

# Connecting Communities for Better Health Program\*

*Accelerating the Creation of State, Regional and Community-  
Based Health Information Organizations and Networks*

Co-sponsored by eHealth Initiative Foundation and WEDI

Key Insights from Meeting  
December 6-7, 2004  
Washington, D.C.

\*Conducted by the eHealth Initiative Foundation in Cooperation with HRSA/OAT

# Goals and Objectives of Meeting

- Bring state, regional and community-based health information organizations together to learn from national experts and each other.....
  - Common challenges
  - Creative strategies to overcome challenges
  - Common principles and best practices for planning and execution

# eHealth Initiative's

## Connecting Communities for Better Health

- Supported by cooperative agreement with HRSA
- Goals and Objectives:
  - Provide seed funding to multi-stakeholder collaborations involved in health information
  - Mobilize pioneers and experts to develop resources and tools to tackle following challenge areas: clinical, financial, legal, organizations and technical
  - Widely disseminate resources and tools to support successful implementation
  - Provide a cohesive and powerful “voice” for state, regional and community-based health information exchange organizations

# Who Was Here?

- Over 170 organizations and individuals
- Over 75 individuals who are participating in a health information organization today
- Representatives from over 45 existing or emerging state, regional or community-based health information organizations

# Who Was Here?

- Alaska
- Arkansas
- California
- Colorado
- Connecticut
- District of Columbia
- Florida
- Georgia
- Hawaii
- Illinois
- Indiana
- Kentucky
- Maryland
- Massachusetts
- Michigan
- Minnesota
- New Mexico
- New York
- North Carolina
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- Tennessee
- Utah
- Vermont
- Virginia
- Washington
- West Virginia

# Communities Face Common Issues and Challenges

- Organization and governance issues
- Lack of upfront funding and sustainable business models
- Technical issues including those related to architecture, accurately linking patient data, applications, standards and security
- Effectively engaging practicing clinicians and supporting clinical process change
- Assuring patient privacy
- Legal issues: fraud and abuse, anti-trust, and HIPAA

# Areas We Covered in the Meeting

- Tackling **organization and governance** issues
- Achieving **financial sustainability...** engaging the business and payer communities in your region
- Addressing **technical aspects...** and leveraging emerging **regional prototypes**
- Working through **business and legal** challenges

# Organization and Governance

## Key Drivers

- Improving speed and quality of information
- Improving health outcomes
- Creating efficiency
- Facilitating EHR implementation
- Reconciling data accuracy and timeliness
- Improving patient safety and quality
- Facilitating performance reporting and improvement
- Addressing public health needs
- Improving access to care
- Reducing interface costs

# Organization and Governance

## Alternative Roles

- Convening multiple, diverse stakeholders
- Developing and operating the technical network
- Governing use of the data and/or technology
- Driving implementation of standards
- Aligning financial incentives
- Supporting small physician practice adoption/technical assistance

# Organization and Governance

## Various Roles

- Serving as group purchasing organization
- Enabling quality improvement and/or performance measurement initiatives
- Providing consumer and community education and support
- Enabling clinical decision support

# Business and Legal Issues

## Key Considerations

- Conduct health information organization in a “business-like” manner
  - Business Planning
    - Purpose and Objective
    - Structure and Governance
    - Budget
    - Revenue Model
  - Corporate and Tax Considerations
    - Non or For Profit
    - Membership and Control
    - Tax Status

# Business and Legal Issues

## Key Issues to Address

- User agreements
- Vendor agreements
- Federal and State Administrative Simplification Laws
- Fraud and Abuse
- Anti-Trust
- Liability/Malpractice
- HIPAA...state Laws, which trump HIPAA if more protective.
- Other Federal Laws which protect patients with substance abuse, STDs, HIV/AIDS, etc.

# Organization and Governance

## Early Lessons from Field

- Importance of leadership and shared vision
- Organization should be interdisciplinary and inclusive
- First step is development of strategic business plan
- Structure of organization may minimize legal complexity
- State privacy laws may present larger obstacles than HIPAA
- Largest and most complex issues: definition of role and financing

# Organization and Governance

## Possible Key Metrics

- Inclusiveness
- Ability to get funded
- Good organization structure
- # and % of patients covered
- ROI
- Clinical health indicators
- Broad stakeholder participation
- Use of applications/network

# Organization and Governance

## Possible Key Metrics

- Public trust and confidence
- Sustainability
- Error rates
- % of physicians using the health information organization

# Question to the Group: Dependent on Large-Scale Federal Initiatives?

- General consensus that this will go forward absent a “large federal initiative”  
*BUT with the following assumptions:*
  - Incentives must be in place to encourage use of HIT and electronic connectivity (the network) and government can play a key role
  - Organizational and legal barriers must be removed and government can play a key role

