



June 29, 2010

California eHealth Webinar

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1. Webinar History and Upcoming Webinars
2. Update on the **California eHealth Collaborative** (CAeHC)
3. Presentation: Provider Registries in the World of Health Information Exchange – Rim Cothren, Cognosante and Lorraine Fernandes, Initiate (an IBM company)

CaeHC Webinar Series

Webinar Series 2009

- 38 Webinars in 2009

Webinars in 2010:

- March 9: Michele Kang, Interim CEO, CAeHC
- March 23: Chris Cruttenden, President, NetChemistry
- April 6: Wes Rishel, VP and Distinguished Analyst, Gartner
- April 20: Gerry Hinkley, Pillsbury, Winthrop, Shaw, Pittman LLP
- May 4: Steven Waldren, MD, Director, Center for Health IT, AAFP
- May 18: Cal eConnect Implementation Plan Discussion
- June 1: Cal eConnect Implementation Plan Discussion
- June 15: Cal eConnect Implementation Plan Discussion
- June 29: Robert (Rim) Cothren, Cognosante and Lorraine Fernandes, Initiate (an IBM company)

Upcoming Webinars:





- July 13: Dr. Richard Taylor, CMIO, Providence Oregon
- July 27: Laboratory Data Exchange Barriers and Potential Solutions

CA Health Information Exchanges

Statewide

-  Sutter Health
-  CalRHIO
-  Kaiser Permanente
-  Catholic Healthcare West

National

-  Veterans Administration
-  Military Health System
-  Indian Health Service
-  Social Security Administration

Regional

- Redwood MedNet**
- Northern Sierra
- Greater Sierra HIO
- Virtual Clinical Network**
- ACCEL**
- John Muir Health
- ACCHIO
- San Francisco Exchange
- Smart Valley*
- Santa Cruz**
- Fresno HCAP
- EKCITA**
- Santa Barbara*
- Health-e-LA
- Long Beach**
- Inland Empire*
- Orange County**
- Riverside
- OCPRHIO
- San Diego



CAeHC's work in California

- Assisting Cal eConnect with development of CA HIE Implementation Plan
- Convening stakeholders for input into California ARRA process: meeting on June 30th to identify current barriers to laboratory data exchange in CA and provide input to Cal eConnect on state-level services needed
- Working with CalHIPSO and Bay Area healthcare stakeholders to create a Bay Area Local Extension Center (LEC)
- Providing support and resources to current and nascent Regional HIOs
- Continuing Health Information Technology and Exchange Education and Communication activities, including CAeHC Webinar series
- Collaborating on several Beacon grant proposals
- Sponsoring Redwood MedNet HIE Conference on July 9th



PRESENTS

Provider Registries in the World of Health Information Exchange

with

Robert (Rim) Cothren of Cognosante

Lorraine Fernandes, Initiate (an IBM company)

June 29, 2010

Lorraine Fernandes, RHIA, VP, Industry Ambassador
Initiate, an IBM Company
1 August 2010

Robert Cothren, Ph.D, CTO
Cognosante

Provider Registries in the World of Health Information Exchange

Agenda

Provider registries/directories and the changing healthcare market

What's driving the need for provider registries in market segments

- Federal, State/Provincial, Regional and IDN

Solutions addressing the market demands

- NPI, Standards, Registries

California perspective on provider registries/directories

Cal eConnect and provider registries

Provider registries gaining in popularity for effective HIE

- Federal: CMS, SSA, PACA
 - Must aggregate provider data across multiple sources to:
 - Detect and reduce fraud
 - Support 'meaningful use' payments
 - Route electronic transactions
 - Enforce PACA requirements for health plans
- States: CA, FL, AL, MO, AR, MA requiring in RFIs and RFPs
 - Must aggregate provider data across IDNs and state entities to:
 - Reduce Medicaid fraud
 - Support clinical results routing and payments for meaningful use
- Integrated Delivery Networks (IDN)
 - Must aggregate provider data across internal systems to
 - Comply with regulatory and internal requirements for credentialing
 - Protect patient privacy for clinical results routing

