CurrentCare, Rhode Island's Health Information Exchange

CT State HIT Advisory Council Meeting

February 10, 2016

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RI State HIT Coordinator

Terminology

RHIO

- Regional Health Information Organization (RHIO)
- Defined as the organization that is designated by the state to provide administrative and operational support to the HIE (RI Health Information Exchange Act of 2008)

HIE

- Health Information Exchange (HIE)
- Defined as the technical system operated, or to be operated, by the RHIO under state authority allowing for the statewide electronic mobilization of confidential health care information (RI Health Information Exchange Act of 2008)

CurrentCare

- The name of the statewide HIE which is operated by the Rhode Island Quality Institute which serves as the state designated RHIO.
- CurrentCare is a technical system that aggregates a patient's health care information from across their providers, and makes it available to their providers for treatment and to coordinate care; it also notifies providers when their patients are admitted to or discharged from the ED and hospital

RIQI

- The Rhode Island Quality Institute (RIQI); a 501(c)3 non profit entity
- Serves as RI's designated Regional Health Information Organization (RHIO) and operates and maintains CurrentCare, the state's Health Information Exchange (HIE)
- Also served as the state's regional extension center to help healthcare providers adopt electronic health records (EHRs) and other HIT

CurrentCare Vision

To maximize the effective use of technology by patients, providers, policymakers and researchers to realize significant and continuous improvements in the quality and outcomes of health care delivery in the state

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CurrentCare Value Proposition:
Services to Enable Delivery System Transformation

308
Data Sources

More than 430,000
Active Enrollees

CurrentCare Alerts
Providers notified in real-time about patient hospital encounters

CurrentCare Viewer
Providers view patient data via secure website

Provider Directory
Single "source of truth" for provider information in RI

CurrentCare For Me
Consumers access and manage health data on portal & mobile devices

Analytics
DashBoard
Intelligent alerts,
quality and cost metrics,

CurrentCare Today

Enrollment

- **491,450 individuals have enrolled to date; 430,000 are active**

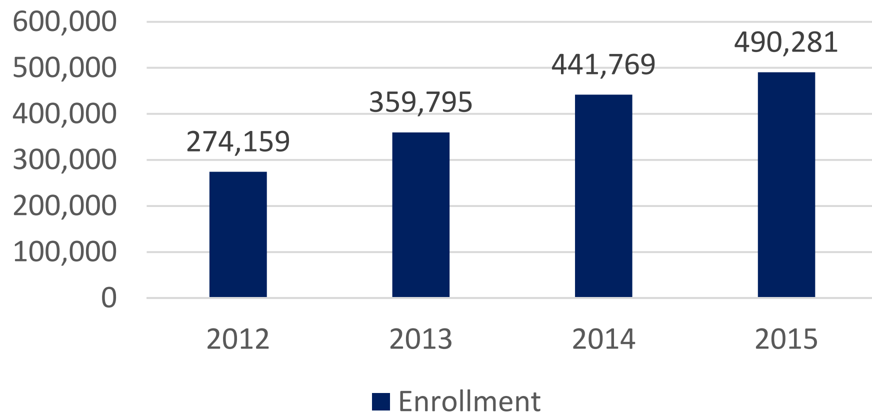
Data In CurrentCare

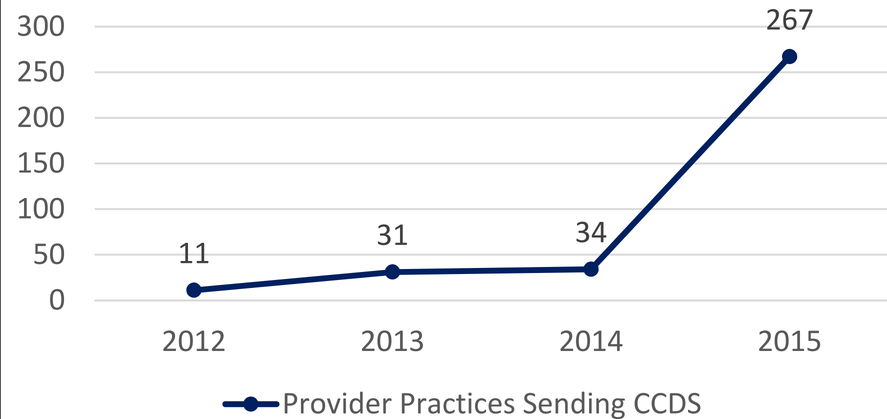
Laboratory results:	**12 RI hospitals and 4 large clinical labs (90% all labs)**
ADT transactions:	**13 RI hospitals (all) plus L&M**
Medications:	**3 pharmacies and 4 PBMs (90% of prescriptions from retail)**
Clinical Summaries (CCDs):	**267 practice sites from 13 different EHR platforms; 2 are behavioral health sites (CMHC)**
Diagnostic/Imaging Reports	**5 independent facilities and 4 hospitals (Lifespan)**
EKGs	**2 hospitals**
Telehealth data:	**2 VNAs**
State Continuity of Care form	**4 hospitals (Lifespan)**

