



Minnesota e-Health Summit

Successful Collaborations for Regional Health Information Exchange

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June 23, 2005

Why Health Information Technology?

- Avoidance of medical errors
 - Up to 98,000 avoidable annual hospital deaths due to medical errors
- Avoidance of healthcare waste
 - Up to \$300B spent annually on treatments with no health yield
- Acceleration of health knowledge diffusion
 - 17 years for medical evidence to be integrated into practice
- Reduction of variability in healthcare delivery and access
 - Access to specialty care highly dependent on geography
- Empowerment of consumer involvement in health management
 - Patients currently minimally involved in own health decisions
- Strengthening of health data privacy and protection
 - Public fear of identity theft and loss of privacy
- Promotion of public health and preparedness
 - Surveillance is fragmented, and untimely

Why Health Information Exchange?

- U.S. healthcare system highly fragmented....data is stored--often in paper forms—in silos, across hospitals, labs, physician offices, pharmacies, and insurers
- Public health agencies forced to utilize phone, fax and mail to conduct public health surveillance, detection, management and response
- Physicians spend 20 - 30% of their time searching for information...10 - 81% of the time, physicians don't find information they need in patient record
- Clinical research hindered by paper-based, fragmented systems – costly and slow processes

Health Information Exchange Value

- Standardized, encoded, electronic HIE would:
 - Net Benefits to Stakeholders
 - Providers - \$34B
 - Payers - \$22B
 - Labs - \$13B
 - Radiology Centers - \$8B
 - Pharmacies = \$1B
 - Reduces administrative burden of manual exchange
 - Decreases unnecessary duplicative tests

From *Center for Information Technology Leadership*, 2004

Why State and Regional Activities?

- Wide-spread recognition of the need for health information technology and exchange/ interoperability at the national level
- While federal leadership and national standards are needed, *healthcare indeed is local* and leadership is needed at the state, regional and community levels across the country
- Collaboration and development of consensus on a shared vision, goals and plan is needed among multiple, diverse stakeholders at the *state and regional level* in order to effectively address healthcare challenges through HIT and health information exchange

Overview of HIT and Health Information Exchange Activities at the State, Regional and Local Levels

Source of Data for Following Overview

- Qualitative and quantitative data from the following three programs:
 - eHealth Initiative Foundation's Connecting Communities for Better Health Program, conducted in cooperation with DHHS (HRSA in years one and two, ONCHIT in year three)
 - eHealth Initiative's State and Regional HIT Policy Summit Initiatives
 - AHRQ National Resource Center for Health Information Technology, of which eHI Foundation is a key partner

Stage of Health Information Exchange Programs

Stage 1

- **12%**
(vs. 23%)
- Recognition of the need for HIE among multiple stakeholders in your state, region, or community

Stage 2

- **16%**
(vs. 27%)
- Getting organized
- Defining shared vision, goals, & objectives
- Identifying funding sources
- Setting up legal & governance structures

Stage 3

- **11%**
(vs. 25%)
- Transferring vision, goals, & objectives to tactics and business plan
- Defining needs and requirements
- Securing funding

Stage 4

- **34%**
(vs. 16%)
- Well under-way with implementation – technical, financial, and legal

Stage 5

- **14%**
(vs. 9%)
- Fully operational health information organization
- Transmitting data that is being used by healthcare stakeholders
- Sustainable business model

Stage 6

- **12%**
(new category)
- Demonstration of expansion of organization to encompass a broader coalition of stakeholders than present in the initial operational model

Significant Drivers: Rank Order

- Inefficiencies experienced by providers
- Rising healthcare costs
- Increased attention on HIT at national level
- Availability of grant funding for HIE
- Demand for performance information from purchasers or payers
- Public health surveillance

Most Difficult Challenges for Health Information Exchange

- Securing upfront funding
- Achieving sustainability
- Understanding the standards
- Engaging health plans and purchasers in coverage area
- Accurately linking patient data
- Addressing technical aspects
- Engaging labs in your coverage area

Other Key Barriers

- Lack of standards
- Lack of trust
- Issues around data ownership
- Lack of awareness about importance
- High vendor implementation cost
- Product maturity
- Concerns about migration for small physician practices

Functionalities of Health Information Exchange Initiatives

- Repository
- Clinical documentation
- Consultations or referral
- Results delivery
- Enrollment checking & eligibility
- Quality performance reporting
- Alerts to providers
- Disease or chronic care management
- Public health surveillance

Data Currently Provided or Expected to Provide Within Six Months

- Laboratory
- Enrollment/eligibility
- Outpatient episodes
- Inpatient episodes
- Radiology
- Pathology
- Claims
- ED episodes
- Dictation/transcription
- Prescription information

Technical Model and Architecture: Fairly Evenly Distributed Across All

- Fully integrated repository or database
- Federated database with differing data models and standardized middleware
- Federated with heterogeneous software using a standardized data model
- Federated with homogenous data repositories

Emerging Guiding Principles

- **Approach for Organizing Work**

- HIT adoption and health information exchange will require local / regional collaboration; a “state-wide, one-size-fits-all” approach will not work
- Incremental; no “big bang” approach
- Minimally invasive with limited disruptions
- Recognized need for state-wide dialogue, collaboration and coordination
- Also great interest in sharing of resources, insights and tools to support implementation by stakeholders in different parts of the region

Emerging Guiding Principles (cont)

- **Organization and Governance Attributes**

- Convening by trusted, neutral party
- Representation of all of the diverse stakeholders; “fair” governance
- Members in it for the “long haul”
- Strive for consensus
- Open disclosure of biases and interests
- Shared vision and goals
- Engagement of consumers and patients critical

Emerging Guiding Principles (cont)

- **Sharing Burden and Benefits**
 - Must create value for all participants
 - Critical to demonstrate value both globally and for each stakeholder interest
 - Must address the highly competitive environment
 - Look for incremental value gains – projects that will immediately return value – as you move towards your longer-term goal

