Identity Management: Use Cases

In support of Value-based Payment and Delivery System improvement

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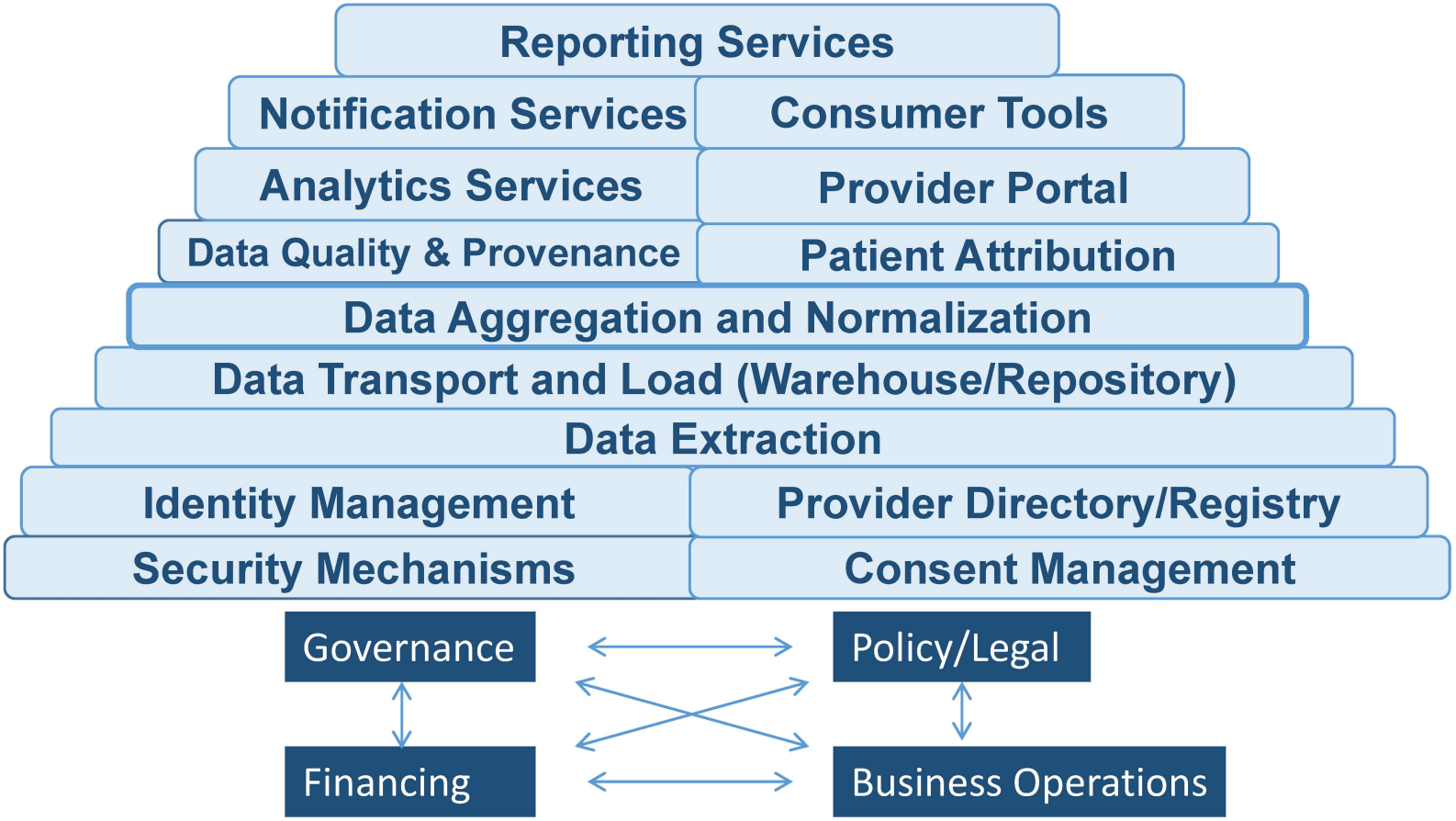
Agenda

- Introductions
- Framework for discussion
- Discussion of Use Cases for Identity Management
- Process for prioritizing and choosing use cases
- Implications of Use Cases for subsequent decisions
  - Governance
  - Architecture
  - Sustainability

