

# *Health Information Exchange*

## *Illinois e-Health Task Force Conference Call March 30, 2006*

Presented by

**Scott D. Williams, M.D., M.P.H.**  
Vice-President, HealthInsight

**Jan Root, Ph.D.**

**Assistant Executive Director  
Utah Health Information Network**



**Utah Health Information Network**

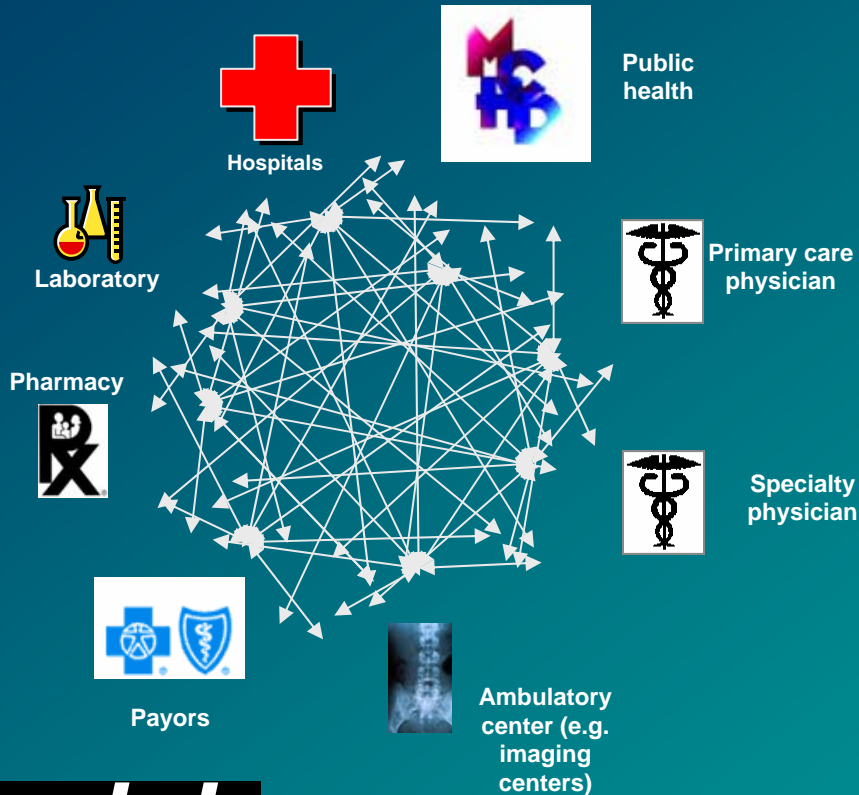


# *Health IT: Terminology*

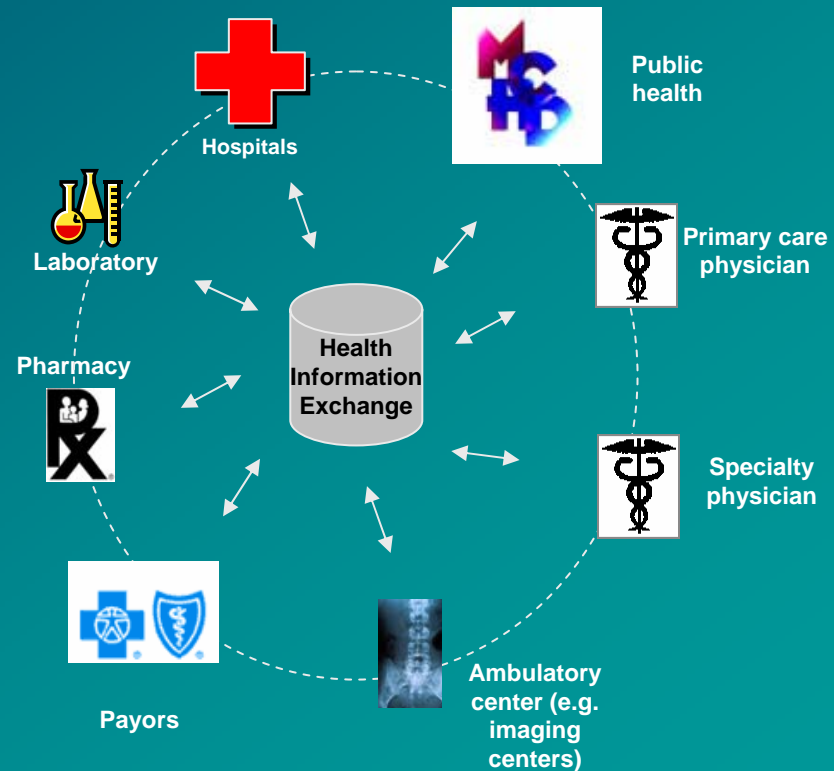
- **Electronic Medical Record (EMR)**
  - ✓ Paperless office
  - ✓ Personal Health Record
- **Health Information Exchange (HIE)**
  - ✓ Regional Health Information Org. (RHIO)
  - ✓ Allows interoperability between stakeholders
- **Clinical Decision Support Systems (CDSS)**
  - ✓ Case and cohort management
  - ✓ Computerized Physician Order Entry (CPOE)
  - ✓ Prompts, recalls, trends, protocols, drug interactions, generics, performance measures

# HIE: "Wiring" Healthcare Efficiently

Current system fragments patient information and creates redundant, inefficient efforts



Future system will consolidate information and provide a foundation for unifying efforts



Source: Indiana Health Information Exchange



# *Utah & the HIT concept*

- **University of Utah Medical Informatics**
  - ✓ One of the first academic departments in the nation
- **Intermountain Health Care**
  - ✓ Pioneering work in clinical HIT since 1970s
- **Utah Health Information Network**
  - ✓ 12 years of successful administrative health data exchange
- **Utah Department of Health**
  - ✓ Immunization Registry
  - ✓ Child Health Advanced Records Management (CHARM)