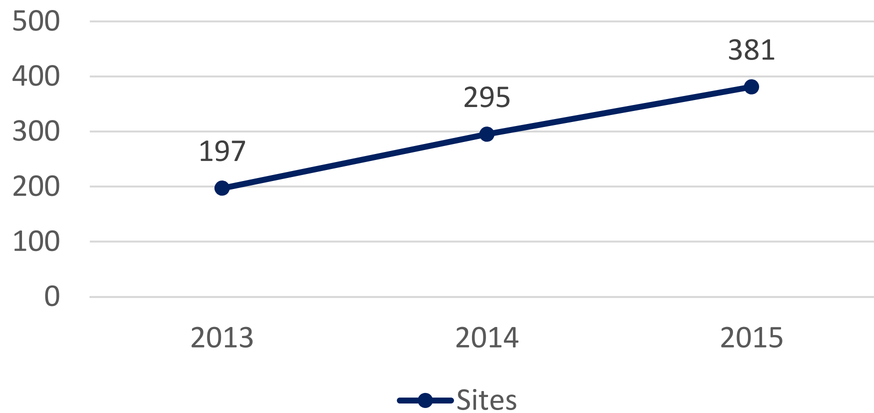
CurrentCare Data services

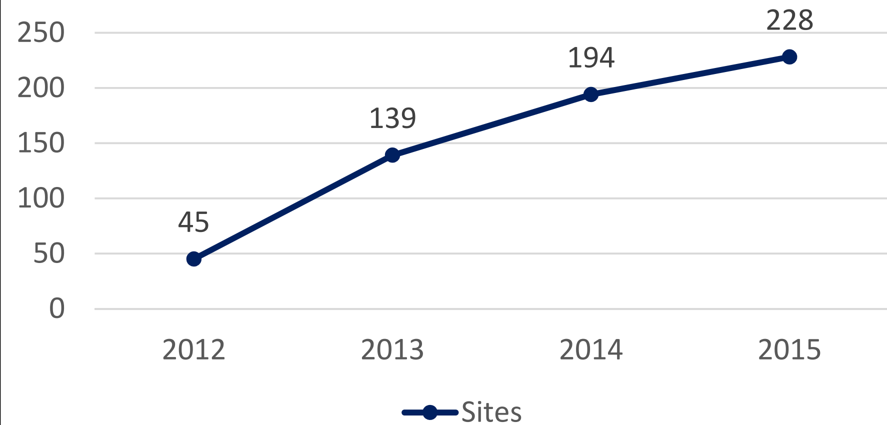
- **CurrentCare Viewer:** **381 sites (1,651 users)**
- **CurrentCare Alerts:** **228 sites receiving hospital alerts**
- **Bi-directional data integration with EHR: 2 EHR platforms (can access CurrentCare data from within one's own EHR)**
- **Patient portal (CurrentCare for Me)- currently being tested by RIQI staff**
- *Full panel alerting (Alerting and Dashboard outside the context of CurrentCare)*
- *Statewide provider directory (in testing; will be linked to CurrentCare but a standalone service)*

CurrentCare Quick Facts









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Background: HIE/RHIO Development

