eHealth Exchange
ANNUAL MEETING
LOST PINES RESORT & SPA
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Venturing Beyond Treatment to Operational Use Cases

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Inbound

- **72 contracts** — Member Attribution Rosters
- **40 contracts** — Payer Medical Claims
- **34 contracts** — Payer Pharmacy Claims
- **15 contracts** — Quality Gap Lists

Outbound

- **56 contracts** — Payer Data for EHR
- **40 contracts** — Supplemental Data for Payers
- **4 vendors** — Data for Vendor Products
- **100+ tables** — Database Tables & Views

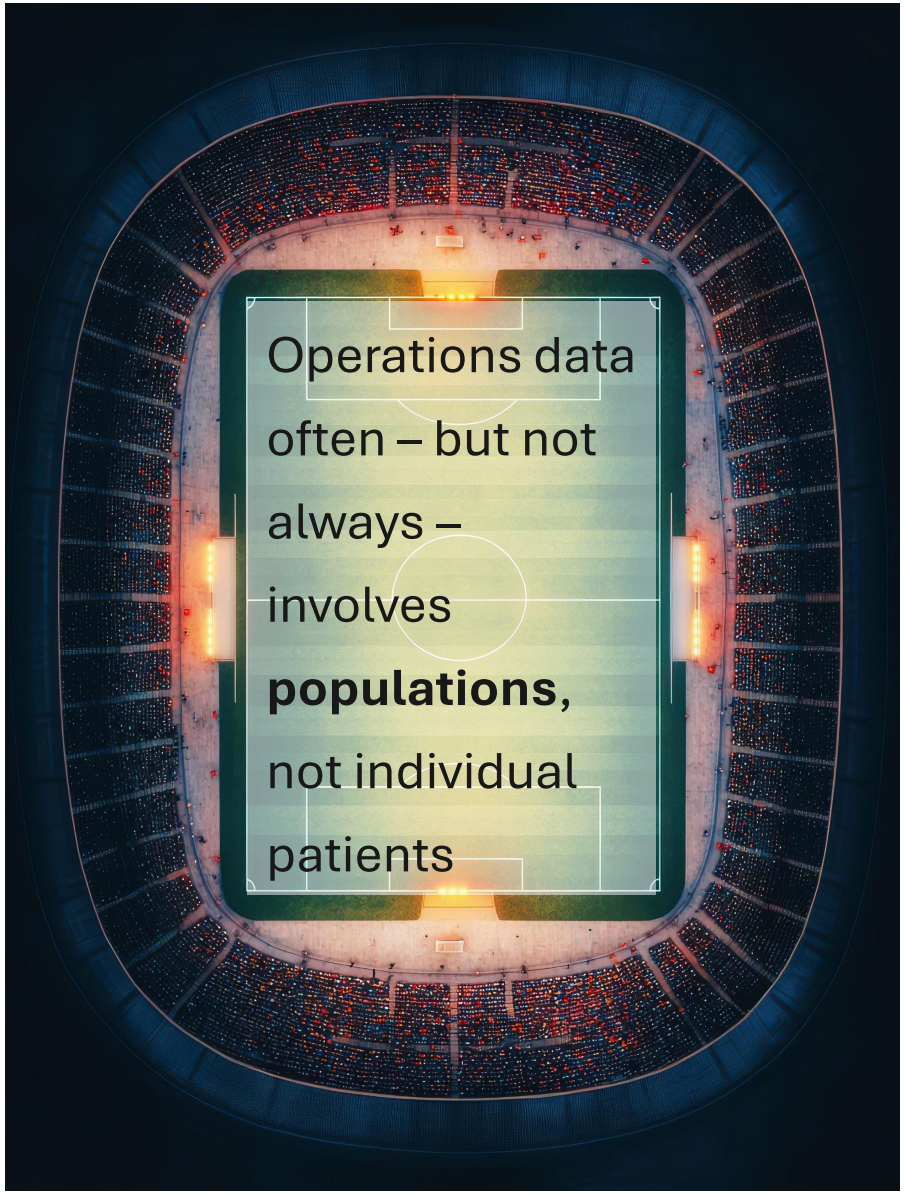
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What is operations data?

