

**Health Information Technology and Health Information Exchange Topical Meeting  
Public Health  
August 16, 2006**

**Vision**

- Define what we need to do to increase compliance in reporting reportable diseases
  - Both better and cheaper to reduce workload conditions and improve risk factors
- Chronic disease prevention including injury
- Environmental
- Public Health agencies and partners will have all the information necessary to prevent and control adverse health conditions when they occur
- Labs, hospitals, & providers will enter data once for multiple uses with appropriate authorization
- Systems will have intelligence to identify duplicate events
- Move away from using SSN as unique identifier
  - A unique identifier is not absolutely necessary to for surveillance and tracking trends
- Condense redundant reports
- Birth to 5 reports will be available and appropriate referral and diagnosis confirmed
  - HealthBridge has non redundant data that public health must track
- It would be great if all regions could send data to the State
  - Utah is a good example to follow
- Rules to govern boundaries
  - What are the limits of public health
- What does the public want public health to be
- Quality review
  - Where is the line
- Risk factor discussion
  - What are they where is the line
- Cost of disease for public sector
- Who does public health
- Local health departments
- Prevention using not collecting
- Data across the person not silos
- Minimum necessary
- Information exchange
  - Correct data gets to correct people
  - Who needs it?
- Link Public Health and Homeland security
- Short term vision data pull electronic report
- Medical purposes enter once
- Outbreak situation; record number of reports
- Cases defined does not mean disease
- One send to all places
- Payers be willing to share

### **Barriers to HIT Adoption**

- Can not talk to each other
- Privacy zealots
- Cost
- Not all health information is electronic
- Vendors can be a problem- proprietary
- Open source needed
- Statutes' underlying assumptions change
- Health department default issues
- Not capable in counties
- Culture shift for public health and practitioners
- Education as not preparing practitioners
- Retrospective interoperability
- Stability in the pace of innovation- predictable cost
- IT infrastructure and security
- Existing silo structures are a barrier
- Barrier- continuity momentum government ag legislature or government

### **Barriers HIE**

- Translations interoperability
- Standards of practice are inconsistent too
- Standards missing

### **Policy Options to Address**

- Education system to technology (adult education)
  - Older physicians will struggle
- Nursing solutions first
- Public Health buy into disease reporting from locals & doctors
- Have successes first
- Billing and claims focus CO
- Incentives to get doctors to adopt
- Where do we get the money
- Maximize my effort with EHR improving diagnostic capability
- Advise doctor of outbreak; better diagnostics
- Everybody wins, better information less cost
- Prime the pump, government
- LTC meeting investment money do not have
- Third party payers automatically uploaded to payers
- Midwest especially what savings would be
- Plan to show legislature what investment savings would be
- Who would be opposed- patient the big winner

- Transition workflow changes- increased cost at first
- Less money for vendors no matter who has it can flow
- Market forces, Medicaid, convince legislators who will save money
- Level of performance specification
- Review existing law that addresses misinterpretation
- Timeliness w/ batch transmission or real time
- Standard public health format- audit capacity completeness of the record
- Data to drop off the table
- How deep public health goes
- Collection of data should align with the mission- role Public Health mission- intervene
- Independent body to review all these items neutral
- Reporting requirements exist- what is being requested
- Formalizing the process both internal and external
- More transparent process accountability ethicists review body
- Removed from politics and law enforcement
- Move away from the silos oversight and do not talk
- Regulation of the whole integrated effort
- Archiving issues
- Utah standards setting department of insurance
- What are state level decisions that have to be made
- What is it that has a public process before promulgation
- Differing standards of medical and public health practices
- Locals superfluous
- Multi year project incentives to bring everybody
- Overarching so no one person can bring it down
- Self sustaining keep it going cover costs and pay for itself
- Getting in with the payers, can find benefit to them
- Dental cash to Medicaid
- Medicaid and Medicare CMS will set the standard
- Institutional providers moving, the industry gets impetus
- 10 years if you wait for feds but some movement