

Connected care EHR interoperability

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About Intel Corporation

Our Vision: If it is smart and connected, it is best with Intel



Leading Manufacturer of Computer, Networking & Communications Products

107,000 employees worldwide..... 170 sites in 66 countries

\$56B in Annual Revenues

Top 10 brand.....Most Admired Company

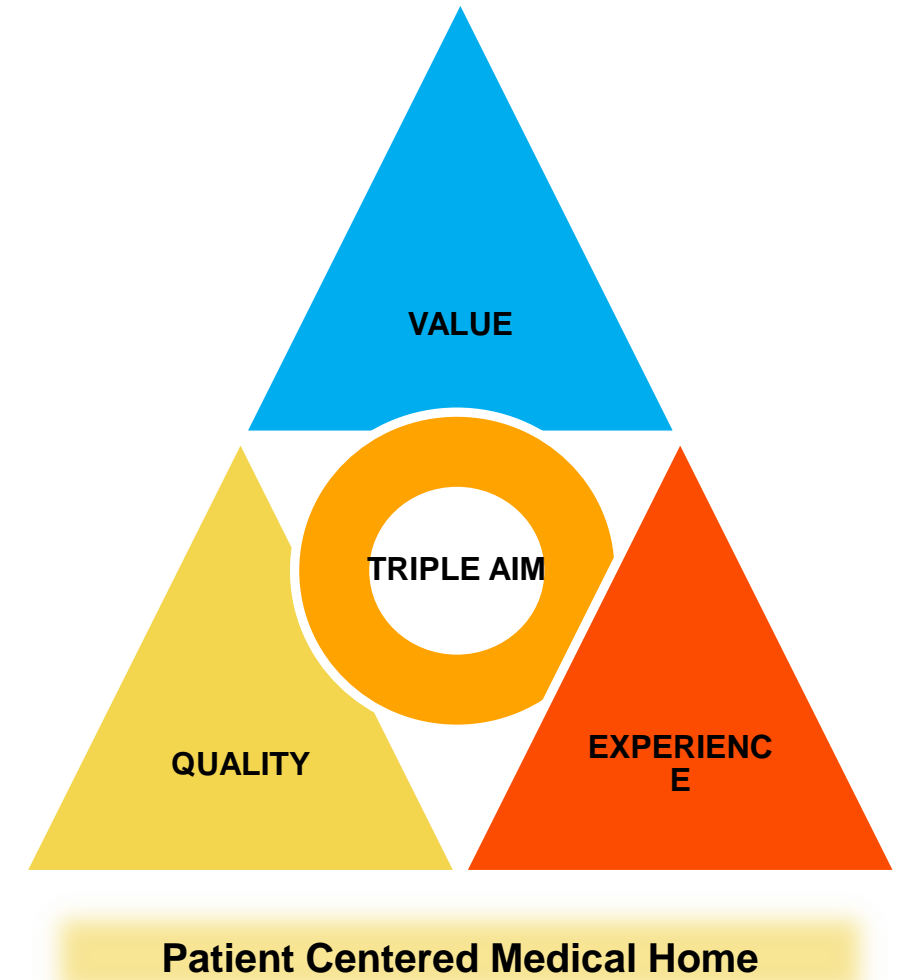
2015 Helen Darling Award for Excellence and Innovation

2014 Total U.S. Healthcare Spend: ~\$600M

Major US Sites: Arizona, California, New Mexico, Oregon, Texas

Employer-Driven Triple-Aim Approach


- **Improving experience**
 - Concierge approach
 - Dedicated teams with seamless transitions
 - Improved access
 - Innovative technology/tools
- **Reducing cost; increasing value**
 - Accountability for cost - PMPM
 - High-performing providers
 - EHR interoperability
 - No referrals or prior authorizations
 - Focused on preventive care
- **Population health management**
 - Targets are set on access metrics, patient satisfaction with experience, and clinical outcomes



Going Local and Connecting Care



NM - 2013



Oregon - 2015



Oregon - 2015



Arizona - 2016

HDHP and Co-Pay options available in each state

Customized Network



Medical Homes + Neighborhoods
(Includes Intel onsite clinics)

