HIPAA: Just the Beginning

NC’s Reach for Statewide Connectivity

Presented to:
14th National HIPAA Summit
March 30, 2007

“Improving Healthcare in North Carolina by Accelerating the Adoption of Information Technology”
Presentation Elements

• Transformation Drivers
• NCHICA Background
• NHIN Contract
• HISPC Contract
• What is next?
• Q & A
Transformation Drivers

The Business Case

• Cost of healthcare is a major concern
• “Quality costs less”
• Quality can be improved with better information management (IM)
• IM needs to operate within environment of standard policies, procedures, laws, regulations and technology – The Challenge
Transformation Drivers

Increasing Degrees of Difficulty

- **IM within an Enterprise** [policies / procedures]
- **IM within a Community**
  [standards, interoperability, laws / regulations – liability]
- **IM within a State > Region > Nationwide**
  [variations in laws / regulations, limitations in workable policies and technology solutions for authentication]

HHS Initiatives are Moving the Ball

- HIPAA Standard Transactions, NHIN, HISPC, CCHIT, HITSP, Value-driven Health Care
Expenses—Governmental Activities
Fiscal Year Ended June 30, 2005

- General government
- Primary and secondary education
- Higher education
- Health and human services
- Economic development
- Environment and natural resources
- Public safety, corrections, and regulation
- Transportation
- Agriculture
- Interest on long-term debt

- Program Revenues (excluding Capital Grants)
Value-Driven Health Care

Transparency: Better Care Lower Cost

Value-Driven Health Care Home
Consumers deserve to know the quality and cost of their health care. Health care transparency provides consumers with the information necessary, and the incentive, to choose health care providers based on value.

Providing reliable cost and quality information empowers consumer choice. Consumer choice creates incentives at all levels, and motivates the entire system to provide better care for less money. Improvements will come as providers can see how their practice compares to others.

"Every American should have access to a full range of information about the quality and cost of their health care options."

- HHS Secretary Mike Leavitt

http://www.hhs.gov/transparency/
Four Cornerstones

- **Connecting the System:** Every medical provider has some system for health records. Increasingly, those systems are electronic. Standards need to be identified so all health information systems can quickly and securely communicate and exchange data.

- **Measure and Publish Quality:** Every case, every procedure, has an outcome. Some are better than others. To measure quality, we must work with doctors and hospitals to define benchmarks for what constitutes quality care.

www.hhs.gov/transparency
Four Cornerstones

• **Measure and Publish Price:** Price information is useless unless cost is calculated for identical services. Agreement is needed on what procedures and services are covered in each “episode of care.”

• **Create Positive Incentives:** All parties — providers, patients, insurance plans, and payers — should participate in arrangements that reward both those who offer and those who purchase high-quality, competitively-price health care.

www.hhs.gov/transparency
Community Leaders

- Multi-participant organization working to achieve the four cornerstones

- Eligibility for further formal processes
  - Learning network of collaboratives to share best practices
  - “Chartered Value Exchanges”

www.hhs.gov/transparency
Value Exchanges

- It is anticipated that a call for interested “Community Leader” organizations to apply to become **Chartered Value Exchanges** will be posted twice a year.

- Facilitating the collection of provider-level measurements across the six Institute Of Medicine performance domains (safe, timely, effective, efficient, equitable, patient-centered care);
  - Using (or promoting the use of) performance measures for:
    - Public reporting of costs and consumer assessments
    - Rewarding and fostering better performance
    - Improvement by providers

- **Use of interoperable health information technologies**

- **Fostering collaboration across multiple stakeholders and serving as a hub for sharing information and dialogue**

www.hhs.gov/transparency
State-level Health Information Exchange

The state-level HIE initiative may choose some or all of those “blocks” or roles for its scope, or may identify others. In addition, more “blocks” may be added over time.

www.staterhio.org
NCHICA – the Organization

• Established in 1994 by Executive Order of the Governor
  • Improve healthcare in NC by accelerating the adoption of information technology
  • Created as a self-funded organization

• Organized as:
  • Neutral convener / facilitator
  • Marketplace enabler via demonstration projects
  • Leader of clinical initiatives

  Developer of effective policies and procedures by consensus
Membership Profile

Providers

Professional Associations

Clinical Labs

State & Federal Govt

Health Plans / Employers

Health IT / Consulting

Pharmaceutical / Research
NCHICA’s Board of Directors Represent:

