



# Health Information Technology

*An Update*

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# *HIT – The Promise....*

- Comprehensive management of health information and its secure exchange between consumers and providers
  - Improves health care quality
  - Prevents medical errors
  - Reduces health care costs
  - Increases administrative efficiencies
  - Decreases paperwork
  - Expands access to affordable care
- Public health benefits
  - Early detection of infectious disease outbreaks
  - Improved tracking of chronic disease management
  - Evaluation of health care using cost and quality information

# Challenges

- Understanding and resolving legal policy issues
  - Different interpretation of HIPAA privacy and security rule
  - Determining liability and enforcing sanctions in cases of breaches of confidentiality
  - Understanding and resolving data sharing issues caused by privacy laws and business practices
- Ensuring appropriate disclosure
  - Determining the minimum data necessary that can be disclosed for an intended purpose
  - Determining the best way to allow patients to participate and consent to information exchange
  - Educating consumers to the extent to which their consent to use and disclose health information applies

# Challenges

(Continued)

- Ensuring rights of individuals to request access and amendments to health information
  
- Implementing adequate security measures for protecting health information
  - Determining and implementing adequate techniques for authenticating requestors of health information
  - Implementing adequate access controls and audit trails for monitoring access to health information
  - Protecting data stored in portable devices and transmitted between trading partners



What do you see as the leading challenges?



Which is the greatest risk?

# *Electronic Health Records*

- An EHR is a longitudinal electronic record of patient health information generated by one or more encounters in any health care delivery setting
  - Patient demographics
  - Progress notes
  - Problem lists
  - Medications
  - Vital signs
  - Past medical history
  - Immunizations
  - Laboratory data
  - Radiology reports
- Support other health care-related activities directly or indirectly via interface
  - Evidence-based decision support
  - Quality management
  - Outcomes reporting

# *Electronic Health Records Adoption Issues*

- ❑ Uncertain goals: piecemeal, data source integration, complete EHR
  - ❑ Decision support applications
- ❑ Substantial costs
  - ❑ Capital expenditures, maintenance, disruption, process reengineering
  - ❑ Most interfaces are less than ideal
- ❑ Need for alternative models of information technology delivery



# Electronic Health Records Group Activity . . . .

# Personal Health Records

- ❑ PHRs offer an integrated and comprehensive view of health information, including information people generate themselves such as symptoms and medication use, information from doctors such as diagnoses and test results, and information from their pharmacies and insurance companies
- ❑ Staff is currently developing several initiatives aimed at promoting PHR adoption





Personal Health Records  
Group Activity.....

# *Information Exchange*

- A method to electronically move personal health information securely between doctors, hospitals and other health care providers when it is needed
  
- Secure electronic health information exchange
  - Allows your provider to access the right health information at the right time
  - Allows providers to share critical health information so they can make decisions that may impact your treatment
  - Ensures that providers have critical life-saving information they need in times of emergency
  - Gives one the confidence that their medical history is available when it is needed

# *Information Exchange Adoption Issues*

## □ Principles and business processes

- Ownership
- Location of the data
- Identity resolution, authentication, authorization
- Minimum necessary
- Patient control

## □ Architecture

- Federated structure vs. centralized data repository
- Index and peer-to-peer vs. exchange controlled
- Hospital-centric, payer-centric, patient-centric

# *Information Exchange*

## *Adoption Issues*

*(Continued)*

- Sustainable business model
  - Transaction based fee structure
  - Annual subscription
  - Combination of the above
- Liability
  - Expanded duty or increased knowledge base
- The value of data – and the challenges
  - Pay for performance
  - Research



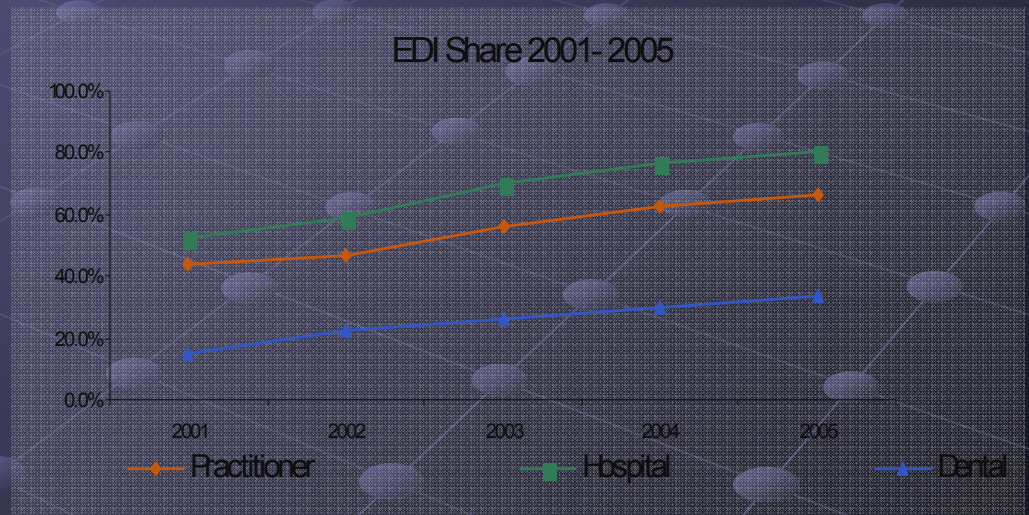
Health Information Exchange  
Group Activity....