Emerging Guiding Principles (cont)

- **Financing and Sustainability**

- Focusing on what is possible
- Phasing out rewards for acquisition and use, phasing in rewards for performance
- Small grants for large purchases may not work
- Giveaway programs have had little impact
- Coordination and collaboration within the region or community is critical
- Incentive amounts offered should be meaningful

Emerging Guiding Principles (cont)

• Financing and Sustainability

- Purchaser or payer sponsors of the incentive program should represent a meaningful proportion of the clinician's patient panel
- Any applications covered by the program should be “interoperable” and standards-based
- Certification and accreditation can offer purchasers and payers confidence
- Emerging health information exchange initiatives, networks and organizations should be leveraged to facilitate effective and efficient information sharing

Benefits of Coordination and Collaboration Within Markets

- Widespread of adoption of HIT across physician practices may not be possible without broad-based community collaboration and coordination
- Physician practices ordinarily contract with a large number of purchasers and payers
- As a result, incentives offered by a small number of purchasers or payers generally are not effective
- In addition, most of the data required to deliver care within physician practices resides elsewhere

Benefits of Coordination and Collaboration Within Markets

- Providing leverage to achieve widespread participation
- Reducing the potential for the “free rider” effect
- Reducing burden created by physician practices participating in multiple reporting initiatives
- Significantly reducing per participant cost of both transmitting and receiving common data elements for various healthcare needs

What Have We Learned?

- It is no longer “whether we should” but “how should we do this”
- Many state, regional, and community-based organizations interested in health information exchange are cropping up across the country
- Nearly every stakeholder group is getting into the game...the hospitals, the labs, the physicians, the employers, the plans, the QIOs, public health
- Various methods and approaches for moving forward are evolving

Overview of eHealth Initiative

State and Regional HIT Policy Initiative

What We Have Heard from States – Action Needed to Promote Acceleration

- Standards for interoperability
- Funding and sustainability models
- The need for state leadership and involvement...wide range of roles
- Removal of legal barriers
- Involvement of key stakeholders (including providers, consumers, public health, business community, etc)

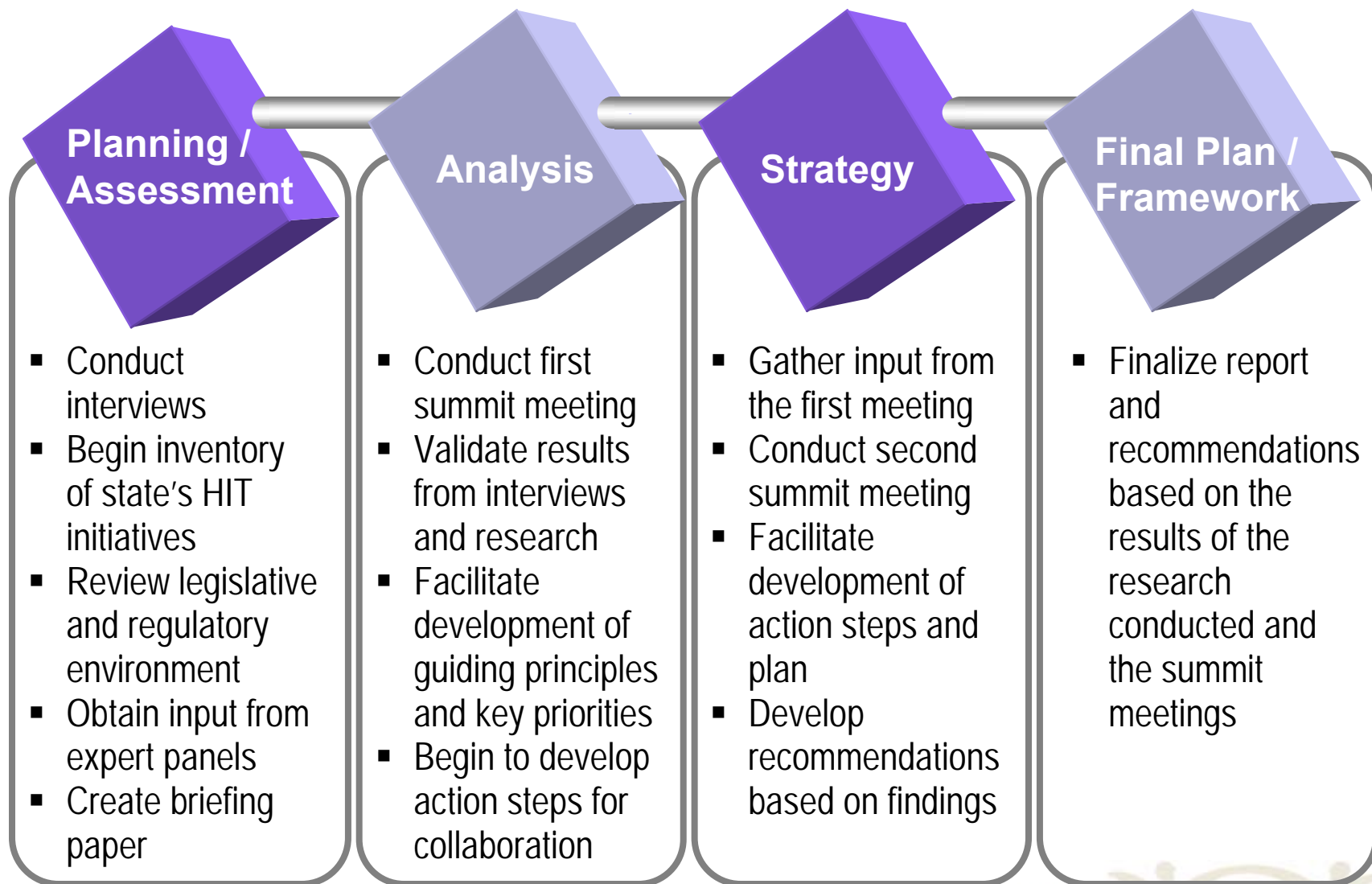
What We Have Heard from States – Action Needed to Promote Acceleration (cont)