Pay for Performance



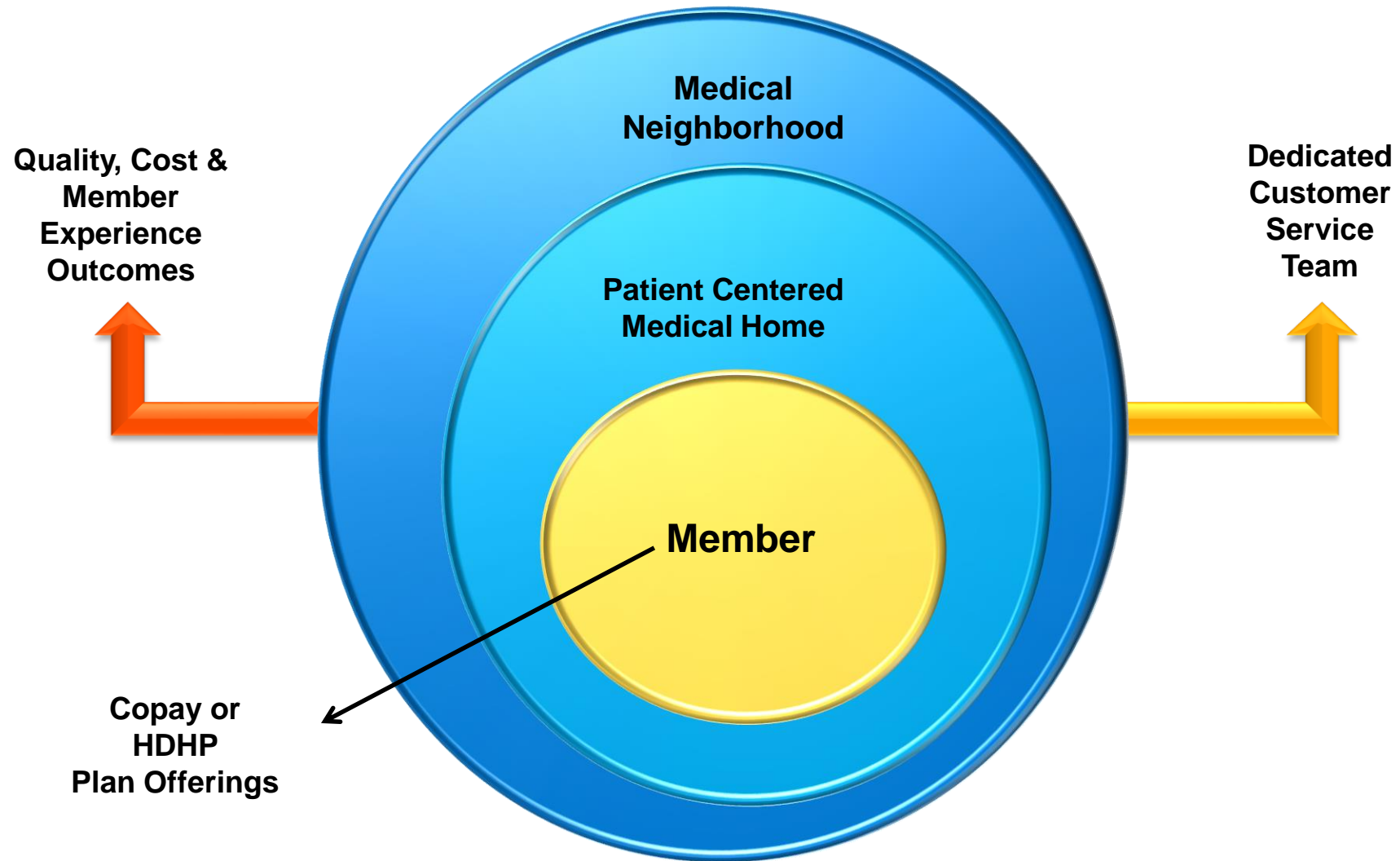
Aligned Incentives
through Gain and Risk Sharing

Measure



Accountability:
Developed metrics to measure 5 key attributes

Connected Care Model



Intel in Health and Life Sciences

Make it personal!

