

Lessons Learned from Efforts in Other States

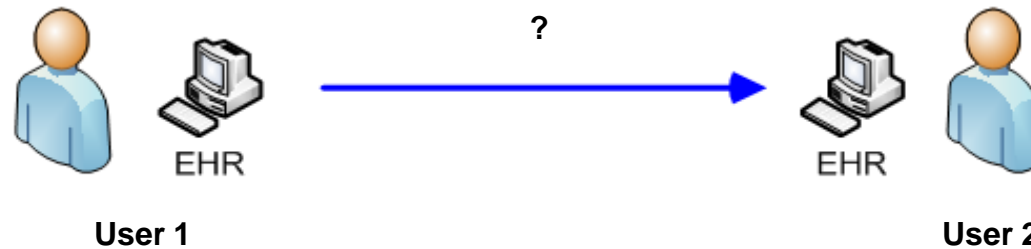
October 5, 2011



10 Things to Know About Health Information Exchange

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10. **HITECH is going to fundamentally change the HIE market**

How will individual clinical users get “interoperable”?

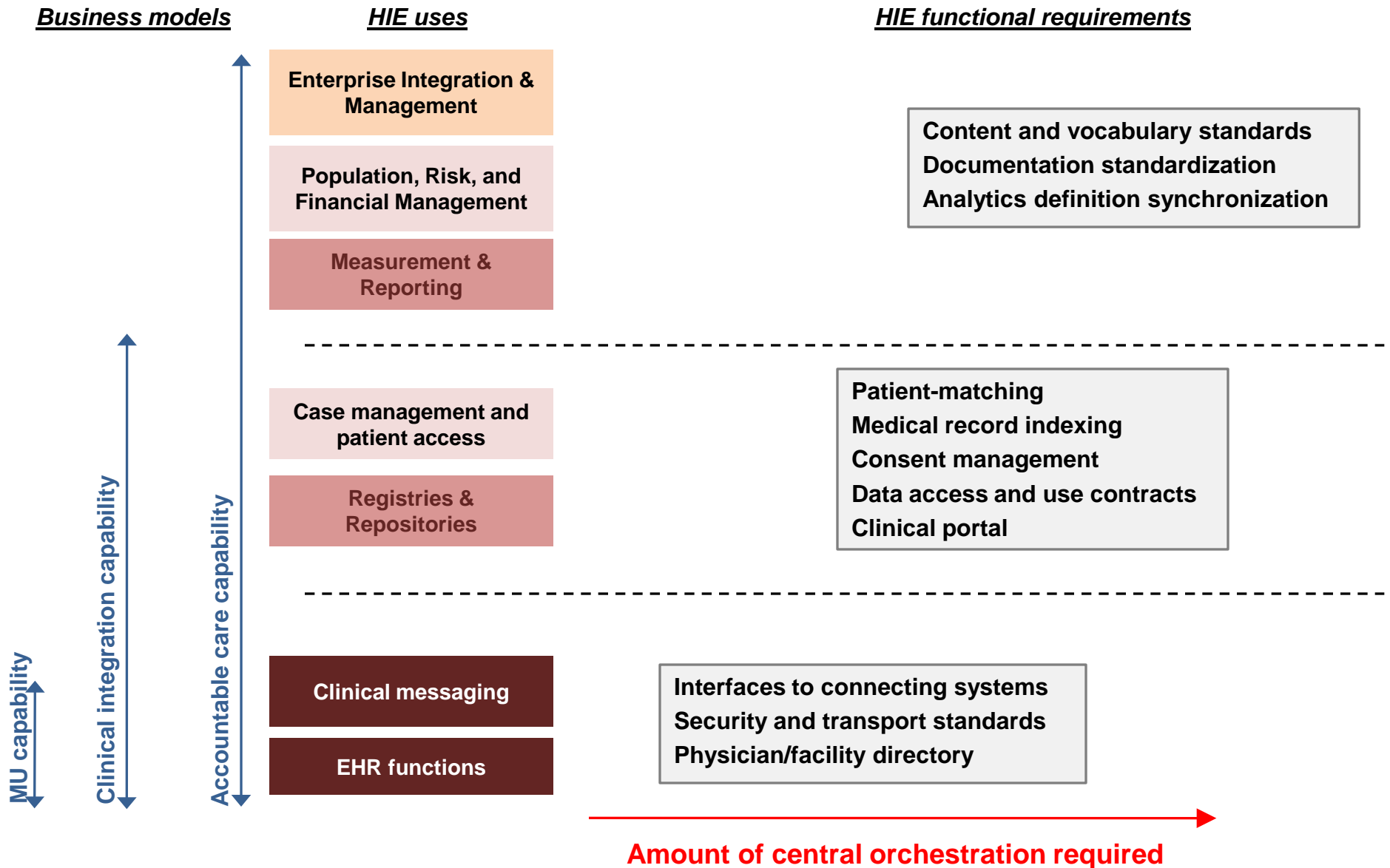


- Phone, regular mail
- Fax
- eFax
- Email (secure email or encrypted file transfer)
- Remote access
- Vendor-specific peer-to-peer messaging
- Cross-vendor peer-to-peer messaging (proprietary, NHIN Direct)
- IDN/Hospital/IPA/PHO-based health information exchange
- Nationally available commercial HIE services (Verizon, AT&T, Surescripts, Covisint)
- State/regional cross-entity health information exchange (NEHEN, SafeHealth, etc)

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Health Information Exchange Building Blocks



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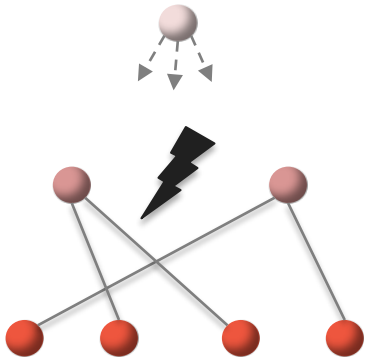
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State HIE Strategic and Operational Plan

