



**State of New Hampshire**

**Health Information Exchange  
Planning and Implementation Project**

**Stakeholder Summit II**

**October 14, 2010**

**Brown 163 (Auditorium)  
1:00 PM to 3:00 PM**

# Agenda

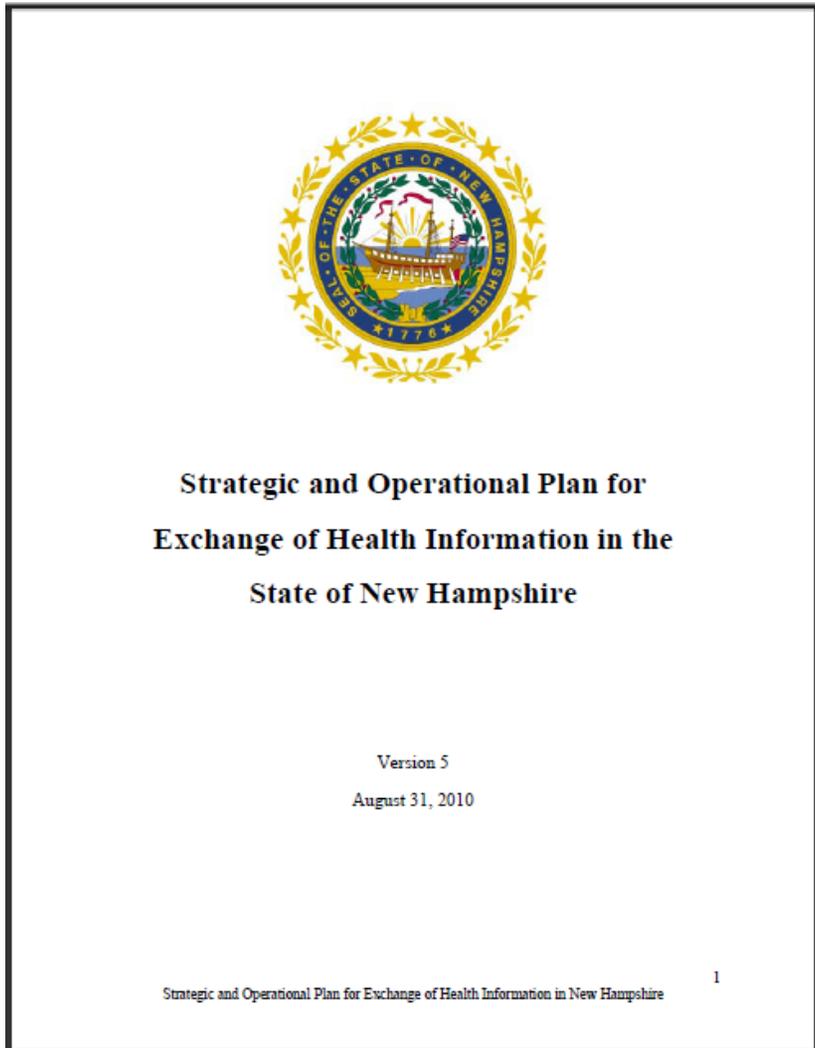
- |   |                                 |           |
|---|---------------------------------|-----------|
| ❑ Welcome and celebration of achievements   | Dave Towne                      | 1:00-1:15 |
| ❑ Executive summary of the NH HIE plan      | Micky Tripathi                  | 1:15-1:45 |
| ❑ Proposed path forward – guided discussion | Mark Belanger                   | 1:45-2:30 |
| ❑ Wrap up                                   | Dave Towne                      | 2:30-2:35 |
| ❑ Workgroup membership                      | Dave Towne<br>Elizabeth Shields | 2:35-3:00 |

# Welcome & celebration of achievements

# Purpose and objectives of today's summit

- ❑ The purpose of today's summit is to celebrate the summer of hard work and collaboration that led to a successful HIE strategic plan and to discuss where we go from here.
  
- ❑ The objectives of today's meeting are:
  - To review achievements to date
  - To review the current status of the Strategic and Operational Plans
  - To propose and discuss a framework for how we move forward
  - To facilitate discussion and answer questions

# The NH HIE plan has been completed and submitted!



- We successfully completed the first draft of the strategic and operational plan for HIE in New Hampshire!
- The plan is the result of collaborative planning among over 80 stakeholders
- 380 stakeholder comments were addressed in the current version
- The plan has been approved by the NH DHHS Commissioner and HIEPI Steering Committee
- The plan was submitted to ONC on August 31 and then revised through early September while in the ONC queue
- Early feedback from ONC is overwhelmingly positive!
- The plan will continue to evolve as we refine the strategy, obtain broader stakeholder input, and add more detail

Current strategic plan is posted at <http://www.dhhs.nh.gov/hie/strategic.htm>

Thank You!