- Implementation assistance for physicians
- Addressing accurately linking patient data
- Involvement of local business community
- A clear simple story regarding the value of HIT to address quality, safety, and efficiency challenges

eHI State and Regional HIT Policy Summit Initiative

- Extension of eHI's Connecting Communities for Better Health Program and in collaboration with the Agency for Healthcare Quality Research and Quality National Resource Center.
- Catalyzing efforts by supporting and facilitating dialogue amongst state and regional policy-makers, healthcare leaders and business community on vision, principles, priorities for how HIT and health information exchange can address state and regional healthcare challenges
- Raising awareness of legislative or regulatory barriers to the use of HIT and health information exchange at the state level
- Bringing the experiences of state and regional experiences to the national policy dialogue on HIT

State HIT Policy Summit Approach

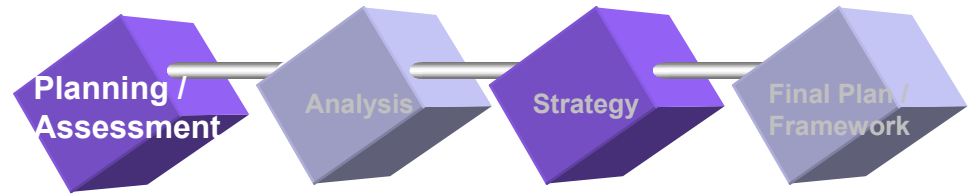


State & Regional HIT Policy Initiative Approach

Planning and Assessment

Activities:

- Develop goals and objectives
- Develop project work plan
- Conduct kick-off and project team meetings
- Develop and implement communication plan
- Conduct phone interviews
- Review state-specific HIT legislation and regulations
- Develop briefing paper
- Review work with national experts



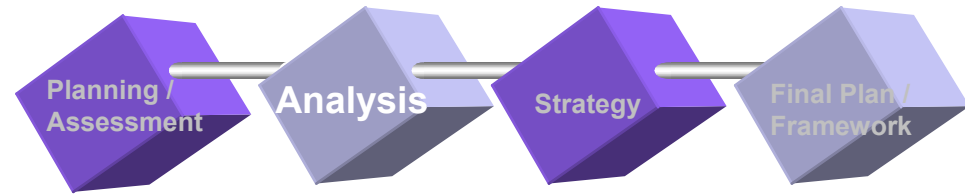
Value:

- Increase understanding of activities, viewpoints, and key barriers within the state to inform strategy
- Increase awareness of importance of HIT in addressing healthcare challenges among key stakeholders

State & Regional HIT Policy Initiative Approach Analysis

Activities:

- Develop goals, objectives and strategy for first summit meeting based on research conducted
- Identify key stakeholders and send invitations
- Develop agenda and facilitation materials for the first meeting
- Gain insight from national experts
- Conduct first summit meeting
- Validate interview and research findings



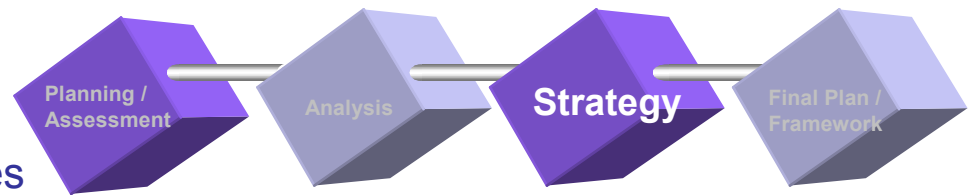
Value:

- Establish a credible, productive first meeting to facilitate leadership, collaboration and cooperation within the state
- Provide background materials for state summit participants to Increase understanding of activities, viewpoints, and key barriers within the state to inform strategy
- Increase awareness of importance of HIT in addressing healthcare challenges among key stakeholders

State & Regional HIT Policy Initiative Approach Strategy

Activities:

- Complete initial meeting summary
- Finalize emerging principles and priorities
- Develop early recommendations based on research and first summit meeting
- Review with national experts
- Prepare and conduct second summit meeting
- Discuss emerging recommendations for action



Value:

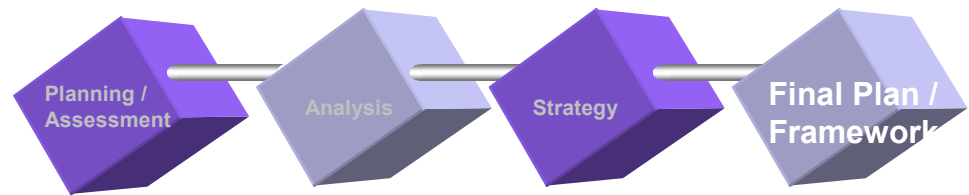
- Begin to engage the commitment of state policy, healthcare and business stakeholders
- Inform the development of state-wide strategy
- Lay the foundation for ongoing collaboration and forward movement within the state

State & Regional HIT Policy Initiative Approach

Final Framework

Activities:

- Complete second summit meeting summary
- Finalize recommendations for state stakeholders
- Develop and deliver final report



Value:

- Provide stakeholders with a high-level roadmap that they have created themselves to catalyze movement that will improve healthcare through health information technology and health information exchange within the state
- Inform national dialogue on policies that will support improvements in healthcare through information technology and information exchange through the state's experiences

Current / Past Work – eHI Has Different Involvement with States

- Alaska
- California
- Colorado (via AHRQ)
- Indiana (via CCBH and AHRQ)
- Louisiana
- Minnesota
- New York
- North Carolina (via CCBH)
- Tennessee (via AHRQ)

