# THINC

## A case study

**A. John Blair, III, MD**
**President and Chief Executive Officer**
**Taconic IPA**
**MedAllies**

# THINC History

**2002**

Taconic IPA began working on clinical messaging system, the first step toward HIE

**2003**

Successful pilot project of clinical messaging system

**2004**

- THINC Collaborative was launched
- MVP Health Care began offering $0.40 pmpm incentive for use of the clinical messaging system

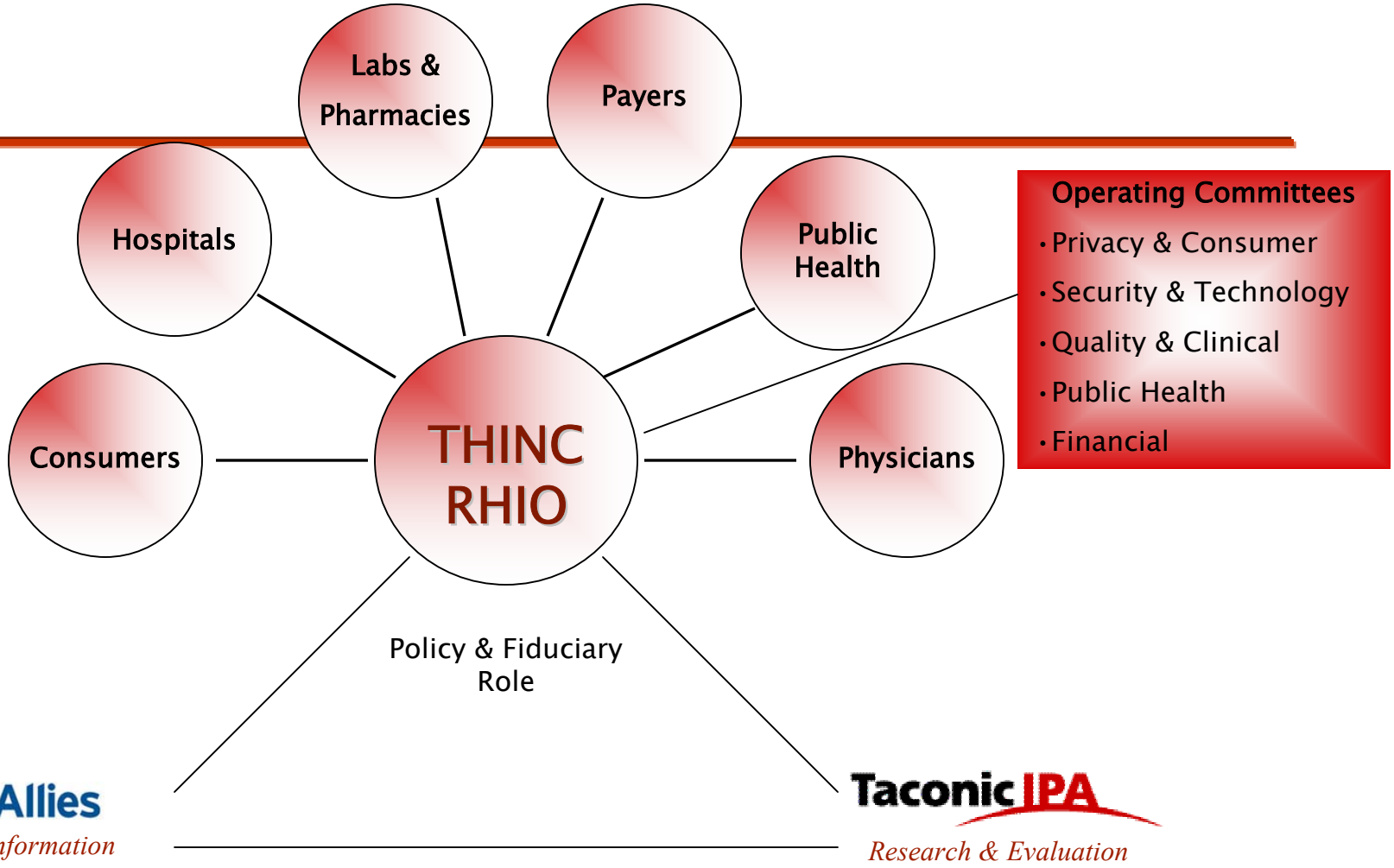
**2005**

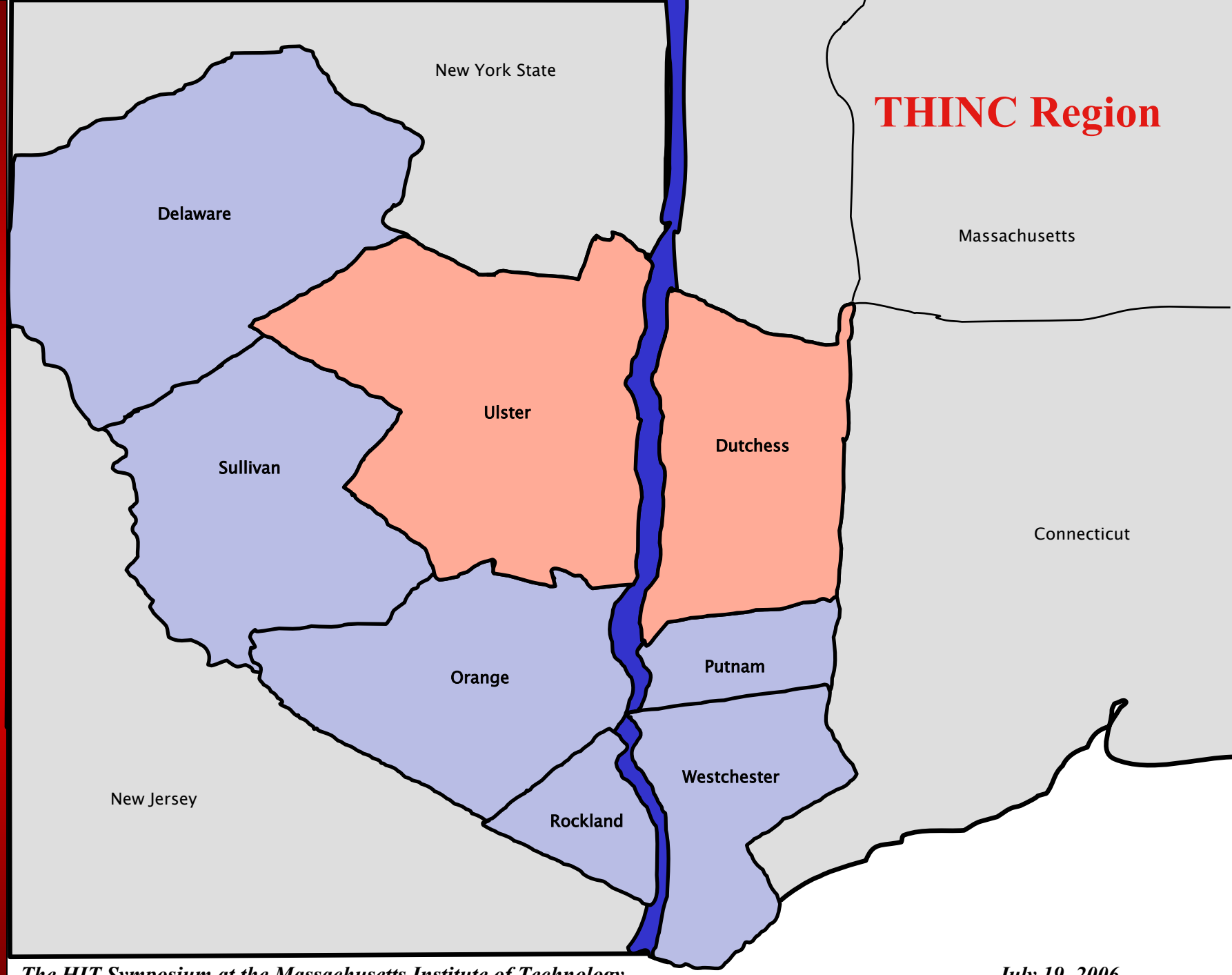
- 500 Physicians using THINC's HIE
- IBM, as the largest employer in the HV, agreed to provide incentives for eRX adoption

