Health Care Regulation Committee

Wednesday, November 9, 2005
10:45 - 11:45 AM
212 Knott Building

Allan G. Bense
Speaker

Rene Garcia
Chair

House of Representatives

Committee on Health Care Regulation

AGENDA

November 9, 2005
10:45 AM - 11:45 AM
212 Knott Building

I. Opening Remarks by Chair Garcia

II. Development of Payer-Based Electronic Health Records

Jon McBride, Chief Technology Officer
Availity, Inc.
Florida Blue Cross/Blue Shield—Humana Partnership

III. Presentation by the Agency for Health Care Administration on Development of the Florida Health Information Infrastructure

Alan Levine, Secretary
Agency for Health Care Administration

IV. Presentation on Electronic Prescribing

Dan Luce, Manager of Pharmacy Affairs
Walgreens

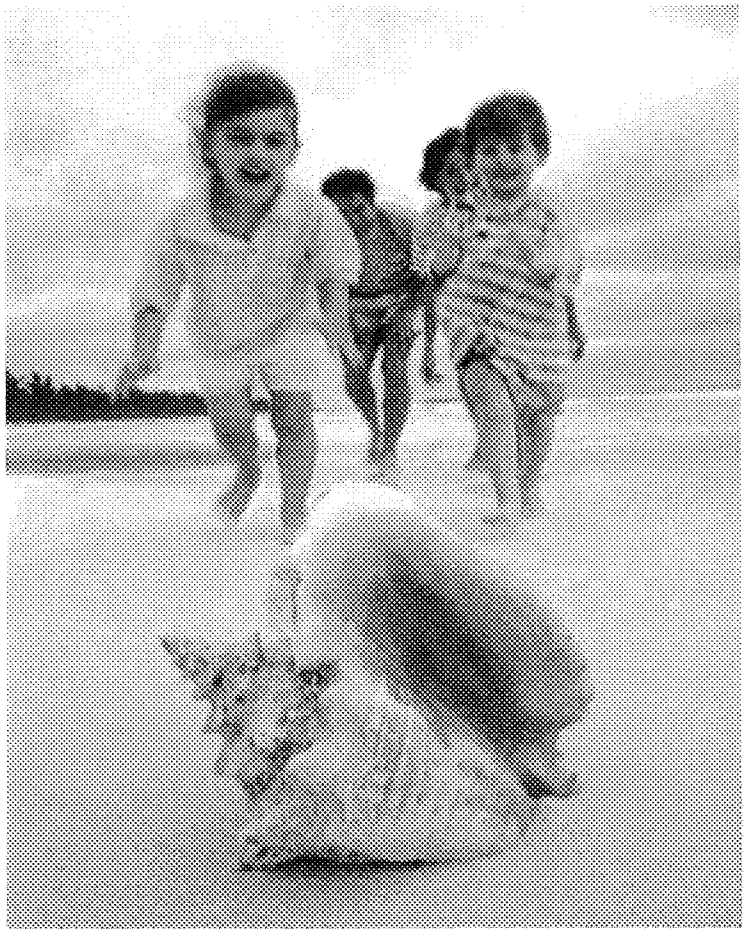
V. Closing Remarks by Chair Garcia

VI. Adjournment

Development of Payer-Based Electronic Health Records (Availity, Inc.)

Payer-Based Health Records

delivered via the existing Availity® health information network to improve health care delivery and enhance patient experience



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Introduction

- Health care industry is pursuing solutions that facilitate the sharing and interoperability of health information
- Significant opportunity for collaboration among healthcare stakeholders to develop an effective health information system
- Blue Cross and Blue Shield of Florida (BCBSF) and Humana recognize the importance and value of technology in improving health care delivery
- BCBSF and Humana have developed a prototype of a **payer-based health record** and is actively developing a multi-payer based capability leveraging Availity's proven statewide infrastructure

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Overview of Payer-Based Health Records

- A payer-based health record is a record compiled from claims data submitted by providers to health plans
  - Health plans are currently the only stakeholder in the health care system that collects information from almost all providers that their members visit

- This means that it is the only cross-provider view of patient history available to physicians
  - Member claims history available from all hospitals, physicians, labs, and pharmacies
  - Includes other facilities that file insurance claims
  - All Florida physicians and hospitals can access the payer-based health record

- Quick, easy access to patient's encounters across health care system
  - Prescription drug history
  - Lab history
  - Radiology history
  - History of visits to doctors and hospitals
  - Immunization history
  - Diagnosis detail

Future Enhancements:
- Lab and radiology results
- Drug to drug interactions
- Care gap alerts

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Overview of Payer-Based Health Records (con't)

- Proven security
  - HIPAA compliant
  - Only accessible by authorized personnel
  - Complete audit trail

- Available to all third party payers who wish to participate
  - BlueCross and BlueShield of Florida and Humana are working jointly to introduce the capability
  - All other Florida health plans and third party payers will be invited to participate in future releases
  - As Availity moves to other states, the capability will be available to those health plans participating with Availity's provider portal
    - The Arizona all-payer portal will launch later this year

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No New Data or Infrastructure Required

- Uses claims data that are already submitted by providers and stored in health plan databases

- Requires no new infrastructure
  - Uses the Availity system that BlueCross and BlueShield of Florida and Humana pioneered to simplify claims submission and eligibility and benefits inquiries
  - Availity is currently installed in all Florida Hospitals and 93% of Florida's doctor offices

- Doctors offices only need high speed internet access and a web browser (which most already have)
  - Web access allows doctors to securely access patient information from any internet browser
  - Doctors can log on from home or other remote locations (even outside Florida)
  - Should their offices be closed, during natural disasters for example, access would still be available through the Internet regardless of location

- Easily integrated into physicians clinical workflow
  - All records can be printed and placed in clinical folder
  - Customizable to adapt to physician's preferred view of patient history

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Architecturally Sound Solution

- "Federated" model does not require centralized databases
  - Health information remains stored in health plan databases
  - Allows a consolidated record to be compiled from all health plans who participate to create a longitudinal view of patients' histories
  - Other sources of data can be added (e.g., State of Florida's SHOTs immunization database)

- State-of-the-art disaster recovery
  - BlueCross and BlueShield of Florida, Humana, and Availity have procedures and processes that will allow physicians almost immediate access to patient information should the need arise
  - Disaster recovery systems reside outside of Florida to guard against Florida-specific disasters (e.g., hurricanes)

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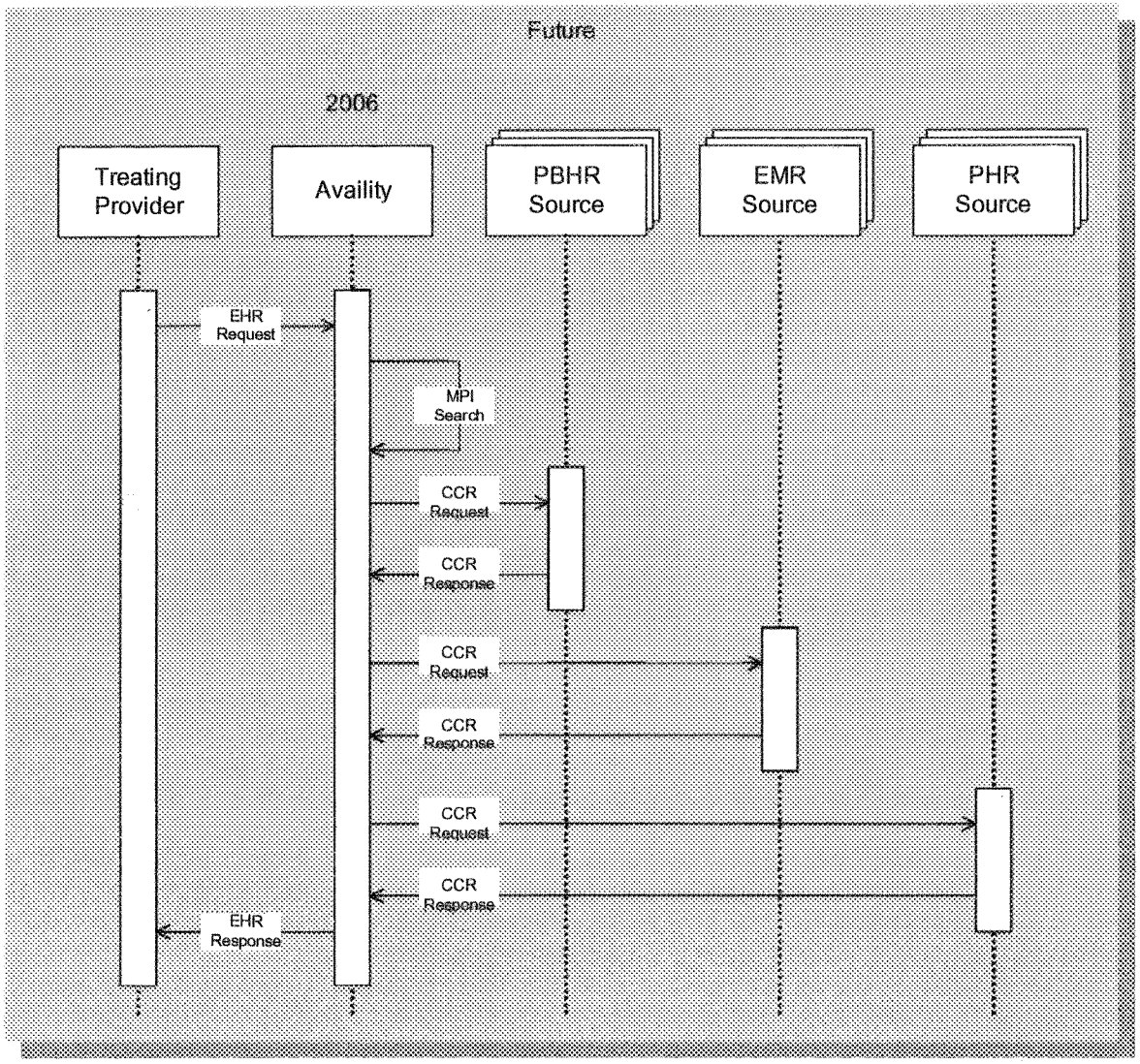
Future State of Electronic Health Records

Invite participation by all stakeholders who support continuity of care record (CCR) transactions and standards to create the full longitudinal, interoperable electronic health record

- EMR (PMS, HIS) vendors
- PHR vendors
- RHIOs
- Other sources of information (lab orders, PBMs, etc)



MPI: Master Patient/Person Index
PMS: Practice Management System
EMR: Electronic Medical Record
HIS: Health Information System
PHR: Personal Health Record

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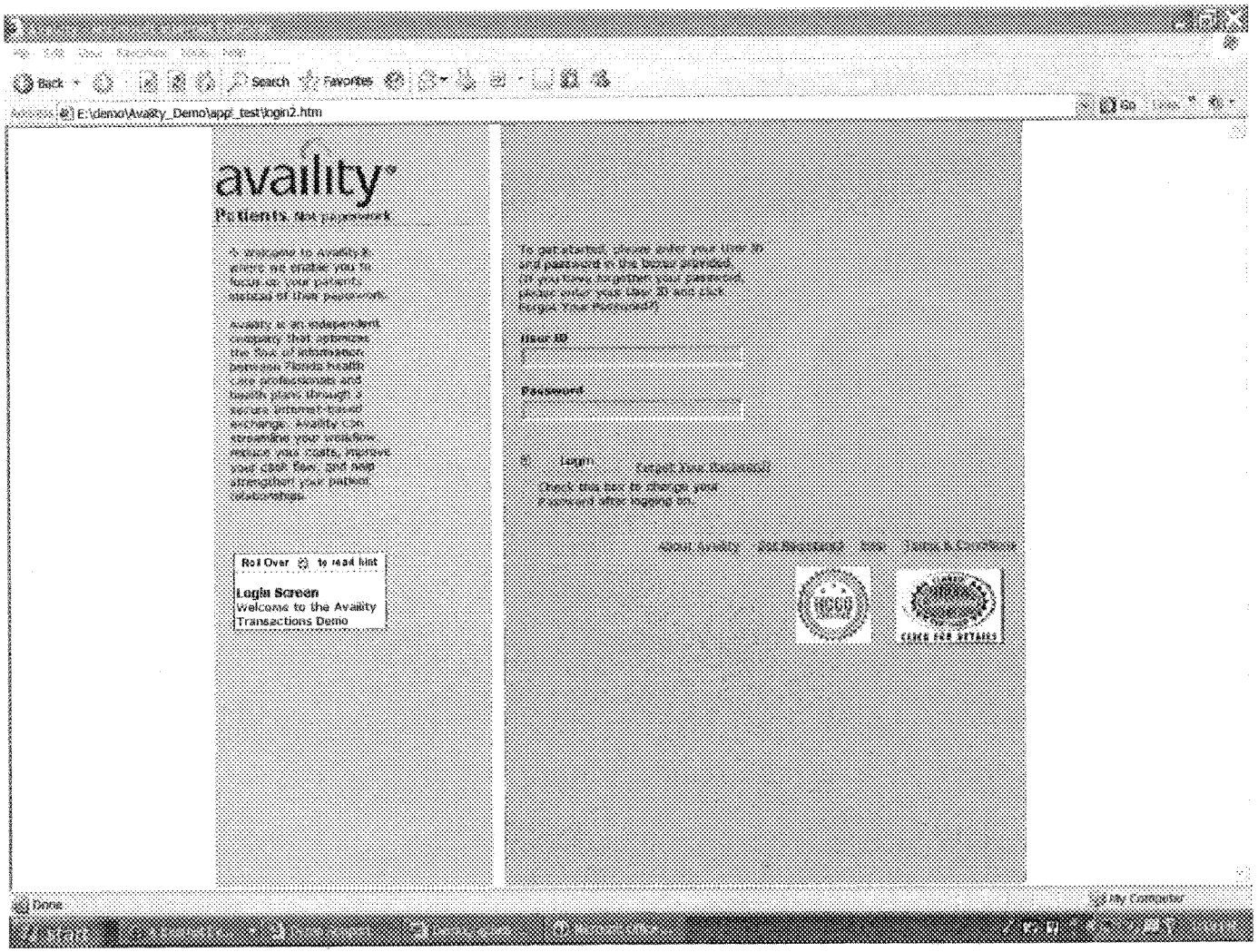
Same Log-On Currently Used in Most Doctors' Offices

