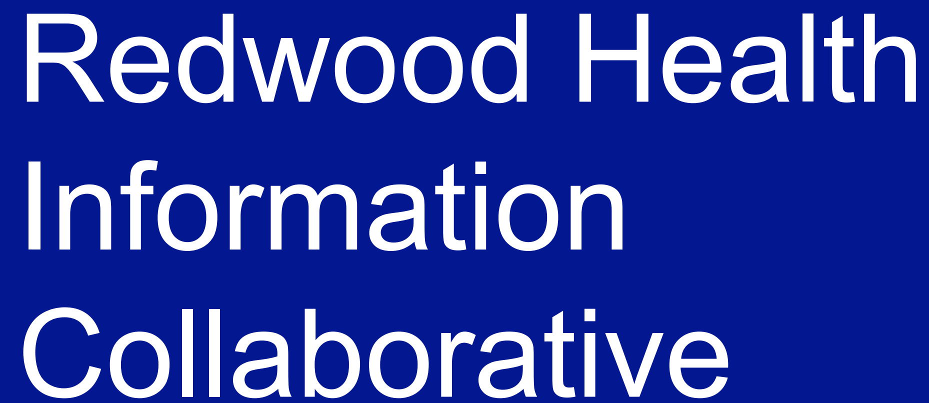


Redwood Health Information Collaborative

Health Information Technology Solutions

Partnership
HealthPlan of California
Lyman Dennis, CIO

- A health plan for low-income and persons with disabilities (ne “aged, blind and disabled”)
- Mission is --

“To help our members and the communities we serve be healthy.”

- 93,000 members in Solano, Napa and Yolo counties.
- 150 employees
- Located in a Fairfield business park
- $260 million annual budget
- By law, must show cost savings to State
- One of lowest administrative cost levels among Medi-Cal plans (under 5%)

Service Area

- Three Counties
  - Solano
  - Napa
  - Yolo

Medi-Cal Health Plan Models

- A score of years ago, then-DHS reconfigured Medi-Cal
  - Model 1 – two-plan model, competing plans
  - Model 2 – geographic managed care
- Needed a model 3 for low-population & some other counties
  - Too small for 2 plans
  - Too small for one plan if only "mandatory" members
- Solution: County Organized Health System (COHS)
  - 95+% of all Medi-Cal eligibles in service area

Why Does COHS Work?

What were problems for a Medi-Cal eligibles prior to reform?

- Few physicians accepted Medi-Cal due to low reimbursement, patterns of care issues
- Especially true for specialists
- ER a major source of care – when problem became acute
- No continuity of care
- Little preventive care

- Increase provider reimbursement and scope of services to the member
- Improve access to care
- Focus on primary and preventive care
- Reduce use of Emergency Room for routine care
- Improve the quality of care
- Establish managed care incentives
- Run a locally responsive organization

PHC Health Care Effect

- Reduced Emergency Dept. use by 52%
- Reduced hospital utilization by 62%
- Implemented Case Management Programs (prenatal, asthma, diabetes), renal, cardiac)
- Implemented Disease Management Programs (asthma, diabetes, renal, cardiac)
- Complex case management program, new
- Added Substance Abuse benefit
- Enhanced Nutrition benefit
- Enhanced Transportation benefit
- Improved quality of care by working with national quality standards (HEDIS® and NCQA)

Quality Awards - 1

- HEDIS 1999 Gold award
  - Among top performers in State (of 22 Medi-Cal plans)
- HEDIS 2000 Bronze award, most improved for one measure
  - Tied for third in State
- HEDIS 2006 Silver award
  - Second in State

Quality Awards - 2

- Best Clinical & Administrative Practices (by invitation)
  - BCAP 3 – asthma
  - BCAP 4 – children with special healthcare needs
- HealthLeaders
  - Top Leadership Team 2005 Finalist

- 18 Board Members from all 3 counties
  - Physicians, Hospitals, County, Consumer/Advocate, Nurse, Community Clinic, HMO, City, Business, County Supervisor
- Spirit of community cooperation
- Significant work done by committees
- Meetings open to the public -- transparency

Lines of Business

- Medi-Cal – Solano, Napa, Yolo (S/N/Y)
- Healthy Kids – S/N/Y, Sonoma
- Medicare Advantage (dual eligibles) – *Partnership*Advantage – S/N/Y

If a Dual Eligible stays in Medicare fee-for-service:

FFS Medicare (Parts A and B)	Medicare Part D (Prescription Drugs)	Medi-Cal

If a Dual Eligible chooses another Medicare Advantage plan:

Medicare Parts A and B Medicare Part D	Medi-Cal

If a Dual Eligible chooses PartnershipAdvantage:

Medicare Parts A and B Medicare Part D Medi-Cal

Provider Network for PA

- All 7 hospitals in all 3 counties
- All 3 major medical groups
  - SRMG (Solano)
  - SWMG (Yolo)
  - Woodland HealthCare (Yolo)
- All 17 community clinic sites
- 10 Skilled Nursing Facilities

Role of IT

- 20 years ago – IT was service unit to do accounting, provide reports
- Today – strategic tool to change the way the organization performs its functions
  - Huge potential to streamline operations
    - More electronic functions
    - Replace paper, as with TARs, RAFs
  - Only beginning to address strategic functions at PHC

Vision of IT

- Support the mission of health care to safety net users
- Do the strategic functions well
- Do support well
- Major projects intervene – PA, AMISYS Advance, expansion
- Function of scale which growth will help solve, so growth is partially self-correcting
- Excellent IT staff

Package Systems

- Managed Care System – AMISYS package, migrating to AMISYS Advance
- Financial Systems – MultiView package

In-house Developed Systems

- Administrative Systems
- Clinical Systems
- Virtual Clinical Network (VCN)

AMISYS Advance

- New version of managed care system
- Supported by vendor
- Current supported hardware
- Runs on HP 9000 system – Unix operating system, Oracle database
- Graphical user interface

AMISYS Advance

- Largest project ever for IT
- Sept 06 – est.140 jobs; Aug 07 – 350 jobs
- New version of AMISYS Advance, 3.1.x
- New scheduler: Active Batch, new version
- New platform: Unix
- New database: Oracle
- New scripting

AMISYS Advance

- Changes in EDI maps (32 distinct maps, some used for many providers)
- Changes in eHealth Applications (eEligibility, eRAF, eTAR, status checking applications, eCIF, M2)

PA Tracker (32 screens)

- Supports marketing
- Tracks the enrollment request from receipt until the member is enrolled / disenrolled in PA product (CMS transaction exchange)
- Provides interfaces to
  - Mange enrollments/ disenrollments requests
  - Communicate between Marketing, Member Services, IFOX, CMS and AMISYS
  - Correct and resubmit IFOX or CMS rejections of transactions
- Submit enrollment, disenrollment requests (data files) to IFOX
- Manages unsolicited disenrollments and displays only important transactions
- Tracks the status of a request (enrollment / disenrollment)
- No ongoing membership discrepancies. A sister plan has 1400 of 9000 or 15%.

Network

To cope with transaction volume --

- Upgrade to gigabit backbone; separate network for backup
- Single backup system for HPs and servers
- Upgraded firewall
- Upgraded switches

- Telephone Systems and Service
  - Sought upgrade
  - New state-of-the-art system for same price
- Redeveloped PHC Website
- Business Objects
  - Expansion of existing reporting tool capacity
- TAR Status Checking
  - Addition to eHealth toolset
- HEDIS Data Analysis

Other (cont'd)

- Frugality — Savings
  - AMISYS Advance — $800,000 one time
    - Software
    - Hardware
    - UPS
  - Telephone service — $50,000 per year (50%)
  - Refund fr McKesson for 1st Year — $17,600 one time
  - GeoAccess — $16,000 for 7 yrs (50%)

    Total — $883,600
- Contributed to
  - Medicare Advantage Application
  - Knox-Keene Application
- HIMSS
  - CHO Task Force – national group to develop database of innovative community health organization IT projects – 40+ members

Administrative Systems

- eEligibility
- eEligibility Download
- eRAF, eTAR
- RAF Status Checking, TAR Status Checking
- eTAR Attachments
- Tumbleweed secure email
- eClaims Submission, Claim Status Checking
- eClaims Inquiry Form
- IVR, IVR Outcall
- eAdministration
- Claims routing

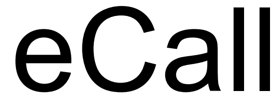
- ER to Clinic Appointment
- Preventive Prompts
- Medical Management (M2)
- eCall
- Disease Management (packages)

ePreventive Prompts

- 18 conditions detectable from claims data
- Design assistance from Dr. Jeff Gee at Kaiser Oakland
- Printable when eEligibility checked at provider’s front desk

Functions of M2 (48 screens)

- Add a TAR
- Manage a patient
  - Indicate level of care
  - Deny a day or change level of care
  - Move to/from acute care
- Modify a TAR
- Detect and managed duplicate TARs (merge or deny)



eCall

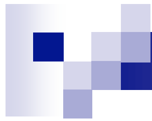
- Can be used to notify members of preventive care that is due
- Can be used for any reminder activity
- eRAF and eTAR collect current member phone numbers – about 900 numbers updated per month
- In La Clinica tests, 85% of 200+ members were reached in 2-3 days by phone
- Learning: telephone contact of Medi-Cal members does work!

