2011</td>
<td>325</td>
<td>211</td>
<td>32</td>
<td>1</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>FEB 2011</td>
<td>285</td>
<td>211</td>
<td>32</td>
<td>1</td>
<td>1</td>
<td>26</td>
</tr>
<tr>
<td>MAR 2011</td>
<td>438</td>
<td>227</td>
<td>30</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>APR 2011</td>
<td>426</td>
<td>227</td>
<td>30</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>MAY 2011</td>
<td>433</td>
<td>227</td>
<td>30</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>JUN 2011</td>
<td>457</td>
<td>227</td>
<td>30</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>JUL 2011</td>
<td>392</td>
<td>227</td>
<td>30</td>
<td>1</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,017</td>
<td>2,977</td>
<td>875</td>
<td>57</td>
<td>123</td>
<td>685</td>
</tr>
</tbody>
</table>

Clinic 2:

Visit Request Status as of August 31, 2011 by Month Initiated:

<table>
<thead>
<tr>
<th>Month</th>
<th>Total Number Initiated</th>
<th>Pending Appointment</th>
<th>Scheduled</th>
<th>Consult in Progress</th>
<th>Visit Occurred: Report Pending</th>
<th>Visit Occurred: Complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUL 2010</td>
<td>813</td>
<td>58</td>
<td>53</td>
<td>0</td>
<td>17</td>
<td>417</td>
</tr>
<tr>
<td>AUG 2010</td>
<td>882</td>
<td>88</td>
<td>67</td>
<td>1</td>
<td>31</td>
<td>396</td>
</tr>
<tr>
<td>SEP 2010</td>
<td>927</td>
<td>105</td>
<td>86</td>
<td>3</td>
<td>24</td>
<td>455</td>
</tr>
<tr>
<td>OCT 2010</td>
<td>721</td>
<td>73</td>
<td>58</td>
<td>0</td>
<td>26</td>
<td>344</td>
</tr>
<tr>
<td>NOV 2010</td>
<td>825</td>
<td>123</td>
<td>64</td>
<td>0</td>
<td>44</td>
<td>345</td>
</tr>
<tr>
<td>DEC 2010</td>
<td>657</td>
<td>86</td>
<td>78</td>
<td>0</td>
<td>32</td>
<td>287</td>
</tr>
<tr>
<td>JAN 2011</td>
<td>610</td>
<td>73</td>
<td>49</td>
<td>0</td>
<td>24</td>
<td>295</td>
</tr>
<tr>
<td>FEB 2011</td>
<td>530</td>
<td>38</td>
<td>49</td>
<td>0</td>
<td>27</td>
<td>289</td>
</tr>
<tr>
<td>MAR 2011</td>
<td>936</td>
<td>122</td>
<td>107</td>
<td>4</td>
<td>50</td>
<td>428</td>
</tr>
<tr>
<td>APR 2011</td>
<td>892</td>
<td>107</td>
<td>112</td>
<td>4</td>
<td>59</td>
<td>388</td>
</tr>
<tr>
<td>MAY 2011</td>
<td>817</td>
<td>140</td>
<td>113</td>
<td>4</td>
<td>31</td>
<td>340</td>
</tr>
<tr>
<td>JUN 2011</td>
<td>751</td>
<td>172</td>
<td>187</td>
<td>6</td>
<td>31</td>
<td>254</td>
</tr>
<tr>
<td>JUL 2011</td>
<td>853</td>
<td>172</td>
<td>142</td>
<td>5</td>
<td>40</td>
<td>222</td>
</tr>
<tr>
<td>TOTAL</td>
<td>10,214</td>
<td>1,438</td>
<td>1,165</td>
<td>31</td>
<td>435</td>
<td>4,460</td>
</tr>
</tbody>
</table>

Clinic 2: 12 months of care transitions

Clinic 1: 12 months of care transitions

MyHealth ACCESS NETWORK
Doc2Doc Shared Care Plans

Consultant

Interview, Examine

Interview, Examine

Primary Care Provider

Interview, Examine

Primary Care Provider

Interview, Examine

Primary Care Provider

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patient

Schedule Patent
Results

- Variety of Specialties participating with good results: **1,100 endpoints** sending and receiving referrals
- High volume for many kinds of referrals: > **110,000 specialty, radiology, PT/OT, DME, etc. referrals from all over Oklahoma**
- Relationships develop between PCPs and specialists
- PCPs learn from each interaction, fewer unnecessary consult requests over time: **30% reduction in visits needed**
- Improved access: those who needed care got it sooner: **66% reduction wait times** for access to specialty care.
Cost Analysis