- Proven security
- Intuitive user interface
- No new processes or software for current Availity users



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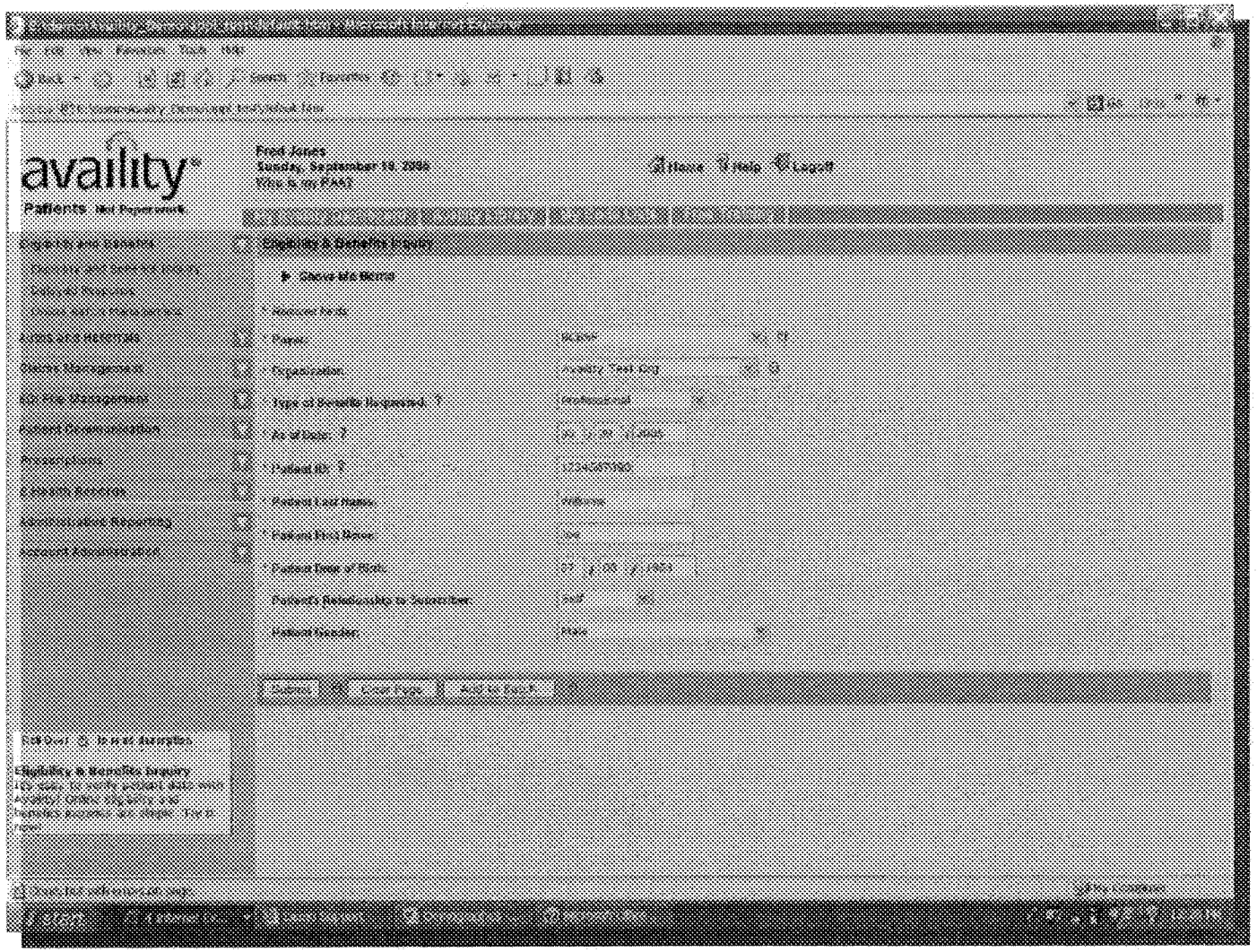
Secure Access

- Patient's name, health plan ID number, and date of birth required for access
- Prevents random browsing of payer-based health record



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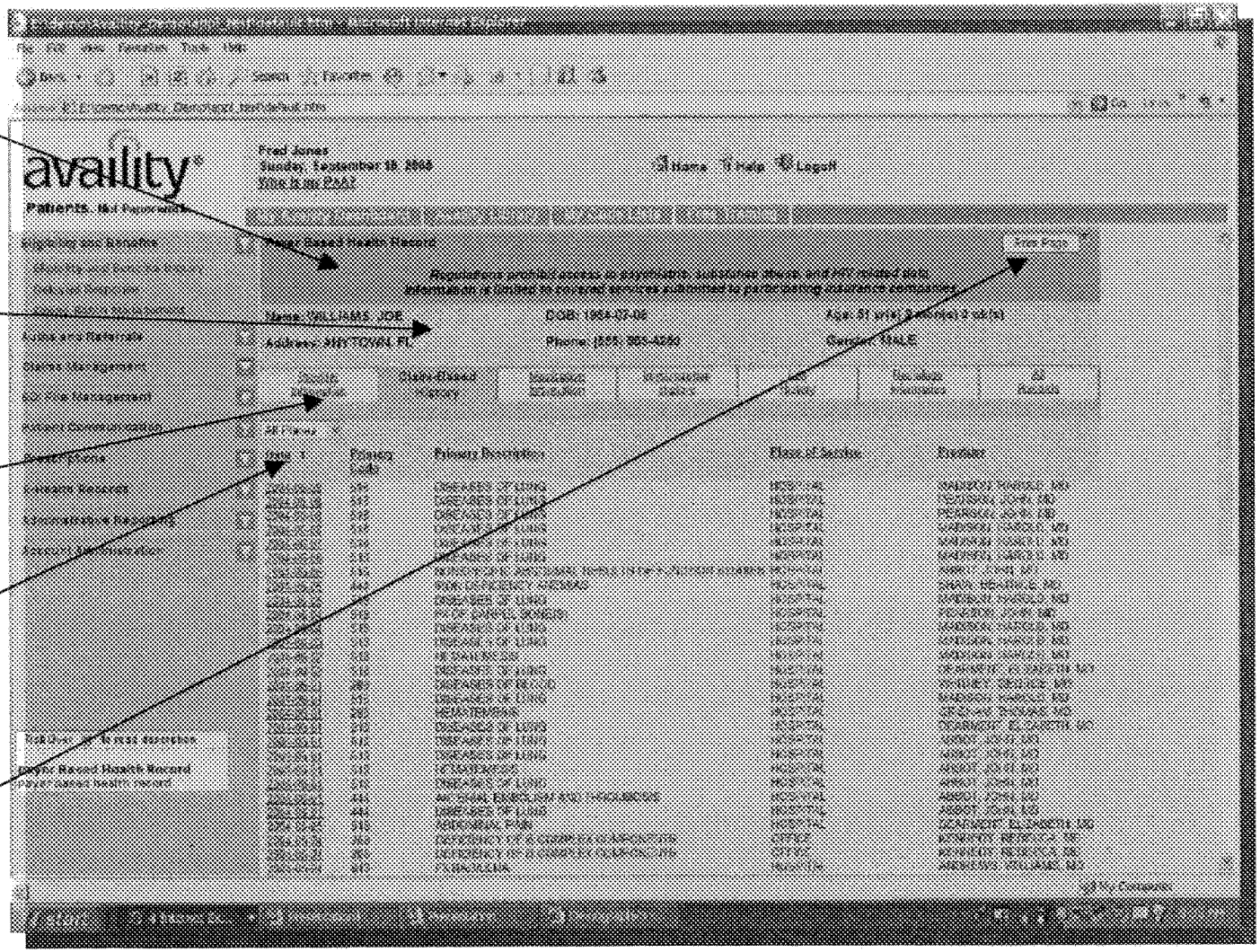
Organization and Navigation

- Disclaimers to remind physicians of legal, regulatory, and other limitations
- Demographic information displayed on all screens
- Simple navigation to all information
- All fields can be sort in ascending or descending order by clicking on the field name
- All information can be easily printed



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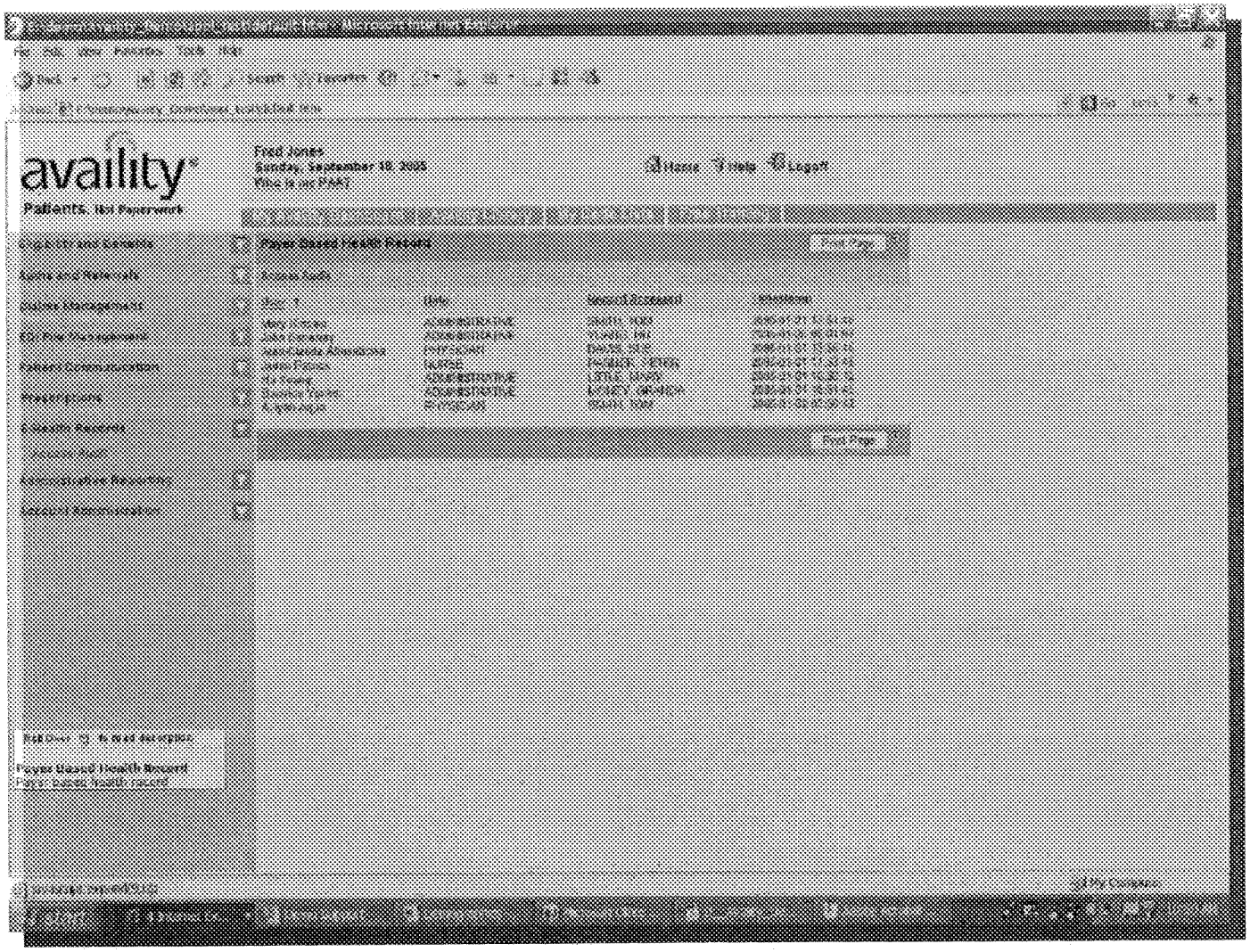
Providers Know who Accesses Records

- Access is recorded
- Doctors can see who in their offices access the system
- They know which patients' records were accessed
- They know when they were accessed



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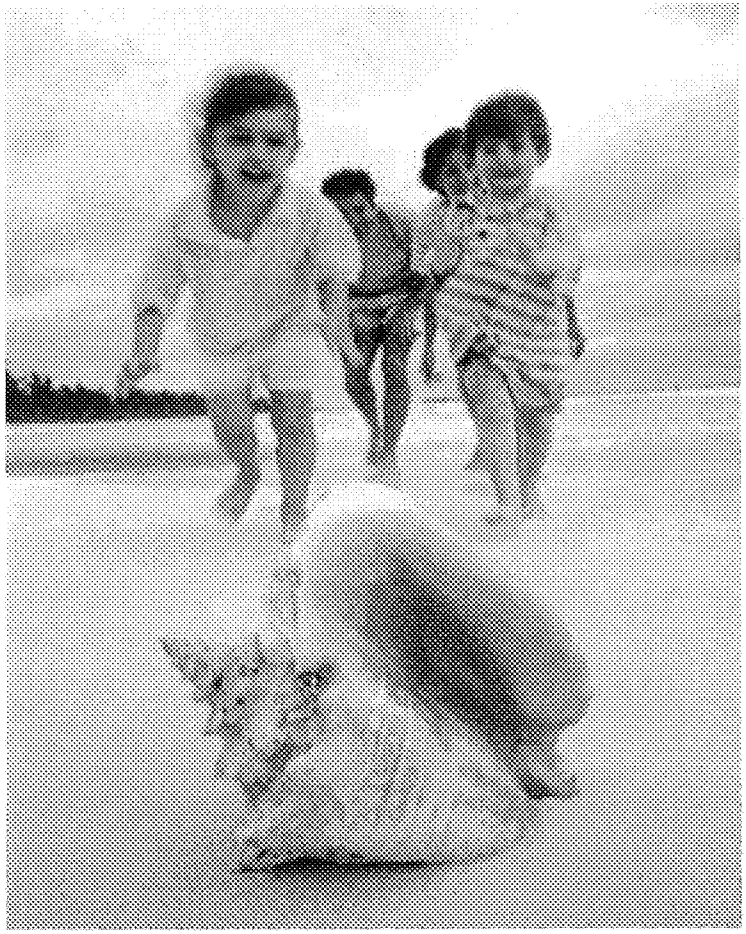
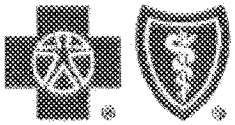
Case Studies