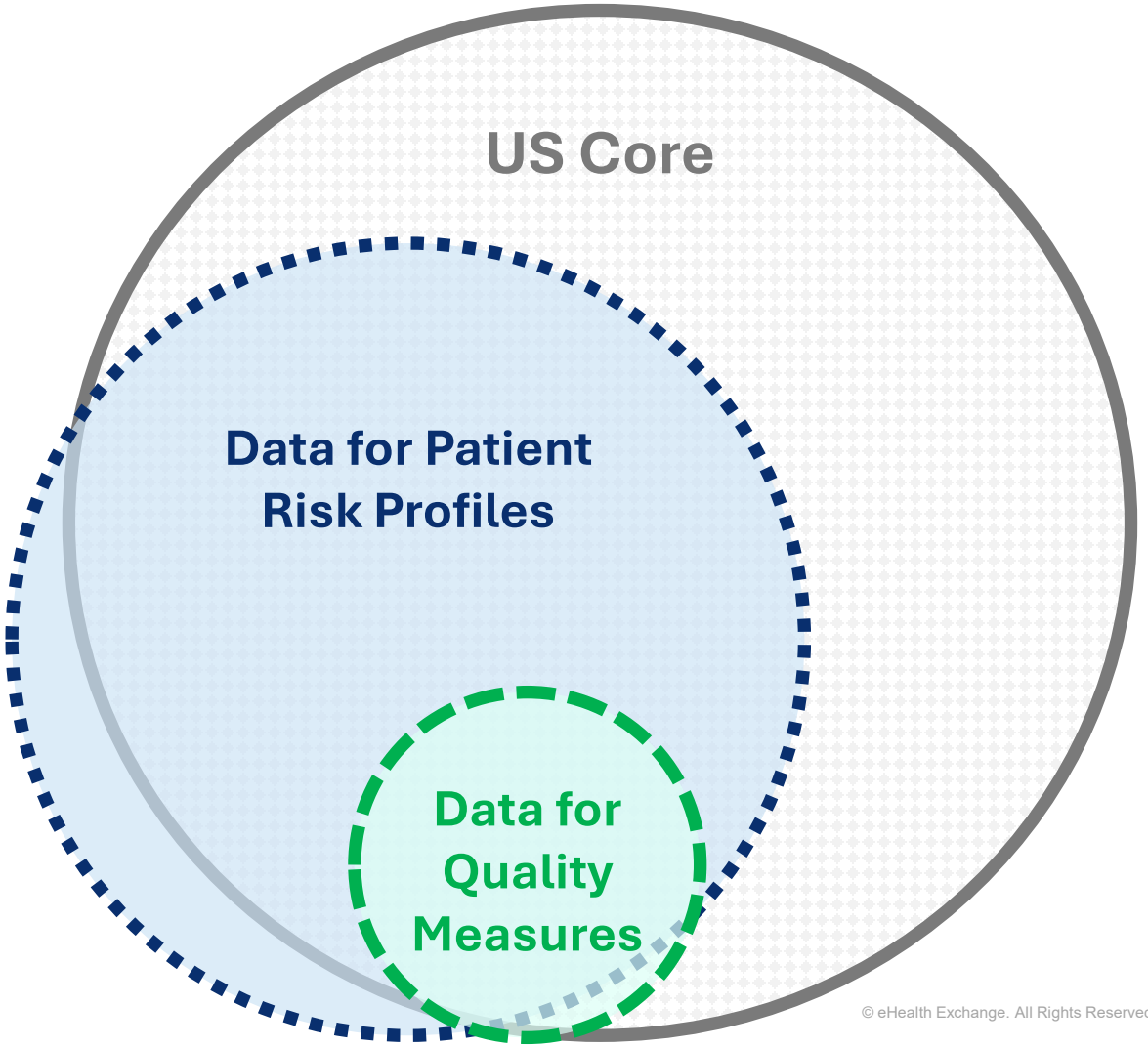
- Quality measures
- Value Based Care performance
- Care coordination
- Patient risk profiles
- Provider and network management



