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Sustainability and Social Security Disability: A Case Study

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COMMITMENT

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Conflict of Interest

William Martinez has no real or apparent conflicts of interest to report.

Sarah Mayner has no real or apparent conflicts of interest to report.

Agenda

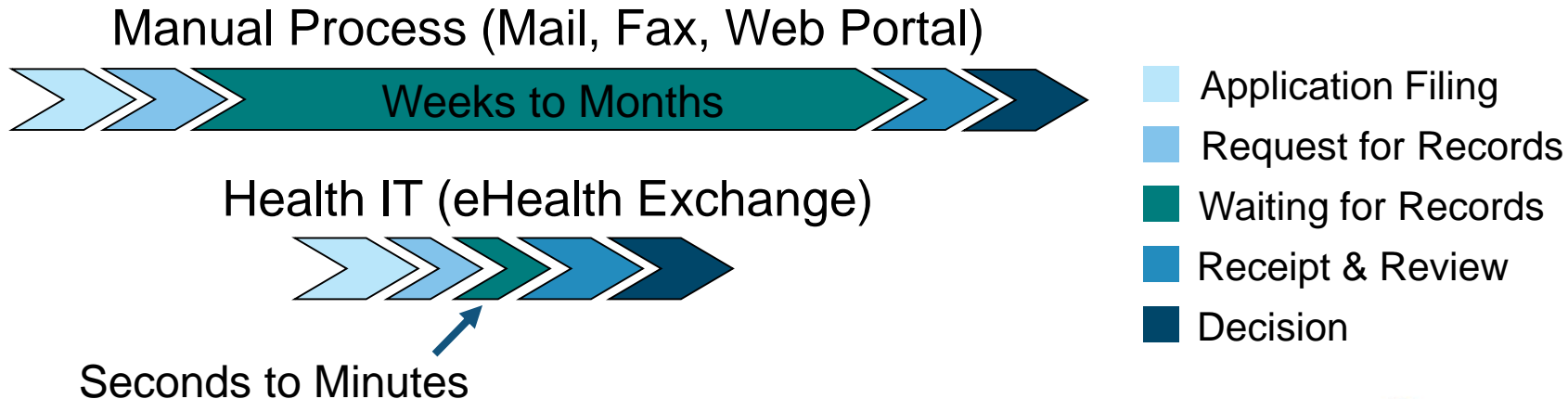
- Learning Objectives
- Background
- Purpose
- Study Design & Methodology
- Results
- Onboarding Process
- Considerations for Interoperating
- Conclusion & Next Steps

Learning Objectives

- Identify how healthcare organizations and Health Information Exchanges benefit from exchanging electronic health information with the Social Security Administration for disability determination
- Describe how the Social Security Administration and its Health IT partners are exchanging electronic health information and the steps to interoperate
- Explain the benefits demonstrated by the results of the 2017 case study for interoperating with the Social Security Administration for disability determination
- Estimate the potential economic and patient benefits to your organization of interoperating with the Social Security Administration for disability determination

Social Security Disability

- Two disability programs → monthly cash benefits, Medicare/Medicaid
- SSA is leveraging Health IT to expedite disability claim processing



Polling Question

Raise your hand if your organization has released information to SSA for disability determination

Case Study Purpose

What are the benefits healthcare providers, Health Information Exchanges, and their patients realize when exchanging medical records with SSA using Health IT for disability determination?

Disclaimer

This study was conducted and prepared by Accenture Federal Services as a contractor under the Information Technology Support Services Contract. Accenture Federal Services supports the Social Security Administration with emerging technologies under the Contract, and has supported the Health Information Technology program since its inception. Funding for this study was provided by the Social Security Administration under the Contract. Data for the study were collected from the Social Security Administration, Children's Health, The MetroHealth System, Indiana Health Information Exchange, MedVirginia, and OCHIN. No payment was provided for participating in this case study. The case study was independently reviewed by Dr. Sue Feldman, Associate Professor and Director of Graduate Programs in Health Informatics at the University of Alabama at Birmingham, the primary author of the previous Health IT case study contracted by SSA in 2009.

