



# The Changing Landscape of Health Information Exchange: State and Community-based Activity

HIE Audioconference  
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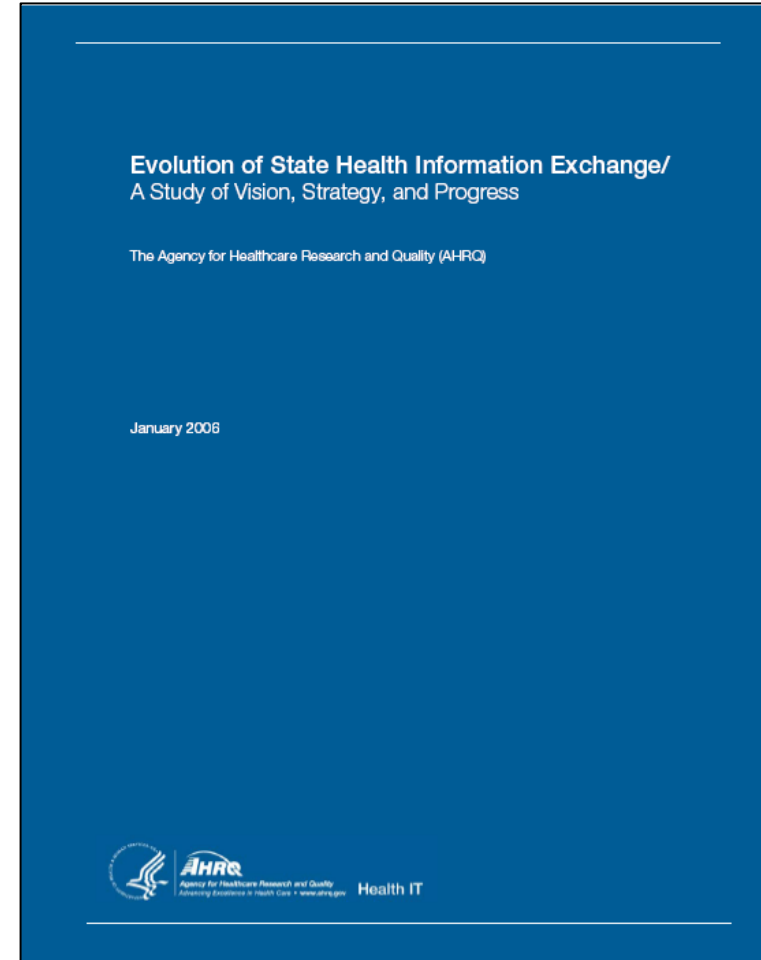
# Evolution of State Health Information Exchange (HIE)

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- Improvements in access to more timely and accurate health information will benefit many stakeholders and improve healthcare quality and reduce spending
- Numerous initiatives to speed the exchange of automated clinical, financial, and administrative healthcare data are underway at the federal, state, and local levels
- State-based initiatives have not received the same attention as federally- and industry-sponsored HIE activities, yet state involvement is growing
- Avalere prepared a report for AHRQ that characterized the landscape of state HIE activities with an emphasis on identifying trends and best practices

# A Study of Vision, Strategy, and Progress

- Environmental scan canvassed wide array of public information on state-based HIE activity
  - » 101 projects in 35 states
- Cross-section of state initiatives interviewed and featured in 8 case studies
  - » Range of selection criteria: Progressive, innovative, replicable, geographically diverse, unique target population
  - » AZ, FL, HI, NY, NC, RI, TN, and UT
- Additional focus on:
  - » Success and sustainability
  - » Federal activity and context for state HIE
  - » Implications



## Other Key Report Findings

- No two projects are alike
- Initiatives in nascent, formative stage of growth and development
- States play significant role as catalyst/convener
- Advancing HIE is a clear Federal priority but local implementation likely to be challenging
- Broad stakeholder involvement is early priority for many projects
- Stakeholder representation is varied yet often extensive
- Consumer involvement is mixed
- Expressed need for clear value proposition with early wins
- Tension exists between HIE promotion and quality measurement
- Sustainability is the long-term but elusive goal

# ■ ■ ■ Many New, Varied HIE Initiatives are Emerging Across the Country

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- Rapid growth
  - » Community, regional HIEs, and RHIOs rapidly emerging; many states have multiple projects
  - » RHIOs emerging almost as quickly as individual HIE projects; many states have multiple RHIOs
- Broad diversity
  - » Most initiatives share similar long-term vision/goals\*
  - » Project and implementation details vary
- Mixed development
  - » Many in nascent growth stages of planning or early implementation only exchanging narrow sets of data at present
- Limited funding

