



Achieving Interoperability...Now

Infina Connect Healthcare Systems

November 11, 2015



Company Confidential

Welcome!



Your Host

- **Ginny Mahaney**
- VP of Marketing, Infina Connect



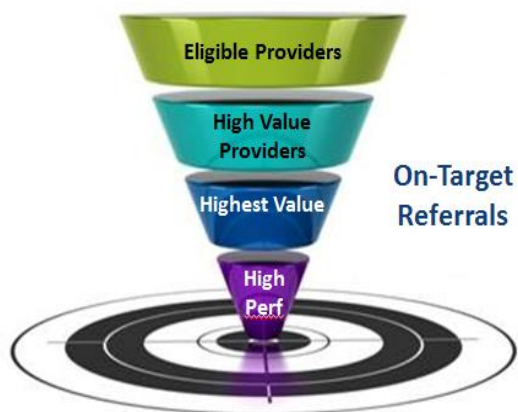
Presenter

- **Joe Francis**
- Vice President, Infina Connect
 - More than 20 years in healthcare technology companies
 - Background in care coordination, case mgmt, quality mgmt, & discharge planning

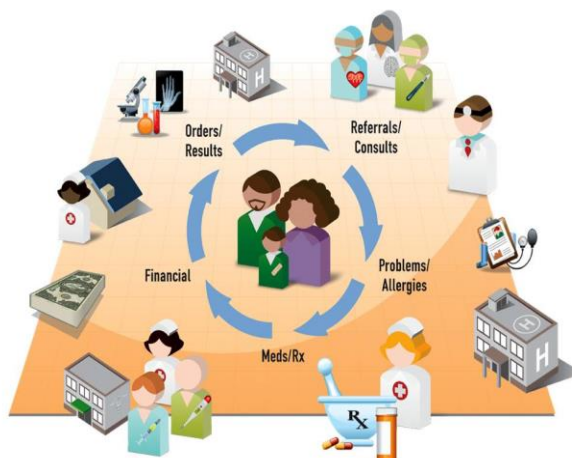
Agenda

- Quick intro to Infina Connect and what we do
- Interoperability – Current state, gaps, & barriers
- The broader financial impact of clinical interoperability
- Results
- Questions?

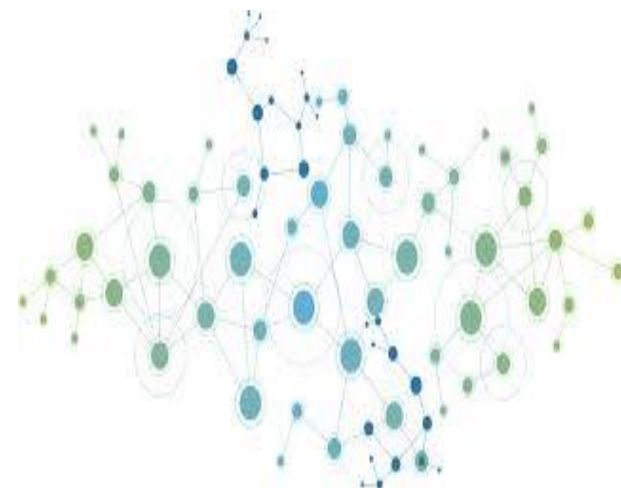
SaaS Based Referral Coordination



Patient Placement



Closed Loop Care Coordination



Communication Community Wide

Current Strategies: Costly & Time Consuming

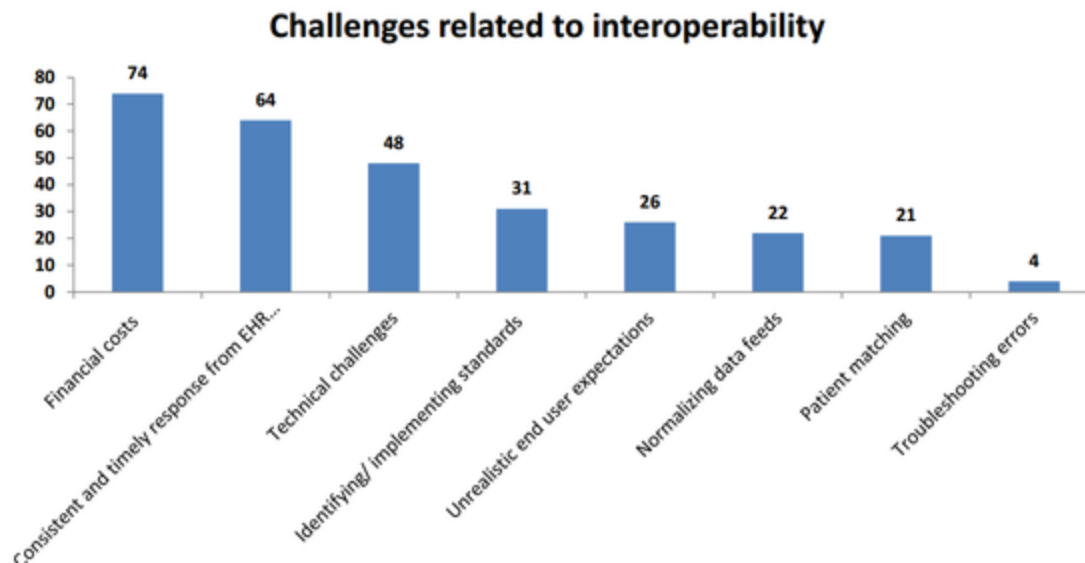
Current State

- Everyone wants to share information.
- 10% of the time (MU2) required.
- Software vendor's don't play well together.
- HIE's, integrations, **interfaces.**

Desired State

- Transparent access to patient information across providers & settings.
- Contextually relevant, without the noise.

