SOUTHERN LEGISLATIVE CONFERENCE
Health Information Technology Discussion
Technology’s potential impact on healthcare

July 18, 2011
Discussion Outline

- **WHO:**
  - Who am I and who do I represent?

- **WHAT & WHEN:**
  - What federally has occurred?
  - What does the new HIT space look like?
  - What are the inputs and outputs?
  - When does this start or stop?

- **HOW:**
  - How will companies survive and flourish?
On February 17, 2009, President Barack Obama signed the American Recovery and Reinvestment Act (ARRA). Title XIII of ARRA, called the Health IT for Economic and Clinical Health Act (HITECH), allocated $19.2 billion toward health information technology. This act seeks to bolster health IT to improve the delivery of healthcare in the United States. With various provisions and regulations, the Act provides assistance, tools, and resources to providers to allow for implementation and utilization of electronic health records.

There are a myriad of legal implications of which stakeholders must be aware when implementing electronic health records and meeting Meaningful Use Standards. Certain provisions of the related laws may be subject to the judicial interpretations. Key judicial actions will be outlined in this section and continuously updated as new developments in the law occur.
Key Dates of Meaningful Use

- January, 2009 – President signs the “American Recovery & Reinvestment Act” (ARRA)
- January, 2010 – Official “Notice of Proposed Rulemaking” in Federal Register (over 2,000 responses from the public received by CMS)
- July 13, 2010 – CMS releases pre-pub Final Rule
- On July 28, 2010 – Official publication of the Final Rule in Federal Register
- On September 25, 2010 – 1.1 National Institute of Standards and Technology for Certification of Meaningful Use State 1 effective October 24, 2010
Expanding HIT Market

Key Market Drivers

ARRA/HITECH

Healthcare Reform

Value Based Reimbursement Programs

Direct HIT financial incentives and penalties

Risk shifting to provider community

accelerates

Shared Health market opportunities
HOW? A divide we must cross…..somehow

EXISTING

• Pay for volume
• Fragmented care
• Fee For Service
• Treating sickness
• Adversarial payers
• Little HIT
• Duplication & waste

FUTURE

• Pay for value
• Accountable care
• Global payment
• Fostering wellness
• Payer partners
• Fully wired systems
• Right care, right setting, right time

Laggards

Late Majority

Early Adopters
Clinical Integration Pathway

Stage 1

Collect

+ Get patient data into standardized formats and submit claims electronically
+ Use a Practice Management System that provides revenue cycle enhancement
+ Collect and start using clinical data

TO GET TO THE NEXT STEP
You need an electronic health record (EHR) solution, an interoperable Health Information Exchange (HIE), and the ability to meet meaningful use criteria. Shared Health® Clinical Xchange® delivers all of these.

Move

+ Begin exchanging data
+ Put tools into place that maximize reimbursements, including:
  • Meaningful use
  • Electronic prescribing
  • Physician Quality and Reporting Initiative (PQRI)

Stage 2

Stage 3

Improve

+ Maximize patient outcomes and reimbursement performance
+ Accelerate Accountable Care Organization (ACO) participation and leadership
+ Meet pay-for-performance metrics
+ Achieve clinical integration

YOU NEED TO BE HERE
By reaching this step, you achieve clinical integration that enables you to meet emerging reimbursement models and improve care in your community.

Claims Driven

Clinically Driven
Introduction

Shared Health Vision

- **Mission**
  - Shared Health creates *comprehensive patient-centric health information* with intelligent clinical decision support tools to empower clinicians to deliver exceptional care

- **Motivation**
  - Shared Health achieves this mission with a passion for continually improving our products to increase our value to health systems and the clinicians who practice within these systems

- **Purpose**
  - Shared Health’s purpose is to.....
    - Improve efficiencies and quality of care within health systems
    - Provide a navigational system for clinicians (Clinical GPS)
Introduction
The Shared Health Overview

- Launched in 2004 with the goal of delivering meaningful health information to physicians at the point of care to reduce systemic health care costs

- Four critical success factors:
  - Build scalable technology
  - Demonstrate ROI
  - Secure provider adoption
  - Provide a secure environment, building stakeholder trust

- 6 years experience serving clinicians in ten states
  - Nearly 6 million patient records and over 6,500 registered clinician users
  - Average 70,000 patients accessed monthly and 25,000 ePrescribe Prescriptions
  - Peer reviewed demonstration of cost savings
  - Strong workflow and data interoperability capabilities
  - Localized clinical outreach teams to drive adoption
  - Less than 1% patient opt-out rate

- Well positioned for the growing H.I.T. market
Introduction
Shared Health Stakeholders

Markets
- State Government & Dept. of Medicaid
- Commercial Payers
- Hospital-centric Health Systems
- Physician Organizations

Value Proposition
- Business drivers
  - Control long-term escalating healthcare costs compatible with practical funding sources
- Adoption
  - Ease of use
  - Connected to reimbursement programs
- Quality improvement
  - Improve care coordination through exchange of clinically relevant information

End Users
- Clinicians at the point of care
- Customer administrative & clinical representatives
- Patient or Consumer
Shared Health 2010 Tennessee Results

The following data is representative of 2010 all of Tennessee. Shared Health solutions such as Clinical Health Record, ePrescribing, and CCD, are widely adopted across the entire state.

**ADOPTION STATISTICS**

- **673,600** patient records accessed (look-ups) thru Clinical Health Record
- **172,021** user sessions (~717 user sessions per working day)
- **102,000** CCD transactions (started in June 2010)

**CLINICAL VALUE FOR STATE**

- **83%** of Tennessee counties utilize Shared Health and coincide with state population density
- **1 out of 5** eligible patients are viewed at the point of care thru Shared Health’s solutions.