Life Sciences



All in One Day

Diagnosis based on individual genome for a targeted treatment plan

Healthcare IT & Medical Devices



Wherever You Are

Seamlessly connect patients, clinicians and data for holistic proactive care across settings

Consumer Health



Own Your Health

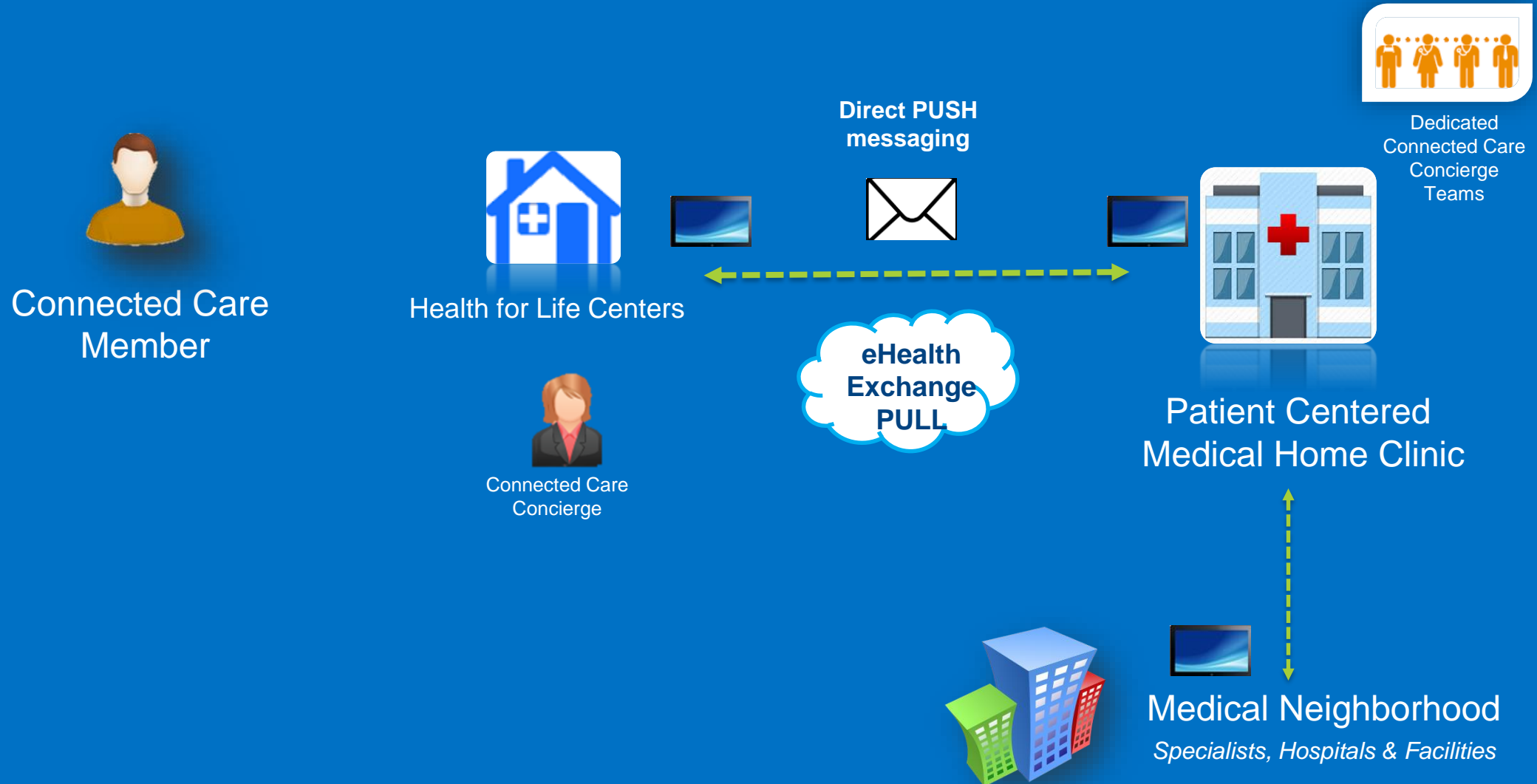
Engaging connections among people, their data and care community empower health ownership