Year	Major Events
2004	• RIQI approaches State to apply for AHRQ grant to develop a statewide HIE • RI Dept. of Health receives $5M AHRQ contract to initiate building HIE as a demonstration project • Intent was for the State to help build the HIE, and then have it be operated and maintained by a community based non-profit entity • RIQI provides the governance for this project (Board of Directors and numerous committees
2006	• Legislature passes Budget Article 7 which authorizes state funds for HIE development as a revenue bond • Revenue bond is contingent upon all other insurers, including Medicare, contributing a fair share allocation for HIE development • The budget article requires the State to designate a RHIO through an open bidding process
2007/2008	• RHIO RFP is issued • RIQI is the only applicant and meets RFP requirements and is RIQI is selected as the RHIO • RI HIE Act of 2008 passes into law; gives DOH regulatory responsibility over the HIE and requires opt in consent model

Timeline of RHIO Development

Year	Major Events
2009	• HITECH ACT passes • The Governor designates RIQI as the State's designated HIE entity to receive HIE ARRA funds directly from the Federal government • RIQI submits application for HIE cooperative agreement funding
2010	• RIQI receives HIE Cooperative Agreement funding (along with 2 other ARRA grants: Regional Extension Center and Beacon) • AHRQ grant ends and State turns over the HIE to be managed and operated by RIQI.
2011	• Go Live with CurrentCare • RIQI explores possibility of seeking a claims or premium assessment in the state budget as a means of long term sustainability for the HIE • RIQI is advised not to pursue this model by both state and private sector leaders
2012/2013	• RIQI implements a voluntary multi-payer financing model ($1 PMPM for each covered life). Major commercial payers, the state (Medicaid and state employees) and a number of self-funded employers agree to participate in the $1 PMPM for covered lives (currently 23 including national companies such as CVS, Amica) • CMS approval obtained for Medicaid matching funding at 90/10 level for Medicaid enrollees .
2014/2016	• Continue to build out HIE and other services, funding model continues though state contributions are less due to state budget • RIQI obtained a number of additional grants (PTN/TCIP), ONC HIE, private foundations for analytics

Governance

- **Rhode Island Quality Institute (RIQI):**
  - Board of Directors (open meetings)
    - CEOs from Insurers, Hospitals, large provider groups, behavioral health, community health centers, academia, consumer groups, business, etc.
    - State government ex-officio non voting: EOHHS Secretary and Health Insurance Commissioner
  - Committees
    - Board level and Community
- **State Oversight:**
  - Governor's office :
    - Monitoring Efforts to increase use of CurrentCare
  - Bimonthly/Quarterly meetings with state officials:
    - Secretary of EOHHS, Director of Health, Health Insurance Commissioner, Medicaid Director, Governor's Office, Director of Department of Administration
- **State Law: HIE Act of 2008 – HIE Advisory Commission**

HIE Act of 2008

Consent Model:

- ***Voluntary Participation (providers and patients)***
  - Individuals must consent to have their information be part of the HIE
  - Individuals also designate who can access their information:
    - all treating providers (provider just needs to attest to a treating relationship)
    - in an emergency only (special provisions, time limited and only by a Licensed independent practitioner)
    - Specific providers (at the organizational level) and in an emergency
- ***All or nothing:***
  - All data is submitted (including HIV, STD, behavioral health etc.)

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HIE Act of 2008

Uses of Confidential Health Care Data (PHI):

- **Authorization Needed:**
  - To a provider for use in clinical care

- **No authorization Needed:**
  - To a health care provider when treating an emergency
  - To public health authorities in order to carry out their public health functions
  - By RIQI in order to assure the integrity of CurrentCare

- **Currently no access to PHI by Others** :
  - Payers* (or their care managers)
  - Patient designees* (family or caretaker)
  - Researchers (unless on behalf of public health authority)

  (*legislation being introduced this session to address the above)

- **HIE Advisory Commission :**
  - Advises Director of Health on the use of, and appropriate confidentiality protections for, the confidential health care information of the HIE

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Consent Model: Lessons learned

- **Opportunities:**
  - Able to include behavioral health (including 42CFR part 2)
  - Able to retrieve medication history from SureScripts & store it
  - All data able to be included
  - Instills level of trust with public and privacy advocates
- **Challenges**:
  - Enrollment is expensive and time consuming
    - Enrollment through provider offices and other partners
    - Online enrollment website
  - Limited value to users until enough individuals are enrolled
  - HIE can not be used for public health and population health purposes (but could leverage infrastructure)

