

UNITED STATES OFFICE OF PERSONNEL MANAGEMENT



**Federal Employees Health
Benefits (FEHB) Program
Report on Health Information
Technology (HIT) and Transparency**

December 2014

a New Day for Federal Service

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I. Background

Health Information Technology (HIT) provides advantages to both the health care system and its consumers and is used to:

- Allow patients faster and easier access to their personal health information;
- Encourage consumers to become more engaged in managing their own health;
- Facilitate the fast transmission of a prescription to the pharmacy;
- Streamline healthcare and reduce unnecessary tests by improving communication among providers; and
- Provide consumers with critical information about the cost and quality of care they are receiving.

The U.S. Office of Personnel Management (OPM) continues to encourage Federal Employees Health Benefit (FEHB) plans to increase their use of HIT. Effective HIT adoption can help health plans and healthcare providers deliver safer and more efficient care. Additionally, HIT tools help consumers organize health information, access information targeted to their health needs, and determine the quality and price/cost of the doctors, hospitals and other providers they use for day-to-day healthcare needs.

This program-wide report contains aggregated information from individual health plans participating in the FEHB Program. In 2006, President George W. Bush signed an Executive Order designed to promote quality and efficiency in Federal Government health care program. The order directed Federal agencies to increase transparency in pricing, increase transparency in quality and encourage the adoption of HIT standards. Since 2007, OPM has solicited information on an annual basis in order to track and encourage each health plan's progress with HIT use and adoption. The respondents to this year's HIT data collection yielded a 100% response rate. In recent years, plans have continued to make progress on their HIT, personal health records (PHR), and transparency initiatives.

FEHB carriers were asked to describe their actions to advance health information technology and transparency on the following:

- Making personal health records available to enrollees based on their medical claims, laboratory test results and medication history;
- Providing health care cost and transparency;
- Providing incentives for e-Prescribing;
- Ensuring compliance with Federal law and policy requirements to protect the privacy of individually identifiable health information; and
- Making progress in achieving Stage 1 and 2 of the Meaningful Use guidelines.

II. **2014 Findings At a Glance¹:**

- **90 percent** of plans offer enrollees access to a Personal Health Record (PHR) on their website; a 39 percent increase since 2007.
- Four plans reported PHR usage at 76 percent or more; although the majority of FEHB plans continue to report that fewer than 6 percent of their members have actually used their PHRs. Plan reported types of PHR vary²:
 - **11 percent** of plans report their PHRs are populated by members;
 - **34 percent** report they are populated with claims data by the health plan with the option for members to add personal information;
 - **20 percent** are populated by electronic medical records with the ability to add information;
 - **14 percent** allow members to view their personal claims data with no ability for the member to update the information; and
 - **15 percent** allow members to view their personal electronic medical record data with no ability for the member to update the information.
- **63 percent** of plans report they have online physician or hospital cost estimators or comparison tools on their web sites. This is up from 62 percent last year.
- **75 percent** of plans report they have online tools that compare physician or hospital quality, which demonstrates a 5 percent increase from 2013.
- **81 percent** of plans report their physicians can submit prescriptions on line.
- **58 percent** of plans were able to track what percentage of their network providers have reached Stage 1 or Stage 2 of the Meaningful Use of HIT.
- All FEHB plans are required to comply with Federal law and policy requirements to protect the privacy of individually identifiable health information. All indicate they provide members with access to privacy policies describing their compliance with the Health Insurance Portability and Accountability Act (HIPAA).

III. **Actions to Make PHRs Available to Enrollees Based on Their Medical Claims, Lab Test Results and Medication History**

PHRs, when used effectively, give individuals more control over their health information. With PHRs, individuals can collect, use and share their personal health information as they see fit. Their usefulness grows as they are able to readily pull information from Electronic Health Records (EHR) and other sources of clinical information, as well as from monitoring devices and mobile applications. The usefulness increases even more as that information can be organized to help people with their particular health care concerns and can inform clinical decision making.³ In general, PHRs have tools that allow for creation of personal health profiles (including health conditions, medications, procedures and laboratory results), patient and attending provider demographic data, and insurance information.

¹ All percentages contained in this report have been rounded to the nearest whole number.

² Plans could select more than one option.

