

Health Information Technology



In 2006, the Social Security Administration (SSA) began to look at health information technology (HIT) to address the challenges of streamlining the disability determination process and become more responsive to changes within the healthcare industry. It was then determined that HIT would first be leveraged to solve the problem of undesirable response rates to requests for medical evidence to support disability claims. In a paper-based model, the level of effort required of providers often made

it time and cost-prohibitive for

many providers to respond to these requests in an efficient manner, if at all.

Therefore, SSA began to look into industry standard transactions for electronically requesting and receiving medical data.

This led SSA to develop the Medical Evidence Gathering and Analysis

through HIT (MEGAHIT) Prototype. SSA partnered with Dr. John Halamka and Beth Israel Deaconess Medical Center (BIDMC). Dr. John Halamka is a well-known thought leader in the HIT industry. SSA and BIDMC constructed a set of standards to electronically transmit not only a patient's medical records but also their authorization for the disclosure of those records, as is required for providers when exchanging patient information for this purpose under HIPAA. SSA then put in place architecture to enable the exchange of this information. The MEGA HIT Prototype went live on August 23, 2008. From that point forward, any Massachusetts-based case transferred from a field office with BIDMC listed as a provider would trigger an automated request and response transaction with the provider that gathered medical evidence in a matter of minutes. In addition, business rules were developed for a certain set of impairments that allow for the coded data within the medical records to be analyzed to determine whether or not given information points to the alleged impairment.

By all measures, the prototype is a great success. MEGA HIT shows a way to receive medical records in minutes and facilitate decision support through automated analysis of medical codes that support the work of claims examiners. These two qualities have led to drastically reduced turnaround times for disability decisions. Before MEGA HIT, average processing times for a medical

determination were in excess of 80 days and most of that time was spent making requests for medical records and waiting to receive responses. With over 250 cases processed through MEGA HIT, medical evidence is being received in one to two minutes from the time it was requested, and eleven cases have contained coding that triggered

business rules analysis to aid in the examination of the records.

Medical decisions are now being processed in just a few days.

BIDMC showed that providers could benefit from this new process to a comparable degree. These

automated transactions have drastically reduced the provider's overhead and labor capital associated with such time consuming tasks as locating, printing, copying and mailing paper records. The fact that SSA can make decisions on disability claims faster has enabled providers to obtain payment from insurance companies in a more expedient manner, thus reducing occurrences of uncompensated care. It has also allowed them to respond to a higher number of requests, thus increasing their revenue stream.

Shortly after starting work on MEGA HIT, SSA saw an opportunity to leverage that work with the Nationwide Health Information Network (NHIN) to accomplish the same goals on a much larger scale. The NHIN was developed by the Office of the National Coordinator for HIT (ONC) to provide a secure, nationwide, interoperable



health information infrastructure that would connect providers, consumers, and others involved in supporting health and healthcare. SSA entered the NHIN under the premise that the agency would fund its own use case, therefore expanding the network's functionality and scope as a result. Through participation with the NHIN Trial Implementation Cooperative Workgroups, SSA developed interoperability specifications for the NHIN. SSA then integrated the existing MEGAHIT system with a Federal NHIN gateway developed by SSA, the Department of Defense, the Department of Veterans Affairs, the Indian Health Service, and the ONC's Federal Health Architecture (FHA) team.

Participation with the NHIN Trial Implementations culminated at the 5th NHIN Forum in December of 2008.

At this event, SSA demonstrated the exchange of health information in its use case: *Authorized Release of Information to a Trusted Entity*. Two health information exchanges (HIEs), MedVirginia and the North Carolina Health Information and Communications Alliance (NCHICA), partnered with SSA in this demonstration. At the final session of the NHIN Forum, it was announced that SSA, as sponsors of the network's first functional business case, will be the first NHIN participant to move into production (early 2009). SSA will be bringing on MedVirginia as its first partner.

Lessons learned from the MEGAHIT Prototype and applied to the NHIN demonstrations resulted in the advancement of standards for patient authorization, the expansion of medical information that could be used in determining disability claims, and the identification of approaches to patient and provider identification. Moreover, these events placed SSA at the forefront of interoperability leading into 2009.



Social Security
Administration

Health Information Technology

Case Study:

**Patient Authorized
Release
of Information**

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