

An Overview of What's Happening in Communities Across the U.S.

Connecting Rural Health Communities Through Information Technology

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Overview of Discussion

- Background
- Overview of What's Happening at the National Level
- Review of What's Happening at the State and Regional Level in Other Parts of the U.S.
- Key Take-aways for the Rural Communities in the U.S.

eHealth Initiative Mission

Independent, non-profit, multi-stakeholder consortium whose mission is to improve the quality, safety, and efficiency of healthcare through information and information technology

Our 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

- Identify and develop consensus among diverse stakeholders on common principles, standards and policies for mobilizing health information to support improvements in healthcare
- Provide seed funding and technical support to those engaged in health information exchange to stimulate improvement

Key Partners

- Subcontractor under NORC to the AHRQ National Resource Center for Health Information Technology
- Support Communities and Health Information Exchange through a Cooperative Agreement with HRSA/OAT

Understanding the National Agenda

- Enormous momentum around HIT, health information exchange and quality both within Administration *and* Congress
- Key themes
 - Value based purchasing
 - National standards and interoperability
 - Need for incentives and some upfront funding for those in need
 - Public-private sector collaboration

Common Themes of Legislation

- The need for standards—public-private sector collaboratives designed to achieve consensus on and drive adoption of interoperability standards
- Grant and loan programs, for providers and regional health information technology networks – most link to use of standards and adoption of “quality measurement systems”
- Value-based purchasing programs – measures related to reporting of data, process measures including HIT, and eventually outcomes
- Role of government – catalyst, driver of change

Administration Leadership

- Leadership on all Sides
 - Office of Secretary of DHHS
 - Agency for Healthcare Research and Quality
 - Centers for Disease Control and Prevention
 - Centers for Medicare and Medicaid Services
 - Department of Defense
 - Department of Veterans Affairs
 - Office of the National Coordinator for HIT
 - Office of Personnel Management

Overview of Activities at State, Regional and Local Levels

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

Why Health Information Exchange?

- U.S. healthcare system highly fragmented....data is stored —often in paper form—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 the information they need in the patient record
- Clinical research hindered by paper-based, fragmented systems – costly and slow processes

Health information exchange (HIE) is defined as the mobilization of healthcare information electronically across organizations within a region or community.

What is Health Information Exchange?

- HIE provides the capability to electronically move clinical information between disparate healthcare information systems while maintaining the meaning of the information being exchanged.
- The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care.

Characteristics of Successful Health Information Exchange Initiatives

- Governed by a diverse and broad set of stakeholders within the region or community
- Develop and assure adherence to a common set of principles and standards for the technical and policy aspects of information sharing - addressing the needs of every stakeholder
- Develop and maintain a model for sustainability that aligns the costs with the benefits of HIE; and
- Use metrics to measure performance from the perspective of: patient care, public health, provider value, and economic value.

Survey of Over 100 State, Regional and Community-Based Initiatives

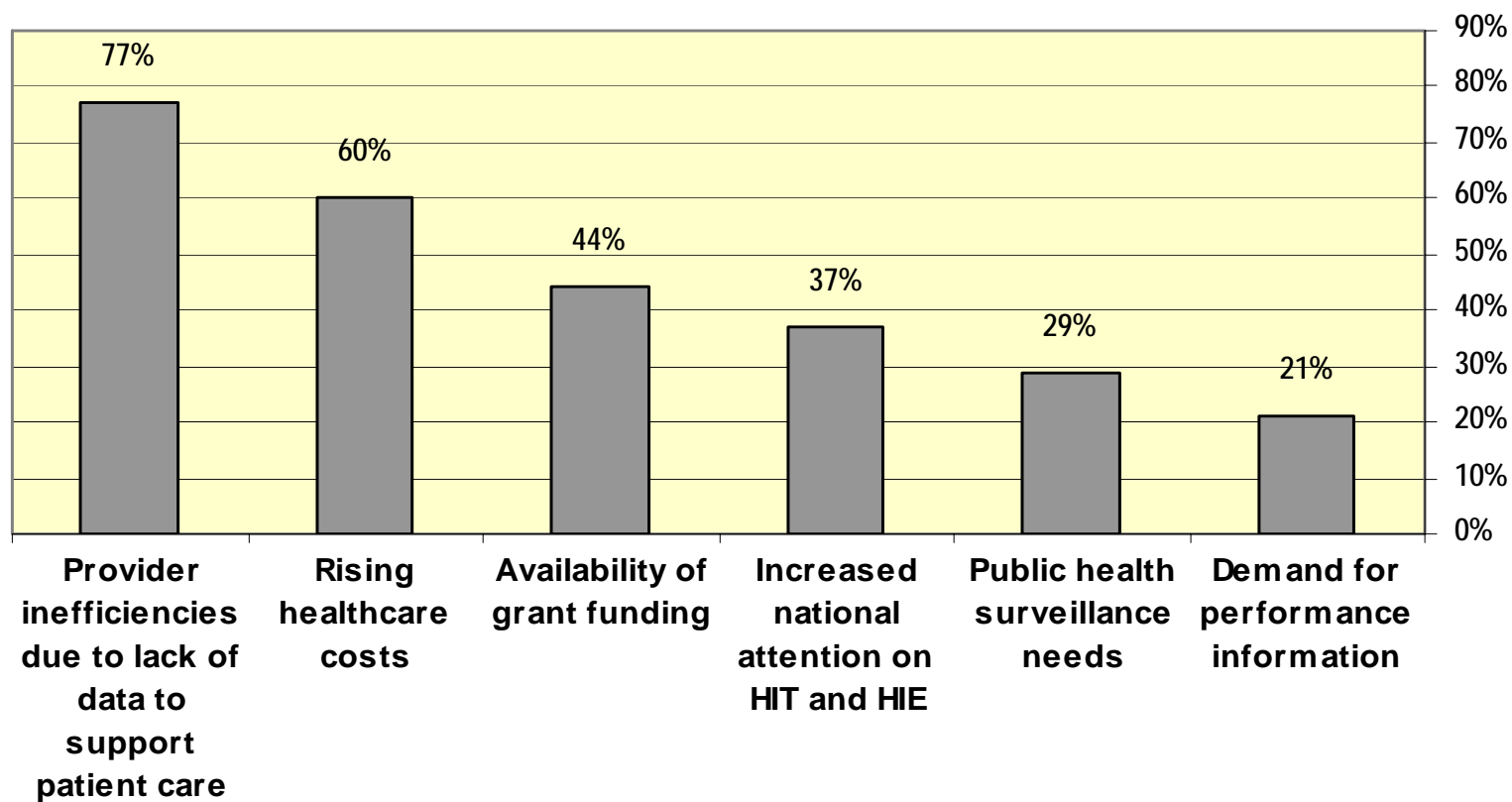
- 109 respondents from 45 states and the District of Columbia
- Covered aspects related to goals, functionality, organization and governance models, information sharing policies, technical aspects, funding and sustainability

Key Findings from Survey

- Health information exchange activity is on the rise. Of the 109 HIE efforts in the survey, 40 are in the implementation phase and 25 fully operational. Nine fully operational in 2004.
- The key driver moving states, regions and communities toward health information exchange is perceived provider inefficiencies (77% of all respondents) with rising healthcare costs also seen as important driver (60% of all respondents)
- HIE efforts recognize importance of privacy and security. 59% of advanced stage cite that policies go beyond HIPAA requirements.

