

Personal Health Records

Data Transfer of PHR for Health Plans



Introduction

- This webinar is being provided as an industry service
- Questions can be submitted via the online messaging in WebEx
- Questions will be addressed in a Q&A period at the end of the overview and at the end of the Open Forum Briefing

Agenda

1. Overview of X12, our current initiatives and Q&A
2. Introduction of the speakers
3. Context and Background for the 275 Implementation Guide for the Plan to Plan Data Transfer for PHR
4. High level overview of the proposed 275 Implementation Guide and X12's Open Forum process
5. Overview of the related HL7 ballot on the clinical data
6. Questions and Answers

Objectives of this Webinar

- Provide an overview of the current PHR initiatives & Envelope changes
- Ensure that the industry has the awareness and understanding of the participation opportunities in April, May and June
- Provide for a forum and open discussion on this particular PHR effort

Vision

To be the leading cross industry standards organization for global business process interoperability and innovation.

Mission

To drive global adoption of business interoperability through collaborative standards creation, industry education and sustainable business practices.

Core Values

- **Compatibility** – X12 actions, deliverables and solutions will focus on delivering increased return on existing implementations and provide complimentary solutions which focus on accelerating and extending ROI with an easily understood total cost of ownership for solution implementers.
- **Inclusive** – Welcoming of business, industry groups and solution providers collaboratively deliver business process automation solutions to the marketplace
- **Communication** – X12 will conduct and provide continuous visibility to ongoing efforts and activities for the membership and market with consistent communication and ongoing requests for input and improvement
- **Awareness** – X12 will focus on delivering industry education, highlight best practices and provide ongoing thought leadership which ensures member companies are able to maintain competitive advantages in the global marketplace.

What X12 Is Doing for the Industry

- Recent announcement of EDI-INT as preferred secure transfer methodology
 - HIPAA
 - Payments
- X12 continues to invest in innovation
 - New standards versions
 - New XML framework
- X12 is the most widely used standard globally
- X12 Continues to deliver new versions and solutions to the marketplace

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Speakers:

- *Lenel James, Blue Cross and Blue Shield Association*
 - Chair, Collaboration and Outreach Task Group of X12
 - BCBSA project team liaison
- Durwin Day, Health Care Services Corporation
 - Co-Chair, X12N, Work Group 9, Attachments
 - America's Health Insurance Plans (AHIP) liaison
- Both presenters on PHR Interoperability at 2007 WEDI Fall Conference, November - *IMPROVING HEALTHCARE THROUGH DATA EXCHANGE*

Health Plan Commitment to Advancing Health Information Exchange

Health IT will help transform our industry and making PHRs available to consumers is a key building block of that vision

Offering PHRs : a natural extension of what we do

- Information collection from full range of providers and settings
- Pre-populate and update PHRs
- PHR adoption promoted via well established relationships with consumers and providers
- PHRs integrated with health plan tools to improve care

Key Outcomes

Affordable 1st steps

Build toward interoperability

Spur consumer uptake

Immediate availability

Increase provider adoption

Empower consumers

Developing Plan-to-Plan PHR Data Feed

- Data follows the member
- Plan and Member data sources
 - Enrollment-related data
 - Claims-related data
 - Member self-reported data
- Health plans are already implementing PHRs
 - Longitudinal data also available for consumer wellness/disease management tools
- **Emphasis on preserving the longitudinality of PHR data**
 - Not lost when member changes coverage from one health plan to another
 - Provider encounters list (claim history without payment information)
 - Member entered allergies, family history, etc
- **“Portability” not “interoperability:”**
 - Prior data incorporated with current data within new Plan’s Member view
 - Prior data incorporated with current data within whatever views in place with new health plan
- **Data transfer is after-the-fact to change of health plan**
 - Data not used for rating/underwriting
- Positions health plans to help implement AHIC CE breakthrough

PHR Transfer Flows: Employer Group Change

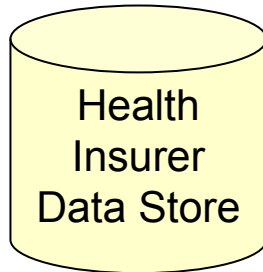


Overview: An employer changes group insurers and wants to ensure the PHR data is transferred.