³ <http://www.healthit.gov/buzz-blog/from-the-onc-desk/personal-health-records-roundtable/>

This year, 90 percent of FEHB plans reported that PHRs are available to Federal enrollees on their websites; a 39 percentage point increase since 2007. Types of PHRs vary widely; however, PHRs tethered to either claims data or EHRs and supplemented by members are the most popular among FEHB plans. The use of EHRs and the ability to tether information to a patient’s PHR continues to increase. The expansion is largely due to the fact that the American Recovery and Reinvestment Act (ARRA) of 2009 authorized the Centers for Medicare and Medicaid Service (CMS) to provide incentive payments to providers who adopt, implement, upgrade, or demonstrate meaningful use of certified EHR technology. CMS is making available up to \$27 billion in EHR incentive payments, or as much as \$44,000 (through Medicare) or \$63,750 (through Medicaid) per eligible health care professional. Eligible hospitals, including critical access hospitals (CAHs), can qualify for incentive payments totaling some \$2 million or more.⁴ This incentive program has helped to increase the use of both EHRs and tethered PHRs since 2009. Table 2 displays the frequencies for different PHRs in use within the FEHB program.

Table 2: Frequencies of PHRs in the FEHB Program by type

	Percent of plans reporting
PHR tethered to claims, supplemented by member	34
PHR tethered to EHR, supplemented by member	20
Clinical data view-only	15
Claims data view-only	14
Member populated PHR	11

In the future, the emphasis should shift from simply offering a PHR to educating members about their features and benefits. Even though a PHR is available to the majority of FEHB enrollees, only five plans reported that over 50% of their FEHB members actually used their PHR to conduct one or more sessions.

PHR Plan Highlights

The more technologically advanced FEHB plans highlighted internet based PHRs in their narrative submissions, which allow members to:

- Review medical, facility, pharmacy, and laboratory claims or clinical information all in one location.
- Record allergies and immunizations, family health history, advanced directives, and personal contacts.
- Print or download historical claims and personal health information that can be taken to appointments.
- Manage health and wellness by accessing web links to the plan’s provider directory, completing a health risk assessment and reviewing online health and wellness information targeted to the member’s specific health condition.
- Access health trackers to monitor blood pressure, cholesterol, and weight.
- Access calendars or provide reminders or prompts for preventive services and screenings.
- Be alerted to adverse drug interactions.

⁴ <http://www.healthit.gov/providers-professionals/ehr-incentives-certification>

- Have decision support engines which query the entire PHR to determine appropriate decision support alerts and generate health and wellness information targeted to the member’s specific health condition.

Plan Reported PHRs

In addition to asking plans about the type of PHRs currently offered, information was provided about the information included in each PHR. Physician services, preventive care/screenings and immunizations were the three most common features, while pre-certification and pre-authorization requirements were the least common. Table 3 below shows the percent of plans that offer each type of information in their PHR.

Table 3: Information included in PHRs

	Percent of plans reporting
Physician services	81
Preventive care/screenings	81
Immunizations	80
Prescription	79
Lab	78
Hospital admissions	77
Allergies	76
Emergency room	73
Health education	72
Personal health history	72
X-Ray	71
Registration and insurance information	66
Family health history	62
Mental health	61
Advanced directives	48
Pre-cert/pre-authorization requirements	48
Family planning	43

Plan Reported Electronic Tools

Plans were asked how they identify potential case management and disease management candidates. They responded that they obtain this information mainly by querying their claims and pharmacy databases and health risk assessments (HRAs). Table 4 displays the full range of plan responses.

Table 4: Does your plan identify potential case and disease management candidates by querying...

	Percent of plans reporting
Health plan claims database?	100
Member prescription information?	100
Member health risk assessment questionnaires?	90

Member PHRs?	48
Provider EHRs or EMRs?	47

Health Plan Members

Plans reported that their members are able to perform the following tasks, displayed in Table 5, on their electronic systems, some through their PHRs. In addition, plans reported the information members are able to receive through an online portal, displayed in Table 6.

Table 5: Member's online capabilities

	Percent of plans reporting
Access claims information online	96
Access EOBs online	91
Track preventive care screenings online	80
Track immunizations online	76
Access lab results	58
Communicate with physicians to discuss clinical issues	39
Schedule appointments online	32
Complete physician's office registration summary online	20

Table 6: Online information received by members

	Percent of plans reporting
Information to support clinical decision making	81
Prescription refill reminders	66
Immunization reminders	57
Preventive screening/test/exam reminders	56
Appointment reminders	34

Health Plan Providers

In addition to providing information about member capabilities, plans were asked to provide information about their network providers.