Powerful & Trusted Computing, Storage and Communications Advances from Intel

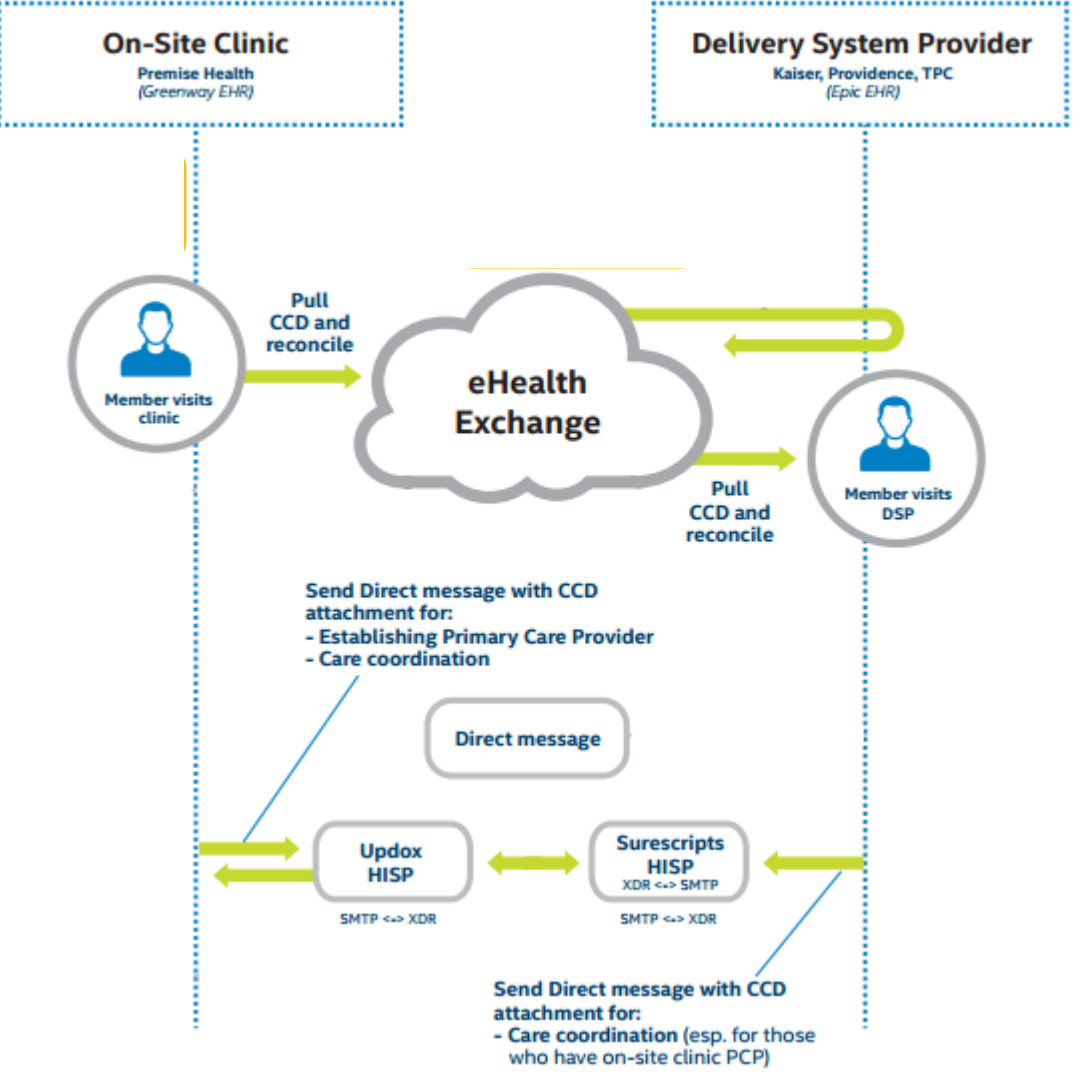
Connected Care Interoperability Requirements

- Exchange and reconciliation of **structured clinical data** within PCMHs and Neighborhoods
 - Including onsite primary care clinics at Intel campuses in NM, OR and AZ
- Enhance the **patient and provider experience**
- Leverage **nationally recognized** health data and information exchange **standards**
 - eHealth Exchange (Sequoia Project)
 - Direct Messaging
 - IHE Data Interoperability Standards
 - CDA document family (e.g. C-CDA)
- Develop **IT utilization reports** to track and monitor matching rates and evolve the model

Connected Care Interoperability Model



Oregon HFLLC Integration Model – Data exchange



- Patient Matching – 87.83% average success rate on response
- Automated EHR Reporting lacking
- Delivery Service Provider gaps and roadmaps evolving
- Network of networks allows small practices to exchange data feasibly

Connected Care Oregon - Technology Utilization Metrics 2015 Year End Summary

eHealth Exchange

- 48,200 queries via the eHealth Exchange
- 42,336 CCDs returned via query response
- 87.83% average success rate on response
- 0.08% resulted in an error

