



Florida Health Care Coalition



Central Florida RHIO

Exploring Common Ground

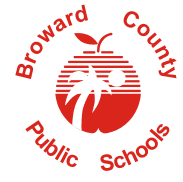
April 11, 2006



Florida Health Care Coalition



Broward Community College

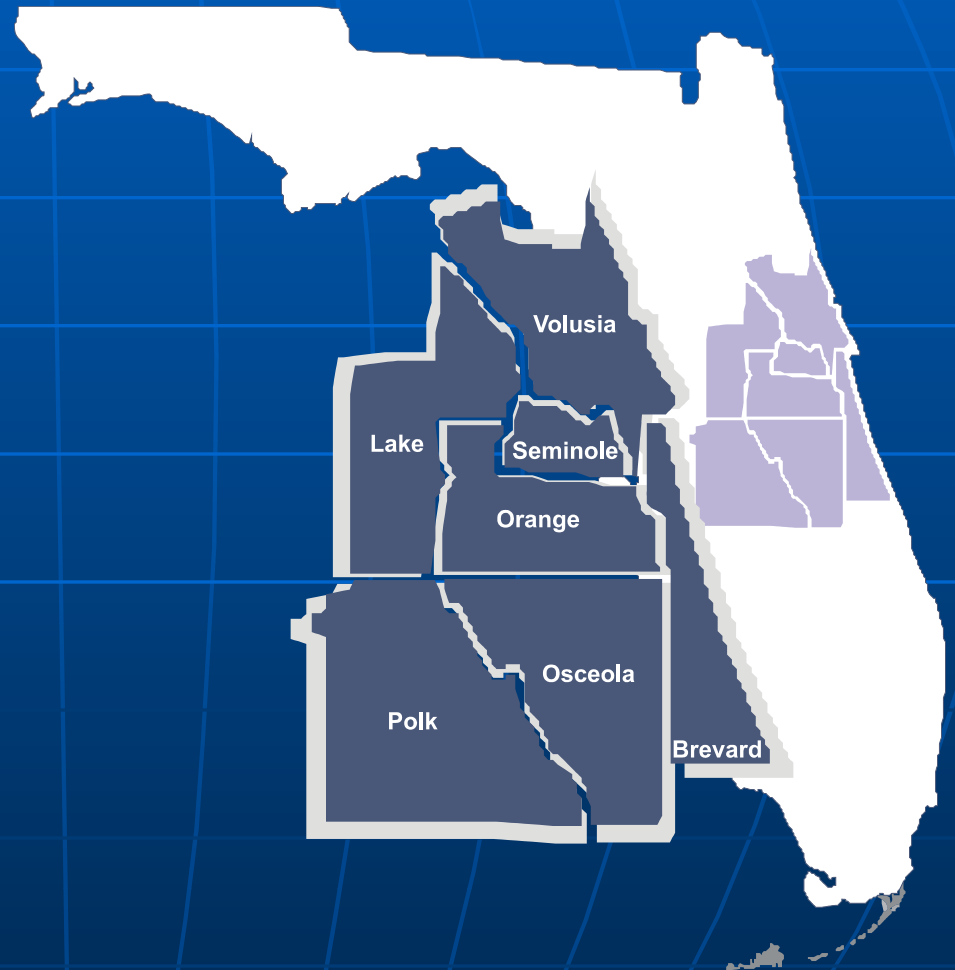




Central Florida RHIO

Service Area

- **Orange**
- **Seminole**
- **Osceola**
- **Polk**
- **Brevard**
- **Lake**
- **Volusia**





Central Florida RHIO

Governance

- **501(c)(3) – most likely**
 - **Studies recommend neutral third party convener (FHCC)**
 - **Chair: Becky Cherney, Florida Health Care Coalition**
 - **Co-Chair: Rick Schooler, Orlando Regional Healthcare**
-



Central Florida RHIO

Governance (cont.)

- **Committees**

- **Clinical –**

- **Chair: Phil Chen, MD, PhD (Cognoscenti Health Institute)**

- **Vice Chair: Robert Westergan, MD, MBA (Jewett Orthopedic Clinic)**

- **Technology –**

- **Chair: Rick Schooler, FACHE, MBA (Orlando Regional Healthcare)**

- **Vice Chair: Eddie Soler, (Florida Hospital)**

- **Legal –**

- **Chair: Greg Chaires, Esq. (Webster, Chaires & Partners)**

- **Vice Chair: Michael Lowe, BS, MBA, JD (Ruden McClosky)**



Central Florida RHIO

Governance (cont.)