**2005**

THINC RHIO, Inc. formed in November to:

- Create formally a multi-stakeholder governance structure
- Align with the national health IT agenda to protect privacy and strengthen security and
- Prepare for the NHIN architecture prototype development


Labs & Pharmacies
Payers
Hospitals
Public Health
Consumers
THINC RHIO
Physicians
Operating Committees
• Privacy & Consumer
• Security & Technology
• Quality & Clinical
• Public Health
• Financial
Policy & Fiduciary Role
MedAllies
Health Information Service Provider
Taconic IPA
Research & Evaluation


THINC Region
New York State
Massachusetts
Connecticut
New Jersey
Delaware
Sullivan
Ulster
Dutchess
Orange
Putnam
Rockland
Westchester

# THINC Today

- Point-to-Point HIE
  - Data Suppliers
    - 5 Hospitals
    - 2 National labs
      - LabCorp
      - Quest Diagnostics
    - 100% of Outpatient data
  - Data Users
    - 200 practices
    - Over 500 physicians
    - Over 1500 end users, including physicians and their staff

# Future Direction of THINC

- Interoperable HIE and EHR adoption with decision support and various population health improvement applications
  - Expansion to 8 counties
  - Nationwide Health Information Network (NHIN) Prototype Community
    - American Health Information Community (AHIC) breakthrough implementation
  - State government participation
  - Key programmatic strategy
    - Physician EHR service offering: goal of 1000 EHR users
    - Commercial HIE implementation: goal of 25 hospitals, 4 national data suppliers, 5 EHR vendor interfaces
    - P4P: goal of $300-500 per month per physician in payment.
    - Public Health: goal of bidirectional surveillance and reporting among State DOH and THINC participants.
    - Care Management: goal of real time disease management at the point of care.

# MedAllies Services

- Electronic Health Record (EHR)
- Health Information Exchange (HIE)
- Data Reporting

# MedAllies Expertise

- Change Management Expertise
- Planning, Implementation, Training, Support
- Hardware / Network Support
- Quality Improvement
  - Post-implementation
  - Preventive Care
  - Chronic Disease Management
  - IPRO (NY State QIO)

# Training and Support: MedAllies

- Industry Average
  - 10 Hours per physician – Year 1
  - Phone Support – Post Implementation
- MedAllies
  - 40 Hours per physician – Year 1
  - 10 Hours per physician – Ongoing
  - 24/7 Help Desk
  - Local Support / Trainers
  - 1.5 hours maximum onsite response time

# EHR Selection Criteria

- CCHIT Certification
- Browser Ready
- Rx-Hub
- SureScripts
- CPOE
  - Medical Necessity Checking
- THINC Quality Metrics Working Group

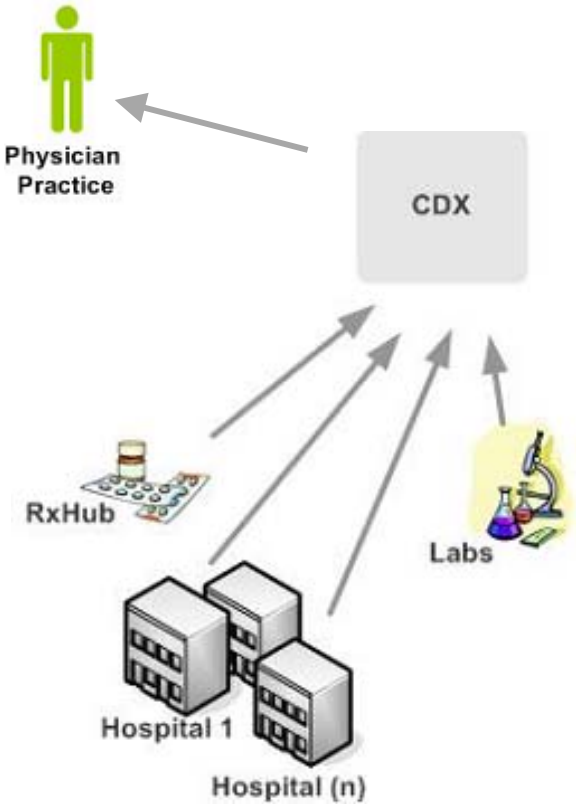
# MedAllies Services

- Electronic Health Record (EHR)
- Health Information Exchange (HIE)
- Data Reporting