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Joe Williams

This is a multiple Medical Problem Case

- This member is likely to show up in the ER or Urgent Care facility with complaint of abdominal pain
- This patient has not been seen before by the attending physician
- Patient does not share his complete history nor knows what medication that they are currently taking
- The doctor is able to access the Payer-based Health Record
- The breadth of the specialties that Joe Williams has visited raises the physicians' attention.
- The claims based history provides a indication of past diagnosis:
  - Lung problems
  - Vomiting up blood
  - Wrist injury
- The medication page provides that actual name of the prescriptions that he has been prescribed

The value of the PBHR in this case is that it identifies the medicine and provides the history of pulmonary problems – fills the gap for the physician

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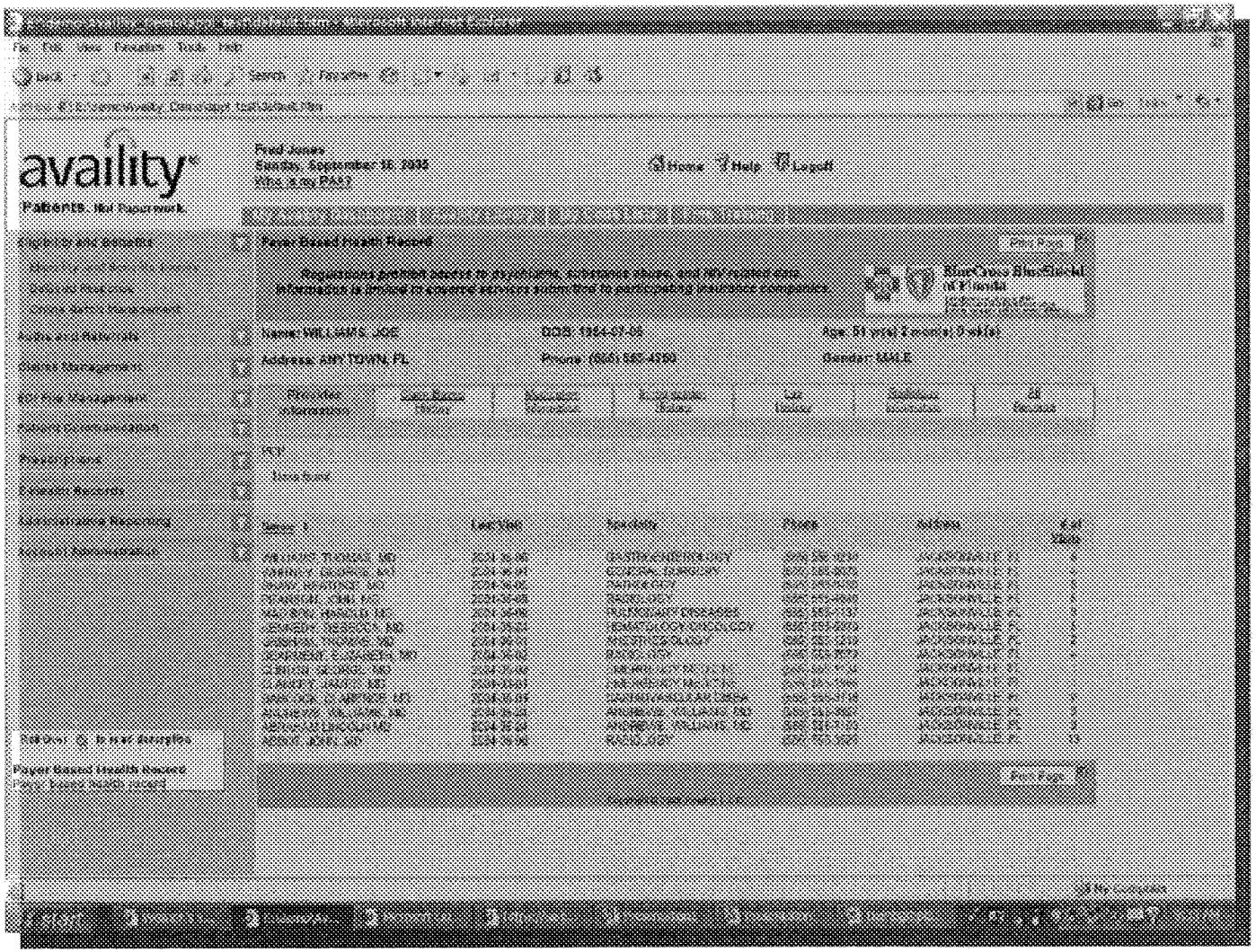
Overview of Physicians and Facilities Visited

- Doctors visited
- When they were visited
- Doctor's specialty
- Number of visits to each physician
- How to contact the physician



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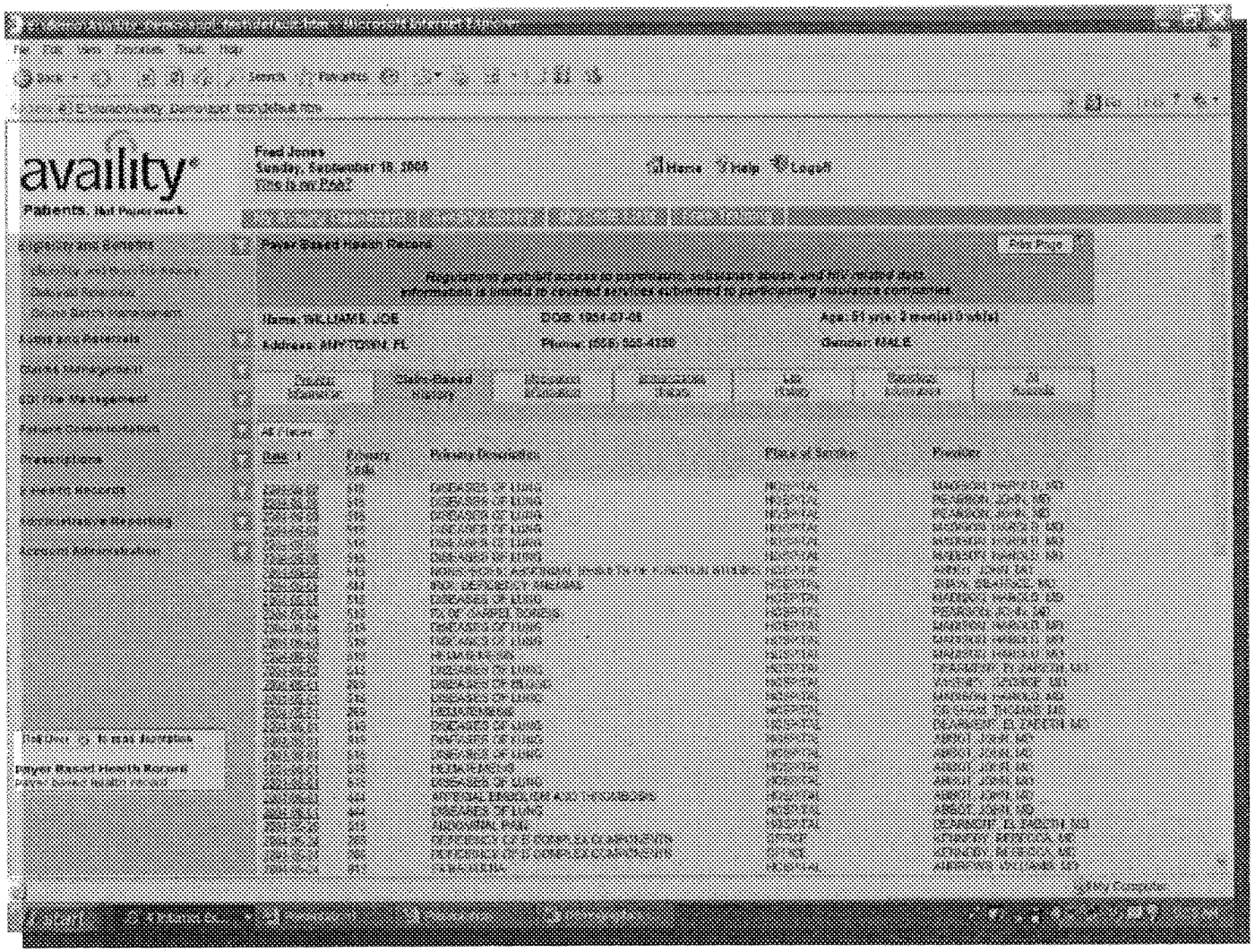
Patient's Diagnostic History

- Diagnostic history
- Where the service was rendered
- Date of service
- Doctor's name
- Hyperlink to detail



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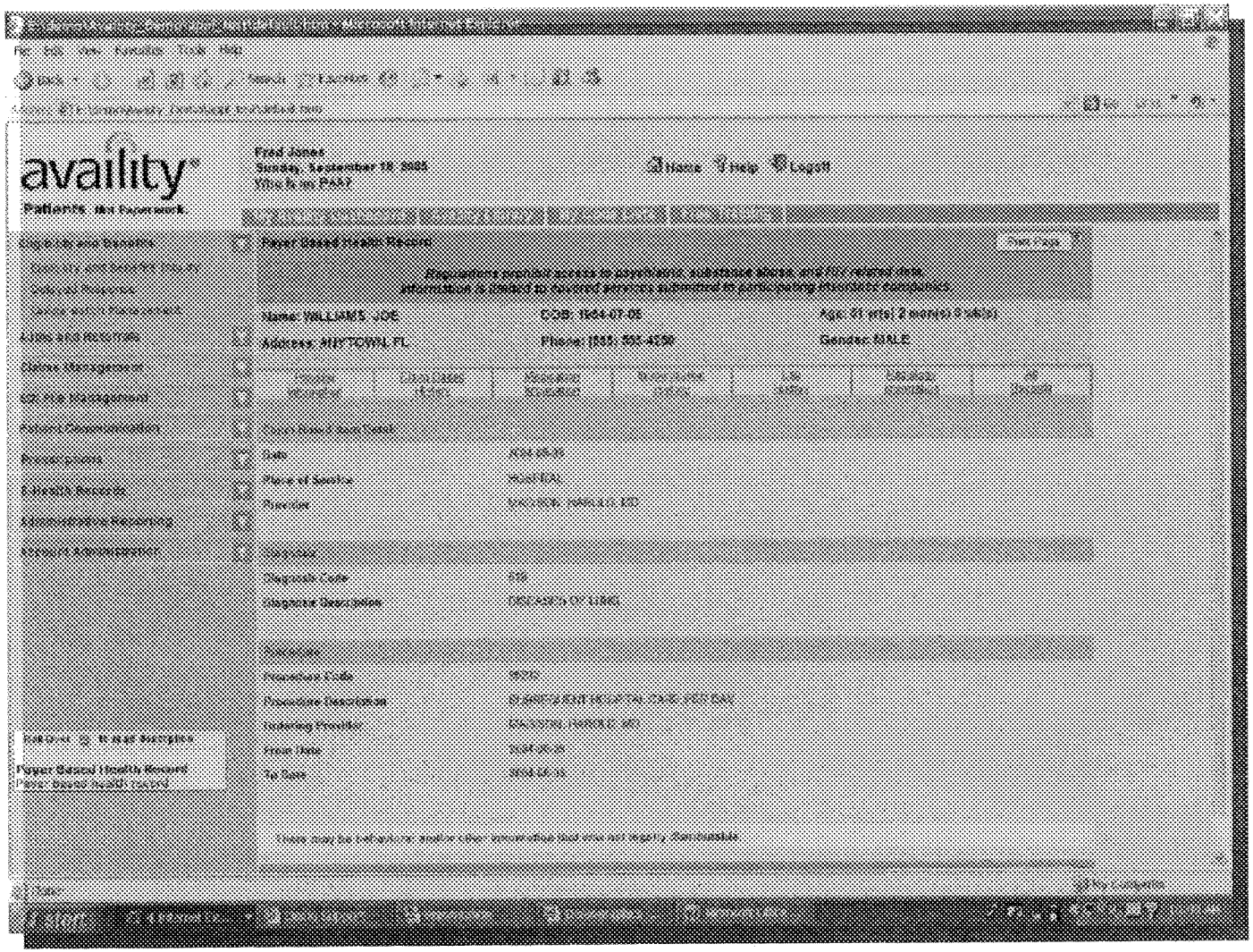
Diagnostic Detail Associated with Patient's Visits

- Detail on where service was rendered
- Details on procedures associated with diagnosis