Emerging Models

Elevator

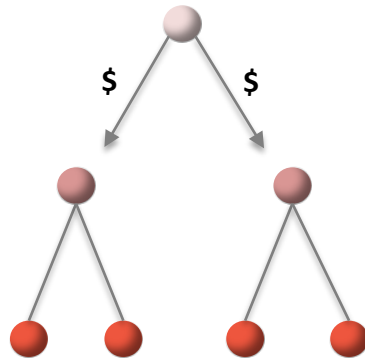


Rapid facilitation of directed exchange capabilities to support Stage 1 meaningful use

Preconditions:

- ✓ Little to no exchange activity
- ✓ Many providers and data trading partners that have limited HIT capabilities
- ✓ If HIE activity exists, no cross entity exchange

Capacity-builder

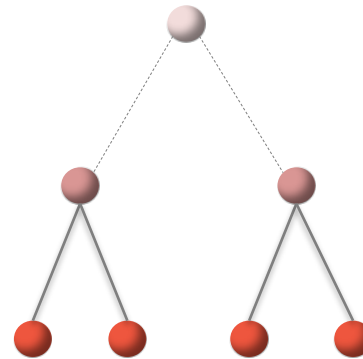


Bolstering of sub-state exchanges through financial and technical support, tied to performance goals

Preconditions:

- ✓ Sub-state nodes exist, but capacity needs to be built to meet Stage 1 MU
- ✓ Nodes are not connected
- ✓ No existing statewide exchange entity

Orchestrator

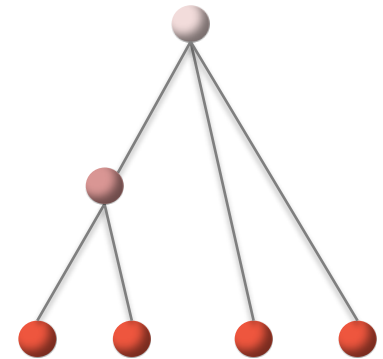


Thin-layer state-level network to connect existing sub-state exchanges

Preconditions:

- ✓ Operational sub-state nodes
- ✓ Nodes are not connected
- ✓ No existing statewide exchange entity
- ✓ Diverse local HIE approaches

Public Utility



Statewide HIE activities providing a wide spectrum of HIE services directly to end-users and to sub-state exchanges where they exist