Key Drivers for Health Information Exchange

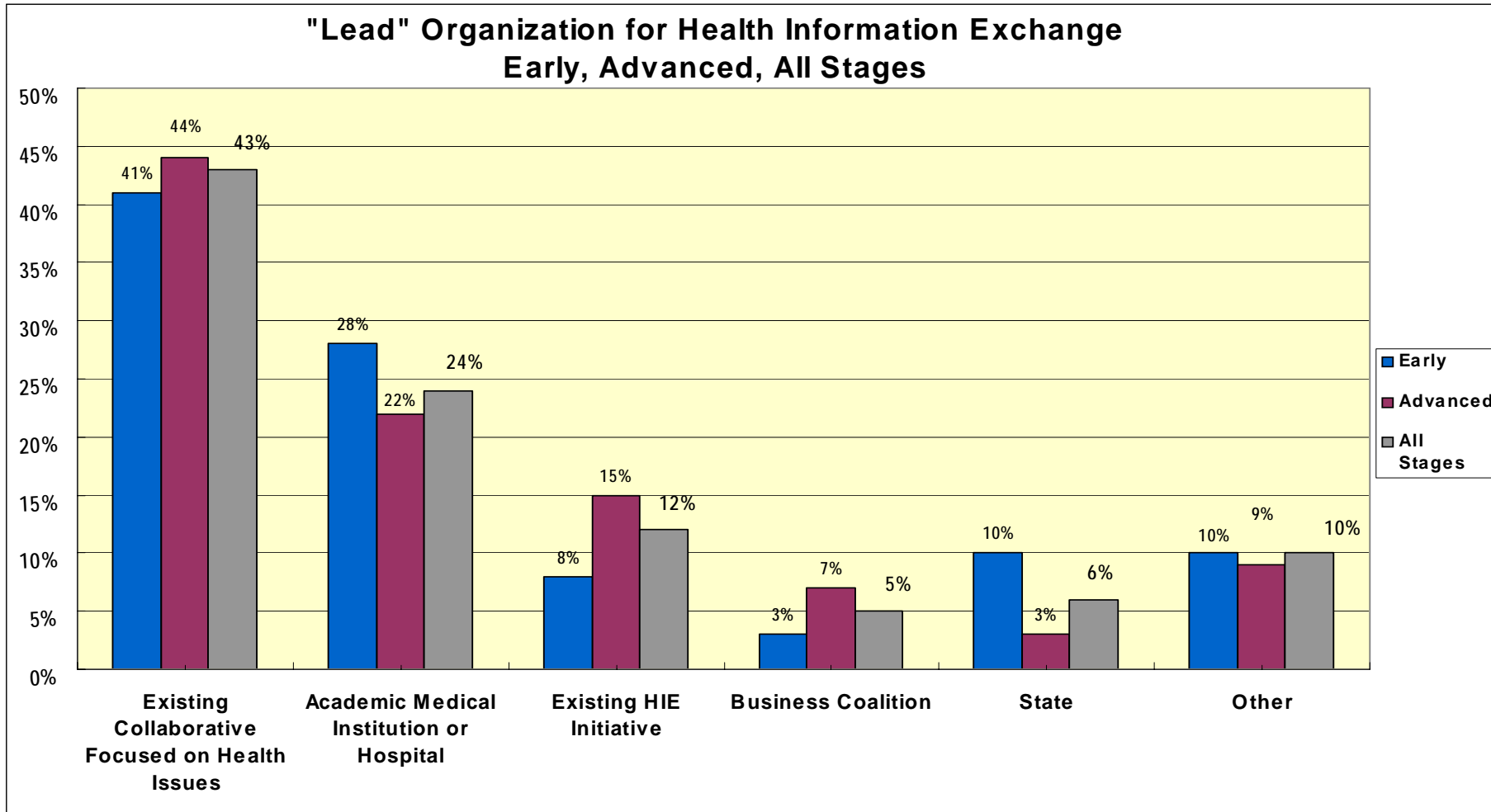
Significant Drivers for Health Information Exchange



