Creating Collaborative Models of Care

Utilizing Enterprise, Community and Statewide HIE

Digital Medical Office of the Future

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Community Connectivity Solutions
NextGen Healthcare
Agenda

- Why Health Information Exchange?

- A few Collaborative Care Models
  - Mapping a Strategy to Market dynamics
    - Community Partnership and Access
    - Competitive Landscape
    - Accountable Care

- Summary
Why Build a Community of Care?

- Required for ‘Meaningful Use’ participation:
  1. Certified EHR and eRx
  2. Supports exchange of clinical information
  3. Submit clinical quality measures
  4. Patients have Electronic Access to their Health Records

- Enhances Quality and Patient Safety
- Improves value and velocity of EHR Adoption
- Foundation for Accountable Care Model of Delivery
Community Integration – Driving Forces

- Improved quality of care and patient safety via information sharing
- Pay for Performance
- Enhanced Referral Management Networks
- Clinically integrated/virtual staff models
- Improved patient and community relations
HIE Deployment Models

HIEs can be created at many levels of scope and purpose:

1. **Exchange Network**
   - Connects several independent HIEs, creating an HIE network. Exchange networks are typically found at the State or Federal level.
   - **Goal:** Meaningful Use & Patient Safety
   - **Funding:** State/Federal/Other
   - **Governance:** HIO (State)

2. **Regional Exchange**
   - HIE connects all the healthcare organizations in a given region/area as well as national data providers, local public health organizations, etc.
   - **Goal:** Workflow Efficiency and Connectivity
   - **Funding:** State/Other
   - **Governance:** HIO

3. **Private Exchange**
   - Exchange is created by a healthcare organization (e.g., Health System) in order to connect constituents in the region/area and align to organization-specific business goals.
   - **Goal:** Clinical Integration & ACO Enablement
   - **Funding:** Private
   - **Governance:** Enterprise
Regional NextGen HIE Clients

- ICAHN Illinois Critical Access Hospital Network
- Washington County Hospital & Rural Health Clinic
- BJC Healthcare™
- Southern Illinois Healthcare
- Southeast Missouri Hospital
- SEMO Health Network
BJC and a St. Louis Health Info Exchange

BJC Health System
- **13** Hospitals
- BJC Medical Group—**250** Physicians
- **800** Medical School Full-Time Faculty
- **4,000** Private Physicians
- Serving roughly **3,000,000** Patients

St. Louis Health Information Network
- **3** Major Health System Providers
  - **20** Emergency Rooms
- **5** Federally-Qualified Health Centers
- Public Health and Community Health Networks
An Emerging Statewide Health Info Exchange

- Missouri Office Of Health Information Technology (MO-HITECH) created November 2009
- MO-HITECH Advisory Board created December 2009
- Notice of Federal Grant Application Approval – $13.8M – February 2010
An Emerging Statewide Health Info Exchange

- Strategic Plan delivered to the Office of the National Coordinator – March 2010
- Operational Plan delivered to ONC – June 2010
- Missouri Health Information Organization (MHIO) Board of Directors appointed July 2010
- MHIO formed as a 501c3 not-for-profit organization – Private company with limited State government oversight
Building a BJC HIE Strategy

Keep in mind…BJC HealthCare represents many traits of an HIE.

13 hospitals, 225 employed physicians, region’s largest Home Care provider, region’s largest Behavioral Health provider, region’s largest number of ED encounters, etc.
Building a BJC HIE Strategy

- First and foremost – “Do what’s right for the patient and effective patient care delivery”

- Concentrate on areas of real value – “It’s not solely about meeting Meaningful Use requirements”

- Start basic and expand array of integration offerings over time
BJC Community of Care

- BJC Hospitals
- BJC CDR
- CIDER (Research)
- MO HIE
- Reference Labs
- BJC Medical Group
- Private Initiative
- Existing BJC
- Attending Physicians
- CHS
- Enterprise Database
- NextGen
  - Affiliated Practice
  - Employed Practice
  - Affiliate Practice
  - Independant Practice
- my BJC
- Private Initiative
- Other EHRs
“The mission of ICAHN is to strengthen Illinois critical access hospitals through collaboration”
About ICAHN

Structure
• Not-for-profit 501 (c)(3) corporation established 2003
• 9 member Board of Directors
• 50 member hospitals
  – Local governing boards
• CAHs 25 beds or less, LOS 96 hrs or less and are cost-based reimbursed by Medicare
• Provider-based rural health clinics

Successes
• Physician recruitment
• Group purchasing
• Group health insurance
• Physician Peer Review
• Grants management
• IT consulting
• Regulatory guidance/education
• Quality alliance scorecard
• Managed care consulting
• User Groups/Listserves/Forums
• Health Information Exchange
Financial Model

• 2007 FLEX CAH HIT Network Implementation Grant--$1.6M
  – Awarded to Illinois Department of Public Health
    • Administered by ICAHN
  – **Grant required health information exchange between hospitals and tertiary facility**
    • Washington County Hospital, Salem Township Hospital, Good Samaritan Hospital, ICAHN
  – Funded hardware, network infrastructure, interfaces, PACS/CR, ambulatory health record and information exchange solution

• Member Hospitals and Physicians pay an Annual Participation Fee
HIE Strategy

• Portal Access
  – Stepping stone to interoperability
  – Tertiary access to data initially
  – Growth into a true exchange

• Non-prescriptive
  – Variety of ambulatory and IP EHRs in the network
  – Many hospitals uncommitted regarding IP EHR selection

• Cost effective
  – Purchased with grant funds
  – Limited interface expenses
  – ROI, maybe
  – Sustainability rather than profit