# Health Information Technology Update

# EDI Activity

- Electronic data interchange standards provide the framework for health information exchange
  - HIPAA administrative simplification transactions
- Annual activities
  - Identify reporting payers
  - Notify reporting payers
  - Provide support to payers in preparing their submission
  - Analyze data
  - Report on findings
  - Support providers and payers in expanding use of the HIPAA transactions



# Network Certification

- ❑ Networks must be MHCC certified to operate in Maryland – 31 today
- ❑ Networks must be EHNAC accredited before obtaining MHCC certification
- ❑ EHNAC reviews network operations

## Categories

- ❑ Privacy
- ❑ Technical performance
- ❑ Business practices
- ❑ Physical and human resources
- ❑ Security

- ❑ MHCC reviews network policy

## Categories

- ❑ Privacy
- ❑ Security



# *Task Force to Study Electronic Health Records*

- Twenty-six members – 20 appointed by the Governor
  - Members represent stakeholder groups identified in the legislation
- Legislative mandate
  - Study electronic health records and the current and potential expansion in the state. Key areas of investigation
    - Electronic transfer
    - Electronic prescribing
    - Computerized physician order entry
    - Impact on school health records & patient safety
  - Submit a final report to the Governor and legislature by December 31, 2007
- MHCC role in the Task Force
  - Provide guidance to the work effort
  - Facilitate report development

# *Privacy & Security Study*

- Solutions and Implementation Workgroup – broad sector representation focused on developing solutions and implementation plans that address organization-level business practices and state laws affecting statewide privacy and security practices in order to permit interoperable HIE
  - A final report is due out around the end of the year
- Report feeds into other HIE initiatives

# *Health Information Exchange Planning Phase*

- Up to three one-year planning projects will be competitively awarded by the MHCC and HSCRC to multi-stakeholder groups that include at least one hospital
  - The goal: A citizen-centric HIE
- Awards based on a demonstrated understanding of the planning requirements
  - Policy and governance of the exchange
  - A business model for sustainable operation
  - Overall architecture of the exchange
  - Strategies to address administrative safeguards, technical safeguards, and physical safeguards
  - A specific strategy to broaden participation
- \$250,000 per planning project through the hospital rate setting process

# *Health Information Exchange Implementation Phase*

- Following completion of the planning project, the MHCC & HSCRC will invite multi-stakeholder groups to submit an application for an implementation project to develop a HIE prototype. The prototype must, at a minimum
  - Demonstrate workable, secure solutions to the problems of identification, authentication, and authorization
  - Routinely exchange a core set of clinical data elements securely and privately
  - Provide individuals access to their own medical information
- Funding through rate adjustments to participating hospitals is expected to be between 5 and 10 million dollars

# *Community-Based HIE*

## *On The Rise*

- ❑ Community-based HIEs are regional entities that support the development, implementation, and application of secure health information exchange with local providers
- ❑ Approximately seven in existence today
- ❑ Models vary between communities
- ❑ Participants use existing privacy and security policy to mitigate differences

# *Maryland Community Health Resources Commission*

- Provide support in developing an HIT grant program
  - MCHRC statute requires funding the development, support, and monitoring of a unified data information system among primary and specialty care providers, hospitals, and other providers of services to community health resource members
  
- Available funding
  - Approximately \$2 million in the first round
  - Up to \$1.7 million each fiscal year

*Center for Health Information Technology*

A photograph of a sunset over a large body of water. The sun is low on the horizon, creating a bright orange and yellow glow that reflects on the water's surface. The sky is a deep blue with some scattered clouds. The foreground shows the dark, rippling water.

*The End*