CurrentCare Technical Infrastructure

- Central Repository (stored organizational):
  - Data is submitted on enrolled individuals and stored organizationally
  - Intersystem's HealthShare is the HIE platform used

- Master Patient Index (MPI):
  - Quadramed matching algorithm is used for the MPI;

- Bidirectional Interoperability and Direct enabled
  - Can request and obtain CurrentCare data from within some large EHRs:
    - EPIC, Athena, NextGen and soon Meditech
  - Direct is used by provider practices to send Clinical Care Document Summaries (CCD) and by RIQI to send out hospital alerts and notifications
  - ImPriva is the HISP used

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Education and Outreach:

Provider Education:

- **Leveraged the Regional Extension Center;** Used relationship managers assist providers with EHR adoption, MU and engage in CurrentCare
- Focus groups, open houses, present at conferences
- Worked with PCMH collaborative and Payers
- Provider Advisory Committee/user group
- Board members
- Webinars (how to use hospital alerts)
- CurrentCare guide book (lists all the data sources, etc.)/Newletters

- **Public Education:**
  - Through enrollment in provider offices (when offering enrollment)
  - “Reasons” Campaign (posters and handouts in offices)
  - Word of mouth
  - Tried employer based strategies and large public campaigns in past

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Reason No. 14

Why you need CurrentCare

Your 82-year-old mother takes six different medications. Could you name them all in an emergency?

You shouldn't have to.

CurrentCare ensures that your pharmacy and your doctors are a team, managing your medications accordingly.

For so many reasons, CurrentCare offers you powerful peace of mind when it comes to your health and that of your family.

Doctors, hospitals, pharmacies and labs work as one for you, secure in the knowledge that their approach is consistent, cohesive and coordinated – in other words, what's best for you. From the doctor's office to the delivery room to the emergency room, seamless coordination is the new standard of care. And you're going to love it.

CurrentCare is available now.
All it takes for you to benefit is your say-so.
Ask your healthcare provider about CurrentCare today, visit www.currentcareri.org, or call 888-858-4815.

CurrentCare Costs:

- **Implementation Costs: $28M**
  - Costs through 2011 “Go Live”
  - Does not count in-kind contribution of committee members, policy makers, etc.

- **Annual Operating Costs: $9M- 11M** (Since 2011 “Go- live”)
  - Covers support, operations, maintenance as well as expansion and investment costs
  - To support, operate & maintain infrastructure and operational reporting with indirect: $4.5M
  - Will be upgrading and moving to the cloud so operating may increase to about 5M
  - Education and outreach: $380,000

- **Realizing ROI:**
  - ED return and readmission rates for providers getting alerts
  - Working on duplicate testing analysis

