

Health Information Exchange Turns a Corner in 2012

*Claudia Williams, Director, State Health Information
Exchange Program, ONC*

Health IT: Helping to Drive the 3-Part Aim

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Better healthcare



Improving patients' experience of care within the Institute of Medicine's 6 domains of quality: *Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity.*

Better health



Keeping patients well so they can do what they want to do. Increasing the overall health of populations: address behavioral risk factors; focus on preventive care.

Reduced costs



Lowering the total cost of care while improving quality, resulting in reduced monthly expenditures for Medicare, Medicaid, and CHIP beneficiaries.



Health Information Technology

**“ I BEAT CANCER
SO I COULD
DANCE AT MY
DAUGHTER’S
WEDDING. ”**

Dave deBronkart

Cancer Survivor / Health IT Advocate

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The Office of the National Coordinator for
Health Information Technology

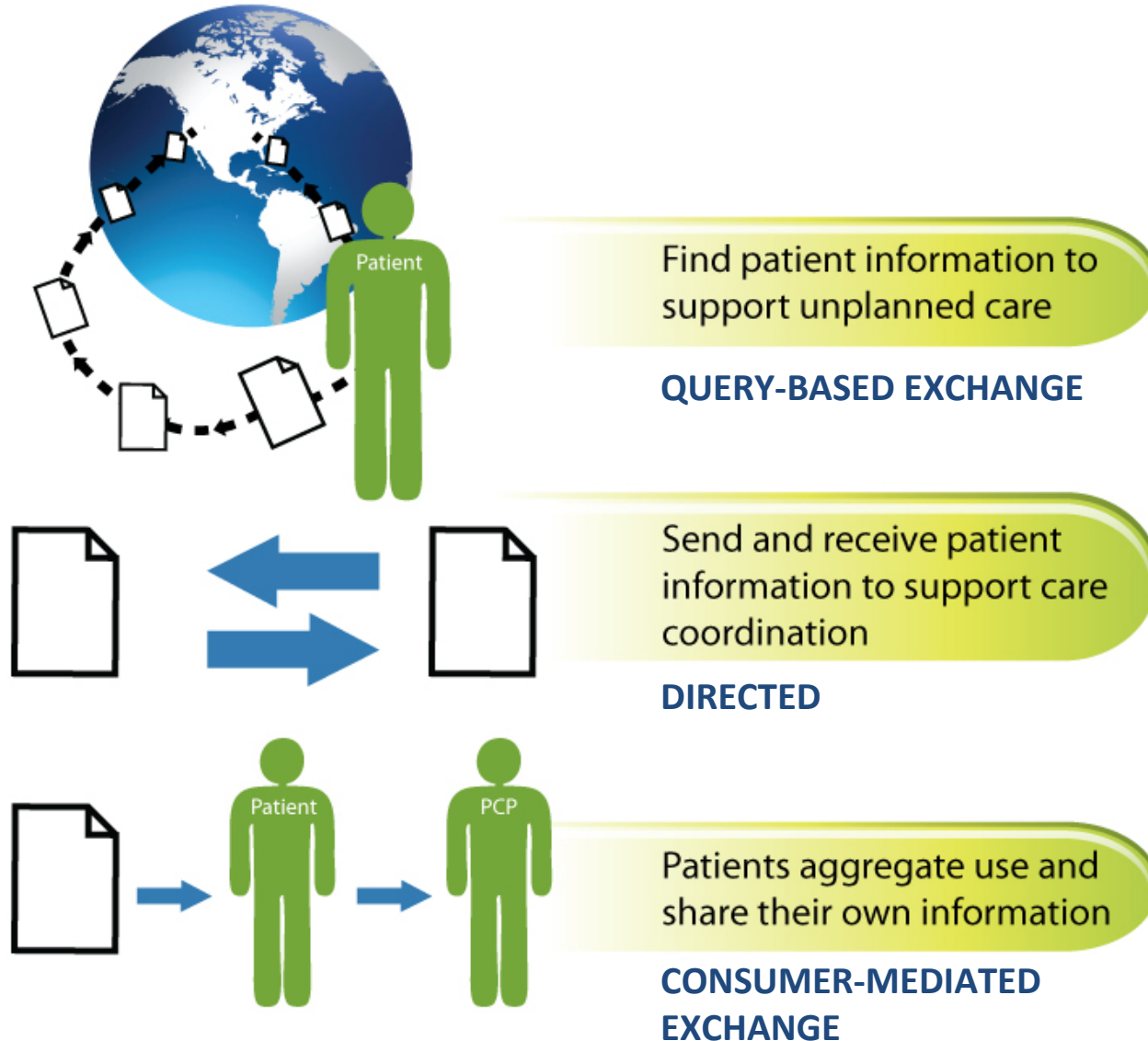


ePatient Dave

Cancer Survivor and Proud Father

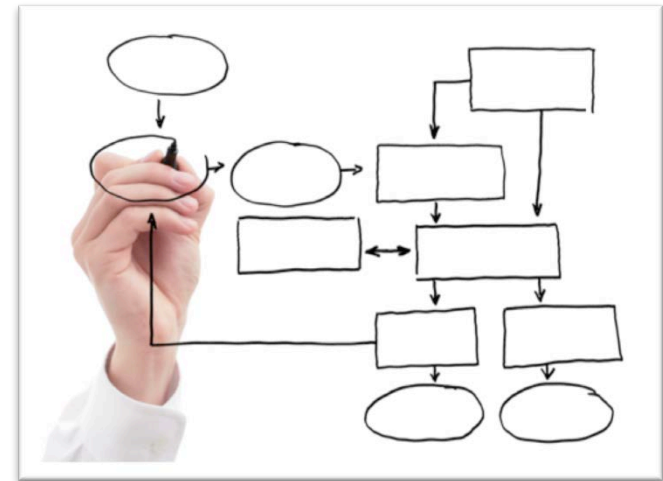
ONC's Goal - Information Securely Follows Patients Whenever and Wherever They Seek Care

