Opening Plenary Session
Health IT and HIPAA Summit

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Wagner et. al. Building A Regional Healthcare System

- **Community Collaborative Action**: collaboration across different stakeholder groups: purchasers, plans, providers, patients, politicians, public health

- **Leadership and Shared Mission:** core leadership that assures action and organizational management; organizational driver that provides stability and legitimacy, leadership for specific programs by those closest to the problem

Source: Wagner E, Austin B, Coleman C. "It Takes a Region: Creating a Framework to Improve Chronic Disease Care." California Healthcare Foundation, November 2006.

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Wagner et. al. Four Strategies for Regional Quality Improvement

- **Use information technology** to measure performance and increase availability of relevant clinical information wherever patients seek care
- **Engage and educate the public** to be more discriminating consumers, as well as more informed and motivated patients
- **Help providers** improve their care delivery
- **Align provider payment and patient benefits** so that they support higher quality and more efficient care

Source: Wagner E, Austin B, Coleman C. "It Takes a Region: Creating a Framework to Improve Chronic Disease Care." California Healthcare Foundation, November 2006.

Convergence of Forces Will Drive Change and Improvement

- Health IT and Health Information Exchange, while Managing Privacy and Confidentiality
- Engaging Consumers
- Focus on Quality and Performance Measurement
- Alignment of Incentives

Forces Emerging at Multiple Levels of the System

- **National Level**: Standards for interoperability, changes in payment policy; seed funding
- **State Level**: Dialogue, convening, incubating coordination, role of state, agreement on policies for information sharing
- **Community or Market Level**: Creation of health information networks and a business plan for their sustainability
- **Individual Organization**: Driving adoption, organizational change
- **Consumer:** More engaged in their healthcare, demanding more

National Policies and Standards Offer Foundational Building Blocks

- **Standards for Interoperability:**
  - Outcomes emerging from **HITSP process** and CCHIT will offer guidance
  - **Federal government compliance** with standards will begin to drive critical mass
  - President's Executive Order and DHHS Sec. Four Cornerstones have **stimulated private sector purchaser/employer sign-on** to requirements for standards for health IT

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National Policies and Standards Offer Foundational Building Blocks

- **Congressional and Executive Branch Actions Signal Changes in Payment Policy**
  - President's Aug 2006 **Executive Order** calls for transparency in quality and pricing and directs Federal agencies to "develop and identify approaches that facilitate high quality and efficient care"….
  - Secretary's Four Cornerstones driving action by key federal agencies and being rapidly **"adopted" by the private sector**, with over 200 employers having "signed on…

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National Policies and Standards Offer Foundational Building Blocks

- **Congressional and Executive Branch Actions Signal Changes in Payment Policy**
  - The Tax Relief and Health Care Act of 2006 (H.R. 6111) calls for bonuses to those who report voluntarily on quality measures-- **structural measures, such as the use of EHRs and eRx** along with reporting of consensus-based measures required in 2008
  - Bill also calls for a three year demonstration project on the **"medical home"** which cannot happen without information mobility and a health IT infrastructure

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National Policies and Standards Offer Foundational Building Blocks

- **Congressional and Executive Branch Actions Signal Changes in Payment Policy**
  - March 2007 MEDPAC recommendations call for changes in payment policy that cannot be achieved without health information mobility, and specifically refer to health IT

National Policies and Standards Offer Foundational Building Blocks

- **Some Funding Continuing to Emerge to Capitalize Early Efforts, and Technical Assistance Efforts Continue**
  - ONC "trial implementations" of the NHIN
  - AHRQ Quality/HIT grants
  - CMS Medicaid Transformation grants focus on HIT
  - DHHS Value Exchanges/BQIMs
  - Technical assistance being offered by several agencies: AHRQ, CMS, HRSA

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Private Sector Initiatives Kicking Into High Gear

- **Purchasers Beginning to Consolidate Expectations** (in sync with four cornerstones); Employer Toolkit just released

- **Incentives Initiatives Getting Traction**: Bridges to Excellence and IHA – focus on quality improvement, performance measurement and use of health IT

- **Personal Health Record Initiatives Abound**: Dossia, AHIP and BCBSA, others rolling out as we speak, as market leaders such as WebMD continue to increase penetration

States Becoming a Key Driver
eHI's Recent Analysis of State Policy

- Nineteen executive orders were issued by U.S. governors in 15 states, calling for HIT and HIE to improve health and healthcare, seven in 2007 alone
  - Arizona, 2005
  - California, 2006, 2007
  - Florida, 2004
  - Georgia, 2006, 2007
  - Illinois, 2006
  - Indiana 2007
  - Kansas, 2004, 2007
  - Mississippi, 2007
  - Missouri, 2006, 2007
  - North Carolina, 1994
  - Tennessee, 2006
  - Texas, 2006
  - Virginia, 2006
  - Wisconsin, 2005
  - Washington, 2007

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eHI's Recent Analysis of State Legislative Activity

- **HIT State Legislative Activity Is on the Rise.** State legislatures are increasingly recognizing the importance of IT in driving health and healthcare improvements.

