

NC HIE Council

NCHICA
Research Triangle Park, NC
October 7, 2008

AGENDA

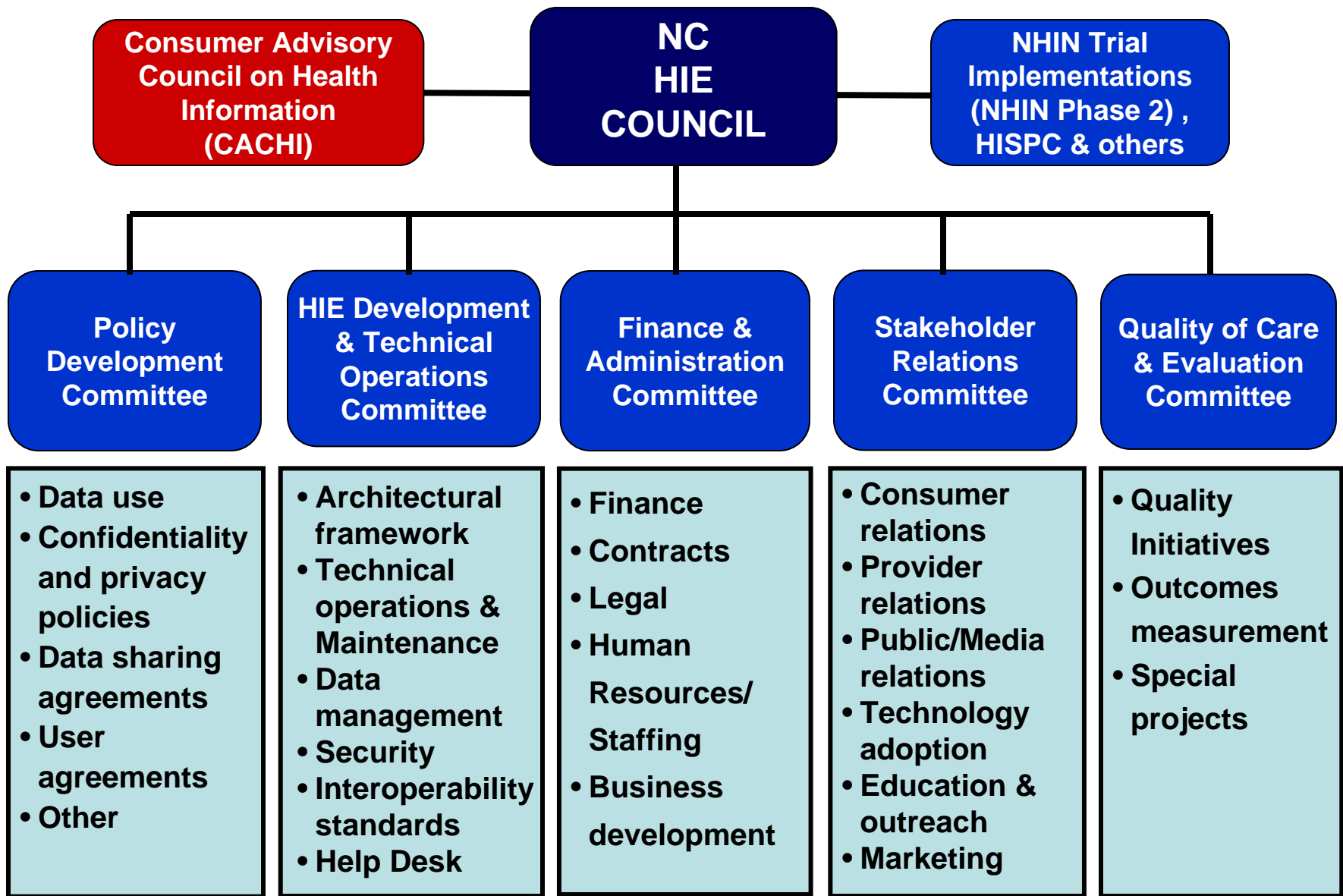
<u>Start</u>	<u>Topic</u>	<u>Discussion Leader</u>
2:00	Welcome and Introductions	Andrew Weniger
	Committee Reports <ul style="list-style-type: none"> • Policy Development • Quality of Care & Evaluation • Finance & Administration 	Dave Dillehunt / Kris-Shae McCall Dr. Ed Ermini / John Kessler Lanier Cansler / Phred Pilkington
	NGA State Alliance for e-Health	Denny McGuire
	1 st Iteration Business Plan	Andrew Weniger & Richard Steen
	Post Election NC HIE Council 2009 Milestones	All
4:00	Adjourn	