A provider registry creates a unified view of providers to enable information sharing, fraud detection and credentialing

Adapted from Source:



Provider registry needs are variable



Federal & states

- Create a directory of clinician information for results routing
- Support better fraud and abuse detection
- Support data transmission to CMS, IHS, NDMS, SSA, VA, and DOD
- Credentialing and digital authentication
- Support 'meaningful use' reporting

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IDNs

- Create a 'hub' or single source of truth to manage credentialing, HIS provider directories and JCAHO requirements
- Disseminate provider data to downstream systems
- Manage referrals better
- Create easy, consistent administration of provider data
- Manage input and data quality

Money talks in the need for provider registries

Medicaid Fraud - 2008

- 1,314 convictions of Medicaid abuse
- More than \$1.3B in fines, settlements and penalties
- 3,129 entities and individuals excluded from participation in Medicare, Medicaid and other Federal health care programs

Examples of Fraud

- Prescriptions by providers under disciplinary action
- Reimbursement requests from ineligible medical equipment providers
- Duplicate treatment claims for same patient
- Reimbursements for unlicensed entities
- Orders and prescriptions from retired or deceased physicians

Proactive detection can be enhanced with single, trusted source of provider demographics and credentials

Source: State Medicaid Fraud Control Units Annual Report – FY 2008

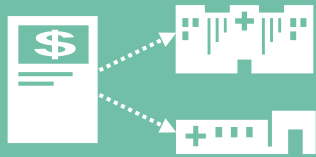
Accurate provider data drives daily operations

Credentialing Systems



“Is this provider’s credentials up to date?”

Billing Systems



“What is the provider’s billing address?”

MMIS



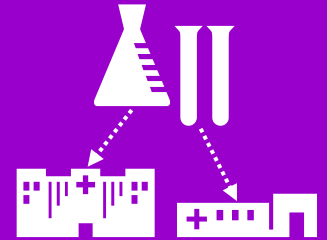
“Is this provider eligible for Medicaid reimbursement?”

Pharmacy



“Can this doctor prescribe narcotics?”

Laboratory



“Which office receives the test result?”

Providers are...

- People - physicians, nurses, radiologists, physician assistants, dentists, home health aids
- Organizations – long term care, dialysis labs, medical equipment providers, outpatient clinics
- Non-traditional such as cab drivers, couriers, in some payment worlds i.e. Medicaid

Current use cases for provider registries

IDN - Optimizing communications across providers

- Managing over 70,000 provider records across disparate sources.
- Building physician loyalty through information sharing and clinical results routing to independent community physicians

IDN - Reducing risk and understanding provider value

- Providing a joint registry for provider and staff across multiple systems
- Validating credentials and enabling compliance with the joint commission accreditation
- Gaining insight into volume and frequency of referrals from physician community

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HIE - Increasing efficiencies with accurate provider data

- Creating a province-wide view of providers and their relationships
- Improving patient communication with providers registration process and continuity of care for models such as PCMH and ACO
- Updating records from external credentialing sources
- Serving as source of truth for connected systems, routine, validation of provider identity