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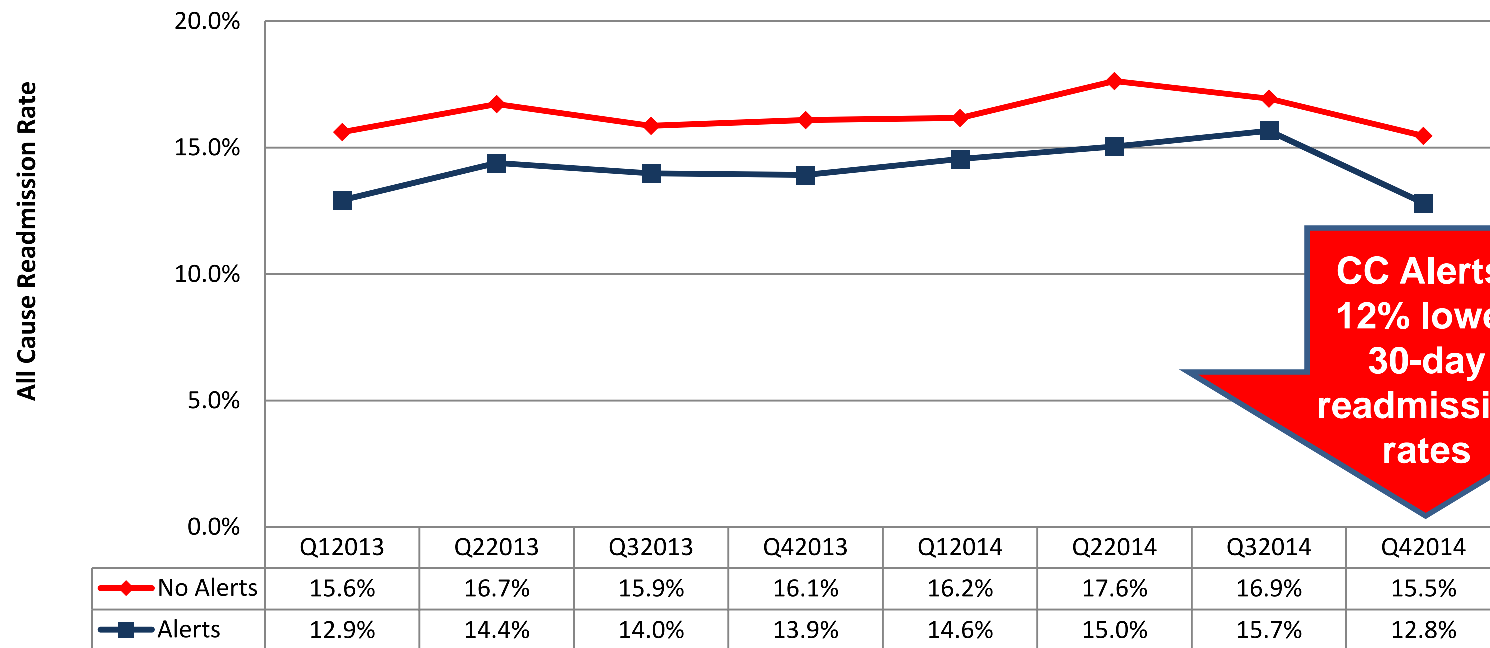
One Important CurrentCare ROI Metric: Hospital Readmission Analysis

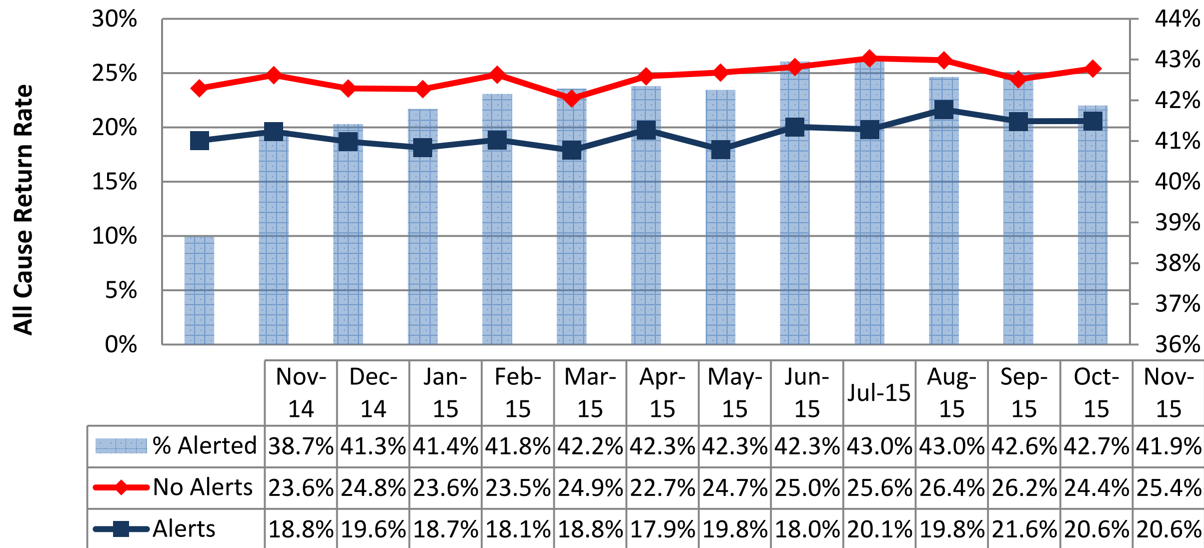
Quarterly All-Cause Readmission Rate
CurrentCare Alerts vs. No Alerts



