Statewide Health Information Exchange

Presentation to SustiNet
November 12, 2009
eHealthConnecticut is the not for profit entity incorporated in January 2006 to create, champion and sustain a secure statewide health information exchange that will dramatically improve the safety, efficiency and quality of health care in Connecticut.

Designated a Chartered Value Exchange by AHRQ in 2008
25 Board Members

- 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

<table>
<thead>
<tr>
<th>Program</th>
<th>Project Scope Defined</th>
<th>Proposal Submitted</th>
<th>Funds Comitted</th>
<th>Project Started</th>
<th>System Live</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Information Exchange</td>
<td>DSS Medicaid Transformation Grant HIE Pilot</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>Feb, 2010</td>
</tr>
<tr>
<td>Quality Reporting, Improvement</td>
<td>CT Health Quality Cooperative</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>HIT Adoption</td>
<td>Health Information Technology Regional Center</td>
<td>✓</td>
<td></td>
<td></td>
<td>Decision Dec, 2009</td>
</tr>
</tbody>
</table>
Department of Social Services awarded Medicaid Transformation Grant in 2007; contracted with eHealthConnecticut January, 2009

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

Go-live scheduled for February, 2010

Pilot participants: hospitals, Federally Qualified Health Centers, private physician groups 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)
- Planned expansion to lab and radiology results delivery, other applications
Statewide Health Information Exchange

- Secure connections for certified users via statewide standards
- Participating organizations can call an eHealthCT service center
- Secure, Private, Statewide
- One statewide database of all residents who choose to participate
- "Edge" servers house summary clinical info in structured 'documents'
- Individuals authorize access, the HIE receives data, translates into common formats, terms
- Points to where patient clinical data are stored

Network

- Physician and Community Health Center Ambulatory Encounters
- Hospital Discharge Summaries
- Sub-Acute and Home Care Clinical Information
- Master Person Index
- Patient Document Directory
- Privacy, Security, Transformation/ Semantic Broker Services
- Secure, Private, Statewide
- Laboratory, Radiology Test Results
- Personal Health Records
- Pharmacy Medications
- Laboratory, Radiology Test Results

- Secure, Private, Statewide
- Private HIT System
- Private Health Data
- Accessible by eHealthConnecticut
- eHealthConnecticut Services
- Available Statewide and Interstate

One statewide database of all residents who choose to participate

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

Secure, Private, Statewide

Network

- Physician and Community Health Center Ambulatory Encounters
- Hospital Discharge Summaries
- Sub-Acute and Home Care Clinical Information
- Master Person Index
- Patient Document Directory
- Privacy, Security, Transformation/ Semantic Broker Services
- Secure connections for certified users via statewide standards
- Participating organizations can call an eHealthCT service center
- Secure, Private, Statewide
- Laboratory, Radiology Test Results
- Personal Health Records
- Pharmacy Medications

Points to where patient clinical data are stored
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, all data published to HIE including sensitive data
- If opt out, no data can be viewed
- Data flow for all patients for public health reporting

Security policies being developed
- Statewide “Data Use and Reciprocal Support Agreement” (DURSA)
- Minimum security standards for all participants
- Standards will become more stringent over time
- Sophisticated authentication and encryption methods
- Audit trail and 24x7 monitoring of all user activity
Connecticut Health Quality Cooperative

- 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
- 9 claims-based measures from Medicare fee for service and health plan HEDIS data
- Physicians: GIM, FP, ObGyn, Peds, Cardio, Endo
- Data aggregation and system completed; live for 3,700 physicians to view results via secure CHQC website
“One aggregated database shows more complete picture of physician quality across multiple payers”

Claims-based measures from Medicare FFS and health plan HEDIS data:

- Diabetes: A1c testing, Lipid testing, Eye exams
- CAD/HTN: Lipid testing
- Prevention: Mammography, PAP tests
- Asthma: Appropriate medications
- Efficiency: Appropriate Rx for children with URIs; Appropriate testing for children with pharyngitis
Education, analysis and feedback process:

- Health plans provide member data with physician attribution
- Qualidigm merges 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
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
If designated, eHealthConnecticut would engage provider customers who would purchase services 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
- Statewide, Scalable, HITSP Standard HIE Infrastructure
- Building Public Trust (Statewide Privacy Policy with Consumer Advocates Engaged)
- Federal Recognition (Chartered Value Exchange)
- Quality Definition and Reporting (Providers and Payers at Same Table)
- HIT 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???
HIE Infrastructure components operational 11/2009:

- A **master person index** system enabling the HIE and providers to identify patients
- A **document registry service** to identify where electronic clinical records exist for specific patients
- **Document repositories** housing clinical records in structured data
- **Transformation services** to enable the HIE to accept non-standard data feeds and convert them to standard documents
- **ePrescribing infrastructure components** including services to route medication orders and refill requests between prescribing providers and pharmacies, and a capability to make eligibility, formulary, and medication history information available
HIE Infrastructure components operational 11/2009 (cont.):

- **Privacy policies and application** enabling patients to specify whether or not they want to participate in the HIE
- **Security applications** to encrypt data and authenticate all users
- **Interoperability standards** specifying document/file and field level data formats and semantics (HITSP/IHE)
- A **semantic broker service** to translate the language and codes of a participating HIT system to the standards adopted by the HIE
- A **data architecture** specifying how data will be acquired, translated, loaded, and provided to participating HIT systems
- A hosted **physical infrastructure**, including hardware and software to provide a state of the market data center service to the HIE.
Phase 1 Processes

Health Plans

1. Paid Claims from Health Plan Data Warehouse
   - HEDIS/Quality Processing, Physician Attribution
   - Manage data

2. Extract of Physician and Patient Quality Data

3. Medicare Data via QIO
   - Receive data, merge into analytical database

4. Match records for same patients, physicians, calculate measures

5. Aggregated data by plan, physician, patient

6. QIO responds to inquiries, refers to Health Plans if necessary

Physicians

7. Receive User ID, set password

8. Performance reports online

9. Phone/Email
   - Questions concerning reports, attribution, patient matching, quality measures

Health Plan Data Managers

- Source data questions
- Medicare Data via QIO
- Report Engine
- Authorized Users