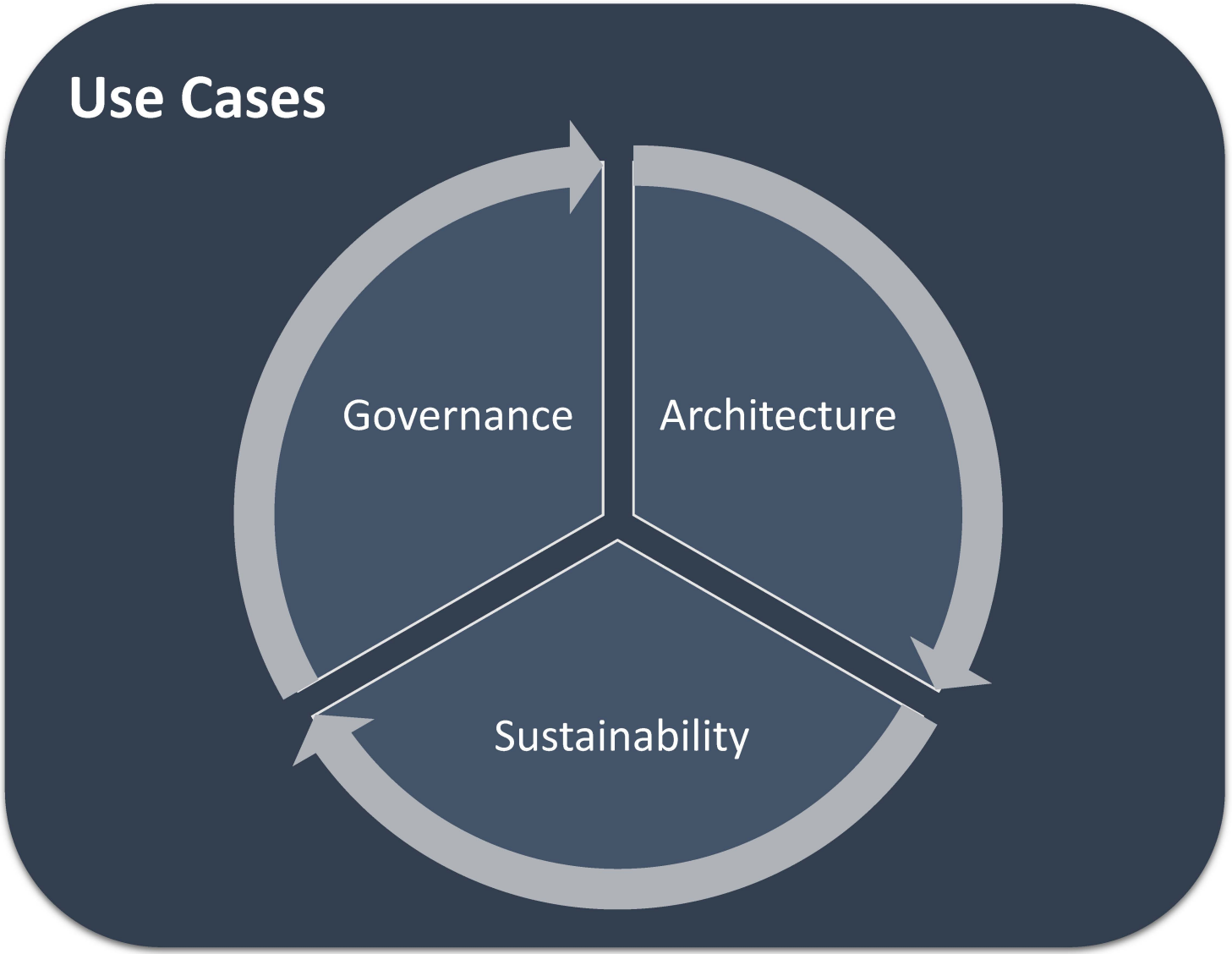
Key Elements of the Health IT Stack for Value-based payment models and the Learning Health System



Identity Management: Decisions to Make

- Use Cases:
  - What are the 1, 3, 5 year use cases for the identity system?
- Architecture
  - Where does the technology live?
  - Federated vs. Centralized (many eMPI's vs. single eMPI)
- Governance
  - Who is in charge? Who makes the call on the rules and match quality?
- Sustainability
  - What are the costs to purchase, staff, maintain?
  - Are there revenue opportunities? How to share the cost?