• ICAHN governance
  – Licensed to ICAHN
  – HIE governing board
  – Hosting/staffing
NextGen- Los Angeles Area
MSO/IPA Model Connectivity Strategy

Debra Spindel, MBA
Vice President, Physician Services
IPA Management Services

• Member Services
• Utilization Management
• Claims Processing and Payment
• Health Plan Contracting (HMO)
• Quality Measurement and Reporting
• Network Management
• Provider Relations
Physician Services

• Technology Services (NextGen EMR / EPM / ICS / CHS / NextMD) and Support
• Billing & Revenue Cycle Mgmt
• Group Practice Management
• Accounting/Financial Mgmt
• Consulting Services
Nautilus Environment

• NextGen EMR installed since 2001
• 46 practices in Enterprise model database
• All practices are independent
• Affiliated with 1 hospital and 1 IPA
• 95% of physicians receive Stark funding
• Original focus on primary care; adding more specialties now
• Approaching 150 physicians
• CHS deployed in 2008
• NextMD development partner
Nautilus HIE Connectivity Vision

Nautilus/NextGen

Enterprise Database

CHS

IPA

Hoag Hospital

Community Clinical Portal
(ER access, non-EMR physicians)

Non-NextGen EHR’s

Reference Labs

Primary Care

Specialist

Hospitalist

Indep. Practice

Indep. Practice

Indep. Practice

NextGen

NextGen

NextGen

NextM+

Patient(s)
Monarch HealthCare
Monarch HealthCare – Facts & Figures

Mission: Helping Physician Partners Advance Medical Excellence in the Communities We Serve

- Largest Independent Practice IPA/ACO in Orange County
  - Only IPA/ACO with county-wide presence
  - 16 years of longevity and stability

- Contracts with all major health plans in California

- ~165,000 HMO members
  - 30,000 seniors (largest non-Kaiser provider in OC)
  - 110,000 commercial members
  - 25,000 Medi-Cal beneficiaries

- Over 2,500 OC physicians
  - Over 800 capitated Primary Care physicians
  - Over 1,400 community based specialists
  - 35 specialties with aligned incentives in a capitated risk sharing model

- 17 primary hospital relationships
Dartmouth-Brookings ACO Collaborative

**Pilot Sites**
In-depth consultation, technical assistance, and data analysis for participating health systems and payers.

**Learning Network**
Offers practical guidance and a forum for interested parties to learn from one another throughout the process of planning and implementation.

**Principal Goal**
To engage stakeholders in piloting the ACO model and produce a successful and replicable model that can be implemented nationwide.

**Community Initiatives**
Serve as strategic support for regions interested in piloting this at the community-level.

**Washington Support**
Serve as a resource for legislative and executive staff on delivery system reform, specifically related to the ACO model.

Source: Dartmouth-Brookings ACO pilot project
Accountable Care Organizations

- Provider-led organizations with a strong base of primary care that are collectively accountable for quality and total per capita costs across the full continuum of care for a population of patients*
- Payments linked to quality improvements that also reduce overall costs*
- Reliable and progressively more sophisticated performance measurement, to support improvement and provide confidence that savings are achieved through improvements in care*

➢ An ACO must have adequate size and scope to fulfill its responsibilities

ACO Opportunities

• Monarch has been selected by Dartmouth-Brookings to be one of five national sites to participate in an ACO project for **PPO patients**, beginning in 2011
  – Dartmouth-Brookings developed the ACO concept and advises the federal government and commercial health plans on its implementation
  – Monarch will collaborate with physicians in the care of **Anthem Blue Cross PPO patients**
  – 5 year pilot that will evolve significantly over time
# Accountable Care Transformation

<table>
<thead>
<tr>
<th>Current System</th>
<th>ACO System</th>
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<tbody>
<tr>
<td>• Fragmentation</td>
<td>• Integration</td>
</tr>
<tr>
<td>• Adversarial relationships</td>
<td>• Cooperation</td>
</tr>
<tr>
<td>• Focus on “doing”</td>
<td>• Focus on managing a population</td>
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<tr>
<td>• One-to-one care</td>
<td>• Team-based care</td>
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<tr>
<td>• Gatekeeper</td>
<td>• System management</td>
</tr>
<tr>
<td>• Perverse financial incentives</td>
<td>• Aligned incentives</td>
</tr>
<tr>
<td>• Focus on volume/intensity</td>
<td>• Focus of quality and efficiency</td>
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Source: Dartmouth-Brookings ACO pilot project
Monarch’s NextGen Connectivity Solution

NextGen Community Health Solutions (CHS)

NextGen Electronic Health Record (EHR)

NextGen NextMD Patient Portal

有意义的使用

健康信息交换 (HIE)

健康计划 – 数据交换

医院

医疗办公室

改革

临床设备集成

Medmark – EKG & Spirometry

药店 – eRX

处方

Radiology – Reports

PACS 图像链

TeleVox

高技术人类接触

Operational Tool Integration

Appointment Reminder

Eligibility Verification

食物

Lab Results

预约请求

药物

处方

Secure e-Mail

Monarch HealthCare NextGen Enterprise Implementation

健康

Saddleback Memorial

Mission Hospital

IMHC NextGen

Offices

QUEST Lab –
Orders & Results

健康计划 – 数据交换

医院

医疗办公室

改革

临床设备集成

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药物

处方

Secure e-Mail

Monarch HealthCare NextGen Enterprise Implementation
Summary

- Active participation in the ‘community’ is key
- Collaboration is enabled with standards-based strategy for interoperability and data exchange
- Consumerism and Accountable Care require significant investment in I/T Infrastructure
- HIE is a critical Enterprise Infrastructure to support collaborative community development
- ‘Wait and see’ is not a viable option
Questions?

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