

BlueCross BlueShield of Illinois Personal Health Record Discussion

Illinois Foundation for Quality Health Care

June 30, 2006



**BlueCross
BlueShield
of Illinois**

Hayes Abrams

Senior Director
BCBS of Illinois

BlueCross BlueShield of
Illinois
Suite 13.306
300 E. Randolph Avenue
Chicago, Illinois 60061
USA

Tel: +1 312 653 3764
abramsh@BCBSIL.com



**BlueCross
BlueShield
of Illinois**

Marc Washington

Sr. Connectivity Specialist
BCBS of Illinois

BlueCross BlueShield of
Illinois
Suite 25 Floor
300 E. Randolph Avenue
Chicago, Illinois 60061
USA

Tel: +1 312 653 6297
Marc_Washington@BCBSIL.com

Agenda

- Project Background and Summary
- Purpose of the Pilot
- Scope of the Pilot
- Timeline of the Pilot
- Industry Challenges for Interoperability and Adoption
- Discussion/Questions

Absent a standard, market forces are fracturing the PHR definition

Government Forces:

- HHS America's Health Information Community PHR focus; 'harmonizing' EMR connectivity standards
- US Congress funding EMR adoption and connectivity
- Katrinahealth.org raises awareness of claims data driven PHR

Provider/other organizations:

- Health systems and labs using PHR to engage stakeholders
- PHR defined by many groups (Markle Foundation and Continuity of Care Record/ ASTM)
- HIT agenda driven by macro economic studies on EMR/CPOE, not PHR



PHR

Health Insurance Plans:

- Most plans moving on PHR but approaches vary from in-house build to vendor alliance and outsourcing
- Provider access seems to be higher priority than member access
- PHR considered in Medicare and Medicaid

Vendors and Processors:

- Using PHR to increase touch-points
- No consistency in capabilities or approach
- Some vendors aligning with traditional clinical systems
- Other intermediaries (banking) showing interest in PHR

A PHR standard will create an innovation platform for the industry

To do it right ...

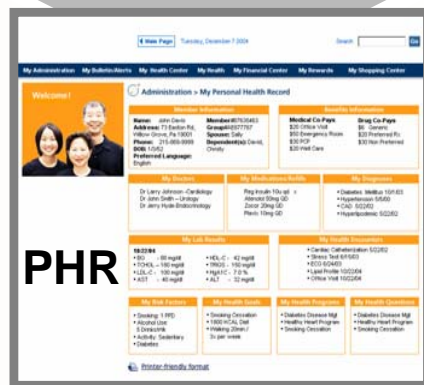
- Highlight best practice from early adopters
 - Focus on provider adoption
 - Publish success stories
 - Align standards
 - Communicate

Challenges of not acting collectively...

- Disintermediation by substitutions (e.g. processors, vendors)
- PHR is not elevated on the national HIT agenda
- PHR standard evolves separately and plans have to comply with another standard

Challenges of not acting collaboratively...

- Interoperability not achieved
- Operating rules such as data ownership, access, security become risks
- Low provider adoption will limit and stifle PHR value



Done right, we ...

- Give legitimacy to the 'Plan' PHR
- Shape PHR standards development
 - Increase quality of care and decrease associated costs
 - Enhance member mind share and involvement in wellness management
- Improve Health Insurance Plan market perception and improve provider relations

Health Insurance Plans have the data and incentive to take action

Findings

- PHR concept and data approach confirmed through stakeholders
- PHR has immediate value to members and plans, but provider adoption will remain the key
- Alignment (co-opting) with current standards efforts is critical to speed to market
- Public relations campaign is needed to elevate PHR on the national agenda vis-à-vis EMR/EHR
- Consumers concerned about confidentiality and who “controls” information

