

Trends and Innovations In Health Information Technology

September 2008

*An Update from America's
Health Insurance Plans*

Acknowledgements

This report was written by Ellen Bayer, Director, Special Projects at AHIP's Center for Policy and Research, with technical assistance from Kelly Buck, Policy Analyst. Information cited in the report is based on interviews with health IT leaders in eight member companies as well as information gathered from 12 health plans that participated in AHIP's Health Innovations event on Capitol Hill on April 22, 2008.

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Overview

In most sectors of health care, progress is measured in decades, but the realm of health information technology (IT) is unique. As noted by the chief information officer of a large Louisiana health plan, “Five years ago, people couldn’t even spell health IT.”¹ From 2003 to today, health IT in the U.S. has undergone a complete transformation. A host of new innovations have emerged, and the field has advanced at a speed previously unimaginable.

Health plans have been at the forefront of this change. Health insurance plans are strongly committed to the goal of creating an interconnected health care system in which health information can be exchanged electronically—so that doctors and hospitals have patients’ information in the right place, at the right time in the care delivery process.

As a result, clinicians and consumers will be able to make more informed health care decisions; patients seeing multiple health care providers will benefit from well-coordinated care; and medical errors can be avoided.

In the process of building an interconnected health care system, health plans are implementing online health tools that are increasingly interactive and tailored to the needs of consumers and physicians.

To explore these trends in health IT, AHIP conducted phone interviews with chief information officers and other health IT leaders at eight member health plans. In addition, we gathered information from member companies that participated in an AHIP health innovations event for Congressional staff, reporters, and representatives of Washington-based health policy and research organizations.

Our research found that health plans’ latest IT initiatives are being driven by four main goals:

1. Create easy-to-use tools that connect patients with their physicians and make it possible to conduct business online.

With patients and physicians always pressed for time, health plans are implementing new IT innovations to make it faster and easier for patients to seek their doctors’ advice, obtain prescriptions, and view their own health information online. In addition, members increasingly have the ability to refill prescriptions, access lab test results, pay bills, and conduct other business electronically.

¹ Soonthornsima, O. (January 16, 2008). Personal communication.

2. Give health care practitioners evidence-based clinical information at the point of care.

Too often in health care, the latest research on treatments and procedures that work does not reach the offices of individual health care practitioners in a timely manner. To help ensure that patients receive care according to the best available medical evidence, health plans have created a variety of tools to give physicians additional information at the point of care. Many of these technologies also save time for doctors' offices by streamlining administrative processes.

3. Offer patients personalized, actionable information to improve their health, along with cost and quality data to help them make decisions.

Health plans are communicating with members online about their specific health conditions and treatments; offering new, interactive games that promote wellness; and reminding members to have preventive care services recommended for their age groups and health conditions. In addition, health plans have created a variety of decision support tools to make it easy for consumers to access data on the cost of health care procedures, compare hospital quality, and choose the coverage best suited to their needs.

4. Enable the secure exchange of health information among health plans, hospitals, and physicians.

Health plans are working with other health care stakeholders in their communities to develop systems for health information exchange so that patients' health records can follow them as they move among different health care providers, hospitals, and health plans.

In the remainder of this report, we highlight a sampling of health plans' health IT initiatives that exemplify these trends. The report is by no means exhaustive. Rather, it is intended to provide an introduction to health plans' recent innovations in health IT.

This publication is the latest of AHIP's updates on trends in key aspects of health care. For copies of AHIP reports on behavioral health (*A New Generation of Behavioral Health Coverage: Perspectives from Interviews with Medical Leaders*) and Medicare Advantage plans' chronic care initiatives (*Trends and Innovations in Chronic Disease Prevention & Treatment: An Update on Medicare Advantage Plans*), visit www.ahipresearch.org.

Electronic health record

(EHR): An archive of an individual's health-related information that is stored in an electronic format and conforms to nationally recognized interoperability standards. EHRs can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

e-Prescribe: To electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care.