Secure eMail

- Operational in June 2006
- Very powerful tool for providers to share information on patients seen
- Can email a member securely and receive a secure response

VCN

- Record Lookup
  - Encounters
  - Lab results
  - Prescriptions & compliance
- Summary Medical History (from eEligibility)



Lookups on VCN

16000
14000
12000
10000
8000
6000
4000
2000
0

April 04
May
June
July
August
September
October
November
Dec 04
Jan 05
February
March
April
May
June
July 05

Lookups

MS HUG

ANNUAL AWARDS

Microsoft® Health Plan of the Year '05

WINNER

Last Year in IT

- New VOIP telephone system; new call center system(2); new call recording system
- HSS DRG/APC system
- Expand to 2nd floor
- Upgrade to ver 11 of Business Objects (initially bad version) – GREAT tool
- Removed SSNs from visible fields
- Temp fix for NPIs

Last Year in IT (cont'd)

- Mock disaster recovery drill
- Made repeated changes to EDI formats to/from CMS/IFOX as requires.
- Assisted in many pharmacy formulary changes and submissions to CMS.
- DocSite, IntelliCred, Catalyst, etc.
- Refined Clinic Alliance reporting
- Investigated ePrescribing

Other initiatives

- Leadership
  - Mentorship for each IT staff member
  - Sue Schade, CIO, Brigham & Women’s Hospital

- Post AMISYS Advance & Key Expansion Steps
  - Cross-training
  - Zero defects

Next IT Applications

- RAF and TAR Acceptance from Fax without printing into routing system for archive
- CRM System – avoid all AMISYS functions except claims
- Claims input outsourcing (Claims & IT)

IT Summary

- "Function like a software development company, not an operating business" – sense of urgency

Free (to provider)

ePrescribing System

Value of ePrescribing

- Between 1.5% and 4% of prescriptions contain errors potentially detrimental to patient
- Adverse drug events occur for 5% to 18% of ambulatory patients
- One of 131 ambulatory patient deaths due to medication error (US DHHS report on Web).
- 42% of serious ADEs are preventable (Gandhi et al., NEJM, 2003)

Value of ePrescribing (cont'd)

- Most prescriptions are for refills.
- Average office time per refill from 2 to 10 minutes
- 900 million prescription-related calls per year (30% of prescriptions require callbacks)
- Sierra Medical Associates, a large Las Vegas medical group increased use of generics by 8.2% through ePrescribing.
- With healthplan incentives, providers may gain substantially from increased use of generics.

Regulatory Background

- Doctors are not required to prescribe electronically
- Healthplans ARE required to “support” ePrescribing (by Medicare Modernization Act of 2003)
- After 2009, physicians who prescribe electronically are required to utilize final standards approved by CMS in 2008
- Preliminary Standards
  - NCPDP SCRIPT Standard
  - Telecommunication Standard Guide
  - ASC X12N 270/271
- Study of pilots at 5 locations published in 2007 by Secretary Leavitt.
  - 3 of 6 standard deemed acceptable (work as proposed)
  - Workarounds exist for other standards

DEA & ePrescribing of Controlled Substances

- DEA prohibits ePrescribing for controlled substances
- DEA options for CS prescribing
  - **Schedule III-V.** Written, physically signed & faxed to pharmacy (considered “oral” prescription) or faxed to pharmacy and verified by pharmacist calling the physician office.
  - **Schedule II.** Fax to pharmacy but pharmacy must also receive actual original written prescription
  - Generation of a prescription by an electronic device that is not signed or has an electronic or digital signature is unacceptable to DEA.
  - For Medi-Cal, must use 3-part form effective Oct 1 2007 copy, erase or counterfeit & 2008 “and” if not ePrescribed or faxed.

Benefits of ePrescribing

- To Members
  - Reduced medication errors
  - Faster communication of prescriptions to pharmacy
  - Physician & PHC better able to monitor drug compliance
- To Practices
  - 50% cost savings from increased use of generics through QIB
  - Staff time savings w fewer call-backs & easier refills
  - Access to patient-specific formulary
  - Better information on patient medication history