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\* To improve patient safety and quality, reduce costs, and create greater efficiencies by fostering statewide electronic exchange of healthcare information across multiple localities and amongst many stakeholders



## Broad Stakeholder Involvement and Clear Value Propositions with Early Wins Are Priorities

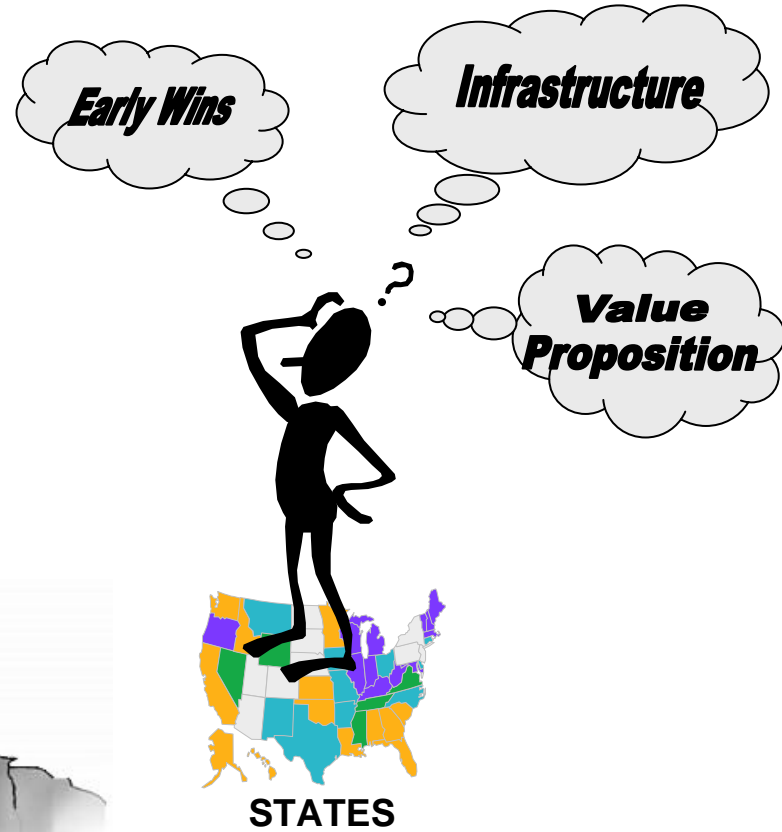
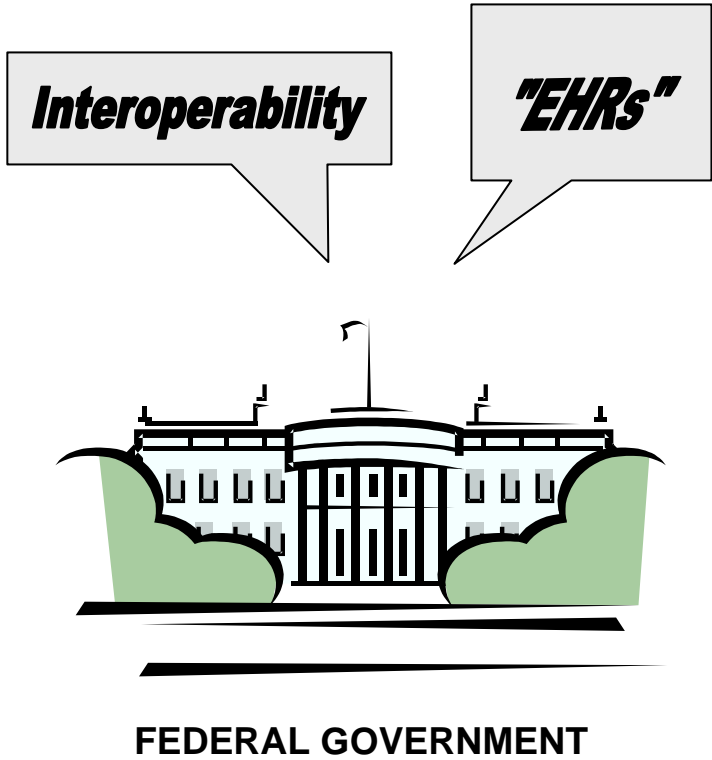
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- Initiatives seek manageable projects with tangible benefits viewed as “early wins”
- Project goals driven by core stakeholders and needs of the local community
- Initiatives want involvement and collaboration from a cross-section of healthcare stakeholders – physicians and employers are viewed as valued participants
- Identifying the “value proposition” for all involved stakeholders is viewed as essential for successful implementation
- Most projects still striving and, in some cases, struggling to identify the value proposition for their multiple stakeholders

