



National eHealth Initiatives Progress and Opportunities

Minnesota eHealth Summit 2006

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Congratulations!

- Congratulations for your leadership in Minnesota!
- Significant focus on quality
- Strong collaboration
- Practical, incremental focus
- Much to leverage across the state
- Lays the foundation for lasting improvement in the quality of healthcare for the citizens of Minnesota

What's Happening?



- Significant movement at the national level: Congress, the Administration and the private sector
- Many, many states are now launching public-private collaboratives focusing on improving health and healthcare through health information technology
- And over 280 state, regional and community-based collaboratives focused on health information exchange are getting started or well on their way

Congress Providing Leadership



- Possibility of seeing a bill this year related to health information technology
 - S. 1418: Wired for Health Care Quality Act of 2005
 - H.R. 4157: Health Information Technology Promotion Act of 2006 (Ways & Means)
 - H.R. 4157: Better Health Information System Act of 2006 (Energy & Commerce)

Congress Providing Leadership



- Key themes
 - Some funding...but not a lot
 - Role of government...establishes AHIC and ONC
 - Safe harbors in the House bills
 - National standards for interoperability
 - Conduct of study related to state, regional and community-based health information exchange initiatives in the House E&C bill

Administration Providing Leadership: HIT Included in State of the Union



- “For all Americans, we must confront the rising cost of care...strengthen the doctor-patient relationship...”
- “We will make wider use of electronic records and other health information technology, to help control costs and reduce dangerous medical errors”

Administration Providing Leadership



- AHIC public-private “community” formed to provide input to Sec. Leavitt re how to make health records digital and *interoperable* and assure that privacy and security are protected
- Overseeing work in four “break-through” areas that will create realizable benefits to consumers in two to three years
 - Biosurveillance
 - Chronic care
 - Consumer empowerment
 - Electronic health records

Four Contracts Can Lay Foundation



• Standards Harmonization Process

- \$3.3M Base Year
- ANSI (Prime), ATI, Booz Allen, and HIMSS
- Formed HIT Standards Panel (HITSP)
- Develop, prototype, & evaluate harmonization process for achieving set of HIT standards that will support interoperability among health care software applications, particularly EHRs

• Compliance Certification Process

- \$2.7M Base Year
- Certification Commission for HIT (Prime)
- Develop criteria and evaluation process for certify EHRs and the infrastructure or network components through which they interoperate
- Ambulatory EHR certification criteria due in December 2005; process by January 2006

• NHIN Prototypes

- \$18.6M to four consortia
- Prime contracts awarded to four consortia led by Accenture, CSC, IBM, and Northrop Grumman
- Develop prototypes for NHIN architectures using harmonized standards and certified products; testing proposed strategies to face the privacy and security challenges

• Privacy and Security Solutions

- \$11.5M Base Year
- RTI (Prime) with National Governors Association
- Formed Health Information Security and Privacy Collaboration (HIPSC)
- Work with state and territorial governments to assess and develop plans to address variations in policies and laws that affect P&S practices that pose challenges to interoperability

AHRQ Focus on Health Information Exchange



Over \$150 million in grants and contracts for HIT

- Over \$100 million supporting approx 110 grants in 38 states – **approximately 50% focus on health information exchange**
- Contracts to six states to help develop statewide **health information exchange** networks – CO, DE, IN, RI, TN, UT - \$29 million over five years
- National HIT Resource Center: collaboration led by NORC and including eHealth Initiative, CITL, Indiana University, Vanderbilt and CSC – **big section on health information exchange**

CMS Focus on Health Information Exchange



- Section 649 – Pay for Performance Demonstration Programs – link payment to better outcomes and use of HIT – launched in early 2005 – some aspects related to standards-based HIT
- Quality Improvement Organizations providing technical assistance for HIT in small physician practices through eighth scope of work – **HIT and HIE** will be needed to report measures
- Section 646 “area-wide” demonstration just announced in September 2005 – **HIT and HIE** will need to be implemented to get there
- Physician Voluntary Program Reporting Program regarding quality of care began January 2006 – **HIT and HIE** will support population of measures

Employers and Health Plans Aligning Quality Goals with HIT



- Employer-led Programs Supporting Physicians:
 - Bridges To Excellence has a program focused on adoption of systems of care, including HIT....enormous uptake across the country
 - The Integrated Healthcare Association in CA rewards physician groups for ambulatory POE and eRX systems
- Several Health Plans Getting Engaged – Blues Playing a Key Leadership Role

Why Focus on States and Communities?