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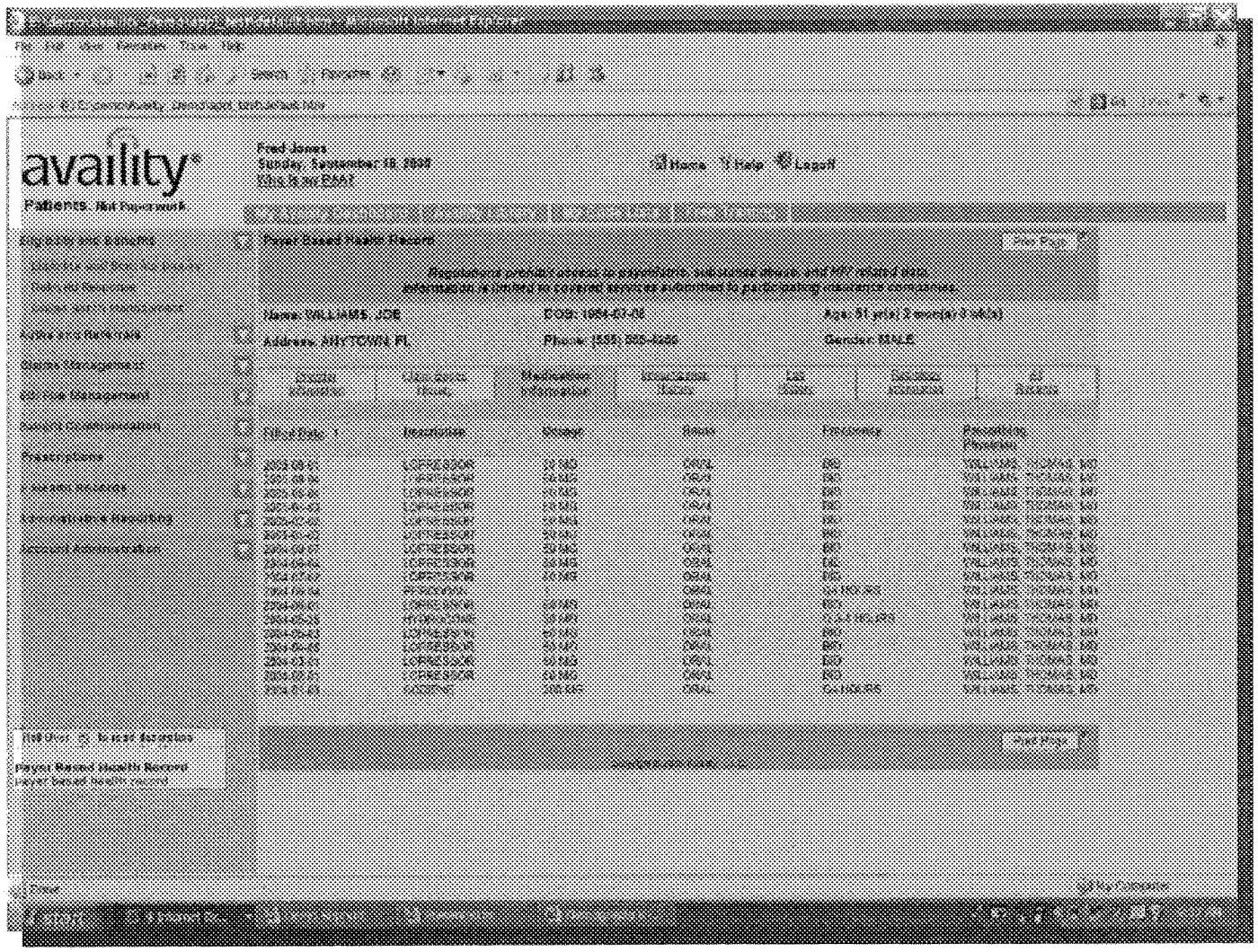
Patient's Prescription Drug History

- History of drugs filled
- When drug was filled
- Prescribing physician
- Prescribed dosage and frequency



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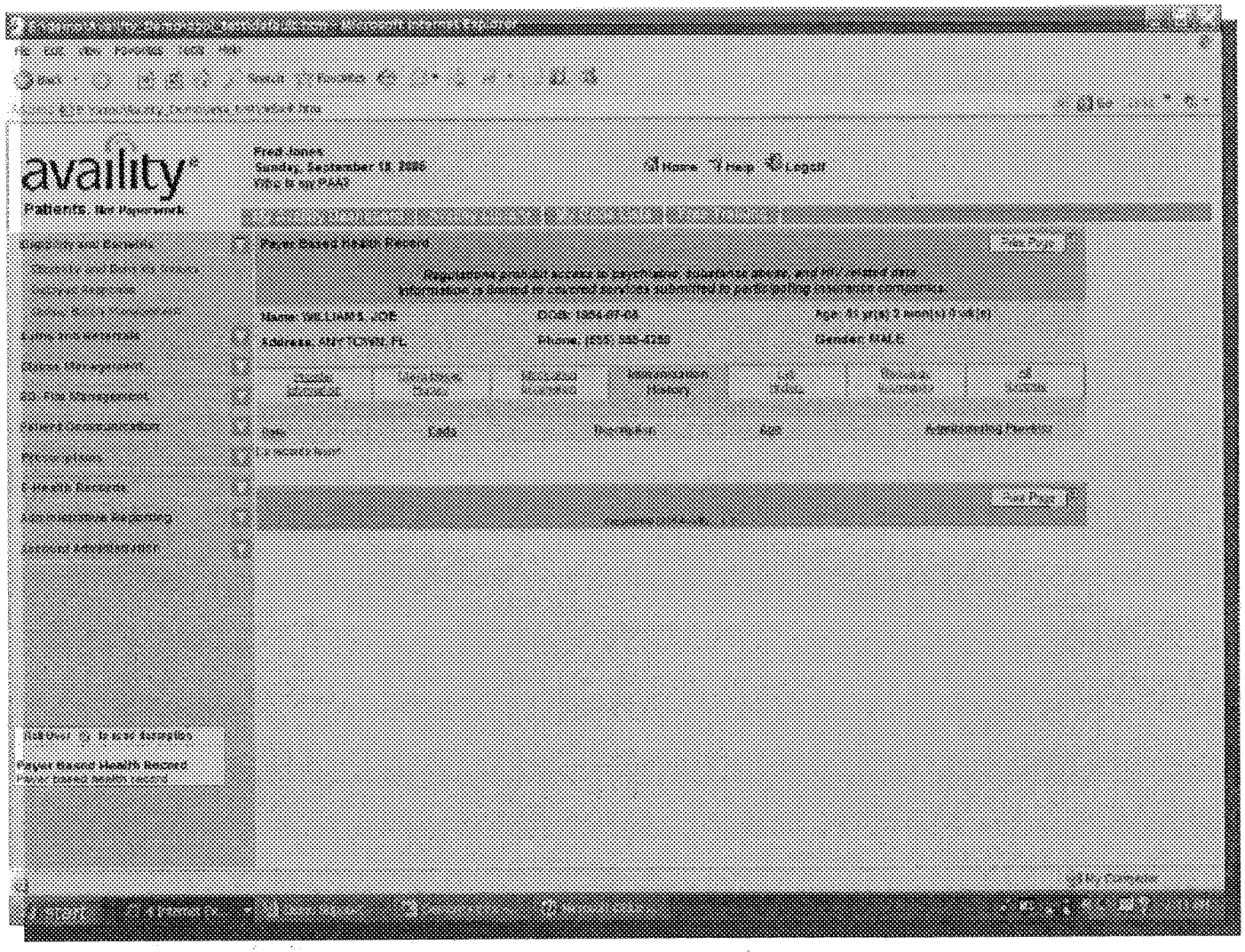
Patient's Immunization History

- Doctors have access to immunization history
- Doctors are informed when no records are found



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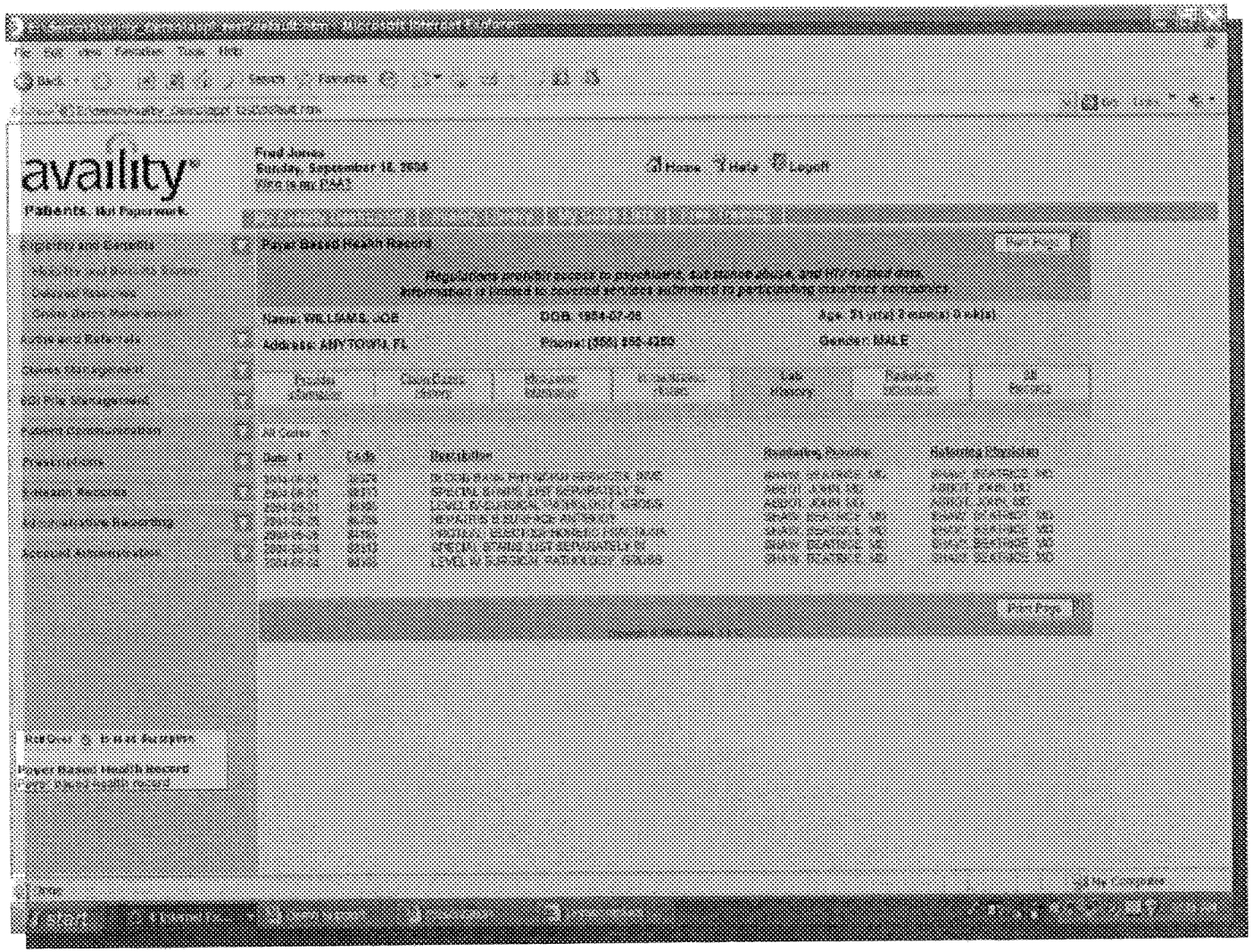
Patient's Lab History

- History of lab tests
- Name of labs that rendered services
- Name of physician who ordered tests
- Date of service



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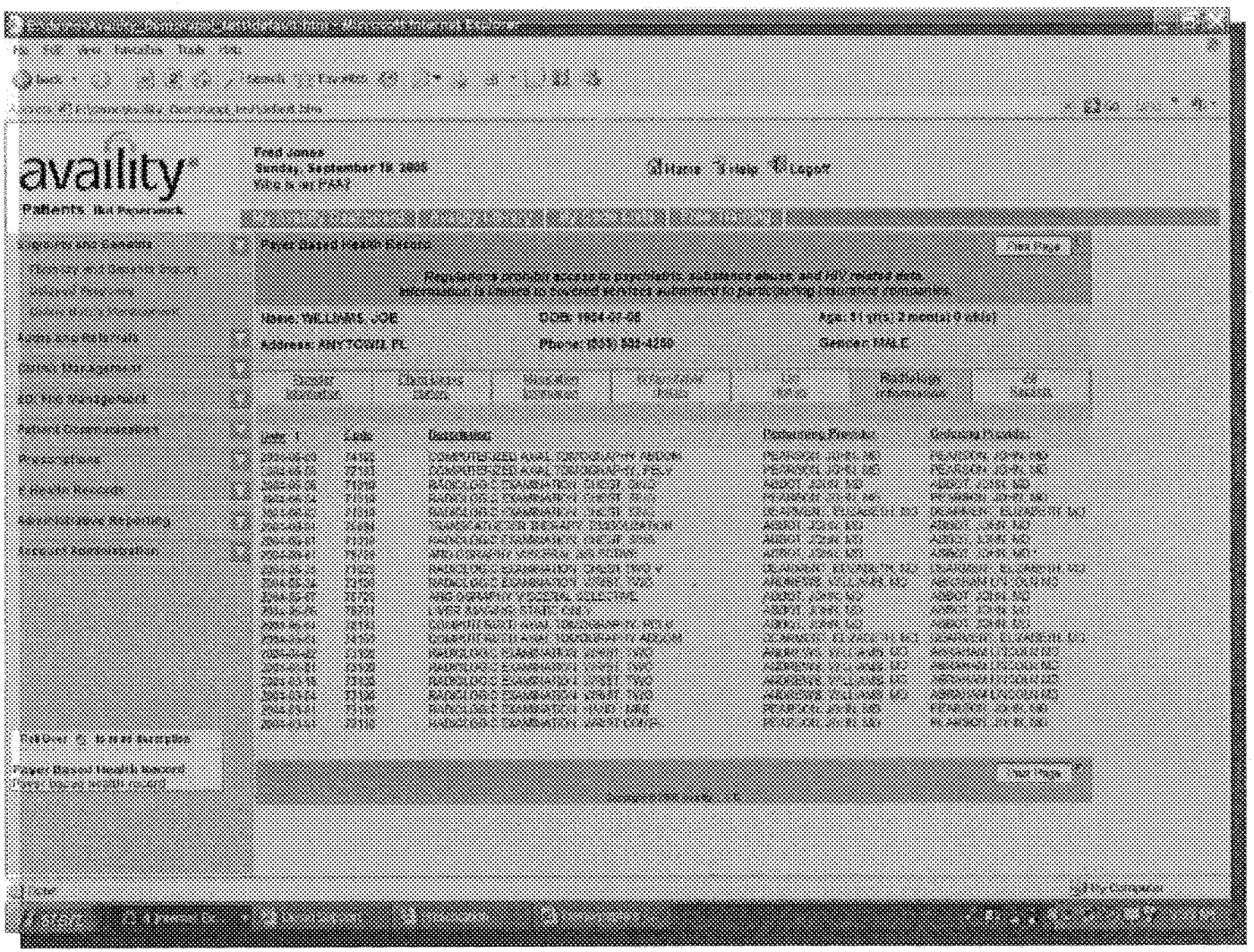
Patient's Radiology History