# *Utah & the HIE concept*

- **Western Governor's Association initiatives**
- **Jan 2003 Governor Leavitt & UDOH host meeting of community leaders on HIE**
- **Jan 2004 Governor Walker & UDOH host progress report meeting of same group**
- **Sept 2004 AHRQ demonstration project proposal funded**

# *UHIN Overview*

- **Utah Health Information Network (UHIN)**
  - ✓ **12 years of successful administrative health data exchange**
    - **Claims, remittance, eligibility**
    - **Credentialing, coordination of benefits, EFT**
    - **One of the few “survivors” of the CHIN movement**
  - ✓ **Regional Health Information Organization development grantee (AHRQ)**
    - **Labs, pharmacy, clinical notes and reports**



# *UWIN Structure*

- **Governance Board**
  - ✓ \$35,000 membership
  - ✓ Health plans (Medicaid) & providers
  - ✓ Ex officio non-voting members (Insurance Commissioner, Office Managers Assoc, State CIO)
- **Standards**
  - ✓ Development process open to entire community regardless of UWIN membership
  - ✓ Only members vote on final standards
- **Operations**
  - ✓ 9-10 FTEs
  - ✓ Contracted technical support
  - ✓ Annual Budget



# *Current UHIN Services*

- **Administrative data exchanges**
  - ✓ **Claims**
  - ✓ **Remittance advice**
  - ✓ **Others**
- **Pricing**
  - ✓ **Plans**
  - ✓ **Large providers (hospitals)**
  - ✓ **Small providers (clinics)**





# *Value: Administrative Health Data*

- **UHIN (17 million claims/year)**

- ✓ **Efficiency of Claims Processing by 1 adjudicator**

- Paper 100-150/ day
- Scanned 300/ day
- EDI 700-800/ day
- Autoprocessing 60% of claims require no human involvement