Table 7: Provider capabilities

	Percent of plans reporting
Do you send online information to your providers to support their clinical decision making?	66
Does your plan provide incentives for physicians and hospitals to use certified electronic health records (EHR) or electronic medical records (EMR)?	42
Does your plan offer pay for performance or pay for use as an incentive to	41

providers to use HIT?	
Does your plan participate in the annual Leapfrog Hospital Survey?	32
Do you reimburse your providers for online patient consultations?	27

Interoperability and Blue Button

Beginning with the 2008 contract year, all FEHB plans were required to use interoperability standards recognized by the Secretary of the Department of Health and Human Services (HHS) as they update their information technology records systems. In 2011, OPM asked carriers to add the Blue Button icon and functionality to their PHR portals, which provided patients with one-click secure access to download and/or print their own health information to a printer, computer, memory or mobile device. This year, Table 8 shows the progress reported by the plans on Blue Button adoption, portability and interoperability.

Table 8: Plan progress on interoperability, portability and Blue Button

	Percent of plans reporting
Has your plan implemented, acquired, or updated its health IT systems to use products that meet interoperability standards recognized by the Secretary of the Department of Health and Human Services?	63
Will your Plan's PHR offer a Blue Button feature to help download PHI by 1/1/16?	52
Will your Plan's PHR offer a Blue Button feature to help download PHI by 1/1/15?	49
Does your plan's PHR contain America's Health Insurance Plans (AHIP) endorsed data fields and transaction standards that allow members to transfer their PHR data to a different health plan's PHR that uses the same AHIP endorsed data fields and transaction standards (is it portable)?	34

IV. Actions to Provide Health Care Transparency (Price/Cost and Quality Tools and Efficiency Designations)

Price/cost comparison tools are extremely valuable to members in fee-for-service preferred provider (PPO) plans, consumer driven health plans (CDHP), and high-deductible health plans (HDHP) where members pay coinsurance and deductibles. Since the member's cost after the deductible has been paid is determined on a fee-for-service basis, it is important for members to have access to tools that will help the pricing become more transparent. Price and cost tools may also help members determine costs for services rendered through non-network providers.

Even though the pricing structure works differently for HMOs, members can still benefit from cost and quality tools. Some use tools to display their own hospital and facility cost and quality measures and some use publicly available, evidence-based hospital outcomes data such as the Hospital Compare. These online interactive tools provide members with information to help them compare hospital treatment outcomes for certain procedures, conditions and diagnoses and help them decide at which hospital they should have a service performed.

Regardless of the type of plan in which an individual is enrolled, it is important that members have access to price/cost and quality tools in order to make informed decisions about their health care. As a result, FEHB health plans have implemented a number of cost and quality initiatives, as well as decision support tools.

Plan Reported Price/Cost Tools

Plans have a variety of ways in which they provide their members with information on provider and prescription drug prices/costs. Plans were asked to report on their price/cost transparency tools and 63 reported having a physician or hospital cost estimator tool on their website. Additionally, 41 percent of plans provide online tools that model a member’s projected annual health care spending, estimating out-of-pocket costs and tax implications. A slightly higher number, 54 percent of plans, reported providing tools that show the current balances for personal health accounts and check spending against plan deductibles and out-of-pocket maximums. However, despite the wide availability of these online tools, only five plans reported that more than 25 percent of their FEHB members have actually used the tools to conduct one or more sessions.

Table 9: Price/Cost Comparison

	Percent of plans reporting
Does your plan have online physician or hospital cost estimators or comparison tools on its web site?	63
Does your plan have a standard set of procedure codes and their costs posted on your web site for FEHB members to view?	51
Does your plan post on its web site published average reimbursement rates related to procedures and services (e.g. Medicare reimbursement rates)?	35
Does your plan post actual reimbursement rates for specific procedures and services?	16

Table 10: Features of cost estimator tools

	Percent of plans reporting
Show hospital costs	59
Clearly describe the sources, currency, and geographic limitations of the data	56
Reflect plan provider costs by geographic area	53
Compare hospital costs	52
Compare costs by procedure	51
Show physician costs	49
Reflect average industry costs by geographic area	47
Compare physician costs	42
Compare costs by episodes of care	38
Compare costs by diagnosis	29

Plan Reported Quality Tools

This year, 75 percent of plans provided members with online tools that compare physician or hospital quality. Out of the plans that offer member tools to compare physician or hospital quality, only 9 indicated that over 25 percent of their FEHB members have actually used the tools to conduct one or more sessions.