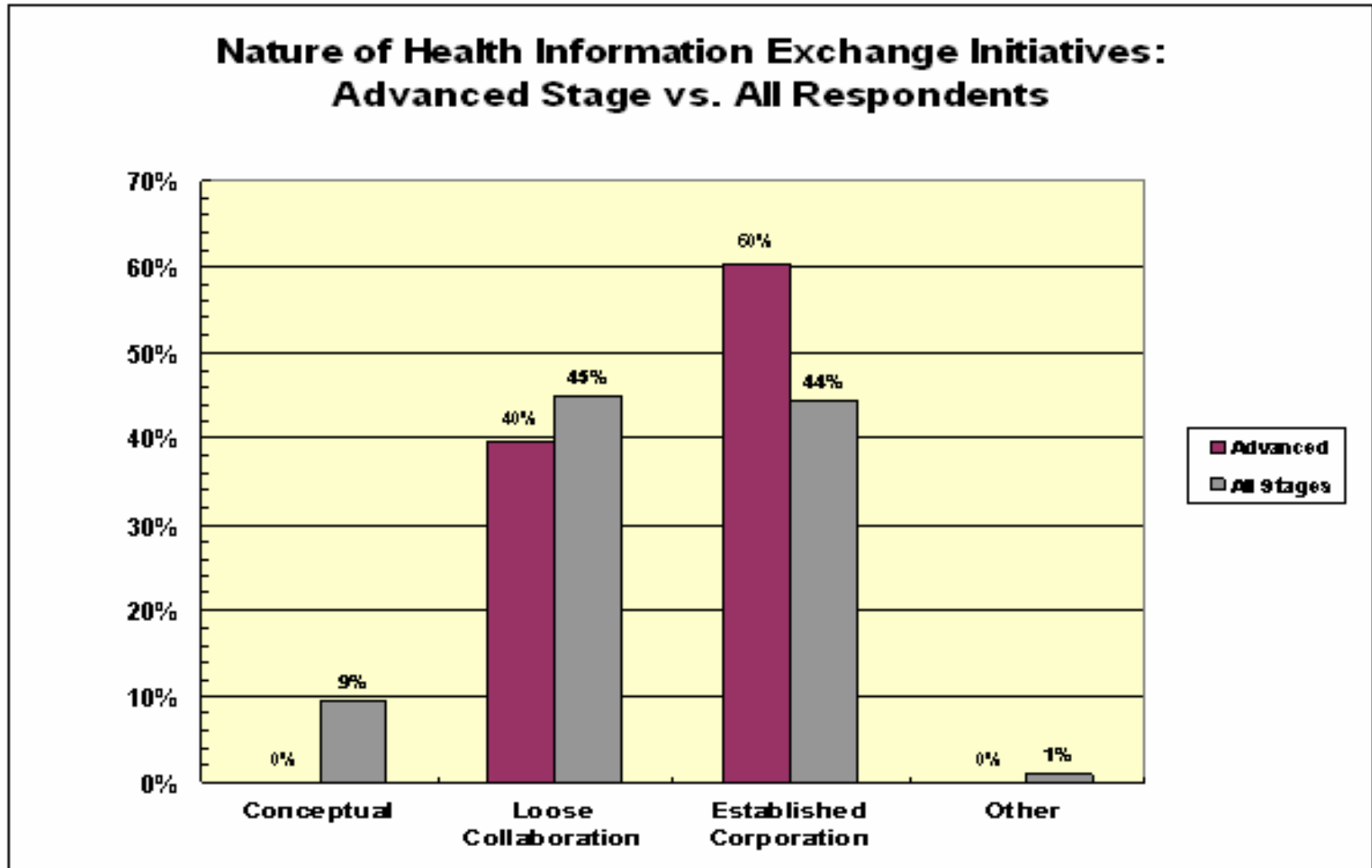
Key Findings from Survey

- Organization and governance structures are shifting to multi-stakeholder models with the involvement of providers, purchasers and payers
 - 60% of advanced stage are incorporated, among them 70% are non-profit models
 - Providers continue to play the most dominant role but see an increase in others: health plans (37%), local public health departments (33%), employers (27%), patient consumer groups (26%), QIOs (16%)
 - Clear shift towards leadership by neutral, multi-stakeholder entity (55%)

Who is Leading These Efforts?

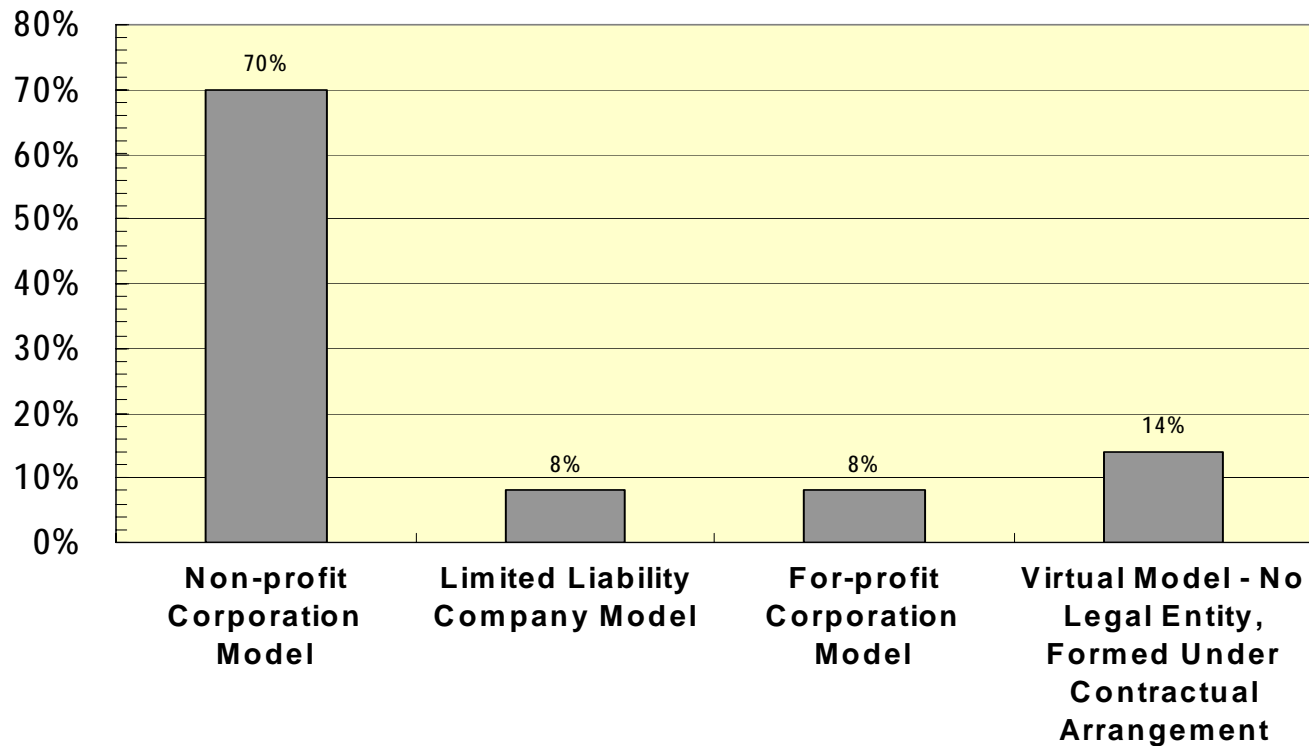


How are HIE Efforts Organized?



