Maryland Community Health Resources Commission

Options for Information System Funding Initiatives

February 5, 2007

Today's Goals

- Review background on options for information systems funding (10 min)
- Determine criteria for funding information systems initiatives to facilitate the development of:
  - Appropriate regulations
  - A request for proposals (50 min)

MCHRC Charge

- “Work with CHRs, hospital systems, and others to develop a unified information and data management system for use by all CHRs that is integrated with the local hospital systems to track the treatment of individual patients and that provides real-time indicators of available resources”
  - §19-2109(a)(11)

MCHRC Charge

- "Provide funding for the development, support, and monitoring of a unified data information system among primary and specialty providers, hospitals and other providers for services to community health resource members"
  - §19-2201(e)(1)(iv)
- Funding
  - $0.5 million in FY 2006
  - $1.7 million per year thereafter

Options For Information System Funding

- Vision Development Option
  - Develop a long term vision
  - Framework for future funding decisions

- Individual Project Option
  - Begin funding individual projects
  - Move system forward on a variety of fronts

Vision Development Option

- Could be duplicative of current efforts at federal and state level
  - American Health Information Community (AHIC)
  - Maryland Health Care Commission (MHCC)
  - Health Services Cost Review Commission (HSCRC)

Individual Project Option

- Allows us to invest in IT initiatives sooner
- Some CHRs have already invested in IT projects
- Provides a vehicle for supporting CHRs along the continuum of IT sophistication

Continuum of Complexity

Level I Manual exchange of information	Level II Electronic exchange of information	Level III Interoperability within organization	Level IV Interoperability across organizations
-Phone calls -Mailing records and referrals	-Fax machine -Secure e-mail connections -Web-based applications (registry; referrals)	-Electronic health record -Computerized physician order entry -Integration with existing eligibility systems	-Regional health information exchange allowing access to patient information -Web-based interface between providers for transferring information
Status Quo - Commission focus should be above this level	-Could involve single or multiple organizations	-Applications may be within single organizations, but infrastructure, joint purchasing, training could involve multiple organizations -Likely to have a more direct impact on patient care activities	-Necessarily involves multiple organizations -Involves significant development of common definitions, privacy rules, etc.

Decisions for the Commission

- Level of activities to fund (II, III, IV)
- Length of awards
- Size of awards
- Activities appropriate for funding
- Structure of competitive grant process
- Other priorities/criteria

Level of Activities to Fund (II,III, IV)

- A broad RFP would allow for proposals from CHRs at all levels of IT sophistication
- Commission could require collaboration with other CHRs as a condition of funding

- Level II: Electronic exchange of information
- Level III: Interoperability within organization
- Level IV: Interoperability across organizations

Level II – Electronic Exchange

- Information transferred by electronic media either within or between organizations
  - Can use existing, well-established technology and software
  - Relatively “low-tech;” small, targeted projects
- Project examples
  - Install electronic fax capability to improve communication between clinic and hospital
  - Support development of computerized scanning and storage systems
  - Web-based systems for ordering specialist referrals

Level III – Interoperability Within Organizations

- Transmission of digital health information
  - Organized into elements that can be stored and organized by computer
  - Information is secure and can be moved among various platforms
- Project Examples
  - Support development of an electronic health record across multiple locations of a CHR
  - Support development of patient databases within a CHR
  - Support development of computerized physician order entry

Level IV – Interoperability Across Organizations

- Direct communication of information across providers in a region
  - Requires agreement on protocols, data definitions, security, etc.
  - Regional Health Information Organizations (RHIOs)
  - Collaboration among disparate, unaffiliated organizations
  - Comprehensive strategy does not exist
- Project Examples
  - Development of a regional health information exchange where patient transactions are maintained and accessible to providers
  - Establish web-based interface between hospitals and CHRs to improve transfer of patient data
  - Commission may choose to support existing efforts or facilitate the beginning of collaboration between CHRs

Length and Size of Awards

- May depend on level of sophistication
  - Level II: $100,000 for one year
  - Level III: $500,000+ for up to three years
  - Level IV: $???; Options include:
    - Open ended grants with annual renewals
    - Allow applicants to apply for multiple grants for different discrete tasks
- Available funds
  - $500,000 FY2006; $1.7 million each subsequent year
- Allow for renewals for more sophisticated projects?

Activities Appropriate for Funding

- Any **hardware** purchased should directly lead to improving health information transfer and address a specific problem.
- Any **software** purchased would ideally be well tested and established products with a proven record of addressing the identified need. **Software development** should not be funded.
- Any **training** funded should assure that staff use the systems/equipment to optimal level.
- **Technical assistance** could be funded to identify needs, assist with project planning, and assure proper installation and functioning of technological resources.
- Funding for **planning activities** may be appropriate for projects involving several CHRs.

Structure of Competitive Process

- Competitive RFP process for all CHRs
- Qualify first; then competitive process
  - Require active collaboration with other CHRs
  - Meet standards for infrastructure and technical capacity

<u>Threshold Question:</u> Should we fund only CHRs or leave room for other organizations (e.g., consultants) in this round or future rounds

Other Funding Criteria/Priorities

- Level of collaboration with other CHRs/partners
- Interoperability
- Sustainability
- Willingness to share success with other CHRs
- Require matching funds (for larger projects)