Statewide Health Information Exchange

Presentation to SustiNet
January 8, 2010
eHealthConnecticut is the not for profit entity incorporated in January 2006 to create, champion and sustain a secure statewide health information exchange (HIE) that will dramatically improve the quality, safety, and efficiency of health care in Connecticut.

www.ehealthconnecticut.org
25 Voting Board Members Represent Our Connecticut Health Care Community

- Physicians
- Hospitals and Community Health Centers
- Pharmacists
- Clinical Service Providers
- Consumers
- Employers

- Payers
- Academia
- Quality Organizations
- State Agencies (ex-officio, non voting)
- State and Federal Legislators (ex-officio, non voting)
## Three Programs

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Department of Social Services contracted with eHealthConnecticut to develop and operate HIE pilot

Scope is Clinical Information Exchange and ePrescribing for Medicaid recipients, but HIE will serve all patients

Pilot participants: hospitals, Federally Qualified Health Centers, private physicians in multiple communities

HITSP/IHE standards compliant, full function HIE scalable statewide:
  • “Pull model” enabling clinicians to access patient records in other locations (e.g., problems, allergies, medication history, lab results)
  • “Push model” enabling clinicians to send patient records to authorized providers (e.g., referral, hospital discharge summary)

Go-live scheduled for Q1, 2010
Statewide Health Information Exchange

Network
Secure, Private, Statewide

Physician and Community Health Center Ambulatory Encounters

Hospital Discharge Summaries

Sub-Acute and Home Care Clinical Information

One statewide database of all residents who choose to participate

"Edge" servers house summary clinical info in structured 'documents'

Secure connections for certified users via statewide standards

Pharmacy Medications

Laboratory, Radiology Test Results

Personal Health Records

Privacy, Security, Transformation/Semantic Broker Services

Points to where patient clinical data are stored

Individuals authorize access, the HIE receives data, translates into common formats, terms

Master Person Index

Patient Document Directory

Participating organizations can call an eHealthCT service center

Secure connections for certified users via statewide standards

Private HIT System

Private Health Data Accessible by eHealthConnecticut eHealthConnecticut Services Available Statewide and Interstate

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HIE Privacy and Security

◆ Privacy Committee with broad representation

◆ Draft policies developed
  • "Opt in" model with education at point of care
  • Statewide “Universal Medical Records Release Authorization” form
  • If opt in, data available to authorized users, including sensitive data
  • If opt out, no data can be viewed

◆ Security policies being developed
  • Statewide “Data Use and Reciprocal Support Agreement” (DURSA)
  • Sophisticated authentication and encryption methods
  • Audit trail and 24x7 monitoring of all user activity
eHealthConnecticut designated a “Chartered Value Exchange” (CVE) by the U.S. Department of Health and Human Services in 2008

- One of 24 in country
- Measure and report value (quality and cost)
- Promote transparency, consumer empowerment
- Member of National Learning Network with other CVE’s
What is eHealthConnecticut’s CHQC?

- Collaborators: eHealthConnecticut (Prime Contractor), CSMS, CSMS-IPA, Qualidigm (QIO), 5 Health Plans representing 95% of commercial market, Bridges to Excellence
- Goal: Provide physicians with aggregated and standardized performance data to improve quality and efficiency of care for all patients
- Claims-based quality measures from Medicare fee for service and health plan HEDIS data
- Physicians: Internal Medicine, Family Practice, ObGyn, Pediatricians, Cardiologists, Endocrinologists
- Live for 3,700 physicians via secure website in September, 2009

www.ctchqc.org
“One aggregated database shows more complete picture of physician quality across multiple payers”

Quality measures from Medicare and health plan data:

- Diabetes: Blood tests, eye exams
- Heart Disease: Cholesterol testing
- Prevention: Mammography, PAP tests
- Asthma: Appropriate medications
- Appropriate medications for children with respiratory illness, sore throats
Education, analysis and feedback process:

- Health plans provide member data with physician attribution
- Qualidigm merges Medicare and health plan data at patient/provider level, creates database
- eHealthConnecticut produces quality reports, posts to confidential website
- Physicians access aggregated performance reports on website
- Education modules available on Website
  - Grant from UConn Foundation
  - How to interpret data
  - How to improve quality
  - CME credit
- Physicians direct questions to Qualidigm/health plans
Health Information Technology Regional Center (HITRC)

- Federal “cooperative agreement” program, $598 million stimulus
- Help providers select, implement, achieve “meaningful use” of Electronic Health Records Systems
- Meaningful use being defined, but will include ePrescribing, quality reporting, HIE
- Only one HITRC for any geography; could be multi-state, state, or smaller. eHealthConnecticut applied 11/3/2009
- Provider customers would purchase services at greatly reduced rates to help them adopt HIT, position themselves for incentive payments ($44,000 or more)
- Federal grant plans $5,000 per provider, 9:1 federal:local match years 1-2, 1:9 match years 3-4
eHealthConnecticut Value

- Statewide, Community-Based Governance with Diverse Stakeholder Representation
- Independent, Trusted Convener
- Private-Public Relationship
- Building Public Trust
- Federal Recognition
- Resources for all:
  - Health Information Exchange
  - Quality Reporting and Improvement
  - Health Information Technology Adoption

We spend $22 billion on healthcare in Connecticut. Technology enables quality AND efficiency. Every 1% = $220 million in economic value.
How can SustiNet use eHealthConnecticut’s statewide utility?

- Enable medical homes with HIT adoption, HIE connectivity (referrals, care management, patient contact)
- Population utilization and outcomes analysis
- Provider quality reporting with claims and clinical data
- Enhanced quality, safety, efficiency with better information at the point of care
- Public outreach, education
- OTHER???