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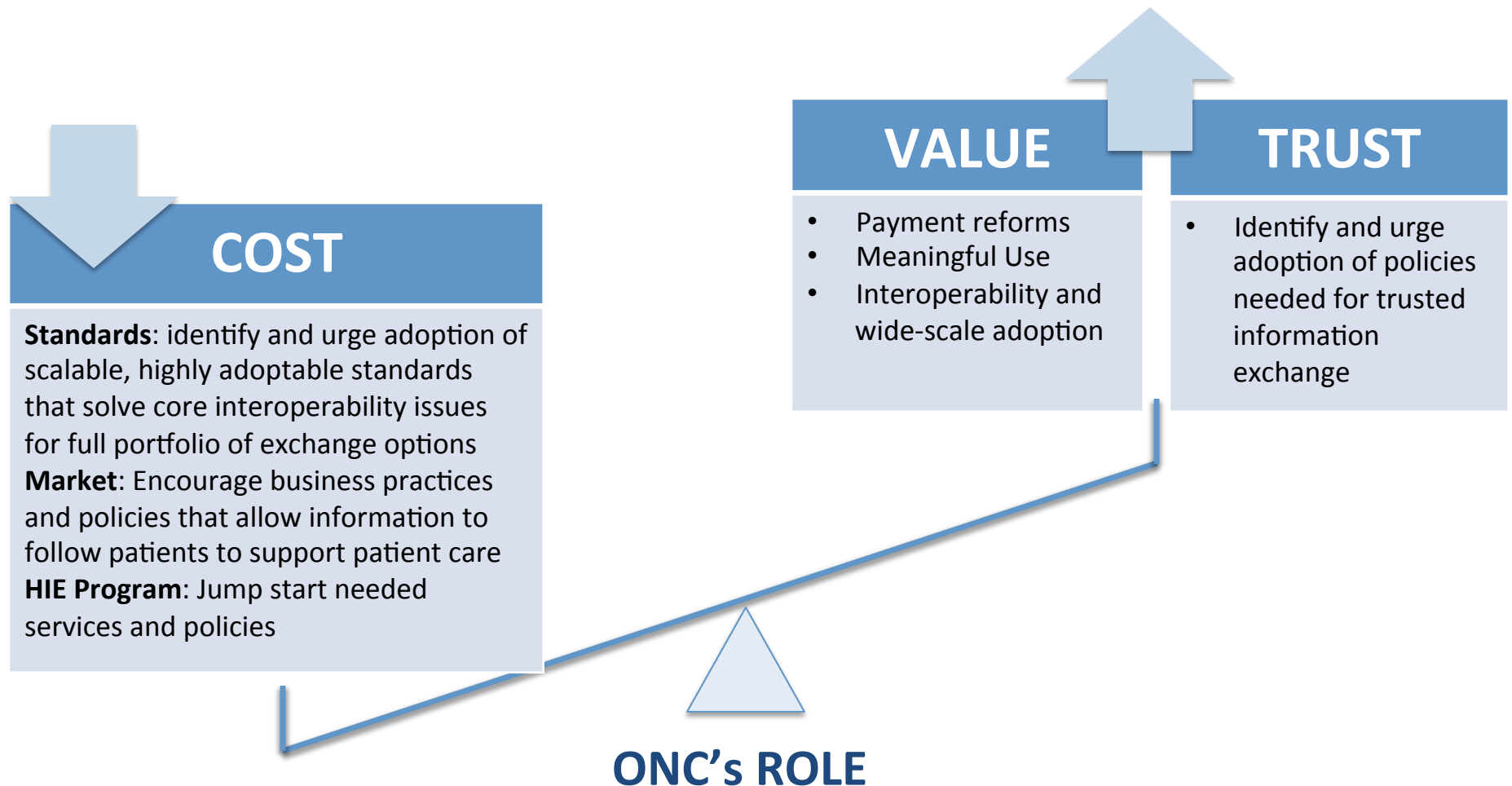
**MULTIPLE
MODELS**

- Interoperability is a *journey*, not a destination
- Leverage *government as a platform* for innovation to create conditions of interoperability
- Health information exchange is *not one-size-fits-all*
- Multiple approaches will exist *side-by-side*
- Build in *incremental steps* – “don’t let the perfect be the enemy of the good”



