Intel on Incentives to Share Health Data for Better Care

September 16, 2016
Meet Today’s Presenters

Jennifer Rosas
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The Sequoia Project

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How Do I Participate?

Your Participation
Open and close your control panel

Join audio:
- Choose “Mic & Speakers” to use VoIP
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Submit questions and comments via the Questions panel

Note: Today’s presentation is being recorded and will be provided within 48 hrs

Problems or Questions? Contact Dawn Van Dyke
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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

2015 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-preforming 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

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

HDHP and Co-Pay options available in each state
Connected Care Model

- Quality, Cost & Member Experience Outcomes
- Copay or HDHP Plan Offerings
- Dedicated Customer Service Team
- Medical Neighborhood
- Patient Centered Medical Home
- Member
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 through interoperable systems**

- 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

Connected Care Member

Health for Life Centers

Connected Care Concierge

Direct PUSH messaging

eHealth Exchange PULL

Patient Centered Medical Home Clinic

Medical Neighborhood
Specialists, Hospitals & Facilities

Dedicated Connected Care Concierge Teams
Oregon HFLC 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 - Technology Utilization Metrics  
January 1, 2015 – August 31, 2016

**eHealth Exchange**
- 116,629 queries via the eHealth Exchange
- 103,529 CCDs returned via query response
- 88.77% of queries resulted in retrieval of a CCD
- 0.01% of queries resulted in a “time out” error

**Direct Messaging**
- 5,626 CCDs pushed via Direct messaging
- 96.9% of CCDs received successfully**

*Based on data provided by two DSPs
**This figure reflects 2015 data from one DSP
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.
Questions?

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