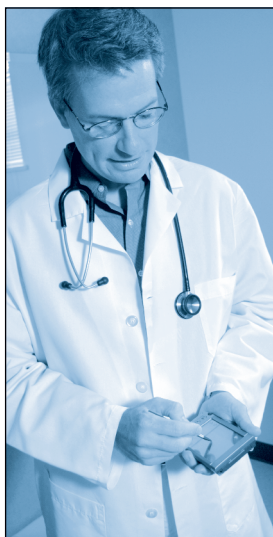
Health information

exchange (HIE): The electronic movement of health-related information among organizations according to nationally recognized standards.

Interoperability: The ability to exchange data effectively, while preserving its meaning, in a secure and consistent manner among different information technology systems, software applications, and networks in various settings.

Personal health record

(PHR): An archive of health-related information on an individual that is stored in an electronic format and can be drawn from multiple sources while being managed, shared, and controlled by the individual.



Health Plans' IT Tools Help Connect Patients and Health Care Providers

Health plans' online tools offer consumers the convenience of communicating with doctors and nurses about non-urgent health issues by secure e-mail or Web sites, scheduling and canceling appointments, and viewing laboratory test results electronically. In addition, millions of patients are receiving prescriptions through online pharmacy programs and e-prescribing systems that not only help avoid long waits at the pharmacy counter, but also save lives by preventing prescribing errors caused by illegible handwriting and adverse drug interactions. For example:

Since January 2008, **CIGNA HealthCare** has been offering patients nationwide the opportunity to participate in **"virtual house calls."** Participating members discuss non-urgent health issues and obtain advice from their doctors online, through structured interviews developed by RelayHealth. RelayHealth provides doctors with medically reviewed, guideline-based content that they can incorporate in responses to patient messages sent through CIGNA's Web site. Doctors can add attachments to their messages—including prescriptions that can be transmitted electronically to pharmacies via RelayHealth's e-prescribing

system—as well as articles or other information related to patients' health conditions.

Currently, physicians receive \$25 for each Web visit. Depending on the terms of individual benefit plans, members may be responsible for nominal copayments, typically 10 to 20 percent of physicians' Web visit fees.

► **RESULTS:** CIGNA's virtual house calls are available nationwide to all CIGNA members and participating physicians. As of July 2008, approximately 12,000 physicians and 170,000 members had participated in Web visits through the new system.

Blue Cross Blue Shield of Massachusetts is a founding member of the **eRx Collaborative**, in conjunction with **Tufts Health Plan** and **Neighborhood Health Plan**. Since 2003, the eRx Collaborative has offered e-prescribing to Massachusetts prescribers through two vendors, Zix Corporation and DrFirst. Prescribers participating in the program use hand-held devices loaded with e-prescribing software. The system checks for drug-drug and drug-allergy interactions; identifies generic alternatives to brand-name drugs; checks health plan formularies for coverage information; and offers a comprehensive prescription drug reference guide. E-prescribing makes it possible to reduce the potential for medical errors caused by illegible handwriting; reduce adverse reactions to medication; increase use of generic drugs; and speed the process of ordering and renewing prescriptions.

► **RESULTS:** In 2007, drug messaging alerts sent through the eRx Collaborative system at the point of care resulted in changes to approximately 104,000 prescriptions (2.1 percent of all e-prescriptions sent annually) to protect patient safety.

In 2006, BCBSMA members saved approximately \$800,000 in prescription drug copayments by using generic alternatives to brand-name drugs based on information provided through the e-prescribing system.

In a recent survey, 81 percent of eRx Collaborative participants said they would recommend e-prescribing to a colleague. Sixty-six percent said they received fewer calls from pharmacies since they began e-prescribing; and 71 percent said that e-prescribing saved their office staff time. The majority of prescribers said they were spending one or two fewer hours per day on administrative issues associated with prescription drugs as a result of e-prescribing.