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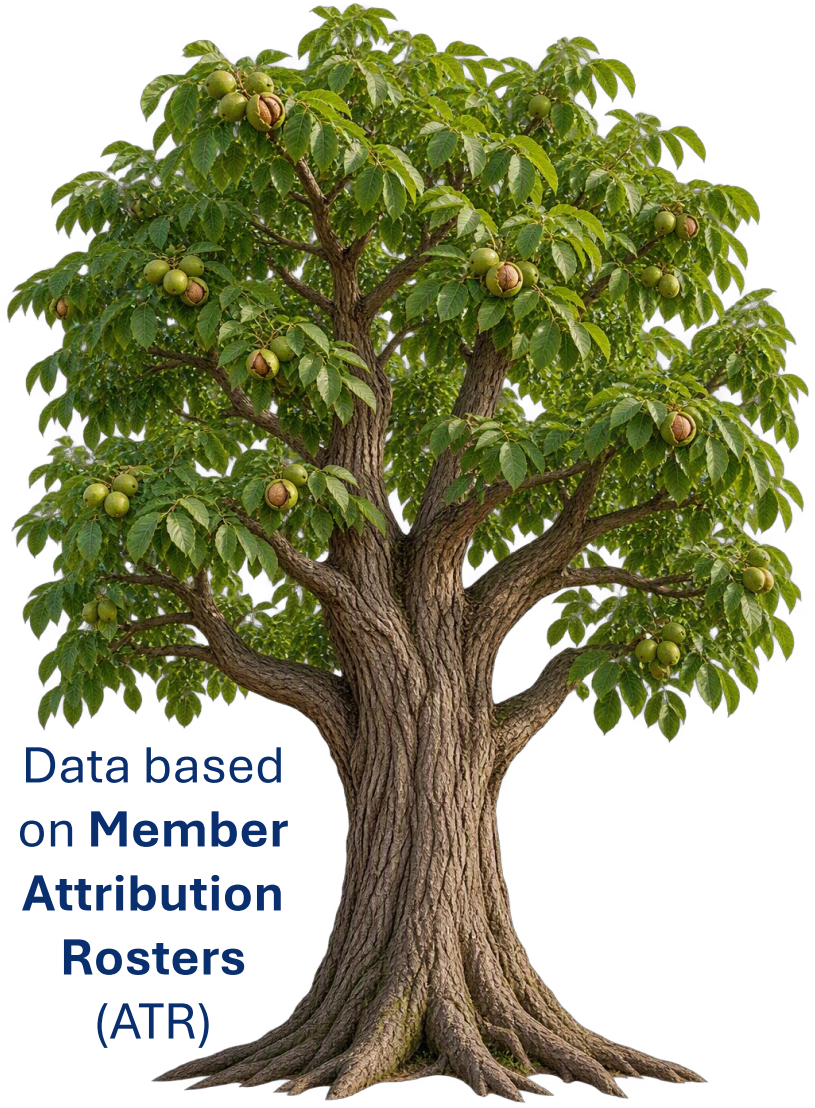
By use case or one comprehensive extract?

- Payers generally want a single dataset for many use cases
- But some EHRs have technical limitations



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A solid foundation for data exchange



Data based on **Member Attribution Rosters** (ATR)



Data based on insurance **coverage in EHR**

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Where payers and providers can start

Member Attribution Rosters
(ATR)
From **payer** to **provider**

Which members are we jointly caring for?

Payer Claims Data
(Carin BB + PDex)
From **payer** to **provider**

Can we kill non-standard claims files and see the clinical data?

Data for Quality Measures
(defined by NCQA or CMS)
From **provider** to **payer**

Can we improve performance on quality measures?

- Providers also want: Calculated quality measures, Benefits Design, Inpatient, ED, SNF census and notifications, Summary data on patient risk profiles, and Financial performance for Value-Based Care
- Payers also want: Risk profile data, Data for 60 days post encounter, Data to support Electronic Prior Auth (ePA), Inpatient, ED, SNF census and notifications, and Scheduled appointments

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Who is driving this work?