Table 11: Quality Transparency

	Percent of plans reporting
Does your plan have online tools that compare physician or hospital quality?	75
Do your quality metrics clearly describe the sources, currency, and geographic limitations of the data?	72
Does your plan participate in collaborative efforts with other public/private sector partners for data aggregation and quality analytics?	71
Does your plan participate in state or regional health information network exchange programs?	43
Does your plan contribute to all-payer claims sets?	41

Table 12: Public reporting of provider quality performance measurement information

	Percent of plans reporting
National Committee for Quality Assurance (NCQA)	62
Leapfrog Group	51
The Joint Commission	42
NCQA's Physicians Practice Connections	35

Quality and Price/Cost Transparency Best Practices

Some health plans offer hospital and physician quality information on their web site including: accreditation status, clinical effectiveness of care measures of performance from the Healthcare Effectiveness Data and Information Set (HEDIS), health plan member satisfaction data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey, hospital accreditation status and national quality improvement goals from The Joint Commission and hospital patient safety information from The Leapfrog Group. In addition to providing national quality rating information, many plans offer the capability for members to provide reviews, as well as access reviews from other patients. One plan offers financial incentives for physicians and hospital practices that achieve targeted goals aligned with national benchmarks for improving quality outcomes, patient safety, and efficiency. Providers can track their progress in the program and connect with members using an online communication and patient tracking platform.

In addition, a few plans offer provider search tools that provide prescribing and treatment frequency data for providers meeting specified health conditions and personal preferences. Other plans have

implemented the use of mobile applications so that members can access the plan’s quality and cost tools at any time, from any location.

Regarding cost transparency, some plans help members gauge their out-of-pocket health care expenses by providing online access to cost estimators to show actual provider costs for the most common office-based services offered by their primary or specialty care physicians. A few plans display and update on a “real-time” basis the reimbursement rates negotiated between the health plan and a specific network provider for office visits, diagnostic tests, and other minor and major procedures.

V. Prescription Drug Price/Cost Tools

E-prescribing is an area within the HIT movement that has seen a great deal of progress throughout the industry. Since 2008 and 2011 respectively, the Medicare Improvements for Patients and Providers Act (MIPPA) and the Medicare and Medicaid Electronic Health Record have promoted the use of e-prescribing and subsequently helped to increase the volume of e-prescriptions.

Plan Reported Pharmacy Tools

Plans were asked to submit information about their online pharmacy tools available to members. All information reported by the plans is displayed in Table 13.

Table 13: Does your plan have online pharmacy tools that...

	Percent of plans reporting
Allow members to view the plan’s formulary online?	97
Compare prescription drug costs or quality?	94
Show the generic equivalent or brand name formulary drug costs compared to retail costs?	89
Compare a member’s current drug costs to lower priced therapeutic equivalents?	82
Show prescription drug retail costs compared to network copayments?	77
Notify members when the formulary changes?	77

As Table 13 demonstrates, online pharmacy tools are an area in which the majority of FEHB carriers have made great progress. Nearly all plans have online tools that allow members to compare prescription drug costs or quality or tools that allow members to view the formularies online. More advanced plans have tools to calculate the total cost of what the plan pays for a drug which enables members to view their out-of-pocket costs. The calculation is based on each member's pharmacy plan provisions, such as plan type, maximum day supply, copayment, deductible, etc.; and provides the estimated cost of the prescription if obtained at a participating retail pharmacy or through mail-order. Beginning in 2016, all plans are expected to have cost transparency tools on their websites for comparison of drug costs for enrollees and for consumers considering enrollment in their plan.

Plan Reported e-Prescribing Tools

Plans were asked to provide information on their progress in e-prescribing. As Table 14 shows, over 80 percent of FEHB plans allow physicians to order prescriptions online, members to request a prescription refill online, and provide access to the plan’s formulary online.

Table 14: Actions to provide incentives for e-prescribing

	Percent of plans reporting
Can providers access the plan’s formulary online?	95
Can members request a prescription refill over the internet?	89
Can physicians order prescriptions online?	81
Do you provide any financial incentives to providers for e-prescribing?	29
Do you provide any equipment to your providers for e-prescribing?	23

Plans were also required to provide information about their network hospital providers’ capability to e-prescribe. This year’s responses demonstrate over a 15 percentage point increase in the number of hospital providers who use e-prescribing since 2013.

VI. Actions to Ensure Compliance with Federal Requirements for the Protection and Privacy of Individually Identifiable Personal Health Information (PHI)

All plans reported they comply with the privacy and security requirements of the Health Insurance Portability and Accountability Act (HIPAA). This includes the posting of a privacy notice on each plan’s web site disclosing plan compliance with HIPAA and how it uses a member’s protected health information (PHI); who has access to PHI; how members can obtain a copy of their PHI; and, how members can request to amend or annotate their PHI. Plans also indicate they train their employees on the HIPAA Privacy and Security regulations.

