

Local RHIO Development Meeting November 21, 2006

Attending: Philip Powers (HPIO), Brian Philips (OUCOM), Kim Keiser (OHA), Bob Campbell (ODH), Margaret Eichner (ODMH), Ron Hall (Ohio Health), Stephanie Jursek (HPIO)

By phone: Liz Curtis (OSU), Mary Crimmins (WSU)

I. Welcome and Introductions

Philip started the meeting with introductions.

II. The Vision

The group agreed that we need to determine what would be done on the state level, for example coordinating and facilitating communication across regions to reduce to health information exchange and to monitor data standards. From the state public health perspective it will be much easier to have standard methods of communication and reporting. The HISPC Governor's Steering Committee could be given the role of oversight as it is already in place and has broad representation. Philip gave a brief review of HPIO's involvement as a statewide convener and suggested that members review the materials from the 3rd annual HIT summit at <http://ohhit.pbwiki.com/>.

III. Development of HIT Regions (*e.g., number of regions and region selection process*)

The state poster for RHIOs lists six regions.

OHA has regional affiliates and there are four active clinical data exchanges working on quality and practice change. These quality initiatives are changing the way practice is done. OHA also aggregates and de-identifies data for JCAHO and CMS reporting for all hospital systems across the state and must normalize data from multiple sources in multiple formats.

The RMRS regions were discussed and the group decided that at the next meeting we would review existing regional divisions to see about guidance.

Mary reported that the Dayton group has been working with GDAHA and she is scheduled to present to hospital CIOs after the first of the year. The Dayton group continues to build to the Continuity of care Record standard.

Brian reviewed the Athens group work including their work in behavioral health and telemedicine. He also provided information about a disease management program for diabetics that his group has initiated.

IV. Region Funding Protocols

All of the discussion thus far has included funding for RHIOs either in planning or continued development. The issue with funding is that there will likely be competition within regions once money is available and the group discussed a potential non-compete clause, or protection of existing efforts.

How to allocate the funds across regions was also introduced.

Nothing definitive was decided and discussion will continue.

V. Scope of Funding for Investment Initiatives

Return on investment (ROI) was the primary concern in the discussion and the payers were identified as the primary beneficiaries of such efforts. The uninsured population and Medicaid are also a concern.

Models in Indiana were discussed as based on Healthbridge and lab data exchange. Dayton is using an ASP model with subscriptions for the CCR model, with ROI accruing to the community. Community values are generally driving the local efforts.

Negative ROI was also discussed with the adoption costs, legacy conversions and lost productivity.

Behavioral and physical health would benefit in paper savings alone with multiple paper copies and formats being exchanged. Standardization of data formats would represent savings in time.

The focus of health information exchange is to be sure that accurate and complete information is available at the point of care to improve the quality of care.

Health care providers currently spend about 30% of their time finding information about patients. The group did agree that data exchange must have a clinical component, that transaction data alone will not help; that a state implementation plan is essential; and, that we need to define guiding principles.

VI. New Business

None was introduced. The next meeting is now scheduled for December 8 from 10 until noon.