- Wide-spread recognition of the need for health information technology and exchange/ interoperability at the national level
- While national standards are needed, *healthcare indeed is local* and leadership is needed at the state, regional and community levels across the country to drive implementation
- Need for collaboration and development of consensus on a **shared vision, goals and plan** is needed among multiple, diverse stakeholders at the *state and regional level*

What Are We Seeing in the States?



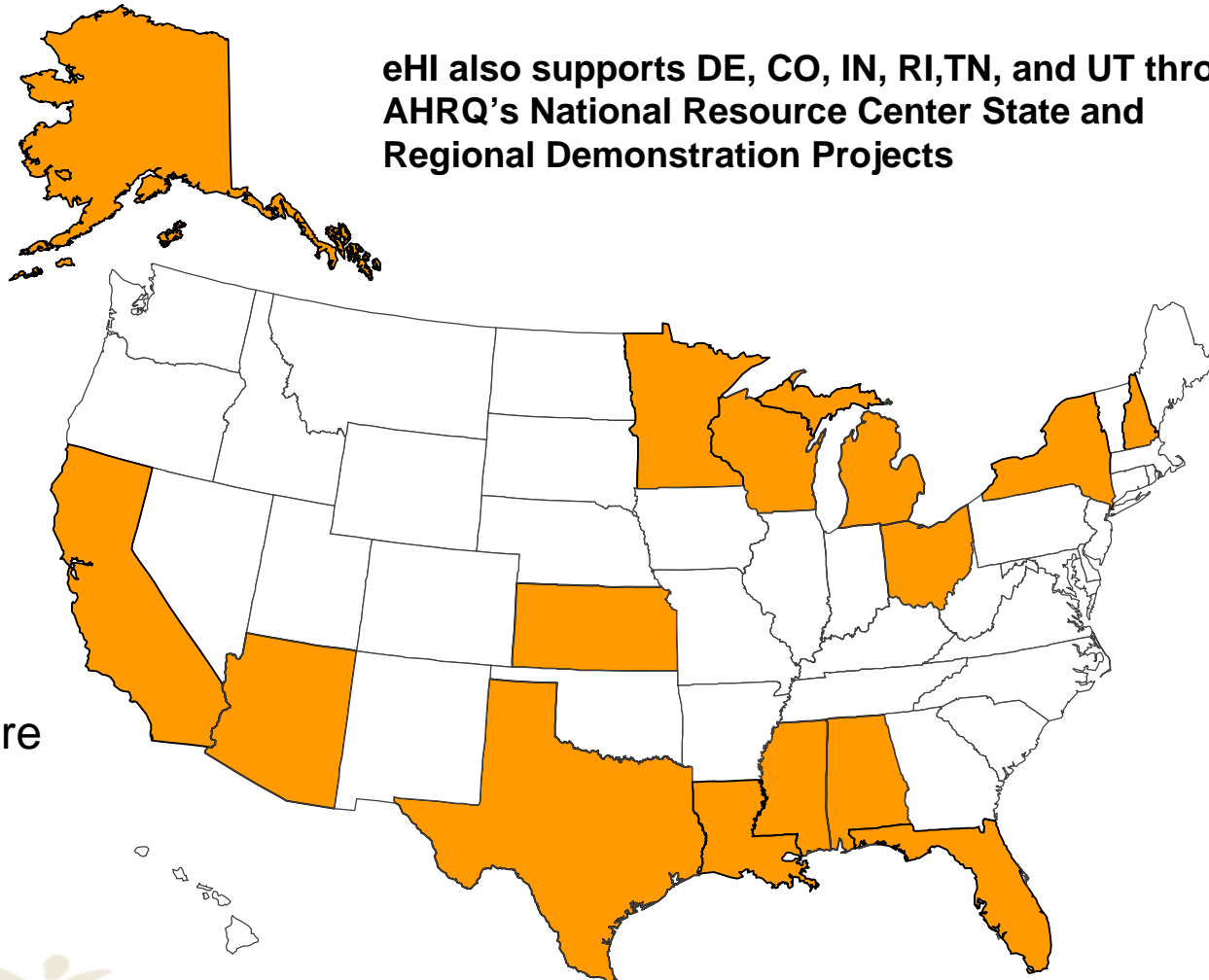
- Rapidly expanding state activity – we have worked with about 21 states
- About half of the states have some formal effort in place and the number is growing
- Primarily focused on stimulating dialogue, needs assessment, planning, development of roadmap