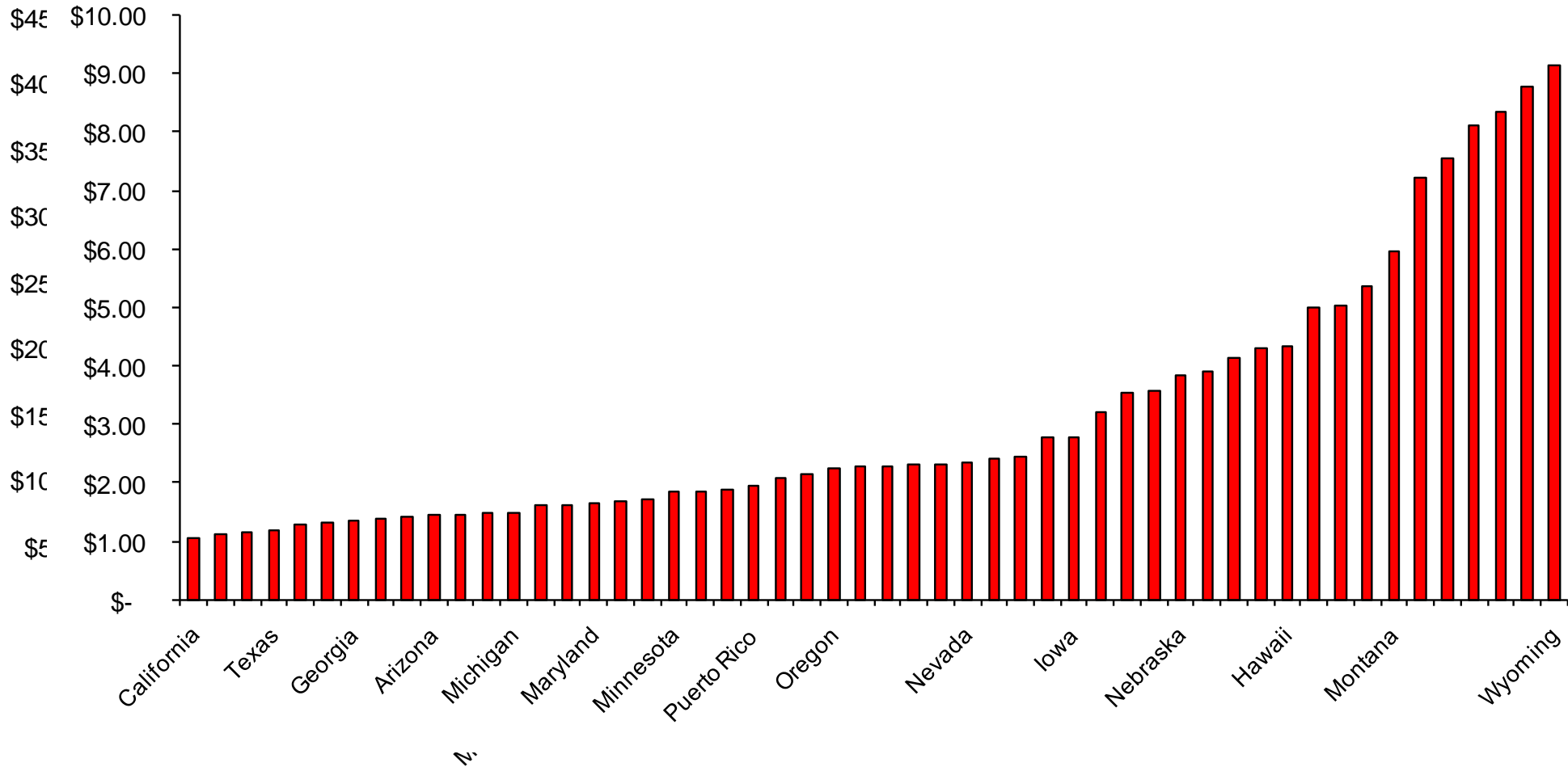
Preconditions:

- ✓ Operational state-level entity
- ✓ Strong stakeholder buy-in
- ✓ State government authority/financial support
- ✓ Existing staff capacity