PAYERS

- Aetna
- CHPW
- CMS
- Humana
- Premera
- Regence
- United



PROVIDERS

- Multicare
- Providence
- Intermountain Health
- MA Health Data Consortium



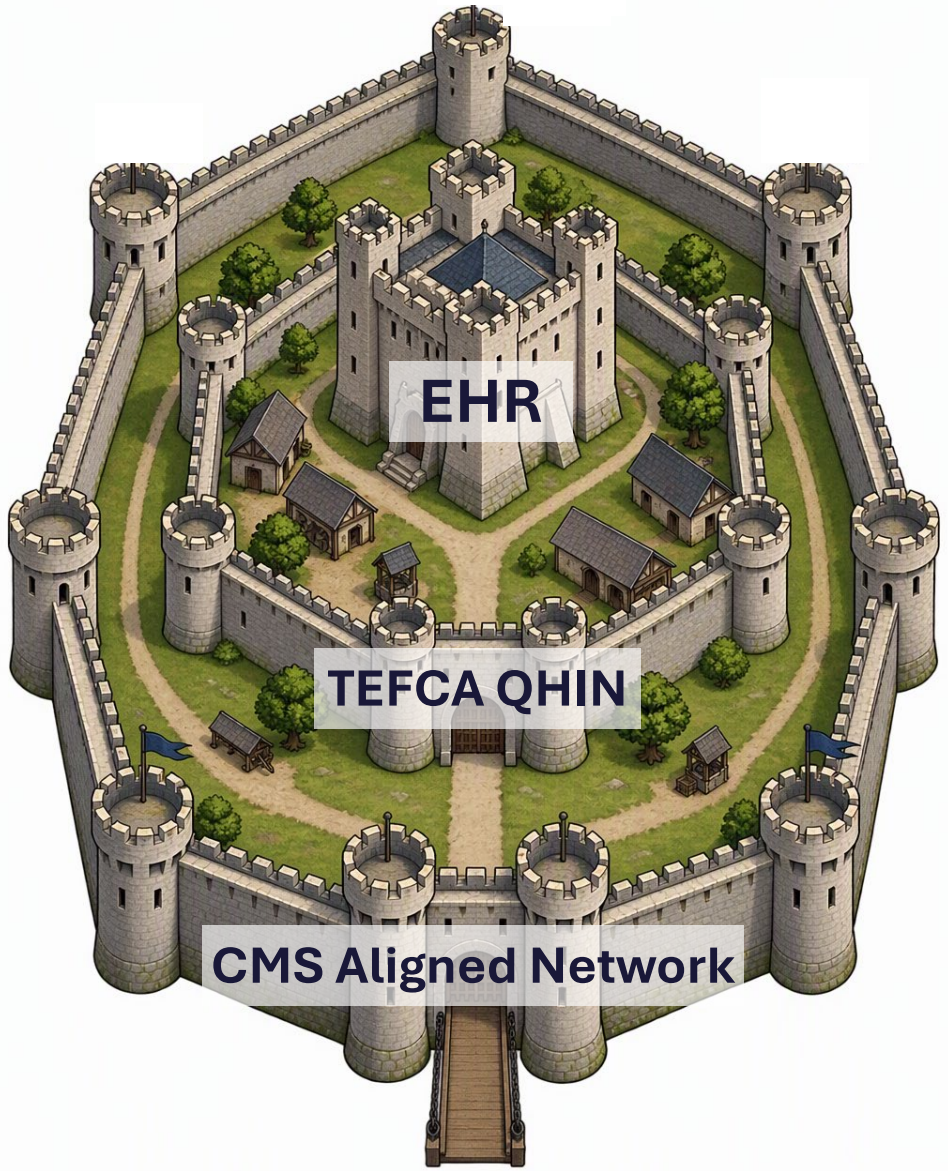
WORKGROUPS

- HTE Payer-Provider subgroup
- HCP-LAN
- Digital Quality Implementers Community (DQIC)
- Da Vinci Trebuchet FHIR Pilots

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What keeps me up at night

- Provider organization engagement
- How many intermediaries to get to the data?
- Payers masking data
- Patient consent as a worthwhile challenge



