



Health Information Exchange in Arizona

AzSHRM 2011

What is the context of HIE and EHR?:

What are HIT/HIE?

How are we building one in Arizona?

How is what we are doing different from or similar to others?

How are we coordinating with the REC and why?

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- The uncertainty of medical decision making
 - What do we know about the case?
 - What do we not know about the case?
 - Can we estimate the outcome from the decision?
- The importance of longitudinal history

- Patient Safety
 - Patients tend to be more informed
 - Patients are not always informative
 - Trend towards payment influenced by outcome

- Continuity of Care
 - Multiple physicians
 - Multiple locations
 - Payment structure moving away from payment by visit

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In plain English:

- **EMR** is when a system is used within an institution. It is a silo
- **EHR** on the other hand has information from outside the institution

→ **By implication: an EHR needs to be exchanging health information**

Health Information Exchange (HIE): The electronic movement of health-related information among organizations according to nationally recognized standards

Also, the term HIE can be applied to the entity that facilitates such exchange, perhaps offering it as a service.

- Reduction in uncertainty
- Increased safety
- System changes on the horizon
 - payment systems – episodic care; wellness care
 - structural change – ACO
- Cost containment
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- Longitudinal record and analytics

- **Value-driven HIE:** specific, targeted business services that a healthcare organization is willing to pay for (either to build or buy) in pursuit of its healthcare delivery goals. Usually related to administrative efficiency, such as automating results delivery and clinical messaging between organizations that have a specific need to exchange information.
- **Communitarian HIE:** Broad, multi-stakeholder, public/private coalitions of healthcare organizations seeking to promote the use of HIE to improve quality and control costs.
- **I prefer the use of the terms**
 - Tethered HIE
 - Robust HIE
- **The non-HIE HIE:**
 - NWHIN Direct

- **“Owned” by a single entity**
- **Aimed specifically at exchanges within a defined group of affiliated providers and payers**
- **Often incentivized by the prospect of Accountable Care Organization (ACO)**
- **Definitely incentivized by ARRA funding for meaningful use**
 - Need to prove interoperability
 - Need to report based on longitudinal data
- **Strong growth in recent past**
- **Does not contain true longitudinal record**

- Community-based organization
- Specializes in connecting diverse, unaffiliated organizations
- Could be regional or State-wide
- Funding sources vary:
 - Tax-revenue
 - Grants-based
 - Self-sufficient (like HINAz is)
- Capable of a lot of functionality
- Are probably the only source of longitudinal data for entire populations

- Has very strong Federal support from the ONC
- Comprises primarily of secure e-mail with patient information as attachments
- Attachments are not necessarily discrete, likely in the main to consist of .pdf files.
- Needs a Health Information Service Provider (HISP) to ensure confidentiality and security
- No data storage required. No basis for ensuring longitudinal history

- Federated, Centralized and Hybrid models
- Modules of the HIE:

Master Patient Index	Record Locator Service
Provider Directory	Consent Management
Viewer capabilities	EHR interface
- Functional features:

Semantic interoperability	Encryption and security
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- Not-for-profit self-sustaining organization
- Created jointly (2010) by:
 - Southern Arizona Health Information Exchange
 - Arizona Medical Information Exchange
- Board has
 - Hospitals (about 60% of all beds in the State)
 - Health plans (between 55 and 65% of non-medicare covered lives)
 - Group practices
 - Business community
 - State and local government agencies
 - Consumer advocacy representation

- Objective: to offer health information exchange services to any entity in the State that has a legal right to medical information
- Directive Principles:
 - Be open and transparent (501c3)
 - Self sustaining business model and plan
 - Respect all privacy and security rights of patients
 - Agnostic to Participants' IT strategies
 - Level playing field for all participants
 - Adhere to national standards for HIE data exchange
 - Collaborate with Arizona Health-e Connection on the State roadmap for HIT/HIE

- Optum Insight (formerly Axolotl)
- Backed by Optum (formerly Ingenix), a company with a very large array of healthcare services
- Nationally recognized HIE vendor
- Over 19 implementations and growing fast
- More than a vendor, a technology partner

- Principle: Beneficiaries pay in proportion to tangible benefits
Hospitals Health Plans
- Physicians have stake in the game, but are not the principle funding source
- Grants if possible, but not the fulcrum of the structure

- Board: institutional directors and community directors
- Institutional directors sustain the operating costs
- One vote per member
- Meets quarterly
- Reserved powers
- Executive Committee: smaller group of the Board.
- Makes decisions between board meetings
- Initially met once a week now meets once every two weeks

- Arizona Health-e Connection
- www.azhec.org
- Public-Private 501(c)(3) corporation
- Serving as an educator and statewide clearinghouse for information
- Researching and developing statewide policies, and model legal agreements
- Supporting health information exchange and provider adoption of health information technology
- State Regional Extension Center

- State HIT Coordinator
- Part of the State administration, located in Arizona Strategic Enterprise Technology Office (ASET)
- <http://hie.az.gov>
- Objective: to promote Arizona as a role model for HIT and HIE, using funds received under an agreement with the Office of the National Coordinator.

- AHCCCS and Medicaid
- Channel reimbursement to providers for moving to Health Information Infrastructure.
- Eligible Providers
- Eligible Hospitals
- Funding through 2016

- Connecting them up
- HINAz-AZHec Memorandum of Agreement (more anon)
- AzHIE-AZHec-HINAz connections
 - Joint activities in strategy development
 - Membership on boards
- AzHIE-AHCCCS-AZHec-HINAz connections
 - Coordination within the State agencies
 - Board memberships

- Tethered HIE in Arizona
- Several of these either exist or are being considered
- In the main, connected to ACO development
- HINAz has offered to make HIE-HIE connectivities to all such exchanges.

- In General:
- Evident that the whole process has to be collegial and collaborative, or it will not work

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- By Legislation
 - Delaware Rhode Island Vermont
- By grants
 - Louisiana California
- Grants and private subscription
 - Colorado Utah
- Completely for-profit corporation
 - Virginia

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- Proposition #1: EHR cannot exist without connectivity to outside world
- Proposition #2: HIE cannot function without HIT in the doctor's office
- Therefore: collaboration between the REC and the HIE is inevitable in:
 - Policy Development
 - Outreach to providers
 - Outreach to consumers
 - Jointly dealing with the world outside Arizona

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An add-on!

- Medical decision making should be a patient-provider partnership
- PHR: connects the individual to the electronic medical information
- Tethered PHR
- Untethered PHR
- Patient can
 - see all information about themselves,
 - Can add to the information base,
 - Can use the PHR to communicate with the provider
- Still nascent:
 - Firehosing the doc understanding the content

Thank you.

Questions?