

Q & A on the OneHealthPort Clinical Data Repository
Prepared for the Washington State Hospital Association
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1. **Who is OneHealthPort?** OneHealthPort is customer-owned, and governed by leading local healthcare organizations including physicians, hospitals, health plans and associations. The company's focus and energy goes toward connecting healthcare organizations here in the Pacific Northwest to make patient care safer, communities healthier and the delivery of health services more efficient and effective. In its role as "Lead Organization," OneHealthPort operates the Statewide Health Information Exchange (HIE), under independent oversight.

2. **What is the Clinical Data Repository?** The Clinical Data Repository (CDR) is a service of the OneHealthPort HIE, it links different Electronic Health Record (EHR) systems and aggregates clinical, claims and demographic information in one easily accessible location. The patient records in the CDR are "Sponsored" by an entity or group of entities. For example, one of the first Sponsors is the WA State Health Care Authority (HCA). HCA is sponsoring approximately 1.7M managed Medicaid lives.

3. **What is the "Clinical Information" in the CDR?** The clinical information aggregated in the CDR is the C-CDA (Consolidated Clinical Document Architecture). The C-CDA is the national standard for clinical summary information stored in a certified EHR. It is what a certified EHR is supposed to be able to send and receive. The C-CDA contains much richer clinical detail than is found in claims data and can be used for a variety of care management/coordination purposes beyond just the CDR.

4. **How can the CDR be helpful to Hospitals and other organizations interested in managing population health?** Population Health Management (PHM) means different things to different people (e.g., managing the health of everyone in a given geography vs. managing the health of a specific cohort of patients). PHM is also in the early stages of evolution, best practices are not always clearly defined. Health information technology is only one piece of a larger puzzle, there are other organizational, financial, operational and strategic requirements involved in developing a successful PHM program. Even within the IT component, there are a number of elements, there is no one single turnkey solution. With those caveats in mind, the CDR can be an important foundation for local health care organizations undertaking PHM in a risk-based contracting model. Specifically, the CDR offers four key capabilities:
 - Interoperability platform – most PHM initiatives involve multiple organizations that will likely be using different EHRs, and in some cases no EHRs. In the absence of a mature interoperability capability among different systems, the CDR offers a single platform to connect disparate systems and exchange/aggregate information.
 - Care coordination – one important element of successful PHM is to coordinate care across the entire care team. The CDR provides a unified patient record accessible to all members of the care team, regardless of EHR capability.
 - Care management – as delivery systems assume risk for patient populations, they will need to perform some of the same care management functions that payers currently perform. The CDR provides a platform for care managers to access detailed clinical information in real time without having to burden providers with repeated requests for additional documentation.
 - Reporting and analysis – the CDR provides a rich blend of demographic, claims and clinical information that can be used to identify care gaps for patients and measure performance at an individual provider and system level.

5. **What does the CDR cost?** To access the CDR, each organization has to be connected to the OneHealthPort HIE and pay an annual subscription. Most hospitals in the state are connected to the HIE and already pay the subscription, this covers all HIE transactions. The Sponsor of the CDR pays the cost for each record in the repository. The fee for sponsoring lives in the CDR is slightly over \$1.00/life/year.

6. **What are some of the unique challenges facing the CDR?** The CDR is a pioneering effort that is adding new capability to help health care organizations facing new challenges. As such, it is newly deployed and lacks the track record of more mature products and services. Similarly, the C-CDA is a data set that the health industry is just beginning to utilize. There is much to learn about how best to exchange, analyze and apply this information.

7. **What are some of the unique opportunities offered by the CDR?** The CDR is a “high leverage” opportunity for Washington state hospitals. Most hospitals are already connected to the HIE. The HCA is requiring all providers who treat managed Medicaid patients and have a certified EHR to connect to the CDR. This means many more local provider organizations will also soon be connected to the HIE and their EHRs will be exporting C-CDAs to the CDR. As a result, the HIE can serve as a communication and exchange platform for PHM transactions beyond the CDR. Since the HCA is sponsoring 1.7M Medicaid lives, for hospitals engaged in PHM initiatives involving Medicaid lives, those lives will already be in the CDR. Finally, because of the significant investment HCA has made, the costs of participation for other health care enterprises is significantly less than it might be for other similar offerings.

The OneHealthPort HIE Clinical Data Repository