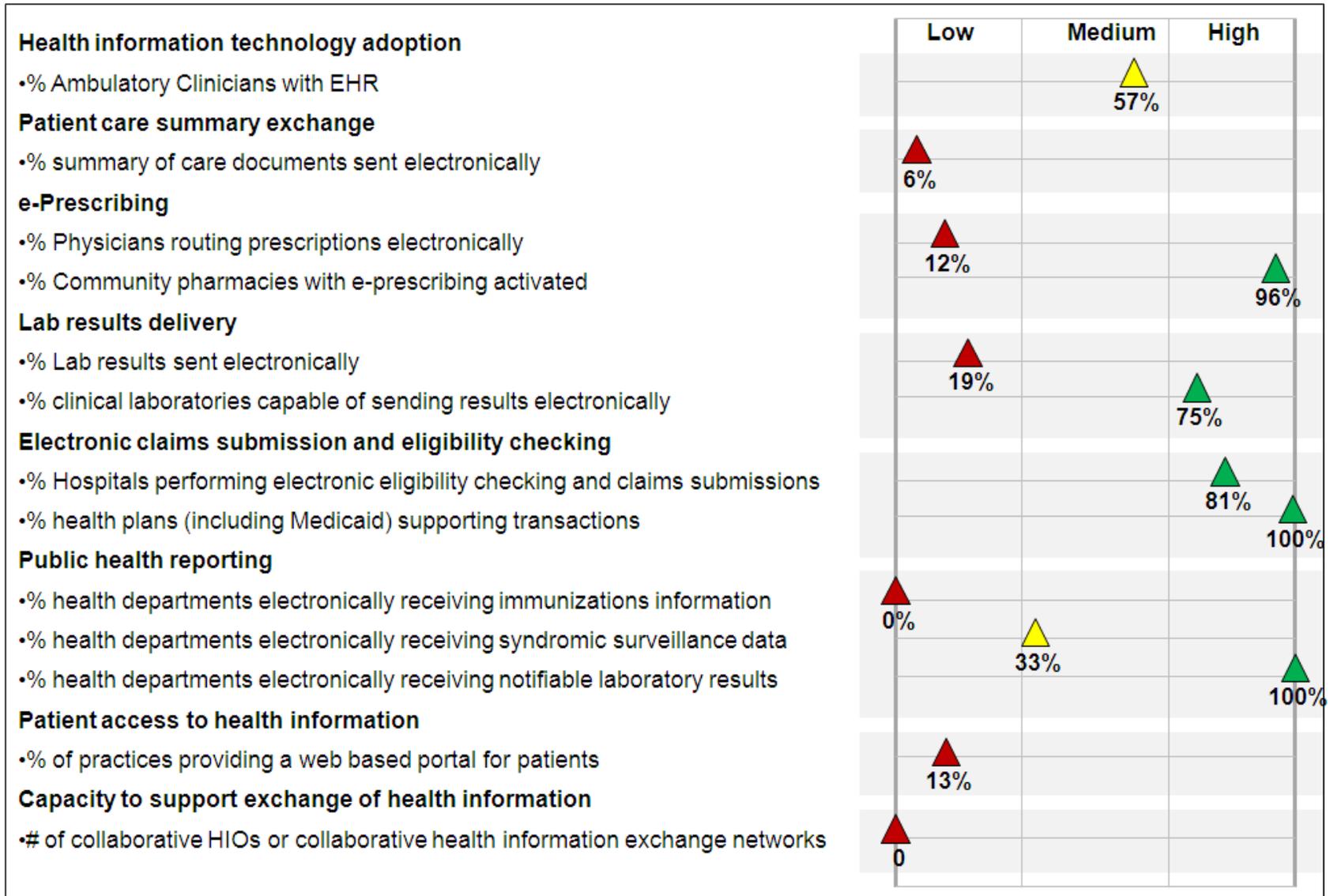
# We at OHIT are now getting ready for the next project phase while ONC approves the plan

## Office for Health Information Technology current activities

- ❑ Preparing for today's Summit II meeting
- ❑ Responding to ONC questions and requests for revisions
  - Conducting regular conference calls with ONC re: Plan and activities
- ❑ Communicating and collaborating with stakeholders and partners
  - HIEPI stakeholders
  - Community College System of NH
  - NESCSO
  - Newly announced NH Regional Extension Center
  - Parallel DHHS initiatives related to ACA – (e.g. CMS EHR/HIT)
  - Connecting the Attorney General's Office (NH Bar Assoc.) to HIE through Continuing Legal Education
- ❑ Preparing for the next legislative cycle
- ❑ Pre-planning for the next wave of activity

