

**Health Information Technology and Health Information Exchange Topical Area Meeting
Consumers/Other
August 31, 2006**

****Participants were invited to share thoughts on HIT & HIE in general due to low participation from consumer community****

Vision

- End of life care not an individual decision making process
 - Knowledge of process
 - Who can I share with?
 - How do family members have access to health information at end of life
- DPOA (durable power of attorney)
 - HIPPA does not have restrictions for this
 - Make apart of EHR
 - Some people do not know they are the DPOA and do not want this responsibility
- How do consumers access information
- How do consumers correct/amend information
- For what reasons should my health information be shared
- Privacy issues interfering with individuals getting assistance (monetary)
- Procedure that enables consumers to give permission for others to view health information
- DNR apart of EHR and Continuity of Care Record
- What information can consumers receive or not receive?
- Are consumers given the option to opt-in or opt-out?
- Standards for what information should be included in EHR
- Standards for sharing information and use of information in EHR
 - Opt-in and opt-out of marketing programs
- How to handle mental health/HIV AIDS information
- Standards for handling genetic disease information
- Family Medical History included in EHR?
- Access point to information
 - Centralized vs. decentralized
- Parents rights
- Public Health entities
 - ODRS-Ohio disease reporting systems
 - Inventory of registries that department of health maintains
 - Preventive interventions
 - Who will have access to database
 - Is consumer being treated with best practices
- Provider enters data once
- Patient/consumer enters data once
 - Verifies as needed
- EHR can be used to track baseline data for patients
- Missing the point of resource utilization

- Who is benefiting from increased quality of care
- Meet minimal standards
 - How to improve practice
- Should organ donation organizations allowed to look medical records?
 - If organ donor
 - Diseases organ donor has/had
- Control of access
 - Card at point of care
 - Access code-permission to gather information
- Authentication
- Uniform plan card
- Rule to get a unique ID algorithm
- Consumer access to data
 - If they have infrastructure at home
 - Infrastructure at to exchange, access
 - Data in rural, remote areas
- Payment not built in to EHR for this cost
- Mandates that you keep patient records in providers office
- By 2010, Medicare – complete EMR to justify claim/data/pay
- Medicaid- paper birth certificate vs. electronic ones
- Medicaid can not track when patient is at hospice or hospital- divide by category
- Eligibility

Barriers to HIT Adoption

- Cost
- Est. 70,000 to 100,000 for EHR adoption for hospice location
 - Basic, does not include maintenance, upgrade, other miscellaneous cost
 - Back up system

Barriers to HIE

- Identity theft issues hinder exchange of information
- HIPAA hinders sharing of information
- Who owns data
 - Provider
 - Patient

Policy Options to Address HIE

- Clear process to file complaints/issues with EHR/exchange