eHealthTrust™
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A Path to Achieving Health Information Infrastructure

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I. What is the Current Vision for Health Information Exchange (HIE)?

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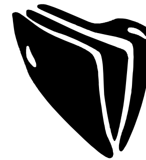
Community

Hospital Record


Laboratory Results

Specialist Record

Pointer to Encounter Data Added to Index

Requests for Records

Records Returned

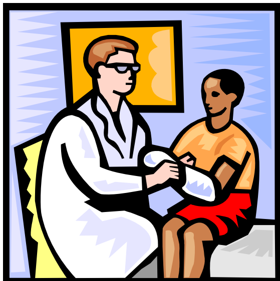
Clinician EHR System

Encounter Data Stored in EHR

Patient Authorized Inquiry

Index of where patients have records

Temporary Aggregate Patient History


Clinical Encounter

Patient data delivered to Physician

Info Exchange

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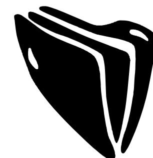

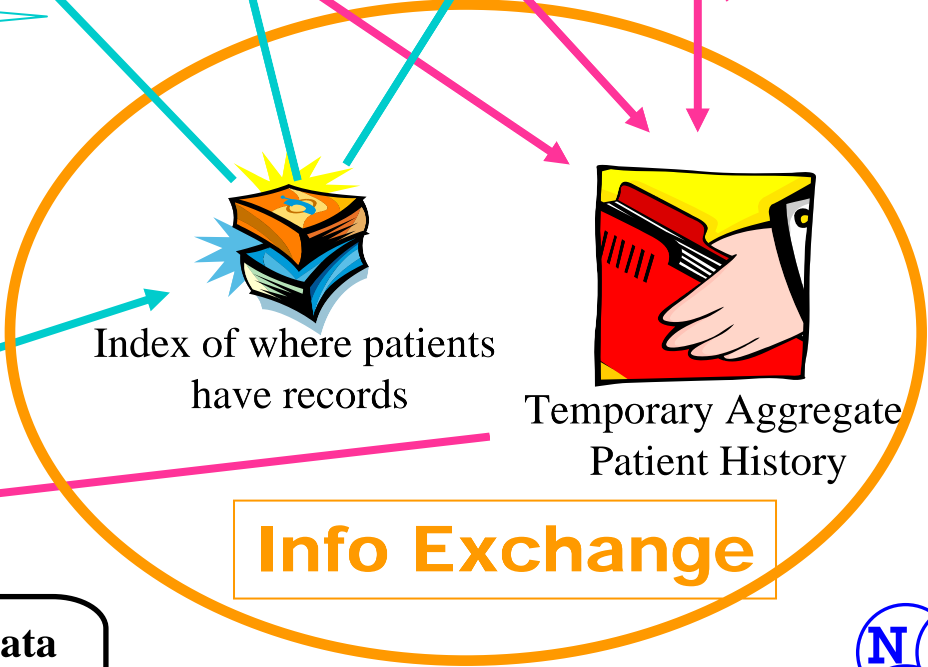

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Problems with indexed, distributed community HII

- All health information systems must have query capability [who pays?]
  - Organizational cooperation challenge (esp. for physicians)
  - Maintaining 24/7/365 availability with rapid response time will be operationally challenging (& costly)
- Searching HII repository is sequential (e.g. for research & public health)
- Where is financial alignment & sustainability?

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Examples of Community HII

Name	Data Storage	Financially sustainable?
Spokane, WA	Central	YES
South Bend, IN	Central	YES
Indianapolis, IN	Central	Not yet

Number of operational community HII systems using indexed model: NONE

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II. A Path for Successful HII Implementation: eHealthTrust™

A. Roadblocks in Community HII
B. Overcoming the Roadblocks
C. eHealthTrust™ Advantages
D. Strategy for Initial eHealthTrust™ Funding

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A. Roadblocks to Community Health Information Infrastructure

1. Outpatient Electronic Health Record (EHR) use
   - Information not electronic
   - Financial incentives needed
2. Financial sustainability
   - Hospitals/Labs will only pay for distribution of their own data
   - No funding for sharing outpatient information
3. Patient access & control
   - Absent

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B. Overcoming the Roadblocks

- <u>All</u> information for a patient (from <u>all</u> sources) stored in single eHealthTrust™ "account" controlled by that patient
- Charge $50-100/year/patient (< $9/mo)
  - Paid by patient, payer, or purchaser
- All data sources contribute at patient request (per HIPAA)
- Operating Cost < $10/year/patient
- Payments to clinicians for submitting standard electronic clinical info provides incentives for EHR* acquisition (~$2-4/encounter)**