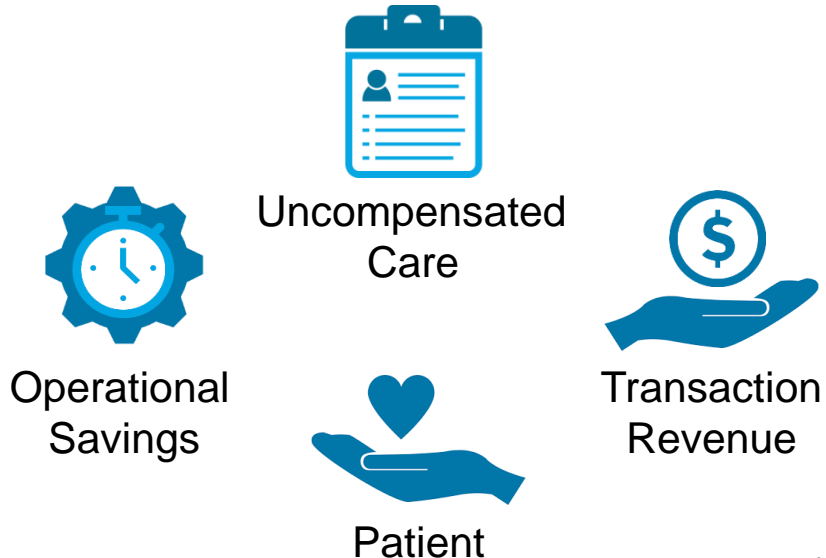
Polling Question

What role do you play in the healthcare industry?

- Health Information Management
- Revenue Cycle
- Patient Care
- Information Technology / Systems
- Executive / Leadership
- Vendor
- Other

Study Design

Benefit Categories



Methodology



Study Participants



Indiana Health
Information Exchange





Results: Uncompensated Care

↓42%

uncompensated cost/encounter
and uncompensated cost/patient

↓70%

uncompensated cost/claimant

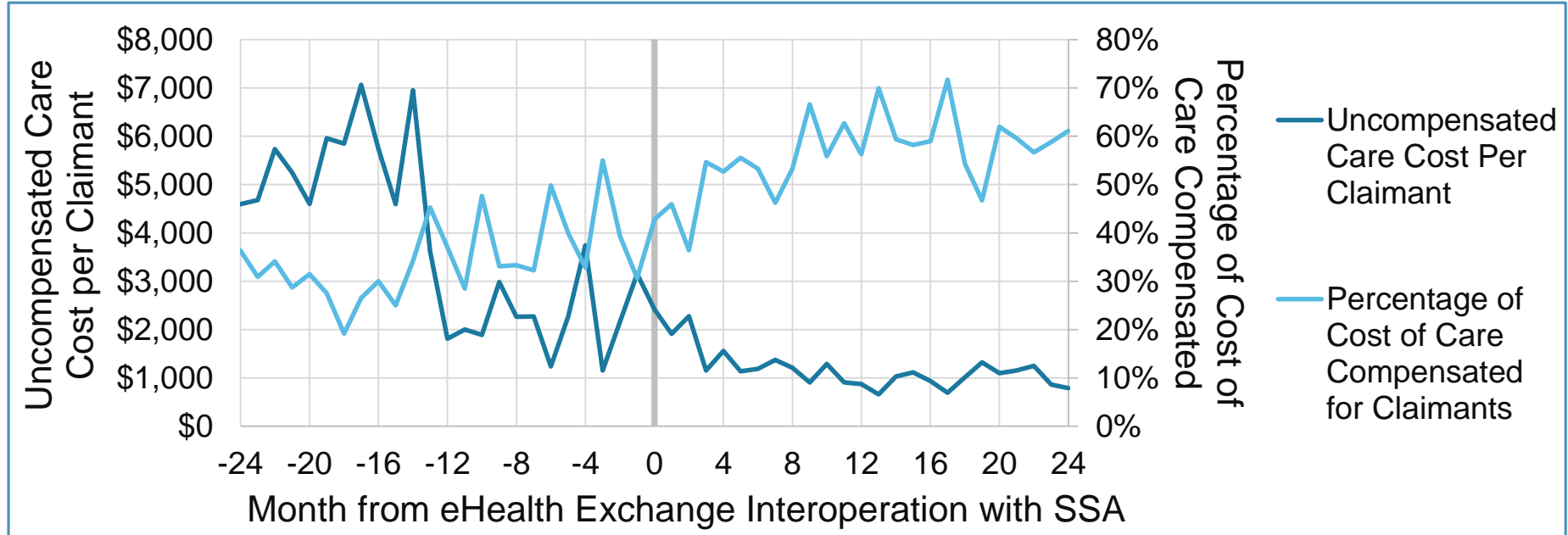
↓24%

uncompensated cost for claimants/
total uncompensated costs

↓50%

cost of care for claimants
(<2% of all gross costs)

**Cost reduction, savings, and revenue will vary by healthcare organization.*



**Cost reduction, savings, and revenue will vary by healthcare organization.*

**Reduction includes contributions from Medicaid expansion under the Affordable Care Act and other factors.*

**Results are reported for one provider.*



Results: Operational Savings

↓45%

cost of labor to release records
to SSA (\$5K/year for one provider)

\$82K/year

estimated average time
and supply savings (FY2016)