Interoperability: Key Challenges

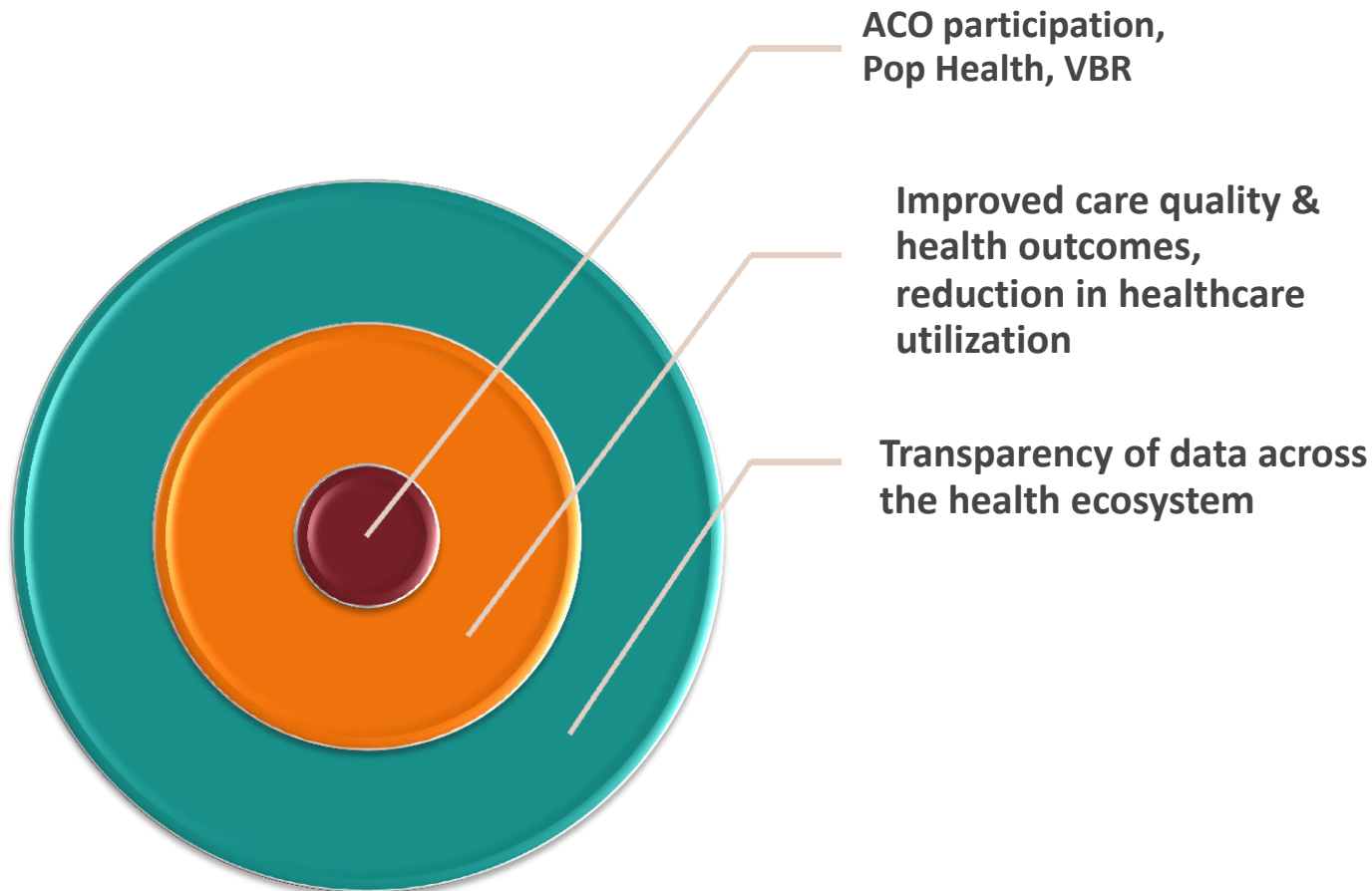


Top 3 Barriers:

1. Financial costs of building interfaces (74%)
2. Getting consistent and timely response from EHR vendor interface developers (64%)
3. Technical difficulty of building interfaces (48%)

Source: 2014 eHealth Initiative poll results on health data exchange.

Interoperability: The Obvious Impact



Interoperability: The Reality

Referrals and transitions of care are the biggest driver of the need for interoperability.

Health Reform and Physician-Led Accountable Care: The Paradox of Primary Care Physician Leadership FREE

Farzad Mostashari, MD, MPH¹; Darshak Sanghavi, MD¹; Mark McClellan, MD, PhD¹

¹The Brookings Institution, Washington, DC

JAMA. 2014;311(18):1855-1856. doi:10.1001/jama.2014.4086.

