

**Health Information Technology and Health Information Exchanges Topical Area Meeting  
Government  
August 24, 2006**

**Vision**

- Electronic record that can move with consumer through system
  - Move from DRC to alcohol and drug rehabilitation, back to work/community
- Information should follow people
- Health information available to those who need to ensure quality and expedited care
- Improve exchange of data within and between agencies
  - Dataset management organization
  - Clearly defined data; standards
- Break down federal/state barriers to data exchange
  - Access to data; regulations, CFR 42, HIPPA, organizational policies
- Build on what has been done
  - Examine what has worked and what has not worked
  - OCH
  - Statewide immunization registry
- Standards for interoperability
- Breakdown common stakeholders; group those that share the same type of barriers together
- Legal authority (cabinet member) that does not belong to any one state agency to mesh differences and legal opinions
- What is paradigm principle?
  - Share to improve health
  - Real time, nimble, accurate, and efficient access to data
  - Continuous quality improvement
  - Open but secure privacy protection
- Where to keep data
  - Repository
  - Data stays in various venues; people can query data and add it to their own database
- Consolidate data from transactions to create a holistic view
  - Monitor performance
  - Create public policy
- ROI
- ID requirements to use the system; for users, payers, providers, consumers, etc
  - Without HIPPA not equal to mandate + use, unless business requirement
- Information in EHR: demographics, diagnosis, assess, prognosis, employment
  - Following TX model: HIPPA compliance within system
    - Informed opt-out
- Department of Corrections-wants all the information on people entering the system
  - Share data of people leaving system
  - Combined benefits, discharge
  - Eligibility
- DYS-DIR: disposition of information report

### **Barriers to HIT Adoption**

- EHR adoption
- Cost
  - To adopt, train, maintain, upgrade
- Providers, agency resistance to automate
- Workflow
  - Turnover
  - Quality of staff
  - Data and computer files create real time accountability
- Who am I going to share with and why
  - Dollars for multiple projects, how do you prioritize
- Fear of violation of privacy/breaches
- Fear of BETAMAX
- Electronic signatures concerns (attachments)
- Loss of being specific, practice my way
- Low level of IT expertise across health care industry, especially on provider side

### **Barriers to HIE**

- Owner of data barrier
- Resistance to share
- Legal ramifications of sharing data
- Fear of information getting in the wrong hands
  - Ex: An inmate getting a guards information
- Identifiers: Some patients/consumers want to be anonymous
  - Some data they might not want to share
- Opt-out option
- Fear of being denied health insurance/employment
- Workflow false exchange barriers
- Providers need to look at information and review it

### **Policy Options to Address HIT Adoption**

- Trusted third party to help advise and educate providers
- Training in medical schools, nursing schools, pharmacies
  - What to buy, understanding workflow
- Help desk or internal support (larger organizations/agencies)
  - Smaller providers do not have access to this support
- Certification
- Loan/Grant:
  - No/low interest loans
    - Medicaid
  - Pool of dollars to support adoption
- Government help RHIO to obtain funds
- Payment rates
- Pooled purchasing

- Gather data, open up to share
- Authority over sharing among state agencies
- Central group coordinated effort- get leg support
- Medicare Advisory Committee
  - Possible healthcare advisory committee
  - HIT as subgroup of committee
  - Psychotropic drug project (Medicaid and mental health)

### **Policy Options to Address HIE**

- Privacy and Security Challenges for Exchange
  - Identifying people
  - Move away from social security number
  - National provider number
- Standards
- Adapters
- Reporting of data/processing of data easier
- Inventory of what agencies have and what they want to have
- Inventory of what agencies/organizations want to use to communicate with other agencies/organizations
- Find out if IT systems talk to other IT systems

### **Questions/Other**

- Diagnosis of ICD
- Providers prefer to dictate notes
- Payer: what can they provide now
- What is missing on the clinical side
- Iterative process