[Logos and names of organizations]
NCHICA Provider Members
NCHICA’s Health Plan Members
Corporate Vendor and Consultant Members
Major National Initiatives Include:

• HIPAA Regulations – 1996-Present

• Nationwide Health Information Network Architecture (NHIN) – 2005-2007


• NC response(s) to FCC Rural Healthcare Connectivity RFA – Due May 7th

• NC response to NHIN Phase 2 RFP - Future
Major State Initiatives Include:

- Statewide Patient Information Locator (MPI) – 1994-1995
- NC Immunization Database – 1998-2005
- Emergency Dept. data for public health surveillance – 1999-Present
- Technology in Local Health Departments Study – 2005-2007
- NC Consumer Advisory Council on Health Information Technology – 2006-Present
A History of Success

Participants

- Providers
- Health Plans
- Pharmaceutical
- Clinical Labs
- Government
- Prof. Associations
- Health IT/Consultants

Number of Members

- Providers
- Health Plans
- Pharmaceutical
- Clinical Labs
- Government
- Prof. Associations
- Health IT/Consultants

Year Initiated

- 1994
- 2000
- 2006

22 Year Initiated

Number of Members Impacted

- Many
- Several
- Some

Participants:

- MODEL Privacy Legislation
- HIPAA
- NC DETECT
- PAIRS
- NC Healthcare Quality Strategy
- REHIT
- NC Healthcare Informatics
- HISPC Contract
- e-RX Initiative
- NHIN Architecture
- NC Consumer Advisory Council
- Disease Registry Conference
- Technology / Local Health Dept Study
- NCHWFTFC

Initiatives:

- TV Medicine
- Y2K Strategies
- Statewide MPI

A History of Success
NCHICA Foundation for Collaboration

Health
- Clinical Care
- Public Health
- Research

Policy
- Consumers
- Employers
- Payers
- Care Providers

Technology
- Applications
- Networks

Standards
- Clinical
- Policy
- Technical
- Business

Education
Building on the NCHICA Foundation

Activities in Collaboration with our Members:
- Education / Training
- Policy Development
- Proposal Development
- Demonstration Projects
- Facilitation

Desired Outcomes:
- Improved health of all North Carolinians
- A safer and more efficient and effective healthcare system
- Focused and integrated solutions across all systems
- North Carolina known for being “First in Health”
NCHICA Toolkit for State-Level HIE

NCHICA has received many requests for documents from communities, regions and states who wish to develop a nonprofit organization similar to that established in 1994 by Executive Order of the Governor of NC and this site has been created to assist in locating key corporate documents and work products that might provide a jump start to such efforts. We are pleased to respond to these requests and will assist to the extent that our time and resources make it possible. Membership in NCHICA by those effort is encouraged as is attendance at NCHICA meetings that may be found on our Web site home page.

NCHICA Corporate Documents

- Executive Order of the Governor
- Articles of Incorporation
- Bylaws
- Intellectual Property Policy
- 501(c)(3) IRS Letter
- Membership Application including Terms of Membership

Compliance and Model Documents

- Sample Documents for Privacy and Security Compliance (Reviewed) – Disclaimer Acknowledgement Required
- Sample Documents for Privacy and Security Compliance (Not Reviewed)
- Tools for Privacy and Security Gap Analysis
- Other Helpful Links for Regulations and Compliance
Health Information Technology Deployment Coordination

“Health Care Industry” – American Health Information Community

Breakthroughs

- Biosurveillance
- Consumer Empowerment
- Chronic Care
- Electronic Health Records

Technology Industry

- Standards Harmonization
- Compliance Certification
- Nationwide Health Information Network
- Privacy / Security
- Health IT Adoption

Industry Transformation

Consumer Value
Vision: A nationwide, standards-based network that will allow connectivity of existing and future systems for providers and affiliated stakeholders

Goal: Develop and evaluate prototypes of an NHIN architecture that maximize use of existing resources to achieve interoperability among healthcare applications – particularly EHRs

NHIN Criteria: Architect a standards-based, scalable, reliable, secure, self-sustaining “network of networks”

NHIN Critical Success Factors:
- Industry adoption of clinical information technologies
- Development of a health information exchange market
NHIN Phase 1 Contracts

• **Awards to Four Consortia**
  - Accenture
  - CSC
  - IBM
  - Northrop Grumman

