

BlueCross BlueShield Association

An Association of Independent Blue Cross and Blue Shield Plans

A Blue Cross and Blue Shield Association Presentation

Health Plan Based Personal Health Records: an Overview of the BCBSA/AHIP PHR Project

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HIT Summit, March 29, 2007

Health Information Technology

Agenda

- Health IT Landscape
- What is a PHR?
- Overview of AHIP/BCBSA Project
- Next Steps and Industry Commitment

Health IT Landscape

- Continuing consensus on "vision of interoperability"
 - Employers, consumers, insurers, government support
 - HIT has potential to improve safety, quality and efficiency of care
- Agreement on taking incremental steps
 - Congress: Introducing legislation
 - Administration: Driving incremental steps via the American Health Information Community (AHIC)
- Adoption in government health programs expected
 - Executive Order (8/06)

Health IT Landscape

Goal of AHIP/BCBSA: Coordinate and align with AHIC's Consumer Empowerment broad charge:

- "Gain widespread adoption of a PHR that is easy to use, portable, longitudinal, affordable, and consumer centered."
- AHIC and our project recognize:
 - Need for portability and eventual interoperability
 - Must increase consumer/provider awareness of PHRs
 - Must demonstrate the value of PHR to consumer/provider
 - Must protect the privacy, confidentiality and security
 - Must give consumers control and ownership of PHR
- Standards not proprietary; must be in public domain
 - SDO will house and maintain these standards
 - Coordination with HITSP

Advancing PHRs is a building block to a larger vision

Sample PHR

	My Administration My Bulletin/Alert	s My Health Center N	ly Health	My Financial Ce	nter My I	Rewards	My Shopping Center		
Comprehensive view of member's physicians, medications,	Welcome!	Administration > My Personal Health Reservation Member Information Name: John Davis Address: 73 Easton Rd, Group#AE877767 Willow Grove, Pa 19001 Spouse: Sally Phone: 215-869-9999 DOB: 1/3/52 Preferred Language: Christy			ecord Benefits Information Medical Co-Pays Drug Co-Pays \$20 Office Visit \$6 Generic \$50 Emergency Room \$20 Preferred Rx \$30 PCP \$30 Non Preferred \$20 Well Care			Convenient access to full	
		My Doctors		My Medicati	ons/Refills		My Diagnoses	benefits	
		Dr Larry Johnson -Cardiology Dr John Smith – Urology Dr Jerry Hyde-Endocrinology		Reg Insulin 1 Atenolol 50m Zocor 20mg Plavix 10mg (Ouqd x gQD QD	• Hy • C/	abetes Mellitus 10/1/03 ypertension 5/5/00 AD 5/22/02 yperlipodemic 5/22/02	summary	
and diagnoses —				,				Physician gets comprehensive view of member's other health encounters	
Access to Recent labs – even if physician wasn't the "ordering physician"		TCHOL - 180 mg/dl TRIGS LDL-C - 100 mg/dl HgA10		- 42 mg/dl - 150 mg/dl - 7.0 % - 32 mg/dl	My Health Encounters • Cardiac Catheterization 5/22/02 • Stress Test 6/15/03 • ECG 6/24/03 • Lipid Profile 10/22/04 • Office Visit 10/22/04		terization 5/22/02 15/03 1/22/04		other
		My Risk Factors Smoking: 1 PPD Alcohol Use: S DrinksAMk Activity: Sedentary Diabetes	• Smokin • 1800 K	lealth Goals g Cessation (CAL Diet g 20min./ week	• Diabetes D	h Programs Disease Mgt leart Program Cessation	My Health Questions Diabetes Disease Mgt Healthy Heart Program Smoking Cessation	Prepared questions advance, member h	in
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BCBSA/AHIP Project Overview

AHIP and BCBSA developed a payer-based Personal Health Record data transfer standard framework, NOT a PHR



- 16 Standard PHR Data Domains: Patient Information, Encounters, Medications, more
- Map identifying the data source
- Data Dictionary
- Implementation Guide and Operating Rules
- Plan-to-Plan standard for transferring PHR information

Portability standards in synch with AHIC/HITSP/HL7/X12 will drive standardization of PHR cores across vendors