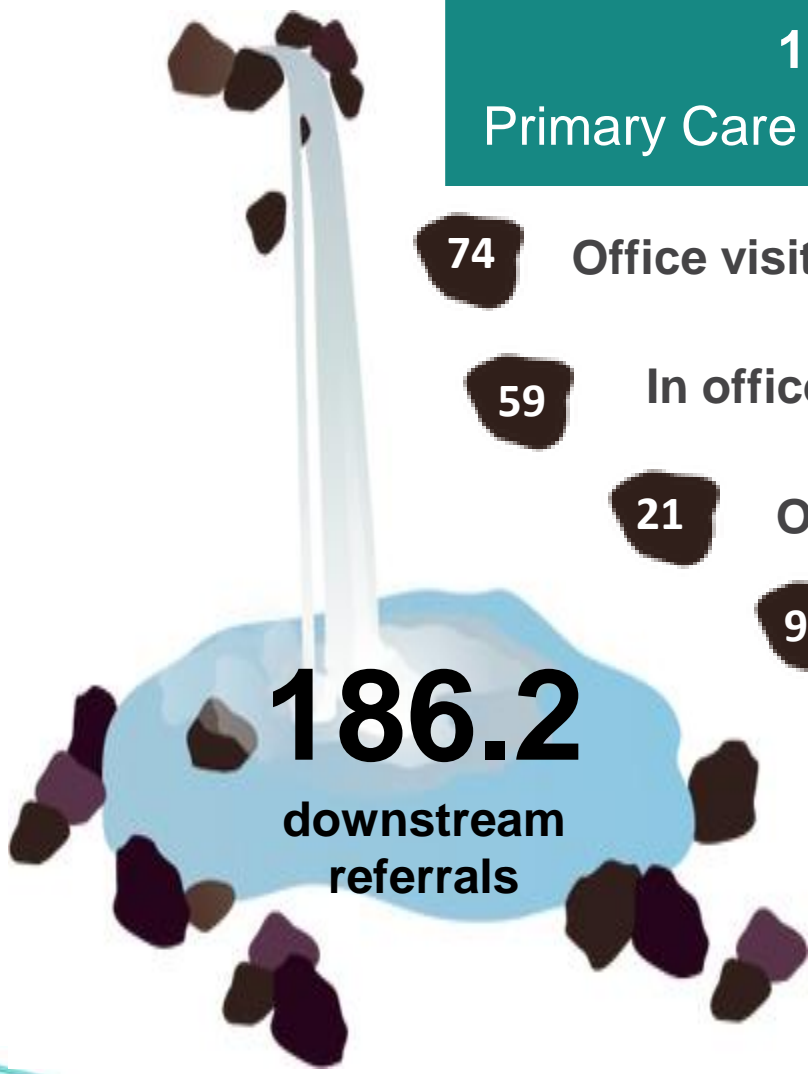
Each primary care physician makes about
1000 referrals a year
...and influences approximately
\$10M spending
downstream.

