Health Level Seven® International

Unlocking the Power of Health Information

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HL7 September 2014 Payer Summit Executive Summary

Produced in collaboration with the College of Healthcare Information Management Executives (CHIME)

As the healthcare industry increasingly needs to share information, the necessity for having standards-based interactions becomes more important, particularly for the payer community.

The HL7 Payer Summit in Chicago provided an intensive two-day snapshot of its work in standards development and how those efforts intersect with the needs of payer organizations.

Presenters offered overviews of HL7's past standards work, how those efforts fit into the current framework of the healthcare industry, and how standards initiatives now underway will likely impact the future of exchanging healthcare information.

As the industry moves toward a population health model, there is more need for wider applicability of standards. Pat Van Dyke of the Delta Dental Plans Association, and a member of the HL7 Board, noted that HL7 initiatives go beyond just patient data aggregation and will play key roles in genomics, data security, analytics and important technologies that affect patient care. She stated that there is a continuum of value that doesn't come from silos of data, and that by collapsing the silos, we're beginning to derive benefits.

Developing the Standards Framework

HL7's standards work dates back to 1987 and various versions of its standards are in use today. HL7 standards provide a range of data capacity – from bits of information when it's needed in the care process; to summations of data, such as the continuity of care record; to clinical documents.

The coordination achieved by exchanging information is crucial to everyone in the healthcare industry. Keith Boone of GE Healthcare and member of the HL7 Board of Directors observed that the payer and provider roles are converging and that we are moving toward a more integrated healthcare system.

HL7 standards traditionally facilitated interactions between information systems within a hospital setting; now, newer versions of standards are enabling data exchange between the hospital and other entities, such as payers or the patients themselves.

The widespread use of electronic health records has implications for payers. Craig Knier of McKesson Health Solutions noted that EHRs enable clinical information to be captured at all levels of a healthcare provider's organization and that it is extremely important to payers in validating the quality of care, as well as the level and timing of care.

Knowing these specifics of a care delivery encounter can help providers and payers fine-tune clinical decision support, which over time can provide actionable content at the point of care. Knier went on to observe that the use of clinical decision support can limit variations in care, improve quality and cost, and result in fewer claims denials. He also added that CDS-enabled communication has the potential to save administrative costs for both providers and payers.

An improved exchange of information can help payers better analyze how care practices affect outcomes. During his presentation, Kneir provided the example that $38 billion was spent to treat heart failure patients in 2012, and 25 percent of those patients were readmitted to hospitals. He commented that payers should be able to analyze that data and get a better understanding of what causes readmission rates. He further noted that what you don't measure, you can't fix. Finally, he remarked that payers should be able to integrate clinical and financial data to do just that.

Admission, Discharge and Transfer (ADT) messaging is one example of how HL7 standards can facilitate data exchange and analysis. Dan Lee of Availity observed that there are shared market problems between payers and providers, particularly in the admission and notification process. He went on to note that administrative costs spiral upward when lack of communication and coordination affects treatment authorizations, which can result in claims denials and back-office rework.

Lee remarked that the use of standards-based information exchange can reduce some of those problems, and also holds promise for better coordination of care. For example, patients' primary care providers are not always included on admission notifications, and improved hospital-payer connectivity could help solve that problem. Finally, he noted standardized ADT message also could provide the foundation for other transactions and document exchanges, care reminders, and even payer-based health record integration.

Standards and New Initiatives

As payers face new information exchange challenges, standards will play an increasingly important role. HL7 standards will be called on to address challenges in clinical data exchange, quality and population health.

Floyd Eisenberg, MD, Co-Chair of the HL7 Clinical Quality Information Work Group observed that there is an interrelationship between knowledge, clinical decision support and quality measures, and it's through this information-enabled feedback loop that analysis can produce better clinical guidelines. HL7's standards work is important to payers because it gives them a common mechanism for requesting and receiving information to address measures specific to payer populations and needs.

Providers, patients and payers all possess healthcare information in silos, said Availity's Lee, and in the past, these constituents have had no incentives to share their information. However, incentives are now changing, encouraging the sharing of information, with the aim of improving care and reducing costs – incentives are becoming more aligned throughout the system.

The Clinical Document Architecture (CDA[®]) standard provides one way to share documentation of clinical observations and standards, regardless of the care setting. The CDA can include virtually any type of information that's collected during the healthcare delivery process.

The payer community has shown interest in expanding the scope of future iterations of the CDA to exchange additional information that is not included in the current care plan document. Information that may be included in subsequent versions of CDA includes care plan type; patient enrollment for case or disease management; patient acceptance of the plan; and more.

Standards can improve care coordination, which will better support promising healthcare reform initiatives such as patient-centered medical homes and accountable care organizations. Sharon Haft of Blue Cross Blue Shield Association noted that as payers offer value-based programs, they are looking to measure value, integrate care and provide programs to customers that meet the unique needs of employers and their employee populations. This can be achieved through the use of technology as it offers advantages to consumers and employers, such as improving healthcare quality and safety as well as addressing the need for lower-cost care. It also supports consumer decision making.

Fred Borho of Humana's Certify Data Systems group commented that Humana, through its Humana/Certify approach, uses HL7 messages to facilitate the exchange of information between providers and that the approach seamlessly connects disparate EHR systems across a community and exchanges clinical information in real time using HL7's Continuity of Care Document (CCD®) and CDA formats. He further noted that the approach also enables Humana to identify, analyze and report evidence-based gaps in care and drug safety concerns to the care team during a patient encounter, not later, when mistakes may have been made.

The federal government, through its agencies, is also pushing for interoperability and improved sharing of information. ONC's Doug Fridsma observed that the 10-year vision is to build an interoperable health IT infrastructure and that the organization wants to continue to expand the value of the portfolio of standards to support ACOs, payment reform, value-based purchasing and other administrative priorities.

Future Standards Efforts

HL7 is working on future standards that will accelerate methods for sharing information. HL7's Fast Healthcare Interoperability Resources, also known as FHIR®, is a new-generation framework that will enable the industry to speed the implementation and use of HL7 standards.

Lloyd McKenzie, Co-Chair of the HL7 FHIR Management Group, noted that the new framework uses programming with which software developers are familiar, and the goal is to write logically discrete units of exchange that will meet specific needs for sharing healthcare information. He went on to state that HL7 is targeting support for common scenarios and that the new framework is both human and machine readable.

Because of its ease of use, FHIR has the potential to help various participants in the healthcare industry, including payers. Intermountain Health Care's Craig Parker observed that FHIR is very implementation focused, so developers are able to create apps in a short period of time and that it enables interoperability without dictating it.

The FHIR framework is currently in trial use. HL7 expects to publish it as an ANSI standard in 2016.

About Health Level Seven International (HL7)
Founded in 1987, Health Level Seven International is the global authority for healthcare information interoperability and standards with affiliates established in more than 30 countries.

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HL7 is a non-profit, ANSI accredited standards development organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7's more than 2,000 members represent approximately 500 corporate members, which include more than 90 percent of the information systems vendors serving healthcare. HL7 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts.

About CHIME
The College of Healthcare Information Management Executives (CHIME) is an executive organization dedicated to serving chief information officers and other senior healthcare IT leaders. With more than 1,400 CIO members and over 100 healthcare IT vendors and professional services firms, CHIME provides a highly interactive, trusted environment enabling senior professional and industry leaders to collaborate; exchange best practices; address professional development needs; and advocate the effective use of information management to improve the health and healthcare in the communities they serve. For more information, please visit www.cio-chime.org.