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# The California Information Exchange (CALINX)

by Tamah Donaldson

*Standardized electronic exchange of health care data can lead to administrative savings...and more.*

**A**ccurate, complete, and timely data are vital to physicians, hospitals, employers, and managed care organizations alike. Yet many provider organizations do not have the information they need to effectively manage their business. Likewise, many health plans are hampered by inaccurate or inaccessible data and prohibitive costs for data collection, which hinder efforts to improve health care quality.

The California Information Exchange (CALINX) is a cooperative initiative among employers, health plans, and provider organizations to improve and standardize the electronic exchange of health care data in California. CALINX arose from a common belief among purchasers, providers, and health plans that all parties should be committed to better information for better care. CALINX encourages stakeholders to share the information necessary to make good health care decisions, monitor patient populations, and support value-based purchasing. Through the adoption of data standards and rules of exchange, and the implementation of electronic data interchange (EDI), CALINX is an effort to improve inefficient information systems and provide for the open and secure exchange of health information in California. CAL-

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INX partner organizations include the Pacific Business Group on Health, the National IPA Coalition, the California Association of Health Plans, the California Medical Association, the California Healthcare Association, and the American Medical Group Association.

## **THE ROLE OF GOVERNMENT IN ELECTRONIC HEALTH CARE DATA EXCHANGE**

As part of the Health Insurance Portability & Accountability Act of 1996 (HIPAA), "Administrative Simplification," is intended to reduce the costs and administrative burdens of health care by making certain administrative and financial transactions compliant with specified national standards. However, the law does not require the collection or submission of health care data. The law does require that national standards be followed anytime health care data are exchanged electronically.

Although the Department of Health and Human Services (DHHS) plans to publish final rules and standards associated with nine health care transactions, HIPAA does not address the practical implications of trading data. For instance, health plans may be willing and able to accept patient encounter information from its contracted providers using a specified standard, but what will compel providers to submit timely patient encounter data to health plans? Moreover, how do we determine how often data must be transmitted?

The Health Care Financing Administration (HCFA) has indicated that there will be a delay in publishing the final HIPAA rules. Specifically, final rules for health care transactions, employer identification, and security will be

delayed until mid-late 1999. In addition, rules pertaining to the National Provider Identifier and Payer ID will be delayed until late 2000. Despite these delays at the federal level, CALINX is encouraging health care organizations in California to rapidly adopt standardized electronic data interchange (EDI) for administrative and financial transactions.

## **PUTTING THE PIECES TOGETHER**

CALINX is comprised of nine work groups addressing specific topics related to health care information. CALINX work groups include representatives from California health plans, purchasers, and providers. These work groups serve as an important collaborative forum for agreement on technical issues related to standards implementation and on political issues such as the rules for data exchange. CALINX work groups include:

- enrollment EDI
- eligibility EDI
- encounter records
- pharmacy records
- laboratory records
- member ID card
- individual patient ID
- provider/provider group ID
- immunization.

These work groups have developed rules and agreements governing the exchange of health care data. The Enrollment EDI Work Group, for example, has been working on the standardized electronic submission of timely enrollment information from employers to health plans. This effort results in greater efficiencies, reduced costs, and streamlined eligibility verification at the doctor's office. In addition, the Encounter Records Work Group has defined a standard patient "encounter" record

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web site to check the status of his or her submittal, much like a customer can track a package on an express delivery company's web site.

#### **WORKING WITH INDUSTRY PARTNERS**

To realize this ambitious vision, NCI is forming public-private partnerships to develop a national-scale blueprint for the CII architecture. NCI will create "Lego blocks," or components that can be re-used many times, not always created anew. These blocks will help accelerate standardized clinical trials and establish informatics specifications and reference architecture for the CII. NCI is conducting pilot projects with ECOG, NSABP, MD Anderson, the University of California at San Francisco, and the Department of Defense to test these standards. The private sector will contribute the majority of the funding and will conduct most of the application development.

In summary, NCI and its partners are striving to eliminate the barriers to clinical trials without reducing the rigor of research. We hope to eliminate the paper chases for clinicians and patients, making clinical trials much more attractive. Perhaps, some day, they will be the preferred method of managing patients with cancer. ■

and has developed rules and agreements governing the exchange of encounter data in California. Rules and agreements are posted on the CALINX web site at [www.calinx.org](http://www.calinx.org).

To collaborate on standards and cooperate on implementation, CALINX has held four summit meetings, gathering decision-makers from all six CALINX partner organizations, plus many others. CALINX summit meetings have resulted in consensus on a number of important issues, including the use of national standards and open, non-proprietary systems. CALINX will hold another summit meeting in June 1999 that will focus on CALINX demonstration projects.

#### **DEMONSTRATION PROJECTS**

The health care industry lags behind most other industries in its ability to gather information effectively and use it wisely. Consumers are sometimes denied care or required to pay out-of-pocket for services to which they were entitled because health care information cannot be accessed or verified. For example, health care consumers often encounter long delays while their physician's office seeks to verify benefits or co-payments via telephone. To address this ongoing problem, CALINX intends to launch an eligibility demonstration project that will enable selected California provider organizations with real-time access to timely and accurate eligibility information for all health plans with which they contract.

CALINX will launch five demonstration projects in 1999 that will quantify the benefits of electronic data exchange. These projects will focus on the data exchanged between health care organizations in a managed care setting. Specifically, CALINX will conduct demonstration projects for the administrative and clinical transactions that typically occur within the managed care industry in California. CALINX will pilot the exchange of the following data sets in California:

- enrollment EDI
- pharmacy
- eligibility
- encounter records
- laboratory

Demonstration project participants will commit to the exchange of data according to federal standards (HIPAA) and CALINX agreements. Testing and training will be included in the projects' strategic implementation.

It is hoped that the standardized electronic exchange of health care data will lead to improved customer service, better quality health care, and administrative savings for purchasers, providers, and health plans alike. ■

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#### **INFORMATICS AND STANDARDS WEB SITE**

Resources on medical informatics standards for new and veteran users are available at [www.mcis.duke.edu](http://www.mcis.duke.edu). Developed by a grant from the New York-based John A. Hartford Foundation and maintained by professionals at Duke University Medical Center, this site provides information on standards developers, coding systems, informatics organizations, standards organizations, data sets, Internet and middleware standards, government organizations, and specialty specific standards.