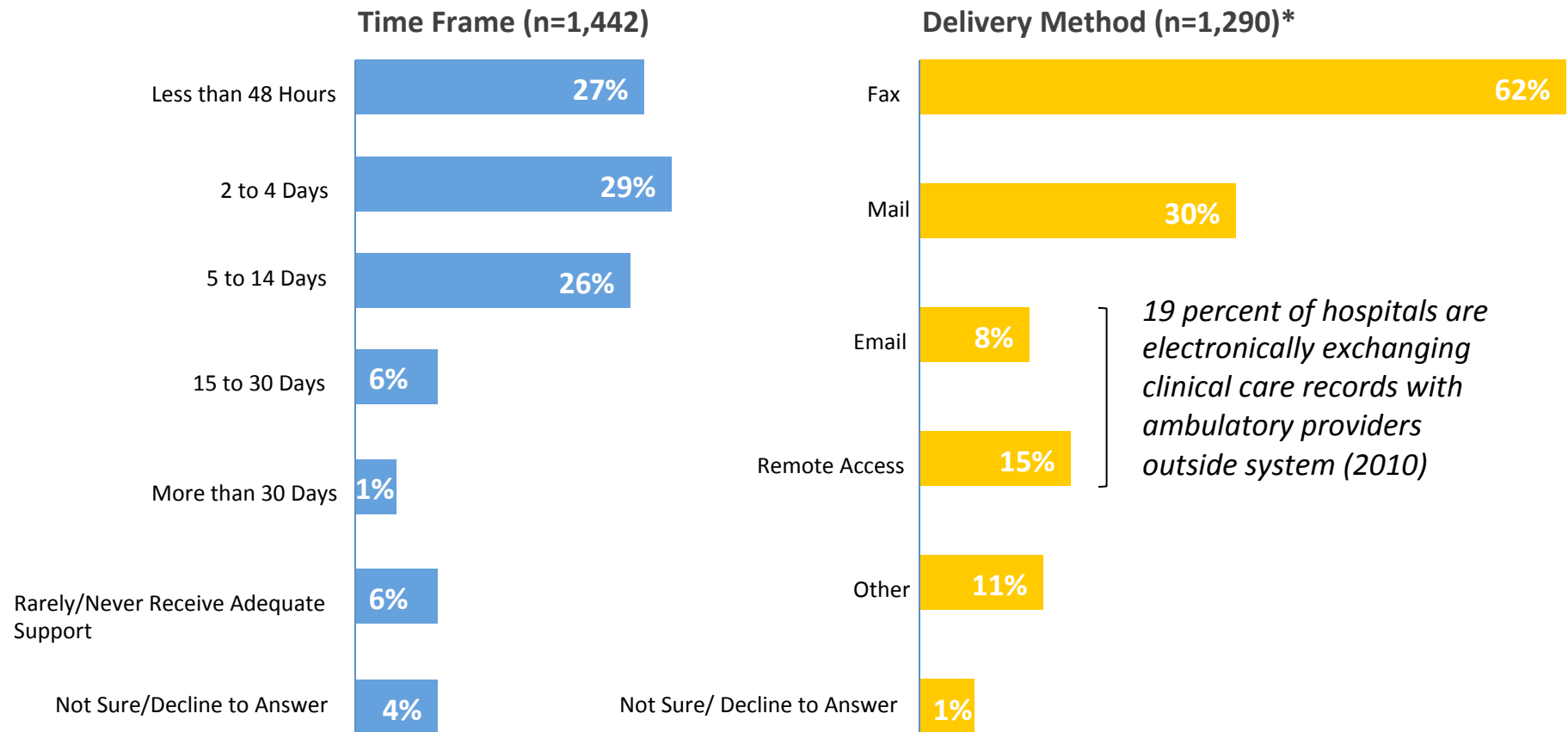
ONC's Role - Reduce Cost and Increase Trust and Value To Mobilize Exchange

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We Are Here Today...

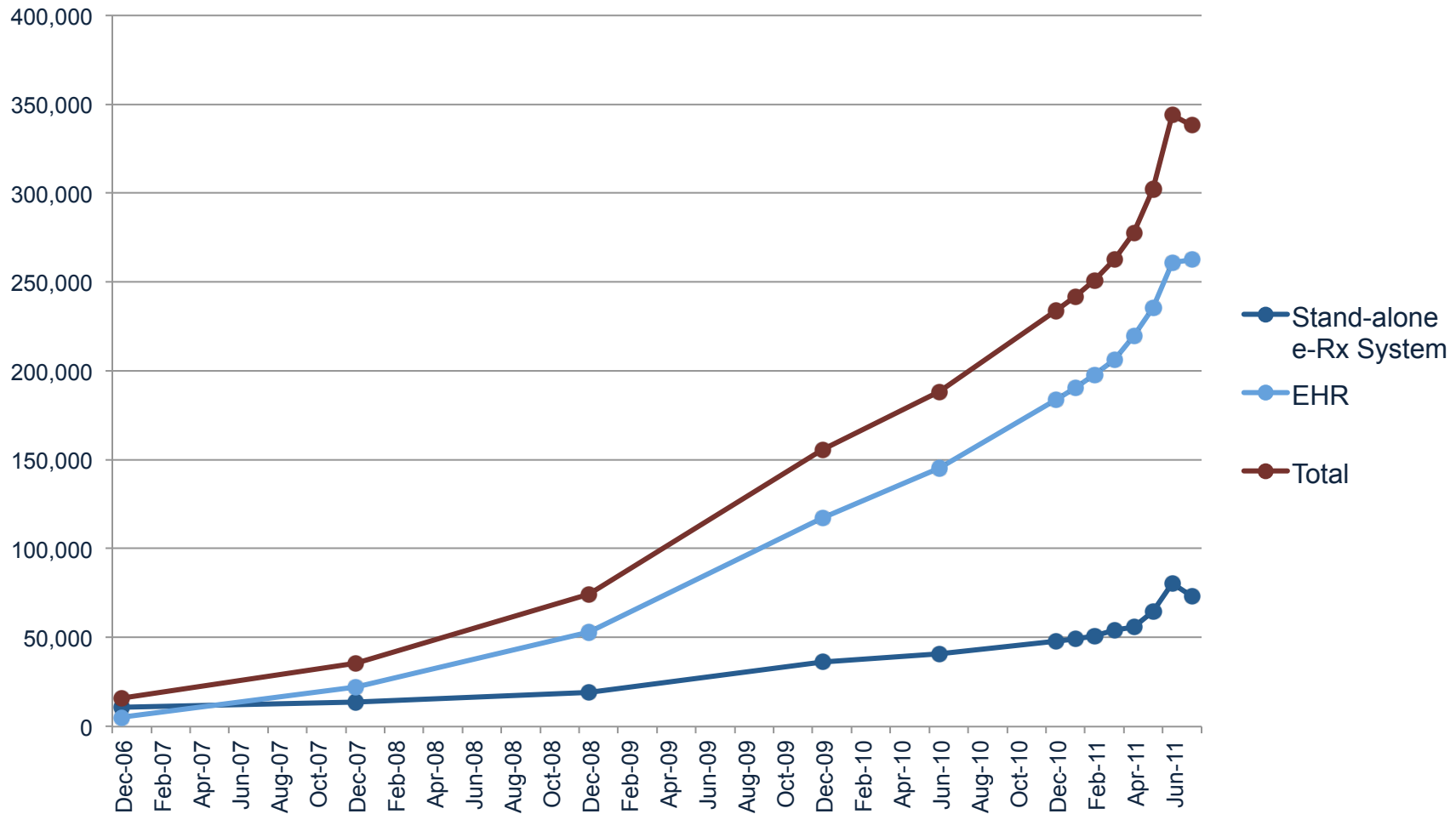
Receipt of Discharge Information by PCPs