<http://jama.jamanetwork.com/article.aspx?articleid=1861359>

Referral Downstream Effect

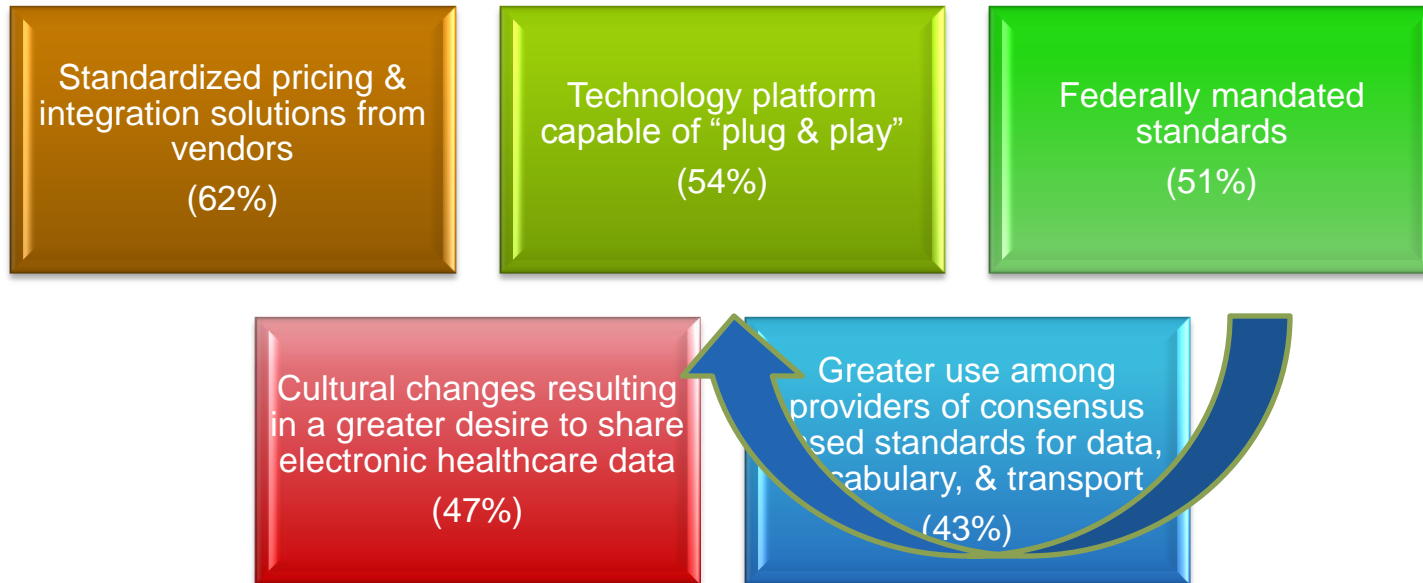


- 74 Office visits (initial & subsequent)
- 59 In office diagnostics
- 21 Office procedures
- 9.9 Outpatient procedures/surgeries
- 3.3 Inpatient procedures/surgeries
- 12 Referrals out for diagnostics
- 7 Referrals to other specialists



Overcoming Interoperability Challenges

Respondents identified 5 potential solutions for overcoming interoperability challenges:

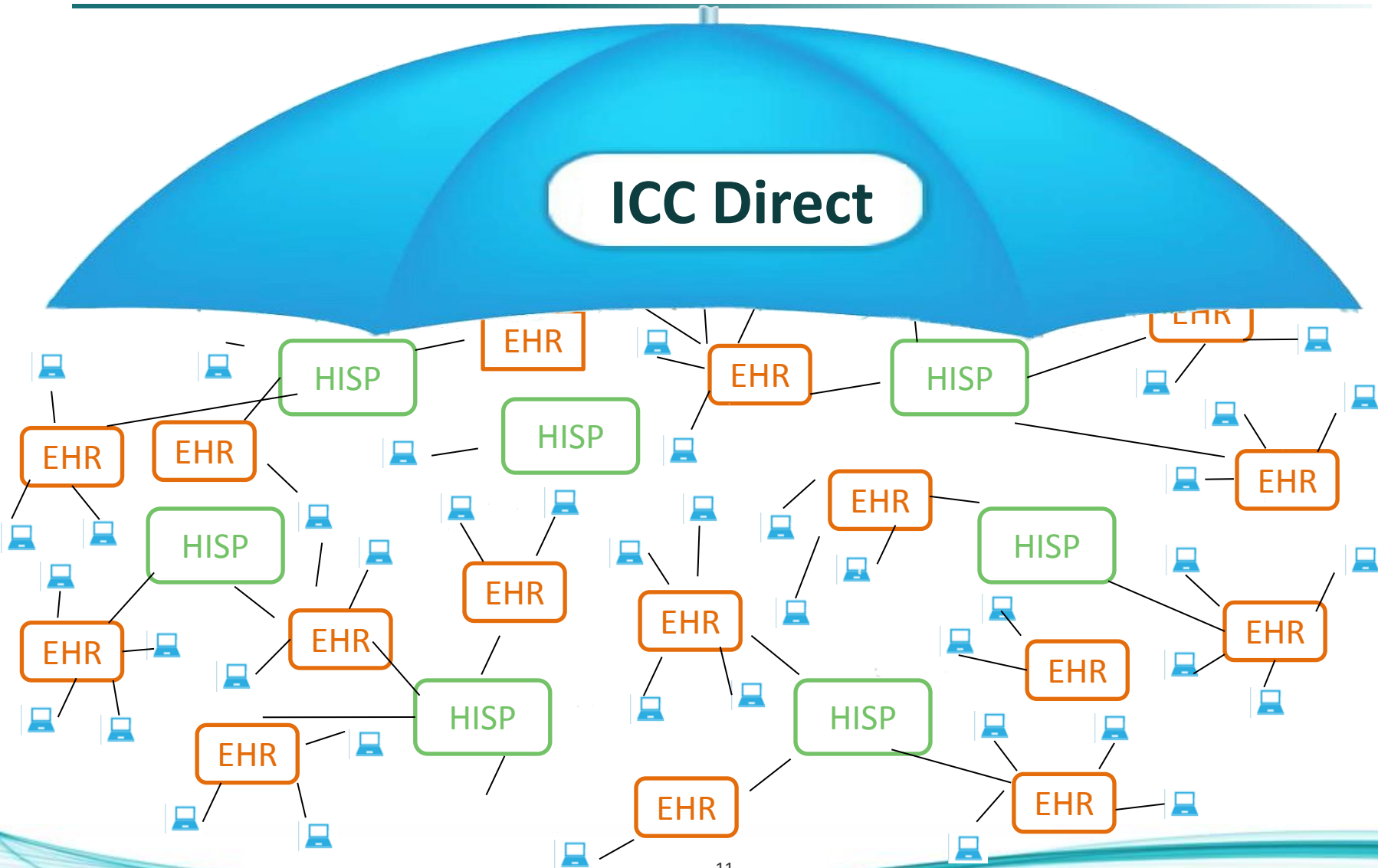


Using federally mandated standards in conjunction with our referral coordination platform (ICC), we've created a plug & play interoperability solution.

data exchange.

