

POPULATION HEALTH FORUMS

A Regional Community Asset to Facilitate Collaboration and Innovation

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October 19, 2016*

The Healthcare Exchange of Southeastern Pennsylvania (HSX) is a non-profit, independent health information exchange (HIE) organization serving the greater Philadelphia region with a mission of providing secure access to health information to enable preventive and cost effective care; improve the quality of care; and facilitate the transition of care. Martin Lupinetti, executive director of HSX, presented at the October Forum and described the many impressive activities of the organization. Mr. Lupinetti oversees the process of connecting points of care in the region, by enabling the secure sharing of patient information to make medical services more informed and efficient. Prior to this role he was a Principal and Public Sector Lead with the North Highland Company.

Mr. Lupinetti began by describing the role of HSX as a 'convener' for change in healthcare. He outlined the drivers for change such as the number of hospitals and physicians in the area; the specialist-to-primary care ratio; shift toward pay-for-performance; fewer federal grants; and minimal technology integration. He emphasized the impact of gaps in care and explored the transitions of care (TOC) challenges identified by the The Healthcare Improvement Foundation's (HCIF) PAVE project. He also pointed out that there are numerous shared savings

models, private exchanges, and readmissions challenges that drive the need for change. Patients are seen by over 9,000 unique providers in the region. HSX built a business plan emphasizing transitions of care, with a focus on what is right for the patients. HSX's founding membership includes over 37 acute care hospitals, 64 ambulatory care practices (including FQHCs), and many health plans including behavioral health organizations, and long-term care organizations.

Lupinetti went on to explain the roadmap of HSX services, which include: Direct Secure Messaging; Encounter Notification Services (ENS); clinical activity history use case and Clinical Data Repository (CDR), which Lupinetti identifies as the "next big value-add." One of the components of Direct Secure Messaging is Automated Care Team Finder (ACTF). This leverages payer information to identify a patient's primary care provider (PCP) and routes members' discharge information to those PCPs using Direct Secure Messaging. ENS is a popular subscription service that involves requested patient emergency and inpatient admits, and discharges sent to participants in real-time or as a summary list. Lupinetti described this as an encounter alerting system serving close to 2.5 million patients in the area.

Lupinetti defined engagement as capturing the attention and interest of HSX users and aligning users with the nature of and value of Health Information Exchange. It also involves generating user participation in HSX by

reinforcing the need for clinical data. Adoption is focused on the integration of HIE functionality into the workflow.

"We're just starting the population health conversation and we need your help," states Lupinetti. He then described many potential benefits and opportunities within HSX activities. For example, he believes the CDR provides an opportunity to use patient health data to measure disease prevalence and effectiveness of medications and screenings. ENS enables providers to see how frequently their patients are admitted and discharged to area hospitals and emergency departments.

HSX's current involvement in population health includes: the Population Health Improvement Collaborative (PHIC); the North Philadelphia Accountable Community Advisory Board (ACH); the Health Enterprise Zone Initiative (HEZ); and the Health Care Innovation Collaborative. Future involvement will include organizations such as the Philadelphia Department of Public Health; Public Health Reporting; PENN Medicine's Radiology Initiative; The Children's Hospital of Philadelphia (CHOP); and Alpine Home Care.

Future plans for HSX include the establishment of a work group on population health that reports to the clinical advisory committee to guide and shape HSX's role in population health. HSX would also like to develop a population health use case and a policy infrastructure for population health initiatives.