• **Approach - cooperative and collaborative**
  - Between Four Awarded Consortia
  - With Other HHS Partners & Contract Awardees
    - Health Information Technology Standards Panel (established by ANSI)
    - Certification Commission for Health Information Technology (CCHIT)
    - Health Information Security and Privacy Collaboration (established by RTI and National Governor’s Assoc)
    - American Health Information Community (AHIC)
NHIN Phase 1 Deliverables

- A standards-based network prototype
- Demonstrate in 3 healthcare marketplaces
- Demonstrate via 3 use cases
- Develop and deliver 3 models:
  - Deployment
  - Operations
  - Cost and Revenue
Providers and Vendors
Working Together to Deliver
Interoperable Health Information Systems
in the Enterprise
and Across Care Settings

http://www.ihe.net
Regional Activities in North Carolina
Opportunities of Statewide Interoperability: WNC Data Link

Western North Carolina Health Network - Hospital Members

- Angel Medical Center
- Cherokee Indian Hospital
- Community CarePartners/Thoms
- Harris Regional Hospital (WestCare)
- Haywood Regional Medical Center
- Highlands-Cashiers Hospital
- Mission St. Joseph's
- Murphy Medical Center

- Pardee Hospital
- Park Ridge Hospital
- Rutherford Hospital
- St. Luke's Hospital
- Spruce Pine Community Hospital
- Swain County Hospital (WestCare)
- The McDowell Hospital
- Transylvania Community Hospital
Long range goal
- Longitudinal electronic medical record that can be accessed and updated real time by authorized health care providers in WNC.

Short term goal
- Transmit and access electronic patient information between WNC hospitals

Parameters
- No central data repository
- Technology neutral
Statewide interoperability is important, but:

- Interoperability with bordering states may be more important for a RHIO like WNC:
Serving 29 counties in Eastern Carolina
Opportunities of Statewide Interoperability

- **Technology is the “enabler”**
  - **Patient Safety**
    - All necessary/relevant information available to clinicians at the point and time of need
    - Clinical decision support to help clinicians process vast amounts of data
    - Resolves legibility issues
  - **Quality**
    - Standardization of care/benchmarking
  - **Efficiency**
    - Saves time
    - Eliminates redundant procedures (costs)
WFUBMC Referral Area Hospitals

Counties of Origin For Approximately 90% of Medical Center’s Inpatients and Outpatients

Affiliates
Other Hospitals
The Alliance for Health (AFH) is Wake Forest University Baptist Medical Center’s network of:

- affiliated physicians
- hospitals, and
- health service providers

dedicated to improving the health status and access to quality, cost-effective community based services in collaboration with citizens, employers, and payors in North Carolina and southern Virginia.
NHIN Phase 2
[State & Regional Initiatives]
NHIN Phase 2 - Trial Implementations

• **State and Regional Focus**
  - RFP: April 2007
  - Awards to 10-12 States/Regions: June/July 2007

• **Incorporate:**
  - 2006 “Products” and lessons learned
  - Technical expertise and accomplishments of the consortia
  - State and regional health information exchanges
  - Focus on interfaces:
    - Between health information service providers
    - Linking health information service providers and provider organizations/systems
    - Include specialty networks and systems
    - Include government health systems
  - A collaboration of awardees
NC HISPC
Health Information Technology Deployment Coordination

“Health Care Industry” – American Health Information Community

Breakthroughs

Biosurveillance
Consumer Empowerment
Chronic Care
Electronic Health Records

Standards Harmonization
Compliance Certification
Nationwide Health Information Network
Privacy / Security
Health IT Adoption

Technology Industry
Infrastructure

Consumer Value

Industry Transformation
Subcontracts
HISPC Project Objectives

- Assess variations in organization-level business policies and state laws.
- Articulate potential solutions.
- Develop implementation plans.
NC HISPC Steering Committee

- Phil Telfer, Co-chair | NC Governor’s Office
- Holt Anderson, Co-chair | NCHICA, Executive Director
- Linda Attarian | NC DHHS Div. of Medical Assistance
- Fred Eckel | NC Assoc. of Pharmacists
- Jean Foster | NC Health Information Mgmt. Assoc.
- Don E. Horton, Jr. | LabCorp
- Mark Holmes | NC Institute of Medicine
- Eileen Kohlenberg | NC Nurses Association
- Linwood Jones | NC Hospital Association
- Patricia MacTaggart | Health Management Associates
- Doc Muhlbaier | Duke University Health System
- David Potenziani | UNC School of Public Health
- Melanie Phelps | NC Medical Society
- N. King Prather | BCBSNC
- Morgan Tackett | BCBSNC