NHIN Demonstration – Sept. 23rd

AHIC Meeting Washington DC

- Wounded Warrior
- Social Security Administration
- <http://www.hhs.gov/healthit/community/meetings/m20080923.html>

(highlights added)



NCHICA Board Review of NC HIE Council Charter

Article I – Mission

- ❑ It is the mission of the North Carolina Health Information Exchange Council (NC HIE Council) to **enable** the timely and secure exchange of electronic health information for the purposes of improving the quality, safety and efficiency of healthcare and the overall health of residents. The NC HIE Council will undertake this mission by planning, establishing standards and advocating for the creation of a Health Information Exchange for North Carolina that connects with the nationwide health information network. This will be done, wherever possible, by adopting existing standards and policies & procedures. With the support of NCHICA, the NC HIE Council may help to create and / or arrange to operate an actual exchange, or manage it through contracts with outside technical providers.
- ❑ The NC HIE Council will engage healthcare stakeholders to facilitate the above objectives and deliverables and may hire staff and/or contract with third parties to supplement these efforts. Success will be measured by the utility of these activities and deliverables to NC residents and healthcare stakeholders.

(highlights added)

NC HIE Council Committees

Policy Development Committee

- **Dave Dillehunt & Kris-Shae McCall**
- **Met September 24**
- **Addressed Consent Policies**
 - **Collaborating with NCHICA Legal WG to address Consent Policies and Inter-Organizational Agreements for HIE**
 - **Consent Options Task Force**
 - **October 13, 27**
 - **November 10 & 17**

NC HIE Council Committees

Quality of Care & Evaluation Committee

- **Dr. Ed Ermini & John Kessler**
- **Convened October 6th**
- **Began review of Draft Charter**
- **Recruiting for participants**
- **Relationship with other Quality Councils / Initiatives**

Committee Alliances Discussion

- North Carolina Assoc. for Healthcare Quality
- NCMS Quality of Care and Performance Improvement Committee
- Governor's Quality Initiative
 - NC Healthcare Quality Alliance
- Pharmacists Quality Assurance legislative mandate
- NC Hospital Association – NC Center for Hospital Quality and Patient Safety
- Others?

NC HIE Council Committees

Finance & Administration Committee

- Lanier Cansler & Phred Pilkington
- Met September 24
- Reviewed 1st Iteration Business Plan components and priorities
- Scenario Based Business Plan
 - Need additional participants for success of Iteration 2 of Business Plan