# Executive Summary of the NH HIE Plan

# NH boasts one of the more advanced health information exchange infrastructures in the country – yet gaps remain



# 17 gap areas have been identified through the HIEPI project

## Health information technology adoption

1. A substantial fraction (43%) of ambulatory providers do not have EHRs
2. A substantial fraction (34%) of ambulatory clinicians are not part of existing hospital HIE activities and planning

## Patient care summary exchange

3. There is considerable summary care exchange activity within hospital networks in the state today, but relatively little of it is MU-compliant and the majority is focused on unidirectional information from the hospital to ambulatory providers
4. There is almost no MU-compliant summary care exchange capability among ambulatory providers, from ambulatory settings back to hospitals, or across hospital networks
5. There is a high degree of heterogeneity across hospital networks in the level and types of HIE activities being supported, as well as in their readiness for MU.

## ePrescribing

6. 88% of Providers are not e-Prescribing

## 17 gap areas (continued)

### **Lab results delivery**

7. Patient coverage for benefit/history information is relatively low (66%)
8. 25% of clinical laboratories do not have capability to send outpatient lab results via an EHR interface
9. Over 80% of hospital labs do not use EHR interfaces as the primary means of lab results delivery to ambulatory practices.

### **Electronic claims submission and eligibility-checking**

10. Although the dominant payers are capable of supporting electronic claims submission and eligibility checking, a portion of providers (~20% of hospital system owned/affiliated providers) are not using this capability.

## 17 gap areas (continued)

### Public health reporting

11. Current state law prohibits an HIE entity from conducting public health information exchange with PHI
12. No electronic immunization information is delivered from providers or hospitals to public health
13. No electronic notifiable lab results are delivered from community labs to public health
14. Limited electronic information flows to the city public health departments
15. Current public health reporting systems are burdensome, inefficient, and rely upon transmission channels that are difficult to secure:
  - Hospitals, providers, and labs are required to report several types of information to public health through multiple disparate systems
  - Data submission is often conducted through mail, fax, phone, and email transmission channels – public health has had to compensate for the security level of these channels by instituting policies and procedures to ensure the privacy and security of personal health information
  - The State uses manual data entry processes for majority of information capture and reporting
  - Multiple systems are required by law to use identified personal health information

## 17 gap areas (continued)

### **Patient access to health information**

16. The majority of practices do not provide patients with electronic access to their health information.

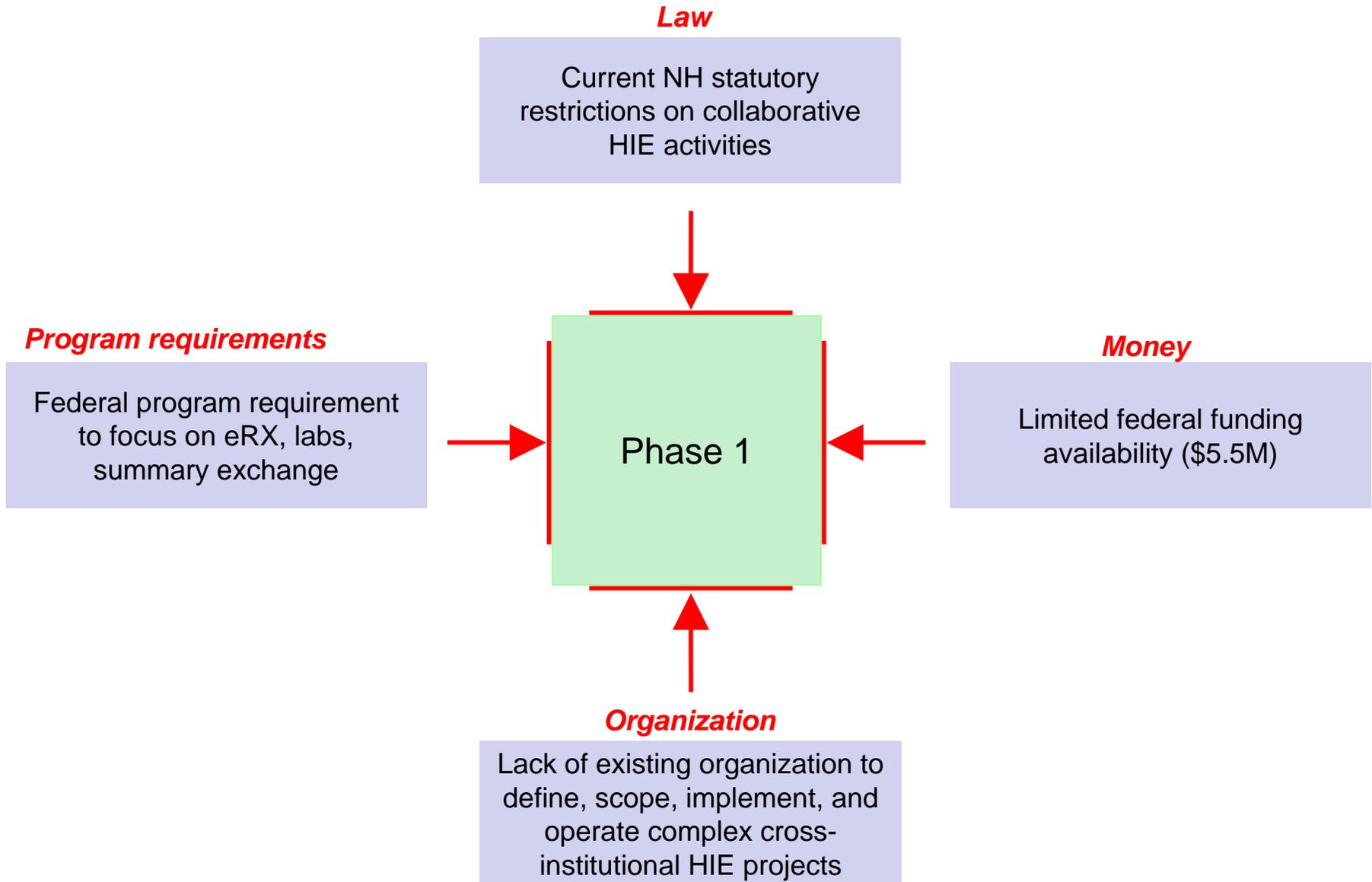
### **Capacity to support collaborative statewide HIT/HIE activities**