- **Committees**

- **Financial –**

- **Chair: Becky Cherney (FHCC)**

- **Vice Chair: Andrew Crooks (CIGNA HealthCare)**

- **Research & Communication –**

- **Chair – Research: Karen Van Caulil, PhD (District VII Health Planning Council)**

- **Chair – Communication: Lisa Portelli (Winter Park Health Foundation)**

- **Vice Chair: George Ellis, MD (PCAN and Orange County Medical Society)**

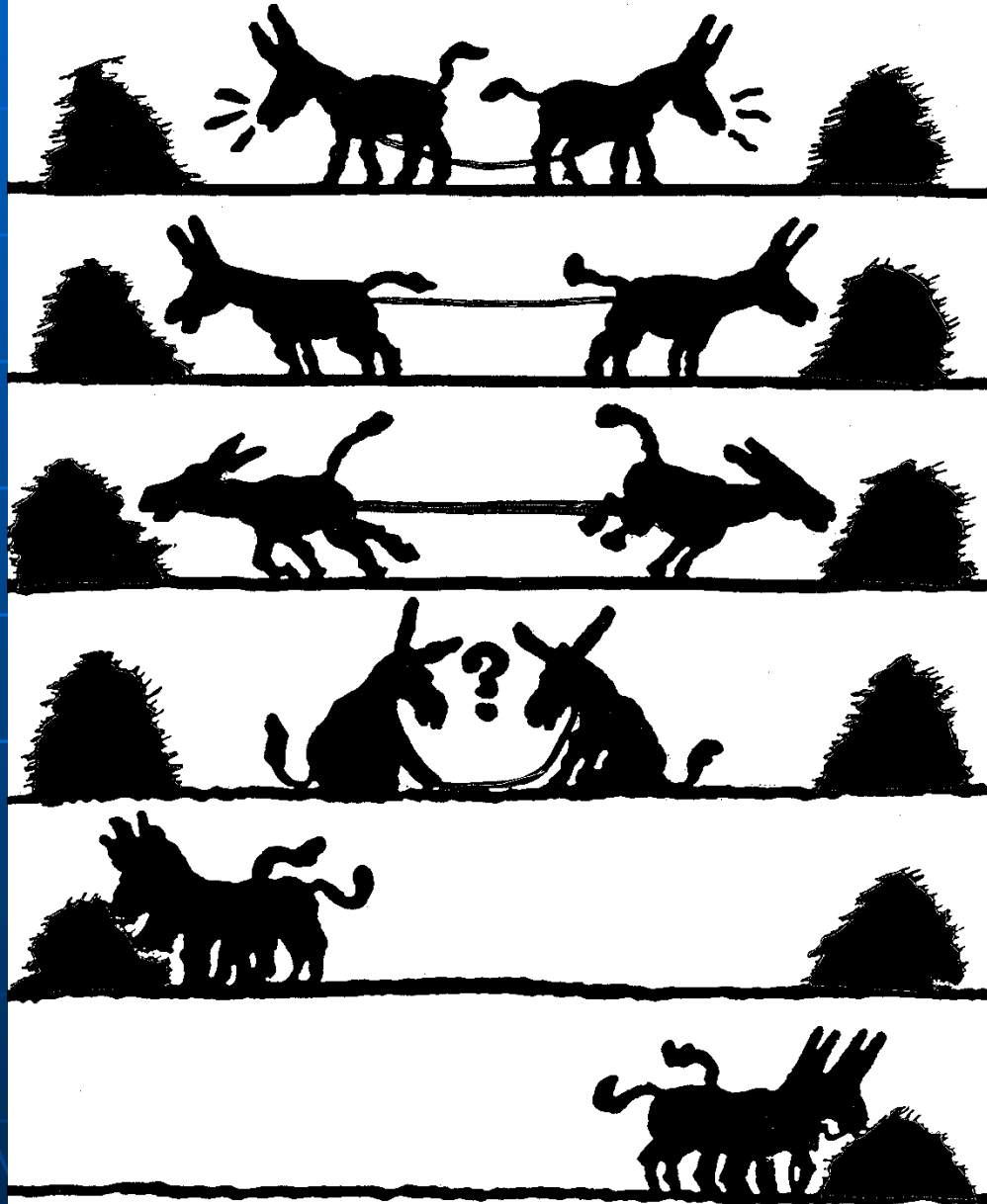


Central Florida RHIO

Finance (July 2006 / 2007 / 2008)