Beyond basic HIPAA compliance, 53 percent of plans have a computer system that will track any disclosures of a member’s PHI so that the member can view who has accessed various parts of their PHI. 76 percent of plans allow members to control their own PHI and decide who can access each part of their record.

VII. Meaningful Use

Plans were asked to report on their progress achieving Stage 1 and Stage 2 of the Meaningful Use requirements defined by CMS. In order to receive an EHR incentive payment through the Medicare and Medicaid Incentive Program, providers must demonstrate that they are meaningfully using their EHRs by meeting thresholds for a number of objectives. Nearly 41 percent of plans indicated that they do not track the percentage of providers who have reached Stage 1 or Stage 2 of the Meaningful Use requirements. Moreover, 18 percent of plans reported that less than five percent of their physicians have achieved Stage 1 or Stage 2 requirements. OPM will conduct separate follow up with these plans to encourage and ensure compliance. Of the plans that have been able to track the progress of achieving Meaningful Use, approximately one quarter indicated that over 50 percent of their providers have achieved Stage 1 or Stage 2.

VIII. Industry Benchmarking

In addition to collecting HIT information from FEHB plans in order to monitor plan activity, OPM monitors industry trends in an effort to drive plan performance. In most instances, FEHB plans are currently performing at or above commercial trends.

In 2014, 90 percent of FEHB plans offered enrollees online access to at least one form of an online PHR. The Office of the National Coordinator for Health Information Technology (ONC) reports that in 2013, 28 percent of individuals were offered access to their online medical record. Of the individuals given access to their online medical records, almost half were granted access by their health care provider. Forty-four percent gained access from both their health care provider and their health insurer. Although many types of PHRs exist, these figures demonstrate that FEHB plans have made a great deal of progress with regard to the availability of online medical records.

Beyond simply offering consumers the availability of online health information, access challenges are consistent across the market. ONC reports that of individuals offered access to their online health information, 54 percent had not accessed their information within the past year. Twenty-one percent had accessed their information 1-2 times within the past year, while only 6 percent reported viewing their information more than 10 times. Approximately half of FEHB plans with available PHRs estimated that between 0 and 5 percent of their members had used the information to conduct one or more online sessions. Use of online medical records should continue to be encouraged, as ONC found that the majority of individuals who had accessed their records perceived the information to be very useful, and nearly 75 percent used the information to monitor their own health.⁵

A July 2014 report from ONC indicates that 70 percent of physicians were e-prescribing using an EHR as of April 2014, which is a significant increase from the reported 7 percent in December 2008. Moreover, by April 2014, all 50 states had physicians e-prescribing using an EHR at a rate above 40 percent, while 28 states reported a rate above 70 percent.⁶ FEHB plans demonstrate comparable e-prescribing rates and capabilities. 81 percent of plans have physicians with e-prescribing capabilities, while nearly half of all FEHB plans estimate that 50 percent of their network physicians actively use e-prescribing.

IX. Recommendations

FEHB carriers should continue to:

- Upgrade their health information technology systems using recognized interoperability standards so plan PHRs can accept more granular clinical data as provider adoption of electronic health records (EHR) increases.
- Increase efforts to educate members about the value of HIT.
- Monitor and encourage the use of PHRs, EHRs and other electronic tools. Despite the fact progress in the HIT field continues to increase, actual member use of the tools has room to grow.

⁵ All ONC online medical record data referenced in Section VIII can be found at:

http://www.healthit.gov/sites/default/files/consumeraccessdatabrief_9_10_14.pdf

⁶ <http://healthit.gov/sites/default/files/oncdatabriefe-prescribingincreases2014.pdf>

- Continue to encourage physician and hospital providers to utilize EHRs that meet the Department of Health and Human Services meaningful use criteria.
- Increase the amount of personal health information (PHI) which is automatically populated in PHRs to make them easier to use and less labor intensive to create and update.
- Move away from view-only PHRs by allowing members to add supplemental information and increase functionally.
- Configure PHRs to allow members to access their information in one organized location on plan websites.
- Follow up with enrollees about their understanding and use of HIT, given that only 23 percent of plans reported in 2014 that they had surveyed their population.
- Display HIPAA compliant privacy notices prominently along with PHRs and transparency tools.
- Continue to collaborate with industry organizations recognized for their quality and cost transparency initiatives.



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