• Medicaid cost assessment performed
• 4 years of comprehensive claims data available
• Conducted analysis on PMPM basis
Results

• Patients receiving an online consult had a significant reduction in PMPM cost of care when compared with themselves as historical controls:
  – $140.53 Pre Consult vs. $78.16 Post Consult
  – Net savings of $62.37, p=0.021

• Compared with patients who received a referral but NOT a consult:

<table>
<thead>
<tr>
<th>Cost Type</th>
<th>Mean PMPM Cost Change</th>
<th>Mean Percentage Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Costs (UB92)</td>
<td>-$13.00</td>
<td>-20%</td>
</tr>
<tr>
<td>Professional Costs (HCFA 1500)</td>
<td>-$108.04</td>
<td>-34%</td>
</tr>
<tr>
<td>Pharmacy Costs (PBM)</td>
<td>-$9.14</td>
<td>-14%</td>
</tr>
<tr>
<td>Total Costs</td>
<td>-$130.18</td>
<td></td>
</tr>
</tbody>
</table>
Comprehensive Primary Care Initiative

$100M in NEW REVENUE to PCPs

- 68 practices, 265 docs
- Payers require MyHealth Participation
- >30 hospitals affiliated
- Four payers (BCBS, CCOK, Medicaid, Medicare)
- >90% of covered lives
- Shared savings Y3-4

MyHealth ACCESS NETWORK
MyHealth Advanced HIE Architecture

1. Health Information Sources
   - Health Systems
   - Clinics
   - Tribal Health Systems
   - FQHCs
   - Labs
   - Payers
   - Critical Access Hospitals
   - Public Agencies
   - State Health Department
   - Emergency Medical

2. Data Types
   - Vital Signs
   - Medications
   - Radiology
   - Allergies
   - Lab Results
   - Immunizations
   - Social/Family History
   - Encounters & Procedures
   - Admissions, Discharge, Transfers

3. Core System

4. Qualified User
   - Provider, Care Staff or Patient

5. Health Analytics
   - MyHealth Analytics @ Community Level & Clinic Level

6. Care Gaps

7. Individual Risk Assessment
   - IndiGO

8. Care Transitions
   - Doc2Doc

9. Direct Messaging
   - Secure Communication

10. Patient Portal
    - Patient Connection
       - Home Devices
Questions?

David C. Kendrick, MD, MPH
David.Kendrick@MyHealthAccess.net
Info@MyHealthAccess.net
918-236-3434
Welcome Call to Order and Roll Call (David Fitzgerald, Shelley Price)

Topic  10 Minute Drill:
HIMSS13 Overview with Payer interest (Shelley Price, Director, HIMSS)

Topic discussion “MyHealth Access Network - The Infrastructure for Community-wide Health Care Quality Improvement” (David C. Kendrick, MD, MPH, CEO and Joe Walker, Director of Technical Operations, MyHealth Access Network)

Housekeeping (Shelley Price)

Adjournment
Housekeeping

- HIMSS Public Policy Principles available

- HIMSS Annual Call for Committee Volunteers
  - Opens Jan. 2
  - Closes March 8, 2013: [http://marketplace.himss.org/MemberCenter/CommitteeApplication.aspx](http://marketplace.himss.org/MemberCenter/CommitteeApplication.aspx)
Wrap-up

• Resources:
  – HIMSS Calendar of Events:
  – Webinars and Audio Conferences
Wrap-up

• Web page
  – Payer Topics and Tools page!

• Next meeting
  – 3rd Thursday of the month from 4-5pm EST
  • Thursday, March 21, 2013
FY13 Leadership and Contact Information

**Chairperson:**
David Fitzgerald  
Enterprise Systems Architect Manager  
Aetna  
FitzgeraldD2@Aetna.com

**Vice Chairperson:**
Gary Austin  
Principal & Co-Founder,  
TranzformHealth  
GAustin@TranzformHealth.com

**HIMSS Staff Liaison:**
Shelley Price  
Director, Payer and Life Sciences  
HIMSS  
sprice@himss.org

Nancy Devlin  
Sr Assoc., Payer and Life Sciences  
HIMSS  
ndevlin@himss.org
Conference Overview

• Provide an overview of HIMSS13
• Identify ways for payer attendees to maximize the Conference experience
• Tips to Navigate
• Payer events, activities, and education