- ✓ **Payer value- just for intake of claim**

- Paper = \$6-10/ claim
- EDI < \$1/ claim

- ✓ **Provider value**

- Faster payments
- Fewer rejected claims
- Less staff time



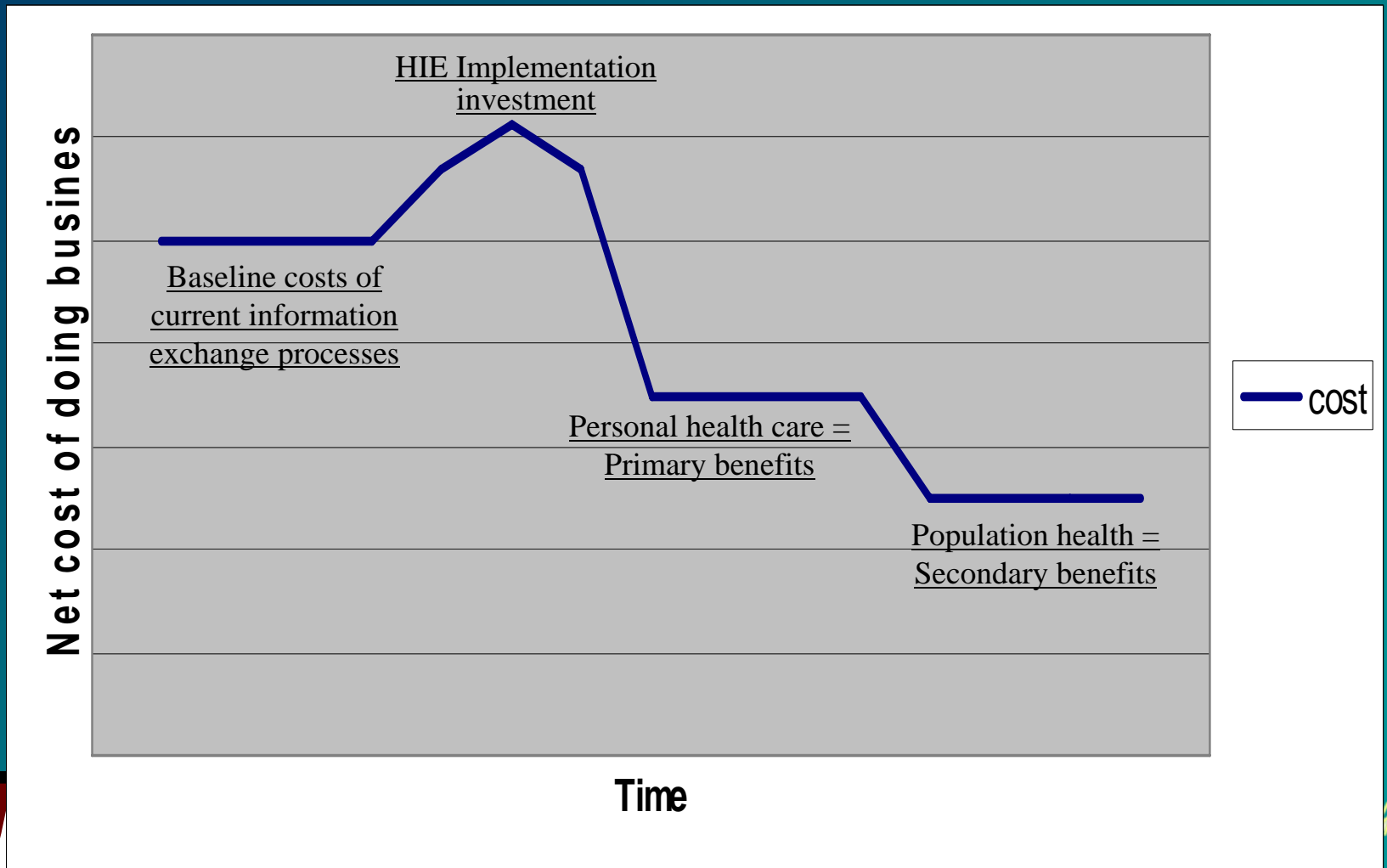
# *Lessons Learned: UHIN*

- **Requires a champion leader**
  - ✓ credible, neutral, trusted
- **Value must accrue to all participants**
  - ✓ Drives priorities
  - ✓ Drives business model
- **Community owns & governs the exchange**
  - ✓ Consensus decision making
- **Standards-driven transactions**
  - ✓ not a clearinghouse
- **Data sources retain control**
  - ✓ Secondary uses of data is subject to governance process