*Respondents could select multiple responses. Base excludes those who do not receive report. Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

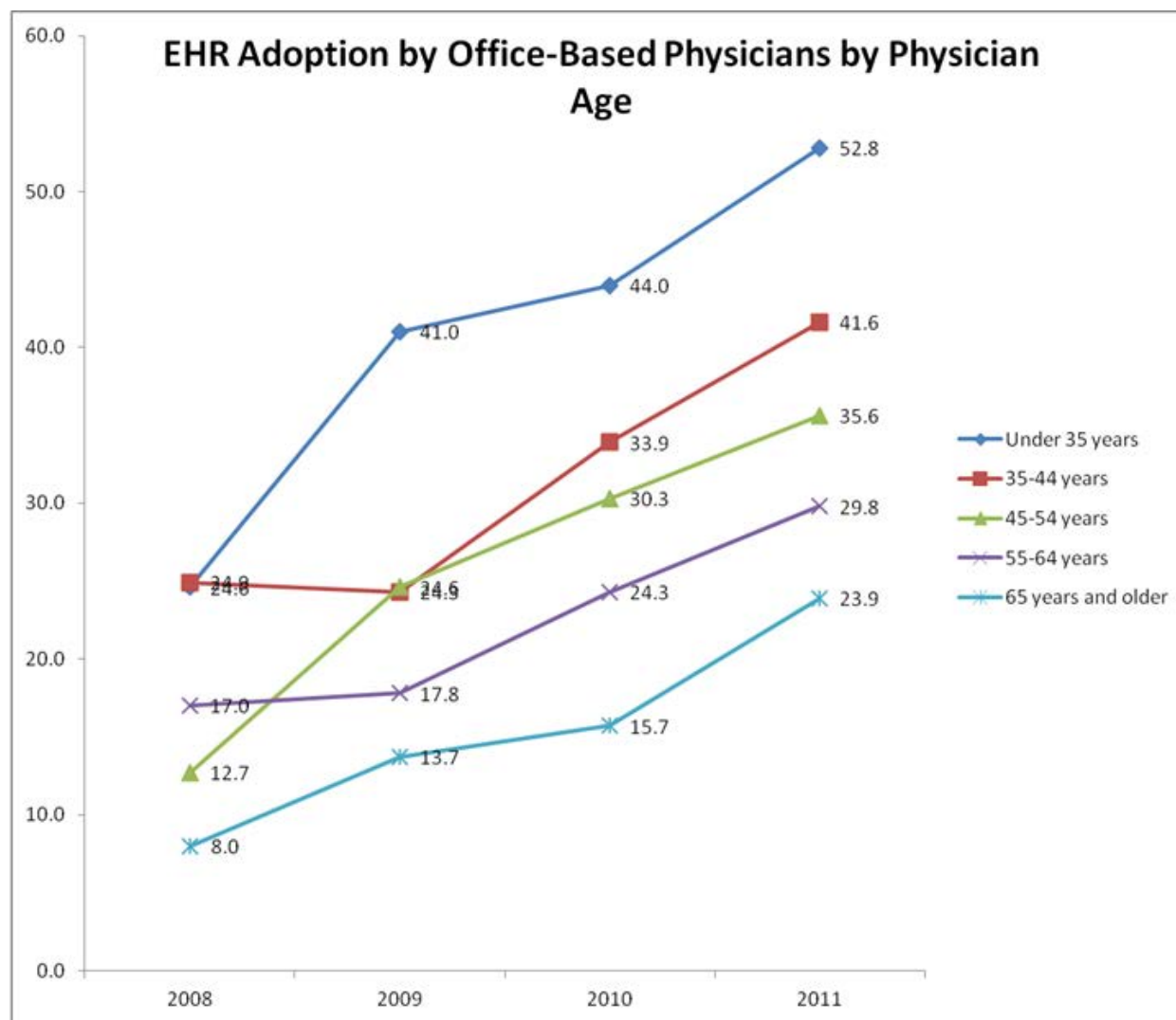
Will we Soon See this Curve for Lab Exchange, Care Summary Exchange?

