

Overview

INHS is pleased to have received an Initial Merit Review Score of 86.3/100 and the ranking of top 25% of proposals. INHS continues its support and organizational commitment to providing HCA with a consumer focused HRB pilot to establish consumer and provider value of this model.

A follow-up discussion was held on August 11 which identified areas requiring clarification on the scope of the proposal, functionality to be provided, data sets to be included, degree of consumer control of the granularity of data available to external sources, and the budget recommendations that support the project.

The following information is provided to reach that goal by providing both clarification and specific detail on added functionality, which will be clearly identified.

Description of INHS HRB (Clarification)

Architecture

The INHS HRB is comprised of multiple levels.

1. The consumer User Interface begins with the consumer signing up for a Google Health account. The consumer has the ability to enter a variety of personal health information including age, sex, height, conditions, medications, allergies, procedures, test results, and immunizations. In addition, the consumer is able to annotate the information through edited comments, as well as delete the information.
2. In addition to consumer manual entry of data, there are a variety of links to external data sources that the consumer can choose to import into their record. Examples are Walgreen's pharmacy, Longs Drug Stores, Medco, Quest Diagnostics, and a variety of external provider EMR's. The INHS HRB will be a link from this screen, and will be discussed below.

If the consumer chooses to import external medical data from a site, they click on the site that takes them to the entities intranet where consent management and authentication to access the information is provided. After approval for consent and authentication, the consumer selects the option to import their information to their Google account. At which point it is now populated in the Google Health Account.

The functionality above currently exists and will require no additional development to establish, and as such have no budgetary items related.

3. Development specifically for the pilot INHS HRB. INHS link from Google Health. The pilot includes adding a link from Google Health to the INHS HRB. Once the consumer chooses this link, they are taken to the INHS intranet for the HRB. At this point, INHS will provide authentication, consent management, and audit capabilities of when the consumer's HRB is accessed. The consumer will indicate that they request to import their data into their Google Health account and the Google Health information into the INHS HRB. At this point, the INHS HRB data will be imported into the Google Health account and the Google Health information will be imported into the INHS HRB account.

4. The HCA pilot solicitation states: *“With the envisioned pilot HRB, consumers will have access to their health information in a form they can validate and present to their providers. This form will initially be in a well organized printable format.” (Page 4).* The INHS HRB provides this functionality through the Google user interface where the consumer is able to validate and print their Google Health record for sharing with healthcare providers, family members, and others they desire to have access.

New Functionality: The consumer will be able to select that they desire to import all information contained in the INHS HRB, exclude specific facilities, or exclude a particular caregiver's data. Specific granularity of control and data types will be discussed below.

5. (Clarification) INHS' development includes interfaces from the Centricity ASP model EMR's to the HRB, Centricity EMR's not on the ASP model, creation of the HRB database (which is specifically separate from the existing INHS network), consent management, authentication, audit capabilities, and the interface of the CCR record to the Google Health Account.

Pilot Population (Clarification)

The INHS HRB pilot population includes 240 providers, and includes a range from 300,000 to 400,000 patients. With 2% of consumers participating, it is anticipated that 5,000 consumers will be reached. Of special note, this population is derived from the caregiver patient load, but there is no exclusion of consumers that are not seeing providers in this group from participating. It is likely due to the media marketing that a larger group of consumers may set up an account. The only limitation to them will be that they will not be able to import data from the INHS network, but would have all other features available.

The large size of the provider/patient pilot will provide a forum for collecting a broad range of input on the desires and value of an HRB, which is an interest of the HCA funding.

Budgetary (Clarification)

The budget to support the INHS HRB pilot is included in the proposal on page 25. For the purposes of clarification, all costs included in the budget, with the exception of Technical Resources, directly support consumer/provider engagement and directing the pilot HRB. The breakout is total budget, \$583,377, of which \$372,687 is allocated to consumer/provider engagement activities and \$210,690 is technical resource (adapt, integrate and customize existing technology to meet project requirements). There were no hardware costs included in the budget, as INHS will assume those costs. A detail breakout of the Technical Resources and Tasks are attached on page 5.

Granularity of Consumer Control of Data (Clarification and Extended Functionality)

The INHS HRB allows the following levels of control by the consumer to data:

1. No data. Consumer chooses not to participate.
2. Consumer chooses what data they wish to manually enter into the record.
3. Consumer has the ability to annotate/edit all data.
4. Consumer chooses which external sources to import into the record.
5. **Extended Functionality** - From the INHS HRB, the patient is able to include data from all clinical caregivers available, exclude facilities, and/or exclude specific providers.
6. Consumer controls whom they provide hard copies of their record and who may view their record.
7. Consumer can delete specific data elements from their record.

Data Sets Available for Pilot (Clarification and Extended Functionality)

The HCA HRB grant solicitation lists under project requirements: *“The information from external sources must include prescription medications and, if available, medication allergies. To the extent that budget and time constraints allow, Applicants are encouraged, but not required, to also include laboratory results, immunizations, and advance directives.”* The INHS HRB pilot includes, but not limited to, the following data sets:

1. Consumer entered personal health information including age, sex, height, conditions, medications, allergies, procedures, test results, and immunizations. In addition, the consumer is able to annotate the information through edited comments, as well as delete the information.

2. Google Partners. The consumer is in control of importing clinical data from a variety of external sources, including specific retail pharmacies, national reference laboratory, and provider EMR's. This data includes medications, laboratory results, and other relevant clinical data as presented by the external source.
3. INHS HRB pilot provider EMR data as available, specifically, medications, allergies, **laboratory results, and immunizations. (Bold indicates new functionality).** In addition, and stated in the INHS proposal, additional data to the above may be available through the CCR record.

Smart Card

There was considerable discussion related to the smart card technology during the follow-up discussions. At the conclusion of the discussion, it was decided by both parties that this would be omitted from the offering, and there were no costs included in the budget to support it.

Summary

The INHS HRB pilot design is developed in support of a truly consumer-driven model. It is anticipated that the combination of clarifications of the design and the extended functionality provide an understanding of the proposed solution and scope of work. INHS appreciates the opportunity to be a part of this initiative.