

Health Information Exchange Payer Incentives and Impact

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Value Partnerships



Value Partnerships is a diverse set of clinically oriented programs that foster collaboration among Blue Cross, physicians and hospitals - and it's changing the health care landscape in Michigan.



Where have we been? Where are we now?

01

- Engage stakeholders
- Develop a statewide vision and model for data sharing.
- Address legal and HIPAA concerns



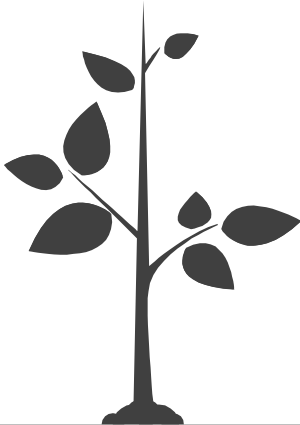
02

- Implement hospital and provider incentives
- Begin data transmissions



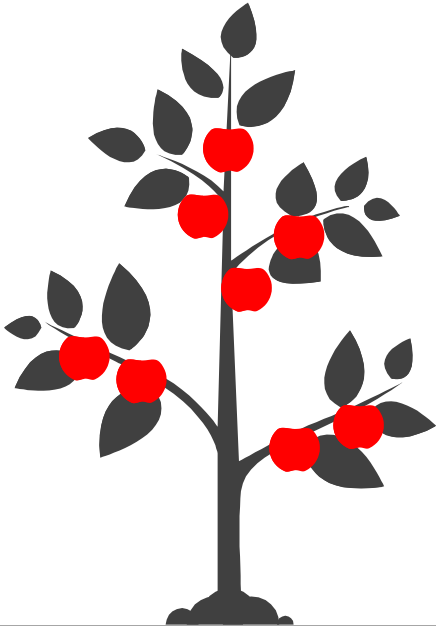
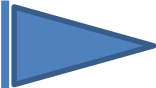
03

- Improve data quality
- Begin using data in patient care
- Expand infrastructure capabilities



04

- Improve interoperability
- Reduce provider reporting burden
- Improve care outcomes



Hospital and SNF Incentives

Hospitals

- \$20M annually
- Focus on:
 - Use case participation: ADT, CCDA, Common Key Service and Statewide Labs
 - Data conformance
- Clinical data quality (2019)

Skilled nursing facilities

- \$300k annually
- Focus on sending and receiving ADT notifications



Physician Incentives

Support and facilitate physicians' ability to share and use data to improve care

- \$5M annually
- Focus on:
 - ACRS
 - Care processes/care transitions
 - Medication reconciliation
 - Facilitate statewide interoperability
 - Pilot projects (2019) and workgroups



HIE Participants – March 2018

	ADT	CCDA
Large and medium hospitals	100	74
Small rural hospitals	19	14
SNFs	206	0
POs	39	18
PCP practices (actively using)	811	n/a



Blue Cross Vendor Initiative

- Use Blue Cross incentives to engage IT vendors on behalf of all our participating physician organizations and practices
 - Identify a core set of capabilities needed to support long-term statewide HIE goals
 - Provide resources and organizational support to overcome barriers
 - Reduce administrative burden due to increased reporting and quality improvement requirements
- Anticipated allocation of approximately \$5.0 million over two years



Blue Cross Vendor Initiative

- Expand performance data reporting while reducing provider burden
 - All-Payer supplemental file following PPQC established standards
 - Quality Reporting Data Architecture (QRDA) files (Cat I and III)
 - Patient demographic file for CAHPS administration (NRC and Press Ganey)
- Develop or demonstrate CCDA capabilities in practice EMR systems
 - Generate and send CCDA to MiHIN after an encounter
 - Improve import functionality: Allergies, Medications, Problem List, Labs
- Improve data sharing processes
 - Active Care Relationship Service (ACRS) file for statewide data sharing
 - Provider Directory: import/export Direct Secure Messaging addresses
 - Common Key: import Common Key and send as part of outgoing files



Blue Cross Vendor Initiative

EMR VENDORS	STATUS
Allscripts	Engaged
Amazing Charts	Discontinued discussions
Aprima	Engaged
Athena	Engaged
Cerner	Engaged
eClinicalWorks	Engaged
Epic	Strategy meeting scheduled
Greenway	Discontinued discussions
iPatientCare	Engaged
ModuleMD	Engaged
NextGen	Engaged
Office Practicum	Engaged
Practice Fusion	Engaged
TRIARQ	Engaged