PHR Data Domains

Domain	Domain Summary	Standard
Patient Information	Demographic and personal information, emergency contacts, PCP, etc.	HIPAA ASC X12N
Family History **	Possible health threats based on familial risk assessment	CCD
Physiological Info**	Physiological characteristics such as blood type, height, weight, etc.	CCD
Encounters	Encounter data in inpatient or outpatient settings for diagnoses, procedures, etc.	HIPAA ASC X12N
Medication	Medication history such as medication name, prescription date, dosage, etc.	HIPAA NCPDP
Immunization**	Information regarding immunizations such as vaccine name, vaccination date, etc.	
Providers	Information regarding clinicians who have provided services to the individual	HIPAA ASC X12N
Facilities	Information regarding facilities where individual has received services	HIPAA ASC X12N
Health Risk Factors**	Patient's habits, such as smoking, alcohol consumption, substance abuse, etc.	CCD
Advance Directives**	Advance directives documented for the patient for intubation, resuscitation, IV fluid, etc.	CCD
Alerts**	Patient's allergy and adverse reaction information	CCD
Health Plan Info.	Used for plan to plan PHR transfer. Information about the sender and recipient plans; the originator of the PHR for the consumer download of PHR.	HIPAA ASC X12N
Plans of Care**	Any reminder, order, and prescription, etc. recommended by the care management and disease management for the patient.	CCD

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Implementation Guide

- A detailed data dictionary was created based on approved HIPAA definitions for each data element
- Plan-to-Plan transaction is modeled on HIPAA claims attachment
- ASC X12 275 transaction used for PHR Plan-to-Plan transfers
- Consumer-populated data too unstructured for inclusion now in Phase 1, but placeholder to incorporate HL7 CCD record

Operating Rules

- General policies for plan to plan transfer (consumer consent/enrollment, record retention, privacy and security, correction of data)
- Process for plan to plan transfer
- Technical requirements for plan to plan transfer
- Legal requirements for plan to plan transfer

Pilot Test Framework

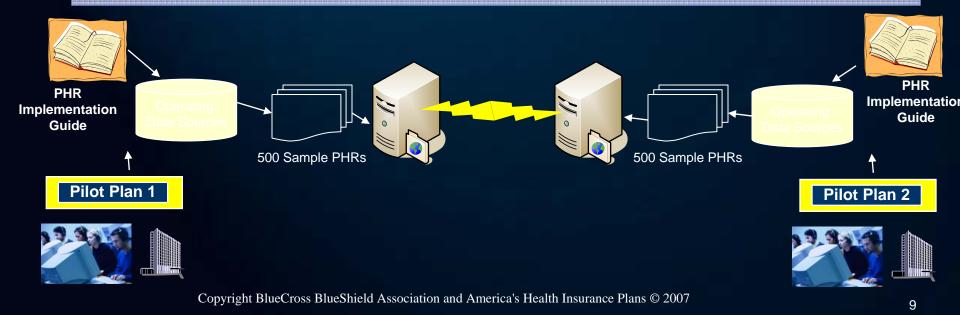
Verified PHR data domains can be supported by the health plans' data sources

Identified the best health plan data sources for the PHR data domains

Demonstrated the import, export, and transfer of PHR data domains

Provided additional input to the PHR specifications and implementation guide

Test if received PHR data can be imported into health plan operation; identify the gaps to be addressed



Focus Groups

- Validated and honed messages designed to build interest in and the use of PHRs
- Assessed reactions to specific features of PHRs
- Looked at specific PHR features for people in 2 categories:
 - Disease management: manage a chronic condition that requires both prescription meds and the use of more than one physician, (included both people who manage their own conditions and people who actively manage the healthcare for a family member)
 - Disease Prevention: Sought input from those who are aware they are at risk for diabetes, heart disease or cancer

Project Status

- Approved 11/06 for initial implementation
- 12/13/06 AHIP/BCBSA press conference
- Voluntary implementation recommended by 12/31/08
 - Standardization of health plan PHR data domains
 - Creation of technical standards for portability
 - Industry-wide implementation of standards
- Presumes all health plans will implement or support PHRs

Next Steps

- Increase consumer awareness of and use of PHRs
- Learn how to demonstrate the value PHRs
- Activate local National Health Council and AHIP/BCBSA members to advocate for PHRs
- Long term spur widespread push for PHRs and EHRs
- 2007 agenda for additional development and refinement
- Hand-off to SDOs
- Coordination of activities with AHIC and HITSP

Some Observations

Consumer Control is key

- Enrollment must come first
- Consumer approval before transfer
- Opportunity to review data for accuracy
- Apply HIPAA privacy
- Flexibility is needed to address state law variations
 - Exclude certain sensitive data from transfer
 - Differences in handling spouses/minors
- Provide capability for individual and bulk requests

Questions?



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