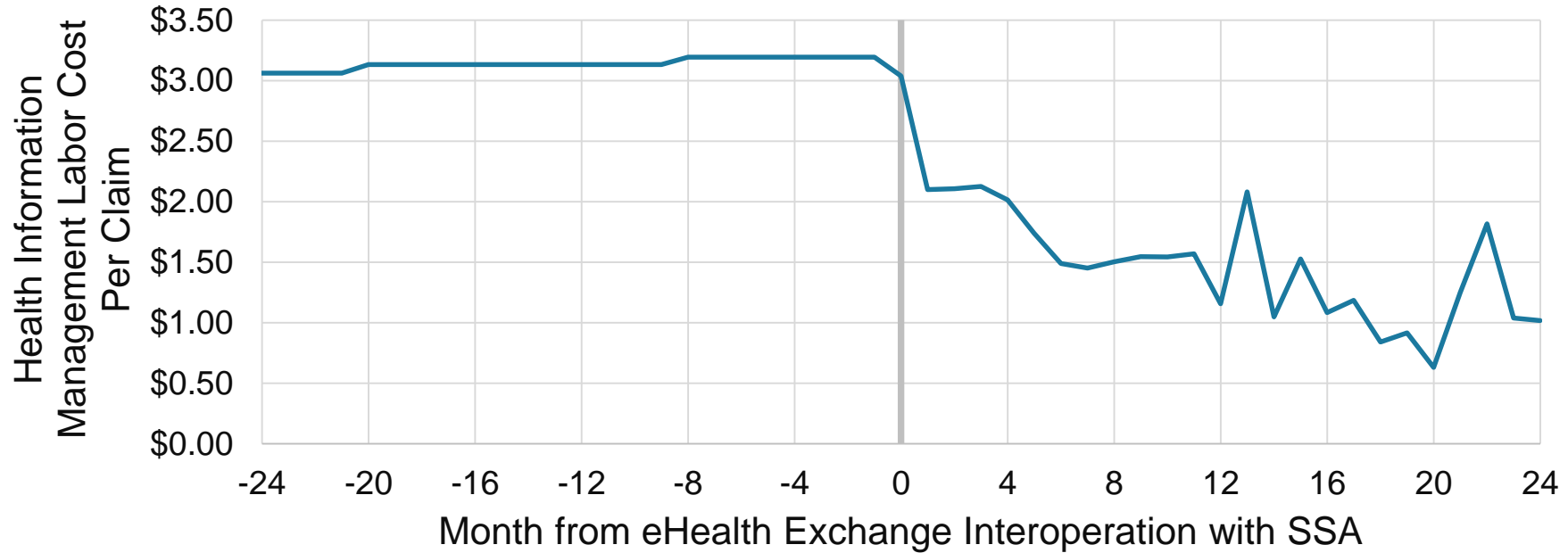
↓59%

cost of labor to release
records to SSA/claimant

\$16K/year

estimated average fiscal
processing time savings (FY2016)

**Cost reduction, savings, and revenue will vary by healthcare organization.*



**Cost reduction, savings, and revenue will vary by healthcare organization.*

**Results reported for one provider.*



Results: Transaction Revenue

\$108K/year

average Health IT transaction
revenue for provider partner (FY2016)

↑20%

total transaction revenue
(\$20K/year for one provider)[†]

[†] Despite national \$15 Health IT rate being less than the state rate of \$18 for non-Health IT records (mail, fax, web portal)

**Cost reduction, savings, and revenue will vary by healthcare organization.*



Results: HIE Benefits

lower barriers

to joining networks via transaction
revenue (1.3% of total revenue)