1. General policies for the transfer of PHR data are met



2. Plan Sponsor provides information to the new (receiving) health insurer



Receiving Health Insurer
(New Health Insurer who is receiving PHR data)

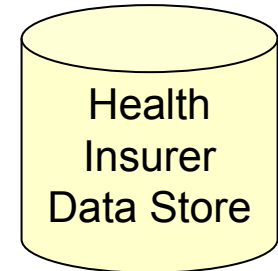
3. New Health Insurer submits request for PHR data for all enrolled individuals

4. Sending Health Insurer extracts PHR data and sends to receiving health insurer (according to PHR transfer standard)

5. PHR Data is received by receiving health insurer

6. PHR data is added to the individual's PHR

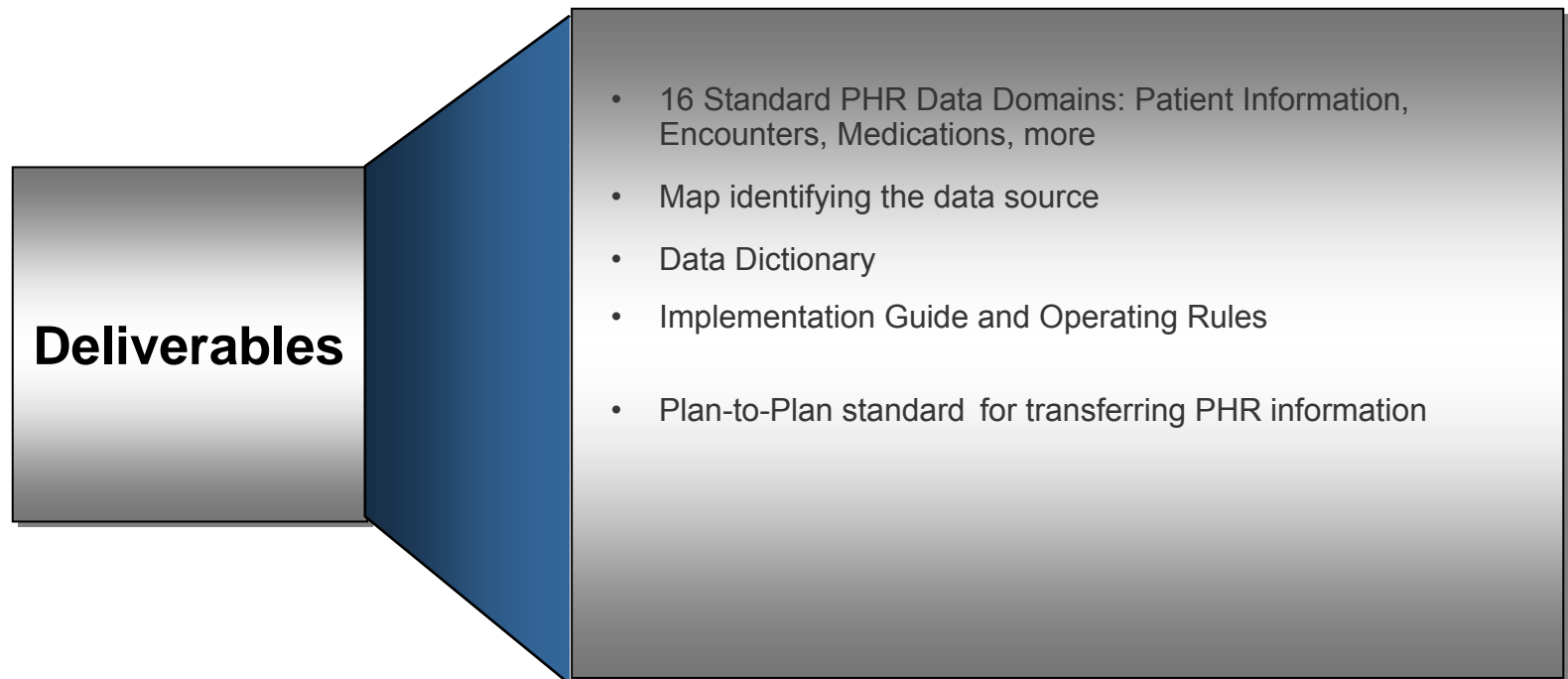
7. Receiving insurer submits acknowledgment of receipt



Sending Health Insurer
(Prior Health Insurer who is sending PHR data)

AHIP/BCBSA Project Overview

AHIP and BCBSA developed a payer-based Personal Health Record data transfer standard framework where the data follows the Member



Portability standards in synch with AHIC/HITSP/HL7 and will impact standardization of PHR core data elements across vendors