- History of x-rays, MRIs, CAT scans, and other imaging techniques
- Where the service was rendered
- Date of service
- Name of ordering physician



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Ray Jones

This is a Chronic Care Case with care gaps:

- This member is seeing physicians frequently for his Diabetes condition
- The only other physician is an ophthalmologist for retinal exams
- The patient's blood sugar is being regularly checked
- The patient now needs HBA1C to be in compliance with current disease management practices.
- The physician has been educated about disease management specifics through the BCBSF RPE program
- The patient has been educated about the appropriate care through the chronic care management program

The value of the PBHR in this case is that it bridges the gap of what BCBSF is doing today

- *by putting data in front of the physician when the patient is in front of them*
- *measuring patient compliance with physician orders*
- *and provides the ability to understand the outcomes of implementing of the treatment plan*

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- Prescriptions
- E-Health Records
- Administrative Reporting
- Account Administration

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Eligibility & Benefits Inquiry
It's easy to verify patient data with Availity! Online eligibility and benefits inquiries are simple. Try it now!

Eligibility & Benefits Inquiry

Show Me Demo

* Required fields

* Payer:	BCBSF
* Organization:	Availity Test Org
* Type of Benefits Requested: ?	Professional
* As of Date: ?	03 / 29 / 2005
* Patient ID: ?	1234567890
* Patient Last Name:	Jones
* Patient First Name:	Ray
* Patient Date of Birth:	01 / 01 / 1950
Patient's Relationship to Subscriber:	Self
Patient Gender:	Male

Submit Clear Page Add to Batch

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Payer Based Health Record

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Regulations prohibit access to psychiatric, substance abuse, and HIV related data. Information is limited to covered services submitted to participating insurance companies.

BlueCross BlueShield of Florida

Name: JONES, RAY | DOB: 1950-01-01 | Age: 55 yr(s) 8 mon(s) 2 wk(s)

Address: ANYTOWN, FL | Phone: (555) 555-5573 | Gender: MALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

PCP

None found.

Name	Last Visit	Specialty	Phone	Address	# of Visits
SEARS, ROBERT, MD	2003-11-15	DME	(555) 555-9266	JACKSONVILLE, FL	33
GREEN, SUSAN, MD	2003-05-15	OPTHMOLOGIST	(555) 555-4926	JACKSONVILLE, FL	1
BBB LAB	2003-11-15	LAB	(555) 555-4771	JACKSONVILLE, FL	8
ABC DME	2003-11-07	DME	(555) 555-2925	JACKSONVILLE, FL	20

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Payer Based Health Record
Payer based health record

Payer Based Health Record

Print Page

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Name: JONES, RAY | DOB: 1950-01-01 | Age: 55 yr(s) 8 mon(s) 1 wk(s)

Address: ANYTOWN, FL | Phone: (555) 555-2415 | Gender: MALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

All Places

Date	Primary Code	Primary Description	Place of Service	Provider
2003-11-15	25002	DIABETES MELLITUS	LAB	BBB LAB
2003-11-15	25002	DIABETES MELLITUS	LAB	BBB LAB
2003-11-15	25002	DIABETES MELLITUS	LAB	BBB LAB
2003-11-14	25002	DIABETES MELLITUS	OFFICE	SEARS, ROBERT, MD
2003-11-07	25002	DIABETES MELLITUS	HOME	ABC DME
2003-11-07	25002	DIABETES MELLITUS	HOME	ABC DME
2003-11-07	25002	DIABETES MELLITUS	HOME	ABC DME
2003-11-07	25002	DIABETES MELLITUS	HOME	ABC DME
2003-11-01	25002	DIABETES MELLITUS	LAB	BBB LAB
2003-10-05	25002	DIABETES MELLITUS	OFFICE	SEARS, ROBERT, MD
2003-10-01	25002	DIABETES MELLITUS	HOME	ABC DME
2003-10-01	25002	DIABETES MELLITUS	HOME	ABC DME
2003-10-01	25002	DIABETES MELLITUS	HOME	ABC DME
2003-10-01	25002	DIABETES MELLITUS	HOME	ABC DME
2003-10-01	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-10	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-10	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-10	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-10	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-10	25002	DIABETES MELLITUS	HOME	ABC DME
2003-06-09	25002	DIABETES MELLITUS	LAB	BBB LAB
2003-06-04	25002	DIABETES MELLITUS	OFFICE	SEARS, ROBERT, MD
2003-05-30	25002	DIABETES MELLITUS	HOME	ABC DME
2003-05-15	25002	DIABETES MELLITUS	OFFICE	GREEN, SUSAN, MD
2003-02-20	25002	DIABETES MELLITUS	HOME	ABC DME
2003-02-20	25002	DIABETES MELLITUS	HOME	ABC DME
2003-02-20	25002	DIABETES MELLITUS	HOME	ABC DME
2003-02-20	25002	DIABETES MELLITUS	HOME	ABC DME

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Address: ANYTOWN, FL	Phone: (555) 555-2415	Gender: MALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Claim-Based Item Detail

Date	2003-11-15
Place of Service	LAB
Provider	BBB LAB

Diagnosis

Diagnosis Code	25002
Diagnosis Description	DIABETES MELLITUS

Procedure

Procedure Code	80061
Procedure Description	LIPID PANEL
Ordering Provider	SEARS, ROBERT, MD
From Date	2003-11-15
To Date	2003-11-15

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Address: ANYTOWN, FL | Phone: (555) 555-2415 | Gender: MALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Filled Date	Description	Dosage	Route	Frequency	Prescribing Physician
2005-08-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-08-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-07-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-07-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-06-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-06-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-05-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-05-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-04-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-04-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-03-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-03-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-02-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-02-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2005-01-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2005-01-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2004-12-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2004-12-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS INJECTION	DAILY	SEARS, ROBERT, MD
2004-11-09	LIPITOR	10 MG	ORAL	DAILY	SEARS, ROBERT, MD
2004-11-09	HUMALOG INSULIN	20 UNITS	SUBCUTANEOUS	DAILY	SEARS, ROBERT, MD

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Payer Based Health Record
Payer based health record

Payer Based Health Record

Print Page

Regulations prohibit access to psychiatric, substance abuse, and HIV related data.
Information is limited to covered services submitted to participating insurance companies.

Name: JONES, RAY DOB: 1950-01-01 Age: 55 yr(s) 8 mon(s) 1 wk(s)

Address: ANYTOWN, FL Phone: (555) 555-2415 Gender: MALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Date	Code	Description	Age	Administering Provider
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Address: ANYTOWN, FL **Phone: (555) 555-2415** **Gender: MALE**

Provider Information | Claim Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Reports

All Codes

Date	Code	Description	Rendering Provider	Referring Physician
2003-11-15	80061	LIPID PANEL	BBB LAB	SEARS, ROBERT, MD
2003-11-15	82947	GLUCOSE, QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	BBB LAB	SEARS, ROBERT, MD
2003-11-15	80050	GENERAL HEALTH PANEL	BBB LAB	SEARS, ROBERT, MD
2003-11-01	82947	GLUCOSE, QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	BBB LAB	SEARS, ROBERT, MD
2003-06-09	82947	GLUCOSE, QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	BBB LAB	SEARS, ROBERT, MD
2003-02-12	80061	LIPID PANEL	BBB LAB	SEARS, ROBERT, MD
2003-02-12	82947	GLUCOSE, QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	BBB LAB	SEARS, ROBERT, MD
2003-02-12	80050	GENERAL HEALTH PANEL	BBB LAB	SEARS, ROBERT, MD

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Provider Information | Claim Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Date	Code	Description	Performing Provider	Ordering Provider

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Mary Little

This is a fraud case

- This member is likely to show up in the ER or Urgent Care facility on a weekend with complaint of chronic pain
- She indicates that her personal physicians' office is closed
- The patient has lupus and indicates that she just needs pain medication to make it through the weekend
- This patient has not been seen before by the attending physician – the physician must make a judgment call
- The doctor is able to access the Payer-based Health Record
- The claims based history provides a indication of past diagnosis:
  - Lupus
  - Hand Infection
- The claims based history also indicates that this patient saw many physicians on the same day for the same problem
- The medication page indicates:
  - that multiple prescriptions have been filled on the same day
  - that the medications are controlled substances
  - and many of the prescriptions are from the same physician
- The patient actually stole an Rx pad from a physician

The value of the PBHR in this case is that it resolves the tension that a physician feels without having adequate information about a patient and mitigates the risk of his license being jeopardized.

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Eligibility & Benefits Inquiry

Show Me Demo

* Required fields

* Payer:	BCBSF
* Organization:	Availity Test Org
* Type of Benefits Requested: ?	Professional
* As of Date: ?	03 / 29 / 2005
* Patient ID: ?	1234567890
* Patient Last Name:	Little
* Patient First Name:	Mary
* Patient Date of Birth:	07 / 05 / 1977
Patient's Relationship to Subscriber:	Self
Patient Gender:	[illegible]

Submit | Clear Page | Add to Batch

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Eligibility & Benefits Inquiry
It's easy to verify patient data with Availity! Online eligibility and benefits inquiries are simple. Try it now!

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Address: ANYTOWN, FL | Phone: (555) 555-2977 | Gender: FEMALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

All Places

Date	Primary Code	Primary Description	Place of Service	Provider
2004-12-20	6954	LUPUS ERYTHEMATOSUS	OFFICE	SPEARMAN, DANIAL, MD
2004-12-20	6954	LUPUS ERYTHEMATOSUS	OFFICE	SPEARMAN, DANIAL, MD
2004-11-23	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	TUTEN, JENNIFER, MD
2004-11-09	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	MCBRIDE, STEVE, MD
2004-11-09	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	JOHNS, DAVID, MD
2004-11-09	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	ALVAREZ, FRANCISCO, MD
2004-11-08	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	HARDEMAN, DONALD, MD
2004-11-08	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	COWELL, BARBARA, MD
2004-11-08	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	BROWN, SANDRA, MD
2004-11-08	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	BLACK, T. W., MD
2004-11-07	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	NEELEY, PATTI, MD
2004-11-07	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	KNIGHT, PHILLIP, MD
2004-11-06	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	ROBERTS, EDWARD, MD
2004-11-06	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	MICHNER, JOHN, MD
2004-11-06	6824	OTHER CELLULITIS AND ABSCESSOF HAND, EXCEPT FINGER	OFFICE	FRANKLIN, WILLIAM, MD

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Payer based health record

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Address: ANYTOWN, FL	**Phone:** (555) 555-2977	**Gender:** FEMALE

Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Claim-Based Item Detail

Date	2004-12-20
Place of Service	OFFICE
Provider	SPEARMAN, DANIAL, MD

Diagnosis

Diagnosis Code	6954
Diagnosis Description	LUPUS ERYTHEMATOSUS

Procedure

Procedure Code	99212
Procedure Description	OFFICE OR OTHER OUTPATIENT VISIT
Ordering Provider	SPEARMAN, DANIAL, MD
From Date	2004-12-20
To Date	2004-12-20

There may be behavioral and/or other information that was not legally distributable.

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Provider Information | Claim-Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Filled Date	Description	Dosage	Route	Frequency	Prescribing Physician
2004-11-12	OXYCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-09	OXYCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-09	OXYCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-09	OXYCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-08	OXYCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-08	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-08	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-08	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-07	CODEINE	200 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-07	CODEINE	200 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-06	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-06	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-06	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-11-05	VALIUM	10 MG	ORAL	QD	STEEL, ANDREW, MD
2004-11-05	CODEINE	200 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2004-08-30	VALIUM	10 MG	ORAL	QD	STEEL, ANDREW, MD
2004-08-23	VALIUM	10 MG	ORAL	QD	STEEL, ANDREW, MD
2004-08-23	VALIUM	10 MG	ORAL	QD	STEEL, ANDREW, MD
2004-07-28	CODEINE	200 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2002-06-10	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2002-06-10	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2002-05-13	VALIUM	10 MG	ORAL	QD	STEEL, ANDREW, MD
2002-04-04	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2002-03-07	DARVOCET N	102 MG	ORAL	Q 4 HOURS	STEEL, ANDREW, MD
2002-03-07	DARVOCET N	101 MG	ORAL	Q 4 HOURS	STEEL, ANDREW, MD
2002-03-07	DARVOCET N	100 MG	ORAL	Q 4 HOURS	STEEL, ANDREW, MD
2002-03-07	DARVOCET N	100 MG	ORAL	Q 4 HOURS	STEEL, ANDREW, MD
2002-03-04	HYDROCODONE	30 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD
2002-02-07	CODEINE	200 MG	ORAL	Q 3-4 HOURS	STEEL, ANDREW, MD

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Provider Information | Claim Based History | Medication Information | Immunization History | Lab History | Radiology Information | All Records

Date	Code	Description	Age	Administering Provider
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Date	Code	Description	Performing Provider	Ordering Provider
2004-11-04	73130	RADIOLOGIC EXAMINATION, HAND ; MINIMUM OFTHREE VIE	ROGERS, PAUL, MD	ROGERS, PAUL, MD

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Humana, Inc.

