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INTERNATIONAL SOCIAL SECURITY ASSOCIATION
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Good Practices in Social Security

Good practice in operation since: 2008

Medical Evidence Gathering and Analysis through Health Information Technology (MEGAHIT)

A case of the Social Security Administration

Social Security Administration
United States

Summary

In 2004, President Bush issued an Executive Order calling for most Americans to have an electronic patient record by 2014. The healthcare industry is taking major steps toward maintaining and processing medical information in an electronic and data driven format. Health Information Technology (HIT) allows the use of industry standard formatting for both the content of medical records information and manner in which the information is shared.

The Social Security Association (SSA) has developed a strategy and vision for moving forward to implement HIT into the disability business process and to take advantage of this unique opportunity to revolutionize how we do business. This proactive initiative has given SSA extensive positive recognition in the HIT arena, and has established SSA as a HIT leader in the U.S. Federal Government.

http://www.nextgov.com/nextgov/ng_20090218_3255.php?zone=ngtoday

<http://www.federalnewsradio.com/?nid=35&sid=1605098>

<http://ssa.gov/pressoffice/pr/nhin-pr.htm>

CRITERIA 1:

What was the issue/problem/challenge addressed by your good practice?

The SSA faces tremendous pressures as it makes complex disability determinations for more than 3,000,000 individuals. Annually SSA makes over 15 million requests for medical records, from over 900,000 providers, to support our eligibility determinations. Currently these providers have a number of options to respond to our requests, however all require manual intervention before evidence can be entered into SSA's electronic disability folder. In an effort to maximize efficiencies in processing disability claims SSA is leveraging health information technology (HIT).

CRITERIA 2:

What were the main objectives and the expected outcomes?

The main objectives of HIT and the MEGAHIT prototype were to implement the use of codified industry standards for the content and transmission of medical evidence and automate a process of requesting, receiving, and analyzing medical evidence. The expected outcome was an automated, expedited method of collecting medical evidence in a data format. The data could be systematically mapped against a series of business rules to provide intelligent analysis and guidance for decision makers.

CRITERIA 3:

What is the innovative approach/strategy followed to achieve the objectives?

For the first time ever, SSA is implementing an automated, computer to computer request for, and receipt of, medical records. The MEGAHIT system formats the information into a human readable document and adds it to the agency's new electronic disability case folder. The MEGAHIT system also applies business rules to the data and generates an alert to decision makers regarding findings that could possibly meet certain SSA medical eligibility criteria.

CRITERIA 4:

Have the resources and inputs been used in an optimal way to implement the practice?

SSA is leading the way with implementing health information technology in a production environment. The MEGAHIT prototype was developed using a combination of internal and contractor resources to build software that interfaced with the existing SSA applications and technology infrastructure.

CRITERIA 5:

What impact/results have been achieved so far?

The MEGAHIT prototype began in August 2008 with two Disability Determination sites in Massachusetts, and expanded to one additional site in the State of Virginia on 2 March 2009. The turnaround time for request and receipt of medical records from HIT participating sources is an average of 43 seconds, rather than weeks or months via some traditional methods. The automated business rules analysis process is working as anticipated and disability examiners are being alerted where medical evidence indicates possible eligibility.

CRITERIA 6:

What lessons have been learned?

We have learned a great deal about the need for a uniform and systematic approach to the capture and presentation of data in health records. Getting involved early in this project also ensured that we had influence over the future national direction of this initiative.

CRITERIA 7:

To what extent would your good practice be appropriate for replication by other social security institutions?

Other Social Security institutions could benefit by instituting an automated approach to standard business processes and collecting information as structured data, rather than as an image. Data allows for robust systematic analysis and more efficient transfer of information. The use of nationally recognized industry standards, for both the computerized exchange and the content of the medical records, allows for replication of the process to other networks of medical evidence providers.