Group Health Cooperative's MyGroupHealth interactive Web site allows consumers to: consult with doctors, nurses, and therapists (including behavioral health care providers) via secure e-mail; renew prescriptions; schedule and cancel appointments; review detailed lab test results; and view immunization histories.

The MyGroupHealth site also plays an integral role in Group Health Cooperative's Medical Home pilot project. As part of the Medical Home initiative, primary care physicians and nurses can stay in touch with members regularly via e-mail and in person, to help them address their health conditions on an ongoing basis. As a result, members have fewer medical emergencies and are less likely to need

hospital care. The availability of Web visits and online communication saves patients time and can help them feel closer to their physicians. Group Health Cooperative's Web visits are free of charge to members, whereas office visits require \$20 copayments.

▶ **RESULTS:** All of Group Health Cooperative's 890 group practice physicians and more than half of the health plan's adult members (nearly 214,000 individuals) are using the health plan's interactive Web site.

Currently, about 22 percent of primary care encounters in Group Health Cooperative's system are virtual. This equates to about four e-mails a day for a doctor with 20 patients.

Throughout 2008, the **Henry Ford Health System (HFHS)**—the parent company of **Health Alliance Plan**—has been expanding its **e-visit** initiative to the offices of all participating primary care physicians. Physicians respond to patient inquiries about non-urgent health issues online via structured interviews. They can attach educational materials to their responses, as well as e-prescriptions that can be sent through HFHS's e-prescribing system.

Because the e-visit application is integrated with HFHS's electronic health records (EHR) system, physicians can access key information from patients' health records in order to make informed care recommendations during e-visits.

E-visits are free of charge to Health Alliance Plan members, and physicians receive payments equivalent to those provided for "medium complexity" visits.

▶ **RESULTS:** Approximately 250 physicians in the HAP-affiliated Henry Ford Medical Group are conducting e-visits with patients. In a survey of 132 patients who had participated in e-visits in 2008, more than 90 percent said they were satisfied with the quality of responses, that they had received good medical information, and that e-visits had saved them time. All respondents said they would use e-visits again and recommend them to others.

Kaiser Permanente members can use the health plan's online **My health manager personal health record (PHR)** to: send e-mail messages to their doctors with medical questions and concerns and receive responses; view and learn more about their lab test results; schedule and cancel doctor's appointments; and see information from past visits and medical histories. Members receive responses to physician e-mails within 48 hours.

▶ **RESULTS:** Approximately 2.25 million Kaiser Permanente members (30 percent of adult members with Internet access) now are using *My health manager*. Each month, these members send a total of over 300,000 e-mails to physicians, view more than 1 million lab tests, and refill approximately 3.5 million prescriptions online.

WellPoint's individual health record (IHR) is being used on a pilot basis by patients and physicians in Dayton, OH. The IHR system—which includes features of both electronic health records and personal health records—collects clinical data from existing patient care systems (including clinical data from physicians, radiology images and reports, lab data and results, patients' self-reported information, and claims data). It then aggregates data into a master record and provides summary medical information for consumers, primary care physicians, and disease management nurses. Among the information that consumers can access through the site are their physicians' personalized instructions on how to manage health conditions (for example, step-by-step instructions on what to do when they are having an asthma attack).

Consumers control access to their IHRs, and they have the option of allowing doctors to monitor their conditions online. Patients who choose this option enter information into the IHR about any changes in symptoms, and the

system notifies physicians immediately via e-mail. In addition, the system notifies members' primary care physicians automatically if the member has an emergency room visit so that the physician can follow up.

In addition, as part of the IHR initiative, WellPoint partnered with Dayton physicians to develop consensus on a set of evidence-based best practices in chronic care. The IHR applies rules on these consensus practices to clinical data (including lab test results) in the system on a real-time basis to promote optimal care. For example, if a patient with diabetes has an HbA1c test reading above a specified level, the system sends an e-mail to the patient and doctor directing them to the IHR. The IHR displays a message recommending additional follow-up care to improve the patient's health.