# Financing and Sustainability

## Vehicles for Financing

- Incentives to practicing clinicians for HIT and use of the health information network. Options include:
  - Adoption/purchase
  - Usage of application
  - Usage of the network (interconnectedness)
  - Performance (which can be improved and measured using HIT and the connectivity)
- Grants for health information organizations, practicing clinicians or other providers (consensus that grants are not sufficient...key is to create a sustainable business model)

# Financing and Sustainability Vehicles for Financing

- Subscription model that aligns who pays and who benefits (all community stakeholders that benefit pay a portion)
- Relaxation of Stark and Anti-Kickback rules
- Tax credits to encourage investment

# Financing and Sustainability

## Who Should be Financed?

- Health information organizations themselves, particularly in start-up
- Practicing clinicians (small offices) are very important...key users of the network
- Large hospitals and IDNs will have difficulty adding this new priority to the plate....how do we incentivize their involvement?

# Financing and Sustainability

## Lessons Learned from the Field

- “Shared gain” is important....high degree of interdependence on achieving gain
- Data exchange as a commodity
- Minimally invasive approach
- Collaboration efficiencies
- Keep it simple...uncomplicated structure
- Need a neutral third party as convener/process manager

# Financing and Sustainability

## Lessons Learned from the Field

- Obtain support of regional leadership
- Thoughtfully address governance
- Obtain seed funds for planning and prototypes
- Focus on incremental initiatives that have a business case

# Technical Connectivity

## Presentation: Connecting for Health

- Overview of technical issues associated with health information exchange...how they can be addressed
- Review and discussion of creation of a Regional Prototype: Creating the Common Framework for Connectivity
- How we can collaborate.....health information organizations with the Connecting for Health Common Framework initiative

# Connecting for Health

## *Common Framework: Principles*

- Safeguard privacy
  - Preserve trust
  - Patient control of information
- Improve discovery and delivery of records
  - When they are needed
  - Where they are needed
  - Only by whom they are needed
- Increase Quality of Care (and therefore decrease cost)
  - Increase physician ability to access vital patient records
  - Improve patients' access to their own records
  - Decrease number of tests that need to be re-run
  - Lower risk of adverse drug reactions / interactions
- Create value for patients, private, non-profit, and Government caregivers, from sole practitioners to large institutions

# Connecting for Health Technical Challenges

- Linking data—accurate patient identification
  - Aggregating one patient’s data from disparate sources
- Provider identification
  - Unique individual vs organization
  - Certification and qualifications
- Overall Architectural model
  - Central vs distributed / federated model
- Choosing the standards “stack”
  - Semantic interoperability
  - Data elements, structures, messages, wrappers
- Secure connectivity and transport
  - Encryption, Authentication, Integrity, Non-repudiation

# Connecting for Health

## *Recap of Roadmap Recommendations*

### “Common Framework” for Connectivity

- Minimum necessary common technical requirements for making a locally driven strategy work
- Non-proprietary, decentralized, federated architecture
- “Network of Networks” built on the Internet
- Based on uniform agreements, standards, policies and methodologies for reliable, secure information exchange and common identification of patients and providers

# Connecting for Health

## Common Framework: Five Specific Goals

1. The primary goal is to demonstrate that common use of a core set of specifications and policies will permit health information exchange among entities within a community and among communities.
2. Establish a *Common Framework for Connectivity*: a set of standards and policies and test them in a series of proof-of-concept implementations

# Connecting for Health

## Common Framework: Five Specific Goals

3. Develop a first set of specifications for the Common Framework in diverse settings--diversity of geography, technology, and infrastructure for the sites is a key requirement.
4. Creating the Policy Framework for Information Sharing
5. Development of “Articles of Federation”:  
Enumerate the foundational principles of a multilateral agreement for data sharing.

# Connecting for Health

## Technical Team Deliverables

- The first task is writing and testing detailed specifications and implementation guides
- Deliverables include:
  - Suite of all necessary standards required to implement the Framework
  - A well specified algorithm for passive patient matching
  - A well specified distributed provider identification approach
  - A well specified authentication and authorization approach (though possibly not the final one)
  - Implementation Guides for HL7 transfer of medication history and laboratory results
  - Example code for a Record Locator Service and message transfer
  - Example code for a lightweight viewer
  - A method for validating that a system conforms to the specifications for the Record Locator Service and message transfer

# Connecting for Health: Three Opportunities for Involvement

1. If you are going to live implementation in next twelve months...become a Reference Implementation “Community-based Strategic Partner”
2. If you just want to keep informed and provide input as you are planning your health information organization (not yet at technical stage)...monthly calls through eHealth Initiative Working Group for Connecting Communities