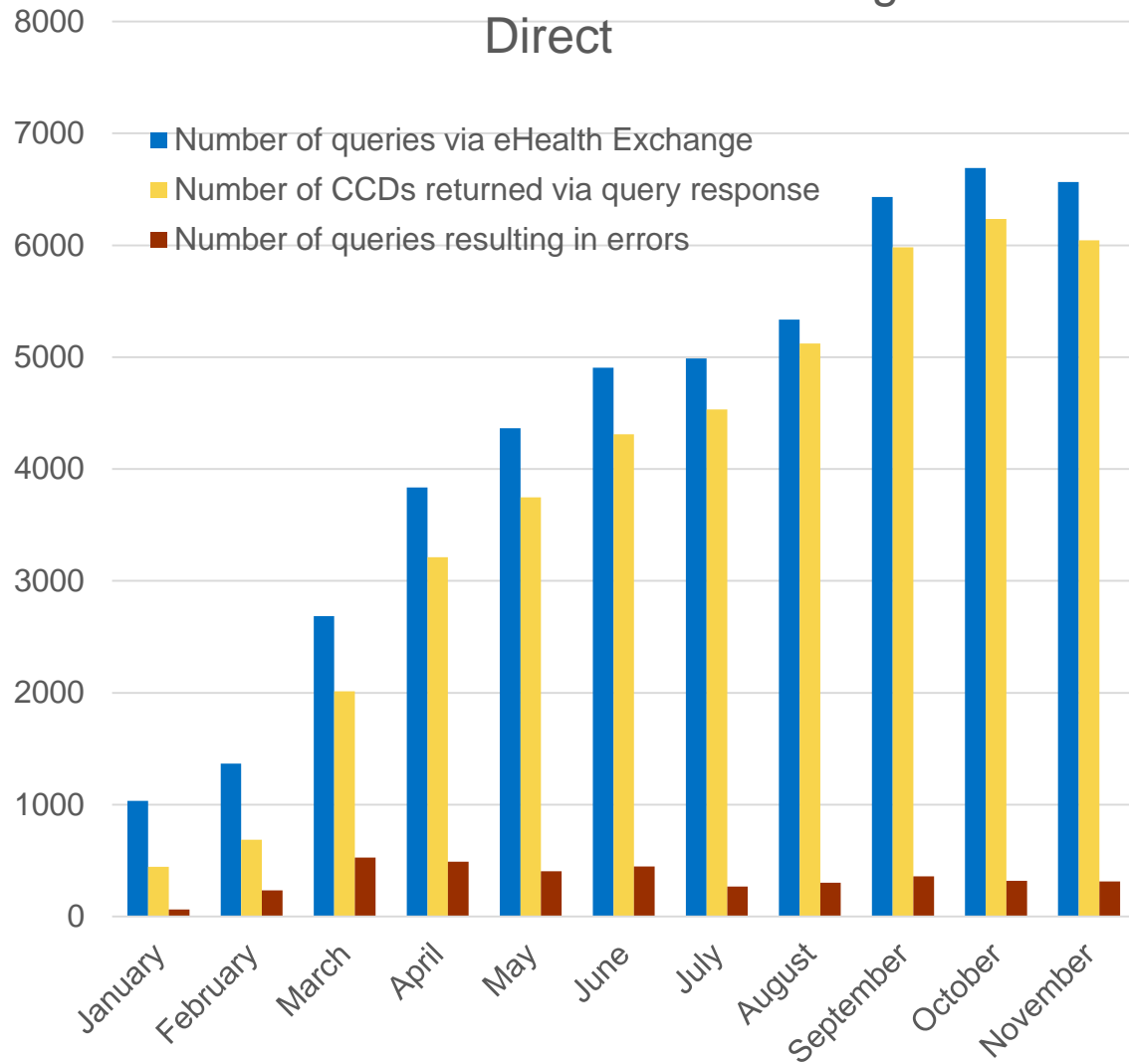
Direct Messaging

- 2,474 CCDs pushed via Direct message
- 96.9% of CCDs received successfully*

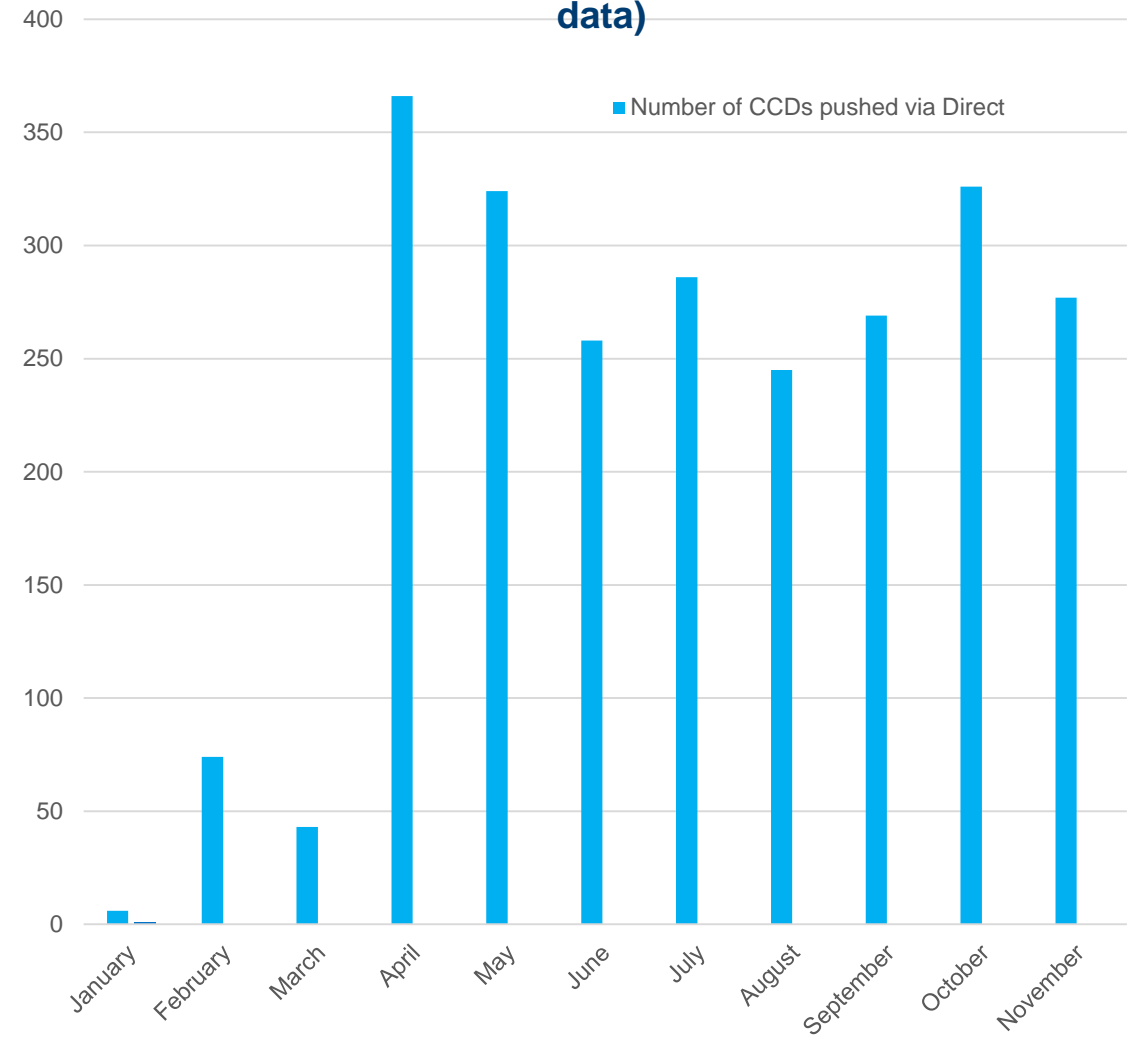
*Due to limitations around reporting functionality, this figure only reflects Direct messages received by one of the two DSPs

Connected Care Oregon - Technology Utilization Metrics

Volume Metrics - eHealth Exchange / Direct



Volume Metrics - Direct Messaging (Providence data)



In conclusion

- Employer-driven healthcare innovation leads to big wins for all involved.
- “Time-To-Interoperate” can be significantly reduced by leveraging national standards and established networks such as eHealth exchange.
- Measurement of IT utilization reports allows analysis of the care and IT models as they evolve
- Intel is scaling the Connected Care model in Arizona where the HIT landscape is more complex

Q&A

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