Trip Report

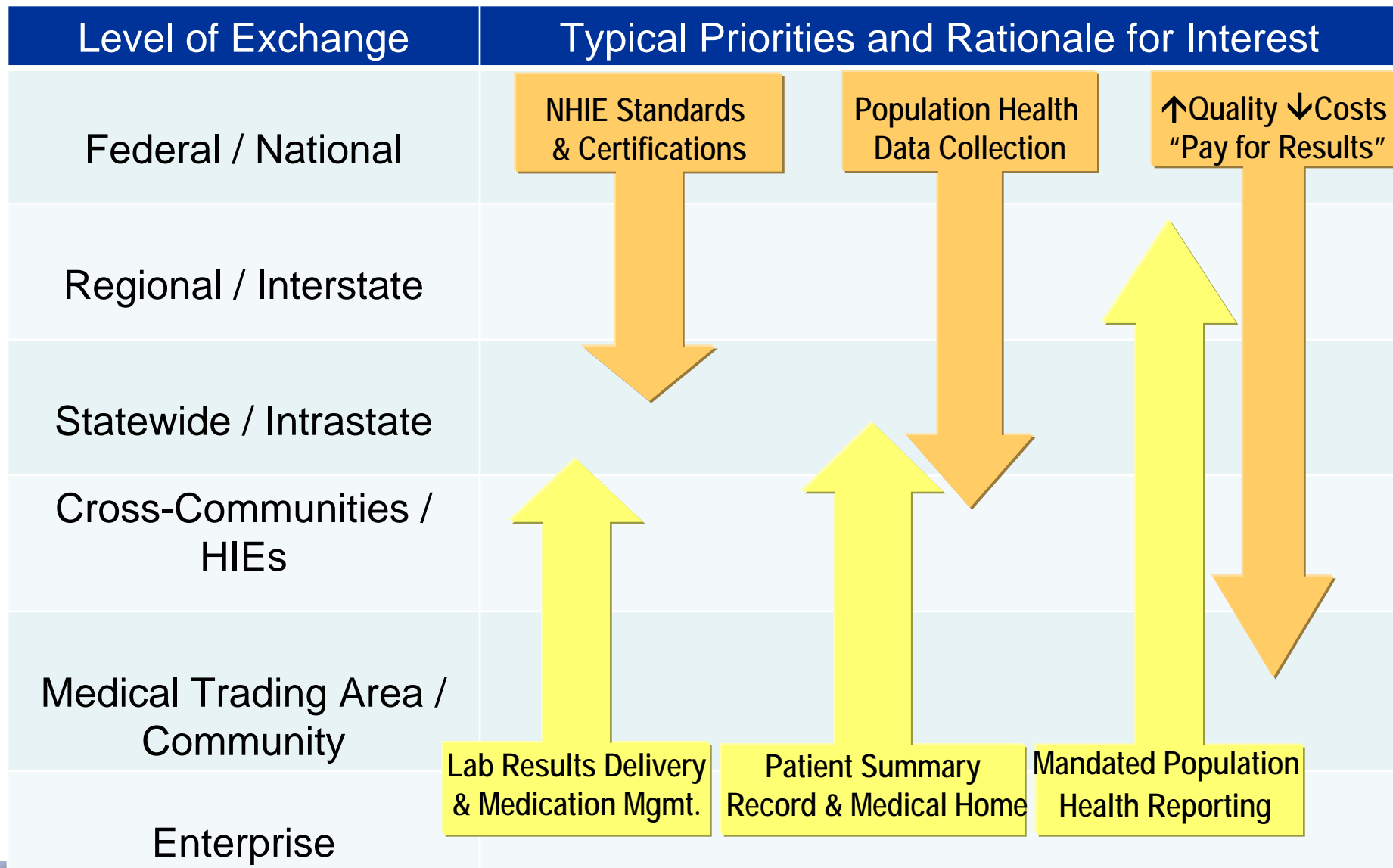
– National governor's Association

- **State Alliance for e-Health**
- **Six Major recommendations**
 - **Leadership at State level**
 - **Privacy & Security**
 - **Standards based interoperable technology**
 - **Streamline licensure**
 - **Engage consumers**
 - **Develop workforce capacity**

Business Case for Nationwide HIE Investment

Level of Exchange	Primary Interest	Support for NHIE
Federal / National	Clinical & Administrative Referrals, Results, Pop. Health events (Medicare, MHS/VA/IHS/SSA etc.)	Strong interest in NHIE and Mandatory Use of National Standards
Regional / Interstate	Referrals, Results, Pop. Health events (Nat'l Payers & Self-funded Plans, etc.)	Strong Interest in National Standards; Interest in NHIE
Statewide / Intrastate	Clinical & Administrative (Medicaid, State Health Plan, State BCBS, Pop. Health awareness)	Strong Interest in National Standards; Mild interest in NHIE
Cross-Communities / HIEs	Referrals, Results, Pop. Health events (Health Systems, Regional Payers, PH)	Interest in National Standards; Mild interest in Intrastate or NHIE
Medical Trading Area / Community	Referrals, Results Delivery, Administrative (eRx, Lab, HIPAA claims/pmts)	Interest in Standards Avoid technical isolation; Mild interest in Intrastate / NHIE
Enterprise	Internal Network (Internal to Practice, PH, Hospital, etc.)	Low Interest in <u>N</u> HIE

A nationwide “Network of Networks” is Being Driven From The Top-down ... But Evolving From The Bottom Up



Assumptions for Business Plan

- **Objective: Cost justify statewide Health Information Exchanges compatible with shared national standards**
- **Ultimate rationale for technology enablement is based on improving quality and transparency in health care delivery**
- **Cost effectiveness is also paramount; Successful adoption demands that overall quantitative benefits significantly outpace cost and that the benefits can be proportionately distributed (shared)**
- **Scale-driven technology components (particularly for the “green” - statewide initiatives though for “yellow” - independent ones as well) may benefit considerably by a “shared services” approach.**
- **The model must account for varying rates of adoption by stakeholder group (e.g., physicians, hospitals) as well as by geography.**
- **Model takes a holistic approach with a “program” of initiatives; these are initiatives that have demonstrated positive acceptance and value in other sustaining HIEs.**

Assumptions for Business Plan

- The model’s market segmentation assumes individual HIEs and “yellow” initiatives already underway while others emerge and commence operations on a delayed time scale.
- Community HIEs are classified as “small”, “medium” and “large” and key stakeholders (physicians, hospitals) are assigned a “home” HIE, to avoid redundant counting.
- While benefits may clearly outpace costs for the proposed initiatives, the one-time and on-going costs are sizeable implying that some type of formal state-level authority appears needed in North Carolina.
- Benefits from HIE may not align with costs and therefore a re-balancing of costs and benefits will be necessary.
- The “On Ramp” of HIT adoption is an important predecessor

