



How Including HIPAA Transaction Sets in RHIO Architecture can Help Fund Clinical Information Exchange

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- **Definition of a RHIO**
- **7 Steps to Forming a RHIO**
- **Critical Success Factors**
- **Financial Models**
- **Administrative Savings Case Studies**
- **RHIO Model**
- **Q&A Opportunity**

According to HIMSS:

“A Regional Health Information Organization is a single neutral organization made up of two or more independent care providers in a given medical trading area, community, or region that promotes the use and secure exchange of digital patient information. A RHIO is a neutral convener that will select the technology to be shared and define the requirements for that technology. RHIOs may also provide education, outreach, governance, business processes, standards configuration, and legal infrastructure. They will develop collaboration among all necessary stakeholders within a specific geographic region. The geographic foot print of a RHIO can range from a local community to a larger multi-state region. .”

LHIE – Local Health Information Exchange

A community or local stakeholder organization within a Regional Health Information Exchange (RHIO)



- **Two Clinics or Provider Groups Exchanging Clinical Data**
- **A Commercial Organization Running the Exchange**
- **A Vendor Running the Exchange**
- **Hospital Information System Vendor Providing a Central EMR.**

- **.Com Warning Signs of Business Viability**
- **CHIN of 90s Concept of “Do Everything for Everybody”**
- **One Solution Myth**
- **Unique Problems**
- **Developing the Process**

- **Patient History (Continuum Care Record- CCR)**
- **Laboratory Results**
- **Pharmacy**
 - Drug History
 - Refills
 - Electronic Prescribing
- **Discharge Notices**
- **Etc.**

- **Patient Demographic (Eligibility)**
- **Claims**
- **Claim Status**
- **Remittance Advise**

Clinical

- Patient History
- Laboratory
- Pharmacy
- Discharge Notice

Administration

- Patient Demographics
- Claim
- Claim Status
- Remittance Advice

**Find the
Business
Model that is
Right for Your
Community**



- 1. Find a Leader**
- 2. Find a Common Problem**
- 3. Pull Together the Stakeholders with the Problem**
- 4. Set Community Standards to Implement National Standards to Solve the Problem**
- 5. Pilot the Standards with a Set of Stakeholders**
- 6. Implement Throughout the Community**
- 7. Repeat Steps 2 through 6 for the Next Problem.**



- **MPI – Master Patient Index**
 - Contains a Clinical History
 - Record Locator points to multiple holders of patient history
- **Positive Effects**
 - Longitudinal View of Patient History
 - Find Complete Patient History
- **Considerations**
 - Not Proven Cost Effective
 - High Start Up Costs
 - Privacy Concerns



- **Government (Federal, State, Local)**
 - ARQH, ONCHIT, CMS
 - State Government (Florida \$5 Million)
- **Foundations**
 - eHealth Initiative - \$10 Million for RHIO Startups in 2006
- **Payers**
 - BC/BS of Massachusetts Donated \$50 Million to MA Share
 - Kaiser Donated \$1.1 Million to CalRHIO
- **Providers**
 - HealthBridge Members Provided Loans totaling \$2 Million



- **Payers (Public and Commercial)**
 - Transaction Fees
 - Membership Fees
- **Providers**
 - Membership Fees
- **Public Safety**
 - Participation Fees



UHN Administrative Savings - Claims

- **85% of Claims paid in 7 days or less.**
- **Claim Batch Adjudication run every hour.**
 - Next Step Real-time adjudication
 - Payers Reduce Provider Relations
 - Providers Decrease Claim Administration Costs
- **Provider Involvement**
 - 90% of the Physicians
 - 100% of Hospitals
 - Dentists and Chiropractors Growing
- **Community Billing Standards**



Remittance Advice Distribution

- **Payers Need Electronic Remittance and EFT for savings**
- **Providers Manually Handle Medicaid and Medicare**
- **Long Implementation for 835**
- **Untapped Savings for Provider and Payer**
- **Providers Need Management Tools**
- **Payers Need better 835 Documents**