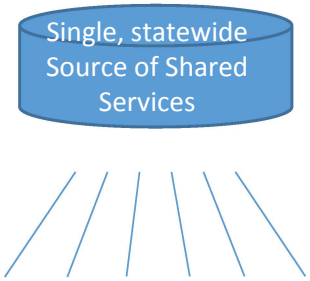
Relationships among decisions



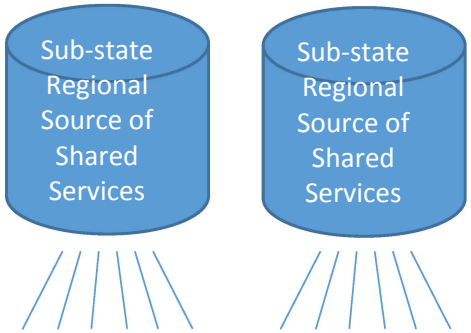
Use Cases

- Identify through a multi-stakeholder process
- Usually derived from SIM planning process
- Most commonly include:
  - Support Multi-payer Value-Based payment models
    - eCQM's
    - Clinical & Claims data aggregation
  - Support one or more State government processes
- Often include:
  - Enable providers to be successful in VBPM's
    - Clinical (and claims) data available at the point of care
    - Care gaps and health analytics on populations and at point of care
    - Proactive notifications about admissions, d/c's, transfers, etc.

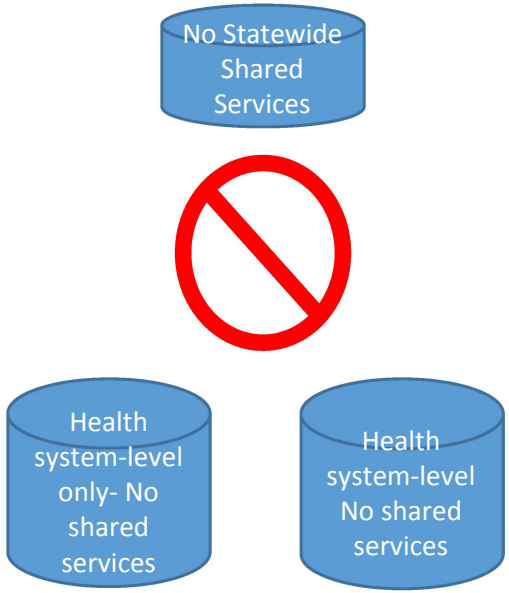
States like mine . . . Which are you?



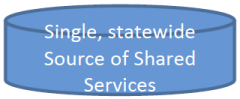
1.Single state-wide Shared Services Stack
- Single eMPI for identity management
- One multi-organizational data-use policy



2. Multiple sub-state HIE's
   2a. Geographically distinct
   2b. Substantially overlapping markets

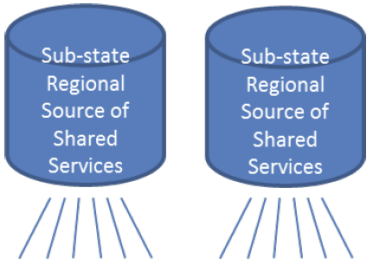


3. No Shared Services
- One or more Health System HIE's
- No multi-organizational trust agreements



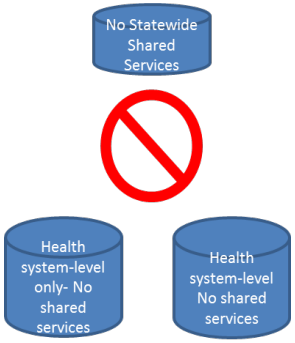
Implications of Architecture for eMPI

- Pros: Single eMPI to manage
  - Cost and labor efficiencies
  - More accurate patient matching
  - Feedback loops can reduces errors among input organizations
  - Sustainability options: Identity Service for all stakeholders
  - Reduces cost and errors among stakeholders
- Cons:
  - More politically challenging- requires a multi-stakeholder governance
  - Requires technical expertise at community level rather than just health system or payer level
  - Many sources of Demographics data, very little standardized
  - Potential security risks to centralized data (assuming a non-centralized clinical system)



Implications of Architecture for eMPI

- Pros: Multiple eMPI's across multiple organizations
  - Politically expedient
  - Distributes security targets around the community
  - Feedback loops can reduce errors among input organizations
- Cons:
  - Redundant skill sets and identity remediations required across entities
  - Does not support goal of accurate identity across state
    - eCQMs inaccurate due to multi-counting same individuals
  - Difficult to satisfy state-wide needs



Implications of Architecture for eMPI

- Pros: No eMPI solutions across organizations
  - Least resistance (consistent with status quo)
    - No politics over the solution
    - No business changes
  - No new security risks (maximally distributed targets)
  - No new costs
- Cons:
  - Does not support goal of accurate identity across state
    - eCQMs inaccurate due to methodologic problems- every individual doctor must report scores from their own individual EHRs
  - No consideration to satisfy state-wide need
  - No opportunity for feedback loops or error connection
  - Missed opportunities to match patient records correctly
  - Individual care suffers with ineffective matching
  - Does not support goal of accurate identity across region