# *HIE: UHIN Approach*

- Identify value-based priority use cases with interested stakeholders
- Obtain broad stakeholder support
- Develop and adopt technical model
- Develop and adopt financing model
- Convene standards development process
- Adopt standards
- Pilot, refine, implement

# What is the HIE business case?



# *Efficiency Value: Level 4 HIE*

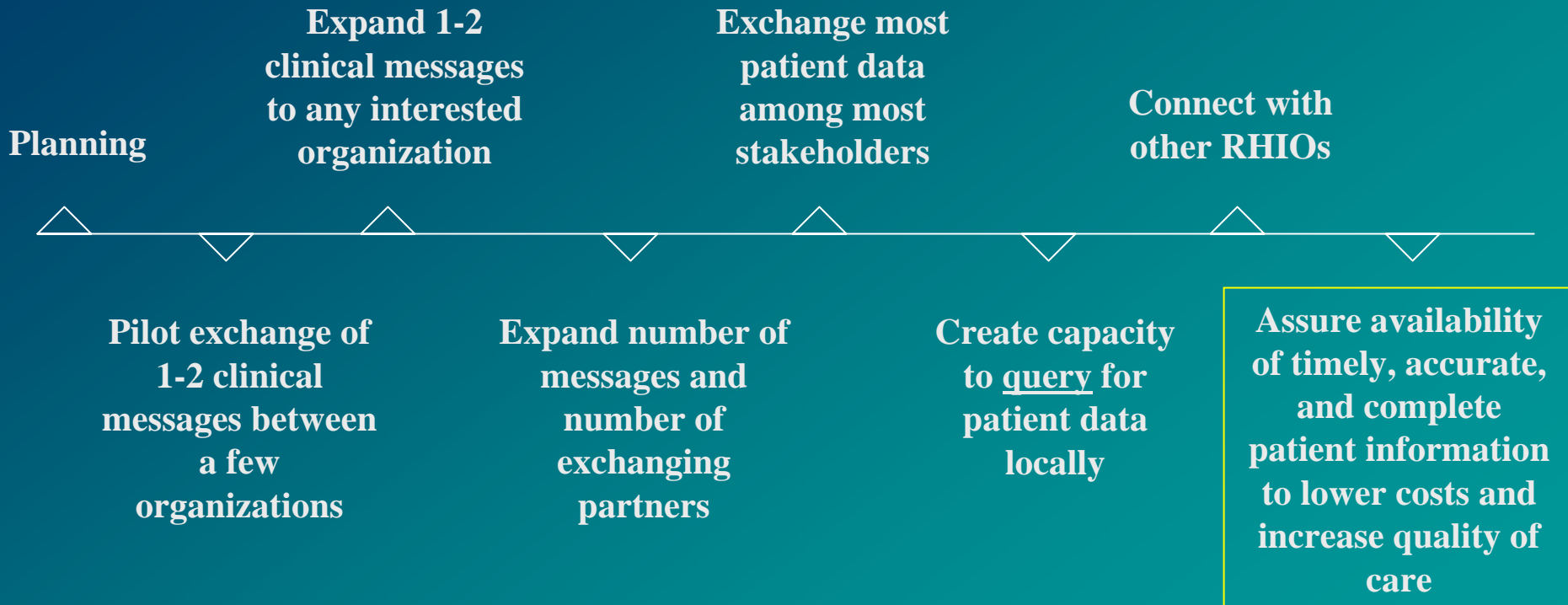
- Where does \$77.8 billion net value accrue (HIE Only)?

