

IOM Committee on the Review of the Adoption and Implementation of Health IT Standards

Blue Cross Blue Shield Association

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September 17, 2007

Washington D.C.

Supported by written submitted testimony

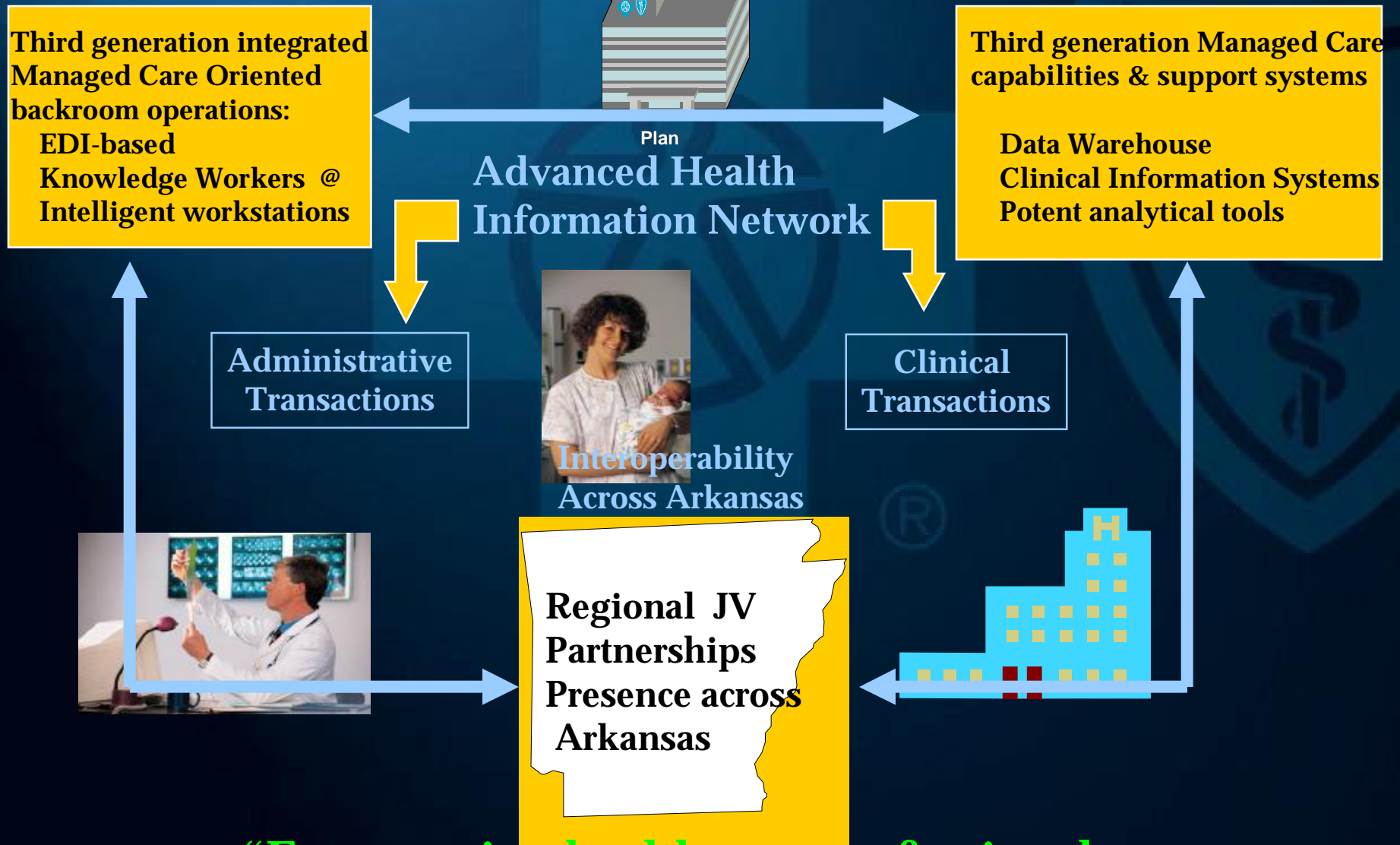
Overview

- § **BCBS Strongly Supports Health IT Vision**
- § **Broad Environmental Context**
- § **Setting Strategic Priorities**
- § **Adopting and Implementing Standards**
- § **HIPAA Context**
- § **Health Information Exchanges**
- § **Conclusions**

BCBSA Supports Health IT

- § **BCBS System of Plans serves nearly 100 million Americans (1 in every 3)**
- § **Committed to healthcare system delivering safe, efficient and high quality care for consumers**
- § **Broad, deep, and active engagement in Health IT and ONC's Vision**
 - Ø **AHIC, HITSP, CCHIT, WEDI, ANSI X12, HL7**
- § **Arkansas BCBS is uniquely positioned to offer testimony, given we have developed and implemented most of the Health IT Vision, beginning in the mid-90s**
 - Ø **One of the nation's first interoperable health information exchanges, the Advanced Health Information Network**

ABCBS's Strategic Business Vision - 1994 (Today's Health IT Vision)



“Empowering health care professionals with information at the point of service”

