# MCHRC Unified Data Information System
# Discussion Presentation

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# 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

- Develop a long term information vision that includes, among other elements:
  - Exchange of patient demographic and clinical information
  - Connecting to ancillary services (labs, radiology)
  - Direct patients to appropriate services and providers
  - Gap assessment: what is missing in the system right now

# Vision Development Option

- Key issues to be evaluated
  - Availability of basis infrastructure (networking tools, applications)
  - Agreed interoperability standards (HL7, ANSI)
  - Agreed common identifiers (patient, provider)
  - Security and privacy provisions
  - Electronic health records
- Stakeholder participation

# Vision Development Option

- Advantages
  - Comprehensive
  - Provides a framework for decisions
  - Way to involve stakeholders
- Disadvantages
  - Provides only limited help to Community Health Resources immediately
  - Will take time to implement

# Individual Project Option

- Funds a variety of different projects
- Projects can go to organizations with varying levels of sophistication
- Projects at different levels of interoperability

# Level I -Manual data exchange

- The status quo
- Pre-digital way to achieve interoperability
  - Phone calls
  - Referral forms
  - Medical records mailed between providers
- The Commission's work should move the health system in Maryland forward from this point

# Level II –Electronic information exchange

- Information transferred by electronic media
  - Either within or across organizations
- Can be achieved using existing, well established technology and software. For example
  - Electronic fax for transfer for information, lab results, etc.
  - Secure e-mail communication among dispersed providers
- Relatively “low tech”
  - Maybe helpful for low budget organizations lacking sophisticated infrastructure.

# Level III-Interoperability within organizations

- Transmission of digital health information
  - Organized into elements that can be sorted and organized by computer
- Information is secure and can be moved among various platforms
- Electronic Health Records would be part of this level of interoperability

# Level IV-Interoperability across organizations

- Direct communication of information in a region across providers.
- Requires agreements and protocols on:
  - Data definitions
  - Patient identifiers
  - Security provisions
- Regional Health Information Organizations (RHIOs)
- Collaboration among disparate, unaffiliated organizations
- Comprehensive strategy does not exist yet

# Different Levels of Interoperability Different Projects

- Level of Technical Sophistication
  - both project and organization
- Size and Duration
  - Level II projects likely less than $100K and a year
  - Level III and IV. Greater funding over longer period.
- Types of spending –will vary for different projects
  - Hardware and software
  - Technical assistance
  - Training
  - Software development
    - Inappropriate for Level II
  - Planning documents and processes
    - Inappropriate for Level II
    - Central to Level IV
- Collaboration
  - Limited for Level II
  - More extensive for Level III and IV

# How to Proceed?

- Sequential Deployment of Vision Option, followed by individual projects
- Individual Project Option
- Vision Option Coupled with Level IV Interoperability Development; Concurrent funding of Level II and Level III projects

# Next Steps??