HIE Efforts are Forming Legal Structures

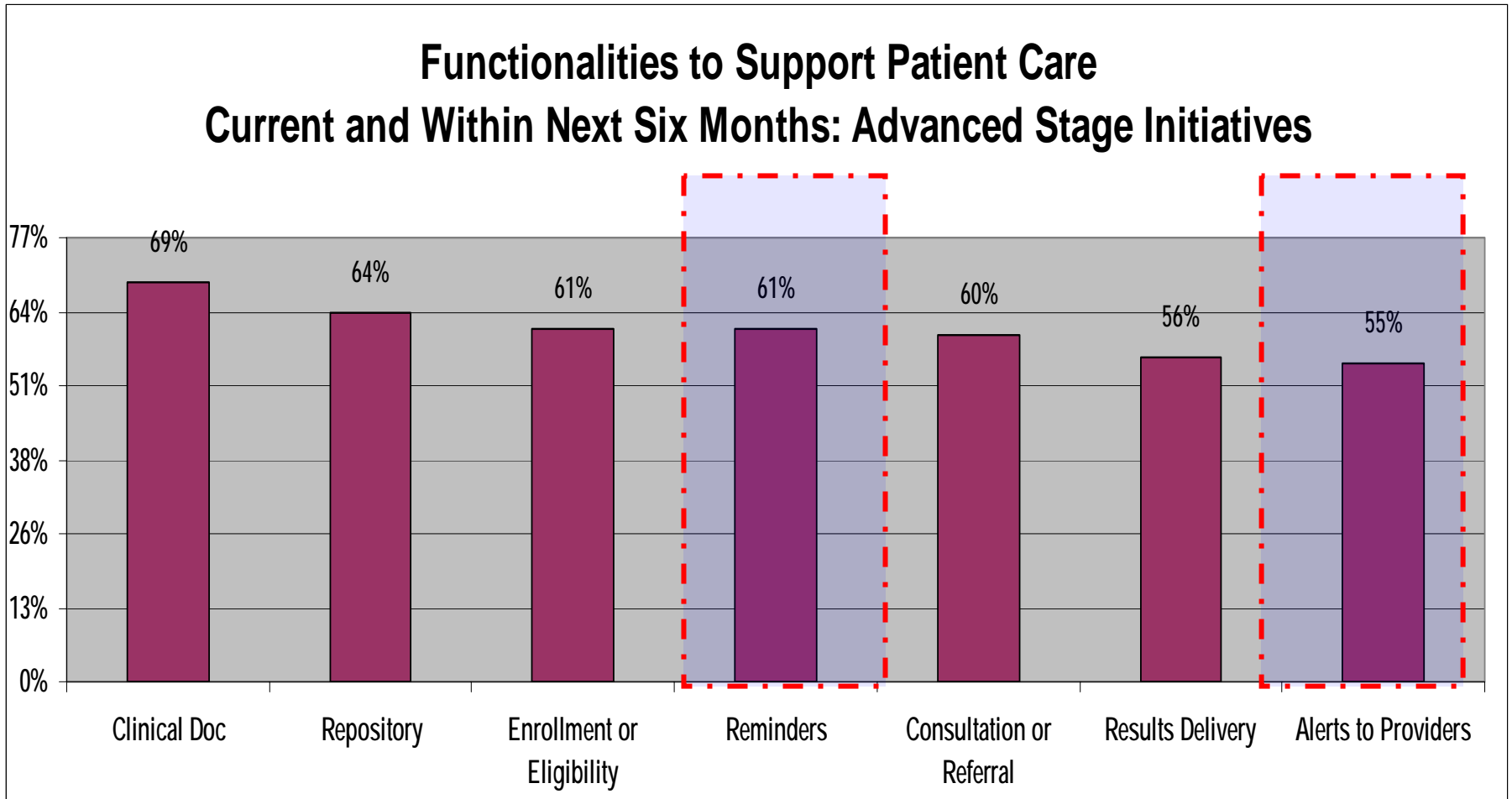
Nature of Health Information Exchange Initiatives



Key Findings from Survey: What are They Doing?

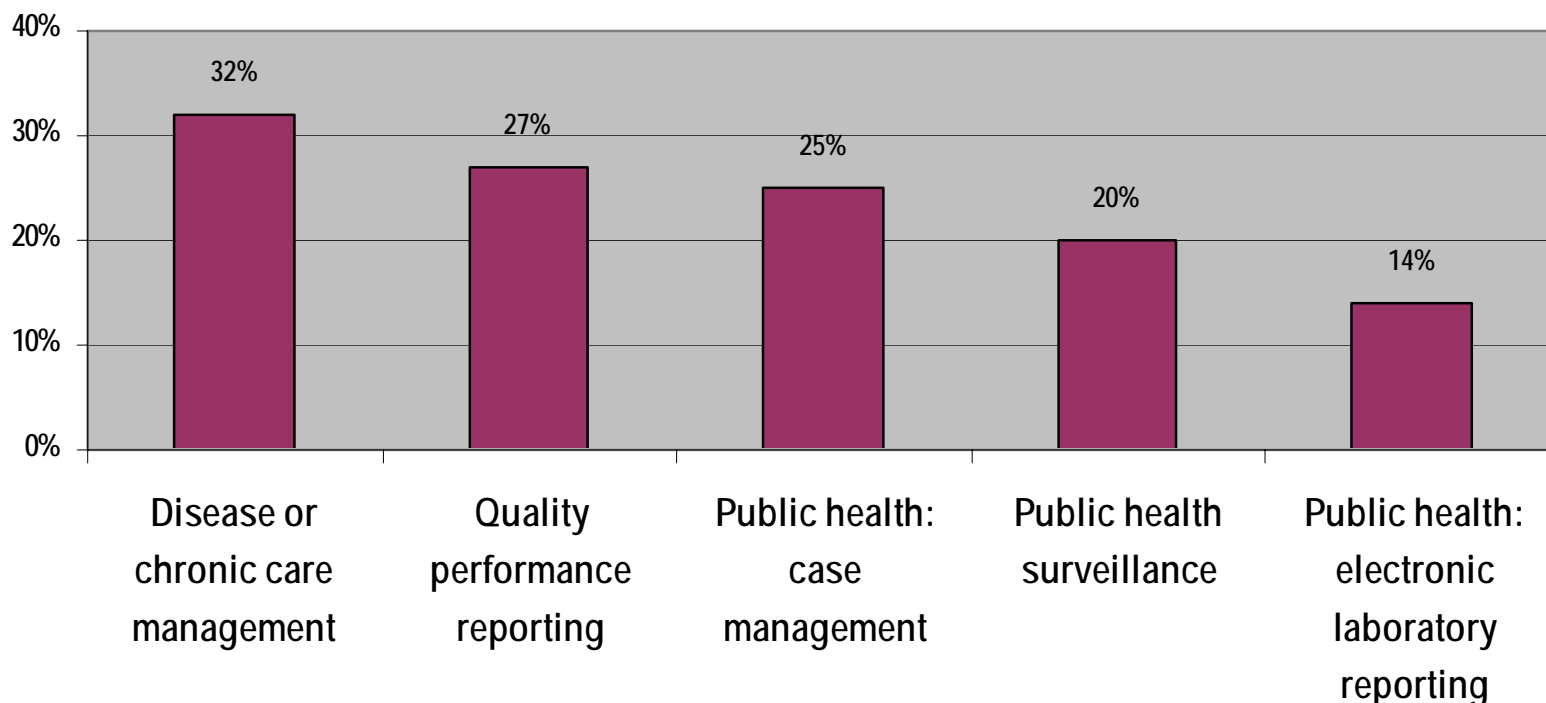
- Advancements in functionality to support improvements in quality and safety are evident. In addition to traditional uses to support care delivery (reminders, alerts, results delivery), a number are now expanding functionality
 - 32% currently providing disease or chronic care management services (with additional 21% expecting to within six months)
 - 27% are currently supporting quality performance reporting efforts (with additional 18% expected within six months)

Health Information Exchange Initiatives: What Are They Doing?