- In 2005 and 2006:
  - 38 state legislatures introduced 121 bills which specifically focus on HIT
  - 36 bills were passed in 24 state legislatures and signed into law.

- In 2007 So Far:
  - 68 bills have been introduced in 30 states which specifically focus on HIT

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eHI's Recent Analysis of State Legislative Activity

Focus of HIT State Legislative Action

- The authorization of a commission, committee, council or task force to develop recommendations

- The development of a study, set of recommendations, or a plan for HIT

- The integration of quality goals within HIT-related activities; or

- The authorization of a grant or loan program designed to support HIT

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Critical Role of States

- Participant in the dialogue
- Convener of the dialogue
- Providing funds
- Commissioning or funding a study
- Providing education to stakeholders
- Requiring use of standards (a la Four Cornerstones)
- Providing financial and other incentives through Medicaid
- Providing financial and other incentives in role as purchaser
- Integrating other functions of the state with the work of the private sector (e.g. public health, etc.)

Resources for State-Level Health Information Exchange

- State-level Health Information Exchange Consensus Project-AHIMA/FORE working under contract with ONC to produce resources for HIE organizations and for state and national policy makers.

- Completed documents last year:
  - Final Report: Development of State Level Health Information Exchange Initiatives*
  - State Level Health Information Exchanges Initiative Development Workbook: A Guide to Key Issue*

- Reports available at www.staterhio.org\documents

- In 2007 working on new series of reports with eHI and HIMSS focused on best practices research studies: governance models, financial sustainability, HIE, and information practices

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Resources for Health Information Exchange

- eHI Connecting Communities Toolkit provides guidance
  - Organization and governance
  - Financing
  - Technical aspects
  - Practice transformation and quality
  - Policies for information sharing
- http://toolkit.ehealthinitiative.org/
- Teaming with HIMSS in 2007 to create a "Primer for Navigating Technical Aspects"

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Number of Community-Based Initiatives on the Rise

- eHI 2006 Survey included 165 responses from health information exchange (HIE) initiatives located in 49 states, the District of Columbia and Puerto Rico

- eHI's Connecting Communities Coalition continuing to grow and its members are maturing….

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As We Move to Implementation Some Critical Questions

- How to leverage the initial capital/grants received to develop a sustainable business model for health IT and health information exchange?

- eHI survey shows 44% rate this as most difficult challenge

- What should communities do first? What provides the most value?

eHI 2006 Survey
Shows Operational Funding Sources are Emerging

- Hospitals – (24 percent)

- Payers – (21 percent)

- Physician practices – (16 percent)

- Labs – (13 percent)

Getting to Sustainability
eHI's Connecting Communities Program
Funded by HRSA

- Provided funding support for 12 health information exchange learning laboratories in ten communities

- Engaged an expert panel, including experts in healthcare, economics, business, and financing

- Took a very close look at three advanced stage communities in IN, OH and NY

Getting to Sustainability
Early Key Findings

- **Sustainability of health information exchange** is indeed possible, and probable if certain factors are in place….

- **No "one-size-fits-all"** approach or silver bullet, it depends on the market's needs and requirements

- **Social capital formation** is necessary for leaders to identify and coalesce divergent interests in a common cause ….due to fragmentation of our healthcare system and current payment policy

- **Time, commitment, charisma and honesty** are required to keep a large, diverse stakeholder group at the table.

Getting to Sustainability
Early Key Findings

- Strong leadership team with **good business acumen** is one of the key criteria for success as communities move to the implementation stage

- Rigorous analysis of the **value** that potential services provide to **each customer** is crucial…

- Need to better understand how value **for each customer** translates to revenue to cover the costs of the endeavor. This takes time and discipline…and business orientation

- Today, while many **community leaders understand this concept,** it is often **not well executed**

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eHI 2006 Survey
Types of Data Exchanged

- Laboratory – (26 percent)

- Claims – (26 percent)

- ED Episodes – (23 percent)

- Dictation – (22 percent)

- Inpatient Episodes – (22 percent)

- Outpatient Lab – (22 percent)

- Radiology – (20 percent)

- Outpatient Prescriptions – (18 percent)

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eHI 2006 Survey
Services Provide Value that Focuses on Care Delivery for Providers

- Clinical documentation (26 percent)