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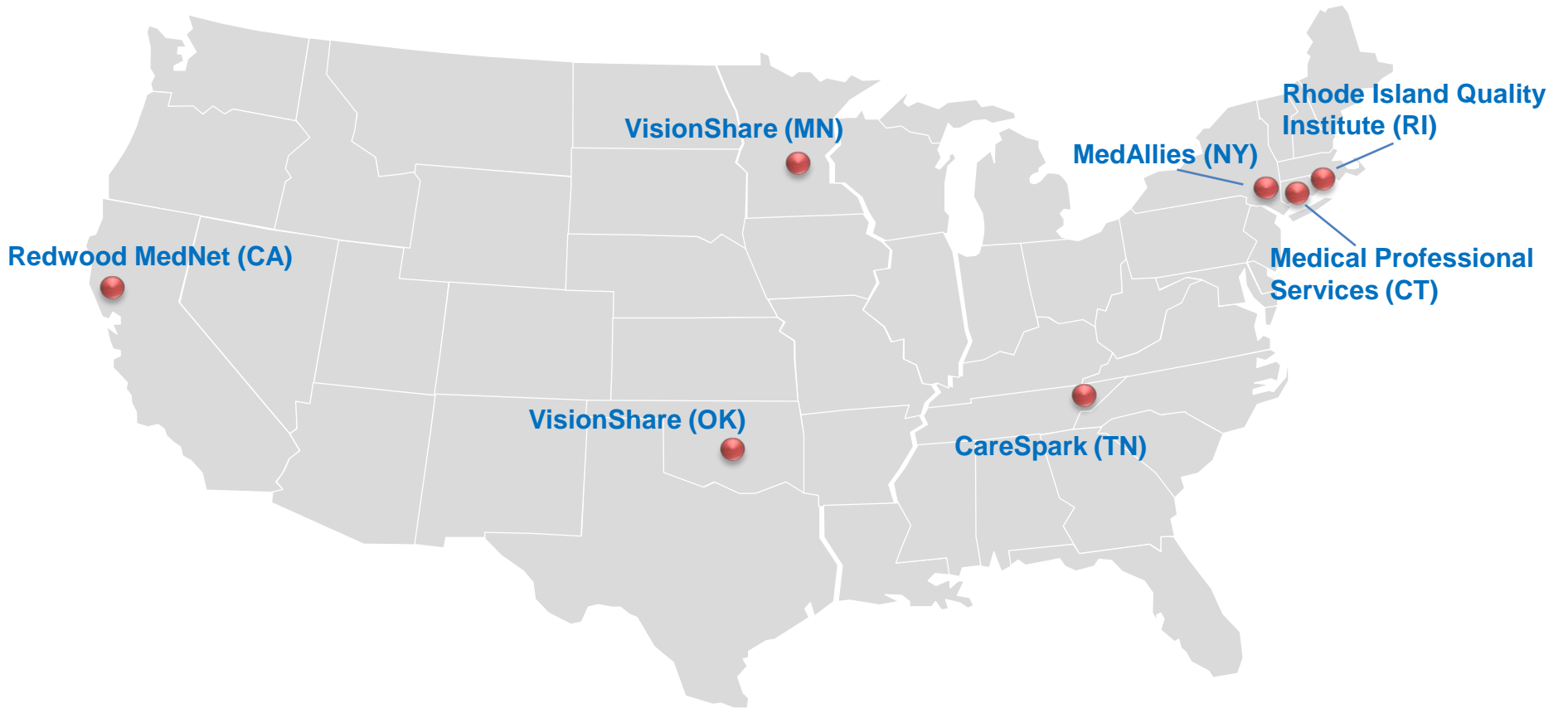
HIE Awards – per capita HIE Awards