Direct Messaging Network

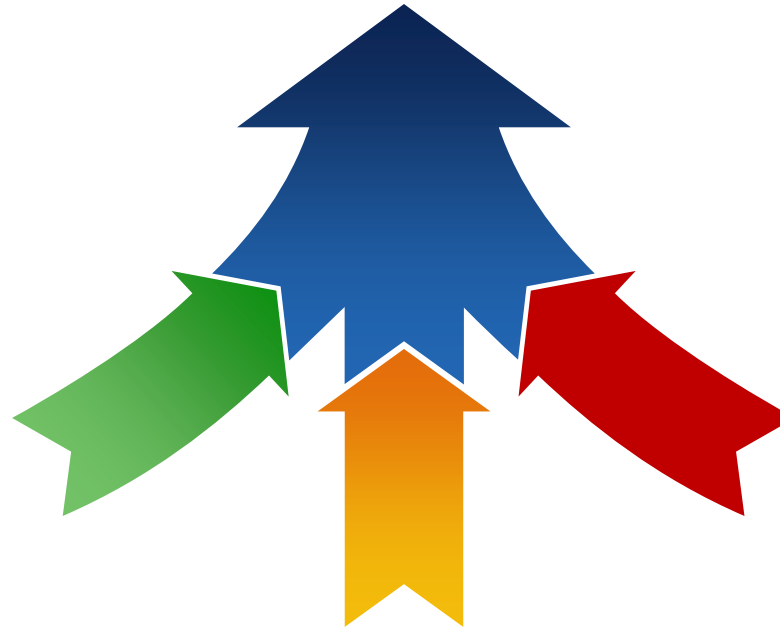
Secure, Interoperable Exchange



Direct Messaging Alone is Not Enough

Improved Outcomes

Patient centered care that delivers the best outcomes at the lowest cost.



Coordination of Care

“DM & forget” is no better than “fax & forget.”

Closed Loop Visibility

Maintaining control & managing cost downstream requires closed loop visibility.

Optimized Patient Placement

Place patients with highest value provider & improve patient retention.

Brookings ACO Implementation Guide: *Referrals Are Critical to Success for ACO's*

B | ENGELBERG CENTER for
Health Care Reform
at BROOKINGS

Adopting Accountable Care

An Implementation Guide for Physician Practices

- ❖ Identifying and Managing High-Risk Patients
- ❖ Developing High Value Referral Networks
- ❖ Using Event Notifications
- ❖ Engaging Patients

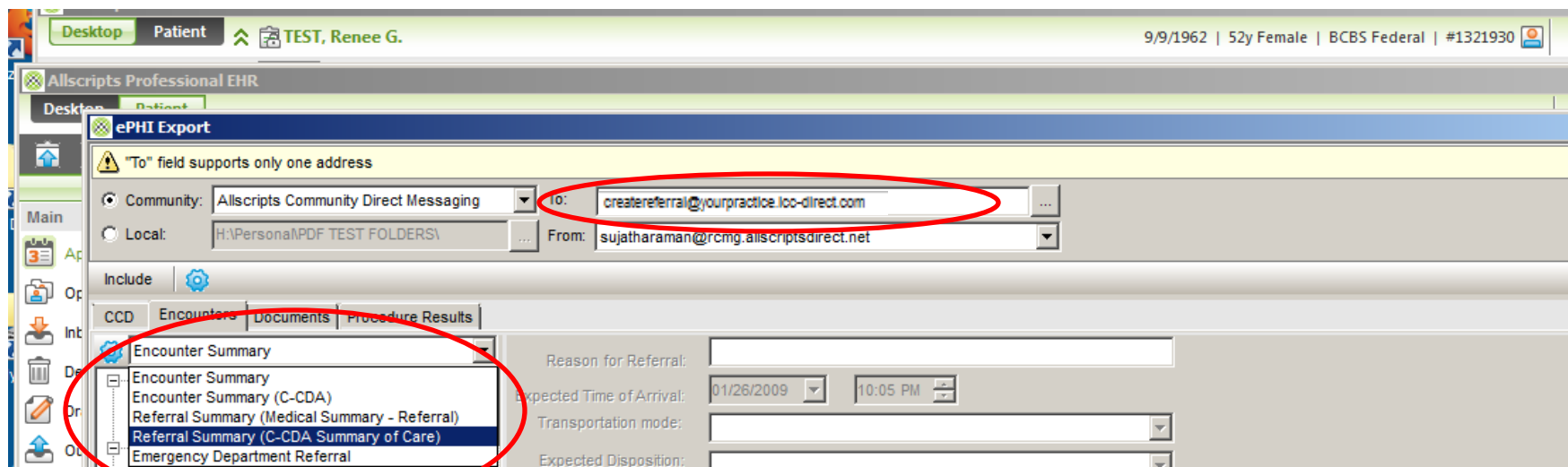
EXECUTIVE SUMMARY

November 2014

<http://www.brookings.edu/~media/research/files/papers/2014/11/19-aco-toolkit-primary-care/aco-toolkit--full-version-text.pdf>

Referral Created From EHR

- Intelligent Care Coordinator leverages Direct messaging to automate the creation of referrals from within any certified EHR.



- Allows providers to exchange Consolidated CDA (C-CDA) documents electronically (or any other document).