	Q12013	Q22013	Q32013	Q42013	Q12014	Q22014	Q32014	Q42014
No Alerts	15.6%	16.7%	15.9%	16.1%	16.2%	17.6%	16.9%	15.5%
Alerts	12.9%	14.4%	14.0%	13.9%	14.6%	15.0%	15.7%	12.8%

$4M lower readmission costs in the alerts group in last 12 months
$22M reduction if extrapolated to all patients in the state

Preliminary Results: ED Return 30-Day Rate



CC Alerts:

23% lower ED Return Rate

	Cumulative ED Discharges April 1, 2013 – June 30, 2015	Number of Returns in 30 Days	30-Day ED Return Rate	Estimated Current Cost of 30-Day Returns	Estimated Cost if 30-Day Return Rate Was 25.5%	Estimated Cost if Statewide 30-Day Return Rate Was 19.8%	Cumulative Estimated Savings for 30-Day Return Rate
CC Alerts	128,252	25,349	19.8%	$ 10,139,600	$13,081,600	$ 10,139,600	$***2,942,000***
CC No Alerts	218,759	55,692	25.5%	$22,276,800	$22,276,800	$17,325,600	$4,951,200
Estimated Costs assumes $400 Per 30-Day Return							

CurrentCare Funding – Initial

- **Initial Funding**
  - 2004 with 5 million dollar AHRQ grant to RIDOH
  - RIQI funded at that time by contributions from payers, hospitals and grants

- **HITECH Funding To RIQI** (2010)
  - State Designated Entity for HIE (previously awarded RHIO status by state via RFP process)
  - Regional Extension Center
  - Beacon Community

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CurrentCare Funding: Today

- **Voluntary Broad Based Payer Model:**
  - Developed in 2012; Implemented in 2013
  - $1 PMPM payment based on number of covered lives; includes fully-insured employers, many self-funded employers (including the State of RI) and RI Medicaid
    - EOHHS/Medicaid (at 90/10), first payer volunteer; contingent upon major commerical insurers contributing and attempts to get self insured employers to contributed
    - State of RI as self insured employer was first to volunteer contingent upon 2 large Hospital systems (IDNs) agreeing to contribute
  - **Generates approximately 6.2M (ranged from 5.9M to 7.7M)**

- **Grants**
  - **ONC HIE Interoperability grant; CMS practice transformation network grant, some foundation grants**

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Best Practices

Focus on:	
Patient/Consumer	• Keep the Focus on the Patients/Consumers! All decisions and actions should be based on this principal; being patient centric is critical to negotiating and navigating through conflict, and avoiding proprietary self interest.
Use	• Change to value based purchasing will drive use of the system • Educate and get individuals to adopt/use the system early on to understand its value and to build momentum. This takes a concerted effort by many stakeholders, influence by leaders, takes time and resources;
Local leadership	• Create a vision that recognizes that the "power" of an HIE is about what can be accomplished collectively for the betterment of patients • Actively engage in driving that vision to reality
Collaboration and Transparency	• Committing to collaboration with all stakeholders and being transparent is critical to gain trust of health care community and individuals; Listen carefully and respond
Policy	• Policy development should drive technology yet be considered in conjunction with technical, operational and sustainability considerations

Key Learnings

1. **Community decision-making process can be slow and requires a large time commitment, but the outcomes of the process are worth the time and effort invested;**

2. **Seek broad stakeholder input early and often (including patients/consumers and providers); Listen carefully, modify accordingly and inform of changes made; this builds trust**

3. **Appropriate governance, management and performance measurement processes must be in place to drive sound decisions and ensure progress over time and provides transparency**

4. **Identifying a consent model is a significant challenge; opt out will generally allow for the greatest use of the HIE and avoid duplication of systems** (public health, population health, quality measurement) **; but may limit types of data that can be included**

5. **Develop system that can include and can link a patient's clinical data with their claims data (**with value based purchasing there is a need for both clinical and claims in real time)

6. **The role of government may change over time**

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