sustainability model

through transaction revenue and value
proposition to onboard additional members

member

organizations

provides financial return,
patient benefits, and
marketing opportunities

**Cost reduction, savings, and revenue will vary by HIE.*

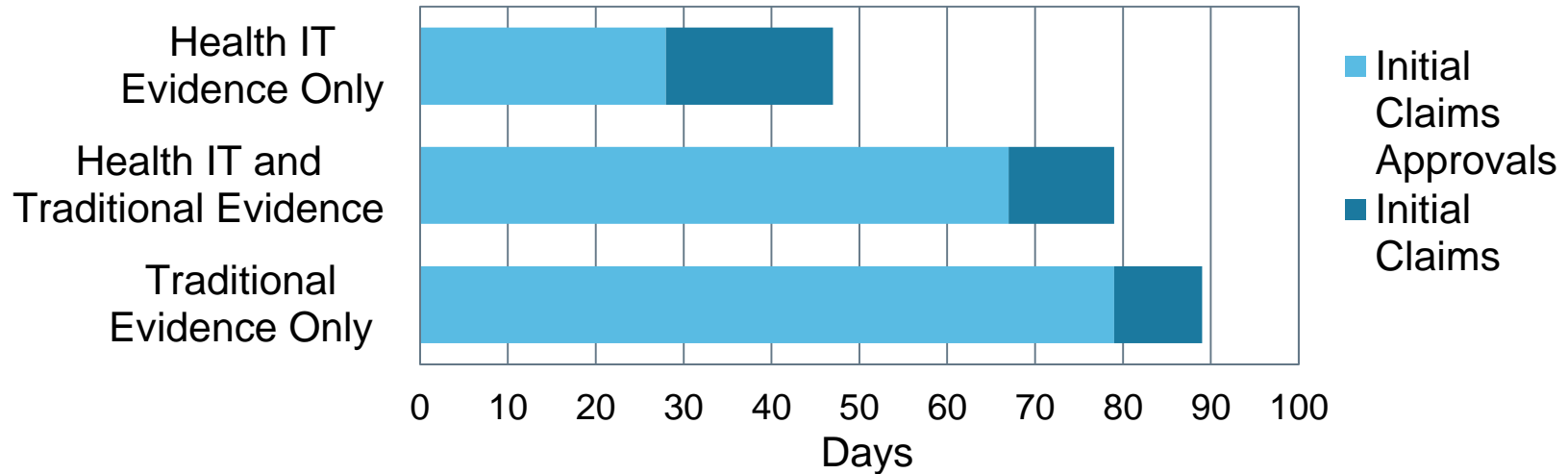
Polling Question

What is the average time to **approve** initial claims with HIT?

1. 7 days
2. 28 days
3. 90 days
4. 120 days

Results: Patient Benefits

Initial Disability Claim Processing Times FY2017

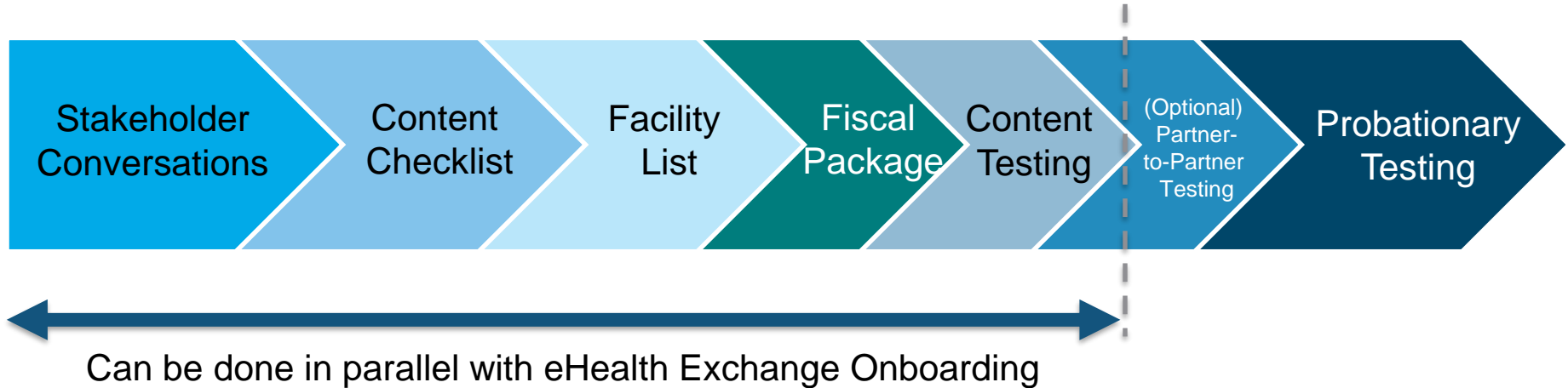


Polling Question

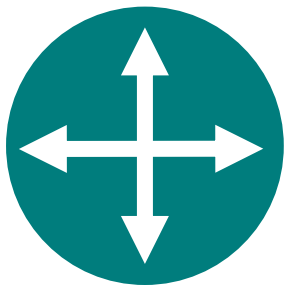
What are some benefits of interoperating with SSA?

1. Faster access to benefits
2. Operational savings
3. Transaction revenue
4. All of the above

Onboarding Process



Considerations for Interoperating



broad and deep
electronic information



competing organizational
priorities (time, resources)



potential to improve
patient matching
(average 85%
response rate)



currently interoperate
via eHealth Exchange

Conclusion



Patient Benefits

approval time **65% faster** +
same-day determinations



Uncompensated Care Cost

↓70% for disability
claimants



Operational Savings

\$98K/year average **↓** for release
of records/payment processing



Transaction Revenue

\$108K/year average
payment for records

Next Steps

Contact ssa.hit.information@ssa.gov
to start a conversation!

Visit <https://www.ssa.gov/hit/> to find out more!

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Questions

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