Work Group Co-Chairs | Various Organizations
Top Barriers

1. Misinterpretation of laws or regulations
2. Lack of business incentives to exchange information
3. Lack of policy standardization
4. Lack of security standardization
5. Lack of workable technology
6. Conflicting or outdated Federal or State Laws / Regulations
Next Steps

- Engage legislators and executive level government
- Engage NCHICA members
- Ramp up awareness efforts
- Nurture the Consumer Advisory Council
- Participate in NGA State Alliance for e-Health
State Alliance for e-Health Structure

State Alliance for e-Health

Advisory Committee

Input

Health Information Confidentiality (HIC) Task Force

Practice of Medicine (POM) Task Force

State-level Health Information Organization (SHIO) Task Force
Web Site and Listerv

- State Alliance for e-Health Web Site
  - http://www.nga.org/center/ehealth

- To subscribe to the State Alliance listserv send a blank e-mail to:
  - subscribe-state-alliance@talk.nga.org
FCC Grants for Rural Healthcare Connectivity

$60M / yr

Proposals Due May 7, 2007

www.internet2.edu/rhcp/
www.fcc.gov/cgb/rural/rhcp.html
• Adopt an integrated, prioritized approach to address personal and population health

• Establish stronger quality improvement support structure to acquire knowledge and tools

• Enhance human resource capacity

• Monitor to ensure financial stability and to secure capital for system redesign

• Invest in building information and communications technology infrastructure
Overall Conclusions
Beginning the journey …

- **Focus on clear drivers:**
  - Quality of care and affect on cost
  - Complex and costly chronic conditions
  - Physician work flow – save time and improve job satisfaction (meds history, allergies, problem lists)
  - Build on quick wins (low-hanging fruit) with obvious benefits to the public (e.g. immunizations, meds)
  - Leverage statewide payers: Medicaid, State Health Plan, BCBSGA, other
  - Include major employers with self-funded plans
  - Use Bridges-to-Excellence and Leapfrog
Challenges to Broader Exchange of Information

- **Business / Policy Issues**
  - Competition
  - Internal policies
  - Consumer privacy concerns / transparency
  - Uncertainties regarding liability
  - Difficulty in reaching multi-enterprise agreements for exchanging information
  - Economic factors and incentives

- **Technical / Security Issues**
  - Interoperability among multiple enterprises
  - Authentication (Federated ID Management)
  - Auditability
Let’s Improve our Process for Change!

Critical Path Method (CPM) for Managing Complex Projects
NCHICA Timeline Task Force

- Established in response to question from US Senator regarding ICD-10
- **Goal**: Document current activities in healthcare environment and relationship between various initiatives
- Develop assumptions for level of effort and time required to implement each task within an initiative
- Let the timeline portray the collective output of the tasks and shift focus to discussion of the underlying assumptions and accountability for each.
## Timeline Example