How the State Can Play a Supportive Role

- Play a visible leadership role by championing and raising awareness of the need for HIT to address healthcare challenges
- Work to assure that laws are supportive of and not barriers to HIT adoption
- Recognize the importance of HIT in role as purchaser and administrator of the Medicaid and state employees health benefits
- Potential key roles: standards, financing, and removal of legal barriers

Case Studies – Evolutionary Process

Models in Other States

New York

- Initiated by the United Hospital Fund to build upon current momentum and incubate an initial forum
- Initial focus: ongoing coordination and collaboration, information sharing, and business and financial models
- Joint facilitation with Manatt, Phelps, & Phillips for legal review
- Statewide representation by all key health care stakeholders and NY leaders in HIT and HIE

Models in Other States

New York (cont)

- Established a forum involving New York leaders from the government, healthcare and business communities to achieve points of agreement
- Documented health information technology-related initiatives currently existing or planned within the state
- Documented priorities and principles for healthcare information technology deployment and investment in the state
- Developing a state HIT / HIE web site for ongoing methods of communication, collaboration, and coordination to support the development and implementation of a shared vision and plan
- eHI partnership with Center for Information Technology Leadership (MA) is conducting an analysis of the New York state health information technology value proposition based on their national model
- Planning development for the business and financing model

Models in Other States

Tennessee Overview

- Regional approach with strong leadership by State – has an enabling role
- Initial impetus: financially-troubled hospitals
- Medicaid is “burning platform”
- Goals: mature a market; develop interoperability; impact patient care and public health
- Funding: \$5m AHRQ; \$7m TN; \$1m Vanderbilt
- Governance through non-for-profit
- Not focused on pay-for-performance
- Technology and management through Vanderbilt University – 200 miles from Memphis

Models in Other States

Tennessee Overview (cont)

- Absolute provider cooperation critical if hospitals are to be central to the approach
- Broadening base – consumers, employers – would be desirable but not always possible as a starting point
- Common data needs – pharmacy, labs

Models in Other States

Indiana Health Information Exchange

- IHIE (www.ihie.org) is a non-profit venture backed by a unique collaboration of Indiana health care institutions
- IHIE was initiated through the collaborative efforts of BioCrossroads (www.biocrossroads.com) Regenstrief Institute (www.regenstrief.org) and ICareConnect (ICC), an organization focused on the need for an electronic infrastructure to connect the region's healthcare community.
 - Start at Regenstrief (academic, setting standards)
 - ICareConnect (community physicians)
 - BioCrossroads (economic development organization)

Models in Other States

Indiana Health Information Exchange

- First major project is a community-wide clinical messaging service, which provides physicians with a single source for clinical results and Emergency Department and hospital encounter information from hospitals and other health care providers
- A grant from Biocrossroads and prepaid fees from some of the hospitals provided start-up funds
- The business model for IHIE's clinical messaging service is that data sources such as laboratories and radiology centers pay fees for IHIE to deliver results to providers

Models in Other States

Indiana Health Information Exchange (cont)

- Vision is to use information technology and shared clinical information to:
 - Improve the quality, safety, and efficiency of health and health care in the State of Indiana
 - Create unparalleled research capabilities for health researchers
 - Exhibit a successful model of health information exchange for the rest of the country
 - Facilitate the development and adoption of new health-related technologies, which is likely to result in new job opportunities in the Central Indiana economy.
- Multi-stakeholder governance and involvement
- State as active participant and champion
- Demonstrated value early on and continues to demonstrate value to key stakeholders

Models in Other States

Massachusetts Overview

- Three organizations or initiatives launched, each with a special purpose
 - Massachusetts Health Data Consortium - convening
 - MA – SHARE – cross-state interoperability
 - MA eHealth Collaborative – getting to the last mile (supporting local efforts)
- Multi-stakeholder governance and involvement

Models in Other States

Massachusetts Health Data Consortium

- Founded in 1978 by the state's major public and private health care organizations
- Engages primarily in education/research and policy development
- Small organization (\$1.2 M budget)
- 501(c)(3) membership organization governed by a board representing classes of members and supported by membership dues and other sources

Models in Other States

MA SHARE

- Regional collaborative initiative initially operated by Massachusetts Health Data Consortium
- Seeks to promote inter-organizational exchange of healthcare data using IT, standards, and administrative simplification
- Initial grant from BCBS MA and additional support from Partners, Harvard Pilgrim, Tufts Health Plan, Fallon Health Plan, and Neighborhood Health Plan
- Seven member Executive Subcommittee made of up executive level healthcare leaders (hospitals, health plans, physician groups, state government)
- 21 member Advisory Committee with representatives from all stakeholder groups (e.g. hospitals, physician groups, payers, purchasers, state government, consumer groups, etc.)