- Janna Meek
- Director, Innovative Provider Solutions
- Jmeek@humana.com
- 502.681.6050

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Development of the Florida Health Information Infrastructure (AHCA)

Florida's Health Information Infrastructure

The Florida Health Information Network: A Progress Report

Presentation to the House Health Care Regulation Committee

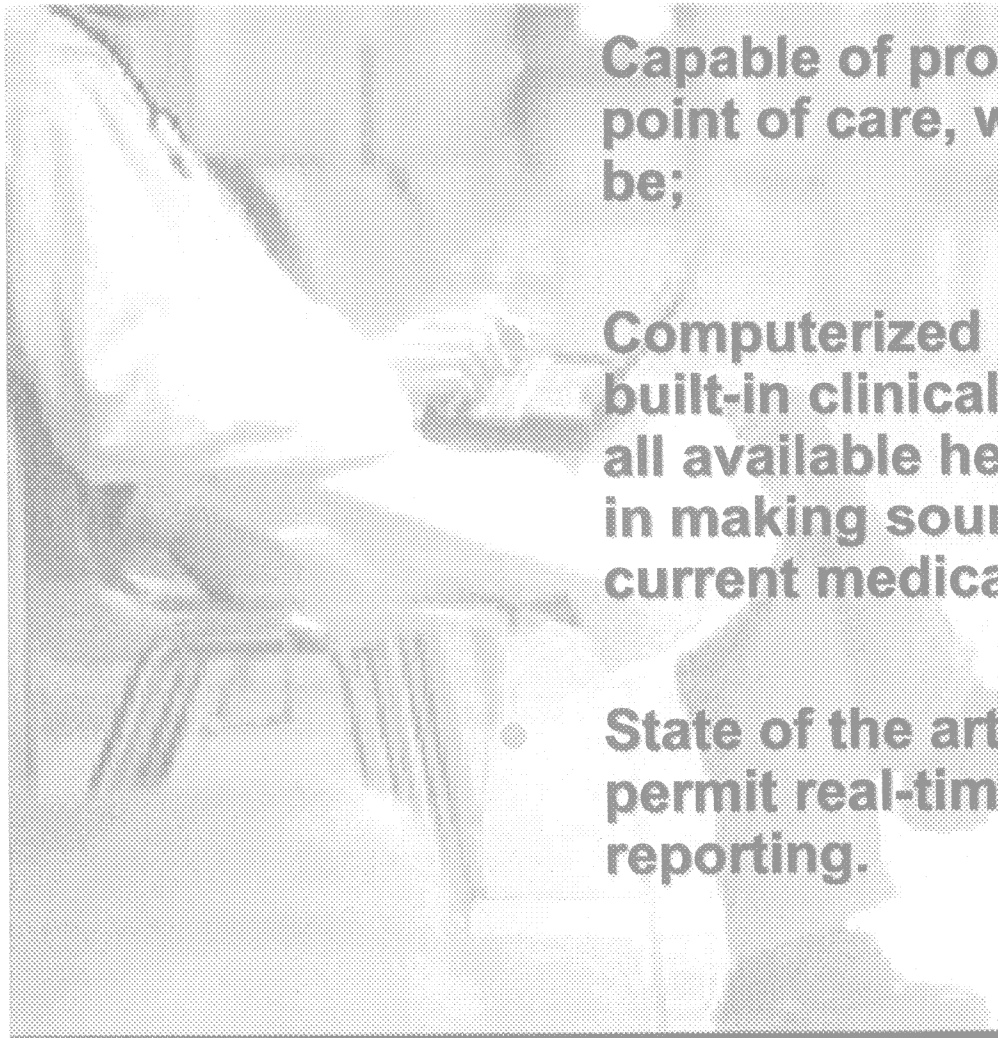
November 9, 2005

Secretary Alan Levine

Agency for Health Care Administration

The Vision:

A comprehensive integrated network of health privacy-protected record systems among the state's health care stakeholders.



Capable of providing medical information at the point of care, whenever and wherever that may be;

Computerized "decision support" programs – built-in clinical logic that automatically analyzes all available health information to assist providers in making sound clinical decisions based on current medical science;

State of the art public health functionality to permit real-time outbreak monitoring and disease reporting.

The Governor's Health Information Infrastructure Advisory Board

- **Appointed by Governor Jeb Bush in June 2004**
- **Mission:**
  - Advise Governor and Agency for Healthcare Administration on the development of the Florida Health Information Network – "FHIN"
  - Identify obstacles to the implementation of FHIN and provide policy recommendations to remove or minimize those obstacles
  - Assist in ensuring the privacy and security of personal health information on the network

Conclusions of GHIIAB after one year on the job . . . .

1. The goals of the GHIIAB and the Florida Health information Network will not be accomplished without strategic partners. Stakeholders in the state are generally supportive of the FHIN, but more providers need to come to the table to learn and communicate.

2. Launch and learn.

3. We should foster pilot projects which are modest in scope and scale to progress deliberately.

   - Start modestly, refine model, scale up and out, and develop FHIN cumulatively.

   - Be a good steward of invested funds ~ prove concepts on modest scale before seeking substantial commitment of resources.

More conclusions . . .

4. Implementation of FHIN can be accelerated by sharing resources and lessons learned among states – don't reinvent the wheel (same thing within the state).

5. We need effective stakeholder information and education efforts to "pull" FHIN through the challenges that it will face; FHIN must be marketed like any other product or new idea.

6. Educating stakeholders on HIPAA and other privacy laws as they relate to operation of a health information network is a must.

7. State medical records laws across the nation need to be updated and harmonized with each other. Areas where some states laws differ include

- Mental Health
- HIV/AIDS
- Patient consent requirements
- Medicaid State Plan Administration
- Special program restrictions
- Physician self-referral laws/regulations

. . . and more . . .

8. The challenges we face are not so much technical as "human" challenges.

9. FHIN must be financed through a diversity of funding sources – need to receive federal, state and local governmental support, but also private funds.

Recommended Strategic Framework

- Promote adoption of effective EHR systems among Florida providers
- Develop the Florida Health Information Network
- Organization of the Florida Health Information Network – Governmental at inception, public/private partnership at maturity

Only about 20% of Florida physicians are using EHR's, and not many more hospitals are, so where will the electronic health information come from?

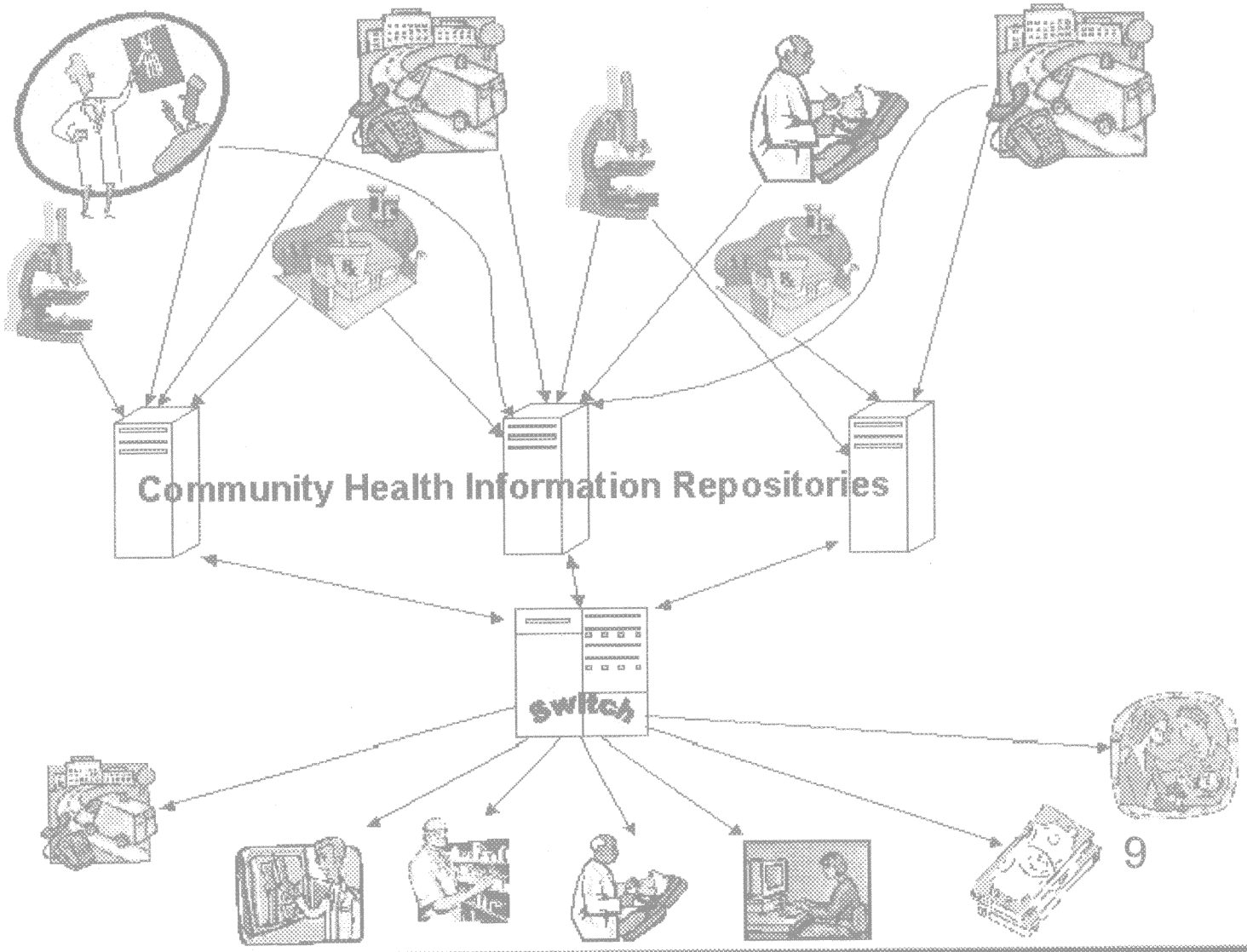
In order to have an interoperable network, health information must be electronically:

Captured >>>

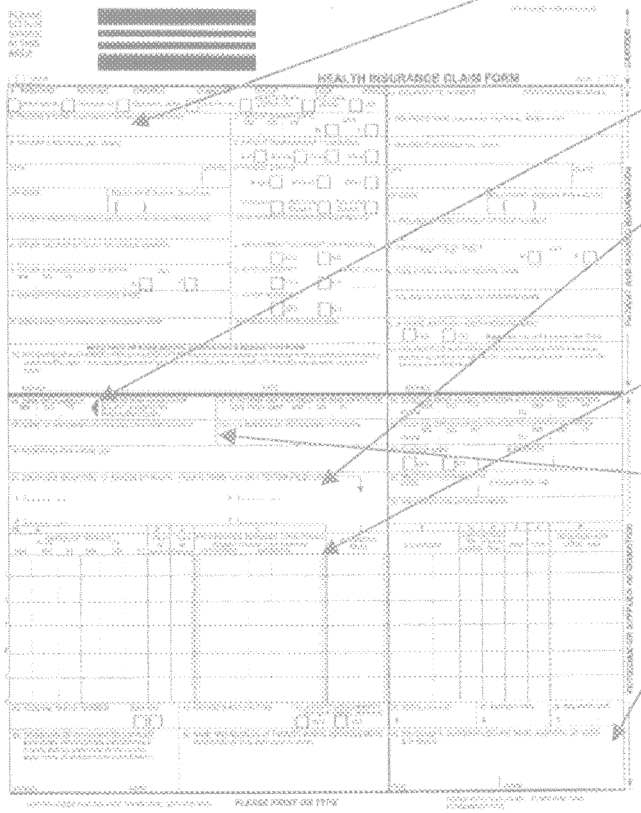
Stored >>>

and . . .

Retrieved >>>



In an environment of low EHR usage, what meaningful electronic health information is available to be shared?