- Results delivery (25 percent)

- Consultation/referral (24 percent)

- Electronic referral processing (23 percent)

- Alerts to providers (20 percent)

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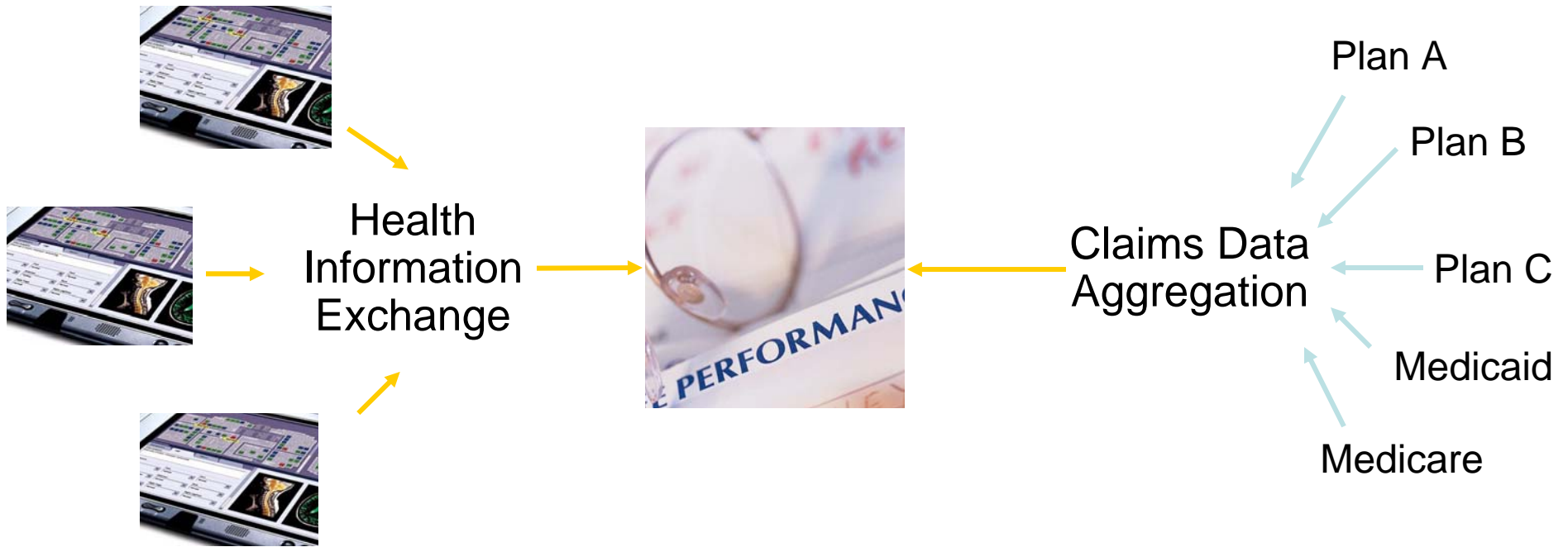
eHI 2006 Survey
New Valuable Services are Emerging

- Chronic or Disease Management – (20%)

- Quality Performance Reporting for Purchasers or Payers – (11%)

- Quality Performance Reporting for Clinicians – (10%)

- Public Health Surveillance – (8%)

- Consumer Access to Information (6%)

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Measures That Produce Improvements in Cost and Quality

- HTN 42   BP<140/90
- HTN 43   SBP<140
- HTN 44   DBP<90
- DM 23   BP<140/90
- DM 21   HbA1c>9%
- DM 22   HbA1c<7%
- DM 25   LDL<100
- DM 26   LDL<130
- CAD 6   LDL<100 after discharge for AMI, CABG, PCI
- CAD 7   LDL<130 after discharge for AMI, CABG, PCI
- CAD 8   LDL<100 any CAD
- CAD 9   LDL<130 any CAD

You Really Need Clinical *and* Claims Data to Make This all Work

Health Information Exchange

Claims Data Aggregation

Plan A
Plan B
Plan C
Medicaid
Medicare

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Gettting Back to the Areas of Convergence

- **National, State and Local Efforts Around:**
  - Health IT and Health Information Exchange, while Managing Privacy and Confidentiality
  - Engaging Consumers
  - Focus on Quality and Performance Measurement
  - Alignment of Incentives

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Each of These Areas Requires a Strong Health IT and HIE Platform

- Engaging Consumers
- Transparency in Quality and Pricing
- Alignment of Incentives

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Things For You to Consider

- As you listen to the various speakers during the Summit tackle each of these areas, identify areas of intersection and alignment

- Think through ways in which health IT can be cross-supporting

- Window of opportunity in the next three to five years!

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