Models in Other States

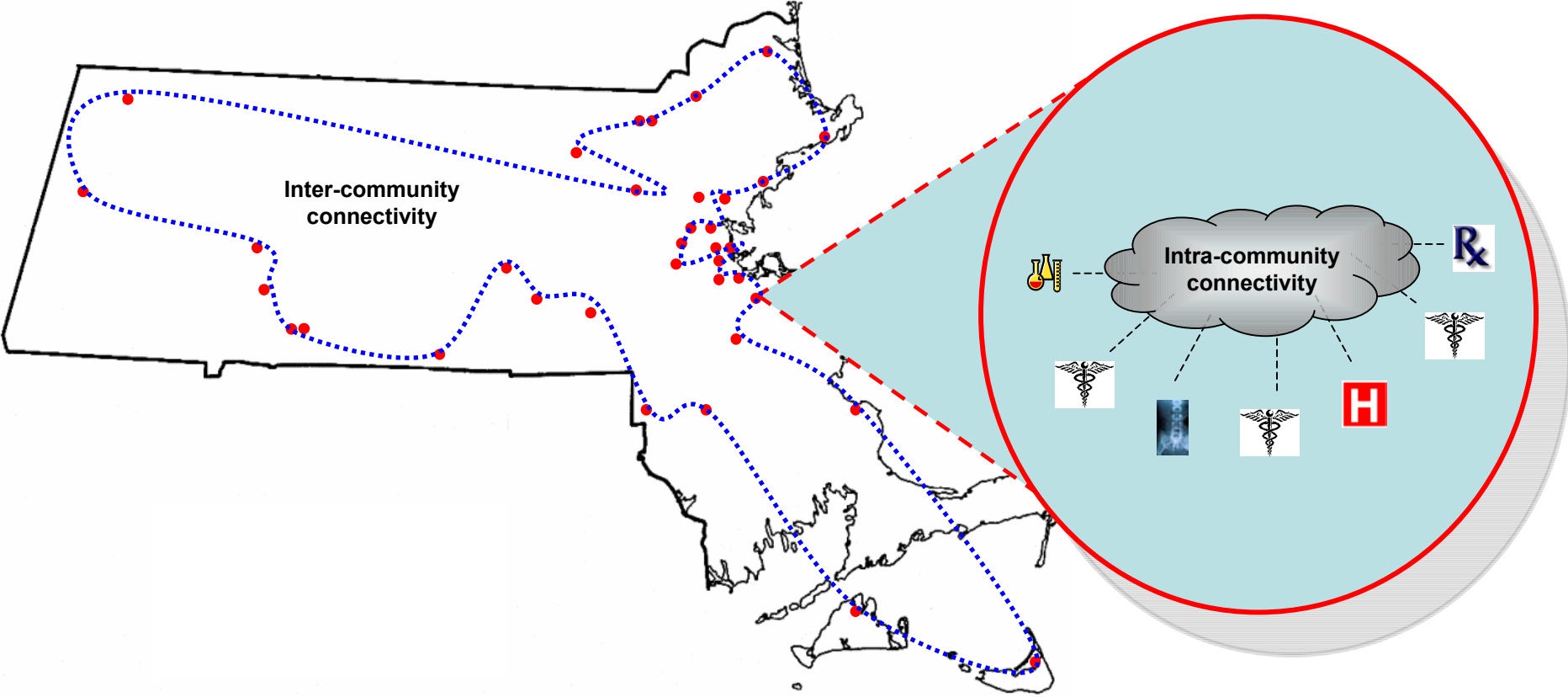
Massachusetts eHealth Collaborative (MaeHC)

- Health care reform includes Gov. Mitt Romney Monday setting a five-year goal toward having the state's hospitals adopt standardized electronic medical records system
- Massachusetts eHealth Collaborative (www.maehc.org)
 - A nonprofit group representing state officials and much of Massachusetts' health care system
 - Representing 34 hospitals, insurers, state officials and other pieces of the health care system
 - The Collaborative hired a new CEO -- Micky Tripathi
- Blue Cross Blue Shield of Massachusetts pledged \$50 million toward the Collaborative to bring electronic medical records to every hospital in Massachusetts
- Three health care communities were selected to embark on the 3-year EHR implementation demonstration project

MAeHC Interoperability

MA-SHARE

MAeHC



Models in Other States

California

- California initiative entitled “Cal-RHIO” being formed – www.calrhio.org
- Initiated by Health Technology Center (HealthTech) with support from California Health Care Foundation (450,000) ... also seeking contributions from other stakeholders (\$5-8 million over next three years)
- Currently housed within Health Tech with planning underway to create separate 501(c)(3)

Models in Other States

Cal-RHIO – Mission and Vision

- **Mission:** Create the structure and capabilities necessary for enabling CA's providers to use IT to securely exchange vital patient information
- **Vision:** Widespread access to state-wide health information data exchange system that improves quality, safety, outcomes and efficiency in healthcare by making vital data available to providers when and where they need it

