

Health Information Technology and Health Information Exchange Topical Area Meeting
Hospital Care
August 28, 2006

Vision

- Appropriate exchange of clinical info between systems that does not threaten them
- Effective exchange of data relevant to treating a patient
 - Clinical, admin & eligibility
 - Patient centered focus (information follows the consumer)
 - Providers are custodian of the data
- Communication between electronic systems
 - Interoperability
- Move more paper processes to an electronic form of exchange
- Handling multiple formats of data info including scan
- Standardization for exchange of information
- Statute payer practice that supports and encourages electronic exchange
- Enhance and support physician/provider- patient relationship
- Entering data only once
- Streamline reporting of required data
- Patient ability to Opt-Out, if so for what (informed opt-out)
- Continuity of care record
- Repository of key data or at least providers of record for the given patient
- Local Exchanges with state exchange
 - State help with setting standards
 - Ex: California model
- Standard interface for exchange among different systems
- Open architecture
- State level entity for leadership and moving effort forward with legitimacy must include government (UTAH)
- Common interpretation of how to use standards

Barriers to HIT Adoption

- Cost
 - Purchase, training, support, upgrade and maintenance, staffing (IT), workflow analysis,
- Transition cost challenges
 - process change, policies, down time and loss productivity
- Staffing
 - Training
- Provider Attitudes-physician resistances to use system within hospital setting
- Fear of Betamax
- Lack of Standards
- Lack of a unique patient identifier
- Doubt on ROI
- Facility challenges

- Physical space
- Legal Issues
 - Anti-Kickback
- Technology does not solve all issues such as multiple bill to consumers
- Hospital decentralized purchases, best of (by dept). Breed vs. integration with system operability
- Lack of system wide IT focus
- What is the medical record?

Policy Options to Address HIT Adoption

- Loans/grants
 - Hill/Burton type program-for IT loan
 - Energy conservation (matching funds)
 - Pooled purchasing (lower per unit cost)
 - Build information payment systems
 - Reward those with higher payment incentives/rewards
 - Mandate with payment
 - Pool of dollars (money)
- Priority list-what to exchange, what support acquisition
- Pay adoption overtime from expected, predicted savings
- Show ROI for different practices/activities
- Invest to develop interfaces for exchange (partner with other states)
- Certification (how good if not sure of standards of exchange)
- State fund a RHIO with small group of rural hospitals
- Train/vendor assistance support to providers

Barriers to HIE

- Competition among systems/providers
- Same thing not always available electronically
 - Process differs in terms of automation
- Lack of interoperability
- Different forms of discharge information
- Differences mandated by papers and public health entities (government)
 - Differences in how to keep information
 - Paper requirements as statues
 - Ex: for advanced directives
 - What/who manages care payer or provider?
- What rights do consumers have to withhold data, especially if self pay
- Bandwidth/infrastructure
- Re-release of data issue

Policy Options to Address HIE

- Communication or way to exchange of data w/source of competition
- Standards create less advantages for competition
- Community/patient expectations

- Payment policies
- Mandate? In time
- Leadership-state level
- Standards of exchange to address issues of interoperability
- Priority list as part of exchange
- Payment policy
- Standardization of discharge forms across institutions (priority list)
- Move to policies that promote electronic exchange
- Providers negotiate in mass with payers (boards negotiate with payers)
- Bring together needed entities
- System allow information to be designated as private
- Liability discussion
- Private-protected fields-work with staff entity to develop recommendations
- Informed opt-out
- Subsidy support
- What rights payers/employers have to use data?

Other

Physician- patient privilege issue