17. No “collaborative HIE networks” or organizations operating in NH

## Our vision draws upon two cornerstone statewide efforts

- ❑ **New Hampshire Hospital Association Vision for HIT and HIE:** *The vision is for a national system of exchangeable health information to improve health patient care, develop health policy, improve public health, and to base hospital and physician payment for services on value and quality. A national system is an important long term goal but it should not slow down the current deployment of local HIE.*
- ❑ **NH Citizens Health Initiative Vision for HIT and HIE:** *For Health Information Technology (HIT) and Health Information Exchange (HIE) to be successful in New Hampshire, there is a need to recognize the interrelationships and importance of patient privacy, patient safety, and public health. The NH Citizens Health Initiative holds the following vision for health care information technology and exchange for 2014:*
  - **Private and Secure.** *A patient's personal health information will be secure, private, and accessed only with patient consent or as otherwise authorized or required by law.*
  - **Promotes Quality, Safety, and Efficiency.** *HIT and HIE will serve as vehicles to promote quality and patient safety, increase efficiencies in health care delivery, and improve public health;*
  - **Electronic.** *All health care providers will use a secure, electronic record for their patients' personal health information;*
  - **Accessible.** *All patients will have access to a secure, electronic, and portable health record;*
  - **Equitable.** *HIT will be a vehicle to support equitable access to health care services.*