North Carolina – Core Initiatives

Potential five-year deployment and technology requirements
(Statewide – “Green”, Independent or Community-wide – “Yellow”)



Potential HIE Initiatives in North Carolina (Statewide - "Green" and Independent, Community-wide - "Yellow")		Years->					<-Technologies								
		2008	2009	2010	2011	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Consumer Portal	Consumer ID & Access	Consumer Portal
CORE	1) Summary Patient Record Exchange														
	Emergency Care Summaries →	Yellow	Green 1				Required	Required		Required	Optional				
	In-Patient Discharge Summaries →	Yellow	Green 1				Required	Required		Required	Optional				
	Out-Pat. Summaries & Consult Reports →			Green 1			Required	Required		Required	Optional				
	2) Test Results Reporting														
	Lab Results Delivery or Notification →	Yellow	Yellow	Green 2			Required	Required	Required		Required	Optional			
Radiology Reports Delivery / Notification →				Green 2		Required	Required	Required		Required	Optional				

“Yellow” Initiatives are likely to be (or are being) established locally by one or more local stakeholders to support local community objectives.

North Carolina – Extended Value Initiatives

Potential five-year deployment and technology requirements (Statewide – “Green”, Independent or Community-wide – “Yellow”)



Potential HIE Initiatives in North Carolina (Statewide - "Green" and Independent, Community-wide - "Yellow")		Years->					<-Technologies								
		2008	2009	2010	2011	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Physician Portal	Consumer ID & Access	Consumer Portal
EXTEND - HIGH VALUE	3) Medication Management														
	Medication History from PBMs →			3			☑	☑		☑	✓				
	ePrescribing - Electronic Orders / Refills						☑								
	Medication Reconciliation						☑								
	4) Federal Agency Program Automation														
	Authorized Release of Information (SSA) →			4			☑	☑	☑		☑	✓	☑	✓	
	Wounded Warrior Data Exchange(VA, DoD)						☑		☑		☑	✓			
	5) Consumer / Provider Communication														
	Consumer Access and Permissions →			5			☑	☑	☑				☑	✓	
	Consumer / Physician Sec. Email & Alerts							☑		☑		☑	☑	✓	
Patient to Physician Office Requests							☑		☑	☑	☑	☑	✓		
6) Provider to Provider Communication															
Secure Email Messaging →			6				☑		☑		☑				
Referrals and Transfer of Care Workflow							☑			☑	☑	✓			

KEY

Initiatives

- 1 Statewide
- Independent

Technologies

- ☑ Required
- ✓ Optional

North Carolina – Transformational Initiatives

Potential five year deployment and technology requirements
(Statewide – “Green”, Independent or Community-wide – “Yellow”)



Potential HIE Initiatives in North Carolina (Statewide - "Green" and Independent, Community-wide - "Yellow")		Years->					<-Technologies								
		2008	2009	2010	2011	2012	Core Exchange	Physician Directory	Access Permissions	Secure Email & Alerts	Workflow Mgmt.	Physician ID & Access	Physician Portal	Consumer ID & Access	Consumer Portal
TRANSFORM	7) Patient Centered Medical Home														
	Organize PCMH Networks & Sponsorship	Yellow	Yellow												
	Initiate PCMH Pilot Sites		Yellow	Yellow											
	Integrate PCMH with HIE Infrastructure →				7		Green	Green	Green	Green	Green	Green	Green	Green	Green
	Align Reimbursement with PCMH				Yellow	Yellow									
	8) Administrative Health Plan Exchange														
	Eligibility/Authorization of		Yellow	Yellow						Green	Green	Optional	Optional	Optional	
	EHR-Lite - with Health Plan Claims Data			Yellow			Green			Green	Optional				
	9) Population Health Initiative Automation														
	Biosurveillance & Situational Awareness	Yellow	Yellow	Yellow	Yellow	Yellow									
Electronic Population Health Case				Yellow	Yellow					Green	Optional				
Immunization Records & Disease Registries	Yellow	Yellow	Yellow	Yellow	Yellow					Green	Optional				
10) Health Analytics															
Quality Measures		Yellow	Yellow	Yellow						Green	Optional				
Decision Support				Yellow	Yellow					Green	Green	Green			