Models in Other States

Cal-RHIO – Goals

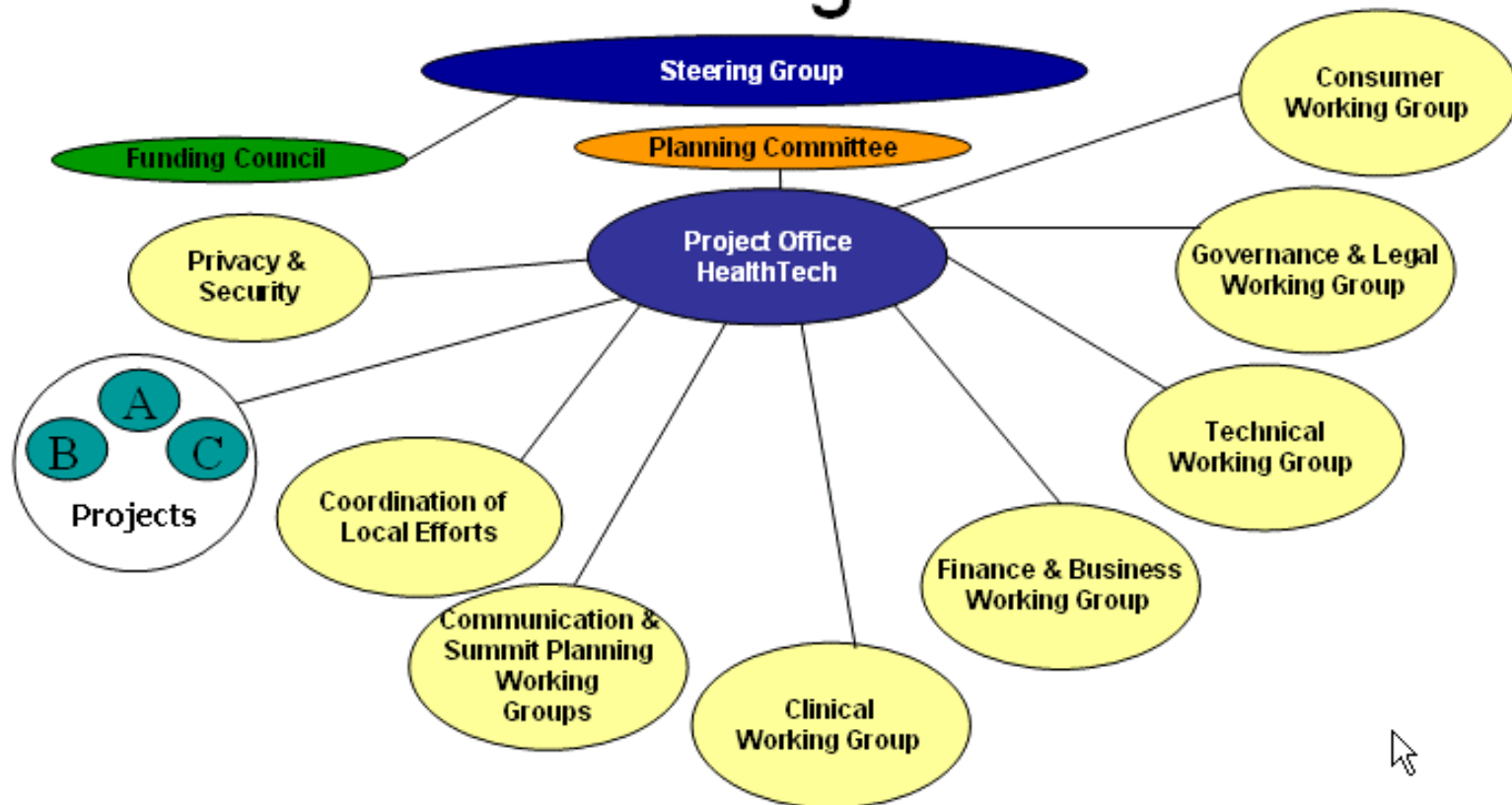
- First Year Goals
 - Encourage business, healthcare and policy leaders create private and public policy agendas—and make funding commitments-in support of rapid development and implementation of health information/data exchange
 - Facilitate creation of common governance, process, technology, and other elements needed to run one or more “RHIOs” under auspices of non-profit state-wide umbrella organization
 - Initiate RHIO projects to demonstrate feasibility, utility, quality and financial benefits of information sharing

Models in Other States

Cal-RHIO – Goals

- First Year Goals
 - Help organizers of existing data exchange efforts work toward common goals and share information and learnings
 - Support safety net provider and underserved population participation in governance, financing and data exchange development priorities
 - Support legislation, if required, for successful implementation of an integrated state-wide health data network

CalRHIO Organization



www.calrhio.org

Cal-RHIO Projects

- Linking hospital emergency departments across the state
- Defining the infrastructure necessary for statewide health data exchange
- Supporting enhanced safety in medication management
- Improving the efficiency of administrative functions for plans and providers
- Giving consumers more direct access to health information in a Personal Health Record

www.calrhio.org

eHEALTH INITIATIVE

Real Solutions, Better Health

Common Themes Across Models

- Non-profit, neutral entity that brings together multiple stakeholders
- Healthcare stakeholders, business community and state and local public sector leaders all play a critical role
- Incremental steps that take you towards a long-term vision and strategy are key
- Coordination and collaboration of diverse healthcare stakeholders

In Closing...

- We are *finally* building momentum
- The focus has shifted from “whether we should” to “how will we do this?”
- This work will create lasting and significant changes in the U.S. healthcare system...how clinicians practice...how hospitals operate....how healthcare gets paid for...*how patients manage their health and navigate our healthcare system*

Questions?

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eHealth Initiative and Foundation

- Independent, non-profit organizations whose mission is to improve the quality, safety, and efficiency of healthcare through information and information technology
- eHealth Initiative does not endorse or align itself with any products or companies, eHI does:
 - Act as a convening body
 - Provide expert knowledge and disseminates resources and tools
 - Build national policy
 - Facilitate health care stakeholders to define how to pursue HIT and HIE challenges and initiatives to advance this agenda

eHealth Initiative and Foundation

Diverse Membership

- ✓ Consumer and patient groups
- ✓ Employers, healthcare purchasers, and payers
- ✓ Health care information technology suppliers
- ✓ Hospitals and other providers
- ✓ Pharmaceutical and medical device manufacturers
- ✓ Pharmacies, laboratories and other ancillary providers
- ✓ Practicing clinicians and clinician groups
- ✓ Public health agencies
- ✓ Quality improvement organizations
- ✓ Research and academic institutions
- ✓ State, regional and community-based health information organizations

eHealth Initiative Strategy

- Methods of Support
 - Working Groups to Support Dialogue and Learning
 - Resource Centers:
 - eHI's Connecting Communities for Better Health in Cooperation with DHHS
 - AHRQ National Resource Center for HIT
 - Publications
 - Tools and Guides
 - Direct Technical Assistance: State and Regional HIT Policy Initiative conducted in collaboration with AHRQ National Resource Center
 - Direct Funding of Initiatives

eHealth Initiative Programs

- Connecting Communities for Better Health (CCBH)
- eHI's State and Regional HIT Policy Summit Initiative conducted in Collaboration with AHRQ National Resource Center
- AHRQ National Resource Center for Health Information Technology
- eHI Working Groups

eHealth Initiative's Connecting Communities for Better Health Program

- \$11 million program in cooperation with U.S. Health Resources and Services Administration/DHHS
- Provides seed funding to regional and community-based multi-stakeholder collaboratives that are mobilizing information across organizations
- Mobilizes pioneers and experts to develop resources and tools to support health information exchange: technical, financial, clinical, organizational, legal
- Disseminates resources and tools and creates a place for learning and dialogue across communities

eHI State and Regional HIT Policy Summit Initiative

- Extension of eHI's Connecting Communities for Better Health Program and in collaboration with the Agency for Healthcare Quality Research and Quality National Resource Center.
- Catalyzing efforts by supporting dialogue amongst state and regional policy-makers, healthcare leaders and business community on HIT and health information exchange
- Raising awareness of legislative or regulatory barriers to the use of HIT and health information exchange at the state level
- Bringing the experiences of state and regional experiences to the national policy dialogue on HIT