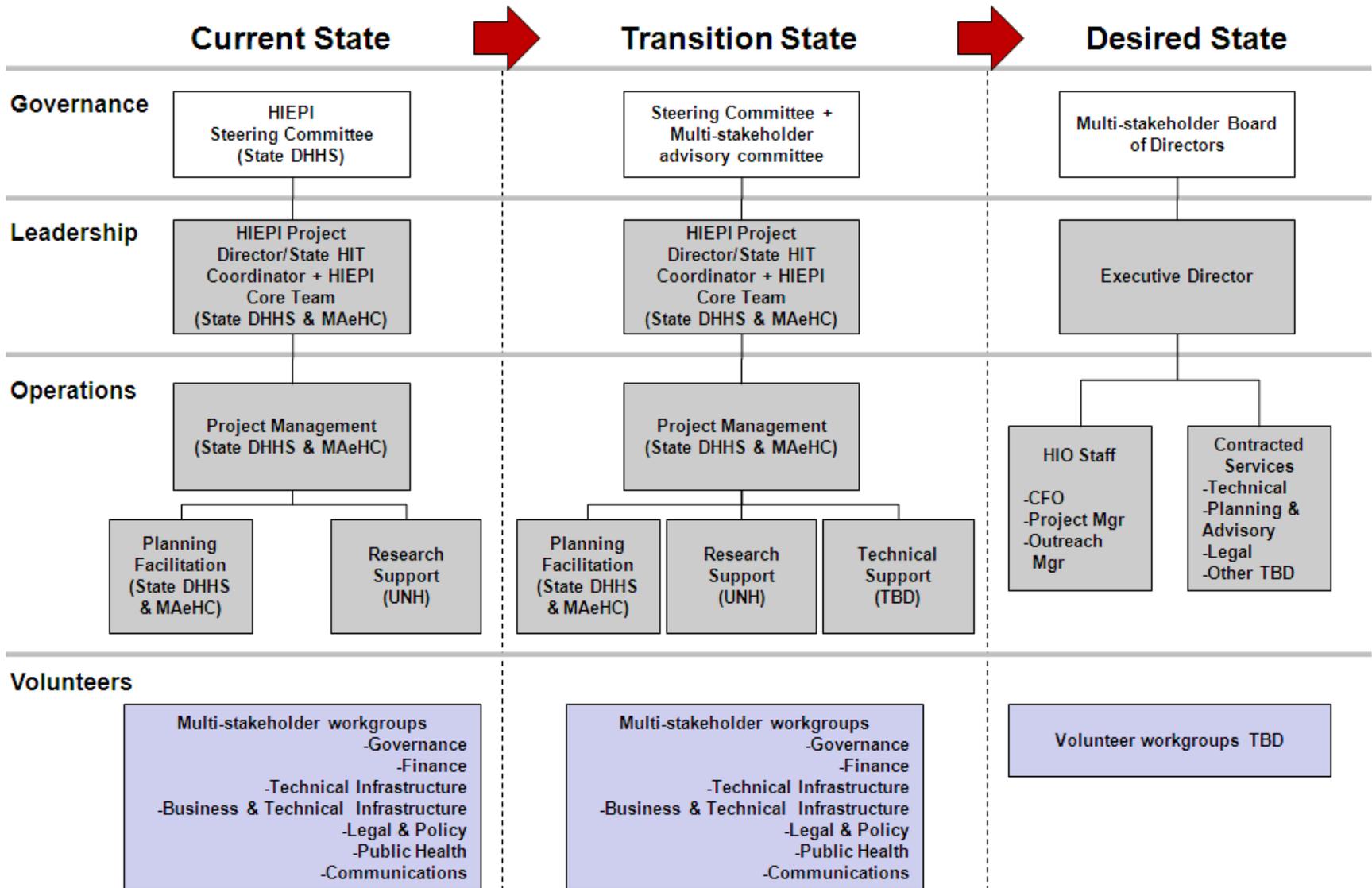
# Our strategies for Phase 1 work within a difficult set of constraints



## 5 strategies support achievement of the HIE vision

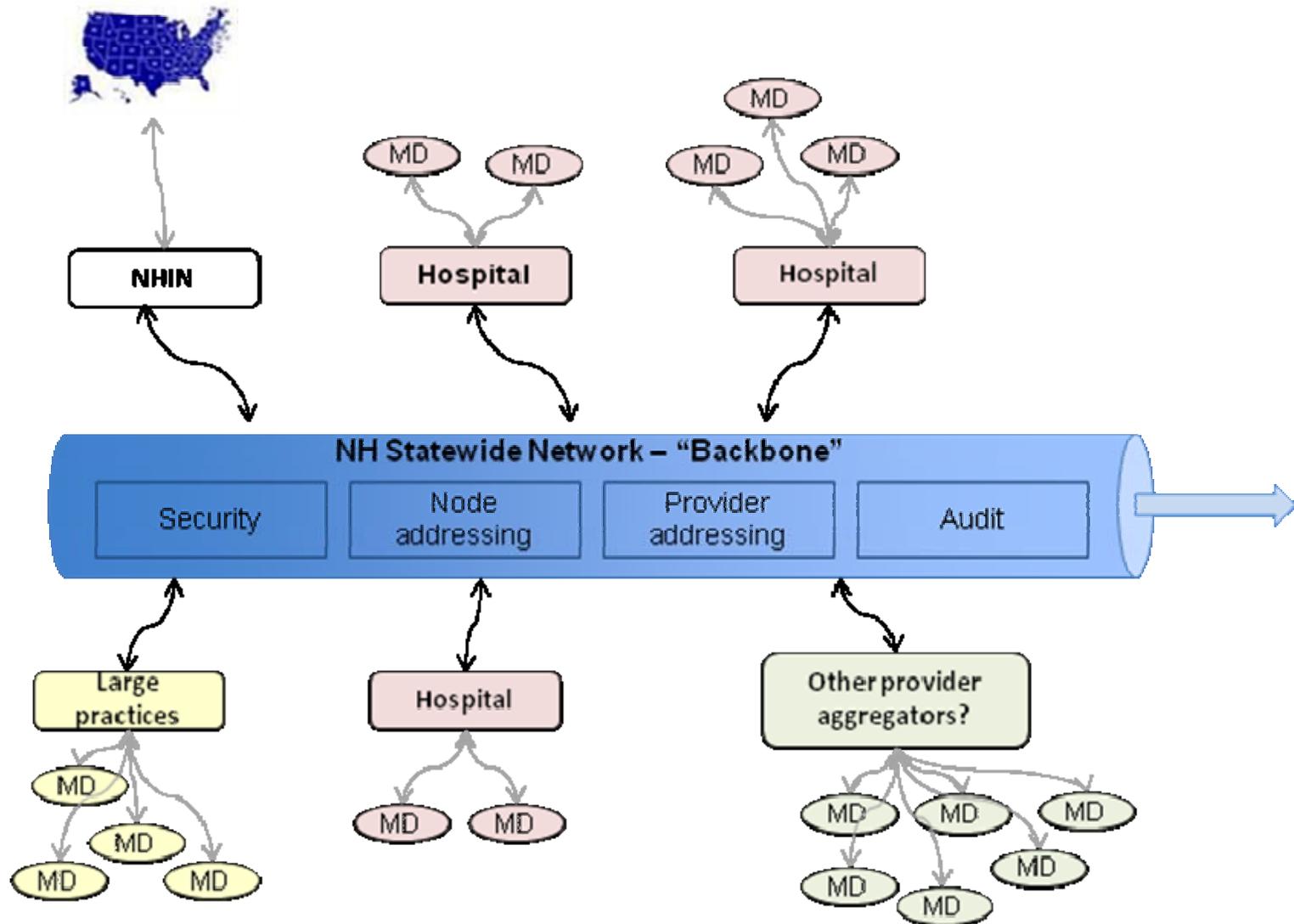
- 1** Establish sustainable organization, governance, and technical foundation for statewide HIE
  - 2** Support providers to meet stage 1 meaningful use
  - 3** Support HIT adoption
  - 4** Expand access to HIE services for providers that lack capabilities
  - 5** Define the future policy framework for HIE in NH
1. Establish a sustainable organizational, governance, and technical foundation for achievement of long term statewide health information goals
  2. Level-set individual providers' abilities to meet stage 1 meaningful use criteria by facilitating ePrescribing, lab results delivery, and patient care summary exchange across the state
  3. Catalyze the efforts of programs focused on HIT adoption
  4. Expand availability of HIE services to providers that do not currently have access to robust capabilities for health information exchange
  5. Collaborate with Legislators to define the future policy governing HIE purpose and participants