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Direct Project Prototypes



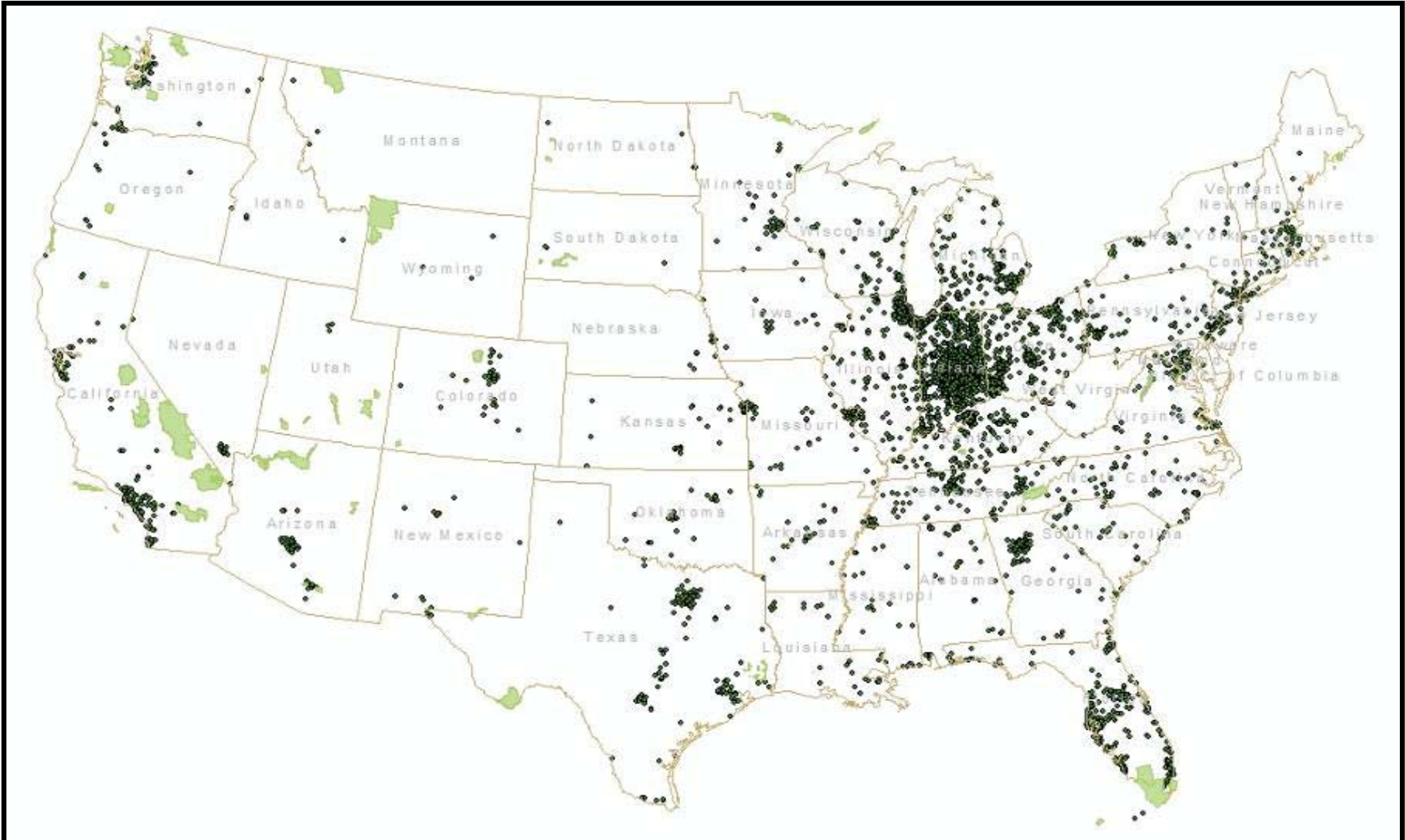
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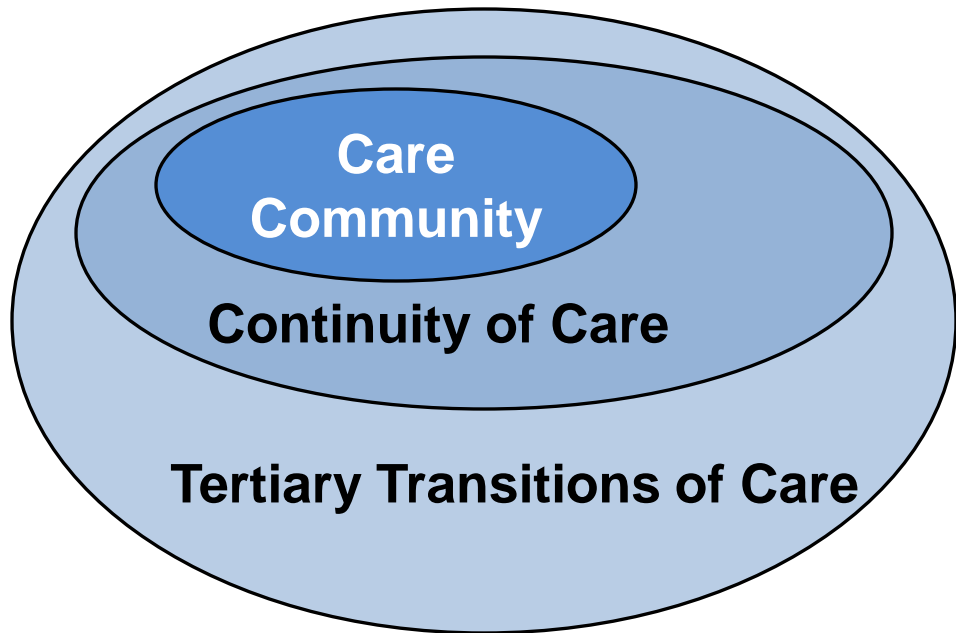
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Do we need health information exchange?



