Geisinger Health Plan sees benefits from HIE participation

By

- **Diana Manos**

Published

- **May 07 2019, 7:25am EDT**

Geisinger Health System and its health plan, Geisinger Health Plan, are working together to advance healthcare through the use of the organization's Keystone Health Information Exchange.

Before now, health plans have not thought extensively about the use of HIEs, but that's changing, say executives at Geisinger.

With value-based care growing, the environment is ripe for change, as healthcare providers and organizations across the continuum strive to find ways to improve care while holding costs down. As evidence of this trend, Pennsylvania has indicated it wants to close care gaps for chronic conditions and is encouraging healthcare organizations, including health plans, to participate in HIEs.

Geisinger Health System founded Keystone Health Information Exchange (KeyHIE) in April 2005, creating it through a memorandum of understanding between eight hospitals throughout central Pennsylvania. Today, KeyHIE offers a wide range of services to 179 unique member organizations across the area, including 29 hospitals, 369 physician practices, 36 home health locations, 82 long-term care facilities, four pharmacies, four payers, four emergency medical services and 19 urgent care units. Showing the volume of the exchange, this March, KeyHIE reported 273,000 documents were accessed by 5,087 users.

Geisinger Health Plan (GHP) became a member of KeyHIE in 2011, and uses the HIE's services to close care gaps; access real-time patient data; receive real-time notifications of admissions and discharges from emergency departments and acute settings; and to access real-time test results, according to Kim Chaundy, senior director of operations for Geisinger.

"KeyHIE believes that health plans are just as important to delivering quality healthcare as physicians, hospitals and other providers," she says. The proactive delivery of information like lab results for patients that have chronic conditions is one key area that can really pay off. "Health plans are starting to understand HIEs can be the conduit for efficiency and how we can parse the data," she says. "They see the value of it."

Having a health system, health plan and an HIE all tied together "can really make a strong push for interoperability," Chaundy says. "Being able to have access to the health system and data needed to identify for health plans' potential high-risk patients allows them to have all the necessary components to be well-versed about what's going on with patients."

When HIEs began rolling out more than a decade ago, there were many concerns about their sustainability—but that hasn't been a problem for KeyHIE. During the past eight years, the HIE has been funded by $27 million in local, state and federal grants. Grant funding has played a key part in participation in the HIE, because implementation fees were covered, Chaundy says.

With fees covered and an aggressive marketing strategy, the HIE has seen tremendous growth as well as sustainability in recent years. In roughly 2016, KeyHIE went from 40 member organizations to 142. From 2016 to present, the HIE experienced a 61 percent growth in active patients.

KeyHIE sustainability and growth has also been maintained by targeting "white space" and saturating that population to show community value, says Joe Fisne, associate chief information officer at Geisinger. Saturation of a community gives a 360-degree view and increases access to data from providers in rural areas.

Fisne says the HIE enables the process of allowing the information to flow—when and where it's needed. Health plans are becoming increasingly interested in preventative care and reducing care gaps. All of these things together make involvement with an HIE important. "We serve our patients and members of our community that much better with the use of IT," he says.

KeyHIE's growth coincided with the HIE's migration from the Caradigm's platform to Orion Health's platform in 2016. Some of the attractive qualities of Orion Health include the robust, powerful platform with the added benefit of access to an embedded team model, Fisne says. "Orion is the central repository for all KeyHIE data. Other benefits include increased access for support and troubleshooting purposes, as well as expanded reporting and analytics."

Health plans should consider joining an HIE to improve customer satisfaction and claim a stronger voice in care management, Fisne advises. Plans that want to become involved in an HIE should look for one that offers a robust, proven platform, in addition to stability, sustainability and a large participant base.

"We're involved in the HIE business; we want to make sure we are connecting information when and where it's needed," Fisne says. "Our goal is to be a community resource." KeyHIE is a member of the Strategic Health Information Exchange Collaborative (SHIEC) and also participates in several other national organizations.

Several members of the HIE are working to include social determinants of health in the data exchange, Fisne says. It's a collaboration with Orion, and the HIE is working through innovations and iterations to make that happen. "It's a nice balance of entities working together," something, he says, happens often at KeyHIE.

PrintReprint

Q&A: Geisinger executives talk healthcare affordability

Interim CEO Dr. Jaewon Ryu and Chief Innovation Officer Karen Murphy

Geisinger Health System, which saw Dr. David Feinberg jump ship late last year to **join Google**, is pushing some innovative ideas, including giving patients refunds if they aren't satisfied with their care and using new technology platforms designed to improve care delivery. Interim CEO **Dr. Jaewon Ryu** and Chief Innovation Officer **Karen Murphy** sat down with Modern Healthcare finance reporter Tara

Bannow to talk about what's ahead for the Danville, Pa.-based system. The following is an edited transcript.

MH: Some integrated health systems are talking about lowering their commercial premiums, including for ACA exchange plans. How are you keeping the costs down on your health plan side?