▶ **RESULTS:** Approximately 10,000 patients (75 percent of employees in the pilot group) and 300 physicians are using the IHR.

Through **HealthPartners' integrated EHR-PHR**, physicians and patients can view their electronic health records, and patients can enter their own information. Health care practitioners in all HealthPartners facilities are able to view detailed information (e.g., doctors' notes and medication information), and the patient version of the system displays summary information. Physicians can communicate with patients online, either through regular e-mail or through secure e-visits, according to members' preferences.

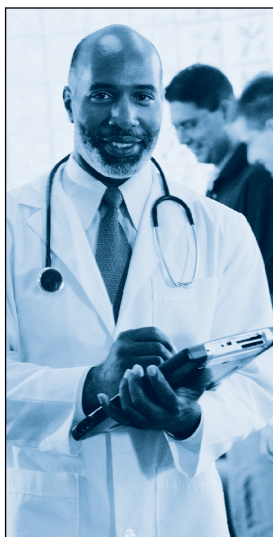
Besides communicating with their doctors online, HealthPartners members can perform a variety of functions through the health plan's Web site, including: scheduling appointments; refilling prescriptions; accessing lab test results; and paying bills. Members can take health risk assessments online, and they receive their scores in real time, along with customized reports on how to improve their health. Members' scores and potential goals appear on the same secure portal with their PHRs. An online tracker—which can be viewed each time members log onto the HealthPartners secure Web portal—marks progress toward personal health goals.

Also as part of the initiative, approximately 150,000 members with diabetes are using secure Web portals to request appointments; ask their doctors questions via e-mail; enter information about glucose readings, diet and exercise for ongoing tracking; report adverse reactions; and use cost calculators to estimate future health care costs and compare costs of different products.

The system tracks participants' use of recommended diabetes care and sends them reminders as needed. Based on data tracked through the EHR-PHR, HealthPartners measures physician performance on the extent to which patients are following recommended care plans for diabetes (including pursuing recommended diet and exercise plans and having regular HbA1c tests).

▶ **RESULTS:** HealthPartners' clinics, hospitals, and other health care facilities are using a total of 3.5 million electronic health records.

Since 2004, more than 86,000 HealthPartners members have registered to use the system's online patient services, and they have scheduled or cancelled more than 72,000 doctor's appointments online each year.



New IT Innovations Give Health Care Practitioners Key Information at the Point of Care

A variety of new technologies are helping doctors identify and address gaps in evidence-based treatment. These tools provide physicians with access to all of the patient information they need to provide effective care, and in many cases, they help reduce errors and time spent on paperwork. Examples include:

Aetna, working with NaviMedix,[®] recently renovated its secure provider Web site to integrate NaviNet,[®] an electronic portal providing physician offices with **clinical decision support information at the point of care.**

Previously, physician office staff could use the NaviNet Web site to check patients' health coverage, submit claims, and obtain precertifications electronically. As of April 2008, physician office staff logged into the system can receive Aetna's patient-specific, evidence-based Care Considerations (see page 9) through pop-up alerts when the system has identified potential gaps in care or opportunities for better care. For example, a message may appear in NaviNet that a female patient over 40 has not had a mammogram in more than a year, that a patient with diabetes is due for an eye exam, or that a different prescription may be more effective in treating a

patient's asthma than the one currently being used. Care Considerations include specific references to nationally recognized evidence-based medical literature. Office staff can print this information and place it in patients' charts for physicians to view before or during their office visits.

If Aetna patients authorize physicians to view their PHRs, Aetna makes those PHRs available to physicians and staff via NaviNet. Physicians viewing PHRs through NaviNet can tell (through an indicator in the record) which components of the PHR represent patients' self-reported data and which are from Aetna claims.

► **RESULTS:** Since the addition of clinical information to NaviNet in April 2008, NaviNet has been implemented in the offices of nearly half of Aetna's network physicians throughout the country.

