



Health Information Technology Initiatives

Prepared for:

Maryland Community Health Resources Commission

August 7, 2006

Discussion Points

- MHCC Overview
- Challenges to Adoption of Health Information Technology
- Current Initiatives
- Recommendations

Maryland Health Care Commission

- Stephen Salamon, Chairman
- 14 other members
 - geographic and cultural diversity
 - broad expertise
 - providers
 - payers
 - purchasers (esp. small business)
 - health policy experts

Maryland Health Care Commission - Staff

- **Center for Hospital Services – Pam Barclay**
 - Focuses on improving quality, cost, and access to hospital and other acute care services
 - Includes specialty services, ambulatory surgery, hospital-based ambulatory care
 - Integrates public policy, planning, CON, and reporting of quality, satisfaction, and outcomes
- **Center for Long-term and Community-based Services – Bruce Kozlowski**
 - Focuses on improving quality, cost, and access for nursing homes, HHAs, hospices, and other community-based services
 - Integrates public policy, planning, CON, and reporting of quality, satisfaction, and outcomes
- **Center for Health Care Financing and Health Policy – Bruce Kozlowski**
 - Focuses on the organization and financing of health care in the private and public sectors
 - Analyses of health insurance mandates and competition
 - Small group market regulation
 - HMO/PPO reporting of quality, satisfaction, and outcomes
- **Center for Information Services and Analysis – Ben Steffen**
 - Analysis of Maryland health care expenditure data, national survey data
 - Market analysis and policy development regarding payments for physician services
 - Trauma fund policy development
 - Price transparency project
- **Center for Health Information Technology – David Sharp**

Escape Fire

LESSONS FOR THE FUTURE OF HEALTH CARE

Donald M. Berwick, MD, MPP

PRESIDENT AND CEO

INSTITUTE FOR HEALTHCARE IMPROVEMENT



THE COMMONWEALTH FUND

Fundamentals

- Our processes of care are expensive, fragmented, and prone to serious errors and uneven quality
- If we simply automate what we do - turn it into an electronic record - we have failed
- Transform the process of care, using the tools that information technology brings:
 - Information at the time and place of care
 - about the patient,
 - about treatments and providers,
 - about quality and cost
 - Decision support, prompts, and warnings
 - Information gathering – surveillance, effectiveness

EMR and Information Exchange:

Different Adoption Issues, Different Incentives

- EMR economics
 - hospitals
 - large medical groups
 - small practices
- Information exchange – a classic problem in network economics and externalities

EMR Adoption By Physicians

- Least convincing economic case
- Uncertain goals: piecemeal, data source integration, complete EMR
 - What is necessary for effective decision support?
- Substantial costs –
 - capital expenditures, maintenance, disruption, process reengineering
 - Most interfaces are less than ideal – processes take more time using EMR
- Need for alternative models of information technology delivery
- Information technology must become the physician's friend

Information Exchange – Private and Secure

- Principles and business processes
 - Whose information is it? Where does it reside?
 - Identity resolution, authentication, authorization
 - Trust hierarchies vs. peer-to-peer
 - What information is transferred? (sit. specific)
 - What control can individuals, providers exercise?
- Architecture
 - Broad agreement on federated structure
 - Index and peer-to-peer vs. exchange controlled?
 - Hospital-centric, payer-centric, patient-centric

Information Exchange – Private and Secure (Continued)

- Sustainable business model
 - The business case for different parties – and the problem of externalities
 - Pay for metal, pay for use, pay for performance?
- Liability
 - Protection from liability
 - Exposure to liability (departure from recommendations, info not reviewed/acted on)
 - Documentation as protection
- Purchasing and implementation challenges
 - Lack of a Consumer Reports
 - Shared infrastructure to reduce costs
- The value of data – and the challenges

The Task Force to Study Electronic Health Records

Senate Bill 251 – 2005 Legislative Session

- Twenty-six members – 20 appointed by the Governor
 - Members represent stakeholder groups identified in the legislation
- Legislative mandate
 - Study electronic health records and the current and potential expansion in the state. Key areas of investigation include:
 - Electronic transfer
 - Electronic prescribing
 - Computerized physician order entry
 - Impact on school health records & patient safety
 - Submit a final report to the Governor by December 31, 2007
- MHCC role in the Task Force
 - Provide executive leadership and guidance to the work effort
 - Facilitate report development

Health Sector Privacy & Security Study

- A study to assess how organizational business policies, practices, and state laws regarding privacy and security affect health information exchange
- Eight Sector groups asked to address issues specific to their sector
(*Consumers/Patients, Hospitals, Physicians, Nursing Homes, Pharmacies, Lab/Radiology, Payers, Purchasers*)
 - An assessment of the degree of knowledge, and concerns, about the use of electronic health information exchange
 - The potential advantages and disadvantages of more comprehensive electronic medical records and better privacy and security provisions
 - An assessment of the privacy and security concerns regarding the exchange of information between health care sectors
- Submit a comprehensive report addressing current practices, any existing examples of best practices, concerns, potential solutions to these concerns, and recommended changes in business practices and policies, or in statute or regulation

MHCC & HSCRC Promulgate Regulations to Advance Health Information Technology

MHCC & HSCRC June Commission Meetings

- MHCC proposed COMAR 10.25.13, *Health Information Technology Funding Applications*
 - The proposed regulations establish a process by which MHCC can request applications from multi-stakeholder groups for projects addressing specific health information technology issues
- HSCRC proposed amendments to COMAR 10.37.10, *Rate Application and Approval Procedure*
 - The proposed change enables the HSCRC to consider hospital rate adjustments for health information technology projects recommended for approval by the MHCC

Health Information Exchange – Planning Phase

- Up to three one-year planning projects will be competitively awarded by the HSCRC & MHCC in December 2006 to multi-stakeholder groups that include at least one hospital
 - The goal:
 - a citizen-centric health information exchange
- Awards based on a demonstrated understanding of the planning requirements
 - policy and governance of the exchange
 - a business model for sustainable operation
 - overall architecture of the exchange
 - strategies to address administrative safeguards, technical safeguards, and physical safeguards
 - a specific strategy to broaden participation
- \$250,000 per planning project through the hospital rate setting process

Health Information Exchange – Implementation Phase

- Following completion of the planning project, the MHCC & HSCRC will invite multi-stakeholder groups to submit an application for an implementation project that would develop a prototype of a health information exchange. The prototype must, at a minimum:
 - Demonstrate workable, secure solutions to the problems of identification, authentication, and authorization
 - Routinely exchange a core set of clinical data elements securely and privately
 - Provide individuals access to their own medical information
- Funding through rate adjustments to participating hospitals is expected to be between 5 and 10 million dollars

Recommendations

- Be careful not to implement solutions that perpetuate “silos”
- Explore the adoption of a specific vendor product for administrative and clinical transactions that can be implemented across users
- Investigate automated faxing of patient medical records using a standardized *Continuity of Care Record*, using either an underlying EMR capable of generating a CCR, or crawlers that locate select information