AHIN's Current Deployment Profile

Deployment: began in 1998

- § **Physicians: 8195 -- nearly all**
- § **Hospitals: 91 -- nearly all**
- § **Other Providers: 344 -- major portion**
- § **Deployed & spun-off more than 1000 EHR's licenses (Logician, now called Centricity)**

Operational Status

- § **Administrative Features: Fully Functional**
- § **Clinical: Fully functional for 2 years in 2 Regions;**
 - Ø reduced scope currently due to extensive Provider Human Resource requirements to sustain the "Normalization" process, which proved excessively onerous for Providers
 - Ø Interfaces from Hospital Lab, radiology & dictation systems to Physician's EHR (Logician) remains operational in 1 region

The Broader Environmental Context

- § **Massive business process and supporting IT applications/infrastructure transformation already taking place**
- § **On top of the 7-year-old HIPAA journey (+ more complex years on the horizon), 2 additional “Sea Changing” transformations**
 - Ø **Interoperable Health IT Vision**
 - Deployment of EHR’s and PHR’s
 - Development and Deployment of Industry Standards
 - Development and Sustainable Deployment/Integration of HIE’s
 - Ø **Convergence Of Health Care And Financial Services industries**
 - New transactions and processes across these two industries due to new consumer directed products (e.g. HSAs, HDHPs)
 - Supporting systems integration across these 2 industries
- § **Bottom line: Current complex business and supporting IT changes will be compounded with additional health IT standards adoption**

Setting Strategic Priorities

§ **Building a Vision requires a strategic game plan with logical building blocks toward the national health IT agenda**

Ø Have not seen this yet

Ø If available, share; if not, construct before random deployments

§ **For example, current 4 prototype “Use Cases” useful, but not foundational**

Ø Remote Monitoring: experimental; unproven business/clinical added value; normalization and technology issues, especially rural America

Ø Remote Consultations: pilot testing occurring in BCBS Plans indicating economic and legal disincentives and clinical complexities

Ø Personalized Healthcare: ability and effectiveness of associating personalized genomic data with clinical data in embryonic stage

Ø Referrals and Transfers: similar transaction mandated by HIPAA with extensive compliance investment, yet very limited adoption to date; if pursued, build upon existing HIPAA standards

Adopting and Implementing Standards

§ History is a great teacher: learn from HIPAA experience

- Ø Pilot test standards before adopting them; saves immense reworking
 - In version 4010; Oops, really need 4010A1
 - Claim attachments pilot discovered 53 specific problems with the draft standard
 - Medicare's electronic prescribing pilot demonstrated inability of some HITSP standards to convey data needed to support use in Medicare Part D
 - Requires putting "rubber on the road", rather than relying on many stated "assumptions" that foundational capabilities "will happen"
- Ø Provide adequate time for all constituents to implement; 2 years at minimum: None met yet; meaningful HIPAA adoption occurring in 4–5 years
- Ø Put All Stakeholders in the same Boat, rather than targeting only payers
 - Providers, Payers, Vendors, Consumers, and Government

HIPAA Context

§ **Been on the HIPAA compliance road for seven years now, and facing more years of highly complex compliance, expanding focus to Healthcare Industry's Business Processes, as well as IT.**

Ø NPI contingency window

Ø Claim Attachments

Ø e-Prescribing

Ø 5010

Ø The massive ICD 9 to ICD 10 migration will impact most existing Business Processes and supporting IT systems across the entire industry

§ **High risk of “disconnection” on current Use Case tracks which ignore HIPAA; need to join in harmony**

Ø Referrals and transfers of care (noted earlier)

Ø Laboratory results reporting: ONC's track and HIPAA's track do not connect --- no results will be reported

Health Information Exchanges

- § **Speaking from a great deal of experience in this arena.....**
- § **“Network of Networks”, integration of administrative, clinical and financial functions supported by industry standards is bedrock to building the Health IT Vision**
- § **So is “Normalization” from disparate laboratory, radiology, pathology systems, disparate equipment gradient scales and local clinical jargon.**
 - Ø **We operated this for two years, but providers could not sustain**
- § **Viable Business Models must emerge from private and government joint investment, which generates**
 - Ø **An ongoing revenue stream**
 - Ø **A compelling business value case to all healthcare industry constituents**
 - Ø **Is easily integrated with stakeholders’ respective backroom systems**

Conclusions

- § **Applaud Secretary Leavitt and ONC for making solid progress**
- § **Re-assess & Refine the comprehensive “Game plan”**
 - Ø Integrate with realities of “sea changes” already roiling the Industry
 - Ø Set meaningful strategic priorities for use cases
 - Ø Properly sequence deliverables in their logical development supporting the “Game plan”; build the solid foundation early on
- § **Subject all proposed standards to real world pilot testing**
 - Ø Early problem identification
 - Ø Identification of ambiguities and gaps in the underlying use cases
 - Ø Provides realism to implementation timelines
 - Ø Must engage and apply to all stakeholders equally
- § **Integrate HIPAA’s timing and content with standards setting**
 - Ø Learn from history; provide a minimum of two years for compliance
- § **Develop realistic methods for data normalization and cost estimation, and encourage emergence of a viable business models for HIE’s**