eHI's Work Supporting States

Current Penetration



- Alaska
- Arizona
- California
- Gulf Coast
 - Alabama
 - Florida
 - Louisiana
 - Mississippi
 - Texas
- Kansas
- Michigan
- Minnesota
- New Hampshire
- New York
- Ohio
- Wisconsin



eHI also supports DE, CO, IN, RI, TN, and UT through AHRQ's National Resource Center State and Regional Demonstration Projects

Various Roles of the State



- Participant in the dialogue
- Serving as convener
- Staffing planning activities
- Providing funds
- Commissioning a study
- Providing education to stakeholders
- Providing incentives through Medicaid
- Providing incentives in role as purchaser

Common State Planning Model



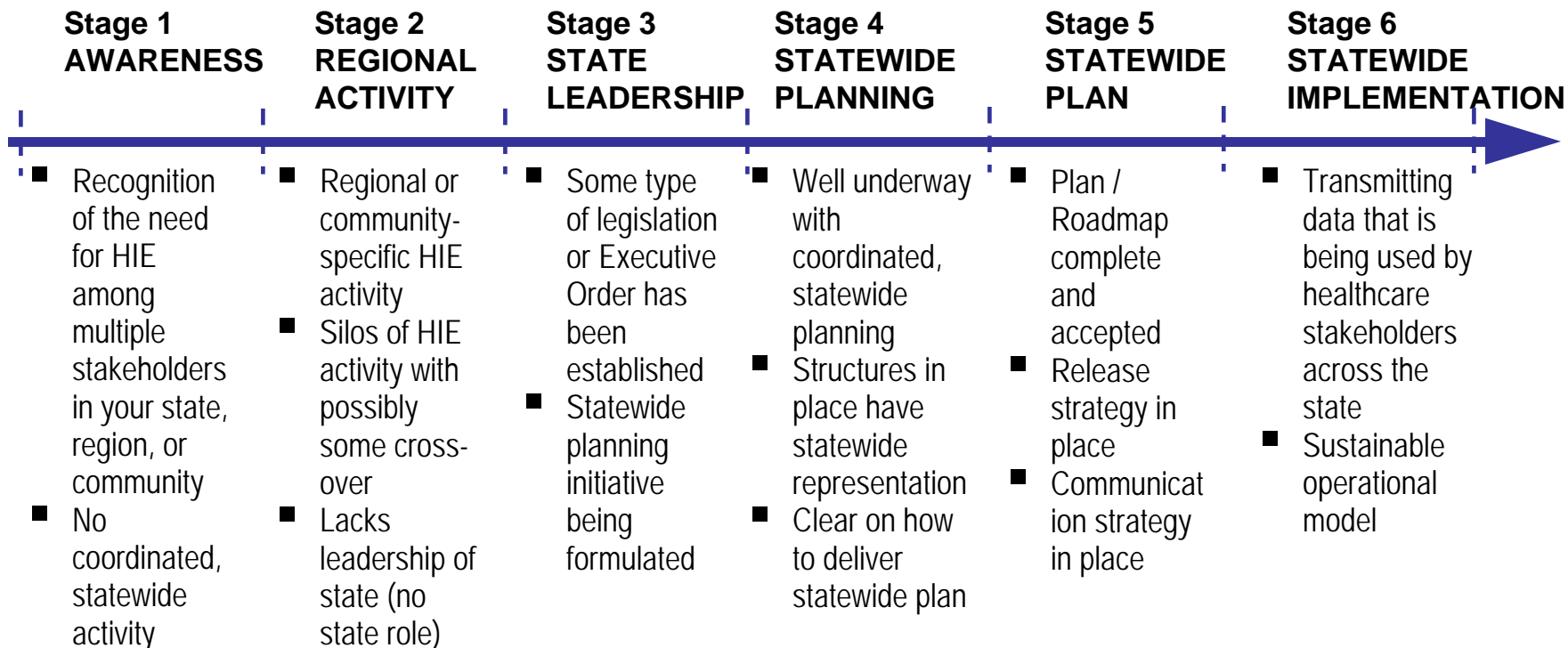
- Public-private sector steering group with a set of working groups focused on specific issues
- Assessment of environment
- Needs assessment
- Inventory of current activities
- Making decisions about what to do first...assessing cost, value, feasibility, and urgency
- Development of an incremental roadmap that gets to their long-range vision—mobilization of information to support care delivery – but focuses on high value incremental steps first