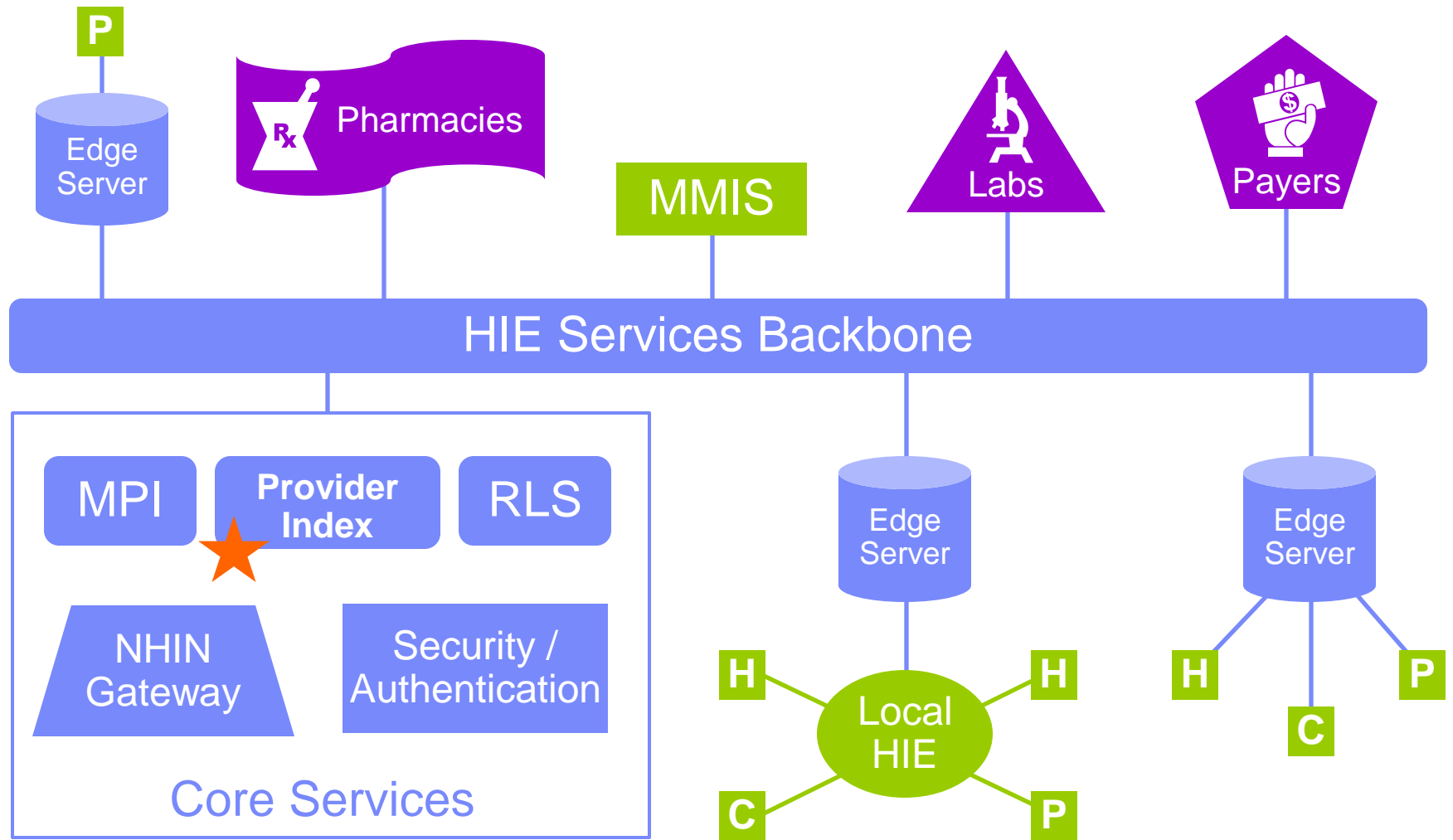
Health plan – Improving claims process

- Improving productivity by automatically managing provider identities across systems
- Creating a unified view of providers across multiple source systems
- Managing provider contracts more effectively across plans
- Analyzing sets of providers against health plan networks