Growing Focus on Disease Management, Quality Reporting

Functionality to Support Efforts to Improve Population Health and Patient Safety: Advanced Stage



Key Findings from Survey: What are They Doing?

- Health information exchange efforts are delivering more information and increasingly using standards for data delivery
- More than 50% are exchanging or expecting to exchange outpatient and inpatient episodes, lab results, ED episodes, pathology and enrollment and eligibility
- 76% of advanced stage are using HL7 as messaging standards and 41% are using LOINC for laboratory reporting

Key Findings from Survey

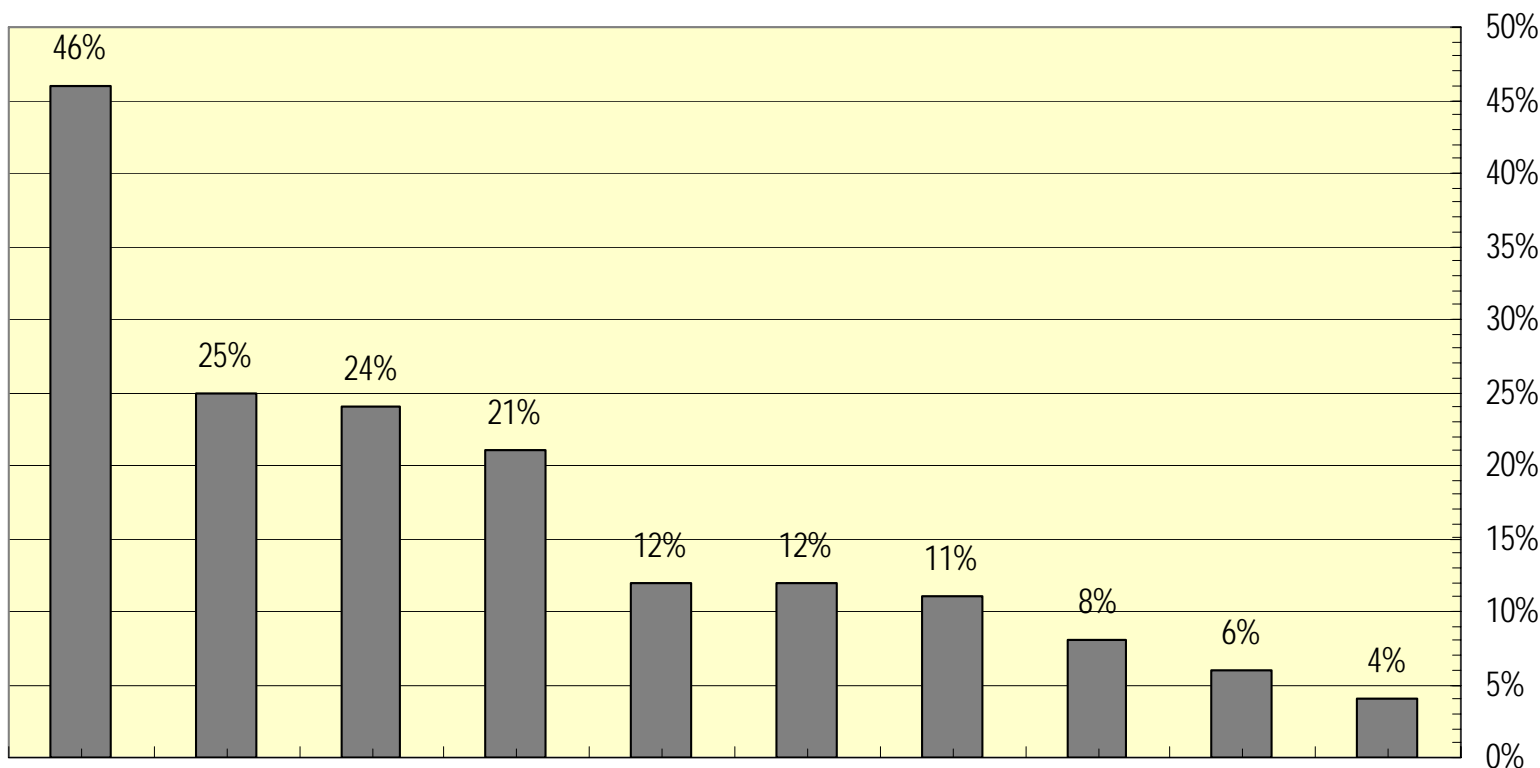
- Securing funding to support initial start-up costs and ongoing operations is still recognized as the greatest challenge for all health information exchange initiatives and organizations. Following citing very or moderately difficult
 - 91% cited securing upfront funding
 - 84% cited developing a sustainable business model
 - 80% cited accurately linking data
 - 74% cited engaging health plans

Key Findings from Survey

- Funding sources for both upfront and ongoing operational costs still rely heavily upon government funds but alternative funding sources for ongoing sustainability are beginning to emerge.
 - 46% of all respondents cited federal government contracts as current revenue source
 - 48% of advanced stage cite federal government as source for ongoing operations
 - Other sources are emerging for ongoing operations including advance payments from hospitals (38%), physician practices (33%), public health (19%), labs (15%), payers (15%), and purchasers (9%)