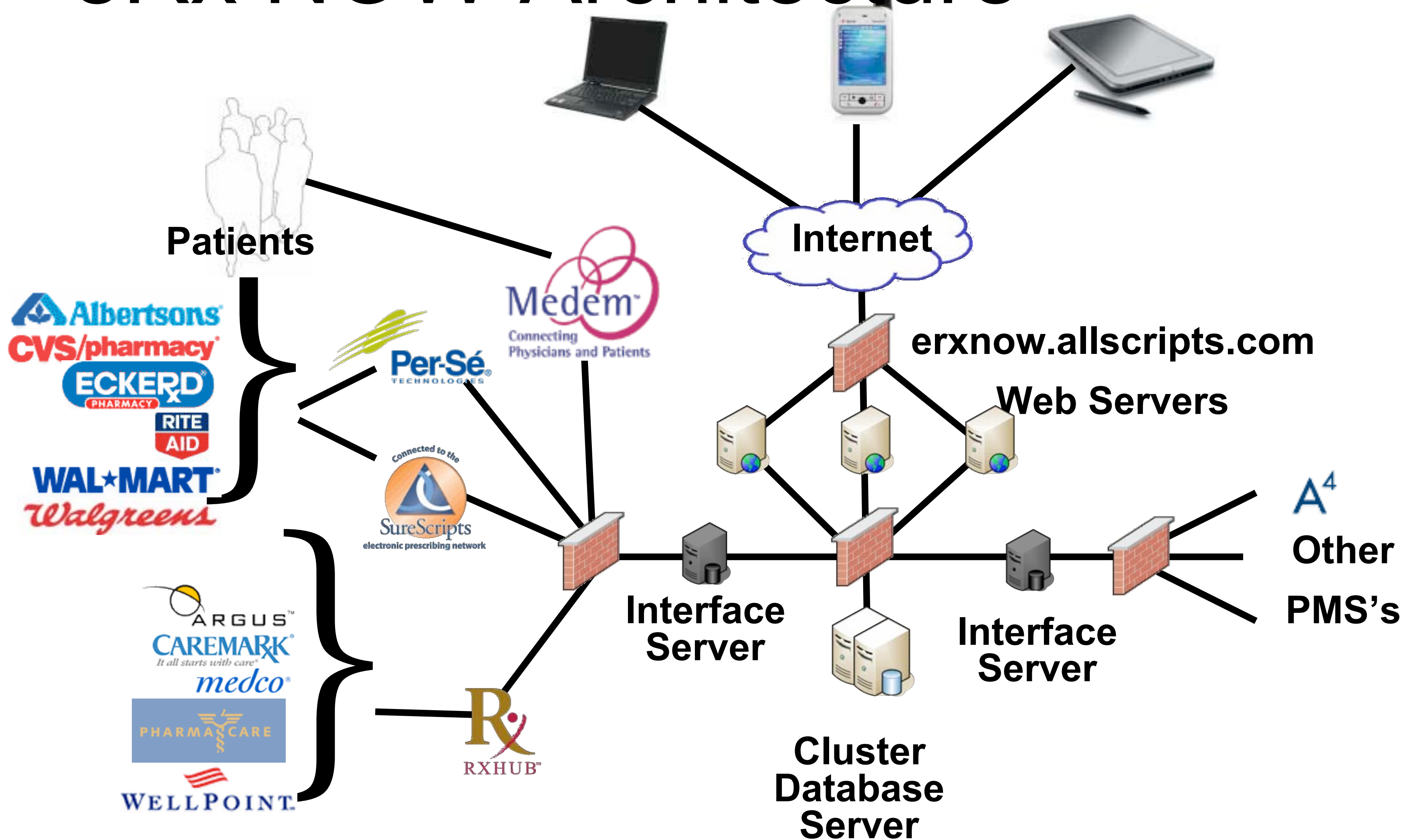
Benefits of ePrescribing (cont’d)

- To PHC
  - Better formulary compliance (saving)
  - Reduced medication errors (saves cost of treating medication-induced conditions)

Allscripts eRx NOW

- SureScripts connection to 95% of pharmacies in 50 states
- Accumulates medication history
- Can add allergies
- Checks for drug-drug effects
- Allscripts promises an export of patient data if physician decides to move to a full EHR
- Preview
  - Pilot with half a dozen interested physicians
  - Demographics from PMS for $299 + $20 per month
  - Providers can access PHC formularies, $0.20 per access)
  - Costs would be paid by PHC for pilot (recovered through cost savings)

eRx NOW Architecture



Key Benefits

- Cost savings from increased us of generics 50% to practice through QIB
- Simpler prescribing and renewal
- Staff time savings w fewer call-backs

- Continued focus on quality improvement
- Improve use of technology with providers & members
- Future expansion (Sonoma, Marin, Mendocino, Lake Counties)
- Explore ways to decrease the number of uninsured in our communities (with Coalition & others)
- Add cost-effective benefits
- Explore options to facilitate placement in long term care facilities

Questions

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