Involvement of the State: What our Health Information Exchange Survey Tells Us



- 70% of all respondents have states participating in their efforts – Governor's office, state department of health or commission/panel
- 14% have developed a roadmap or plan
- 52% have planning underway

Where are States?



Our Work Supporting State, Regional and Community-Based Initiatives: Key Themes



- Most Significant Drivers:
 - Improvements in quality and safety
 - Addressing inefficiencies in data access
 - Addressing rising healthcare costs

Our Work Supporting State, Regional and Community-Based Initiatives: Key Themes



- Stakeholder Involvement Expanding
 - Continue to have heavy provider involvement
 - Seeing increases in involvement by:
 - Employers and purchasers
 - Health plans
 - Practicing physicians
 - State government

Our Work Supporting State, Regional and Community-Based Initiatives: Key Themes



- Focus Expanding Beyond Information Exchange for Care Delivery
 - Communication with patients and consumers
 - Quality improvement reporting: both for physicians and for payers
 - Public health surveillance
 - Supporting physician adoption of EHRs

Our Work Supporting State, Regional and Community-Based Initiatives: Key Themes



- Areas Requiring Focus: Innovation at Work
 - Engaging Small Physician Practices
 - Engaging Health Plans
 - Securing Upfront Funding
 - Developing a Sustainable Business Model

Our Work Supporting State, Regional and Community-Based Initiatives: Sustainability



- This Year's Connecting Communities Awards Program will Focus on Three Markets
- Assessing the following to inform development of sustainability principles and model
 - Market environment conducive to success
 - Cost of core and various functionalities
 - Value of various functionalities
 - Conditions under which stakeholders are willing to bear cost for value