Provider registry requirements

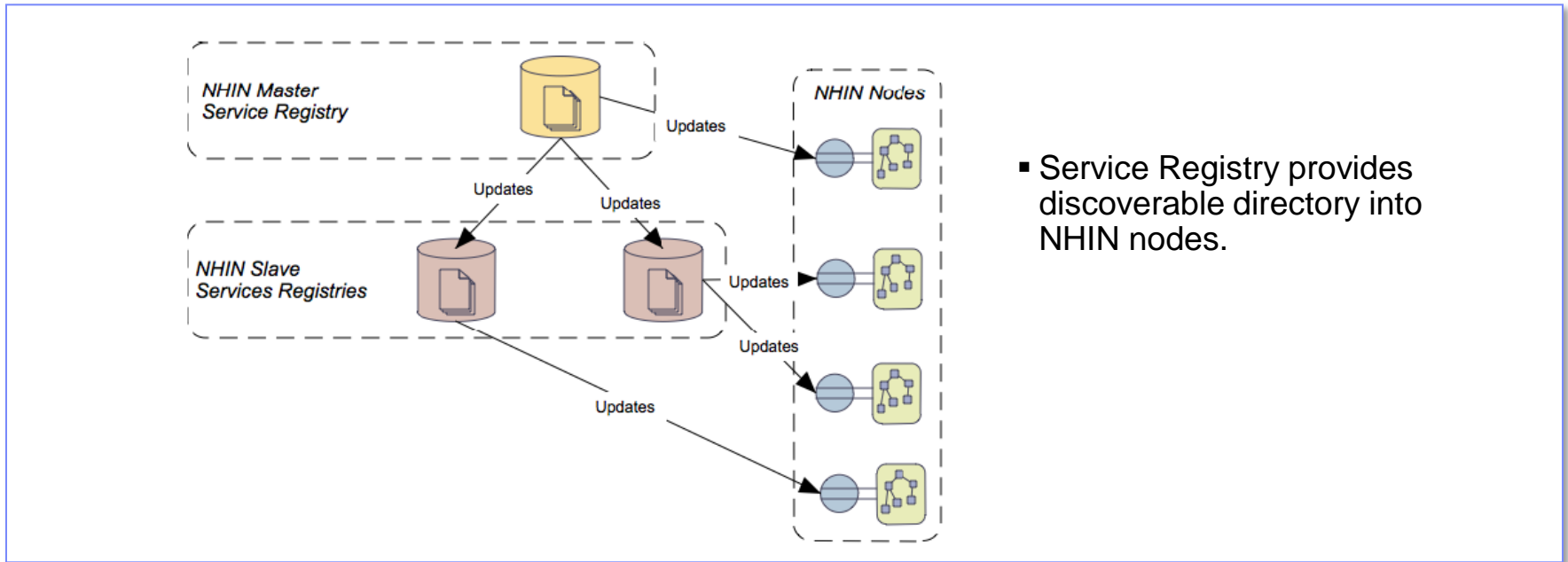
- Flexible data model
 - Today's requirements may be different than future HITECH and PACA requirements
- Relationship management
 - Relate patient to multiple providers
 - Relate providers across care teams
 - Relate provider to patient to consent
- Extensible and scalable technology
 - Support millions of real-time transactions with utmost accuracy
 - Expand to include other entities like patient, member, organization
- Standards-based and flexible integration
 - Support evolving standards including HL7 MFN and IHE
 - Web services, SOA
- BUT. . . never lose sight of building trust and protecting privacy

How Provider Registry fits into the state wide HIE architecture?



Adapted from Source: Arkansas Health Information Exchange, Request for Information