# A key part of the plan is the creation of a Health Information Organization to provide a formal vehicle for HIE collaboration



# We will also stand up a technical foundation for secure routing

## Phase 1

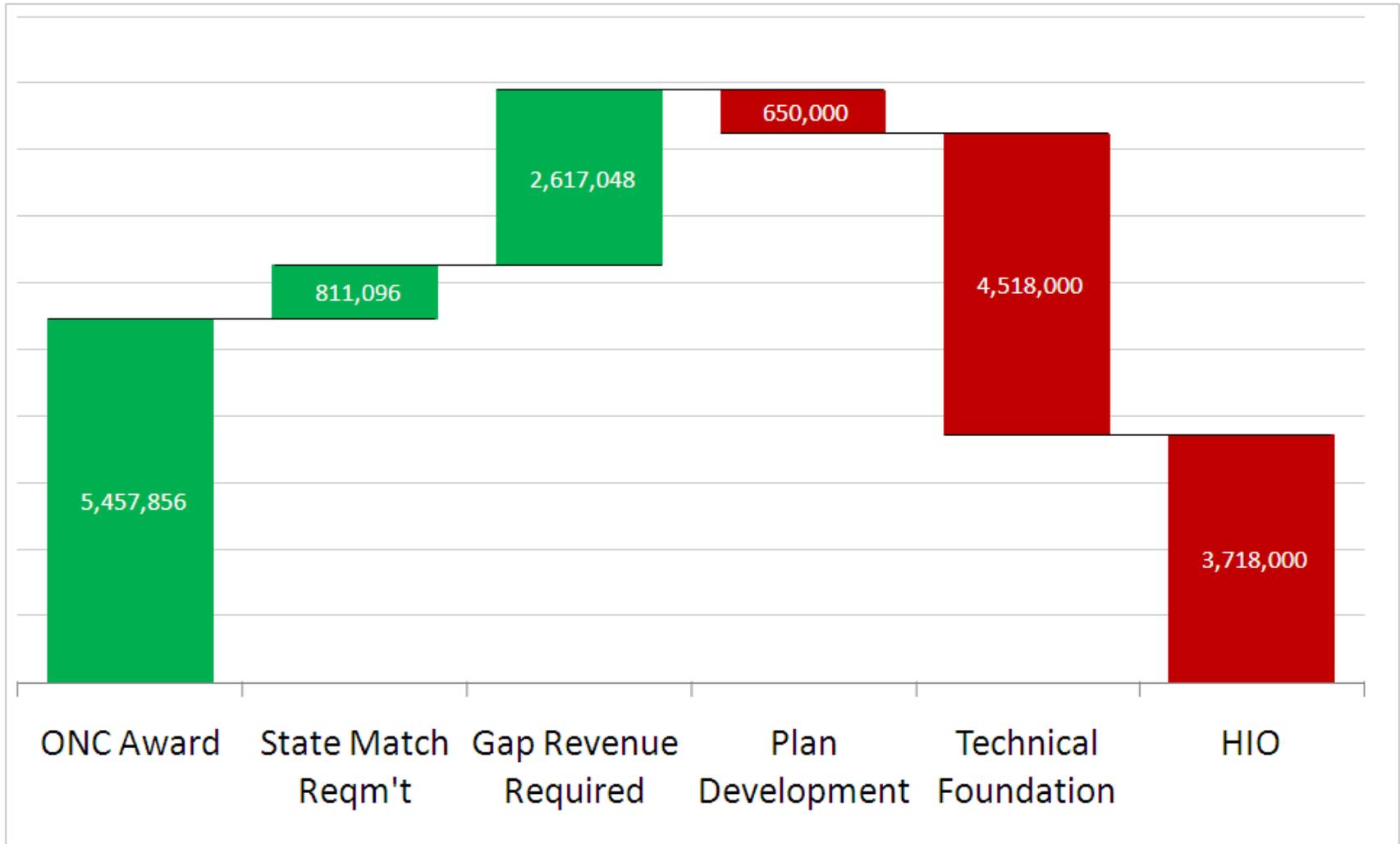


# The HIO and technology foundation will enable transactions that will help hospitals and providers achieve Stage 1 MU

ID #	What	From whom	To whom	Phasing	Main reason for Phase categorization
1	Hospital discharge summary	Hospital	Hospital	1	MU and NHHA-consensus priority
2	Key clinical information summary	Hospital	Hospital	1	MU priority
3	Request for key clinical information	Hospital	Hospital	1	Multiple hospital request
5	Imaging reports	Hospital	PCP or specialist	1	Available only in larger hospital systems today
6	Lab results	Hospital	PCP or specialist	1	
7	Request for key clinical information	Hospital	PCP or specialist	1	
9	Hospital admission notification	Hospital	Referring Hospital	1	Continuity of care priority
10	Hospital admission notification	Hospital	Referring physician and/or PCP	1	
11	Hospital discharge summary	Hospital	Referring physician and/or PCP	1	MU and NHHA-consensus priority
12	Hospital ED visit summary	Hospital	Referring physician and/or PCP	1	MU priority
16	Referral -- Summary of care record	PCP	Specialist	1	MU and NHHA-consensus priority
17	Key clinical information summary	PCP or specialist	Hospital	1	MU priority
18	Referral -- Summary of care record	PCP or specialist	Hospital	1	MU and NHHA-consensus priority
27	Consult note -- Summary of care record	Specialist	PCP	1	MU and NHHA-consensus priority

# Preliminary cost estimate for project is \$8.8 M over 4 years – additional business planning is required to refine the budget

## 4 Year Initial Cost Estimate



# Secure routing offers a compelling value proposition and a foundation upon which to build going forward

## Value proposition for Phase 1

- ❑ Secure, private, timely, and efficient way to execute necessary information sharing transactions – improvement over the fax, mail, and telephone channels that are commonly used today
- ❑ Will help hospitals and providers meet Stage 1 Meaningful Use criteria so they may qualify for incentives from CMS and State Medicaid
- ❑ Standards-based secure routing platform will make it easier and cheaper to send care summaries, patient referrals, lab results, and other information for those organizations that haven't already invested in their own technologies - it is likely that information sharing will occur where it does not occur today, creating value through increased coordination of care.
- ❑ Transfer of standardized structured data will enable many of New Hampshire's organizations to take in patient information from other organizations without having to perform many manual processes that are in place today, such as data entry and document scanning - this can result in reduction in transcription error rates, administration time spent on data entry, and administrative costs.