PHR Value Proposition

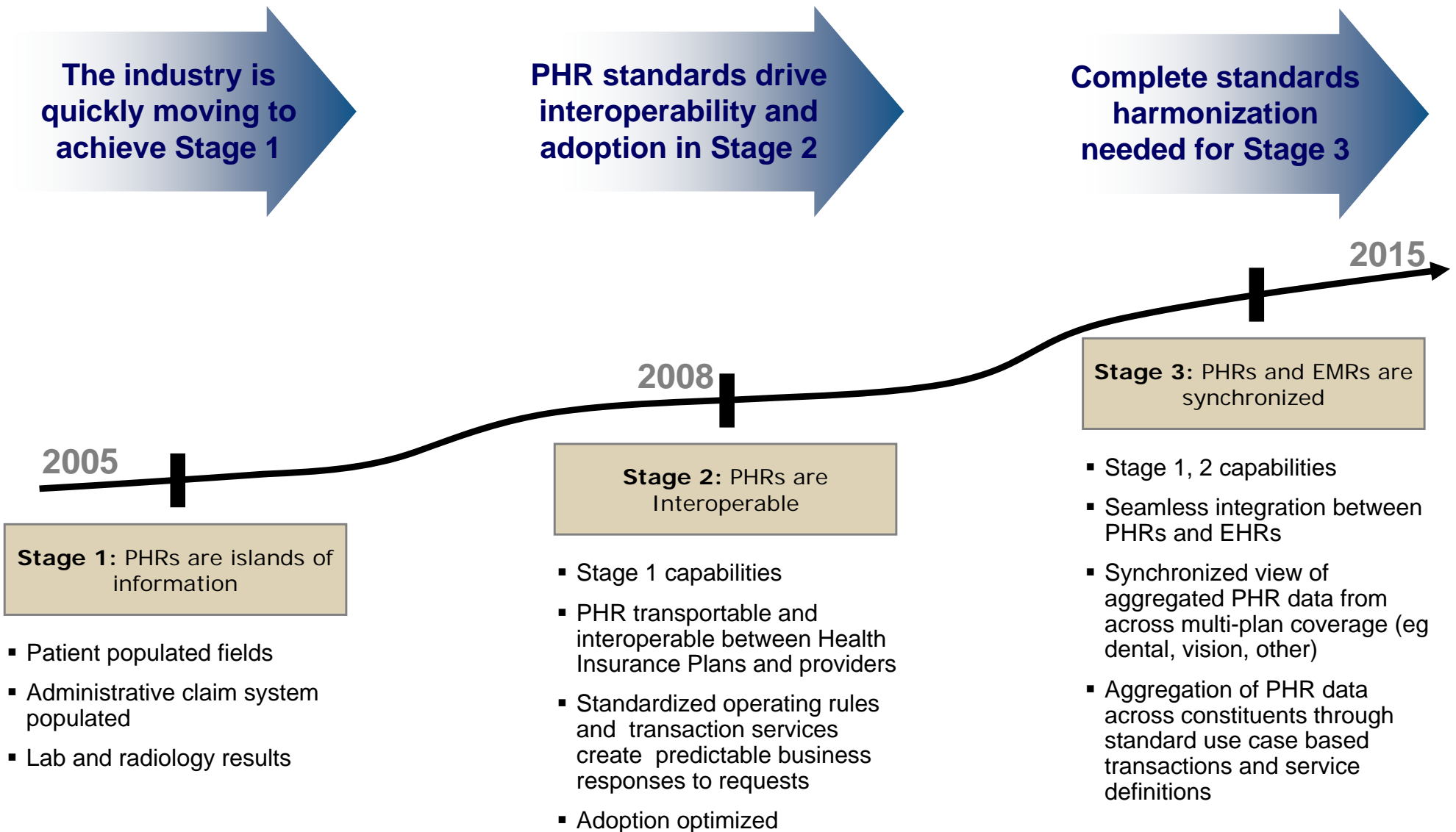
- Empowers members and eases participation in the care delivery process
- Accelerates access to relevant clinical data for the provider
- Increases quality of care and coordination of care management, while lowering costs
- Provides platform for customer service and retention through targeted messaging and personalized clinical analytics

Health Insurance Plans should be engaged in the market to PHR standards in Stage 2

The industry is quickly moving to achieve Stage 1

PHR standards drive interoperability and adoption in Stage 2

Complete standards harmonization needed for Stage 3



PHR will follow a logical progression with standardization as a major barrier

An industry standard is required to break through interoperability barriers to achieve stages 4 and 5

Blue Cross Blue Shield of Illinois is approximately at this Stage Marker

Standard data and transactions need for industry transition

High percentage of adoption required to move forward

The PHR, and our data efforts, are quickly taking us through Stage 3.