*electronic health record

**patent pending

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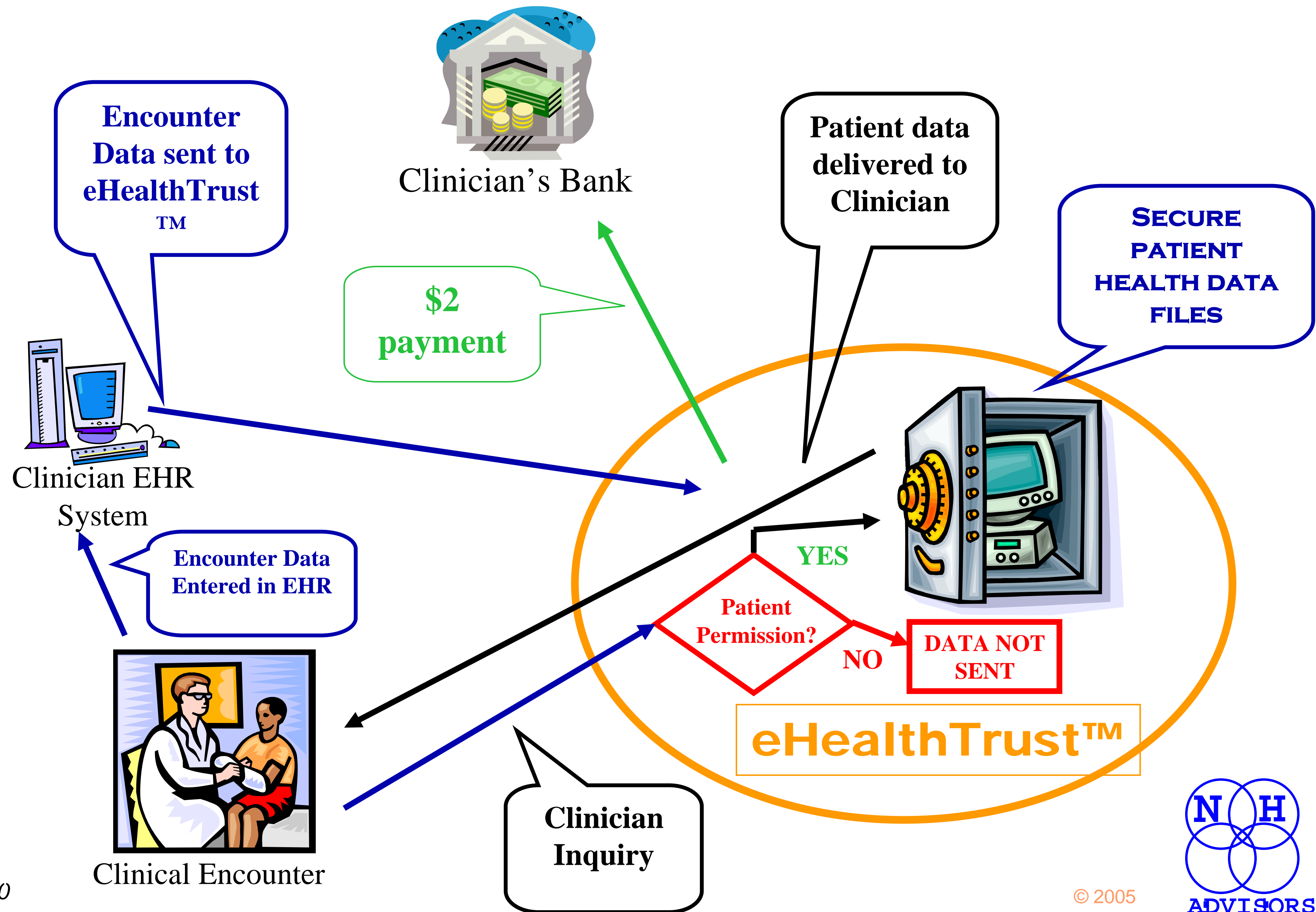

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Health Information Infrastructure Roadblocks Removed

1. Outpatient EHR* use
   - Financial incentives provided
   - 20 pts/day --> $10-20,000/year
   - Rapid EHR* adoption
2. Financial sustainability
   - Low cost to purchasers/patients
     - Simplicity --> low cost
   - Real benefits
3. Patient access & control
   - Total

*electronic health record

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C. eHealthTrust™ Advantages

- Rapid Response Time
  - All patient information in one place
- Works Regardless of Patient Location
  - Internet access: secure web portal
  - Patient has "ATM-like" mechanism that directs any provider to the complete record
- No Complex Interfaces to Other Communities or eHealthTrusts™
- Easily Integrated with
  - Patient-entered information
  - Patient education information
  - Patient reminders
  - Patient-provider electronic communication
- Provides for Public Health and Research
  - Selective reporting to public health when new information received
  - Searchable database (with patient permission) for research

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C. eHealthTrust™ Advantages (cont.)

- Cooperation Assured
  - Unifying; HIPAA mandates information on patient request
- Complexity Minimized
  - Each information holder relates only to eHealthTrust™
  - Interoperability problems greatly reduced
- Privacy/Confidentiality Addressed
  - Patient controls all access to his/her info
- Complete Financial Model Defined
  - Source of funding clear
  - Low cost (1% of health care costs)

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C. eHealthTrust™ Advantages (cont.)

- Promotes Gradual Standards Adoption
  - Initial standard enforced through patent
  - Reimbursement policy can improve standard over time (e.g. to increase coding)
- Provides Transition from Paper Records
  - Fax images of paper records stored
  - Metadata facilitates some indexing
- Simple IT Design
  - Greatly reduces costs
  - No new technology
- Immediate Realization of Benefits
  - Each eHealthTrust™ member gets immediate benefit from complete records
  - Benefits not contingent on critical mass (except EHR incentives)

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D. Strategy for Initial eHealthTrust™ Funding

- Delay paying physician incentives until second year
- Reduces cost to ~$1/member/month
- Engage patients, payers, purchasers to finance low start-up costs
  - Affinity credit card as patient ID & payment source
  - Obtain payer commitment for ~$5/member/month in year 2 if system demonstrates value
- Demonstrate effectiveness of system in first year

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Questions?

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