Standard 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	CCR/CCD
Physiological Info.	Physiological characteristics such as blood type, height, weight, etc.	CCR/CCD
Encounter	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.	
Provider	Information regarding clinicians who have provided services to the individual	HIPAA ASC X12N
Facility	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.	CCR/CCD
Advance Directives	Advance directives documented for the patient for intubation, resuscitation, IV fluid, etc.	CCR/CCD
Alerts	Patient's allergy and adverse reaction information	CCR/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
Plan of Care	Any reminder, order, and prescription, etc. recommended by the care management and disease management for the patient.	CCR/CCD

White Rows are Self-Reported Information

Yellow Rows are Systems-Populated Information

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Goals of the Overview

- Heads up on Public Comment Period
- Clarify the Business Use
- Describe the Participants
- Preview of the transaction structure
- What it doesn't cover
- Timeline and Future webinar opportunities

Business Use

- Support Health IT: help consumers to document and manage their health events and improve communication with health care stakeholders to improve patient safety, health care outcomes and quality care:
 - By providing a standardized specification for one health insurance plan to electronically send PHR data to another health insurance plan:
 - X12 275 Transaction
 - HL7 Clinical Document Architecture (CDA) Release 2 (R2) based upon CCD
 - Include claim data, medications, administrative data, information about providers and facilities, self reported data, and other relevant clinical information

ASC X12 275 Standard Transaction

- **Plan to Plan PHR Data transfers**
 - Maximize usage of existing HIPAA transaction infrastructure;
 - Supports both bulk (employer group) and individual transmission;
 - Practical transfer of PHR data for large number of subscribers to single destination;
 - Allows for future EHR data from providers into PHRs hosted at health plans;
 - Supports use of XML for PHR encoding, as used in CCD.

Participants

- **Subscriber** - an individual eligible for coverage because of their association with a sponsor. Owner of their PHR data. Also, known as the health care consumer. Dependents own their PHR.
- **Sponsor** - A sponsor is the party that ultimately pays for the coverage, benefit, or product. Can be an employer, union, government agency, association, or insurance agency.
- **Health Insurance Plan** - The product, coverage, and benefits provided to an enrolled individual.
 - Predecessor is the sending health plan or current custodian of the PHR
 - Successor is the receiving health plan or the new custodian of the PHR

275 X274 v5050

- Structure
- 1000 A - Sending Plan (predecessor)
 - **NM1, PER, REF**
- 1000 B - Receiving Plan (successor)
 - **NM1, PER, REF**
- 1000C - Requestor
 - **NM1, PER, REF, DTP**

- 2000A - Per Subscriber
 - **LX, NM1**
 - 2100A - Per Subscriber/Dependents
 - **DTP, CAT, PID**
 - 2110A - Per PHR
 - **BDS**

What it doesn't cover-

The request for the PHR transfer

- Data Pull Model: The receiving health insurer will initiate the PHR data transfer request. The sending health insurer will respond with the PHR data requested within 2 weeks.

General policies and operating rules to transfer PHR data

- Consumer Control and Consent: The data in the PHR belongs to the individual. The individual must consent before the receiving health insurer makes a request for their PHR data.
- no transfer of any derived information using the insurer's analytic, disease management or other clinical decision support tools such as patient reminders or drug interaction information.
- **Legal requirements:** Defines organizational and regulatory compliance rules including the HIPAA Privacy and Security Rules, State regulations.
- **Data transfer is after-the-fact to change of health plan**
 - Data not used for rating/underwriting

275 for Transfer of PHR Data

Milestones to Publish the X12 Implementation Guide

- Version 5050 published in the third quarter 2008
 - 3/17 Get a complete, clean copy of version 5050
 - 3/24 Obtain TG4/TG8 Approval by 4/15
 - 4/15 Post the draft for Public Comment Period for 30 days
 - 5/19 Reconcile and post comments
 - 6/03 Informational Forum at X12 meeting (6/01/08 – 6/07/08)
 - 6/05 Approved vote to publish
 - 9/30 WPC publishes 275 X274 version 5050 TR3

More webinars coming!

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HL7 Plan to Plan PHR Data Transfer Profile of CCD



*HL7 Implementation Guide for
CDA Release 2: Plan-to-plan
Personal Health Record (PHR)
Data Transfer, Release 1 (1st
Informative Ballot)*

BALLOT Opening March 28th
www.hl7.org

HL7 Ballot Process

- See HL7.org for April 1 update on plans to inform interested stakeholder
- See link for how to join the pool as a non-member
http://www.hl7.org/ctl.cfm?action=ballots.nonmemberjoin&ballot_cycle_id=514
- P2P PHR Ballot closing date is April 28, 2008
- Ballot comment Ballot comments discussions May 4 – 9 Workgroup Meeting, Phoenix, in Structured Document Technical Committee

Questions?