Federal Government Still Key Funding Source

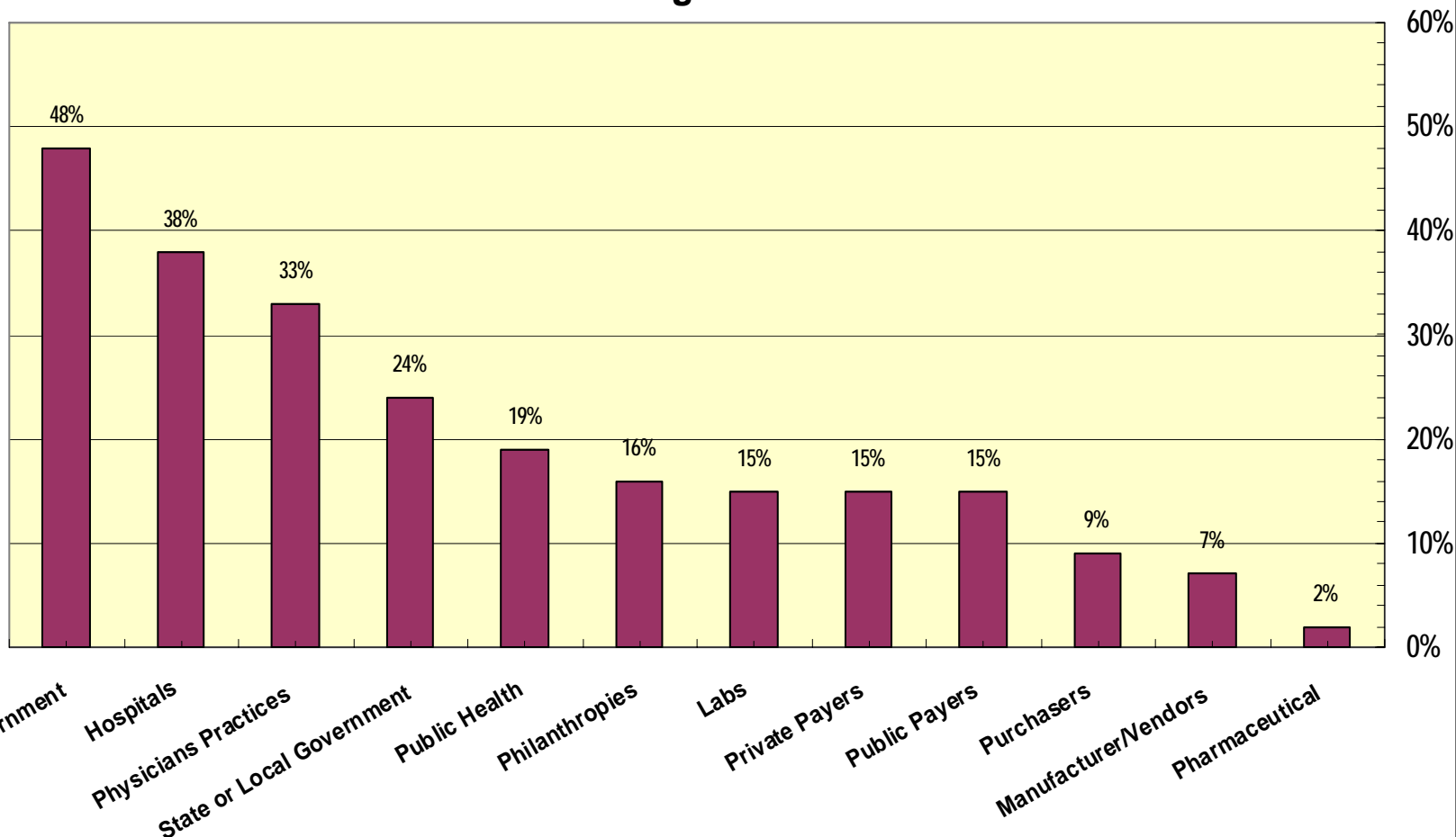
Current Revenue Sources for Upfront Funding: All Respondents



Federal gov't grants/contracts
Advances from hospitals
State/local gov'ts/contracts
Philanthropic grants
Advances from purchasers
Private sector investment
Advances from health plans
Manufacturers/vendors
Advances from labs
Loans

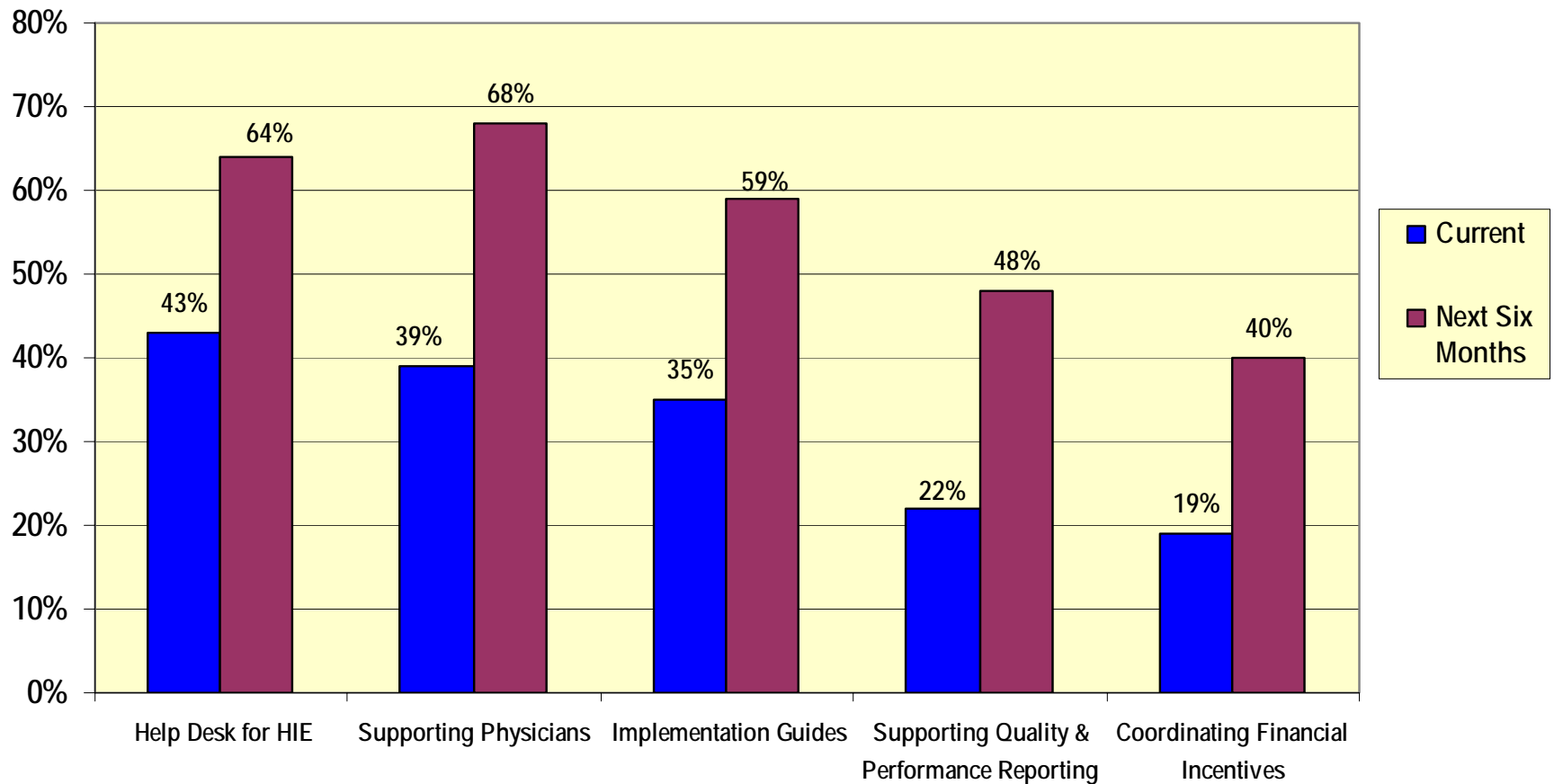
Federal Government Still Key Funding Source