KEY

Initiatives

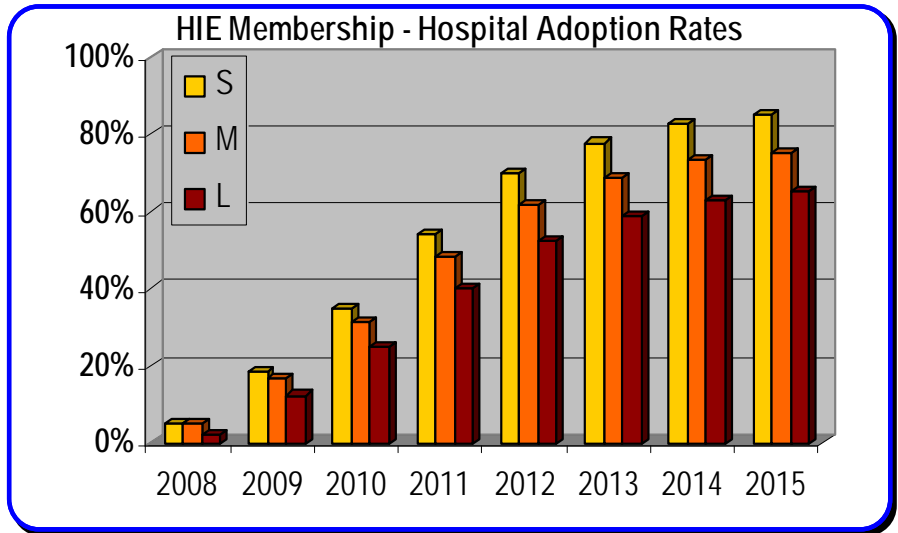
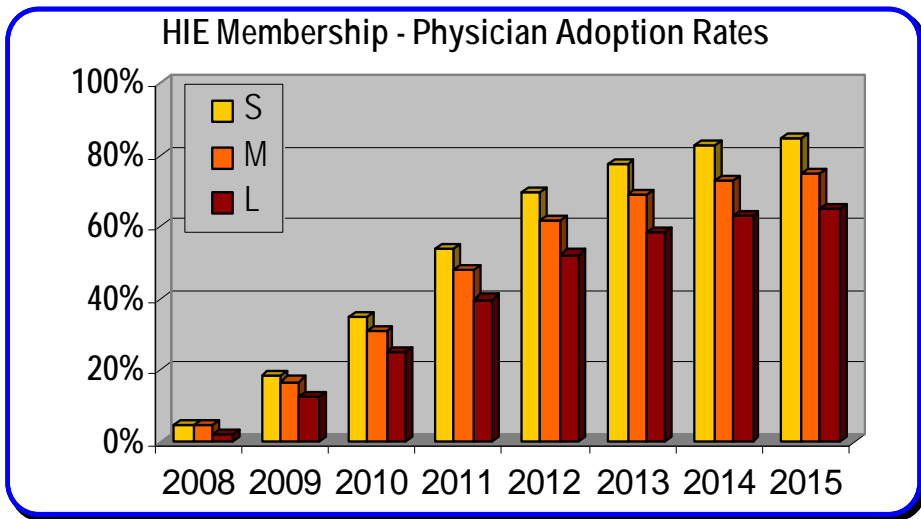
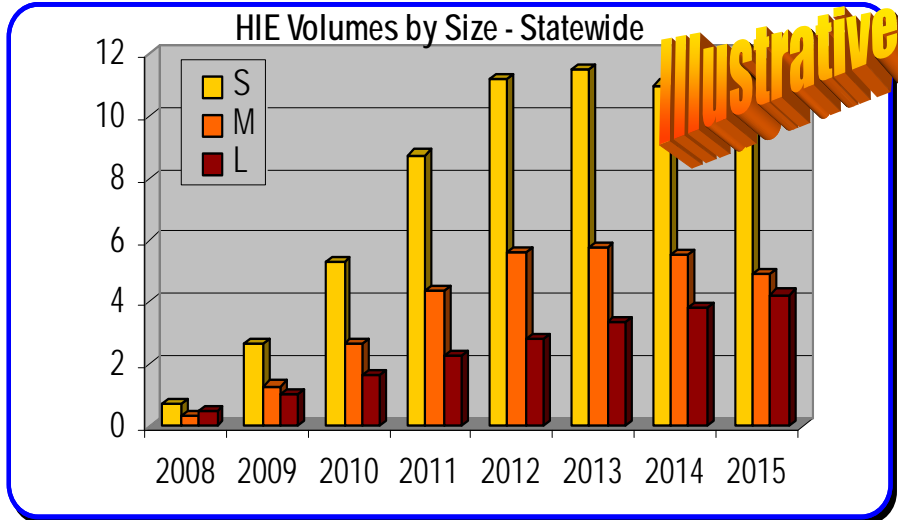
- 1** Statewide
- Yellow Independent