Ryu: I think we're pretty darn affordable when you lay us up against the other options that are out there. We've recently come down further in our commercial exchange pricing. If you look at what we've done in Medicare Advantage this year, we actually enriched benefits in many of our offerings, which is sort of the opposite of where the world's going.

I think that's been a nice way for us to continue our growth. Part of this is also proven by competition. That's why ultimately we believe competition is a good thing for our consumers and for our communities, because it keeps us honest and keeps others honest to make sure that we're doing everything we can to reduce the total cost of care, create better affordability, and most importantly, when that happens, to deliver it back to the end consumer. I think there are a lot of systems out there that may have made some different choices about where they drive that profitability.

Obviously, we have to pay as much attention to sustainability and maintaining a profit margin as anybody else. One of the things we're pretty proud about is that we're able to do so in a way that promotes health and affordability. A lot of our areas have seen better days. Affordability in healthcare is a really important thing for us. I think we take that more seriously than just about anybody else out there.

Murphy: Geisinger's Steele Institute for Health Innovation (is going to be looking at) what we mean by affordability. Is it lowering the total cost of care? Is it returning savings to the members? We believe it is returning savings to the members by decreasing premiums.

We'll put a stake in the ground on goals. We're going to be working on that over the next year collectively so as an organization we can articulate what we mean by affordability, set our goals, and then track our progress. What are we doing? How much do we have to lower the total cost of care before we can get this return?

In a proactive way, we can actually give a return to our members.

Ryu: Clearly, to build some of the programs that we build, whether it's Geisinger at Home, our genomics program, our transportation program, our program around opioid reduction, our readmissions program, our primary-care redesign—they impact the health of the communities that we serve, but they do cost money to operate. Your choice is: Do I want to deliver this much back to the community through lower premiums, let's say, versus can I build this awesome program that's going to improve the health of the community even more?

Those are the questions we face every year and we view it through the lens of value.

If we could build programs and keep people out of the hospitals … we can reduce the total cost of care."

MH: Health systems are also striving to be more nimble and cut costs in general. What have you done in terms of cost cutting?

Ryu: The danger sometimes is focusing so much on administrative costs. You do have to do that stuff, don't get me wrong, but let's keep in mind that 85 cents of every dollar in healthcare is medical cost. Medical cost means, if we could build programs and keep people out of the hospitals—and this is probably where we're very different than every other hospital system—we can reduce the total cost of care by keeping them out of the hospital. Those savings are astronomical compared with the 2% I could take off of my pharmacy drug cost. Or I could take 4% off of my hip-and-knee supply cost.

You have to do those things, too, but you don't want to do that to the detriment of missing the boat on utilization. Geisinger at Home is taking the sickest 5% of our patients and this is a population that has difficulty sometimes getting to the care. So when we can't get the patient to the care, this is a program that takes the care to the patient in the home. The physicians, the nurses, the care coordinators, social workers, keep them in the home with medications, nebulizers, IVs, the whole nine yards.

We've driven down the rate of admissions by 48% and ER utilization by 43%. That's stripping costs out of the system. If you look at the value of what those things end up being, that's more than a $500 per member, per month reduction in cost of care for the people in that program.

To get that same number out of supplies or out of drugs, you have to make percentage reductions that are unrealistic.

Murphy: With the exception of programs like Geisinger at Home, the way we organize care has not really changed in 25 years. The only thing we've done is add technology and complexity on top of it. To think that we're going to be able to cost-cut our way out of this is very unrealistic because we've built this huge system with nothing to replace it. To think that you're just going to be able to say, "I'm going to cut 10% of the staff and still do things the same way," isn't going to work.

At the Steele Institute for Healthcare Innovation, we want to take a hard look at the fundamental way we're delivering care and say, "How do we do it better and less expensive?" understanding that the demand for services, because of demographics, is only going to go up.

MH: How is Geisinger approaching consumerism?

Ryu: One of the things we've gone live with probably six, eight months ago is making sure patients are directly booked for appointments. If you're leaving your primary-care office and you know you're going to come back 12 months from now, we want to make sure you schedule an appointment. If you want. Some people say, "12 months from now? I don't know what I'm doing." That's fine, then give us a call later, but we want to make sure that's in your control and having the ability to book that like on OpenTable.com.

The other area is, let's say you're leaving primary care and you need to see a cardiologist or some other specialist. It used to be we would give you a number and you'd contact a call center and we would go ahead and schedule you. Now we're trying to make sure that's also done through that OpenTable concept. We have to still categorize you—are you going to a cardiologist?—so you get to the right provider, but that's something we're rolling out right now.

Another is, we were one of the first organizations to partner with Apple so our electronic health record is feeding information directly into the Apple Health app.

There's also our ProvenExperience model. I don't know if you've heard of this, but we have an app that if patients are dissatisfied with their experience for whatever reason, and some of the reasons that we hear had nothing to do with the care—the toilet paper holder was on the left and I'm used to it being on the right—they have a toggle switch that says, "Here's the percentage of my cost share, whether it's a deductible or a copay, and I feel like I'm entitled to receive back as a refund, because my experience was subpar." We give them that refund, no questions asked. The thing that's valuable to us is the feedback.

