

# Health Insurance Plan Perspectives on Secondary Use of Health Data

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### **About AHIP**



- AHIP is the national trade association representing nearly 1,300 health insurance plans providing coverage to more than 200 million Americans
- Our members offer a broad range of products in the commercial marketplace including health, long-term care, dental, vision, disability, and supplemental coverage
- Our members also have a strong track record of participation in Medicare, Medicaid, and FEHBP
- Our members are innovating in the areas of personal health records, disease management programs, quality reporting and price transparency

### Overview



- Current Environment
- Health Insurance Plan Initiatives
  - Quality Improvement: Health Plan Role
  - Quality Reporting and Data Aggregation
  - Personal Health Records
- Consumer and Provider Trust
  - Privacy and Security
- Recommendations

## **Current Environment**



	ONC	HHS/OCR	HHS/CMS	NCVHS	AHIC	HITSP
Health IT Privacy						
privacy framework	✓	✓		<b>✓</b>	✓	
privacy standards		<b>✓</b>		<b>✓</b>	✓	<b>✓</b>
security standards			✓	<b>✓</b>	<b>√</b>	<b>√</b>
Secondary Data Policies	<b>√</b>	✓		✓	✓	
Transaction Standards	<b>√</b> *		✓	✓		✓
Quality	<b>✓</b>		<b>✓</b>	<b>✓</b>	<b>✓</b>	<b>✓</b>

<sup>\*</sup> Standards for interoperability are recognized by the HHS Secretary

## Benefits of a National, Electronic Health Information Exchange



- Numerous reports confirm substantial gaps between best possible and actual care
- Increasing demands from purchasers that providers demonstrate quality delivered
- Public reporting and detection leads to overall health improvements
- Recognition of urgent need to align disparate measurement and reporting initiatives
  - Causes confusion
  - Delays progression to interoperability
- Benefits in public health crises & emergency situations

## Health Insurance Plans Promote Quality Health Care



- Health insurance plans collect and report health care data to:
  - Assess health plan performance compared to market benchmarks
  - Receive accreditation from the National Committee for Quality Assurance (NCQA)
    - Report via standardized HEDIS® measures
  - Implement quality improvement programs for enrollees
    - Disease management and wellness programs
    - Physician profiling with feedback loop to encourage improvement
    - Evidence based medicine
  - Public Health Surveillance
  - Research Programs
    - HMO Research Network
    - CDC VSD Distributed Data Model

## Broad Stakeholder Collaboration: AQA Alliance



- Measure performance at the physician or physician group level
  - Implement measures approved by the AQA
  - High levels of physician involvement
  - Goal: collect and aggregate de-identified patient information in the least burdensome way and in a transparent manner
  - Ease duplicative burdensome requests for information from providers and plans
- Data Aggregation
  - Principles: National Data Stewardship Entity
  - Health plan industry model

## PHR Vision: Provide Benefits from Existing Electronic Data Sources

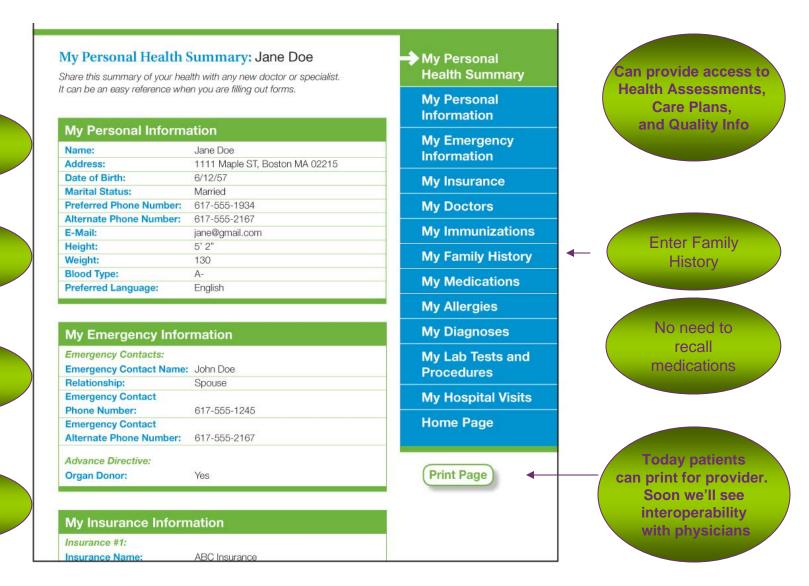


Health summary in one place

**Targeted Alerts** and Reminders

Manage Emergency contacts

Info is portable between plans



## PHR Accomplishments



- Joint AHIP/BCBSA Project
- Work based on consumer and provider research
- Defined and agreed to a minimum common set of data elements to be included in a PHR
- Developed an industry-specific Implementation Guide© to make PHRs portable when a consumer changes health plans
- Reached consensus on key legal issues associated with the plan-to-plan transfer of PHR data

### PHRs: Patient Centric



- For PHRs, the importance of patient ownership is recognized:
  - Enrollment must come first
  - Consumers approve plan-to-plan transfer of data
  - Opportunity to review data for accuracy
  - HIPAA requirements apply to PHR
  - Consumer decides what self-reported information is added and shared
  - Consumers understand that health plans have this information and view PHRs as a convenience

## Privacy & Security Framework



- HIPAA Requirements Govern Uses and Disclosures of Information
  - Treatment & Payment
  - Health Care Operations (Quality Assessment & Improvement, Population Health, Care Management)
  - Information Reported as Required by Law
- HIPAA Sets Rules for De-identification
- Consumers Have Information From the Notice of Privacy Practices
- Significant Electronic Security Protections

### Recommendations



- Federal public policy decisions and decision-making processes affecting secondary uses of health data need consistency
  - Office of the National Coordinator, the American Health Information Community, NCVHS, Public/Private Collaborations
- Better understanding of the diverse business models that exist to aggregate data that benefit consumers
  - Importance of real time data to get the right care at the right place, with the right health outcome
  - Use of de-identified patient data
  - Data should drive quality improvement

### Recommendations



- HIPAA provides effective legal parameters to protect privacy and security of individually-identifiable health data
  - NCVHS recommendations can focus on market implementation needs
    - State requirements that may impede electronic data transmission/sharing
    - "Non-covered" entities under HIPAA
- Support public education programs about the use of clinical and quality data to improve health outcomes
  - Benefits of PHRs
  - Benefits of Quality Reporting

#### Recommendations



- Recommend that HHS provide guidance on targeted situations where there has been some question about the inappropriate secondary use of data
- Endorse the AHRQ concept of "data stewardship" for quality reporting to increase public understanding and trust

### Thank You



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