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A pathway to scale

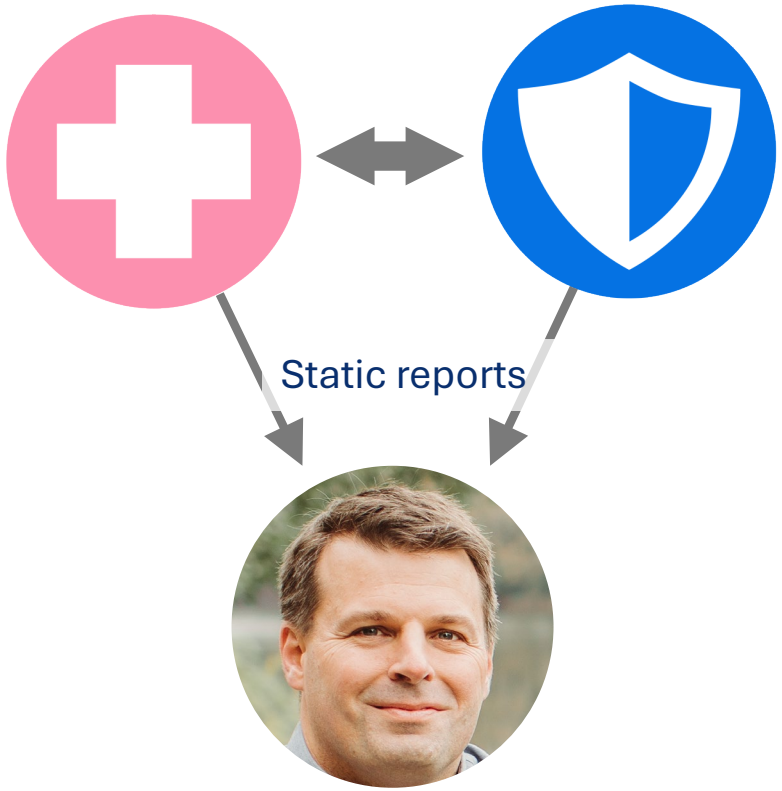
1. Point-to-point use cases with innovative orgs.
2. Support provider directory, bulk exchange tools
3. Share learnings with EHRs & vendors
4. Add network solutions and scale



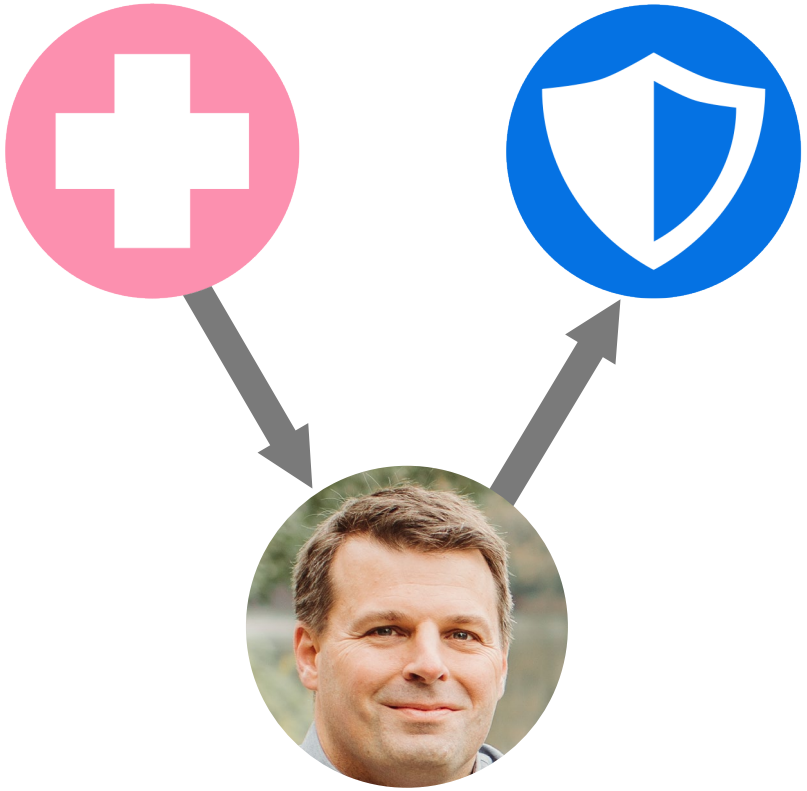
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Patient-mediated exchange

Current Model (Primarily B2B)



