

State-Level Strategies to Support HIT Adoption and Use

A New York Summit on eHealth Albany, New York

Janet M. Marchibroda
Chief Executive Officer
eHealth Initiative and Foundation
November 20, 2006

eHI's Mission and Focus

- Our **mission is to improve the quality, safety, and efficiency of healthcare** through information and information technology
- **We engage multiple and diverse stakeholders** at both the national level, and within states and communities:
 - **Finding common ground** among the multiple constituencies in healthcare on policies and practices for transforming healthcare with information and information technology—**at the national level**
 - **Building a bridge** between rapidly emerging national policies and best practices and efforts at the state, regional and community levels
 - Placing a special focus on **mobilization of information**--to support improvements in **quality**
 - **Directly supporting state, regional and community stakeholders** utilizing our multi-stakeholder-developed common principles, policies and practices

Collaboration is the Key to Our Success: eHI's Multi-Stakeholder Membership

- Consumer and patient groups
- Employers, healthcare purchasers, and payers
- Health care information technology suppliers
- Hospitals and other providers
- Pharmaceutical and medical device manufacturers
- Pharmacies, laboratories and other ancillary providers
- Practicing clinicians and clinician groups
- Public health agencies
- Quality improvement organizations
- Research and academic institutions
- State, regional and community-based health information organizations

State Level Activity What's Happening?

- Over half the states in the country are developing or implementing plans related to health information technology
- Emphasis on quality, patient safety and curbing rising healthcare costs rank high as the primary drivers for state leadership around health information technology.

State Level Activity: eHI Survey Results

Stage 1 AWARENESS 15%	Stage 2 REGIONAL ACTIVITY 17%	Stage 3 STATE LEADERSHIP 25%	Stage 4 STATEWIDE PLANNING 29%	Stage 5 STATEWIDE PLAN 8%	Stage 6 STATEWIDE IMPLEMENTATION 6%
<ul style="list-style-type: none"> ▪ Recognition of the need for HIE among multiple stakeholders in your state, region, or community ▪ No coordinated, statewide activity 	<ul style="list-style-type: none"> ▪ Regional or community-specific HIE activity ▪ Silos of HIE activity with possibly some cross-over ▪ No coordinated, statewide activity 	<ul style="list-style-type: none"> ▪ Either legislation has been passed or an executive order issued ▪ Statewide planning initiative being formulated 	<ul style="list-style-type: none"> ▪ Well underway with coordinated, statewide planning ▪ Structures in place have statewide representation ▪ Clear on how to deliver statewide plan 	<ul style="list-style-type: none"> ▪ Plan / Roadmap complete and accepted ▪ Plan / Roadmap communicated to the public 	<ul style="list-style-type: none"> ▪ Implementation of state plan or Roadmap is well underway, with key milestones completed

eHI's Recent Analysis of Leadership by Governors

- Twelve executive orders were issued by U.S. governors calling for HIT and HIE to improve health and healthcare
 - Arizona, 2005
 - California, 2006
 - Florida, 2004
 - Georgia, 2006
 - Illinois, 2006
 - Kansas, 2004
 - Missouri, 2006
 - North Carolina, 1994
 - Tennessee, 2006
 - Texas, 2006
 - Virginia, 2006
 - Wisconsin, 2005

eHI's Recent Analysis of State Legislative Activity

- **HIT State Legislative Activity Is on the Rise.** State legislatures are increasingly recognizing the importance of IT in driving health and healthcare improvements. In 2005 and 2006:
 - 38 state legislatures introduced 121 bills which specifically focus on HIT
 - 36 bills were passed in 24 state legislatures and signed into law.

eHI's Recent Analysis of State Legislative Activity

Focus of HIT State Legislative Action

- The authorization of a commission, committee, council or task force to develop recommendations
- The development of a study, set of recommendations, or a plan for HIT
- The integration of quality goals within HIT-related activities; or
- The authorization of a grant or loan program designed to support HIT