There are varying types of health information exchange *across* organizations



Care Community

- High overlap in patients
- Contractually-bound
- Geographically proximate

Continuity of Care

- High overlap in patients
- Not contractually bound

Tertiary transitions of care

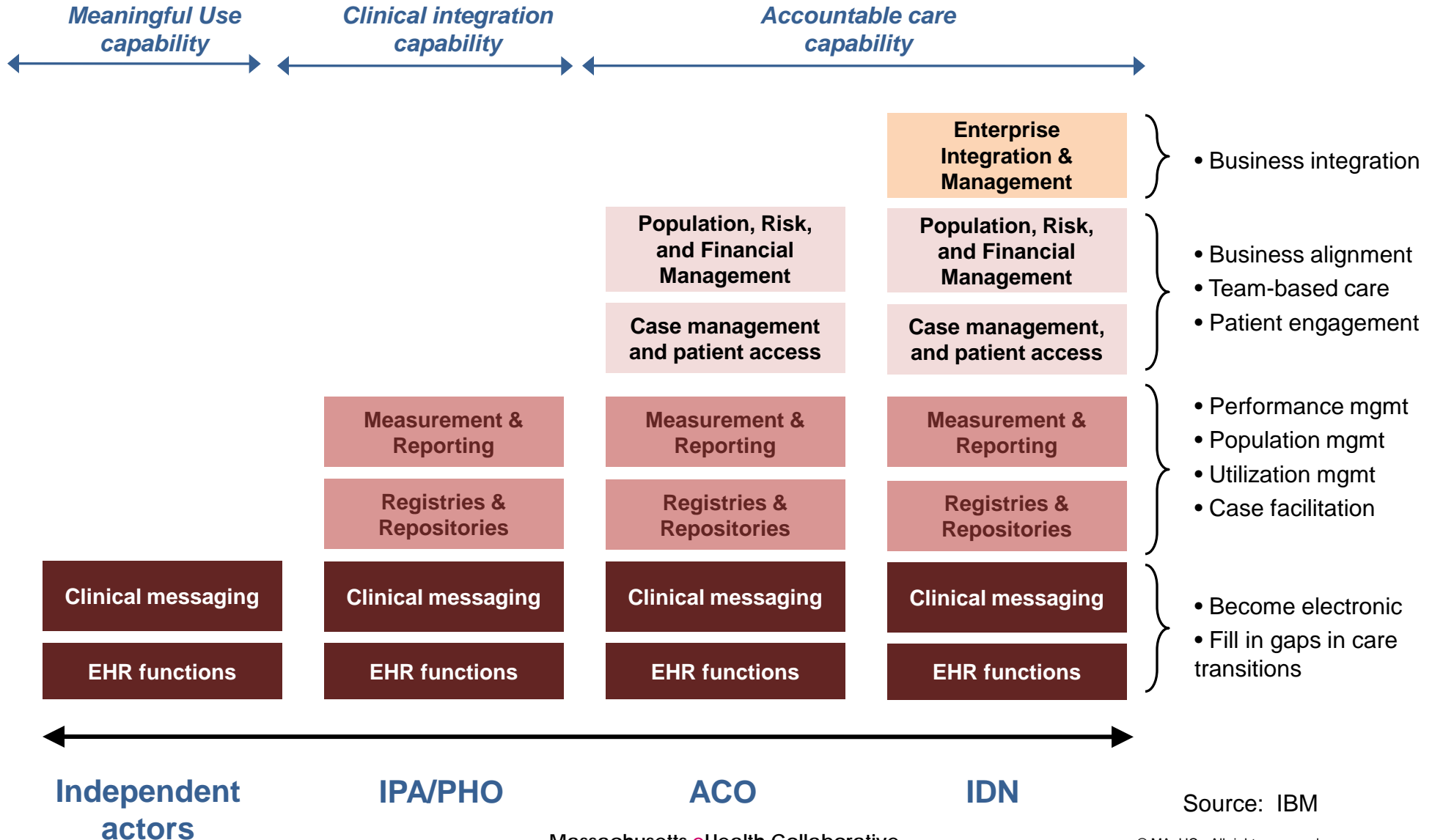
- Low overlap in patients
- Lower frequency, episode-specific
- Not contractually bound