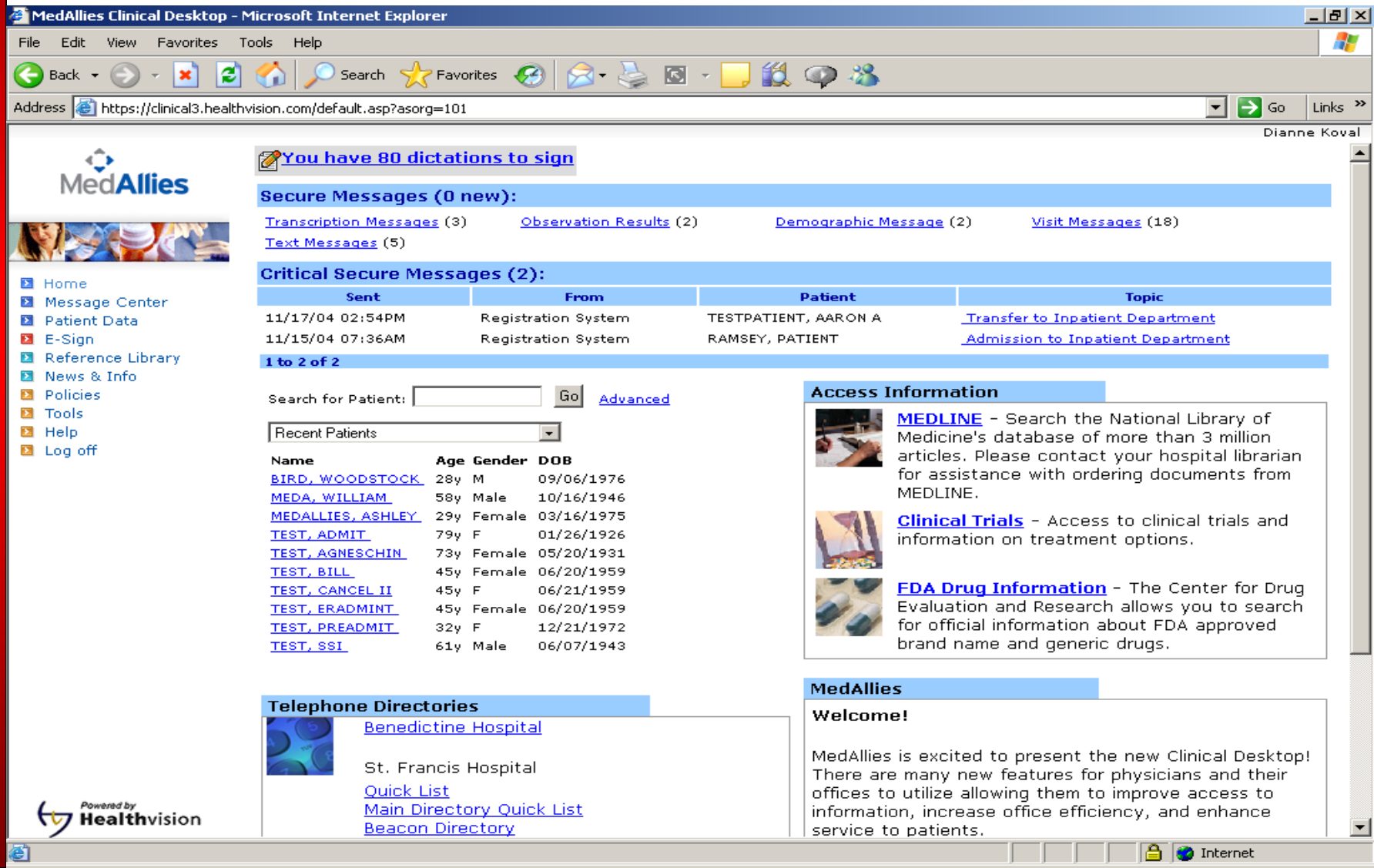
# Health Information Exchange

- Hospitals
- Labs
- Physicians

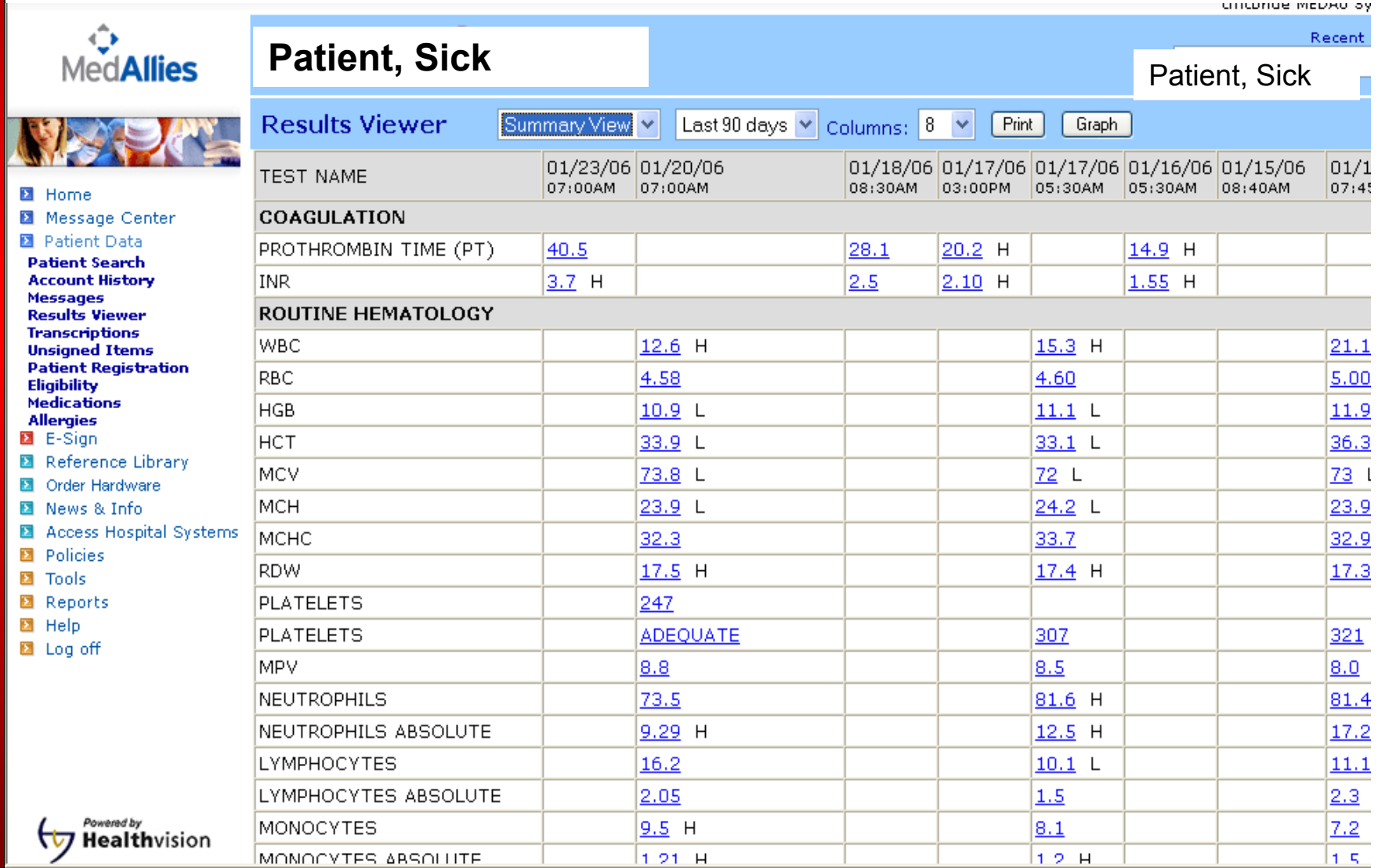
# Current HIE Environment



# MedAllies Portal

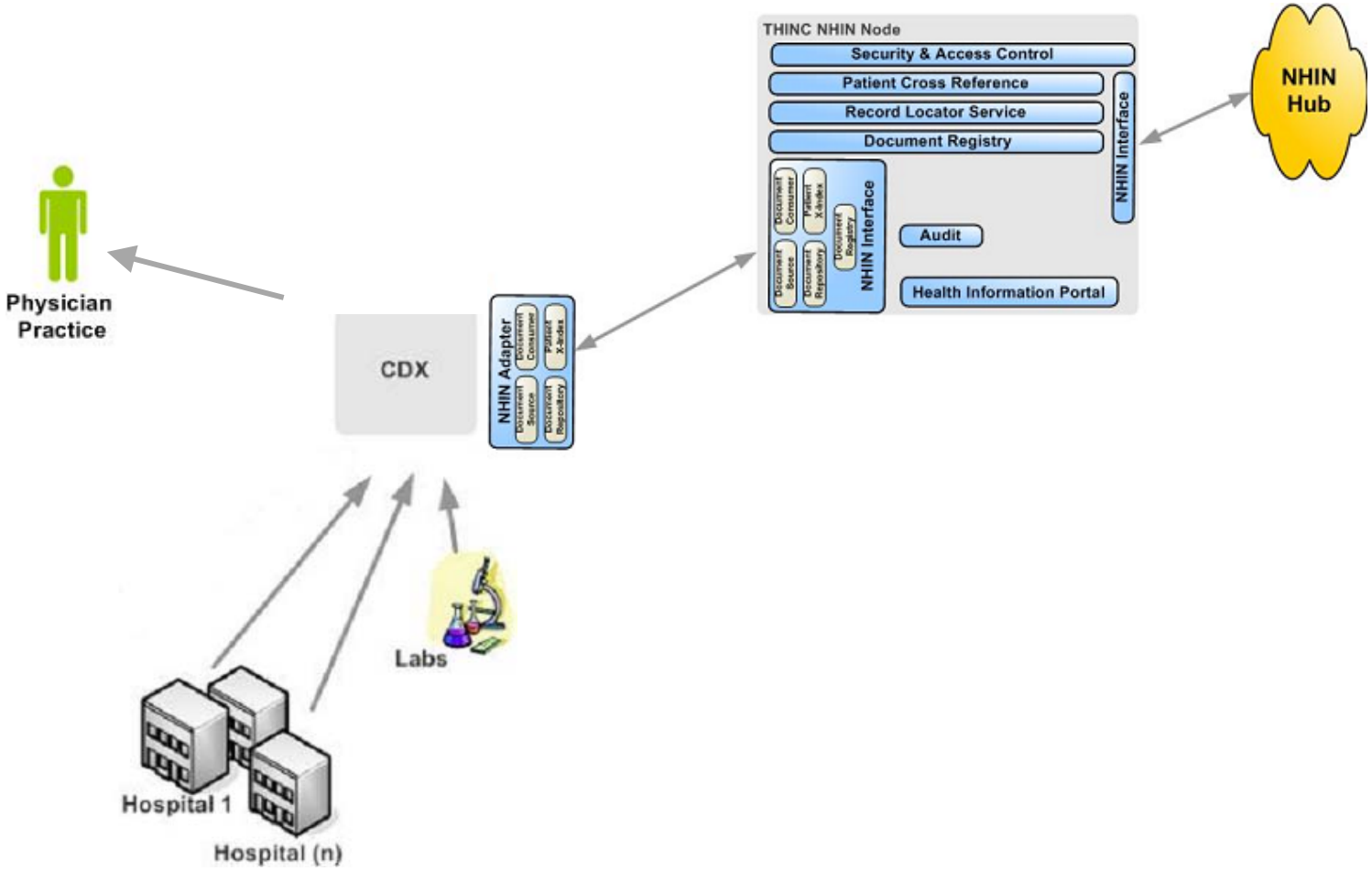


# Results Viewer




| TEST NAME | 01/23/06 07:00AM | 01/20/06 07:00AM | 01/18/06 08:30AM | 01/17/06 03:00PM | 01/17/06 05:30AM | 01/16/06 05:30AM | 01/15/06 08:40AM | 01/1 07:45 |