Highlights of 2006 eHI Survey

- Fielded in May 2006
- Includes 165 responses from health information exchange (HIE) initiatives located in 49 states, the District of Columbia and Puerto Rico.
- It should be noted that more than 280 state, regional and community-based activities are engaged in eHI's Connecting Communities membership

eHI 2006 Survey

Stakeholder Engagement

- Engagement of the multiple stakeholders in healthcare is expanding considerably.
- Largest increases in:
 - Hospitals – 96%
 - Health plans – 69%
 - Employers – 54%
 - Primary care physicians – 91%

eHI 2006 Survey

Most Difficult Challenges

- Securing upfront funding – (57 percent)
- Developing a sustainable business model – (44 percent)
- Accurately linking patient data – (30 percent)

eHI 2006 Survey

Sources for Upfront Funding

- Federal Government – (42 percent)
- State or Local Government – (29 percent)
- Hospitals – (24 percent)
- Philanthropic – (23 percent)

eHI 2006 Survey

Funding Sources for Ongoing Operations

- Hospitals – (24 percent)
- Payers – (21 percent)
- Physician practices – (16 percent)
- Labs – (13 percent)
- Private Payers (10 percent)
- Philanthropic (9 percent)

eHI 2006 Survey

Types of Data Exchanged

- Laboratory – (26 percent)
- Claims – (26 percent)
- ED Episodes – (23 percent)
- Dictation – (22 percent)
- Inpatient Episodes – (22 percent)
- Outpatient Lab – (22 percent)
- Radiology – (20 percent)
- Outpatient Prescriptions – (18 percent)

eHI 2006 Survey

Services Still Focus on Care Delivery

- Clinical documentation (26 percent)
- Results delivery (25 percent)
- Consultation/referral (24 percent)
- Electronic referral processing (23 percent)
- Alerts to providers (20 percent)

Expanding Areas of Focus

- While “care delivery” is the area most benefiting from health information exchange today, other areas will benefit from this agenda
 - Patient-directed programs, including personal health records
 - Public health surveillance and response
 - Research
 - Quality improvement and reporting

eHI 2006 Survey

Care Management and Quality

Reporting Emerging Focus

- 20 percent of all respondents are currently providing disease or chronic care management services
- 11 percent of respondents are providing quality performance reporting for purchasers or payers, while an additional 7 percent expect to provide this service within six months.
- 10 percent are providing quality performance reporting for clinicians, with an additional 14 percent intending to add this service within six months.

BTE-Funded Towers Perrin Study Identifies Measures That Produce Improvements in Cost and Quality

- HTN 42 BP<140/90
- HTN 43 SBP<140
- HTN 44 DBP<90
- DM 23 BP<140/90
- DM 21 HbA1c>9%
- DM 22 HbA1c<7%
- DM 25 LDL<100
- DM 26 LDL<130
- CAD 6 LDL<100 after discharge for AMI, CABG, PCI
- CAD 7 LDL<130 after discharge for AMI, CABG, PCI
- CAD 8 LDL<100 any CAD
- CAD 9 LDL<130 any CAD