<b>Providers</b>	<b>\$33.7 billion</b>
<b>Payers</b>	<b>\$27.6 billion</b>
<b>Laboratories</b>	<b>\$13.1 billion</b>
<b>Radiology centers</b>	<b>\$8.2 billion</b>
<b>Pharmacies</b>	<b>\$1.3 billion</b>
<b>Public health departments</b>	<b>\$94 million</b>

Walker et al. Health Affairs. January 2005



# *Developmental HIE Model*



# *UHIN Pilot*

## HL7 messages

Hospitals send *hospital messages* (discharge notes, labs, meds reconciliation, etc) to **physicians and payers**

Labs send *laboratory results* to ordering **physicians**

## NCPDP messages

Payers send *medication histories* to **physicians, pharmacists and hospitals**

Physicians send *electronic prescriptions* to **pharmacies**

## PDF messages

**Anyone** can send or receive pdfs



# *Goal of Pilot*

- **Demonstrate value (both clinical and administrative) of these exchanges**
- **Focus on workflow challenges**
- **Make technology easy and inexpensive**



# *HIE and Public Health*

- **Facilitates surveillance**
  - ✓ Routine communicable disease
  - ✓ Chronic disease, trauma, medical errors, etc.
  - ✓ Bioterrorism detection
- **Facilitates delivery of preventive services**
  - ✓ Immunizations, screenings, prenatal care, etc.
- **Facilitates patient care coordination & quality**
  - ✓ Medicaid, S-CHIP
  - ✓ CSHCN, Local Health Depts., etc.
- **Facilitates research**
  - ✓ Epidemiology
  - ✓ Public health services & evaluation

# *Health IT and Quality*

- **Facilitates quality measurement**
  - ✓ Data aggregating capacity
  - ✓ Automated reporting
- **Facilitates quality practice**
  - ✓ More efficient clinical workflow
  - ✓ Reinforce best practices
  - ✓ More accessible medical knowledge

# With just claims data from payer:

- Diabetic obese smoker with high cholesterol
- Overdue for Td and Eye exam

3051	C	04/05	MH2	V611	A	10/95	MH1
27800	C	11/04	OBESITY	462	A	03/94	PHARYNGITIS, ACUTE
2729	C	02/89	HYPERLIPIDEMIA	7279	A	08/89	TENDONITIS
2724	C	08/05	HYPERLIPIDEMIA	V703	A	05/89	PREMAR/SCH/CAMP
25002	C	08/05	DIABETES TYPEII	0539	A	12/88	HERPES ZOSTER
25000	C	08/05	DM TYPE II, NOS	1110	A	11/88	TINEA VERSICOLO
7245	A	08/05	BACK PAIN				
V720	A	07/04	NORMAL EYE EXAMINATION				
37300	A	03/04	BLEPHARITIS				
V048	A	11/03	VACCIN FOR INFLUENZA				
9309	A	11/01	FOREIGN BDY EYE				
72690	A	05/00	TENDINITIS				
81500	A	04/00	FX METACARPAL				
71907	A	04/00	JOINT EFFUSION-ANKLE				
3679	A	10/97	REFR DISORDER				

HEALTH MAINTENANCE (\*=DELINQUENT, ?=UNKNOWN, R=REFUSAL, N=N/A)

TOBAC-SMK	*04/19/05*	FLU	11/15/04	PNEUMO	HEPB
PAP		TD	**/**/**		
CHLAMYDIA		MENINGOCO			
MAMMOGRAM		PPD		MMR	
BONE DNSTY		PSA			
CHEST XRAY		LDL CHOL	08/19/05		HEPA
COLONOSCOP		GLUCOSE	08/19/05	VARICL	
BIARIUM ENM		MICROALBUM	08/19/05		
FLEXISIG		EYE/RETINA	07/06/04		TYPHOID
STOOL GUAC	05/05/04	COMP FL	05/12/04		