Stage 1: Self Reported Data

- Single plan view
- Patient populated PHR

Constituents:

- Member
- Plan

Stage 2: Systems Populated Data

- Stage 1 capabilities
- Single plan view
- Administrative claim system populated
- Data from one or more providers

Constituents:

- Member
- Plan
- Multiple Provider

Stage 3: Multi-Source Systems Populated Data

- Stage 1, 2 capabilities
- Single plan view
- Administrative lab/radiology system populated
- Data from one or more labs/ radiologists

Constituents:

- Member
- Plan
- Multiple Provider
- Multiple Labs

Stage 4: Transferable PHR between Plans

- Stage 1, 2, 3 capabilities
- Single plan view
- PHR transportable and interoperable between plans and providers
- Standard transaction for transfer of PHR between Providers Health Insurance Plans

Constituents:

- Member
- Multiple Plan
- Multiple Provider
- Multiple Labs

Stage 5: PHR Interoperable between Plans

- Stage 1, 2, 3, 4 capabilities
- Multiple plan view
- Integrated view of aggregated PHR data from across multi-plan coverage
- Aggregation of PHR data across constituents through standard use case based transactions and service definitions

Constituents:

- Member
- Multiple Plan
- Multiple Provider
- Multiple Labs

Stage 6: Integrated PHR-EHR with Multiple Plans and Providers

- Stage 1, 2, 3, 4, 5 capabilities
- Multiple plan view
- Seamless integration between PHRs and EHRs

10+ years:
Standards
Harmonization

Constituents:

- Member
- Multiple Plan
- Multiple Provider
- Multiple Labs
- Other standards

America's Health Insurance Plans (AHIP) and BlueCross Association Board of Directors PHR resolution

The Board of Directors approved the Operations Committee recommendations to proceed with advancing a PHR standard

- Approved Operations Committee recommendation to initiate a uniform PHR approach for the industry
- Approved development of a strategy to educate consumers, providers, and policymakers about the value of PHRs.
- Approved dedicated resources to creating the standards that will support this effort
- PHR Work group comprised of many Insurance Companies – United, Wellpoint, Aetna, many Blue Cross Plans, Cigna, Humana, Mutual of Omaha, Trustmark,

As a member Plan with both the BlueCross Association and AHIP, Blue Cross Blue Shield of Illinois participated, and has been selected as a Pilot Plan, in the development and execution of a PHR Standard.

There will be 7 of the AHIP Plans participating in the pilot – United, BCBS of Illinois/Texas/Oklahoma/New Mexico, BCBS of New Jersey, Highmark, GHI, & SharedHealth of TN. Others may be included in the future.

Purpose of the Pilot Program

- The purpose of the pilot program is to further the development and the validation of the Payer-based PHR standards. Through the pilot program, we hope to:
 - Verify PHR data domains and data elements can be supported by the health plans' data sources;
 - Identify the most appropriate health plan data sources for these PHR data domains and elements;
 - Demonstrate the export, transfer, and import of PHR data within and among health plans;
 - Provide additional input to the PHR specifications and implementation guide;
 - Test if received PHR data can be imported to support the health plan's PHR effort; if not, identify the gaps to be further addressed.

Scope of the Pilot

Scope of the Pilot Program

- While there are 15 data domains were identified for the plan based PHR, only 7 data domains are included in the pilot program for the plan to plan PHR transfer.
- Patient Information
- Encounters
- Medications
- Providers
- Facilities
- Health Plan Information (transaction purpose only, not part of PHR)
- Subscriber Information (transaction purpose only, not part of PHR)

Scope of the Pilot Program

- The validation of the PHR transfer is achieved by importing these data into receiving plans' data sources identified for the PHR data domains and data elements. Furthermore, loading the imported data into any existing PHR applications would be very valuable in assessing the PHR standards.
- The systematic request for transfer and acknowledgement of the transfer are not in the scope of the pilot.
- The data utilized for the pilot will be fictitious

Scope of the Pilot

Data Source Identification - Identify the appropriate data sources for PHR data domains.

Data Mapping - Map the health plan data source to required PHR data elements.

Data Extractions and De-identification - Identify 500 members and extract PHR data for them. The PHR data will be de-identified by substituting with fictitious names, addresses, and dates of birth. The output of this task is a 275 file containing the PHR data according to the implementation guide.

Data Transfer - Exchange such PHR data with another health plan.

Data Import - Load another health plan's PHR data into testing environment.

Assessment - Test if the imported data can be loaded into an existing application such as PHR, and identify the gap if necessary.

Update Standards – PHR Workgroup team will update the data dictionary and the implementation guide based on input from the pilot health plans.

Timeline of the Pilot Program