|---|---|---|---|---|---|---|---|---|
| **COAGULATION** | | | | | | | | |
| PROTHROMBIN TIME (PT) | 40.5 | | 28.1 | 20.2 H | | 14.9 H | | |
| INR | 3.7 H | | 2.5 | 2.10 H | | 1.55 H | | |
| **ROUTINE HEMATOLOGY** | | | | | | | | |
| WBC | | 12.6 H | | | 15.3 H | | | 21.1 |
| RBC | | 4.58 | | | 4.60 | | | 5.00 |
| HGB | | 10.9 L | | | 11.1 L | | | 11.9 |
| HCT | | 33.9 L | | | 33.1 L | | | 36.3 |
| MCV | | 73.8 L | | | 72 L | | | 73 L |
| MCH | | 23.9 L | | | 24.2 L | | | 23.9 |
| MCHC | | 32.3 | | | 33.7 | | | 32.9 |
| RDW | | 17.5 H | | | 17.4 H | | | 17.3 |
| PLATELETS | | 247 | | | | | | |
| PLATELETS | | ADEQUATE | | | 307 | | | 321 |
| MPV | | 8.8 | | | 8.5 | | | 8.0 |
| NEUTROPHILS | | 73.5 | | | 81.6 H | | | 81.4 |
| NEUTROPHILS ABSOLUTE | | 9.29 H | | | 12.5 H | | | 17.2 |
| LYMPHOCYTES | | 16.2 | | | 10.1 L | | | 11.1 |
| LYMPHOCYTES ABSOLUTE | | 2.05 | | | 1.5 | | | 2.3 |
| MONOCYTES | | 9.5 H | | | 8.1 | | | 7.2 |
| MONOCYTES ABSOLUTE | | 1.21 H | | | 1.2 H | | | 1.5 |

# Future of THINC -- Technology



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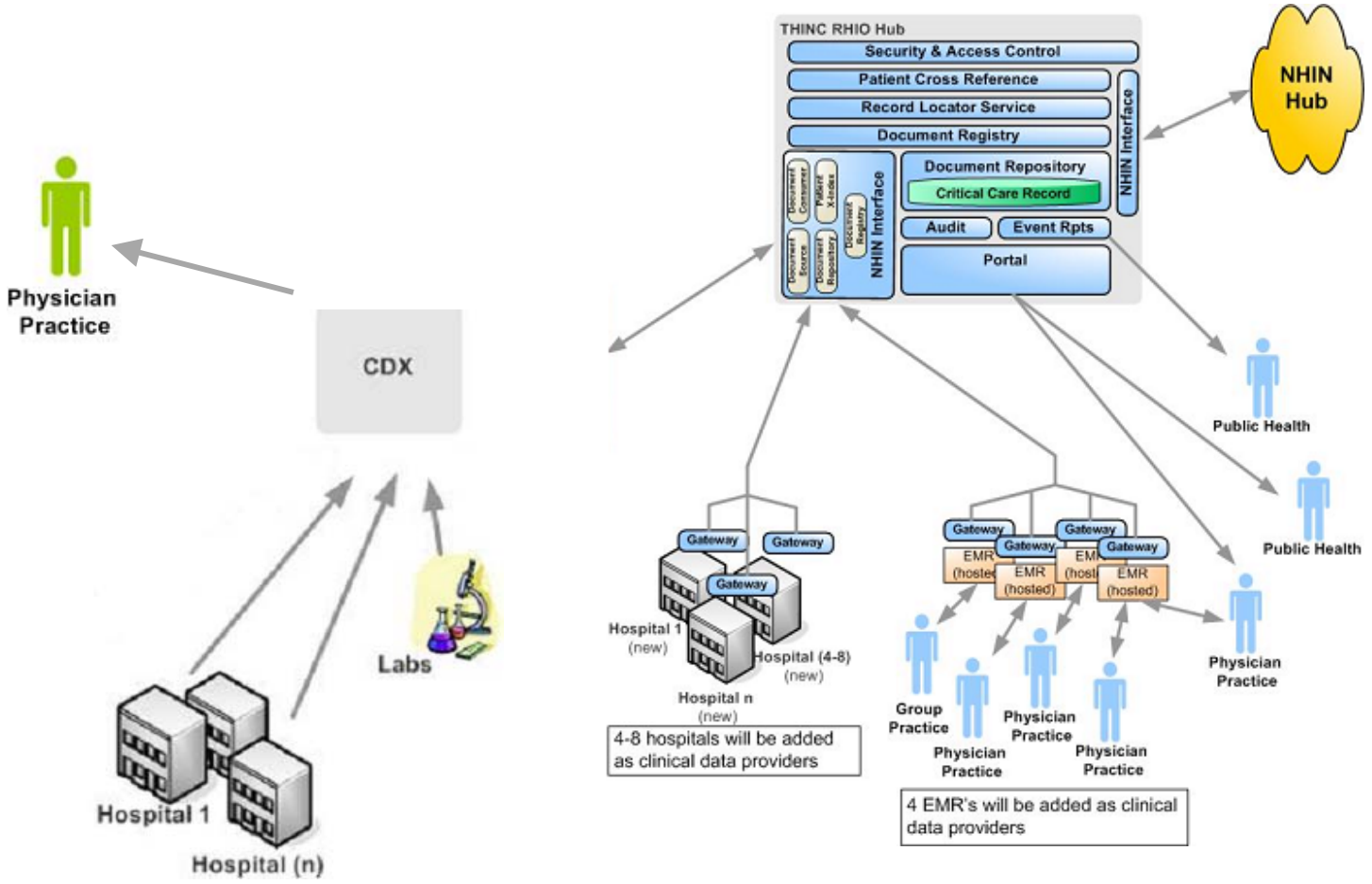