Technologies

- Green Required
- Optional

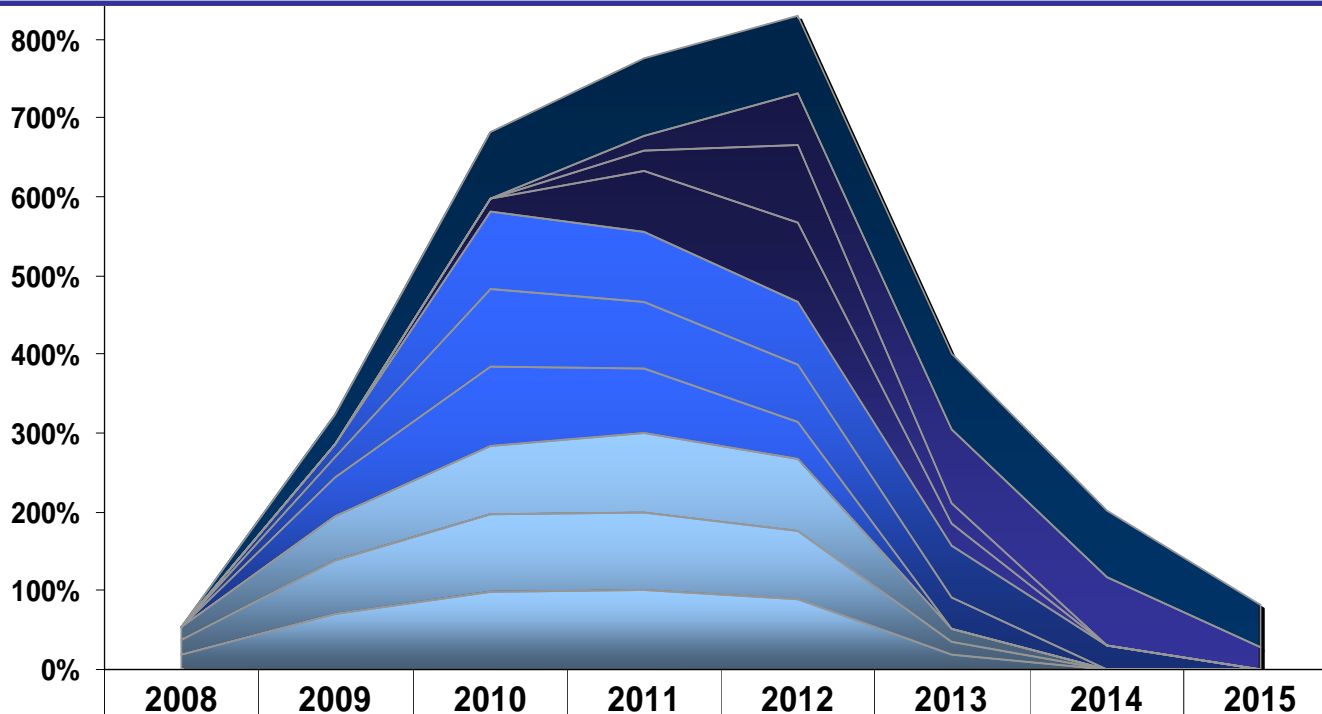
NC HIE Model based on statewide demographics accounts for adoption growth of HIEs, and key stakeholder groups

HIE Units' - Size, Composition, Costs			
Characteristics	Small	Medium	Large
- Population	250,000	625,000	1,000,000
- Physicians	500	1,250	2,000
- Hospitals/IDNs	3	8	12
- Private Payers	6	6	6
- Local Labs/Rads	2	3	4
- Govt. Payer - State, Federal	1	1	1
- Gov. Contracts & Philanthropy	1	1	1