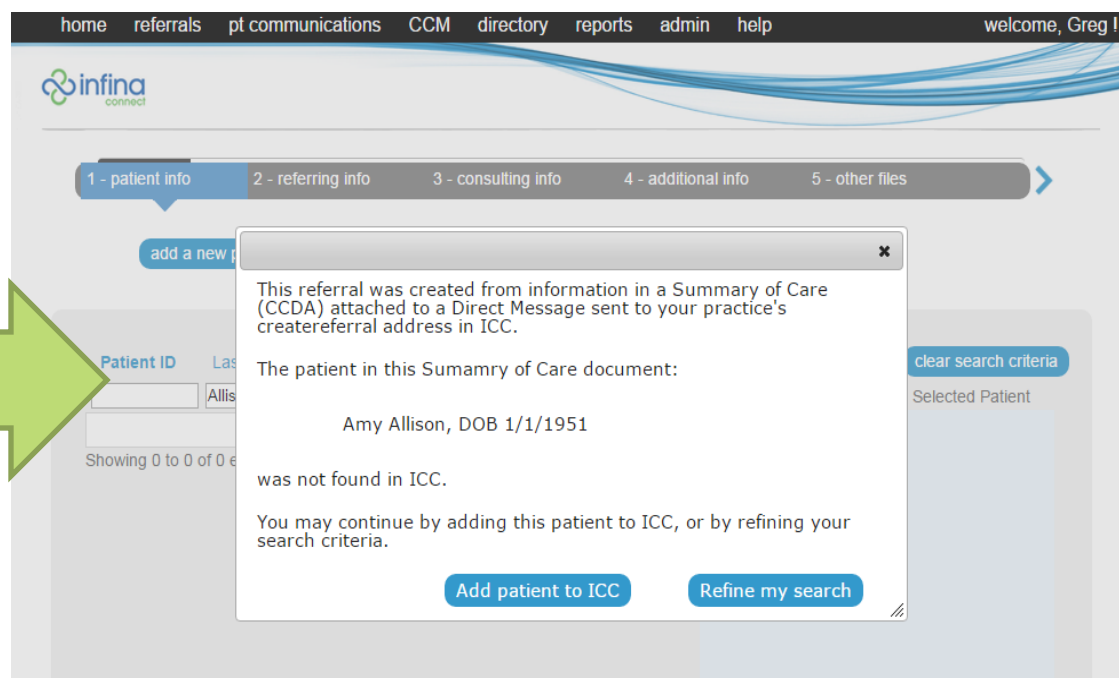
Direct Message Received Into ICC Automatically Creates a New Referral

- ICC extracts information from a Summary of Care (CCDA) document

...to create a referral

Amy Alice Allison, Test CCDA	
Patient	Amy Allison
Date of birth	January 1, 1951
Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
Contact info	Home phone: 111 Apple Way APT Cary, NC 27512, US Tel: +1919278-2200
Patient ID#	123-456-1111 2,16,849,1,11883-4,1
Document Id	Test CCDA 1,1,1,1,1,1,1,1
Document Created	September 2, 2015, 13:30
Performer	Henry Prochaska, MD
Primary performer (Primary care physician)	Henry Prochaska, MD
Author	Henry Prochaska, MD
Contact info	1000 Centennial Way, Suite 250 Cary, NC 27512, US Tel: +1919278-2200 ext=1001
Encounter Id	ICCDATA-7556-474618047-6224196756
Encounter Date	From September 1, 2015, 14:00 to September 1, 2015, 14:36
Encounter Location	ICC Primary Care of
Responsible party	Henry Prochaska, MD
Contact info	1000 Centennial Way, Suite 250 Cary, NC 27512, US Tel: +1919278-2200 ext=1001
Personal relationship	Kathleen McKeary
Contact info	100 Hospital Lane Springfield, VA 22153, US Tel: +1571328-9389
Entered by	Alyssa Workman, RN
Contact info	1000 Centennial Way, Suite 250 Cary, NC 27512, US Tel: +1919278-2200 ext=1002
Information equipment	None
Legal authentication	Henry Prochaska, MD signed at September 1, 2015, 00:00:00
Contact info	1000 Centennial Way, Suite 250 Cary, NC 27512, US Tel: +1919278-2200 ext=1001
Document maintained by	ICC Primary Care Services
Contact info	1000 Centennial Way, Suite 250 Cary, NC 27512, US Tel: +1919278-2200 ext=1001

CCDA



home referrals pt communications CCM directory reports admin help welcome, Greg!

1 - patient info 2 - referring info 3 - consulting info 4 - additional info 5 - other files

add a new patient

This referral was created from information in a Summary of Care (CCDA) attached to a Direct Message sent to your practice's createreferral address in ICC.

The patient in this Summary of Care document:

Amy Allison, DOB 1/1/1951

was not found in ICC.