# MedAllies Services

- Electronic Health Record (EHR)
- Health Information Exchange (HIE)
- Data Reporting

# Data Reporting

- Quality
- Public Health
- Life Sciences
- Research

# Quality Reporting Project

- Quality Measures
- Vendor EHRs
- HIE
- Data Aggregation
- Standardized Report

# Taconic IPA

- Incentive Programs
- Research and Evaluation

# Incentive Development

- Pay-for-Performance
- Technology
  - e-Results
- Outcome Measures

# Matrix of Clinical IT Incentives

| PHYSICIAN: | JANE R. DOE, MD | | | | | |
|---|---|---|---|---|---|---|
| Incentive Sponsor | Maximum Incentive Amount | Expected Annual Increase in Generic Rx % | # Eligible Patients | # Months of PCP Eligibility | Maximum Annual Payment | |
| **eRx & Generic Rx** | | | | | | |
| MVP eRx Adoption | $ .40 pmpm | n/a | 200 | 12 | $ | 960 |
| MVP Generic Rx | $ .25 pmpm | 5 | 200 | 12 | $ | 600 |
| IBM eRx Adoption | $ .25 pmpm | n/a | 100 | 12 | $ | 300 |
| IBM Generic Rx | $ .25 pmpm | 5 | 100 | 12 | $ | 60 |
| CH Energy eRx Adoption | TBD | n/a | | | | TBD |
| Hudson Health Plan | TBD | n/a | | | | TBD |
| Bridges to Excellence POL Only OR Bridges to Excellence POL & DPRP/CCRP | $ 40.00 pmpy<br>$50.00 pmpy | n/a<br>n/a | 20<br>20 | n/a<br>n/a | $<br>$ | 800<br>1,000 |
| **TOTAL (POL only)** | | | 320 | | $ | 2,720 |

# Taconic IPA Research & Evaluation

- Patient safety: Medication Errors
- Quality of Care: Health plan HEDIS measures
- Financial Evaluation
- Provider Perceptions and Satisfaction
- Patient Perceptions and Satisfaction
- Research Team: investigator's from Brigham and Women's and Cornell, including Dr. David Bates and Dr. Rainu Kaushal

# THINC:
# Factors That Facilitate Success

- A thoughtful, incremental game plan
- Clear physician leadership and a core set of champions
- Strong public sector validation and support
- Employer and plan interest in IT … and a business case
- Well-developed evaluation plan in place thru AHRQ
- The power of "the right thing"

# Thanks for your time!

**A. John Blair, III, MD**
**President and Chief Executive Officer**
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