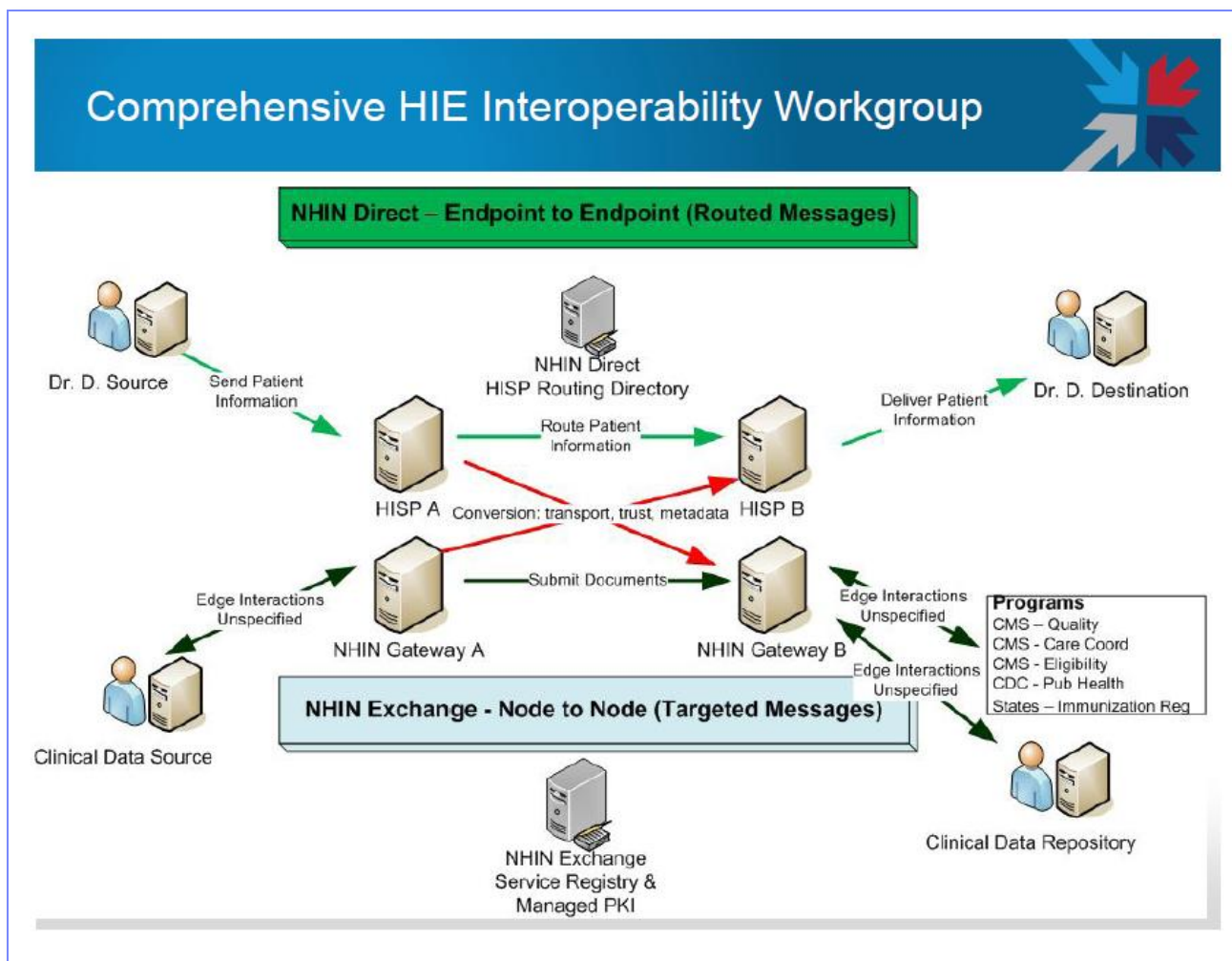
How does NHIN Exchange fit into the statewide HIE architecture?



- Service Registry provides discoverable directory into NHIN nodes.

Source: From NHIN Web Services Registry Web Service Interface Specification v2.0 dated 29 January 2010.

How does NHIN Direct fit into the statewide HIE architecture?