***Which organizations directly affect your ability to deliver quality care on a daily basis?
Which organizations do you affect on a daily basis?
Which organizations do your patients affiliate with?***

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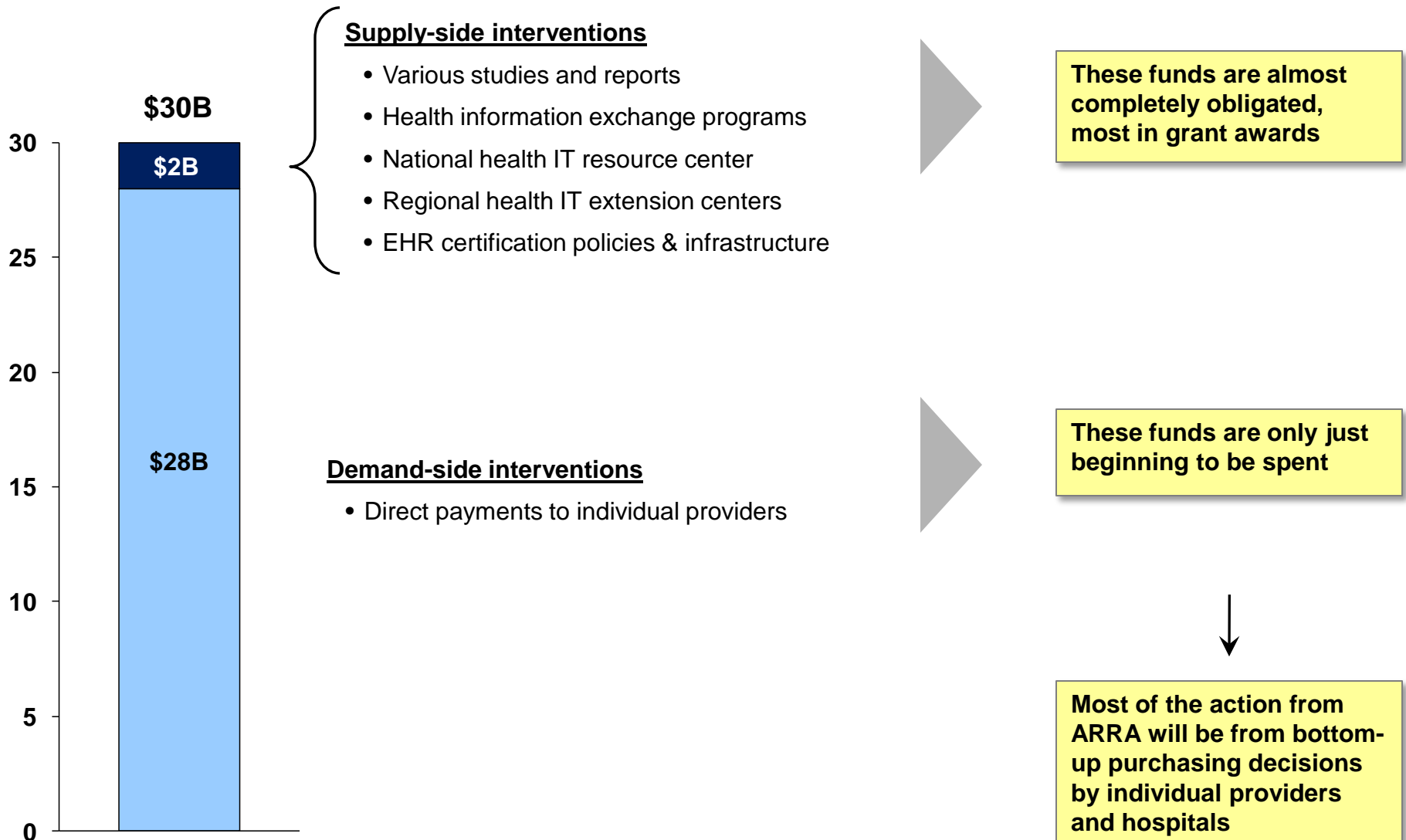
...which translates into different HIE functional needs



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Estimated ARRA funding for HIT and HIE



Market changes are hard to predict

Health insurer



Information analysis business



Data aggregation solutions



“...there's a tendency to overestimate how much things will change in two years, and underestimate how much change will occur over ten years”