Projected Implementation Schedule across HIEs

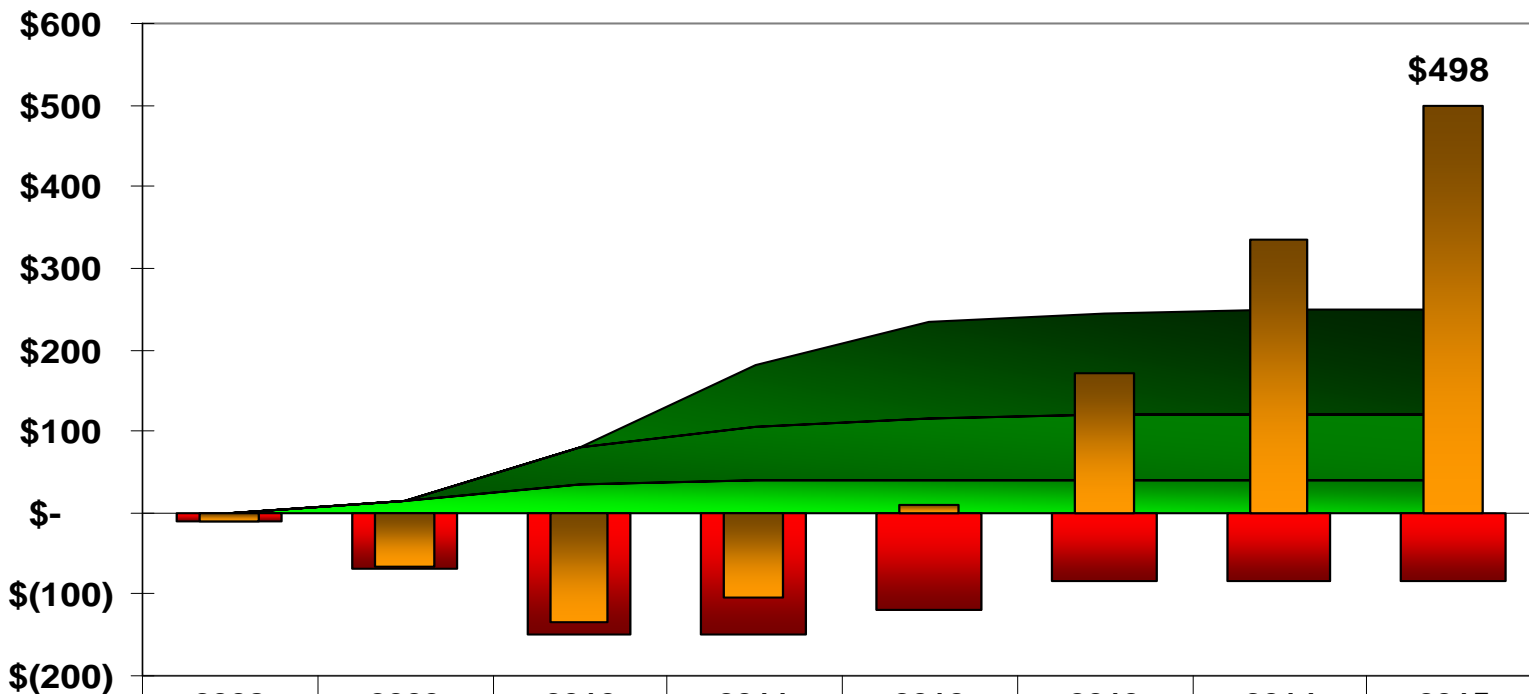
Illustrative



	2008	2009	2010	2011	2012	2013	2014	2015
■ 7) PCMH Dashboards & Portals	0%	38%	84%	100%	98%	94%	83%	53%
■ 6) Prov. to Prov. Secure eMail	0%	0%	0%	18%	66%	95%	88%	28%
■ 5) Consumer Permissions	0%	0%	0%	26%	100%	25%	0%	0%
■ 4) SSA Disability Claims	0%	0%	16%	76%	100%	28%	0%	0%
■ 3) Core+ Meds History	0%	17%	99%	89%	80%	65%	30%	0%
■ 2) Core+ Lab & Rad Reporting	0%	26%	98%	85%	73%	40%	0%	0%
■ 1) Core: Sum. Rec. Exchange	0%	49%	100%	81%	47%	0%	0%	0%
■ C) HIE Tech. Design & Legal	17%	55%	87%	100%	91%	17%	0%	0%
■ B) HIE Financing Strategy	18%	69%	99%	100%	88%	18%	0%	0%
■ A) HIE Governance Framework	18%	69%	99%	100%	88%	18%	0%	0%

