Independence Blue Cross
Partners in Interoperability

April 2016

Corporate Overview

BACKGROUND

- *Headquartered in Philadelphia, Independence Health Group serves nearly 9 million people in 32 states and the District of Columbia, including 2.5 million in southeastern Pennsylvania. With revenue close to $14B, Independence Health Group is a diversified company offering a wide range of services including:*
  - *Commercial*
  - *Medicare*
  - *Medicaid medical coverage*
  - *Third-party benefits administration*
  - *Pharmacy benefits management*
- As an independent licensee of the Blue Cross and Blue Shield Association, Independence serves employer groups ranging from small businesses to national corporations with a growing consumer business

Independence

Corporate Mission, Vision & Values

OUR MISSION

- *"Enhancing the health and wellness of the people and communities we serve"*

OUR VISION

- *"…admired for our people, growth, and innovative leadership…"*

OUR VALUE PROPOSITION

- *"Exceeding customers' expectations…through innovative health and wellness solutions"*

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A little Context on exchanging health data

- HIPAA and EDI transactions

- HealthShare Exchange

- SI Framework

- PA eHealth Initiative

- Philadelphia Clinical Innovation Forum

  – Blue Button and FHIR

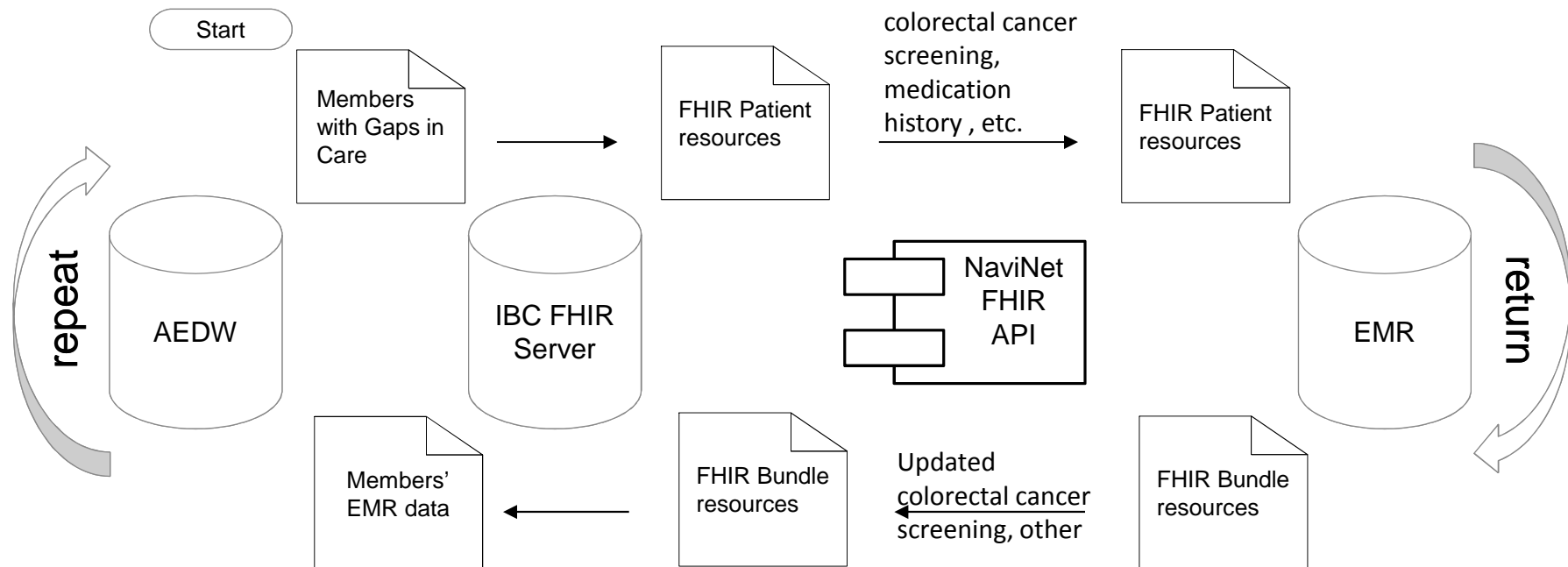- FHIR Connectathon(s)

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Why is EHR interoperability using FHIR important to Independence?

Fast Healthcare Interoperability Resources

- Solves for multiple proprietary EHR related data access needs to electronic health record systems including payer based data.

- Is positioned as the "defacto" industry access method for simple requests to the member related health data in real – time (there is no other solution available in the market today)

- Allows for extensions by FHIR implementers to allow additional differentiation and new data elements without significant effort and re-work.