Number of e-Prescribers in US by Method of Prescribing



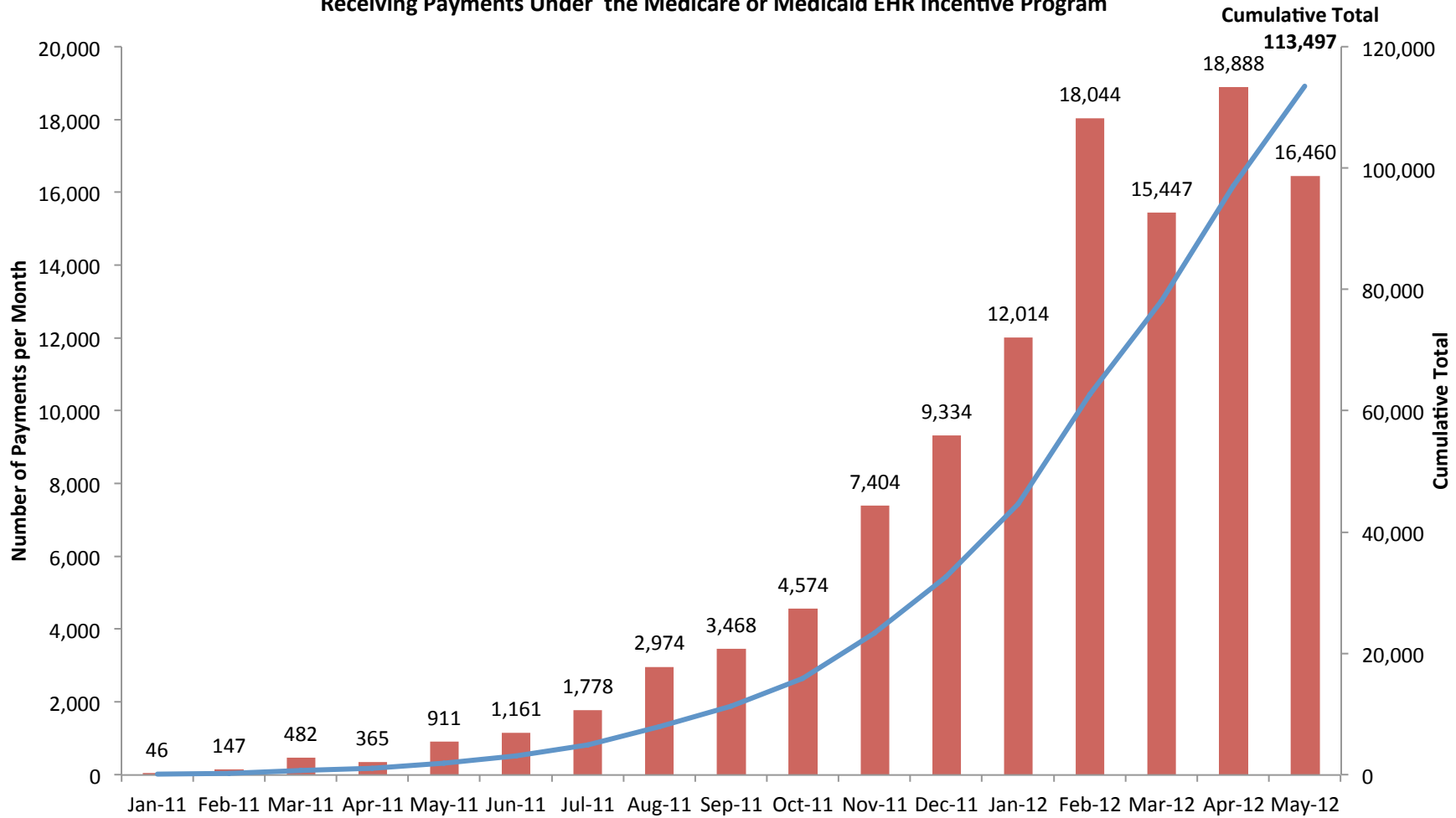
57% of Office-Based Physicians Using an EHR

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Meaningful Use Payments Made to > 133K Providers and Hospitals

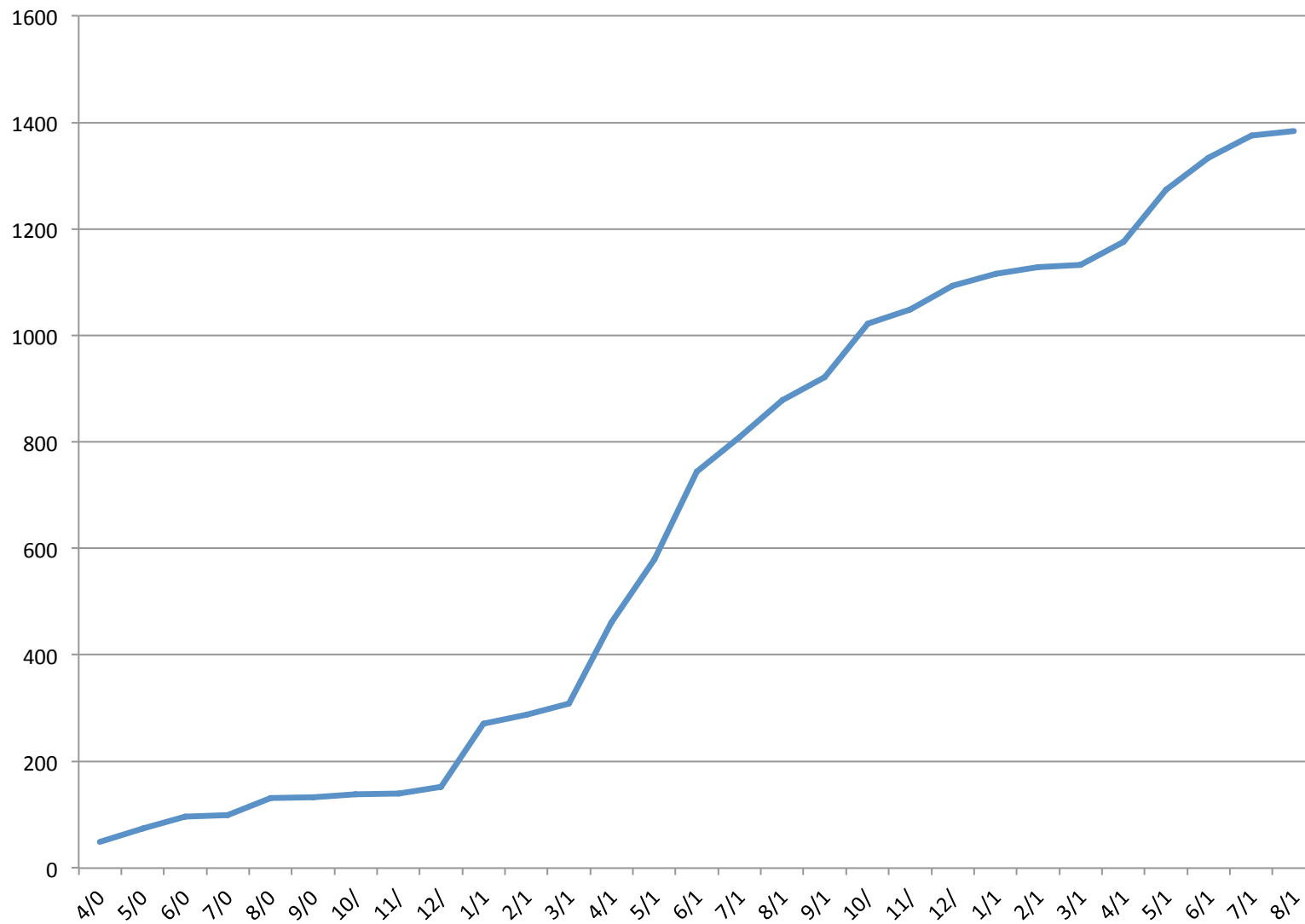
All Eligible Providers and Hospitals
Receiving Payments Under the Medicare or Medicaid EHR Incentive Program



