

**Health Information Technology and Health Information Exchange Topical Area Meeting  
Health Plans  
August 30, 2006**

**Vision**

- Authentication of patient/provider
- Disclaimer about use of information
- Capturing of denied claims
  - In health plan
  - In EHR record
- Smart Card/ID that has patient information to reduce paper work
- Develop standards
- Transparency of data
  - Health Plans should not be resistant to exchanging data
  - More competition surrounding the type of network: ex: a “high performance” network
- Information follows the patient
- Provider enters data once
- Patient/Consumer enters data once
- Better documentation of what has been done in the providers office
- What information needs to be filtered out, where, when?
- Example: Availity: real time claims adjustment mechanism
  - Collaboration between Blue Cross/Blue Shield, Humana, Aetna, and Cigna
  - Web portal that allows provider to submit prior authorizations and receive answers quickly
  - Pay based health records:
    - Lists anytime patient sees provider, provider specialty, name of provider, and prescriptions prescribed
  - Available to urgent care, hospitals, labs, etc
  - Information is pulled off of claims
  - 93% of providers use system in some form;
  - System used in hospital in FL
  - Does not reach uninsured and government programs
  - Not accessible by consumer
  - Summary level data
  - Only capturing what has come through the health plan
  - Tracking high claims individuals and refers these individuals to a nurse program

**Barriers to HIT Adoption**

- Possible Conflict: plan/provider best practices
- Providers do not know what technology to buy?
- What if BETAMAX?
  - What if technology is purchased and then discontinued?
- Learning curve, transition period is an issue
  - Maybe health plans can help to reduce the cost

**Policy Options to Address HIT Adoption**

- Cost
  - Loans/grants
  - Pooled purchasing
  - Pool of subsidy dollars (hospitals, health plans, government)
- Health Plans providing money to help Provider adoption of HIT
  - What money will they put forth?
  - What will money buy?
  - Expectations of Health Plan/Expectation of provider

- Spend money to help in decrease audits performed by Health Plans
- Look at infrastructure of all areas of Ohio
- What comes first; access to information or compiling of information?
- Prove ROI to Health Plans, Providers, etc.
- Review: House Bill 197-Board of measures
- Consider the role of the Government
  - Set the standards
  - Universal interoperability between systems
  - The larger the system the better
  - Statewide system or national level system
  - Resolve id issue; some mechanism to identify patients
  - Resolve some of the legal red tape issues (privacy and security)
  - HIPPA- has many people scared
  - Clear guidelines on how to solve issues
  - Anti-kick back improvements
  - Medicare/Medicaid set standard and private follows
- Medical Board-develop white paper for quality of access, patient care, HIT
- Offer providers better payment for their providing of more information
- Attach benefits to HIT/HIE and providers will come around

### **Health plan initiatives in other states**

*Anthem/WellPoint: Mr. ED* (medical record for emergency dept)

Created PHR for emergency dept

Working to get lab resources, vendors

Initial focus us quality of care delivery to patient

*Anthem/WellPoint: Consumer PHR*

Working with WEBMD

Take health plan information and pre-populate into a PHR

Consumer verifies information and adds information as needed

Working with Quest/Lab corp. for integration of lab results

*Anthem/WellPoint: Kentucky*

One portal of information, regardless of health plan

Decentralized information resides with health plan and then integrated into one record when requested by provider

WellPoint is not funding this initiative

The initiative will be implemented by January 2007

*Anthem/WellPoint: Wisconsin*

Health plans feed information into a centralized database

Regional health information organization (non-profit) is leading this initiative

Focus of this initiative is quality of care.

Potential for this to expand personal health record- as revenue stream

WellPoint is funding

Not much resistance from providers

One standardized report