



2014-2015 BLACK BOOK HIE USER SURVEY: CALIFORNIA STATISTICS SEGREGATED, KEY FINDINGS: 24.6% of California's 394 hospitals surveyed to date

HIE PARTICIPATION PLANS/STATUS OF CALIFORNIA HOSPITALS

- A. Hospitals shifted their status of waiting for a public HIE to become operational from 93% in 2012, dropping in expectations to 49% in 2013, but rebounding to 81% currently in 2014 (90% of all ballots received since Anthem announcement).**
- B. Interest in Investing in a private HIE has doubled from 30% in 2012 to 71% of hospitals in 2014**
- C. Interest in participating and/or collaborating in a Payer-funded/Payer-centric HIE has also doubled from 40% of hospitals in 2012 to 94% in 2014.**
- D. Participating fully in a closed EHR-centric HIE network (such as Epic Systems clients only) has lost the most appeal. In 2012, 92% of hospitals and provider organization anticipated the EHR-centric HIE for interoperability and connectivity. In 2013, interest dropped to 65%. In 2014, only 18% of providers and hospitals look to EHRs for connectivity with other providers.**

BIGGEST ISSUES/DELAYS FOR PAYER-CENTRIC OR PAYER FUNDED CALIFORNIA HIE

9 out of 10, collectively and individually, providers and payers agree that the biggest delays and issues in execution of a payer-centric/funded HIE is Siloed and disparate electronic health records systems. Both payers and providers also agree that Ancillary Clinical Data (Lab Results, e-Rx, etc) and Claims Data from Insurer's outsourcing vendor systems and internal financial claims systems will be easiest to integrate.

WHY PROVIDERS ARE CONSIDERING PAYER-FUNDED/CENTRIC HIES NOW IN CALIFORNIA

- A. 94% of Providers are joining private, payer-funded/centric HIEs as a possible solution the decline in revenues from fewer patient days. 85% of Providers are participating to gain cleaner, more dependable claims data from which they can make ACO decisions.**
- B. More than 90% of Payers see their main objectives as winning employer groups who have complained they will no longer foot the bill for health system waste, duplication, errors and over-utilization, and fear competitor payers with advanced analytics from integrated provider clinical and payer financial systems will win over employer groups. 85% of providers agree with this scenario.**

WHY PAYER-FUNDED/CENTRIC HIE MAY FAIL IN THE SHORT TERM

The three major reasons both providers and payers see payer-funder/centric HIEs failing are: This is a regional play only for employers, disparate and siloed EHR systems will not advance analytics, and committed employer groups will opt-out after launch





1. PARTICIPANTS (BLACK BOOK HIE SURVEYS 2012, 2013, 2014 – Currently In progress)

CALIFORNIA HIE SURVEY	TOTAL ORGANIZATIONS	2012 RESPONDENTS	2013 RESPONDENTS	2014-TO-DATE RESPONDENTS
SMALL HOSPITALS UNDER 100 BEDS	65	13 (20%)	16 (25%)	15 (23%)
ACUTE CARE HOSPITALS 101-499 BEDS	279	47 (17%)	43 (15%)	69 (25%)
LARGE HOSPITALS MED CENTERS 500+ BEDS	49	13 (27%)	11 (22%)	13 (27%)





2. STATUS OF HIE PARTICIPATION/PLAN

CALIFORNIA RESPONDENTS BY PROVIDER TYPE	WAIT FOR REGIONAL OR STATEWIDE FUNDED PUBLIC HIE	SET UP OR INVEST IN PRIVATE HIE (HOSPITAL SYSTEM/IDN)	JOIN PRIVATE HIE PAYER-CENTRIC (INSURER DIRECTED)	PRIVATE HIE EHR-CENTRIC (CLOSED VENDOR BASE)
SMALL HOSPITALS UNDER 100 BEDS	2012 = 92% 2013 = 58% 2014 = 67%	2012 = 8% 2013 = 13% 2014 = 13%	2012 = 23% 2013 = 25% 2014 = 85%	2012 = 93% 2013 = 31% 2014 = 13%
COMMUNITY HOSPITALS 101-499 BEDS	2012 = 94% 2013 = 31% 2014 = 29%	2012 = 12% 2013 = 21% 2014 = 61%	2012 = 64% 2013 = 77% 2014 = 93%	2012 = 89% 2013 = 69% 2014 = 11%
LARGE HOSPITALS 500+ BEDS ACADEMIC MEDICAL CENTERS	2012 = 93% 2013 = 55% 2014 = 73%	2012 = 90% 2013 = 100% 2014 = 100%	2012 = 46% 2013 = 83% 2014 = 100%	2012 = 100% 2013 = 72% 2014 = 32%
ALL CALIFORNIA HOSPITAL	2012 = 93% 2013 = 49% 2014 = 81%	2012 = 30% 2013 = 42% 2014 = 71%	2012 = 40% 2013 = 68% 2014 = 94%	2012 = 92% 2013 = 65% 2014 = 18%





2014 SURVEY QUESTIONS (NOT ASKED IN PREVIOUS HIE SURVEYS)

3. WHAT DELAYS/ISSUES DO YOU FORESEE WITH THE PAYER FUNDING OF "NEXT GENERATION" HIE (SUCH AS CAL INDEX)
SELECT UP TO TWO.

