Health Information Exchange

Promoting Access and Quality Through Health Information Exchange

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Gijs van Oort PhD
Healthcare Access San Antonio
210-233-7079

How electronic health information works for you

Electronic Medical Record

Health Information Exchange

Personal Health Record

You store and track your personal health information in a personal electronic web site which can also receive a copy of your shared medical record – you can send or print this info to inform your docs.

Does forward some of your data to a central secure place so that other care providers can also see your medical info when needed - Health Information Exchange.

Your Hospital – your info stored in Electronic format - EMR

Your Primary care Doctor’s office – your info stored in Electronic format - EMR

Your Specialist’s office – your info stored in Electronic format - EMR
State HIE Cooperative Funding Program

Funding authority from the American Recovery and Reinvestment Act for planning and implementation grants to states to facilitate and expand HIE.

In March 2010, the Office of the National Coordinator (ONC) for HIT awarded the Health and Human Services Commission (HHSC) $28.8 million over four years for the Texas Statewide HIE Cooperative Agreement Program ($21.5M to local HIE connectivity).

ONC approved the Texas HIE plan in November 2010. Implementation on the plan is being coordinated between HHSC and the THSA.

Texas Model for Statewide Health Connectivity

[Diagram showing the Texas Model for Statewide Health Connectivity, including Federal/Office of the National Coordinator, Texas State designated entity-HHSC, Texas Health Services Authority—Public/Private Partnership, Local/Regional Health Information Exchange, HIO-Health Information Organization, HIE-Health information exchange, Providers, Consumers, Payers.]
**Approach to Statewide HIE**

**Goal**
Enable improvements in the quality and efficiency of the Texas health care sector by establishing HIE infrastructure for the state.

**Objective**
Deliver private, secure, and reliable HIE services to all Texas patients and providers through local HIE networks where the capacity exists and through contracts administered from the state level where it does not.

**Strategies**
1. General state-level operations
2. Local HIE grant program
3. White-space coverage

**THIEC History**

- Texas HIE Coalition formed in 2008; incorporated as non-profit in 2010
- Membership.
  - 16 Members are local or regional Health Information Organizations (HIO’s), defined as non-profit organizations to facilitate electronic exchange of data across organizational silos
  - Affiliate members
- Growing number of physicians, hospitals, healthcare leaders see value for quality, cost effective care-
  - Value of HIE seen at the local level
  - Local is where care and care coordination occurs
  - Value realized in form of better communication and coordination of care, improved efficiency and safety of care, and decreased redundancy and waste
- Opportunities to Collaborate have been seized – Meaningful Use, State Cooperative Programs, HIE Challenge Grant, Medicaid pilot project, RECs
**HIE Coverage Area – to date**

![Map of HIE Coverage Area]

**HIE Timeline to Maturity**

- Planning for System building- 2011 (3 or 6 months)
- Development of IT platform- 2011-2012 (9 months)
- Operational HIE capabilities- 2012 (9 months)
- Evaluation of HIE impact- 2013 (3 months)
- Sustainability - 2013
Engaging the Community- Creating Value

<table>
<thead>
<tr>
<th>Stakeholder</th>
<th>Value</th>
<th>Sustainability Consideration</th>
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<tbody>
<tr>
<td>Patient</td>
<td>Improved health care</td>
<td>Willingness to engage</td>
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<td></td>
<td>Personal Health Record</td>
<td>Engagement in own health</td>
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<td></td>
<td>Care closer to home</td>
<td>Minimal cost</td>
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<tr>
<td>Providers</td>
<td>Enhance dcare</td>
<td>Cost to implement</td>
</tr>
<tr>
<td></td>
<td>Create medical home</td>
<td>Integration of extra steps into business flow</td>
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<tr>
<td></td>
<td>Optimize reimbursement opportunity</td>
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<tr>
<td>Hospital System</td>
<td>Identify and manage High ED users</td>
<td>Lowered use of un-necessary ER and IP</td>
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<td>Patient history allows for greater care</td>
<td>Less free service provides for more realistic</td>
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<tr>
<td></td>
<td>efficiency</td>
<td>pricing</td>
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<tr>
<td></td>
<td>Reducing duplication of tests</td>
<td>Integration of extra steps into business flow</td>
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<td>Corporate Community</td>
<td>Improving the health care safety net</td>
<td>Competitive business climate</td>
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<tr>
<td></td>
<td>improves business climate</td>
<td>Improved work force</td>
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<td></td>
<td>Basic insurance product for entry level</td>
<td>Increased productivity</td>
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<td>income enhances employee morale and turnover (Tri-share program)</td>
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<tr>
<td>Care Community</td>
<td>Integration of patient information to link</td>
<td>Privacy impact</td>
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<tr>
<td></td>
<td>to other community services</td>
<td>Unique data source</td>
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<td>Health surveillance</td>
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<td>Population health management</td>
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HIO Challenges

- Obtain provider commitments – hospitals, physicians, physician groups
- Make community HIO complementary to Providers’ internal connectivity needs
- Include Meaningful Use criteria in technology platform
- Engage providers, payers, consumers, lab and Rx services
- Build sustainability capabilities by middle of 2013 – value proposition
- Link to other HIO’s, State functions and NHIN
- Organizational considerations- **privacy, security, governance**
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- 501 (C) (3) Community Collaborative- Hospital Systems, FQHC’s, Providers, Community Health Centers, Public Health
- Received State funding for planning and system development
- Complementing functionality with stakeholder IDN’s:

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<th>System HIE</th>
<th>Community HIE</th>
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<td>Seamless data exchange with physicians.</td>
<td>Provide alternate community wide portal.</td>
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<tr>
<td>Exchange for patient referral.</td>
<td>Community based data storage for analytics.</td>
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<td>Internal data exchange of labs, imaging etc.</td>
<td>Source for targeted health management, etc.</td>
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<td>System quality measure reporting</td>
<td>Repository for community care entities such as behavioral health, health department, etc.</td>
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<td>Governance for stakeholder exchange, patient privacy, etc.</td>
<td>Source for PHR.</td>
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<td>Community wide quality indicators.</td>
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Healthcare Access San Antonio- Sustainability

- **HASA Provider Assist**- linking provider EMRs to Community portal for bi-directional exchange
- **HASALite** - Web based exchange for providers without EMR capabilities
- **HASAFacts**- Analytics services to support community needs for disease and population health management, surveillance, and disaster response
- **MyHASA**- Consumer portal to engage and inform consumers about personal health opportunities/ responsibilities
HASA targets

- Provide connectivity for 46 Hospitals and 5200 + providers in 22 Counties in and around San Antonio
- Expand target population from uninsured to all patient types
- Create Community representative governance
- Add features to assist providers in meeting Meaningful Use
- Community centered quality and cost management

Thank you

Healthcare Access San Antonio
Gijs van Oort
ghanoort@hasatx.org
210-233-7079