Current Revenue Sources for Ongoing Operational Costs
Advanced Stage Initiatives



New Models for Sustainability Emerging

**Expansion of Services: Advanced Stage
Current and Within Next Six Months**



Emerging Guiding Principles

Emerging Guiding Principles

- **Approach for Getting Organized**
 - Convening by trusted, neutral party
 - Important to engage all of the stakeholders in your region or community: practicing clinicians, hospitals, laboratories, community health centers, pharmacies, health plans, employers, patient groups, public health, and the state and local government
 - Very, very important to understand your shared vision, goals and objectives, and principles for working together
 - Migrate from loose affiliation to organized legal structures
 - Representation of all of the diverse stakeholders
 - Open disclosure of biases and interests

Emerging Guiding Principles

- **Approach to Organizing the Work**

- HIT adoption and health information exchange will require local / regional collaboration; a “national or state-wide, one-size-fits-all” approach will not work
- Incremental; no “big bang” approach
- Value—to various stakeholders is critical here
- How are you evaluating the various alternatives within your incremental roadmap? What criteria are you using?
- How does this link with your region’s or community’s healthcare goals?
- Build on what exists.....
- Minimally invasive with limited disruptions

Emerging Guiding Principles

- **Approach for Technical Aspects**

- Build in your policies for information sharing as you build your technical architecture!
- Need information environment that facilitates and structures connectivity - adherence to precisely defined, uniform technical standards, common policies, and common methods
- Connectivity built on the Internet and other existing networks
- Environment is private, secure
- Minimally invasive approach – leverages existing systems - no “rip and replace”

Emerging Guiding Principles

- **Approach for Technical Aspects**

- Leverage existing open, non-proprietary standards
- Accurate patient identification based on uniform and standardized methodologies
- Record locator services created and controlled regionally or within other sub-networks, to help authorized parties learn where authorized and pertinent information is housed
- The information environment facilitates growth, innovation and competition in private industry

Emerging Guiding Principles

- **Engaging Practicing Clinicians in the Changes Required**
 - Innovation and investment will be needed to support small physician practices in migration
 - Reduce burden of multiple reporting systems (health plans, employers, regulators, public health)
 - Build reporting into current work-flow
 - Improve trust through certification processes
 - Realign incentives to promote adoption

Emerging Guiding Principles

- **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

- **Financing and Sustainability**

- Value of HIT accrues to many stakeholders, including clinicians, health plans, hospitals, purchasers, patients and public health
- Incentive amounts offered should be meaningful
- 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

Emerging Guiding Principles

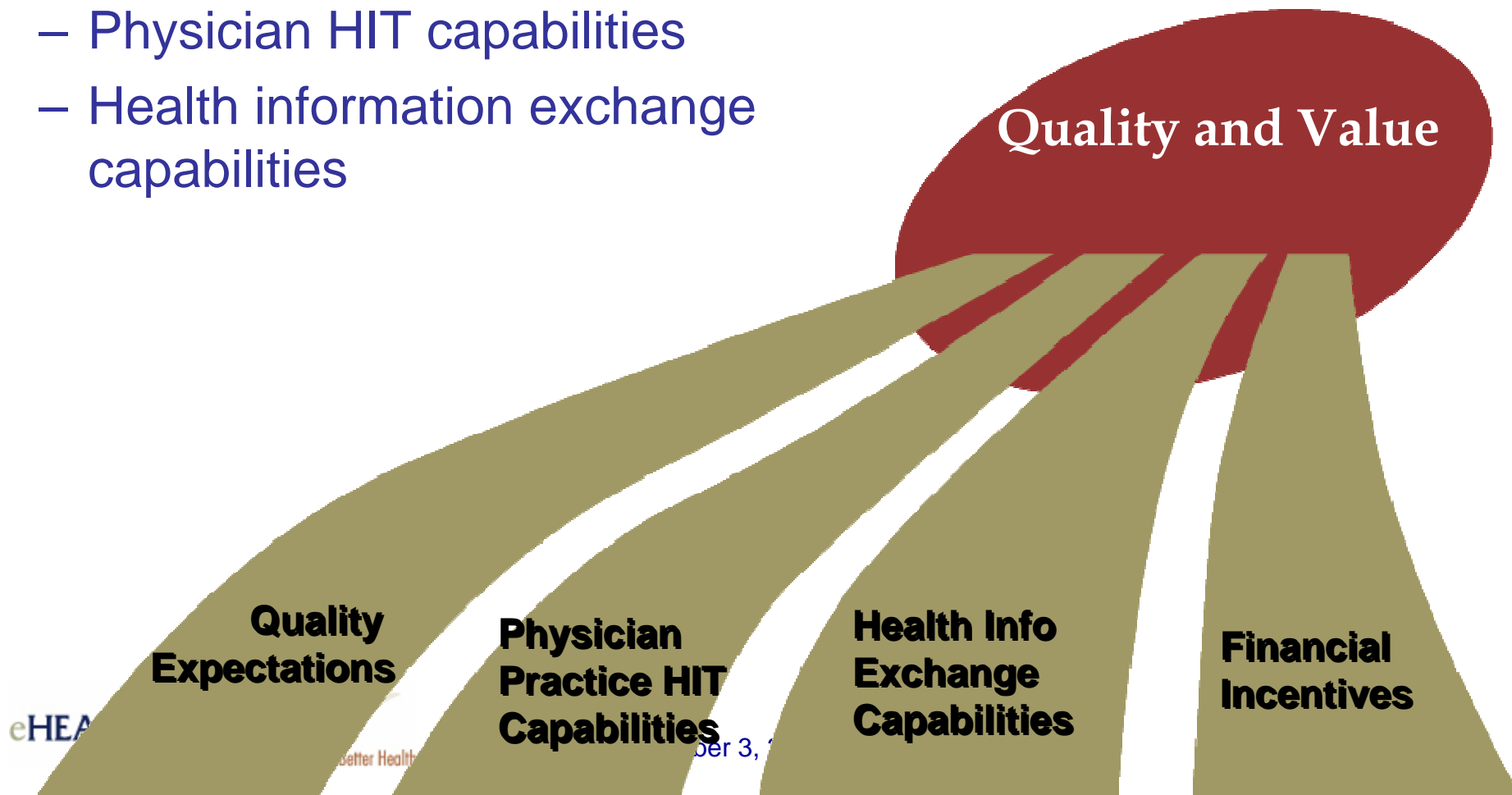
- **Coordination and collaboration within the region or community is critical.**
 - Widespread of adoption of HIT across physician practices may not be possible without broad-based community collaboration and coordination.
 - Physician practices ordinarily contract with a large number of purchasers and 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 somewhere else (hospital, lab, pharmacy, health plan, etc.) and therefore collaboration is needed

