

Health Information Exchange Working Group December 4, 1006

Participants: Ayeshia Ellington, Doug Anderson

Phone: Steve Brewer, Dawn Miller, Bill Hayes, Anita Clark

Welcome and Introductions

Bill Hayes welcomed the group and all attendees introduced themselves.

Roadmap Working Groups Update

Bill Hayes reported that there has been a series of workgroup meetings to build on recommendations outlined in the Roadmap. Working Groups include: Local Health Information Organization Development, Organizational Structure, HIT Adoption, Communication Infrastructure, Subsidy Pool, Health Information Exchange, and Workforce Development. Workforce Development was recently added to the Roadmap after the HIT Summit attendees expressed the need to develop a workforce development plan. The revised Roadmap will be sent to policy makers, media, and individuals on the HIT mailing list. These workgroups will meet to discuss how we can develop recommendations outlined in the Roadmap for presentation to the legislature and to the Governor for inclusion in the state budget.

Payer based and personal health records are two ways that a state level organization can exchange information. Several states including Kentucky have implemented payer based records. Kentucky's payer based health record was mandated under state law while Florida's payer based record was created by Blue Cross & Blue Shield of Florida and Humana. While creation of a payer based record would capture all the insured, creation of a personal health record will give individuals an opportunity to create a personal health record in a secure place regardless of insurance coverage. Other ideas worth pursuing to improve ability to share information before exchanges are fully implemented are welcome. Financial feasibility should be taken into consideration as well as the time need to implement the ideas. Members should also consider that the system will look like physically and what exactly we are trying to build in the short term as this will help to gather data and scope out a framework.

Things to consider when exchanging data

Providers have stated that they would like family history, medical history, personal history, allergies, living will, and durable power of attorney in the PHR. The process for gathering this data needs to be thought out. Questions about the process include: How will individuals put information into their record? Will they input their data at a community clinic or during a doctor's appointment? Is there a fee to help patients in put data in their PHR? How will the data input by the patient and provider be differentiated? Attributing the source of data is a concern.

The HIE Group recommended that the system be user friendly system and allow provider offices to use it as a registry for patients. This could be a quick win if providers could pull data into their own systems and configure the system to remind patients about appointments and tests needed.

System Models for the Payer Based and Personal Health Records

One possible model for storage of payer and personal health records is the centralized model. The server to maintain the database would be housed in a central location and an organization would be charged with maintaining the server. Another option is the distributed model which would include a backbone that handles identification and authentication of patients and providers. This system will query participating providers and hospitals instead of having a centralized database. It was noted that the payer based health record fits the distributed model while the PHR fits the centralized model. Things to think about include: maintaining the server, connectivity, and staffing needed to maintain the central database.

Issues that Prevent Health Information Exchange

Group members discussed possible issues that may prevent health information from being exchanged. It was noted that clinical and claims systems do not communicate effectively with one another. Also providers are doing more work because the information they are being asked to input into the system.

Next Steps

It was recommended that the work group establish the spine for the state-wide system and define a limited data set. Identify data that can be obtained from payers and add on components as the system grows system. The CCR might serve as a model for the state-wide system. This system will not require practices to buy new equipment but both patient and providers will have to authenticate themselves to access the system. Identifying data elements the system will require will help with providing a detailed cost estimate.

Doug Anderson will check with contacts in KY about executive order requiring a payer based health record. Other member can research different systems already established in other states.

More information on Availity can be found here (<http://www.availity.com>).

Next Meeting Date

The next meeting date will be held in January. Information on the date, time, and location will be announced in December.