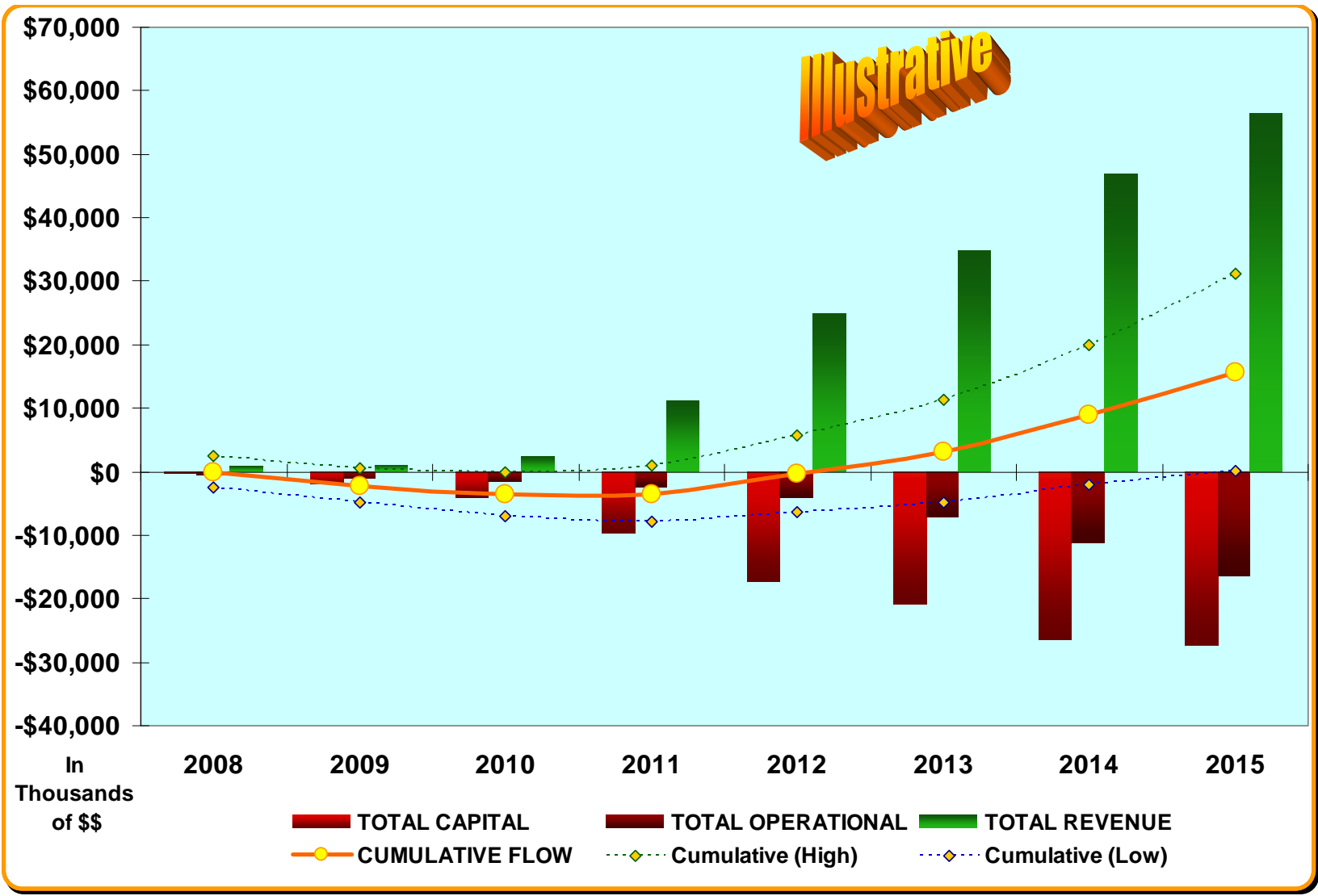
Example of projected ROI over cost for implementation of Core, Value-Add, and Transforming “green” initiatives

Physician and Patient Numbers and Percentage Participation by Year



	2008	2009	2010	2011	2012	2013	2014	2015
■ Transforming Benefits				\$75	\$120	\$125	\$128	\$128
■ Value-Add Benefits			\$45	\$65	\$75	\$80	\$80	\$80
■ Core Benefits		\$15	\$35	\$40	\$40	\$40	\$40	\$40
■ Total Cost	\$(10)	\$(70)	\$(150)	\$(150)	\$(120)	\$(83)	\$(85)	\$(85)
■ Cumulative ROI	\$(10)	\$(65)	\$(135)	\$(105)	\$10	\$172	\$335	\$498

Example of ROI based on state-wide implementation of HIEs projecting revenues, costs and (low to high) range of outcomes



Upcoming Meetings

NC HIE Council

- **Nov. 21st 7:30 AM** **Regional Town Hall - Wilmington**
 - **Joint Strategic Planning Meeting with NCHICA Board 10:00**

NC HIE Council Committees

- | Policy Development & | Finance & Administration | |
|---|-------------------------------------|-----------------|
| • Oct. 22nd 11:00 AM & | 2:00 PM | NCHICA |
| • Dec. 17th 11:00 AM & | 2:00 PM | NCHICA |
|
Quality of Care & Evaluation Committee | | |
| • Oct. 13nd 5:30 PM | | TeleConf |

*Improving health and care in North Carolina by
accelerating the adoption of information technology
and enabling policies*

Thank You