AHRQ National Resource Center for HIT

Goal: Increase the adoption of health information systems to improve patient safety and quality of care and conduct research on take-up and impacts

- eHealth Initiative Foundation proud partner of AHRQ National Resource Center for HIT which is led by National Opinion Research Center (NORC). Other partners include:
- Three academic thought leaders:
 - Indiana University/Regenstrief
 - Vanderbilt University
 - Center for Information Technology Leadership / Partners
- Burness Communications: Policy-focused Public Relations
- BL Seamon Corporation: Logistical and coordination support
- Computer Sciences Corporation: Technology design and support services

eHI Working Groups*

eHI Working Groups are all chaired by nationally recognized health care leaders, participation is inclusive of all members, and facilitation is provided by experienced eHI staff. Working Group deliverables are created by our members and vetted with the broader HIT / HIE community and available on the eHI web site.

- Working Group for Connecting Communities
 - Support state, regional and community-based collaboratives improve healthcare through the mobilization of healthcare information across organizations
- Working Group on HIT for Small Practices
 - To develop principles, tools and resources to support small practices as they migrate towards the use of HIT

*visit www.ehealthinitiative.org for details

eHI Working Groups* (cont)

- Working Group for Financing and Incentives
 - Achieve multi-stakeholder consensus on a set of principles and policies for financing and incentives to improve health and healthcare through HIT adoption and health information exchange
- eHI Employer Purchaser Advisory Board
 - Engage employer-purchasers to take actions to support quality, safety and efficiency goals through the use of HIT
- Policy and Advocacy Working Group
 - Drive policy change to support a higher quality, safer and more efficient healthcare system through information and information technology

*visit www.ehealthinitiative.org for details

eHI Working Group Deliverables – Sample

- CCBH Resource Center (<http://ccbh.ehealthinitiative.org>)
- Public Discussion Forums
- Practice redesign – roadmap and tool-kits
- Interoperability – lab connectivity to small practices
- Business practices – standard contracts and master quotations
- Assessment of current market experiments and approaches for incentives for quality and HIT
- Various policy changes and the development and assessment of policy approaches for incentives
- Development of a set of principles and Framework for aligning incentives with quality and efficiency goals, as well as HIT and health information exchange capabilities:
Parallel Pathways for Quality Healthcare

Understanding the National Agenda

- Enormous momentum around HIT and health information exchange both within Administration *and* Congress
- Key themes
 - Need for standards and interoperability – clear roadmap
 - Need for incentives – roadmap not yet clear
 - National standards – implemented locally within regions
 - Public-private sector collaboration

Who are the Players in the Public Sector?

- Administration
 - Secretary Mike Leavitt
 - National Coordinator David J. Brailer
 - CMS Administrator Mark McClellan
 - Director AHRQ Carolyn Clancy
- Congress – bipartisan issue
 - Senate HELP
 - Senate Finance
 - House Ways and Means
 - House Energy and Commerce

Two Key Drivers for HIT

- Movement on quality, safety and efficiency
- Movement on HIT in general – particular focus on interoperability

Increasing Interest in Pay for Performance and Quality

- Large private sector purchasers and CMS increasing interest in quality within ambulatory care... *Bridges to Excellence* a key player
- National Quality Forum getting consensus on ambulatory care measures
- House and Senate considering pay for performance or incentives legislation
- MedPAC recommends pay for performance
- Budget Reserve Fund offers opportunity for testing financing options

Increasing Interest in HIT

- Members of Senate and House have also introduced legislation related to HIT....more to come
- President created sub-cabinet level position – National Coordinator for Health Information Technology and David J. Brailer, MD, PhD appointed in July 2004
- Secretary Leavitt has made interoperability and HIT *a key part of his agenda over the coming year*

Increased Momentum within Congress

- Significant increase in level of activity both within House and Senate
- Will see some action this year
 - HIT legislation – role of government, language related to standards
 - Pay for performance and incentives for both quality and HIT

Legislation Already Introduced

- Budget Reserve Fund included in Conference Report
- S. 16 - Affordable Health Care Act (Kennedy, D- MA)
- S. 544 - Public Health Service Act (Jeffords, Gregg, Enzi, Bingaman, Frist and Murray)
- HR 747 - National Health Information Incentive Act (McHugh, R-NY and Gonzalez, D-TX)
- 21st Century Health Information Act (Kennedy D-RI, Murphy R-PA)
- Health Information Technology Act of 2005 (Stabenow D-MI and Snowe)
- Health Technology to Enhance Quality Act of 2005 (Frist R-TN, Clinton D-NY)

Budget Reserve Fund

- The Budget Resolution permits the Committee on Finance or the Committee on Health, Education, Labor, and Pensions to report legislation that —
 - Provides incentives or other support for adoption of modern information technology to improve quality in health care; and
 - Provides for performance-based payments that are based on accepted clinical performance measures that improve the quality in healthcare
 - If such legislation is deficit neutral for the period of fiscal years 2006 through 2010.