# Proposed path forward

# Our next challenges are to engage the broader community, refine our strategy, and move to action

## Proposed path forward – two parallel paths

1. Engage community and refine plan
  - Engage the general public, brief NH residents on the planning effort to date, solicit additional input, resolve conflicts, galvanize broad acceptance of the plan, and add additional plan detail where we have consensus
  - How should we engage a broader community? Public forums? Public hearing via the General Court? Communications campaign?
2. Move to action where we have consensus
  - Today – Review high level task areas for each of the 5 strategies
  - Today - Identify resources to take responsibility for each task area
  - Next steps- Develop detailed project plan for each task area

# As we move to action, we would like to continue to work collaboratively as a community of leaders

## Proposed interim project delivery structure

### Governance

Proposed responsibility of the *Steering Committee* and a new *Multi-stakeholder Advisory Committee* made up of representatives from current workgroups

### Planning & Design

Proposed responsibility of *workgroups* supported with *project management resources, subject matter expertise, and facilitators* – includes detail level planning for Phase 1 and ongoing planning for future phases

### Setup & Launch

Proposed responsibility of a *technical partner* to be determined through RFI/RFP process

### Management & Administration

Responsibility of *OHIT* per the cooperative agreement with *ONC* and supported by existing agreements with *MAeHC* and *UNH*

### Coordination with other Initiatives

Formal responsibility of the *State HIT Coordinator* and the informal responsibility of all *stakeholders*

# Proposed task areas for Strategy 1

1

Establish sustainable organization, governance, and technical foundation for statewide HIE

**Strategy 1** - Establish a sustainable organizational, governance, and technical foundation for achievement of long term statewide health information goals

**Gap areas addressed:**

**3,4,5,17**

**Proposed high level tasks and resources:**

- a) Initiate interim governance (Gov WG, SC)
- b) Shepherd legislative proposal for creation of attached organization (Gov WG, GC)
- c) Work with General Court to define HIO governance and operations - Draft articles of incorporation, draft bylaws, facilitate appointment of board and hire of Executive Director (GC, Gov WG)
- d) Develop a business plan, refine and test revenue model, secure match (Fin WG)
- e) Launch and operate the HIO - Transition HIEPI project responsibilities from DHHS – Stand up all HIO services – Recruit customers (Future HIO)
- f) Assess capabilities and needs of prospective HIE clusters, assess available technology options, and select partner to build technical foundation (Tech WG, Bus Ops WG)

# Proposed task areas for Strategy 2

2

Support providers to meet stage 1 meaningful use

**Strategy 2** - Level-set individual providers' abilities to meet stage 1 meaningful use criteria by facilitating ePrescribing, lab results delivery, and patient care summary exchange across the state

**Gap areas addressed:**

**3,4,5,6,7,8,9,10**

**Proposed high level tasks and resources:**

- a) Identify barriers to e-prescribing and recommend action (Bus Ops WG)
- b) Support state level lab results delivery (Future HIO)
- c) Support state level patient care summary exchange (Future HIO)

# Proposed task areas for Strategy 3

3

Support HIT adoption

**Strategy 3** - Catalyze the efforts of programs focused on HIT adoption

## Proposed high level tasks and resources:

- a) Identify providers that have not yet adopted health information technology (REC)
- b) Assist providers to adopt health IT (REC)

**Gap areas addressed:**

1

# Proposed task areas for Strategy 4

4

Expand access to HIE services for providers that lack capabilities

**Strategy 4** - Expand availability of HIE services to providers that do not currently have access to robust capabilities for health information exchange

## Proposed high level tasks and resources:

- a) Identify providers that do not have access to robust capabilities for health information exchange and the reasons why (Tech WG, Bus Ops WG)
- b) Provide options for these providers so they may access HIE services (Tech WG, Bus Ops WG)

**Gap areas addressed:**

2

# Proposed task areas for Strategy 5

5

Define the future policy framework for HIE in NH

**Strategy 5** - Collaborate with Legislators to define the future policy governing HIE purpose and participants

## Proposed high level tasks and resources:

- a) Shepherd proposals through the legislative process to allow expansion of policy framework (Legal Policy WG)
- b) Identify and resolve conflicts between NH policy framework and the policy frameworks of other states with which we wish to conduct information exchange (Legal Policy WG)

## Gap areas addressed:

11,12,13,14,15,16

# Proposed cross cutting tasks



Cross cutting tasks

## **Proposed high level tasks and resources:**

- a) Communication and public outreach (Communications WG)
- b) Project management (OHIT, MAeHC)
- c) Workgroup and task group facilitation and support (Core Team, MAeHC)
- d) Facilitation of coordination with other initiatives (OHIT)
- e) HIEPI contract oversight and reporting (OHIT)

# Wrap-Up

# Wrap up and next steps

**Thank you for coming today! – please share with those that were unable to make it**

## **Proposed next steps**

- Establishment of an HIE Multi-stakeholder Advisory Committee
- Workgroups to meet to further discuss proposed task areas and to develop detailed project plans
- Please complete the Questionnaire so we may better understand your expertise areas and level of interest in staying involved
- Workgroups Continue
  - 3:00 pm – 3:30 pm - Auditorium
  - Immediately after this meeting
  - All former and interested Workgroup members
  - Review the planning process
  - Restructure and resume