**With Our Collective Efforts,
We Hope to see a Similar Hockey
Stick Curve for Health
Information Exchange in 2012**

Nebraska Health Information Exchange - Users

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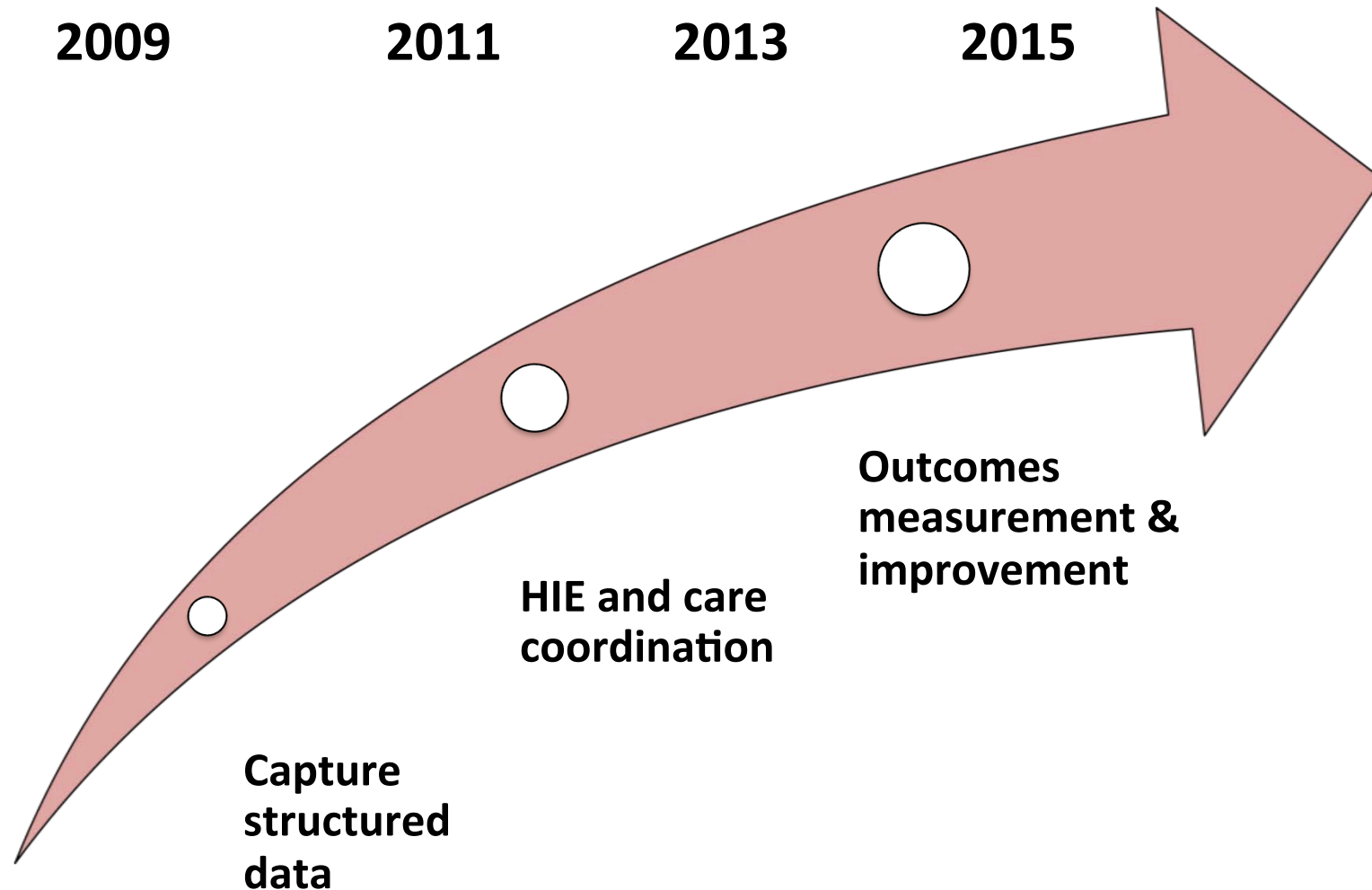
Exchange Priorities in 2012 - Driving Forward on Multiple Fronts

- More rigorous exchange requirements in Stage 2 to support better care coordination
- Standards building blocks are in place
- Actions to advance all three forms of exchange
- State HIE Program jump starts needed services and policies

More Rigorous Exchange Requirements in Stage Two to Support Better Care Coordination

Meaningful Use Trajectory

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Proposed Stage Two Meaningful Use Exchange Requirements (summary)