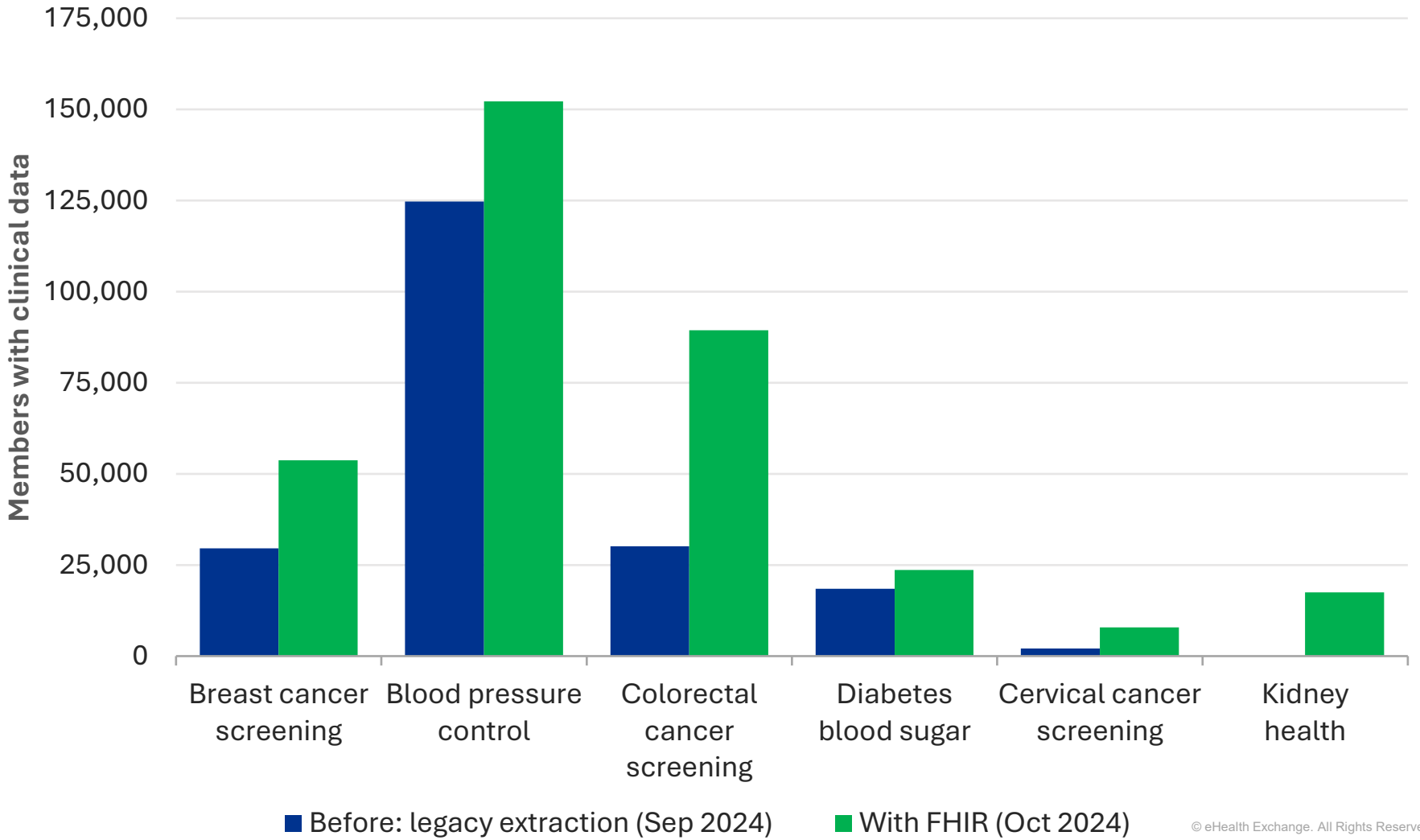
Future Model Example (B2C2B)



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Why FHIR? It's generally richer

- We were surprised to find **70% more data when we pulled FHIR** natively out of our EHR instead of from the reporting database.



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Stop accepting custom

- When a payer, a provider, an EHR or a vendor proposes one more proprietary format, ask:

Why not FHIR?

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