- Adopting to FHIR now, will set the stage for the exchange of IBC and Provider EHR data in a standard open format that will "future proof" our integration access points, reduce long term costs, and leverage existing resources/skills

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IBC FHIR Server – Proof of Concept with NaviNet (IBC Provider Portal)
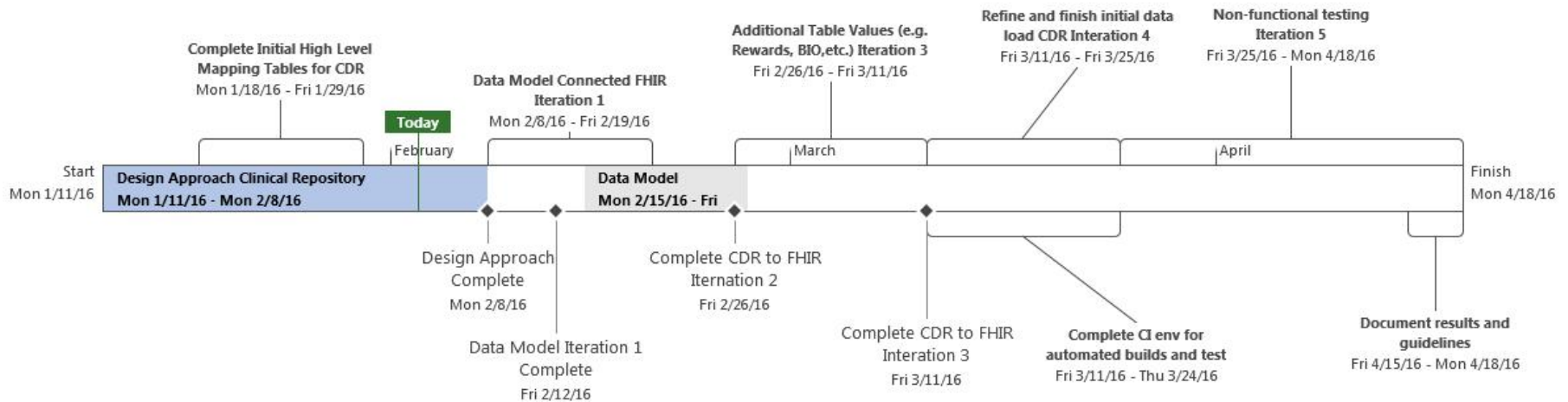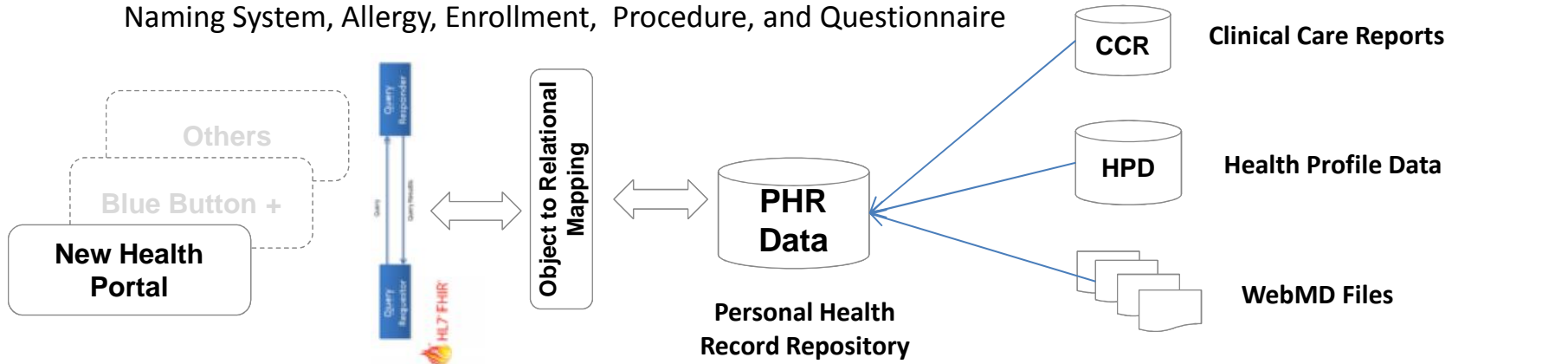
Proof of Concept Architecture