You may continue by adding this patient to ICC, or by refining your search criteria.

clear search criteria

Selected Patient

Showing 0 to 0 of 0 entries

Add patient to ICC Refine my search

High Value Referral Network

home referrals pt communications CCM directory reports admin help welcome, Christopher I

New Referral - Showman, Sidney - 24758

1 - patient info 2 - referring info 3 - consulting info 4 - additional info 5 - other files

Select the consulting practice or provider
Use the search fields below to search the provider directory - OR - Add a nonsubscribing practice

Practice Specialty Provider Last Name First Name Street City ST

Use: Full Directory ICC subscribers Nonsubscribers

Within 240 miles of My Practice

Network Affiliation: IPA Blue

reset search

Our Favorites Only

Practice	Specialty	Provider Name	Location	Fav's
Braxton Gastroenterol...	Gastric Bypass, Gastroenterology	No Preference	8605 Centre Blue	<input type="checkbox"/>
Breathe Right Allergy ...	Allergy	No Preference	1440 Perimeter R	<input checked="" type="checkbox"/>
Capital Hospital		No Preference	1237 Sunnybrook	<input type="checkbox"/>
Countywide PT	Physical Therapy	No Preference	400 Freedom Wa	<input type="checkbox"/>
East Dermatology	Dermatology	No Preference	63 East Court Ea	<input type="checkbox"/>
Northland Cardiology	Cardiology	No Preference	4675 NW 51st Av	<input type="checkbox"/>
Rally Orthopedics	Orthopedics	No Preference	244 West Ave Ra	<input checked="" type="checkbox"/>
Select Primary Care	General Practice	No Preference	100 Prime Court	<input type="checkbox"/>
Uptown Orthopedics a...	Orthopedics, Spine Clinic, Sports Med...	No Preference	5867 Maynard Rc	<input type="checkbox"/>
Western Health Care	Family Practice, Internal Medicine	No Preference	535 Center Stree	<input type="checkbox"/>

Showing 1 to 10 of 10 entries

cancel save and exit save and continue

Referral & Relevant Documents Received

home referrals directory help home referrals pt communications CCM directory reports admin help welcome, Christopher!

received referrals | sent referrals

Sort your list by clicking on any category heading listed below, filter by entering:

Show active referrals Dashboard Filters: new rec'd referrals

Ref ID	Date	Patient Name	DOB	Reason	Pr
914	3/31/15	Nash, Robert	1/23/1984	Right knee pain	JRF
907	3/11/15	Charleze, Theron	9/8/1979	knee pain	LPS
905	3/10/15	Smith, John	12/17/1957	Torn Right ACL	JRF
400	2/19/13	Crunch, Harry	6/18/2012	Lower back pain	

Showing 1 to 4 of 4 entries (filtered from 13 total entries)

sent referrals | received referrals

Sort your list by clicking on any category heading listed below, filter by entering text below a heading. print export

Show active referrals Dashboard Filters: Show fewer options (active) Restore defaults refresh

Show referrals that have been in their current status for exactly 0 days

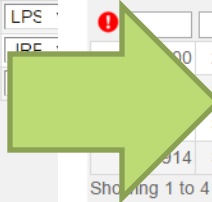
Show referrals that are the network

Show referrals to

Show 10 entries

Ref ID	Date	Patient Name	DOB	Reason	Pr	Consulting Prac	Status / Days in status
900	2/19/13	Crunch, Harry	6/18/2012	Lower back pain	MJW	Prime Orthoped...	Submitted 0
905	3/10/15	Smith, John	12/17/1957	Torn Right ACL	CLH	Prime Orthoped...	Submitted 0
907	3/11/15	Charleze, Theron	9/8/1979	knee pain	CLH	Prime Orthoped...	Submitted 0
914	3/31/15	Nash, Robert	1/23/1984	Right knee pain	CLH	Prime Orthoped...	Submitted 0

Showing 1 to 4 of 4 entries (filtered from 6 total entries)



- Documents are made available on the receiving side in a format that the consulting provider can easily use.
- Complies with the MU2, Core Objective 15, Measure 2 (“10%”).
- Both sides maintain visibility into the patient status throughout.

Results: Accelerated Return on Investment



Optimizing Referral Coordination Drives Population Savings

- **83% in-high value network rate drove 6% total medical cost advantage** for Key
- **Faster, easier, larger return** than any other population health action

