Nationwide Health Information Network Forum January 26, 2007

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American Health Information
Management Association®

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Foundation of Research
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Report on Financially Sustainable Health Information Exchange Services

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Agenda

- Project Parameters

- Analysis of Specific HIE Services

- Recommendations for HIEs

- Overall Observations

Project Overview

- Contract awarded by ONC to AHIMA's FORE to identify and analyze HIE services that have achieved financial sustainability (short timeline)

- Define parameters for inclusion in the study
  - "HIE": umbrella term for several different types of specific exchanges of clinical or administrative data
  - "HIE Services":
    - A service, not the whole organization
    - Not limited to state-level HIE services
    - Exchange of health info between multiple stakeholders
    - Not merely increase use of EHRs or telemedicine
  - "Financially Sustainable":
    - Having sufficient revenue for ongoing operations
    - Assessment did not include start-up costs

Clinical Messaging

Definition *Delivery of electronic clinical results (such as lab test results, radiology reports, or transcribed reports) from the source system (e.g., lab, radiology center) to the intended recipients (e.g., ordering physician, primary care physician)*

Key Rationale

- ROI easy to understand
- Establish connections between clinical data providers and physician offices
- Master Patient Index not necessary
- Clinical relevance of data
- Physicians receive test results faster

Medication History

Definition *Electronically sharing a patient's medication history obtained from multiple sources with the clinician or institution treating the patient.*

Key Rationale

- Attractive to hospitals to help comply with JCAHO medication reconciliation requirements
- Eligibility and formulary typically included which can reduce drug costs and increase efficiencies
- Clinical relevance of the data
- Some sources of med Hx have been pooled

ePrescribing

Definition *Automates the process for the clinician to prescribe medications for patients by electronically delivering the Rx to the retail pharmacy or mail order service.*

Key Rationale

- Reduce physician's & pharmacy's administrative expenses re: legibility of Rx & processing refills
- Positive impact on many stakeholders
- This project could include med Hx, eligibility & formulary, but need this info *before* prescribing

Hurdles

- However, implementation challenges include:
  - Need critical mass of pharmacies covered
  - Need software physicians use (& often certified)
  - Need critical mass of med history data
  - Need to map data to standard vocabulary

Sharing Patient Clinical Data at Point of Care

Definition *Gathers and provides electronic clinical information (e.g.,patient's med Hx, lab test results, diagnoses) from multiple sources on a patient when the patient presents for care*

Key Rationale

- High value to treatment
- Standardized repository of clinical data can also serve to benefit public health, researchers, pharma
- The addition of clinical decision support and reminders functionality can further aid providers

Hurdles

- However, implementation challenges include:
  - Large scale project
  - Need Master Patient Index
  - Difficult to project value across stakeholders and hence hesitancy to invest
  - Standardization of data needed to be of real value

Quality Measurement Reporting

Definition

Share healthcare information (clinical and claims) between multiple data sources for the purpose of quality measurement that can support provider quality initiatives and also serve as a basis for determining incentives to providers from payers.

Key Rationale

- Consistent set of quality measures:
  - Payers recognize improvements in efficiency and quality of care, and will have more influence by banding together
  - Providers only have to comply with one set of quality measures; they receive information and incentives to help them improve
- As quality increases, patient have better outcomes

Hurdles

- However, implementation challenges include:
  - Need critical mass of data and participation
  - Consensus needed on: quality metrics, how to analyze them, and who has access to results
  - Standardization of data needed
  - Master Patient Index needed

Recommendations for HIEs

- **Leverage** any infrastructure built and data collected (re-use of data to build other services)

- Recommended **Initial** Services (*less complex*):
  - Clinical Messaging (HB, INHS, RI)
  - Medication History (RI)

- Recommended **Later** Services (*more complex*):
  - ePrescribing (RI)
  - Sharing Patient Clinical Data at Point of Care (RI)
  - Quality Measurement (RI)

Overall Observations

- No single approach

- Market factors are not well understood

- Enablers

- Common Challenges

- Though few examples, there <u>are</u> sustainable models

Thank you