Value to Stakeholders

Sample of What We've Heard

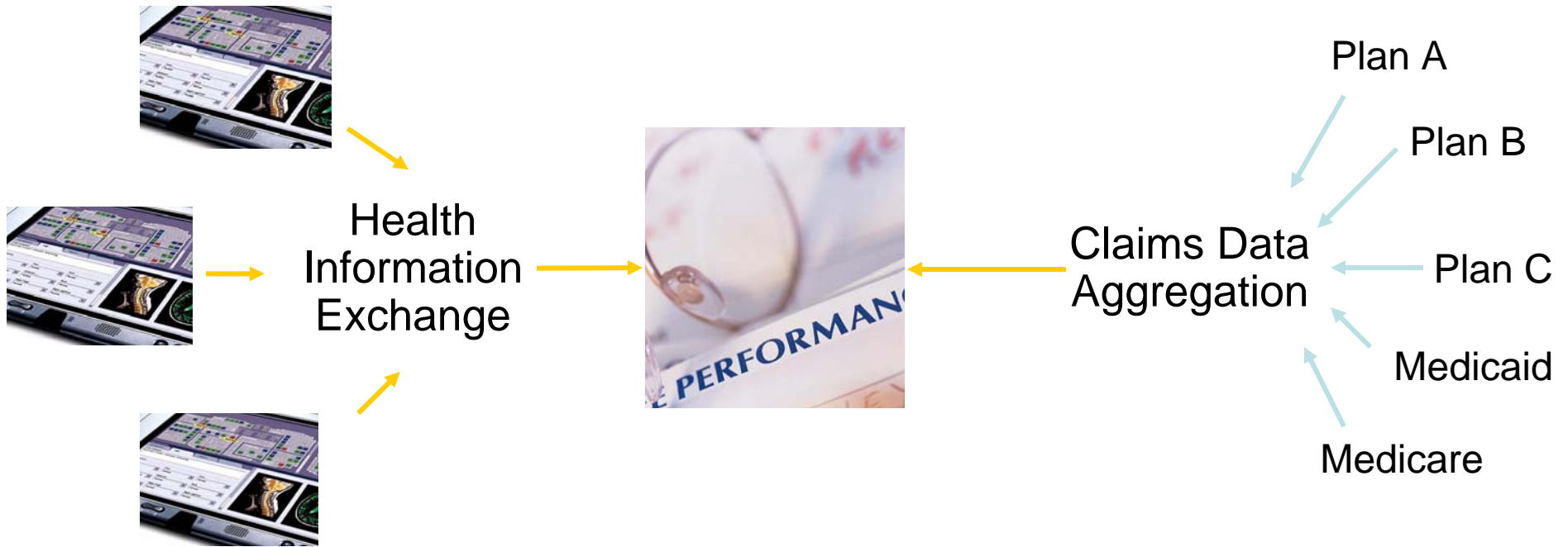
- Data Access Services
 - Access to test results (lab, radiology, etc)
 - Access to medication history
 - Access to other clinical information, such as allergies
- Data Delivery Services
 - Delivery of test results and other clinical information (e.g. hospital lab) to clinicians
 - Delivery of information to patients through portals, or personal health records
 - Delivery of information to support quality improvement within provider or clinician's office

Value to Stakeholders

Sample of What We've Heard

- Data Aggregation Services: Use of information while protecting patient privacy to support:
 - Improvements in quality and efficiency
 - Public health surveillance
 - Disease and chronic care management
 - Clinical research

You Really Need Clinical *and* Claims Data to Make This all Work



Various Roles That States are Playing

- Participant in the dialogue
- Convener of the dialogue
- Providing funds
- Commissioning or funding a study
- Providing education to stakeholders
- Requiring use of standards
- Providing financial incentives through Medicaid
- Providing financial incentives in role as purchaser
- Integrating other functions of the state with the work of the private sector

Critical Roles of Public Private Collaboratives at the State Level

- Bringing the views of multiple stakeholders to the table, and finding common ground on a path for moving forward
- Facilitating agreement on policies for information sharing
- Providing a place for sharing best practices and educating stakeholders
- Enabling the “cooperative” development of tools, templates, agreements etc. that “everybody needs”...bringing down costs for everyone
- Others.....

Key Take-aways

- Health information technology is here and **interoperability** or **health information exchange** is the key area of focus
- Rapid changes in policy at the national, state and local levels
- Every stakeholder group is getting engaged...
- National standards and state best practices are emerging to **support interoperability and quality**

Key Take-aways

- There is a near term opportunity....in the convergence of movements on both **HIT and quality**
- Mobilizing health information is going to **dramatically improve the quality and safety of healthcare in New York and across the U.S.**

Janet M. Marchibroda
Chief Executive Officer
eHealth Initiative and Foundation

www.ehealthinitiative.org

818 Connecticut Avenue, N.W., Suite 500
Washington, D.C. 20006
202.624.3270

Janet.marchibroda@ehealthinitiative.org