ORGANIZATIONAL TYPE	INTEROPERABILITY OF ANCILLARIES (LAB, E-RX, ETC)	INTEGRATION OF NON-EHR CLINICAL SYSTEMS FROM PROVIDERS	INTEGRATION OF EHR CLINICAL DATA FROM PROVIDERS/ DISPARATE & SILOED SYSTEMS	INTEGRATION OF FINANCIAL AND CLAIMS DATA FROM DISPARATE PAYER SYSTEMS	INTEGRATION OF CLAIMS DATA FROM DISPARATE BUSINESS PROCESS OUTSOURCERS & INTERNAL SYSTEMS
HOSPITALS & PROVIDERS INCLUDING PHYSICIANS/ ANCILLARIES	CALIFORNIA = 3% ALL US = 4%	CALIFORNIA = 62% ALL US = 40%	CALIFORNIA = 91% ALL US = 82%	CALIFORNIA = 13% ALL US = 13%	CALIFORNIA = 11% ALL US = 16%
INSURERS/PAYERS	CALIFORNIA = 2% ALL US = 4%	CALIFORNIA = 52% ALL US = 39%	CALIFORNIA = 96% ALL US = 93%	CALIFORNIA = 12% ALL US = 17%	CALIFORNIA = 4% ALL US = 7%





**4. WHAT ARE THE THREE BIGGEST MOTIVATORS FOR OPTING INTO PAYER-CENTRIC “NEXT GENERATION” HIE (SUCH AS CAL INDEX)
SELECT UP TO THREE**

ORGANIZATIONAL TYPE	EMPLOYERS REFUSE TO FOOT BILL FOR HEALTH SYSTEM WASTE/WANT REDUCTIONS	PLAN MEMBERS & PATIENTS FRUSTRATION OVER LACK OF CARE COORDINATION	ACO'S NEED FOR INTEGRATED CLINICAL & FINANCIAL DATA	INSURERS PAYING FOR ERRORS, WASTE & DUPLICATED SERVICES BY PROVIDERS	INSURERS & PROVIDERS LOSING MEMBERSHIP /PATIENTS TO COMPETITORS OVER PRICE & QUALITY	PROVIDERS SEEKING RESCUE FROM UNFILLED BED & DECLINING UTILIZATION
PROVIDERS	CALIFORNIA = 85% ALL US = 69%	CALIFORNIA = 20% ALL US = 37%	CALIFORNIA = 85% ALL US = 83%	CALIFORNIA = 56% ALL US = 24%	CALIFORNIA = 65% ALL US = 30%	CALIFORNIA = 94% ALL US = 90%
INSURERS/PAYERS	CALIFORNIA = 95% ALL US = 74%	CALIFORNIA = 19% ALL US = 62%	CALIFORNIA = 31% ALL US = 55%	CALIFORNIA = 67% ALL US = 72%	CALIFORNIA = 90% ALL US = 62%	CALIFORNIA = 42% ALL US = 49%





5. WHAT ARE THE LARGEST OBSTACLE TO PROVIDER PARTICIPATION & COLLABORATION IN PAYER-FUNDED HIES ON THE SHORT TERM?

CALIFORNIA RESPONSES ONLY. SELECT AS MANY AS APPLY

SIX TOP REASONS DISPLAYED

ORGANIZATIONAL TYPE	EMPLOYERS THIS IS A REGIONAL PLAY ONLY	INSURERS LOYALISTS TO COMPETITOR PROVIDER ORGANIZATIONS	EHR INABILITY TO ALIGN DISPARATE EHR DATA OR EHR CONNECTIVITY ISSUES	PROVIDERS INABILITY TO ALIGN COMPETING PROVIDERS	EMPLOYERS DECLINE PARTICIPATION OR OPT OUT FOR HIE ISSUES UPON LAUNCH	INSURERS MEMBERSHIP REJECTS PROVIDERS AFTER LAUNCH
PROVIDERS	100%	94%	100%	59%	100%	32%
INSURERS/PAYERS	100%	100%	100%	69%	100%	43%