• Planning Grants	\$300,000
• Employers & Foundations	\$1,500,000
• Grants	\$500,000
• Health Plans	\$1,250,000
• Pharma and others	<u>\$500,000</u>
	\$4,050,000

COOPERATION:



Central Florida RHIO

CFIM

Central Florida Inpatient Medicine



CIGNA HealthCare



**COGNOSCENTI
HEALTH INSTITUTE**

Evidence-based Laboratory Medicine



**FLORIDA
HOSPITAL**



**HEALTH CARE
CENTER FOR
THE
HOMELESS**



Health Central

*Health
First*



HUMANA®



**Jewett
Orthopaedic
Clinic**

**Lakeland
regional
Medical Center**



**Orlando Regional
Healthcare**



**PRIMARY CARE
ACCESS NETWORK**

Health care for the underinsured

UnitedHealthcare®



Wuesthoff
HEALTH SYSTEMS

Charges of Clinical Committee

- Defining and prioritizing RHIO functionalities
 - To determine basic clinical dataset requirement
 - To identify appropriate clinical functionalities that would benefit RHIO stakeholders (i.e., patients, providers, payers, employers, public health efforts, etc.)
- Serving as liaisons to providers to:
 - promote RHIO adoption
 - identify and match provider needs with support resources for launching RHIO in the community
- Peer group communication

“Realistic” clinical dataset requirements

- Primary priority – relatively centralized data source with high objectivity: **hospital inpatient records, outpatient laboratory and pharmacy data**
- Secondary priority – highly desirable information but lack standardized input criteria, format and source identification: **Drug Allergy**
- Tertiary priority – desirable information but standards for source reliability, practical, adoptable input methods must be developed prior to data collection: **Immunization Record, Past Medical History of sentinel illness, Surgical history**

“Unwanted” clinical dataset

- ICD-9 coding system used for claims is NOT reliable and may introduce liability to RHIO and providers who receive the information



Value Demonstration Projects

- To demonstrate how data access and connectivity can improve patient outcome
- To demonstrate how RHIO can promote evidence-based and best practices
- To demonstrate data access can improve efficiency and identify those stakeholders who benefit financially
- To provide tangible examples to educate and gain support of patients and providers
- To provide functionality prototypes
- To identify potential implementation barriers

A red starburst graphic with multiple points, containing the text "Data Availability" in yellow.

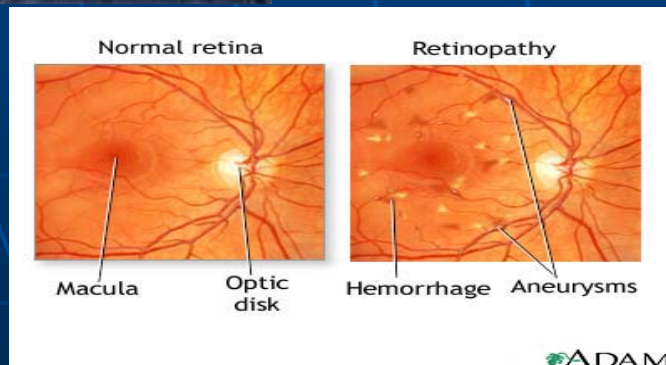
Data Availability

Use existing “islands of connectivity” in the community

Diabetic Complications



- **Amputations**
 - \$484,407
 - 7 @ \$69,201
- **Heart Disease**
 - \$9,939,534
 - 414 @ \$24,009
- **Chronic Renal Failure**
 - \$2,279,406
 - 78 @ \$29,223
- **Catastrophic cases**
 - \$1,124,127
 - 9 @ \$124,903 per case