- Provide summary of care document for more than 65% of transitions of care and referrals with **10% sent electronically**
- Patients can **view, download or transmit** their own health information
- **Successful ongoing submission** of information to public health agencies (immunizations, syndromic surveillance, ELR)

Standards Building Blocks are in Place

Big Strides to Enable Interoperability, Supports All Three Types of Exchange

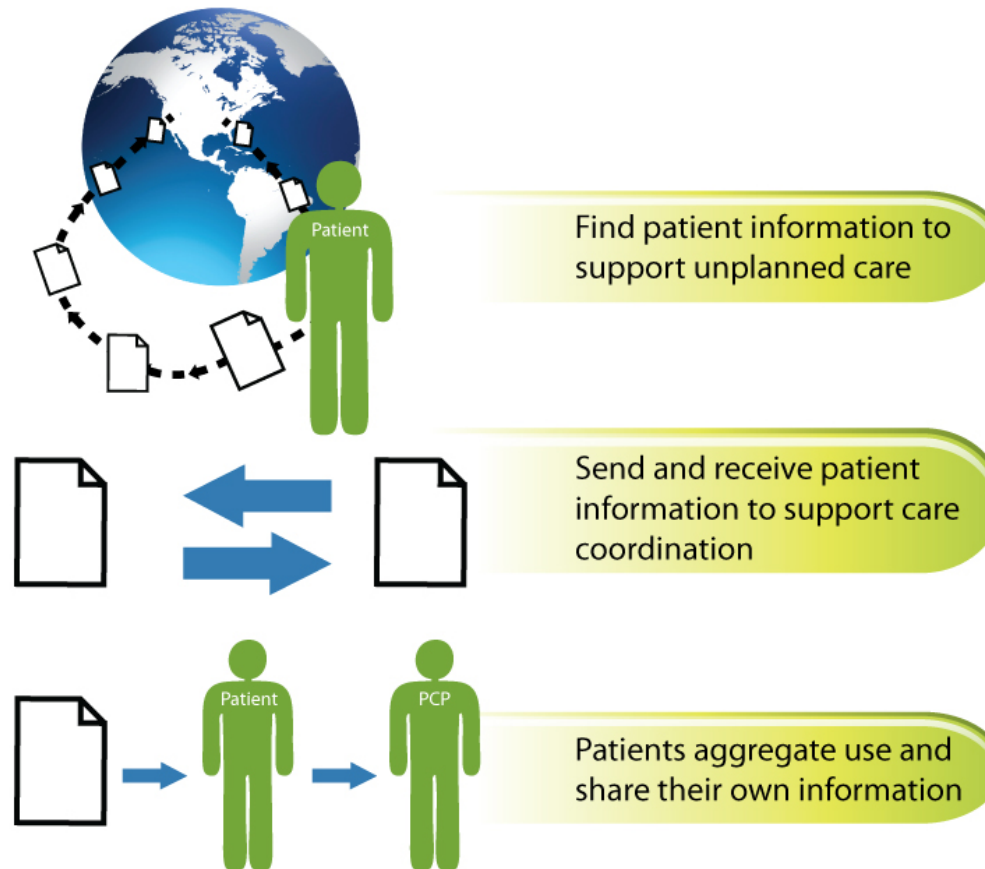
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Single vocabulary for each concept

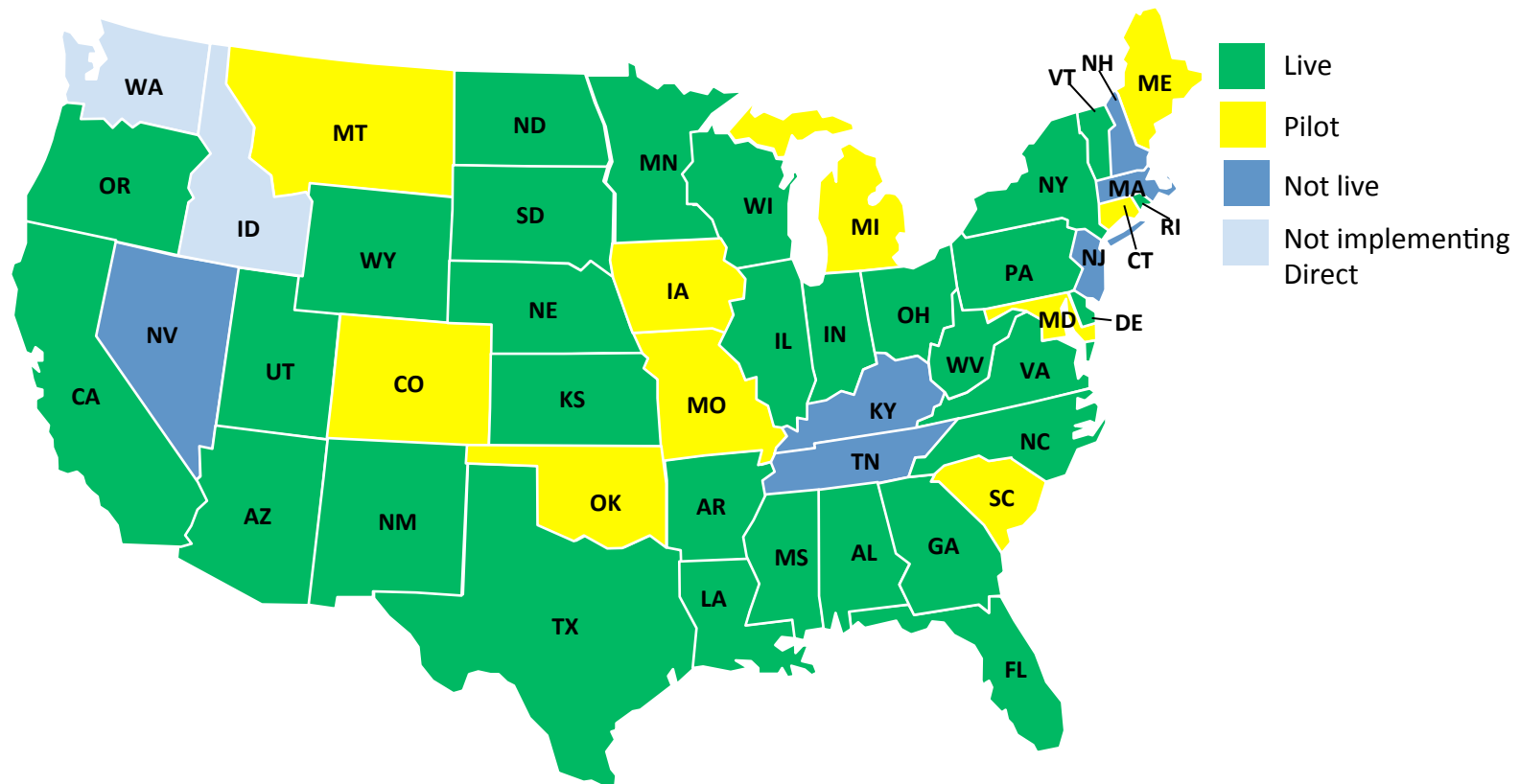
Two easily adopted standards for *transport* – NwHIN Direct
and the transport protocol used in NwHIN Exchange