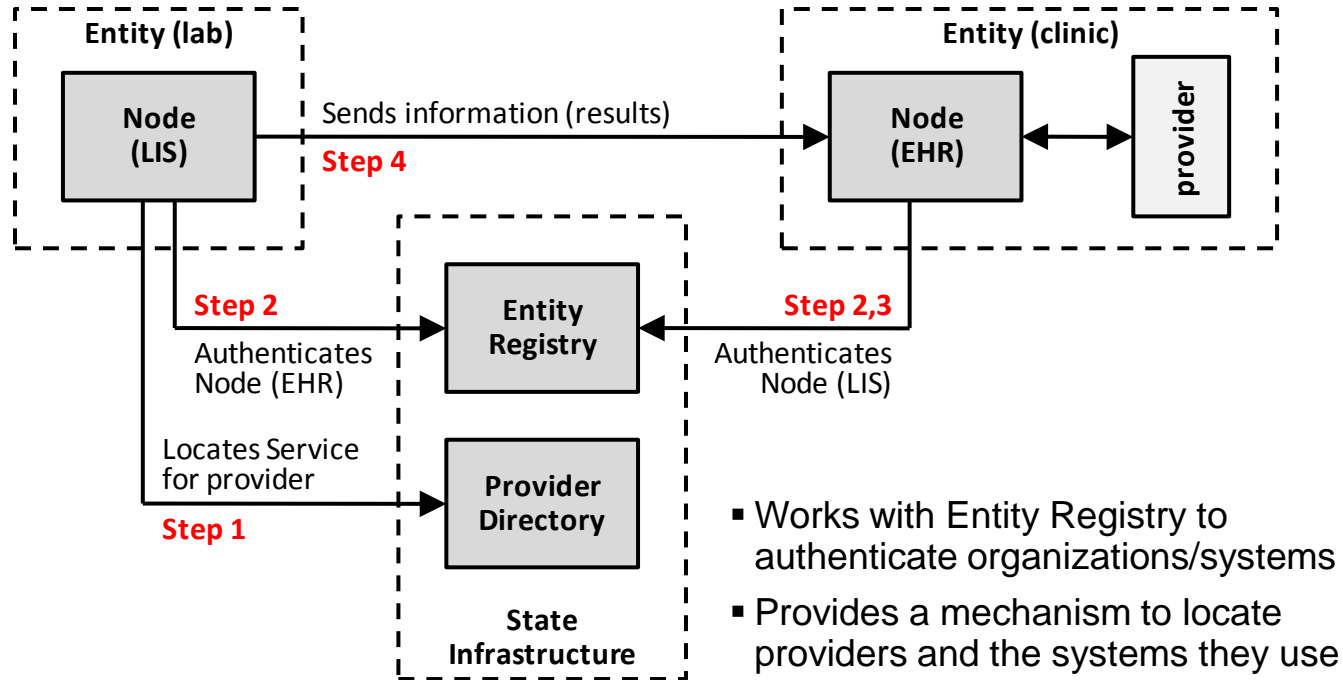
- Provides a mechanism to route provider information on the HISP “backbone”

..... VS.

- Provides a mechanism to target a provider’s system on the NHIN “backbone”

Source: From NHIN Direct Implementation Group in-person meeting on 11 June 2010.

How does California envision a provider directory?



Source: From Cal eConnect presentation on 1 June 2010.

Contrasts...

NHIN Exchange

- Discovery of organizations and patients
- No discovery for providers
- No routing at the provider level
- No registry that enumerates or includes provider information

NHIN Direct

- Directory of providers' HISP
- No discovery of organizations
- Simplified provider routing
- No registry that enumerates or includes provider information

California

- Discovery of providers' routing information
- Discovery of organizations and resources
- Authoritative system authentication
- No current plans to enumerate or include other provider information

IDN

- Directory of providers & single view for administrative tasks (e.g. credentialing)
- Central point for provider data augmentation (e.g. NPI)
- Discovery of providers' routing info
- Trend toward authentication

Contact information

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Q&A



Next Webinar: July 13, 2010, 1:00 PM

- 1. Update on California eHealth Collaborative (CAeHC)**
- 2. Presentation by Dr. Richard Taylor, CMIO, Providence Oregon**

June 29, 2010



Established February 2009

Thank you for attending the CAeHC Webinar!

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