Care Opportunities, an online tool implemented by **Shared Health[®]** (a subsidiary of **BlueCross BlueShield of Tennessee**), analyzes patients' personal health records in conjunction with nationally recognized clinical practice guidelines. Based on a crosswalk between the patient's treatment history and nationally recommended standards of evidence-based care, the tool—which is a component of Shared Health's[®] Clinical Xchange[™] system—creates and maintains a Problem List and a corresponding list of potential gaps in preventive and chronic care. These Care Opportunities are displayed prominently in patients' online

clinical health records (CHRs) viewed by physicians to help them improve care.

► **EXAMPLE:** If a patient with coronary artery disease has not been prescribed angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs), the physician would see a notation in his or her CHR. The Care Opportunities tool also places notations in CHRs when patients have not had flu shots, Pap tests, mammograms, and/or other preventive care procedures at recommended intervals.

New IT Innovations Give Health Care Practitioners Key Information at the Point of Care (continued)

Kaiser Permanente HealthConnect™ is a **comprehensive electronic health record system** that has replaced paper charts in Kaiser Permanente's outpatient facilities. Implementation of KP HealthConnect in the health plan's inpatient facilities is about 50 percent complete. The system includes data on members' medical histories; prescription drug use; allergies; adverse reactions; primary and specialty care visits; hospital and emergency room care; lab tests; procedures; and radiology results. All Kaiser Permanente physicians use KP HealthConnect to document outpatient visits, phone consultations, and e-mail encounters.

KP HealthConnect is used in all Kaiser Permanente hospitals for registration and billing, as well as for admission, discharge, and transfers. In 12 Kaiser Permanente hospitals, nurses use the system to document care electronically at patients' bedsides, and physicians order tests and procedures online. KP HealthConnect helps promote patient safety by keeping organized, up-to-date records and by preventing errors caused by illegible handwriting. The system also allows members to refill prescriptions, obtain referrals, and change primary care physicians online.



Health Plans Offer Patients Customized Online Information and Transparency of Cost and Quality Data

Health plans are providing consumers with personalized health care information in new and unique ways, based on their individual characteristics and needs.

For example:

The **interactive personal health record** developed by Aetna's subsidiary, **ActiveHealth Management**, includes a tool called the CareEngine® System. The system compares data in members' PHRs (e.g., tests, medical procedures, medications, over-the-counter treatments, herbal supplements) to nationally recognized medical best practices. When the CareEngine identifies an opportunity to improve patient care, it issues an e-mail alert (called a Care Consideration) to the member and, in some cases, to the member's physician. The system has the ability to generate more than 700 different alerts, such as:

- Notifications about prescriptions, over-the-counter medications, and herbal supplements that could be dangerous if taken together;

- Information on tests or procedures that members and their physicians may want to consider; and
- Reminders for flu shots, pneumonia shots, mammograms, colonoscopies, and other preventive care.

Physicians who receive Care Considerations can contact Aetna about any modifications to patient information that they believe are needed in the CareEngine, and Aetna can follow up to make the appropriate changes.

- ▶ **RESULTS:** As of May 2008, the interactive PHR had been implemented for nearly 6 million members. Users of the system include people in a variety of age groups and with many different health conditions.

CIGNA HealthCare's subsidiary, **vielife**, is in the process of developing a **virtual "island"** within an online virtual reality game called Second Life. The island, which represents an experiment in the next wave of Web-based health education, currently provides nutrition information in a unique way. CIGNA members enter the health plan's Virtual Health Care Community through their avatars, which can be created on CIGNA's island or can travel to the island from other virtual worlds within Second Life. Avatars walk through nutrition-related 3-D interactive displays, play educational games (e.g., "The Fridge," or "Whack a Food,"

which tests knowledge of healthy foods), attend nutrition seminars (e.g., on recommended daily consumption of fiber), "vote" in real time on foods they like and dislike, and receive virtual health consultations.

