



A Community Health Care Utility

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RHIOs

Regional Health Information Organizations

- *HC Data Exchanges*
- *Gaining Increasing Favour Around the US*
- *Funding Support from Feds, States and Philanthropies*
- *Most Have Difficulty Achieving Financial Stability/Sustainability*



Local Effort

NE Florida RHIO

- *Support of Major Physician Groups, Most Hospitals and Health Plans*
- *Business Model Designed To Be Financially Stable & Sustainable*



Goals

Measurable Communitywide Improvements
In Safety, Quality, Cost, Convenience

Objectives

- *Information Sharing for Better Decision-Making by Clinicians, Managers and Patients*
- *Health Care Pricing/Performance Transparency/Accountability*
- *Reductions in Unnecessary/Inappropriate Care/Costs*
- *Platform For Community Development of Evidence-Based Care Standards*



Consider

NE Florida is a \$17 billion health care market

***A 1% savings would mean
\$170 million to the region.***

Translation:

Significantly greater competitiveness,
More resources for other pressing needs.



Key Constituencies

- *Patients*
- *Purchasers (Employers/Government)*
- *Physicians*
- *Hospitals*
- *Public Health*
- *Long Term Care Organizations*
- *Health Plans*
- *Support Organizations (Labs, Brokers, Suppliers, Consultants)*
- *Academic Community*



NEFRHO

Organizational Model

- *Not-For-Profit 501(c)(3)*
- *Already established, by-laws in place*
- *Startup Board - 7 members, all physicians, William Carriere MD, Board Chair*
- *Replacement Board - 85 members from all constituencies*
- *Executive Committee (Rapid Decision Making)*
- *Constituency Committees, Subcommittees*



The Board provides credibility, influence and strength, and oversees direction



The Executive Committee is a smaller, more agile group representative of the Board



NEFRHO's Org Structure

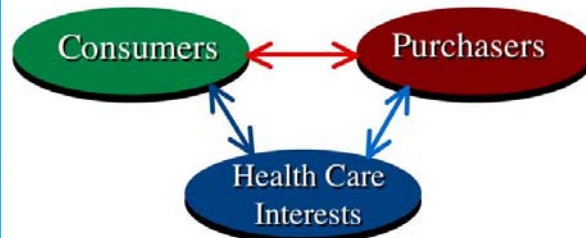
Content Committees



Committees review and formulate content that can provide detail for programs.

Communities populate the content committees

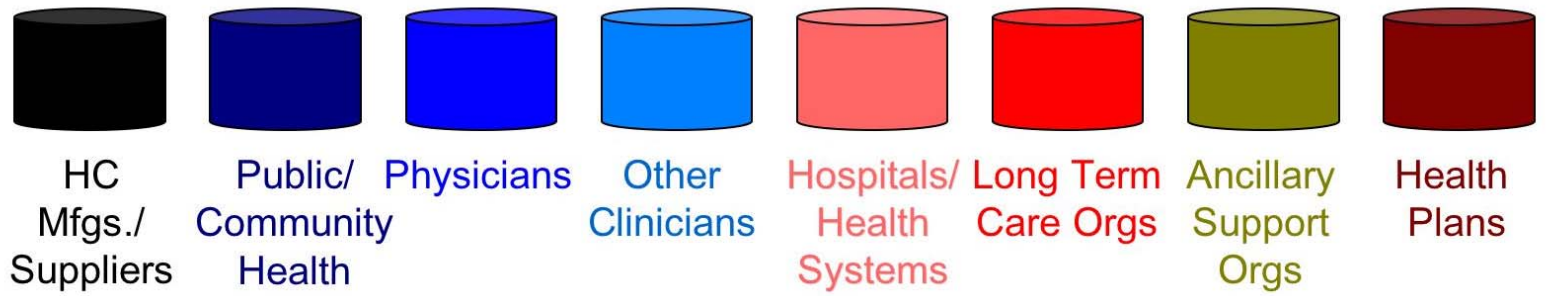
Constituency Communities



Communities bring together constituents with and across sectors. Each community develops issue concerns and provides feedback & validation on solutions.



Health Care Interests





Concept and Principles

A Community Health Care Utility

- *NFP, Hosted by Neutral Party (e.g., Local University)*
- *Business/Government Participation Critical To Enforce Disciplines of Transparency/Accountability*
- *“Federated” rather than “Centralized” Data Sharing Model, with rigorous focus on privacy/security.*
- *Most Services Delivered “ASP” (Application Service Provider), but with Local Support*
- *Creation of value/savings for every constituency, justifying support.*



Concept and Principles

A Community Health Care Management Services Organization/Utility

- *Programs/Services For The Mainstream, But That Empower At-Risk Groups As Well*
- *Unbiased Information That Supports/Enhances HC Decision-Making For All Constituencies Throughout the Region*
- *Commitments by Participants Rather Than Reliance on Grants*
- *Return Immediate Measurable Value – Cost, Quality, Convenience – To Key Participants for Financial Sustainability*



What A RHIO Can Do

1. Leverage Scale To Provide Shared Services At Reduced Cost.
2. Securely Exchange Clinical Data To Provide More Complete Information for Decision-Making Throughout the Continuum
3. Aggregate (Self-Funded and Insurance) Employer Claims Data.