*Data Represents 2010, January through December*
Adoption alignment with Tennessee population

Shared Health solutions were utilized in high population density areas....

- 438 Tennessee practices accessed Shared Health
- 79 out 95 counties (83%)
- 1,232 providers

Pushpins identify practices that used Shared Health in 2010. Shading reflects population density.
**Product Overview**

**Shared Health’s Assets**

- **Data Transformation**
  - Interoperability
  - Transformation
  - Normalization

**Clinical Xchange® Platform**

- **Workflow Services**
- **Clinical and Business Intelligence**

**Portal Flexibility Workflow Integration**

**Patient-centered health records Population Reporting**
## Shared Health Tools and Products

<table>
<thead>
<tr>
<th>Tool</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Clinical Health Record®</strong></td>
<td>• Patient centric record aggregating key encounter, observational, and clinical information at the point of care.</td>
</tr>
<tr>
<td><strong>Clinical Insight®</strong></td>
<td>• Interactive dashboard allowing users to effectively manage patient populations and performance under quality programs.</td>
</tr>
<tr>
<td><strong>Condition Tracker®</strong></td>
<td>• Multi-Condition registry allowing users to track key clinical indicators, by condition, across the continuum of care.</td>
</tr>
<tr>
<td><strong>ePrescribe®</strong></td>
<td>• Web-based electronic prescribing solution allowing users to create and submit new prescriptions and manage refills.</td>
</tr>
<tr>
<td><strong>Mysharedhealth.com</strong></td>
<td>• Patient access to their Clinical Health Record and Condition Tracker Registry.</td>
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</table>
Workflow and Data Integration is our strength

**Clinical Xchange®**

**Scheduling**
- Push clinical decision support
- • Clinical alerts
  • Care Opportunities
  • Continuity of Care Document
  • Enhanced Eligibility

**Patient Visit**
- Pull patient longitudinal health record at the point of care
- • CHR
  • ePrescribe
  • Problem List
  • Care Opportunities

**Post-Encounter**
- Push to registry and ePrescribe
- • Condition Tracker
  • ePrescribe

**Clinical Dashboard**
- Manage outcome performance
- • Clinical Insight

**Reporting**
- Push/Pull quality and performance reports
- • Reporting Module

**LONGITUINAL HEALTH RECORD & CLINICAL DECISION SUPPORT**
Sizing the Market Opportunities with Health Systems

Market Intelligence Phase II further defined Shared Health’s target customers

Shared Health completed the Market Opportunity Assessment in August. Phase II was also a blind interview with ‘C-Suite’ hospital executives to identify their current and near-term strategy in developing health information technologies to support new payment reform models, such as Accountable Care Organizations (ACO).

*ESTIMATED SIZE OF UNIVERSE: Hospital Segment – $18.9B | Physician Organization Segment – $1B

Defining the segments

1. **NEOPHYTES**
   - Defined: No current strategy for ACO program
   - Market Cap: Hospital ~$2.4B  Physician ~$100M

2. **EVOLVING MARKETS**
   - Defined: Next 12-18 months engage in ACO program
   - Market Cap: Hospital ~$16B  Physician ~$500M

3. **MATURE MARKETS**
   - Defined: Currently engaged in ACO type reimbursement
   - Market Cap: Hospital ~$500M  Physician ~$375M

Segment loyalty vs. spend

- **Low**
  - Hospital: ~1200
  - Physician: ~1000

- **High**
  - Hospital: ~750
  - Physician: <100

*Source is an estimated calculation from statistics provided thru American Hospital Directory (AHD) and American Hospital Association (AHA)*
The Longitudinal Clinical Health Record

- Integrated clinical decision support
- Harmonized view of information from across care continuum
- Instant collaboration
- Fast point-of-care access

Patient Demographics

DOB: 05/02/1964
Age: 54 years
Gender: M
SSN: 210389341
Home Phone: Not available
Address: 1212 S Sanders St Greenvilla TN 40230-1813
Member ID: Not available

Allergies

- Xanax: Shortness of breath, Portal Entered Data 04/01/2009
- Sulfamethoxazole-TMP 02/20/2009: Gastrointestinal symptoms, Portal Entered Data

Problem List

- CAD
- COPD
- Congestive Heart Failure
- Diabetes
- Diabetes, Type 2
- Hypertension
- Ischemic heart disease, except CHF, w/o AMI
- Renal Failure, Chronic & Nephropathy

Medications

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Clinical Decision Support Products - Condition Tracker™

- Simplify the registry process
- Obtain source data from across the care continuum
- Complete the patient record to accurately reflect care delivered
- Track multiple chronic conditions and wellness care simultaneously

View patient history and clinical indicators by condition, regardless of who administered care

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<th>User Name: Brian Young</th>
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<td>Doe, Peyton</td>
<td>M Age: 60 DOB: 01/01/1949</td>
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Please check conditions for display below (* System Identified Problem *)

- Asthma
- Hypertension
- Medication Management
- Wellness
- Diabetes

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Clinical Decision Support
Population Management

Population management tool that provides a broad view of care delivered across a patient population

- Drive incentive revenue
- Determine evidence-based care opportunities across populations
- Manage adherence to program and evidence-based guidelines
- Generate action/call reports to contact patients that need to be seen
- Create quality reports for payers or quality program administrators
EXAMPLE: Physician Practice using paper Patient Summary/CCD- Batch
EXAMPLE: Physician Practice with EMR
EMR integration through patient in context