Project #1: Diabetes Management for the Uninsured

- Purpose of the project is to improve diabetes management in uninsured patients
- “Islands of connectivity” and data sharing established between CFFHC, Cognoscenti, FHHS and Trajectory
- Limited clinical data are used in disease management and outcome evaluation
- Clinical benchmarks will be established for uninsured vs. insured, public funded vs. private clinics

Project #1: Diabetes Management for the Uninsured

RHIO's role

- Assist in evaluations of clinical outcome
- Assist in evaluations of cost efficiency and ROI
- Identify stakeholder beneficiaries
- Use beneficiary data to raise funding for RHIO and develop appropriate user fees for "non-typical" providers (e.g., Disease Management vendors, payers)
- Consider incorporating limited clinical dataset into RHIO CCR database

Project #2: Laboratory Utilization Management

- One large insurance company's claims data revealed that FL laboratory utilization is 270% of national average
- "Islands of connectivity" and data sharing established between laboratory, providers and payer to conduct utilization review, intervention implementation and project evaluation
- RHIO's roles.....

Electronic O/E intervention

Desktop

Order Form - Microsoft Internet Explorer provided by Orlando Regional Healthcare

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites History Mail Print SideStep Edit

Address: https://chi.labdat.com/Order/Default.asp

COGNOSCENTI HEALTH INSTITUTE
Evidence-based Laboratory Medicine

Home Results Order Patients Help 8/16/2002

Options

- Main Page
- Logout
- Results
 - View Results
 - Recent Results
 - Advanced Search
 - Sumulative Reporting
- Order Form
 - Order Form
 - Active Orders
 - Order History
- Patients
 - View Patients
 - View/Edit Patient

Step 1 - Order Details Complete

Step 2 - Patient Selection Incomplete

Step 3 - Billing Selection Incomplete

Step 4 - Test Selection Initiated

ICD9 Diagnosis enter

X 250.0 Diabetes Mellitus Without Mention of Complication Diabetes mellitus without mention of complication or manifestation classifiable to 250.1-250.9; Diabetes (mellitus) NOS Remove

Ordered Tests Enter Test code : enter Generate ABN

Test ID	CPT ID	Name	ABN	Action
1000371	82465	Cholesterol, serum, total		Remove

ICD9 List

CPT Search:

- X 82000 - 83887 Che
- x 1000635 82150 Am
- x 1000404 82248 Bili
- x 1000403 82247 Bili
- x 1000481 82310 Cal
- x 1000395 82374 Car
- x 1000649 82378 Car
- x 1000479 82435 Chl
- x 1000371 82465 Chc
- x 1000398 82520 Coc
- x 1000650 82533 Cor
- x 1000643 82550 Creatine kinase (CK), (CPR); total
- x 1000393 82565 Creatinine; blood
- x 1000524 82607 Cyanocobalamin (Vitamin B-12);
- x 1000533 82627 Dehydroepiandrosterone-sulfate (DHEA-S)
- x 1000531 82670 Estradiol
- x 1000601 82728 Ferritin
- x 1000523 82746 Folic acid; serum

Cognoscenti Health Institute - Microsoft Internet Expl...

Based on this patient's clinical and diagnostic profiles and the past laboratory records, LabDoc.com Evidence Based Practice recommends the following tests at this time:

[Urinary Microalbumin, 24-hr](#) or [Microalbumin-to-Creatinine Ratio\(UACR\)](#)

Order Now More Info Skip

Internet

Electronic O/E intervention

The screenshot shows a Microsoft Internet Explorer browser window displaying the Cognoscenti Health Institute website. The browser's address bar shows the URL: <https://chi.labdat.com/Order/Default.asp>. The website header includes the Cognoscenti Health Institute logo and the tagline "Evidence-based Laboratory Medicine". The main navigation menu includes "Home", "Results", "Order", "Patients", and "Help". The date "8/16/2002" is displayed in the top right corner.

A pop-up window titled "Cognoscenti Health Institute - Microsoft Intern..." is overlaid on the page. It contains the following text:

Our records indicate that this patient had a Cholesterol test performed recently. The results are:

Cpt Code	Test Date	Test Name	Result	Range
82465	7/29/2002	Cholesterol, serum, total	219 mg/dL	120-199 mg/dL

Cholesterol in a patient does not typically change significantly within three months. LabDoc.com Evidence Based Practice does not recommend another test at this time.