Patient Demographic info

Date of treatment

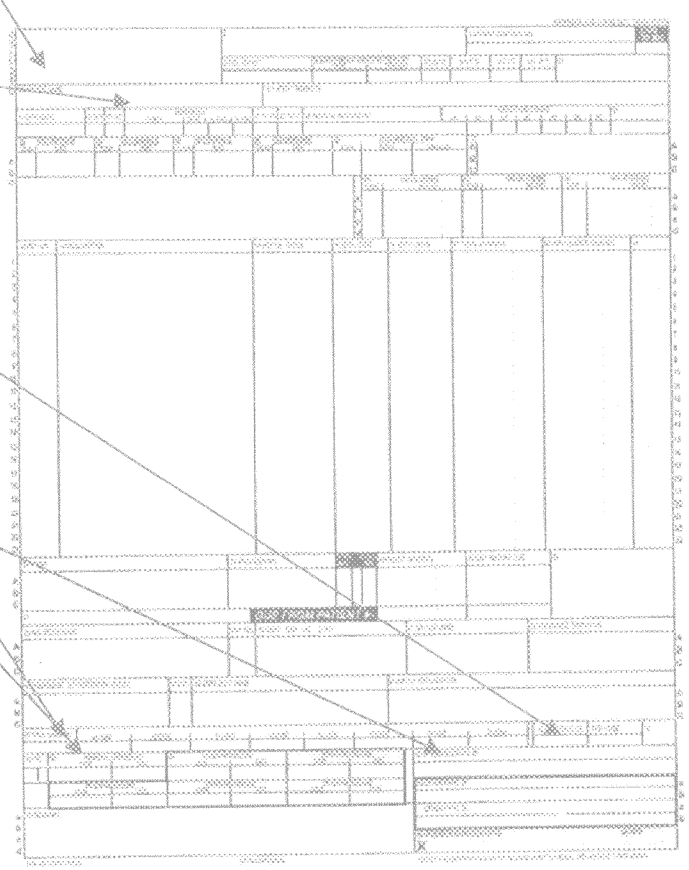
Diagnosis

Procedures

Identities of treating and referring providers and contact information

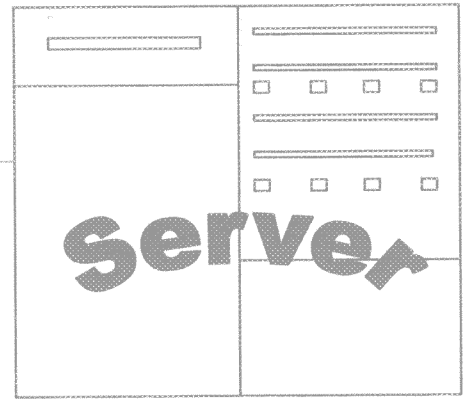
(Medications)

(Lab values)



FHIN Architecture

The Server maintains a Master Patient Index for patient records in Florida.



Web services will enable the transfer of Continuity of Care Records (CCR) for all patients.

Regional Health Information Organizations (RHIO) manage relations with health care providers to provide data.

FHIN

Tampa Bay RHIO

Miami RHIO

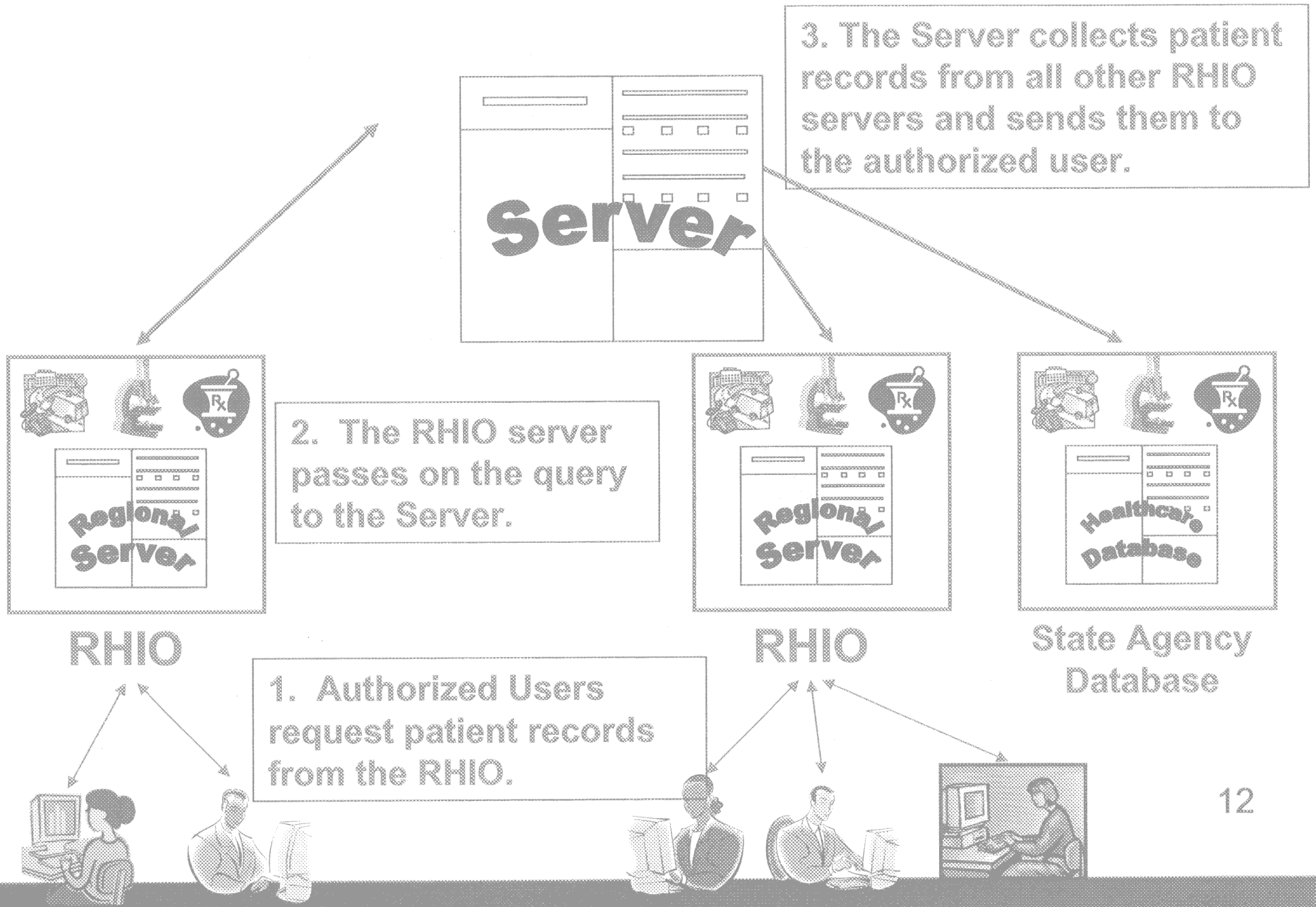
Big Bend RHIO

Pensacola RHIO

AHCA/DOH Databases

FQHC Databases

Potential Workflow



Florida Health Information Network – First Steps

- Incorporate FHIN, Inc.
- Conduct initial investment round
- Obtain tax status as a charity under Section 501(c)(3)
- Recruit organizational staff
- Promote participation in, and support for FHIN among Florida healthcare stakeholders
- Establish governance model – Board, advisors, etc.
- Develop and implement statewide infrastructure
- Nurture pilot projects – funding, management, etc.
- Conduct critical baseline studies and projects – stakeholder attitudes and opinions surveys, state coordinated health informatics initiative framework, etc.
- Execute information and education program

Electronic Prescribing (Walgreens)

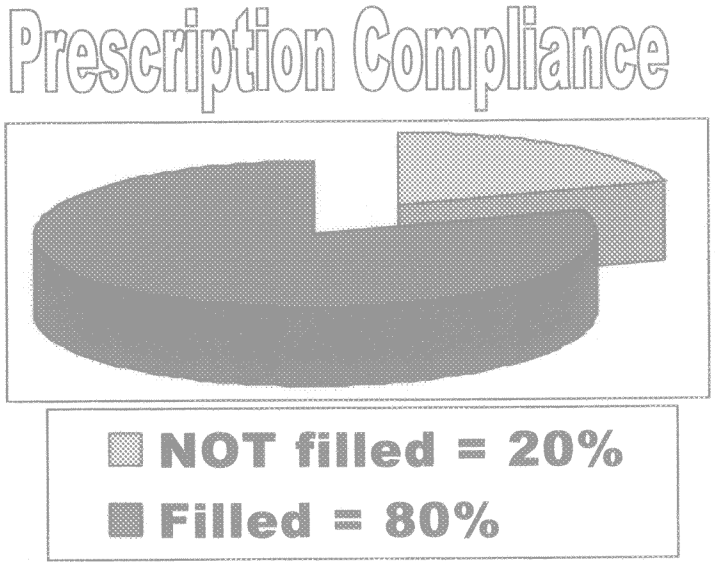
Current State of Prescribing

- Prescribing process is error prone
  - Adverse drug events (ADE)
    - **4th leading cause of death**
    - Costs as much as **$136 billion** each year
  - Of ADEs, 7,000 deaths a year attributed to prescription error
    - Illegible handwriting
    - Wrong dosage
    - Missed drug-drug or drug-allergy interactions
  - Medication errors account for 1 out of 131 ambulatory care deaths

Source: Institute of Medicine, Center for Information Technology Leadership

Current State of Prescribing

- Poor compliance
  - Approximately 20% of prescriptions are never filled
  - Cost of poor compliance estimated between $100 billion and $150 billion annually
- Increasingly complex benefits & plan designs
  - Average doctor manages at least 11 managed care formularies



- Growing number of available prescription drugs
  - 500% increase in the past decade
    - 1-2 each week
  - 17,000 trade and generic names marketed in North America

Source: Institute of Medicine, Institute for Safe Medication Practices

Benefits for Physicians

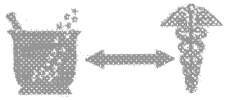
- Improved efficiency
  - Reduced number of callbacks from pharmacies
    - Quickly access vital patient info
  - Refill Renewal Authorizations completed in seconds, not hours
  - More time on patient care and other key activities

- Easy to Implement
  - Limited change in physician workflow
  - Staff satisfaction
  - Reassignment to care

Source: I-Health Reports

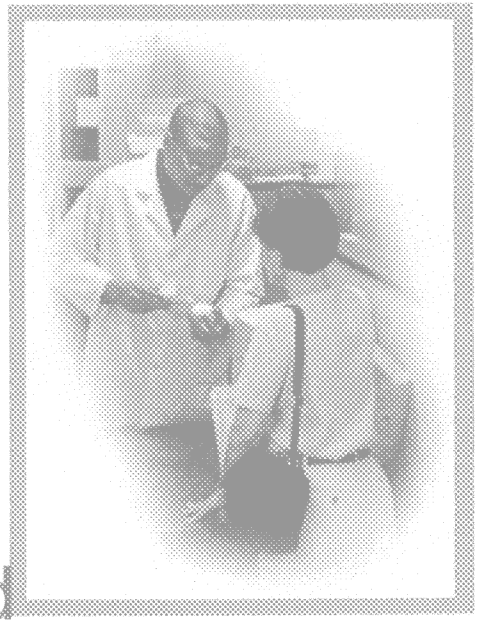
Benefits for Pharmacists

- ✓ All necessary prescription information is transmitted and received
- ✓ Improves Patient Services
  - ✓ Provides more time to be spent with customers
  - ✓ Ensures fast prescription pick-up
- ✓ Improves Record Keeping
- ✓ Saves Time
- ✓ Reduces Transcription Errors
- ✓ Reduces Phone Calls and Faxes
  - ✓ Estimated number of total prescription-related telephone calls annually 900 million
- ✓ Reduces Turnaround Time on Renewal Requests and Authorizations
- ✓ Improves Efficiency – Allows more Pharmacist – Patient Interaction



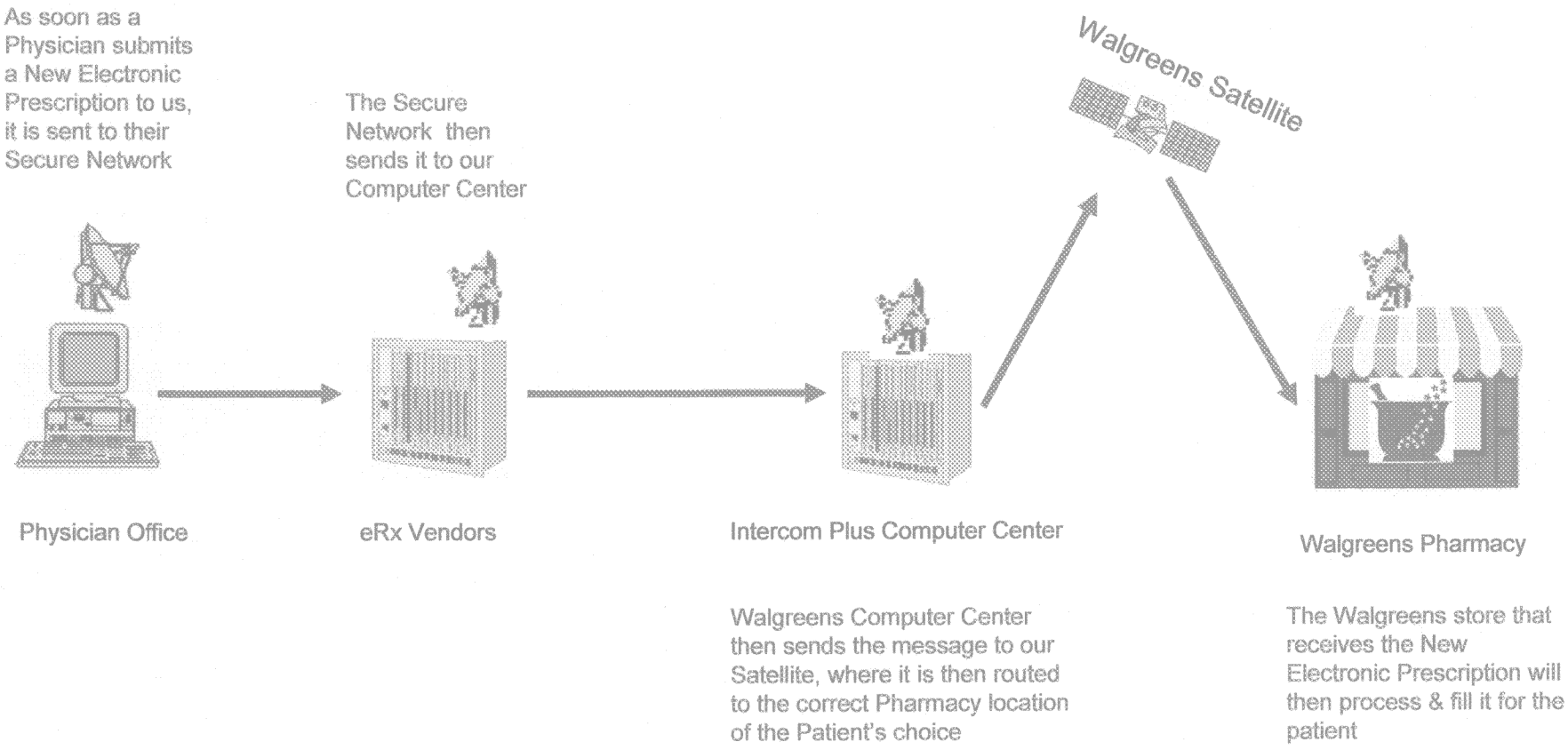
Benefits for Patients

- Complete prescription history available
- Improved efficiencies
  - Pharmacy of choice
  - Secure
  - Prescription available for pickup upon arrival
- Higher levels of patient confidence and satisfaction
  - Potential to reduce medication errors by as much as 55%