Emerging Guiding Principles

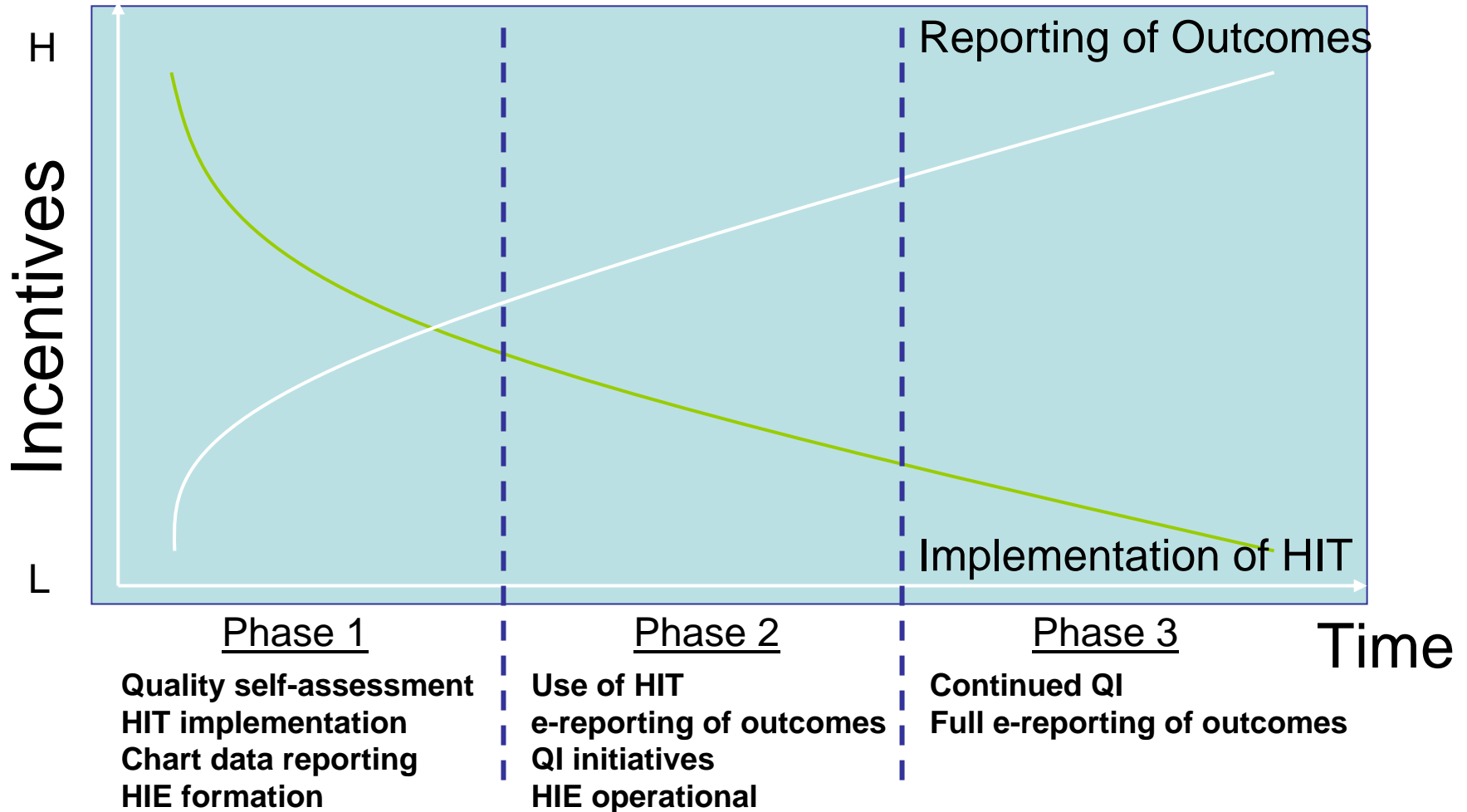
- **Benefits of Coordination and Collaboration within the Region or Community**
 - Providing leverage to achieve widespread participation,
 - Reducing the potential for the “free rider” effect (in which some purchasers and payers to reap the benefits of HIT adoption without sharing the costs),
 - Reducing the burden created by physician practices participating in multiple reporting initiatives, and
 - Significantly reducing the per participant cost of both transmitting and receiving common data elements for various healthcare needs

Parallel Pathways: Aligning Incentives with Improved Quality and Value

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



HIE can be the pot in which these ingredients can be best mixed



The Private Sector has Many Programs in Place

- Hospital-based – The Leapfrog Group has launched a new national program that rewards good outcomes and adoption of CPOE systems
- Physician-based:
 - Bridges To Excellence has a program focused on adoption of systems of care, including HIT
 - The Integrated Healthcare Association in CA rewards physician groups for ambulatory POE and eRX systems

Many Communities Across the Country also Have Programs in Place

- Massachusetts – there are a few programs in MA that are spreading HIT adoption to whole communities through up-front grants
- New York – an emerging health information exchange initiative in the Taconic Valley is rewarding eRx today and moving to rewarding EHR use

Many Health Plans have Incorporated Incentives as Well

- CareFirst BCBS – they licensed BTE and are expanding their program to reward many practices in the DC & Virginia areas
- UHC, CIGNA, Aetna – they are all recognizing physicians that adopt and use HIT to varying degrees

Key Take-aways

- You are not alone! There is a great deal going on at the national level and within states and regions across the country...learn from them, share your learnings
- National standards are emerging to support interoperability- stay in tune with them...build them in as they get defined
- Value-based purchasing will be here soon....keep this in mind as you proceed
- Engaging your purchasers and health plans is critical...without them you don't have a sustainable business model

Key Take-aways

- Remember that most of healthcare is delivered by small physician practices...engage them, and engage them early
- Most important thing is to stay focused...build your incremental roadmap based on value....at the end of the day, value is the only thing that matters
- You are poised to have great impact...keep the momentum and energy and focus going....
- Mobilizing health information is going to have enormous impact on the health and safety of patients...

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