# Connecting for Health: Three Opportunities for Involvement

3. If you need financial support, eHealth Initiative Foundation Connecting Communities Program offering challenge grants for Common Framework testing and implementation in 2005

# Overview of Informal “Mini-Survey” of Health Information Organization Participants

# Who Responded

- 59 individuals involved in a state, regional or community-based health information organization

# Difficult Challenges: Rank Order

1. Financing and sustainability – 76% ranked in top three
2. Building trust among diverse healthcare stakeholders – 56% ranked in top three
3. Organization and governance – 41% ranked in top three
4. Engaging practicing clinicians
5. Addressing privacy and security

# Difficult Challenges: Rank Order

6. Legal issues
7. Engaging health plans and / or healthcare purchasers
8. Technical aspects

# What Stage? 57 Responded

## Stage 1

- **13 responses**
- Recognition of the need for HIE among multiple stakeholders in your state, region, or community

## Stage 2

- **15 responses**
- Getting organized
- Defining shared vision, goals, & objectives
- Identifying funding sources
- Setting up legal & governance structures

## Stage 3

- **14 responses**
- Transferring vision, goals, & objectives to tactics and business plan
- Defining needs and requirements
- Securing funding

## Stage 4

- **9 responses**
- Well under-way with implementation – technical, financial, and legal

## Stage 5

- **5 responses**
- Fully operational health information organization
- Transmitting data that is being used by healthcare stakeholders
- Sustainable business model

# Health Information Organization Functions: Rank Order

1. Results delivery to clinician's office – 75%
2. Patient-provider communication – 54%
3. Enrollment checking & eligibility – 47%
4. Disease management / reminders – 46%
5. Public health surveillance – 46%
6. Quality performance reporting – 42%
7. Others: E-prescribing, Reimbursement, Billing, EHR

# Dollars Needed: Rank Order\*

## Initial Capital – 30 respondents

1. Less than \$500,000 - 14%
2. \$2M - \$5M – 14%
3. \$1M - \$2M – 12%
4. \$5M - \$10M – 5%
5. \$500,000 - \$1M – 5%

## Annual Operating Costs – 29 respondents

1. \$500,000 - \$1 M – 14%
2. \$1M - \$2M - 10%
3. \$250,000 - \$500,000 – 10%
4. \$2M - \$5M – 7%
5. \$5M - \$10 – 5%

\*Note usefulness of data is limited, given scope of project to be financed was not defined

# Dependent on Federal Incentives?

- 63% - Yes
- 12% - No
- 25% - No Answer

# Feedback on What We Can do to Help

- Maintain momentum
- Create how-to guides for thorny issues
- Provide a map of the various initiatives and how they fit together...
- Promote adoption of standards
- Align efforts strategically among “data sources”
- Build support for HIOs at grassroots level in alignment with national standards

# Feedback on What We Can do to Help

- Continue work with evolving inventory of health information organizations
- Continue to create a place for learning and dialogue
- Engage the states

# Key Insights

- A number of state, regional and community-based organizations are cropping up across the country
- Currently health information organizations are in a wide range of states of readiness
- There are only a handful of fully operating health information exchange organizations

# Key Insights

- Incentives and financing are a key barrier to moving forward
- Consensus on organizational models is emerging – multi-stakeholder, likely non-profit, at least in the early stages
- Clear concern about privacy and security issues

# Key Insights

- More guidance is needed on fraud and abuse, and anti-kickback rules...what role can the hospitals play?
- We will need innovation and creativity to support the migration of small physician offices
- There is a need to “get to the next level” on standards

# Key Insights

- There is great interest in the notion of a standards-based “regional prototype” for health information exchange as outlined by Connecting for Health and accompanying policies, implementation guides and tools, and several communities have expressed interest in participating
- Enabling sharing of health information with consumers is very important but has a great deal of complexity

# Key Insights

- We need to “get to work” and get to the next level....

# Where Do We Go From Here?

- Catalog and capture the learnings of this session and share with all of you...and other communities and healthcare stakeholders across the country
- Continue the learning and dialogue...drill down more...smaller groups focused on targeted issues
- Continue development of inventory of state, regional and community-health information organizations
- Continue development of assessment tool to support health information organizations

# Where Do We Go From Here?

- This is one of a series of meetings....Connecting Communities quarterly face to face meetings conducted in conjunction with site visits to more mature RHIOs – monthly conference calls....
- Connecting for Health – Connecting Communities partnership on regional prototypes – standards/specifications development and challenge grants
- Build a “common voice” for communities on policy issues that need to be resolved