21st Century Health Information Act

- H.R. (Murphy, R-PA and Kennedy, D-RI)
 - Grants for regional health information exchange networks
 - Medicare/Medicaid participating physicians using IT
 - Authorizes certification program for software applications
 - Federal funds restricted to certified IT products
 - New exception for Stark and anti-kickback within context of community plan

Health Information Technology Act of 2005 (Stabenow, Snowe)

- Grants to hospitals (\$250m), SNFs (\$100m), federally qualified health centers (\$40m), physicians, and physician group practices (\$400m)
- Development and adoption of standards within two years

Health Technology to Enhance Quality Act of 2005 (Frist, Clinton)

- Authorizes Office of National Coordinator
- Sets up collaborative process for identifying and adopting standards
- Implements standards (mandatory in federal government, voluntary in private sector)
- Designates that private entities will certify
- Identifies laws that may be barriers to electronic exchange and provides funding to states to begin harmonizing laws
- Authorizes \$125 million in grants to local or regional collaborations for HIT infrastructure

Health Technology to Enhance Quality Act of 2005 (Frist, Clinton)

- Exemptions from Stark & Anti-Kickback laws
- Directs HHS, DoD, VA and others to adopt uniform healthcare quality measures – mandatory for government, voluntary for private sector
- Establishes collaborative efforts with private sector to encourage use of healthcare quality measures adopted by Secretary
- Requires comparative quality reports on federal healthcare programs
- Establishes 3 budget neutral value-based purchasing programs for Medicare, Medicaid and Community Health Centers, includes HIT provisions and reporting of quality information

Legislation Being Drafted

- Healthcare Information Technology Improvement Act of 2005 (Enzi – R-WY)
 - Authorizes entity to support the development and adoption of standards
 - Authorizes demonstration programs to support health information networks

Leadership from Administration

- President George W. Bush creates new sub-cabinet level position
- Secretary Tommy Thompson appoints David J. Brailer, MD, PhD National Coordinator for HIT
- Strategic Framework released in July 2004
- RFP for National Health Information Network released with January 2005 due date...results just released
- Secretary Michael Leavitt personally playing a significant role
- Four RFP's released this month

DHHS Secretary Leavitt's 500-Day Plan

- Care for the truly needy, foster self-reliance
- National standards, neighborhood solutions
- Collaboration, not polarization
- Solutions transcend political boundaries
- Markets before mandates
- Protect privacy
- Science for facts, process for priorities
- Reward results, not programs
- Change a heart, change a nation
- Value life

Secretary Leavitt's June Announcement

- Creation of American Health Information Community (AHIC)
 - Formed under auspices of FACA, it will provide input and recommendations to HHS on how to make health records digital and interoperable and assure that privacy and security are protected
 - 17 Commissioners – soliciting nominations from consumer groups, providers, payers, hospitals, vendors, privacy interests, and any other member of public
 - Dissolution within two to five years with goal of creating self-sustaining, private sector replacement

American Health Information Community

Deliverables

- Adoption of non-governmental standard-setting and certification processes
- Groundwork for a national architecture that allows data to be shared securely using the Internet
- Applications that provide immediate benefits (drug safety, lab results, bioterrorism surveillance, etc.)
- Transition to a private-sector health information community initiative that will provide long-term governance

Four RFP's on Interoperability and Health Information Sharing Policies

1. Contract to develop, prototype, and evaluate feasibility and effectiveness of a process to unify and harmonize industry-wide health IT standards development, maintenance and refinements over time – awarded by September 2005
2. Contract to develop, prototype, and evaluate compliance certification process for EHRs, including infrastructure or network components through which they interoperate – awarded by September 2005

Four RFP's on Interoperability and Health Information Sharing Policies

3. Contract to assess and develop plans to address variations in organization-level business policies and state laws that affect privacy and security practices, including those related to HIPAA – awarded by September 2005
4. Six contracts for the development of designs and architectures that specify the construction, models of operation, enhancement and maintenance, and live demonstrations of the Internet-based NHIN prototype – awarded in FY 2006

U.S. Office of National HIT Coordinator

July 2004 Framework for Strategic Action

1. Inform Clinical Practice

- Incentivize EHR Adoption
- Reduce risk of EHR investment
- Promote EHR diffusion in rural and underserved areas

2. Interconnect Clinicians

- Foster regional collaborations
- Develop a national health information network
- Coordinate federal health information systems

U.S. Office of National HIT Coordinator

July 2004 Framework for Strategic Action

3. Personalize Care

- Encourage use of PHRs
- Enhance informed consumer choice
- Promote use of telehealth systems

4. Improve Population Health

- Unify public health surveillance architectures
- Streamline quality and health status monitoring
- Accelerate research and dissemination of evidence

U.S. Agency for Healthcare Research and Quality (AHRQ)

- \$139 million in grants and contracts for HIT
- Over 100 grants to support HIT – 38 states with special focus on small and rural hospitals and communities - \$96 million over three years
- Five-year contracts to five states to help develop statewide networks – CO, IN, RI, TN, UT - \$25 million over five years
- National HIT Resource Center: collaboration led by NORC and including eHealth Initiative, CITL, Regenstrief Institute/Indiana University, Vanderbilt, and CSC - \$18.5 million over five years

Centers for Medicare & Medicaid Services Initiatives Linking Quality and HIT

- Section 649 – Pay for Performance Demonstration Programs – link payment to better outcomes and use of HIT – launched last month
- Quality Improvement Organizations playing a critical role....
Doctors Office Quality – Information Technology Program (DOQ-IT) – technical assistance for HIT in small physician practices included in eighth scope of work
- Chronic Care Demonstration Program – linking payment to better outcomes – IT a critical component
- Section 646 “area-wide” demonstration expected this summer

Centers for Disease Control and Prevention

HIT Initiatives Supporting Public Health

CDC launches Biosense Program

- National initiative to enhance nation's capability to rapidly detect, quantify, and localize public health emergencies by accessing and analyzing health data
- This program will establish near real-time electronic transmission of data to local, state and federal public health agencies from national, regional and local health data

Increased Momentum in Private Sector

- Several large employers and health plans now providing incentives to practicing clinicians, hospitals and other providers for improving quality using HIT (e.g. Bridges to Excellence)
- Connecting for Health, a public-private collaborative
 - Roadmap for Electronic Connectivity
 - 13 organizations collaboratively respond to RFI for National Health Information Network
 - Prototypes for record locator service
- eHealth Initiative's Connecting Communities for Better Health Program providing seed funding and technical support to states, regions and communities involved in health information exchange
- Launch of the Certification Commission for HIT