<table>
<thead>
<tr>
<th>Task Name</th>
<th>Duration</th>
<th>Start</th>
<th>Finish</th>
<th>Predecessors</th>
</tr>
</thead>
<tbody>
<tr>
<td>277/275 IO 4050 Version</td>
<td>60 days</td>
<td>Mon 11/8/04</td>
<td>Fri 1/20/05</td>
<td>24,25,26</td>
</tr>
<tr>
<td>Fed. Rule Making Process</td>
<td>944 days</td>
<td>Mon 1/31/05</td>
<td>Wed 10/31/07</td>
<td>27</td>
</tr>
<tr>
<td>NPRM Preparation</td>
<td>176 days</td>
<td>Mon 1/31/05</td>
<td>Fri 9/23/05</td>
<td></td>
</tr>
<tr>
<td>NPRM Comment Period</td>
<td>122 days</td>
<td>Sat 9/24/05</td>
<td>Mon 1/23/06</td>
<td>29</td>
</tr>
<tr>
<td>NPRM Comment Review</td>
<td>382 days</td>
<td>Tue 1/24/06</td>
<td>Fri 2/9/07</td>
<td>30</td>
</tr>
<tr>
<td>Attachments Final Rule</td>
<td>1 day</td>
<td>Sat 9/1/07</td>
<td>Sat 9/1/07</td>
<td>31</td>
</tr>
<tr>
<td>Congressional Review</td>
<td>60 days</td>
<td>Sun 9/2/07</td>
<td>Wed 10/31/07</td>
<td>32</td>
</tr>
<tr>
<td>Implementation</td>
<td>525 days</td>
<td>Thu 11/1/07</td>
<td>Wed 4/8/09</td>
<td></td>
</tr>
<tr>
<td>Environmental Changes</td>
<td>365 days</td>
<td>Thu 11/1/07</td>
<td>Thu 10/30/08</td>
<td>33</td>
</tr>
<tr>
<td>Transition</td>
<td>160 days</td>
<td>Fri 10/31/08</td>
<td>Wed 4/8/09</td>
<td>35</td>
</tr>
<tr>
<td>Electronic Transactions</td>
<td>1229 days</td>
<td>Mon 2/28/05</td>
<td>Sun 8/31/08</td>
<td></td>
</tr>
<tr>
<td>Electronic Transactions</td>
<td>493 days</td>
<td>Wed 10/5/05</td>
<td>Fri 2/9/07</td>
<td></td>
</tr>
<tr>
<td>X12 Edits Review</td>
<td>239 days</td>
<td>Wed 10/5/05</td>
<td>Wed 5/31/06</td>
<td></td>
</tr>
<tr>
<td>X12 Final Approval</td>
<td>198 days</td>
<td>Thu 6/1/06</td>
<td>Fri 12/15/06</td>
<td>39</td>
</tr>
<tr>
<td>X12 Final Publication</td>
<td>56 days</td>
<td>Sat 12/16/06</td>
<td>Fri 2/9/07</td>
<td></td>
</tr>
<tr>
<td>ICD 10 Codes</td>
<td>1516 days</td>
<td>Fri 3/11/05</td>
<td>Thu 10/1/09</td>
<td></td>
</tr>
<tr>
<td>Recommendations to HHS</td>
<td>242 days</td>
<td>Tue 8/1/06</td>
<td>Fri 3/30/07</td>
<td></td>
</tr>
<tr>
<td>X12 Recommendations</td>
<td>92 days</td>
<td>Tue 8/1/06</td>
<td>Tue 10/30/06</td>
<td></td>
</tr>
<tr>
<td>DSMC Recommendation</td>
<td>183 days</td>
<td>Tue 8/1/06</td>
<td>Tue 1/30/07</td>
<td></td>
</tr>
<tr>
<td>NCVHS Recommendations</td>
<td>181 days</td>
<td>Sun 9/1/06</td>
<td>Fri 3/30/07</td>
<td></td>
</tr>
<tr>
<td>Normal Process</td>
<td>1516 days</td>
<td>Fri 3/11/05</td>
<td>Thu 10/1/09</td>
<td></td>
</tr>
<tr>
<td>Fed. Rule Making Process</td>
<td>916 days</td>
<td>Sat 3/31/07</td>
<td>Thu 10/1/09</td>
<td></td>
</tr>
<tr>
<td>Implementation</td>
<td>546 days</td>
<td>Fri 3/11/05</td>
<td>Fri 10/27/06</td>
<td></td>
</tr>
<tr>
<td>Environmental Changes</td>
<td>366 days</td>
<td>Thu 10/1/09</td>
<td>Fri 10/1/10</td>
<td></td>
</tr>
<tr>
<td>Payer System</td>
<td>546 days</td>
<td>Fri 10/2/09</td>
<td>Thu 3/31/11</td>
<td>53</td>
</tr>
<tr>
<td>In-house Provider System Changes</td>
<td>523 days</td>
<td>Sat 10/3/09</td>
<td>Wed 6/9/11</td>
<td>53</td>
</tr>
<tr>
<td>Vendor System Changes</td>
<td>523 days</td>
<td>Fri 10/2/09</td>
<td>Tue 6/8/11</td>
<td>53</td>
</tr>
<tr>
<td>Transition</td>
<td>90 days</td>
<td>Sat 1/1/11</td>
<td>Thu 3/31/11</td>
<td></td>
</tr>
<tr>
<td>Health Plan ID</td>
<td>1433 days</td>
<td>Fri 3/11/05</td>
<td>Thu 5/21/09</td>
<td></td>
</tr>
</tbody>
</table>
Thank You

Holt Anderson
holt@nchica.org
Contact Information

Holt Anderson, Executive Director
NCHICA
Cape Fear Building, Suite 200
3200 Chapel Hill / Nelson Blvd. (NC Hwy 54)
PO Box 13048
Research Triangle Park, NC 27709-3048
holt@nchica.org
919-558-9258 ext. 27
www.nchica.org