- ▶ **RESULTS:** CIGNA is operating its virtual island on a limited pilot basis in the U.S. and England throughout 2008. Depending on results of the pilot, the company will decide in 2009 whether and to what extent to roll out the initiative for CIGNA members throughout the U.S.

Health Plans Offer Patients Customized Online Information and Transparency of Cost and Quality Data (continued)

Health Alliance Plan (HAP) provides members with an online **Member Health Reminder system** to promote use of preventive care and chronic disease services. Based on individuals' demographic characteristics and health care use, the system notifies members visiting the health plan's Web site when they are due for a variety of preventive care procedures, including: cancer screenings; flu, pneumonia,

and tetanus shots; and chronic disease-specific services such as HbA1c tests for diabetes care.

► **RESULTS:** From January through March 2008, more than 3,000 individuals viewed HAP's Member Health Reminders online, a more than 500 percent increase over the first quarter of 2007.

When **Humana** rolls out its Personal Care Advance/Care Hub initiative in 2009, members visiting the health plan's Web site will be able to open a **personalized Web page**, select topics of interest, and receive customized information based on their health conditions and demographic characteristics.

Humana will use Personal Care Advance to send reminders about preventive care and about health services recommended to manage and treat chronic conditions. In addition, if the claims analysis performed by Care Hub

suggests that a member is not receiving evidence-based care (e.g., if a member with asthma is visiting the ER frequently and using asthma "rescue" medications rather than controller medications on an ongoing basis), health plan staff will be able to contact him or her to provide guidance. For example, a nurse may call the member, encourage him or her to make an appointment with the primary care physician, and discuss the benefits of using asthma controller medications.

The volume of health information available online is virtually infinite. The challenge for consumers seeking information on the Web is to find reliable information sources tailored to their specific health status, information needs, and preferences. To this end, health plans have enhanced their Web sites to put information about health care costs and quality—which previously was extremely difficult, if not impossible, to find—at consumers' fingertips. Examples include:

In more than 45 communities throughout the country, **Aetna** members have **online access to health care providers' pricing** for the 30 most common medical procedures. Prices listed reflect the rates that Aetna pays participating providers for these services. In addition, Aetna's Web site lists physicians in over 35 localities who have met the quality and efficiency standards to participate in the health plan's high-performance physician networks.

In November 2007, Aetna rolled out a new Web-based tool allowing members to compare cost ranges for 30 inpatient and outpatient procedures based on rates Aetna pays to participating health care facilities. The tool, now available in 25 communities throughout the country, will be expanded to other locations by the end of 2008.

Health Alliance Plan's interactive **Health Care Decision Support system** is linked with the health plan's Web site to offer members "one-click" access to a host of resources that can help them make informed health decisions. HAP members can use the health plan's Web site to view preventive care reminders, referrals, and medical and pharmacy claims and/or to access a variety of clinical and decision support tools, including:

- *HAP's HealthTrack* disease management program, which promotes effective care for conditions such as cardiovascular disease, asthma, chronic obstructive pulmonary disease, depression, bipolar disorder, and hypertension. Members on HAP's home page can click on the link for HealthTrack and indicate the condition(s) they have. Based on that information, they can access a variety of resources, such as disease-specific educational materials, action plans, listings of local support groups, and nutrition

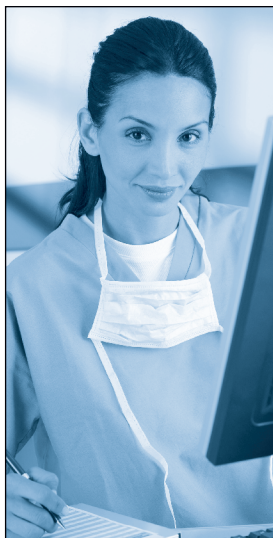
information. They can also contact HAP staff to enroll in HealthTrack.