Scope: deliver proof of concept for an HL7 FHIR conformant server for bidirectional data exchange
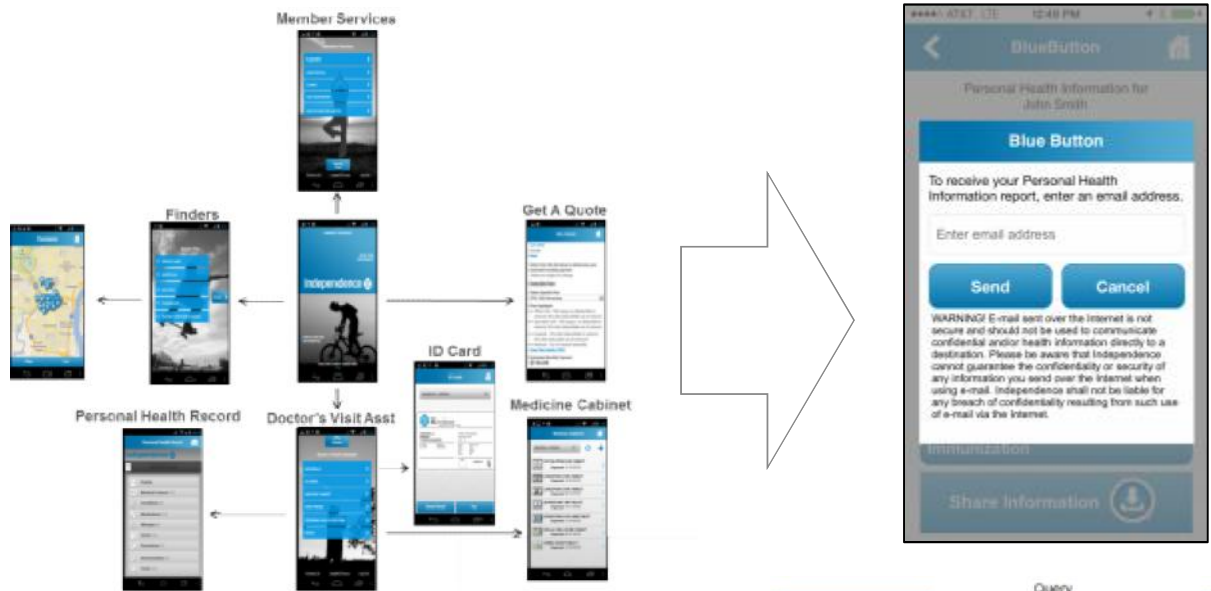
- **delivering clinical care record (CCR) data via FHIR resources to our Provider Partner - Navinet**
- **Receive updated patient/member EMR data as FHIR resources via authorized NaviNet users to populate the IBC FHIR server**

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FHIR Production Health and Wellness Effort

- Evaluated 93 FHIR DSTU21 Schemas compared to 58 existing database tables and related existing clinical structures
    - 1-1 mappings, 1 to Many mappings (both directions)
    - Identify Gaps (FHIR) for potential extension (e.g. Health Rewards)
- Iteratively build out new Clinical Data Repository starting with Patient, CareReport, Claim, Communication, Naming System, Allergy, Enrollment, Procedure, and Questionnaire

CCR — Clinical Care Reports

HPD — Health Profile Data

WebMD Files

PHR Data — Personal Health Record Repository

New Health Portal

Others

Blue Button +

Object to Relational Mapping

Complete Initial High Level Mapping Tables for CDR
Mon 1/18/16 - Fri 1/29/16

Data Model Connected FHIR Iteration 1
Mon 2/8/16 - Fri 2/19/16

Additional Table Values (e.g. Rewards, BIO,etc.) Iteration 3
Fri 2/26/16 – Fri 3/11/16

Refine and finish initial data load CDR Iteration 4
Fri 3/11/16 - Fri 3/25/16

Non-functional testing Iteration 5
Fri 3/25/16 - Mon 4/18/16

Today

February

March

April

Start
Mon 1/11/16

Design Approach Clinical Repository
Mon 1/11/16 - Mon 2/8/16

Data Model
Mon 2/15/16 - Fri

Finish
Mon 4/18/16

Design Approach Complete
Mon 2/8/16

Data Model Iteration 1 Complete
Fri 2/12/16

Complete CDR to FHIR Iteration 2
Fri 2/26/16

Complete CDR to FHIR Iteration 3
Fri 3/11/16

Complete CI env for automated builds and test
Fri 3/11/16 - Thu 3/24/16

Document results and guidelines
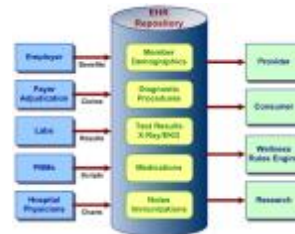Fri 4/15/16 - Mon 4/18/16

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FHIR & Blue Button

Utilize FHIR to provide Clinical Care Reports
To IBC Membership

Access to existing Clinical Care Records

Questions?