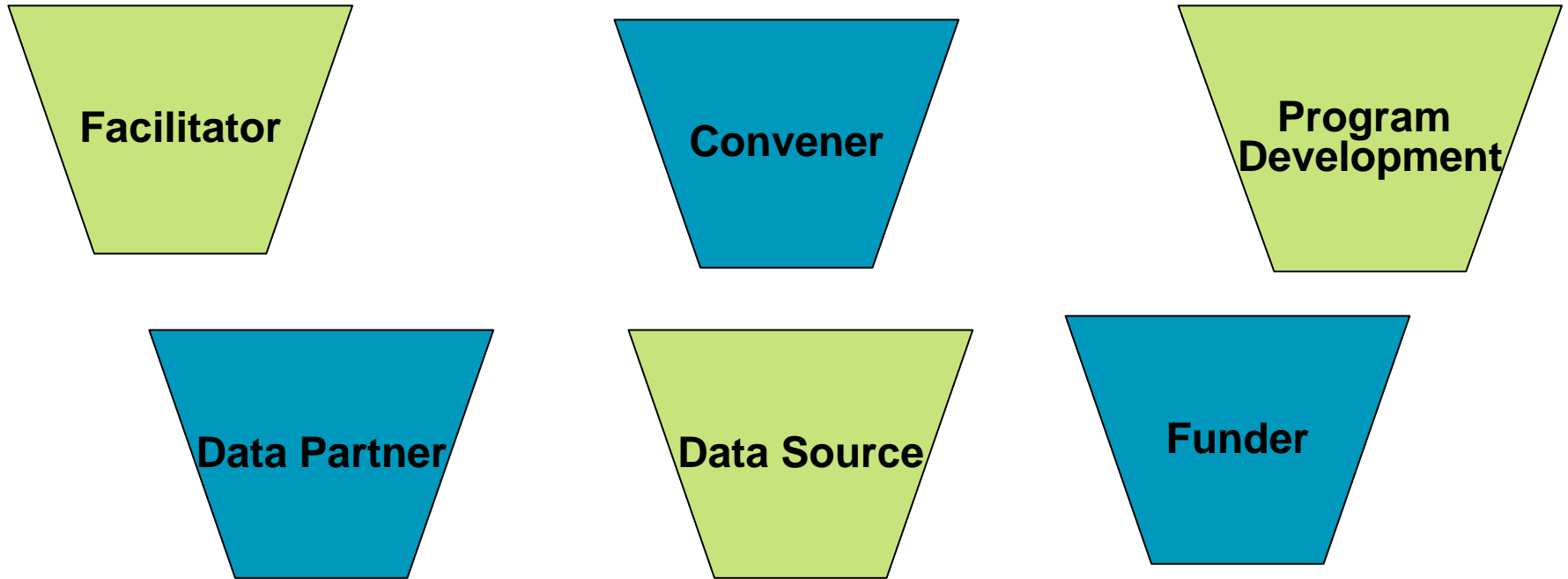
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# Potential Disconnect Between Federal Priority for Expedited HIE and Realities of Local Implementation

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# Many Roles for States and Medicaid to Play in Local HIE



**Where are opportunities for States to offer leadership:  
DOH, Governor's office, Legislature, Medicaid, other state agencies.....**