...And Drives Referral Revenue

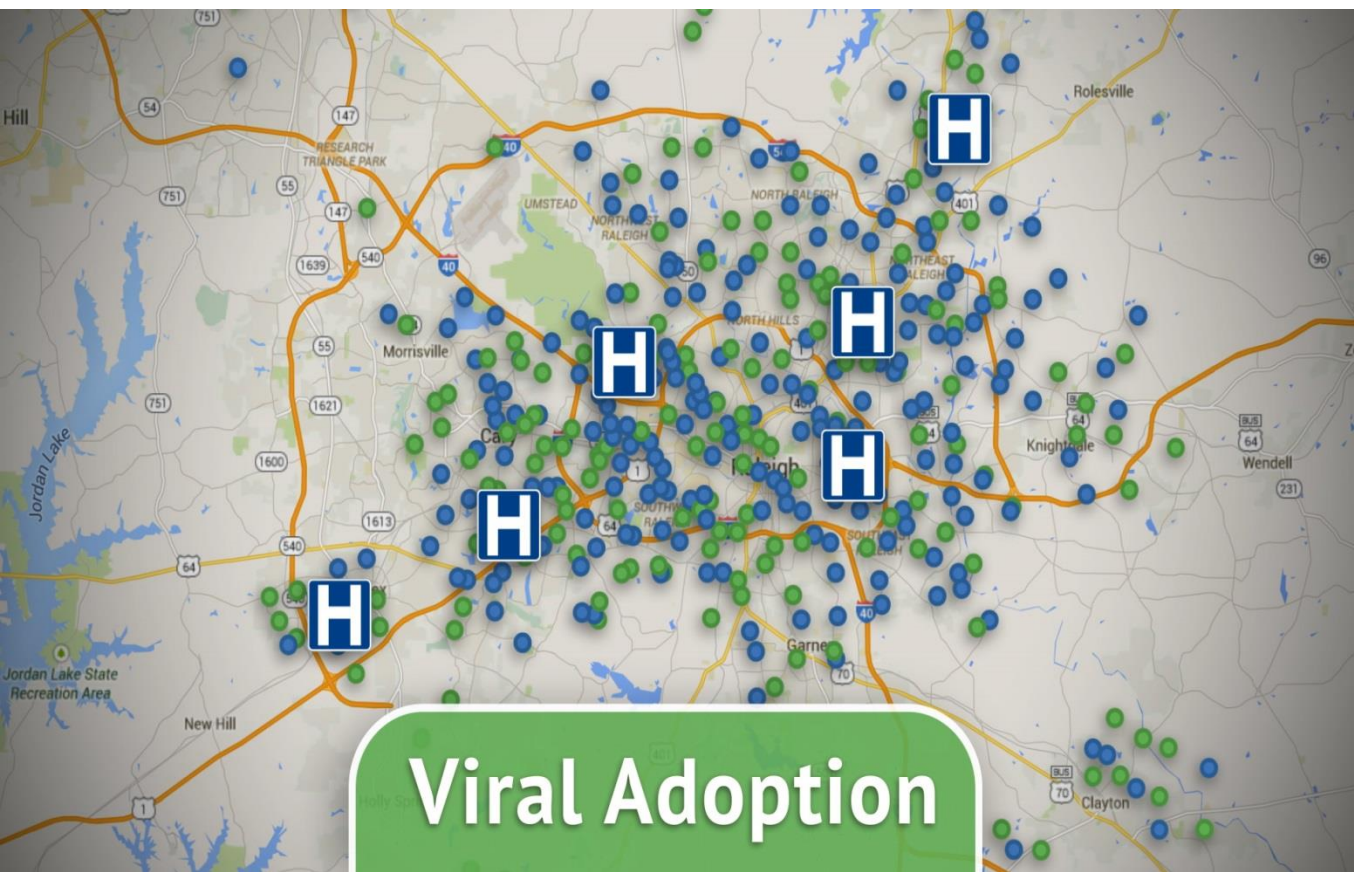
- **Reduce referral leakage** and ensure appropriate referrals occur
- Earn new patients/referrals, retain existing patients

Cost:

Radiology Example, Both High Quality

Procedure	Imaging Center 1	Imaging Center 2	Difference
MRI without and with contrast - Abdomen	\$2,495	\$963	159%
MRI without and with contrast - Brain	\$2,531	\$1,563	62%
MRI without and with contrast - Neck Spine	\$2,531	\$1,563	62%
MRI without and with contrast - Lower Spine	\$2,558	\$1,579	62%
MRI without and with contrast - Orbit/Face/Neck	\$2,477	\$1,577	57%
MRI without and with contrast - Pelvis	\$2,495	\$963	159%
MRI without and with contrast - Spine	\$2,100	\$1,579	33%
MRI without contrast - Abdomen	\$1,180	\$746	58%
MRI Angiography Head	\$1,157	\$758	53%
MRI Breast	\$2,249	\$1,473	53%
CAT Scan (Contrast) - Abdomen	\$774	\$478	62%
CAT Scan (Contrast) - Abdomen and Pelvis	\$1,534	\$533	188%
CAT Scan (Contrast) - Chest	\$689	\$447	54%
CAT Scan (Contrast) - Head/Brain	\$650	\$408	59%
CAT Scan (with Contrast) - Pelvis	\$760	\$469	62%
CAT Scan (without Contrast) - Lower Spine	\$676	\$417	62%
CAT Scan (without Contrast) - Mouth, Jaw, and Neck	\$566	\$350	62%
Mammogram (Diagnostic, Digital) - Both Breasts	\$360	\$228	58%
Ultrasound - Abdomen & Back	\$270	\$168	61%
Ultrasound - Head & Neck	\$197	\$123	60%
Average Difference			74%

Community Adoption *Connected a Majority of Providers in a City*



● 25% Primary Care

● 75% Specialist, Other

3 Health Systems
Duke, Rex, WakeMed

Majority of physicians

Majority of all providers of all types

Summary

1 Referrals and care transitions are the key drivers of interoperability.

2 Interoperability doesn't have to be a heavy lift.

3 Interoperability doesn't have to be costly.

4 Interoperability doesn't have to take a lot of time.

5 The secret to getting their fast & cost effectively is to use plug & play innovation.



Thank You!

Joe Francis, Vice President
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