Key Common Principles Emerging From Our Work re Sustainability

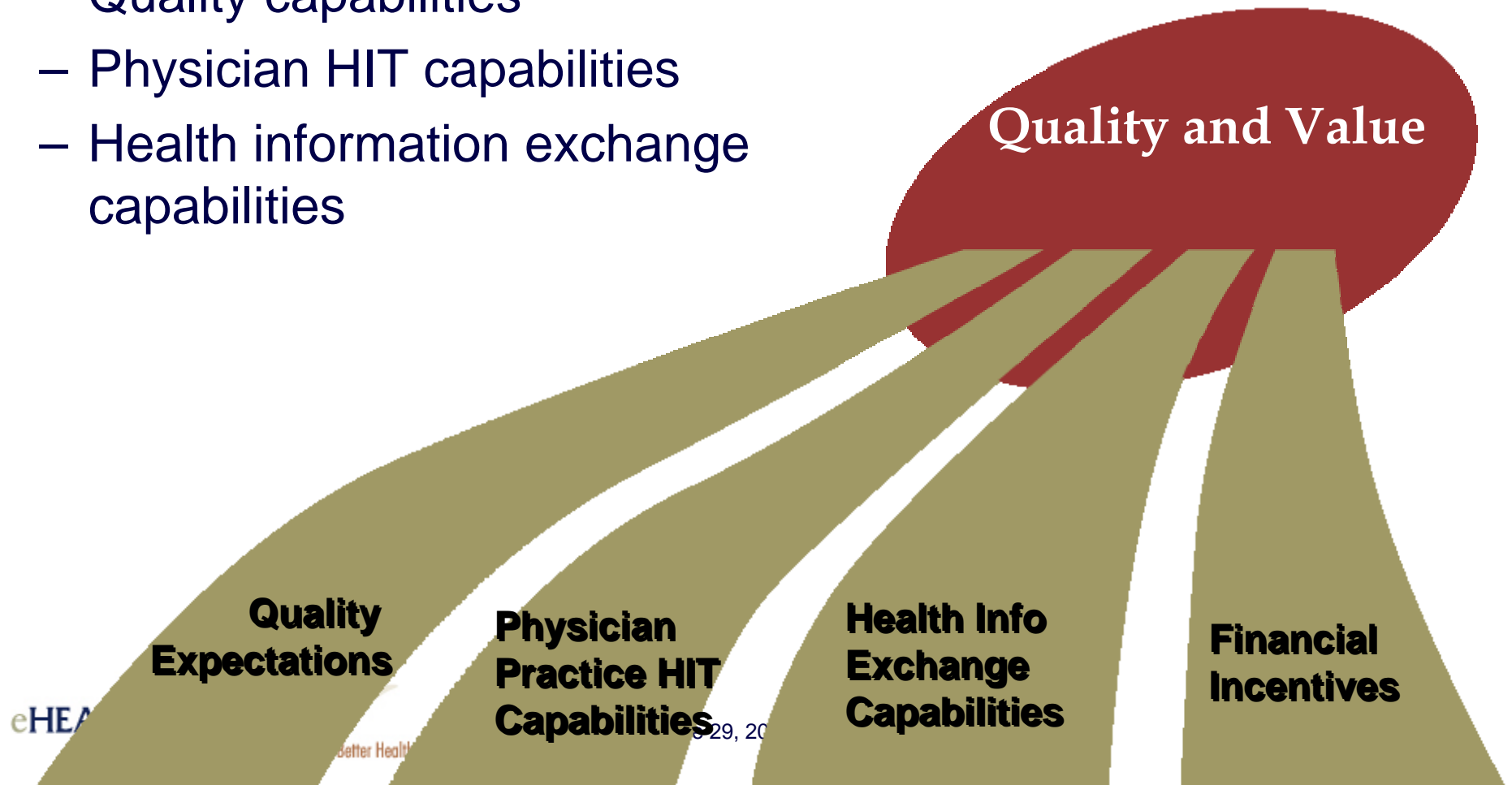


- Rapidly emerging interest in aligning quality improvement initiatives with the HIT and health information exchange infrastructure required

eHI's Parallel Pathways: Aligning Incentives with Quality *and* HIT



- Aligning Incentives with
 - Quality capabilities
 - Physician HIT capabilities
 - Health information exchange capabilities



Key Take-aways



- Health information technology is here and **interoperability** or **health information exchange** is the key area of focus
- Rapid changes in policy at the national, state and local levels
- Every stakeholder group is getting engaged...
- National standards are emerging to support interoperability...stay close to these

Key Take-aways



- Importance of engaging large employers and health plans with your agenda
- Engaging clinicians is the most difficult challenge...many efforts are springing up to support these efforts
- There is a great opportunity....in the convergence of movements on both **HIT** and **quality**

Key Take-aways



- Mobilizing health information is going to **dramatically improve the quality and safety of healthcare both in Minnesota and in the U.S.**



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