We've heard tremendous feedback. It's not just something esoteric like the toilet paper holder. Sometimes it's, "When I close the door in the patient exam room, and you told me to get into the gown, there was no hook to hang my clothes so I had to put them on the chair and then they fell to the ground and I don't like my shirt getting dirty." We said, you know what, that's a really good point. We need to put hangers on each exam room door.

MH: Is that an actual example?

Ryu: That's an actual example. The toilet paper holder is an actual example. I don't make this stuff up. We didn't change the toilet paper holder though. You want it on the left or the right; you can't please everybody. We did refund the person.

MH: Is there a refund of the cost of their medical service?

Ryu: Whatever was out of pocket. So whether it was their deductible, or their cost shared. Whatever they paid for, not what insurance paid.

It changes culture because now all of a sudden you've put a guarantee out there, and I think the staff are all laser-focused on making sure that the experience is a good one.

House calls reimagined: Geisinger program helps serve patients at home

- Nov 14, 2018

For some senior citizens, a doctor visit can take place in the living room.

Geisinger at Home was launched this past spring, and already 1,200 patients who have the Geisinger Gold Health Plan are taking part.

Janet Tomcavage, chief population officer with Geisinger, oversees the model and said there is a real need in our area for home health care for patients with complex health conditions.

"Sometimes it is a challenge for older patients to get out of the home," Tomcavage said, "We recognized there was a real need for more access to primary providers and nurses."

The first home visit began in April. By May, there were regular visits being made with several patients.

The team of professionals who typically visit with the patients is led by a primary care physician. Other visitors may include a registered nurse, dietitian, and possibly a social worker.

When necessary, the primary care physician or advanced practitioner may reach out to a specialist physician by phone. There may also be extended care needed from a pharmacist via telephone, too.

According to Tomcavage, the goal is not to have too many team members in the home, especially initially.

"We try not to overwhelm them," she said.

Sometimes a social worker may be needed to assess the home and help provide needed support items such as new mattresses, lifting chairs, etc.

Other medical personnel may include leveraged mobile health paramedics who can provide necessary IV poles and services such as EKGs.

"The primary goal is 'how do we improve services to help individuals stay in their home and make it more affordable?'" Tomcavage said.

The patients are chosen based on need from within the Geisinger Gold Health Plan who also have Medicaid and Medicare. There is no co-pay or cost sharing for those who have this plan.

Tomcavage said it was started with only GHP patients in order to better learn the model and keep track with the Geisinger based system.

The patients live in counties within the core area of the Geisinger Health System, including Snyder, Union, Northumberland, Montour, Luzerne among others.

One of those patients is Florence Evert, of Bloomsburg. Evert is 84 years old and in a wheelchair with what she described as a host of medical needs. She has been a part of Geisinger Home since June.

"It has just been a wonderful program for me," she said.

Proactively engaging patients is a key part of the program, according to Tomcavage.

"We identify the patients in need. We go to see them at their home," she said. "We don't wait until there is an acute need. We do a home visit first to get a comprehensive assessment."

This also includes identifying the patient's social needs such as transportation, food, etc.

"About 20 percent have social gaps, such as food insecurity," Tomcavage said, which can be due to a number of reasons.

Once of all of those needs are identified, a plan of care is put into place, such as how often the patient needs the visits.

Evert sees someone from Geisinger Home on an average of once a month unless there is a specific need.

"I love that I can call on the spur of the moment when I need them," she said.

There is a toll-free line given to the patients enrolled with nurses on the other end. Tomcavage said the line receives as many as 120 calls a day.

Statistics in the system show how the load has been lightened in other departments.

"We have seen a 60 percent reduction in emergency room visits among this population and 30 percent reduction in hospital admissions," Tomcavage said.

Recently, Evert had cellulitis in her legs and a doctor was able to get her IVs with antibiotics in her home.

"Last time I had cellulitis, I was in the hospital for five days," she said.

That does not mean a Geisinger Home patient may not ever need an ER visit.

"We are not replacing emergency care," Tomcavage said, "if someone has chest pain, we send him to the ER."

However, if the patient has a known cardiac condition and chest pain is not uncommon, a team member will likely treat the situation.

Fifty percent of the staff with Geisinger Home are employees within the system. The other half are new hires, Tomcavage said.

Communication within the model is a must, said Evert's nurse case manager, Katie Fulkersin, RN, with Geisinger Home.

Fulkersin said Geisinger Home professionals not only stay connected to patients and fellow team members, but they also make efforts to link with home health services that are already in place.

"We try to make sure we are all on the same page. We divide and conquer," Fulkersin said.

Caregivers and family members also have access to the team for questions and concerns about their loved ones.

"Someone will always have eyes on them and watch out for them. It is a lot of communication," Fulkersin said.

For more information, call the Geisinger at Home Care Team Call Center at 833-552-1852.