Eligibility Key

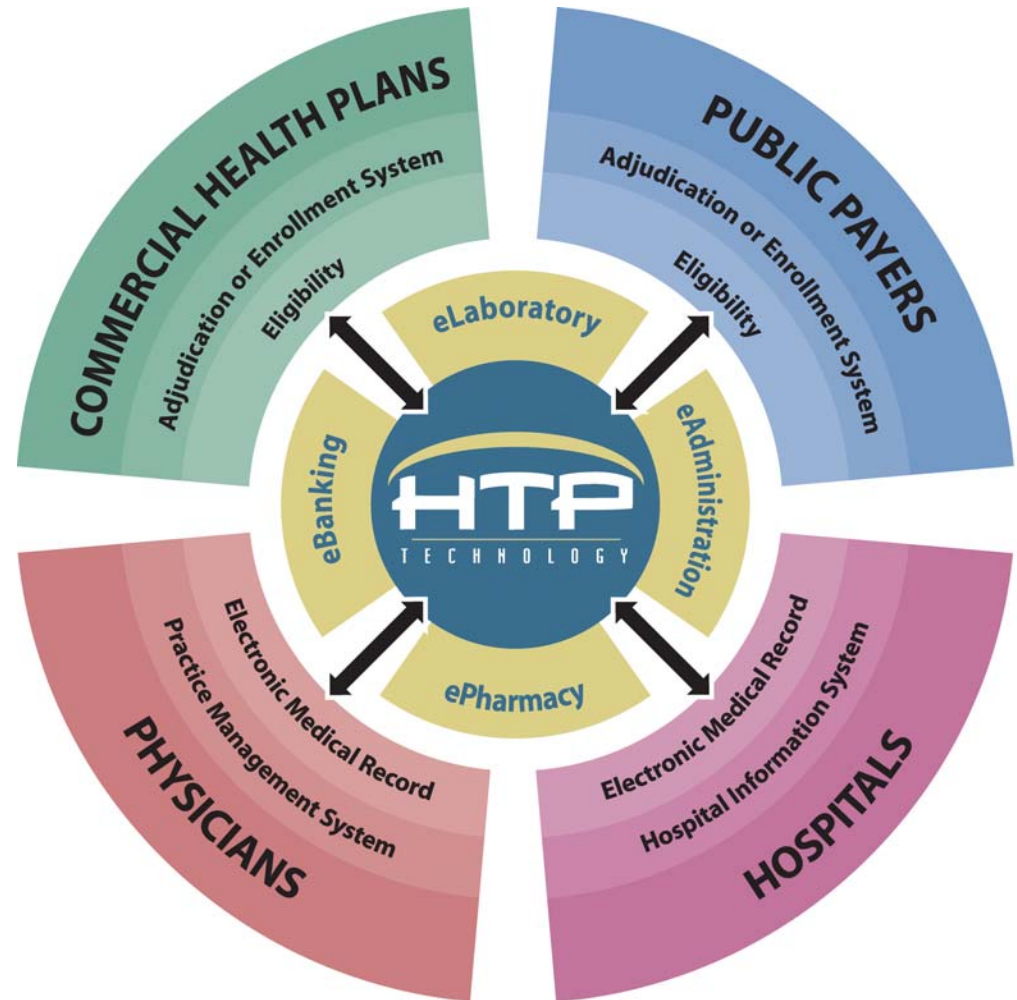
- **Massive Volumes to Obtain ROI**
 - Hospitals Increase Volume by 10
 - Pricing Model for Physicians
- **New Connectivity Options**
- **Assist in Search for Coverage**
- **Reduce Write-offs by 1/3**

- **VHA & Katrina**
 - Availability of Electronic Medical Records
 - Others Scrambled to Create Web Site of Medication
- **Blues Move to Create Administrative Based CCR**
- **Payers Hold Most Comprehensive Records**
- **Payers Hold Clinical Data**
- **Get Past Psychological Barriers**



- **Clinical Savings are Administrative Related**
- **Jacksonville RHIO**
 - Family Care Partners uses RHIO and EMR to:
 - Reduce Overhead from 37% to 30% of Revenue (2006 goal 27%)
 - Reduced Unnecessary testing and payer paperwork
 - Platform for Pay for Performance Bonuses
 - Clinical Care Improvements

What RHIO Architecture is Right for You?



- **eHealth Initiative**
 - RHIO Toolkit
 - www.ehealthinitiative.org
- **The Markle Foundation**
 - Legal Forms for RHIO
 - www.markle.org
- **California Healthcare Foundation**
 - Newsletter and HL7 Lab Implementation Guide
 - www.chcf.org
- **Utah Health Information Network**
 - Working RHIO Standards
 - www.uhin.com
- **HTP Inc.**
 - White Paper On Administration and Clinical
 - www.htp-inc.com



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**RHIO White Paper on our Web site -
www.htp-inc.com**