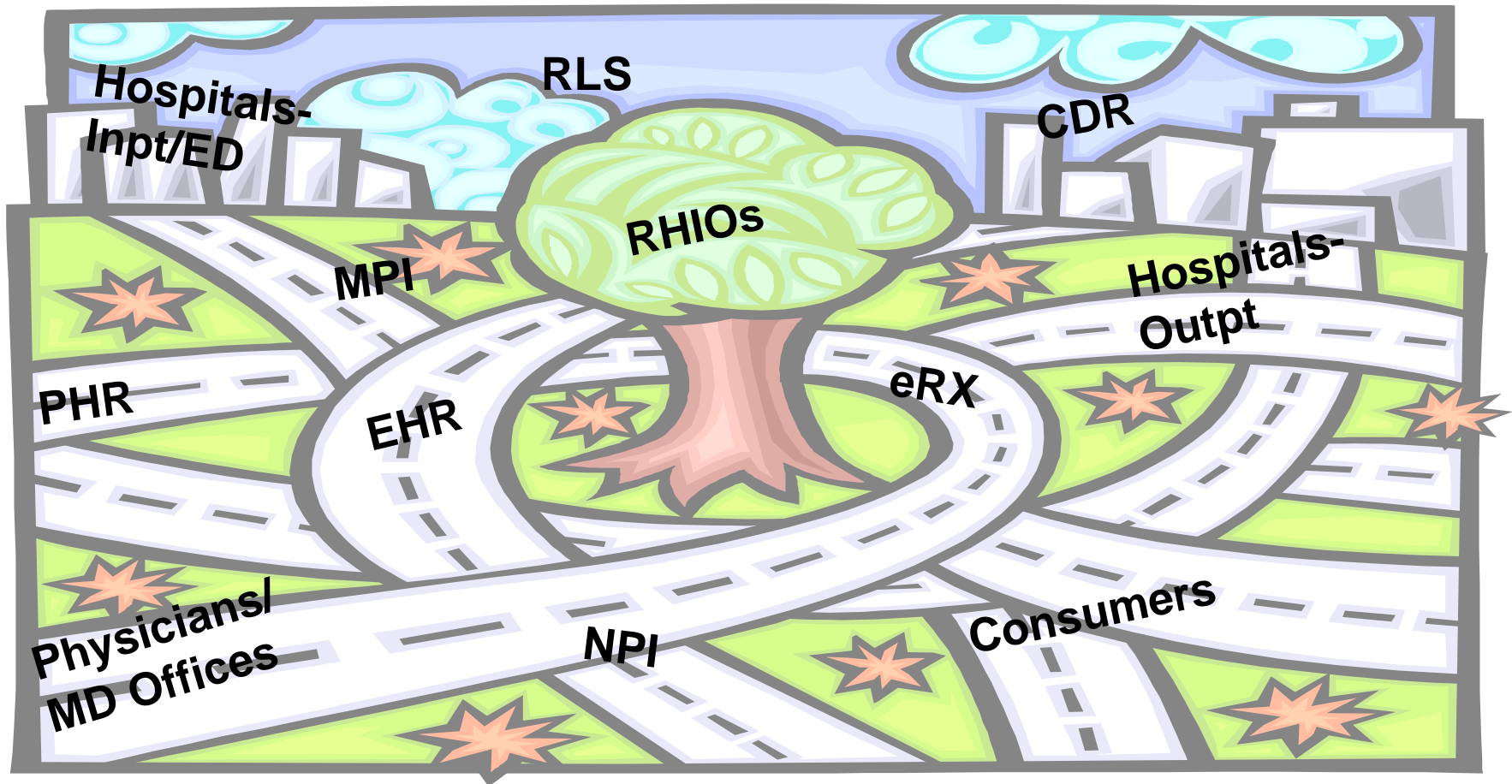


## Case Study Examples

# Case Study Highlights: Diverse Strategies and Approaches

Hawaii	Rhode Island	North Carolina	New York	Tennessee
<p><b>Quality Health Alliance: Rolling out HIT in several phases across islands— EHR to PHR</b></p> <p>Employers heavily engaged with unique insurance mandate in state</p> <p>Selling de-identified clinical information for research purposes—intended to be HIE revenue generator</p>	<p><b>HIE Initiative: Building off experience with SureScripts state-wide rollout, working toward interoperable HIE infrastructure</b></p> <p>Initial focus on lab data and medication history HIE</p> <p>Heavy state involvement and support—DOH is AHRQ grantee</p>	<p><b>NCHICA HQI initial focus: Medication management</b></p> <p>Phase I approach: eRx and medication lists at point of care integrated with automated refill, formulary and benefits information</p> <p>Large emphasis on physician involvement; large employer commitment</p>	<p><b>Telemedicine Demonstration: Testing array of HIT to support remote monitoring/DM for home care patients— LTC emphasis</b></p> <p>Large state/legislature funding</p> <p>Will also assess whether Medicaid can/should ultimately reimburse for services</p>	<p><b>MidSouth eHealth Initiative: Exchanging data across initial set of hospital EDs</b></p> <p>Strong Governor and state leadership and support</p> <p>Use of existing IT infrastructure through academic medical center</p>

# HIE Initiatives Using a Variety of Technology and Infrastructure to Link Care Settings



MPI: master patient index  
RLS: record locator service  
RHIO: regional health information organization  
EHR: electronic health record  
eRX: electronic prescribing

# Conclusions

- HIE is rapidly advancing and growing from the top-down and bottom-up
- States looking to HIT as tools to improve quality and manage costs
- Focus on HIE and RHIO implementation will continue—many initiatives in any given State
- Many roles States can play to support planning/implementation of HIE initiatives--Medicaid involved but in a limited way
- Early involvement provides opportunities: influence data points, quality goals and priorities
- Need to balance Federal priorities/push with State/local realities
- Continued dialogue, shared learning on challenges, roles, and opportunities will be critical to evolving state leadership

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Thank you.

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