Buttons at the bottom of the pop-up window are: "Cancel Order", "More Info", and "Order Anyway".

In the background, the website interface shows a sidebar with "Options" and "Results" sections. The "Results" section includes a table with columns "Name", "ABN", and "Action". One entry is visible: "serum, total" with a "Remove" link in the "Action" column.

Peer comparison

From: 10/01/2005
12/31/2006

Clients: YYYYYYY

Clients: XXXXXXXX

From 10/01/2005-
12/31/2005

Test Code	Description	TOTAL TEST COUNT
000	COMPLETE BLOOD COUNT	425
4	LIPID PANEL	422
0	COMP METABOLIC PANEL	418
7	TSH W/REFLEX TO FREE T-4	390
20	RPR, SYPHILIS SCREEN	338
	URINALYSIS	299
7	HEMOGLOBIN A1C	163
33	CANCER ANTIGEN 125	155
3	C-REACTIVE PROTEIN,HIGH	150
6	CHLAMYDIA/GC DNA PROBE	128
4	MAGNESIUM	115
5	PSA	85
5	GLUCOSE, SERUM	65
R	THIN PREP R/ HI RISK HPV	50
	THIN PREP, PAP	50
3	MICROALBUMIN/CREAT RATIO	42
2	HEPATIC FUNCTION PANEL	39
24	PROTHROMBIN TIME	37
27	HIV Ab w/Reflex WestBlot	36
	URINALYSIS SCREENING	35
3	T-4, FREE	33
26	SEDIMENTATION RATE	32
5	HPV, THIN PREP	21

Test Code	Description	Total Test Co
10	COMP METABOLIC PANEL	13
14	LIPID PANEL	12
1000	COMPLETE BLOOD COUNT	11
808	TSH	9
4	URINALYSIS	5
317	HEMOGLOBIN A1C	5
710	THIN PREP, OSCEOLA PATH	2
1514	H PYLORI AB, IgG	1
805	T-4 (THYROXINE)	1
854	MICROALBUMIN, URINE	1
71	THIN PREP, PAP	
1026	SEDIMENTATION RATE	
1406	CULTURE, URINE	
322	LDL, DIRECT	
835	PSA	
12	HEPATIC FUNCTION PANEL	
856	RHEUMATOID FACTOR	
1024	PROTHROMBIN TIME	
851	LEAD	
930	HELICOBACTER PYLORI Ag	
1526	ANTI-NUCLEAR ANTIBODIES	
853	MICROALBUMIN/CREAT RATIO	
993	ALLERGEN, FOOD PROFILE19	
994	ALLERGEN, INHALANTS	

Monitoring Current Guidelines

CA 125

- $n = 191, > 16.3 = 19 (10\%)$
- The positive predictive value for CA-125 is very low (1.6%); significant potential harms (increased anxiety, 3-4% and unnecessary surgery 0.2-0.7%) have been documented
- Recommendations:
 - USPSTF, NIH/NCI, ACS, ACOG, CTFPHC currently recommend against screening for ovarian cancer in non-high risk or asymptomatic women
 - For symptomatic or high risk patients (abdominal/pelvic pain, unexplained weight loss, PMH of ovarian, breast and colon cancer, and positive family history of ovarian cancer), ACOG suggests pelvic exam, CA-125 and ultrasound evaluations.

Regional community surveillance

H. pylori

- n = 23, negative = 7 (30%), unequivocal = 0, positive = 16 (70%)
- There is a high prevalence of *H. pylori* infection in Central and South Florida
 - 38% in Hispanics, 45% in African Americans, 28% in Caucasians in an employer-based screening event in South Florida
 - 9% in Seniors in a Central Florida screening event
 - 60% in Hispanics in a community event in Central Florida
- Recommendations:
 - Increase awareness for employees
 - Increase symptomatic screening
 - Consider broader screening with intention to treat



Hmmm...

***"When your head is in the
refrigerator
and your butt is in the oven,
the average looks good
but you don't feel very well!"***



Questions?

Becky J. Cherney

President/CEO

Florida Health Care Coalition

4401 Vineland Road, Suite A10

Orlando, FL 32811

407-425-9500

becky@flhcc.com