- *Hospital Advisor*, which allows members to gather hospital information based on rankings that are most important to them (e.g., clinical quality and experience, patient safety, reputation), and based on their health conditions (e.g., asthma, cancer).
- *Pharma Advisor*, which contains data on efficacy, side effects, and costs of hundreds of medications.
- *Treatment Cost Advisor*, which offers information on costs for more than 200 medical procedures, specified by zip code.

▶ **RESULTS:** In the first quarter of 2008, nearly 2,700 HAP members viewed the health plan's online health information—a 245 percent increase over the same period in 2007.

Through **Blue Cross Blue Shield of Louisiana's** Coverage Advisor, members can **estimate total out-of-pocket health care costs** (including premiums, deductibles, and copayments) for their families under alternative coverage options—HMOs, PPOs, point-of-service plans, and health savings accounts. When members enter demographic

data and information about their health conditions and past use of services into the health plan's secure Web site, the system provides projected cost information to help them choose the health plan best suited to their families' needs.



Health Plans are Leading the Way to Promote Health Information Exchange

The improvements in health care quality and efficiency associated with today's health IT systems will multiply exponentially when the entire health care system is interconnected. Health information exchange—the ability to share clinical and administrative data securely using consistent standards across multiple health plans, health care providers, and care settings—will make it possible for patients to take their personal health records with them when they switch health care providers, visit specialists, and move throughout the country.

Health plans' electronic claims records today provide a unique view of members' health and health care encounters across the health care system. But completing the picture will require further collaboration and innovation among all stakeholders in health care. To realize the full benefits of health IT innovation, health plans increasingly are working in partnership with doctors, hospitals, and other health care organizations in their communities to enable health information exchange (HIE). Examples of the many HIE initiatives underway across the country include:

The **Minnesota Health Information Exchange.**

HealthPartners is a founding member of the Minnesota Health Information Exchange, a collaborative initiative with Fairview Health Services, **Blue Cross Blue Shield of Minnesota, Medica, UCare**, health care providers, and the Minnesota Department of Health and Human Services.

Beginning in late 2008, the HIE will provide medication histories to health care providers, and it will be used to

enable e-prescribing. When fully implemented in 2010, the Minnesota HIE will allow doctors, hospitals, and clinics to access patients' medication histories from anywhere in Minnesota. Data that will be sent through the HIE include: lab orders; lab results; data from Minnesota's immunization registry; claims-based pharmacy histories; as well as patient diagnoses and problem lists. Patients have the opportunity to opt out of the system at any time.

The New England Health Care EDI Network (NEHEN) and MA-SHARE.

A group of Massachusetts health plans (Harvard Pilgrim Health Care, Blue Cross Blue Shield of Massachusetts, Neighborhood Health Plan, Network Health, Tufts Health Plan, Health New England, BMC Healthnet), and the Massachusetts Medicaid program have formed two organizations—the New England Health Care EDI and MA-SHARE—to simplify communications among health plans and health care providers about patients’ health coverage, claims, and payments. The system creates a single network that doctors and hospitals can use for both administrative transactions and exchange of

clinical information. Recently, the network expanded its capabilities to offer physicians more information at the point of care, including medication histories and health plans’ formulary information. In addition, the shared network provides physicians with a direct connection to pharmacies to enable e-prescribing.

► **RESULTS:** From June 2007 to June 2008, the number of prescribers using the e-prescribing system grew from 360 to 933. During the same period, the number of electronic prescriptions written per month quadrupled, from 11,304 to 44,710.

Blue Cross Blue Shield of Michigan’s secure Web portal enables **health information exchange** so that doctors and hospitals can perform a variety of health care administrative functions online. The portal, currently used by 95 percent of doctors and hospitals in Michigan, not only provides access to the health plan’s own data, but also makes it possible to verify eligibility and benefit

information for Medicare and Medicaid. In addition, the portal provides a single access point through which health care providers can:

- e-Prescribe;
- Check members’ copayments and deductibles; and
- Submit, correct, and send all payers’ claims electronically.



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