

HIT Adoption Subsidy Pool Working Group Meeting

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Welcome and Introductions

Bill Hayes welcomed the group and all attendees introduced themselves.

The goal of the HIT Adoption Subsidy Pool Work Group is to think about how to increase HIT adoption among healthcare providers in Ohio. Providers want to adopt HIT and implement EHRs but do not have the financial resources to do so and are unsure of the benefits of making such a significant investment. One solution to help increase HIT adoption is to create a subsidy pool of resources that would help those wanting to implement or have implemented HIT in their offices.

The workgroup needs to identify how much money is needed to fund a subsidy pool and the structure of the subsidy pool. Will this pool consist of grants, loans, in-kind donations, or a combination of all three? What outcomes should we expect from the recipients of these funds? Anthem is willing to put money towards a subsidy pool but is hesitant because they do not want to be the only health plans providing funding. Perhaps we can bring health plans together to talk about an establishment of a subsidy pool and their contribution to the pool. Also look for funding at the state level, philanthropies, and health foundations. Large employers may also want to contribute because they would benefit from the adoption of HIT. We may also want to look into an assessment on insurance premiums that would go toward subsidy pool.

As data gets exchanged there is a fee assessed for exchanging data. Providers will have to figure this fee into their implementation costs. How might payment rates change to reward people who adopted HIT? There is a need to develop business cases for ROI. What is the financial stimulus to move adoption? KePRO is conducting workflow analyses for provider offices under the Eighth Scope of Work project.

Energy efficiencies are an example of subsidy pools put together for adoption of technology that the group might want to look at. Subsidy pool funding would benefit providers in ambulatory settings, rural hospital systems, and small practices. Types of financial assistance would include in-kind donations for service, training, hardware, software, and pooled purchasing.

Next Steps

Have ODI facilitate a meeting with health plans,

ODI is not sure they can make health plans come to the table or take on a leadership role in collaboration between health plans.

Other questions to answer:

How much of a financial commitment will the provider have to make?

Will there be a penalty for people that do not fulfill requirements of the grant.

Will higher rates be assessed for providers who still use paper? Health plans conduct chart audits electronically.

What are the benefits from liability insurer for adopting electronic health records?

Initially it would not have an impact but as times passes it may have an effect on rates.

Identify active provider offices around the state and figure out how many we may need to subsidize. Talk to KePRO they may have data already.

Next Meeting Date

TBA