What A RHIO Can Do

4. When Ready, Analyze Clinical and Claims Data, and Publicly Report Pricing & Performance Information
5. Collaborate On The Development Of Community-Wide Evidence-based Best Practice Guidelines.
6. Host Community-Wide Information Services (e.g., Patient Decision-Support)



RHIOs = REAL Health Care Reform

Creating A HC Platform For:

- Transparency
- Standards
- Collaboration

Can Break The Cycles That Have Caused
The Cost Explosion and the Crisis



Core Services

1. *Electronic Medical Record (EMR) Aggregator/Integrator*
 - *Locates, Assembles and Integrates Patient Clinical Records From Any Server on the Network*
 - *Doctor Can Immediately Drill Down to Notes, Test Results, Images*
 - *Complete Information for Better Decision-Making, Reduced Utilization/Cost (Eliminate Unnecessary Duplication of Services)*
 - *Releases Info After Use.*



Core Services

1. *Electronic Medical Record (EMR) Aggregator/Integrator*

- *Candidate Tool - CareFx (www.carefx.com)*
- *Already Licensed by Shands*
- *Vendor Interested in Reduced Cost Community Rollout through RHIO*
- *Studies: Does CareFx Reduce Duplicative Diagnostic Testing? Does it Improve Quality Due To Complete Information?*



Core Services

2. *Electronic Health Record/Patient Decision Support*

- *Web-Based “Lite” Health Record (for **patients**, as opposed to Medical records, which are for **clinicians**). Accessible by Patient, Physician, Parent/Guardian, Populated by External Data Sources (Clinical Info, Claims) and by Patient.*
- *Inexpensive approach to getting better information throughout community, particularly to vulnerable or low-income areas.*
- *Patient Decision Support: Do I Need To Go To The Doctor or ED? Alternatives?*
- *Patient Decision Support: AI-Driven Condition Assessment, Medical Encyclopedia, Hospital Quality Comparisons, Drug Pricing Comparisons, Technology Comparisons, Physician Linkage Tools.*



Core Services

2. *Electronic Health Record/Patient Decision Support*

- *Candidate Tool – WorldDoc (www.worlddoc.com)
Username: **WDFoundation**, Password: **worlddoc***
- *3 Year Community Pilot License Through WorldDoc Foundation*
- *Annual Costs: \$100K License, \$50K Marketing, \$100K Local Mgmt.*
- *Sells Commercially For \$15.50/enrollee/year.*
- *License Will Service Up To 200,000 People/Year, with Data Feeds From Up To 5 Sources.*
- *Study: Does WD Reduce Unnecessary ED Visits? ROI?*



Core Services

3. *Pricing/Performance Transparency Analytics*

- *Analysis/Feedback to Regional HC Vendors: Benchmark and Relative Pricing/Performance Information*
- *With Provider Approval, (and Council/Employer Encouragement), Public Reporting of HC Pricing/Performance Information*
- *Analysis/Reporting of Employer Claims Data*



Supplemental Services

- *Health Care Educational Programming Professional and Consumer*
- *Physician/Clinician Connectivity Shared Services Distribution/Support of Low Cost/High Value Practice Management/EMR Functionality*
- *Evidence-Based Medical Best Practice Guidelines Convene Professional Panels to Obtain Community Consensus That Reduces Variation and Improve Cost/Quality*



Value Propositions

Patients

- *Better Quality, Safety, Cost Savings, Convenience Because Clinicians Have Better Information*
- *Tools for Self-Management*
- *Available to Everyone In The Community*



Value Propositions

Council

- *As Community Guardian – Sensible, Collaborative Community Approach to Better Health Care at Lower Cost*
- *As Health Care Purchaser – Investments in Quality Improvements That Should Provide Short and Long Term Financial Returns.*



Value Propositions

Employers

- *Direct Engagement with Health Care Community to Enforce Transparency, Accountability and Better Pricing/Performance.*
- *Investments in Quality Improvements Should Provide Short and Long Term Financial Returns.*



Value Propositions

Physicians

- *Complete Information for Better Decision-Making*
- *Information To Drive Competitive Practice, Especially As Reimbursement Transitions To Performance-Based.*
- *Unbiased Pricing/Performance Information That Can Assist in Negotiation With Hospitals and Health Plans.*



Value Propositions

Hospitals

- *Information To Drive Competitive Practice, Especially As Reimbursement Transitions To Performance-Based.*



Value Propositions

Health Plans

- *Regional Facilitation of Better Care Practices Should Reduce Cost Growth and Make Coverage More Affordable.*



NEFRHO's Business Model

- *Regional Government Support (As Community Utility)*
- *(Modest) RHIO Access Fees from HC Participants*
- *Employer Participant Fees*



Council Asks

1. *Direct Engagement/Leadership*
 - *Business Community*
 - *Health Care Community*
 - *Media*

2. *Establish Community Financial Support Per Year for 3 Years*
 - *StartUp Operations (\$150,000)*
 - *Core Application Licensure/Mgmt Fees*
 - *CareFx (\$400,000)*
 - *WorldDoc (\$250,000)*

3. *Creation of Regional Health Care Advisory Panel(s)*
 - *Council's Independent Liaison with RHIO*
 - *Representation on RHIO Board*



We're Almost There!

- *Creating Visibility*
- *Recruitment/Support From Each Constituency*
- *Board Formation*
- *Complete Toolset Negotiations*