More highly specified standards to support *care transitions*
and *lab results delivery*

Actions to Advance all Three Forms of Exchange



DIRECT Implementation Across the US



Total Directed Exchange Transactions in Q1 by State HIE Grantees: 52,854,329

- A community-led initiative to support “closed loop referrals” among health care providers using proposed Stage 2 standards
- The goal is straightforward but bold: Providers should be able to *send referrals from their EHR workflow* to providers in unaffiliated organizations, using different EHRs and supported by different health information exchange services

Participating Vendors Include

Allscripts, Athena, Cerner, Epic, GE Healthcare, Greenway Medical, McKesson, MedAllies, Microsoft, NextGen, RIQI, Siemens

<http://statehieresources.wikispaces.com/360X+Project>

DIRECT Implementation Guidelines

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- Defines common policies, standards, and implementation approaches (including on issues like issuing digital certificates and identity proofing end-users) for the more than 40 states launching DIRECT services
- Gives providers and other stakeholders confidence that DIRECT is being implemented according to technical specifications and with appropriate policies to support widespread exchange, trust, and interoperability

http://statehierresources.org/wp-content/uploads/2012/07/State-HIE-Implementation-Guidelines-for-Direct-Security-and-Trust_7-2012.pdf

State HIE Grantees Supporting Query

- Many will deploy query services in phase two of their plans
- Those with operational services are looking to increase use and usefulness
- They are moving forward in a smart way to assure success:
 - Gaining support from key stakeholders
 - Deploying incrementally
 - Applying lessons about workflow and use cases
 - Tying efforts to payment reform
 - Building on phase one progress

States with Deployed Query Exchange Capabilities

- Colorado
- Delaware
- Idaho
- Indiana
- Kentucky
- Maine
- Maryland
- Michigan
- Nebraska
- New Jersey
- New Mexico
- New York
- Rhode Island
- Tennessee
- Utah

Total Query Exchange Transactions in Q1 by State HIE Grantees: 2,243,767

Auto Blue Button – “Set it and Forget it”

- Give patients and providers “set it and forget it” functionality to automatically send information to a PHR or other consumer-facing site, meeting proposed “view, download, transmit” requirements
- For instance:
 - A patient registers their Direct address with a provider
 - Each time a visit closes for the patient, a trigger within the EHR generates a CCDA
 - The CCDA is sent to the patient’s PHR account using Direct
- ONC will have one of 16 Presidential Innovation Fellows to work on this exciting initiative

State HIE Program Jump Starts Needed Services and Policies

State HIE Program: Supporting Providers to Meet Meaningful Use Exchange Requirements

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FOCUS

Give providers viable options to meet MU exchange requirements

- E-prescribing
- Care summary exchange
- Lab results exchange
- Public health reporting
- Patient engagement



APPROACH

- Make rapid progress
- Build on existing assets and private sector investments
- Every state different, cannot take a cookie cutter approach
- Leverage full portfolio of national standards

Opportunity	Strategies to Address	Number
White Space	Directed Exchange - Jumpstart low-cost directed exchange services to support meaningful use requirements	51
Duplication	Shared Services - Offer open, shared services like provider directories and identity services that can be reused	54
Information Silos	Connect the nodes - Infrastructure, standards, policies and services to connect existing exchange networks	25
Disparities	REC for HIE - Grants and technical support for CAHs, independent labs, rural pharmacies to participate in exchange	20
Emerging Networks	Support local networks – Connectivity grants and trust/standards requirements for emerging exchange entities	5
Public Health Capacity	Serve reporting needs of state - Support public health and quality reporting to state agencies	28
No Shared Trust/Interop Requirements	Accreditation and validation of exchange entities against consensus technical and policy requirements	17

- Automating care coordination tasks
- Patient matching
- Connecting exchange nodes
- Reconciling, filtering and searching
- ACO HIT needs
- Business Issues (vs. interoperability)
- Liability

- Let Everyone Play
- Talk About What You're Doing While You're Doing It
The public servant needs to presume to publish (Shadbolt)
- Give it Away (use open standards, open source code)
- Reach for the Edges
- Create Simple Systems that Work
A complex system that works is invariably found to have evolved from a simple system that worked (Gail's Law)
- Apply Rough Consensus, Running Code
- Use Modularity
Modularity is good. If you can keep things separate, do so (RFC 1958)
- Increase Network Impact (Metcalf's law)
- Build Platforms