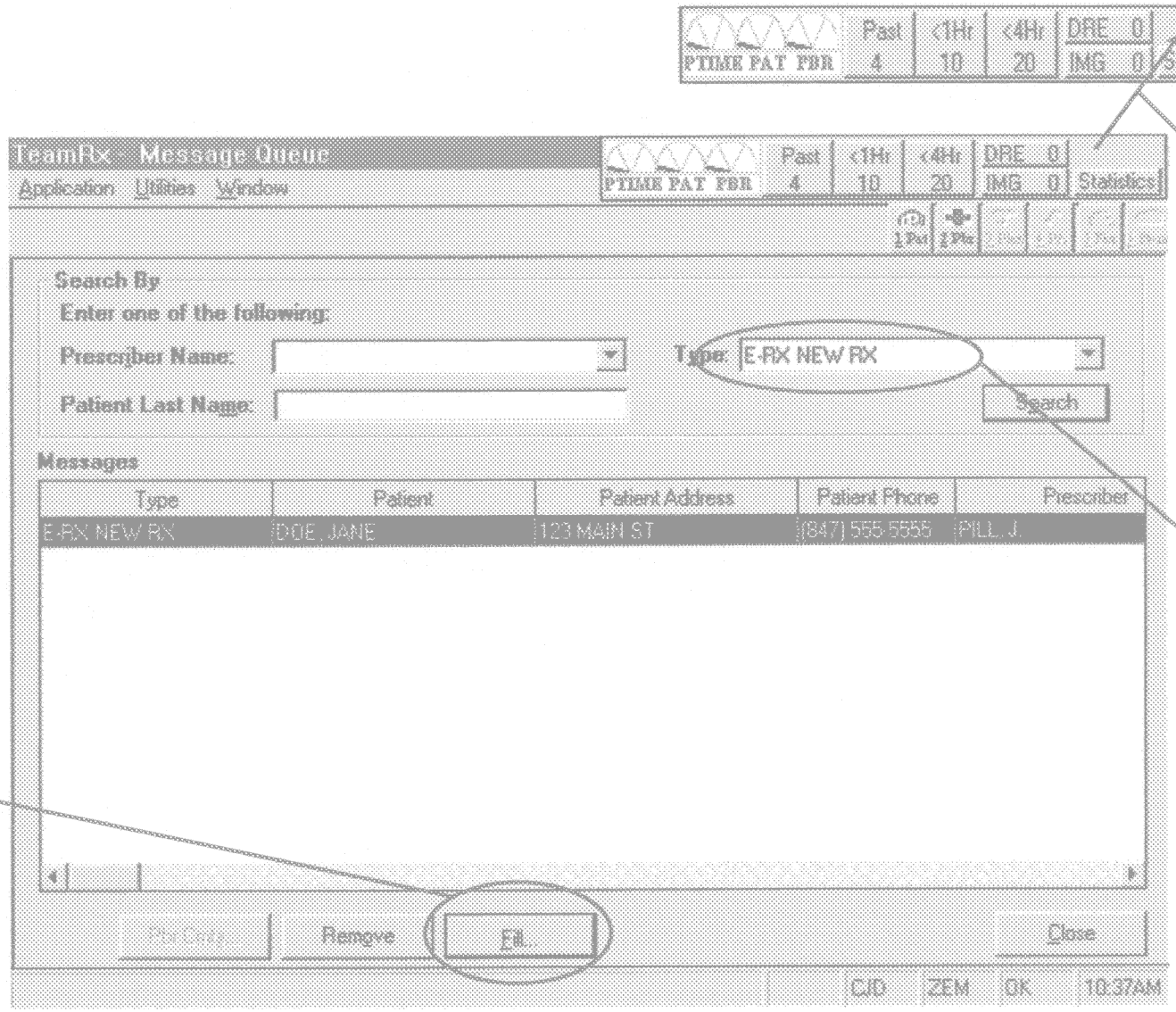


Institute for Safe Medicine Practices. A Call to Action: Eliminate Handwritten Prescriptions Within Three Years, 2000.

How Walgreens Receives a New Electronic Prescription From a Physician



The Message Queue –
To Notify our Staff that there is a New Electronic Prescription to be Processed



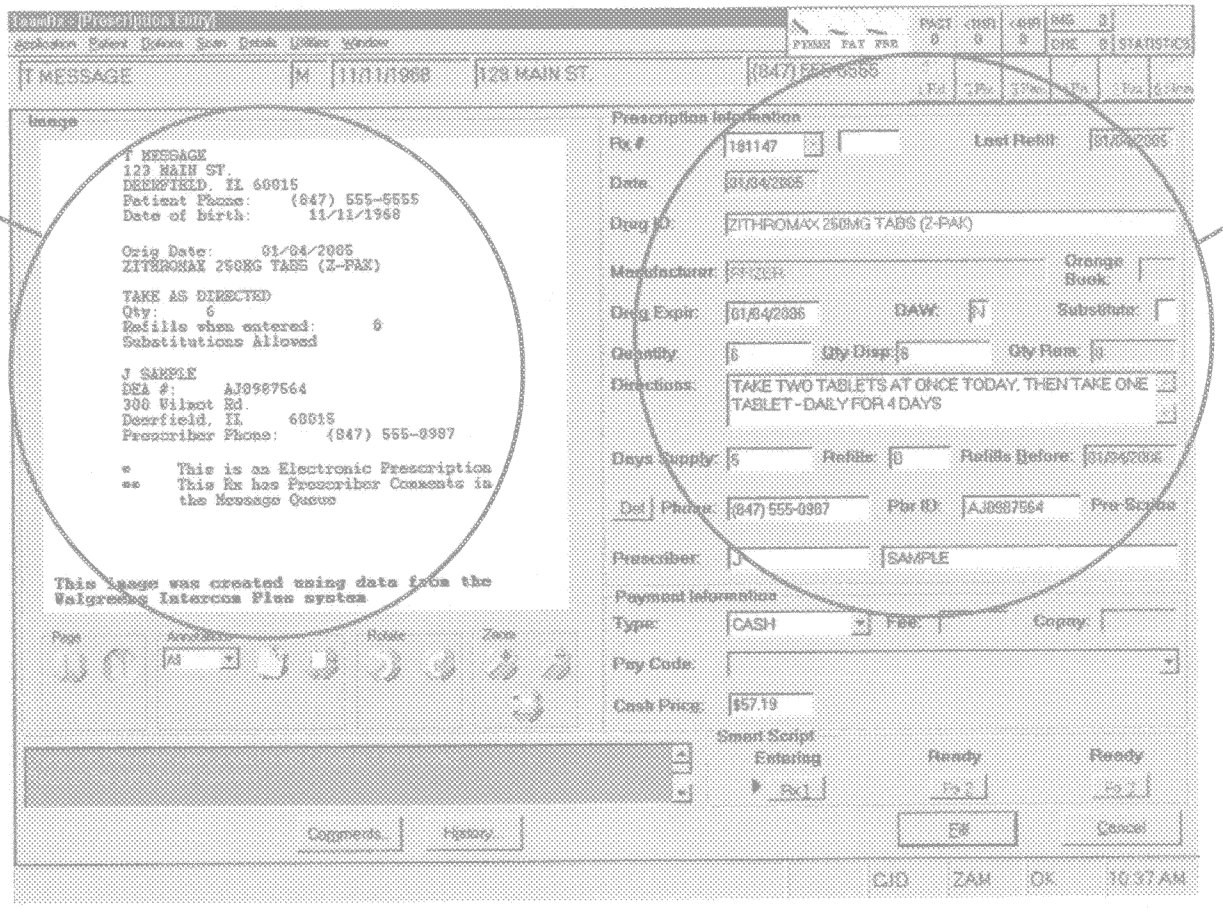
As soon as our staff sees this "MQ" Prompt at the top of their computer screen, they know there is an Electronic Prescription that needs to be processed

They go into the Message Queue and search by "E-Rx New Rx" to locate all New Electronic Prescriptions that need to be processed

As soon as they have the correct message highlighted, they click on the "Fill" Button to take them into the patient's records & data entry screen.

This is how our computer system (Intercom Plus) processes a New Electronic Prescription

This is the data that is sent over electronically. It can not be altered in any way, and will always be attached to the patient's prescription record history



This is the data that will be printed on the patient's prescription label

The Exception Queue - Refills

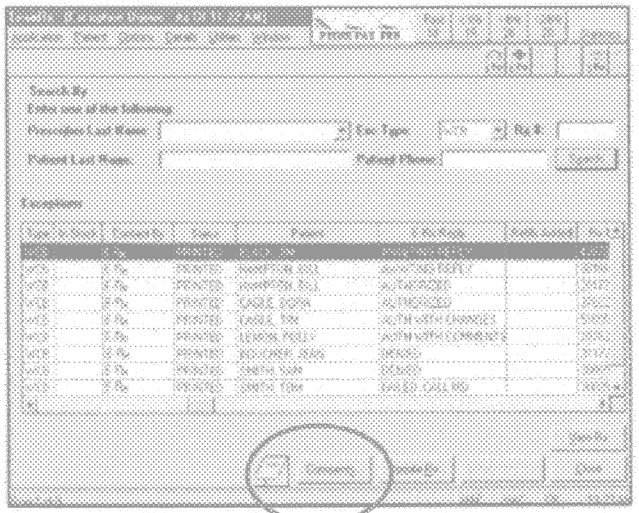
When our staff looks at this Queue, they know that this Refill Request was sent electronically, therefore they do not need to call or fax for a 2nd Refill Request.

They also know to check the "E-Rx Reply" Column for Refill Authorizations/Denials

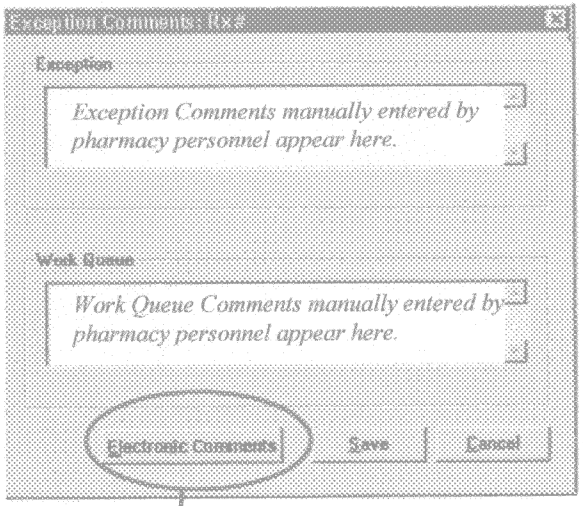
Our staff is trained to know what each of these "E-Rx Replies" mean, and how to process them in a timely matter.

Another location for our staff to view any comments attached to an Electronic Prescription

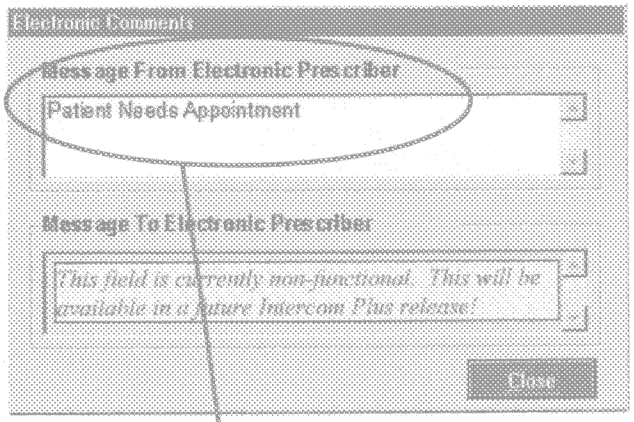
Viewing Physician Comments from the Exception Queue



To View Comments attached to an Electronic Prescription, we click on the Comments button in the Exception Queue



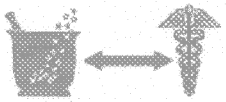
From here, they click on the Electronic Comments Box



These are comments that were attached to the Electronic Prescription. Our staff can not alter these comments in any way

Why Walgreens?

- ✓ We have the Most 24-Hour Pharmacies Nationwide
- ✓ We have the Most Drive-Thru Pharmacies Nationwide
- ✓ Auto Refills
- ✓ All Pharmacies are inter-connected by Satellite Technology
- ✓ Multi-Language Prescription Labels
- ✓ Express Pay – Credit Card & Checking
- ✓ Mayo Clinic Health Information
- ✓ Printable Prescription Records and Personal Health History available to Patients
- ✓ Additional Walgreens Health Services for Specialized Care
- ✓ Individualized Care from Knowledgeable, Caring Pharmacists



Partnership between Walgreens & Physicians → *Priceless*

Walgreens
DRIVE-THRU PHARMACY