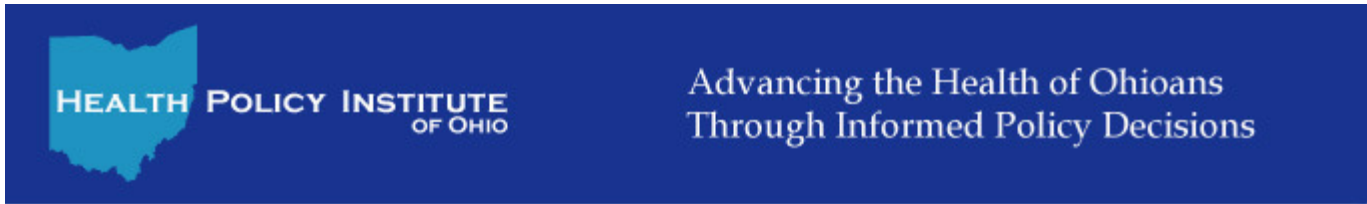




RoadMap for Ohio

Philip Powers, CIO
Health Policy Institute of Ohio

What is HPIO?



- Created in 2004 by a group of Ohio-based Health Conversion Foundations
 - Serve as a non-partisan, health policy center
 - Fill a void in the Health Landscape in Ohio

- Mission to improve the health of Ohioans through improved health policy decisions

- <http://www.healthpolicyohio.org>
 - <http://ohhit.pbwiki.com>
 - <http://hispc.pbwiki.com>

HPIO by the Numbers - 1



Four core areas of focus

- Health before care
 - ▶ maintenance
 - ▶ prevention
- Access to health care
 - ▶ physical
 - ▶ financial
- Effectiveness, quality & safety of health care
- Monitoring the health care system
 - ▶ health trends & evaluation
 - ▶ policy decisions made



HPIO by the Numbers - 2

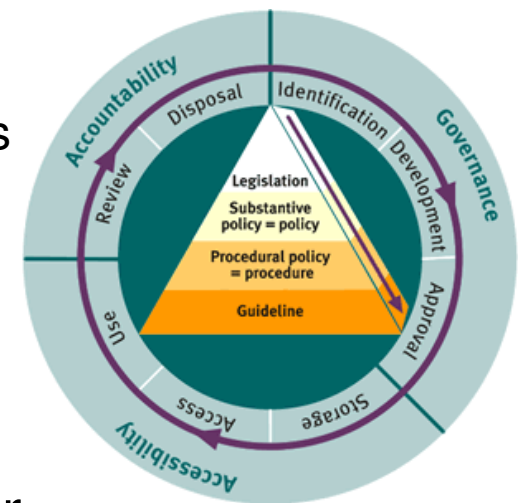


Three dominant approaches to the work

- Research & policy analysis on specific issues
 - ▶ Collecting data
 - ▶ Collecting information to better assess the issues

- Learning from others

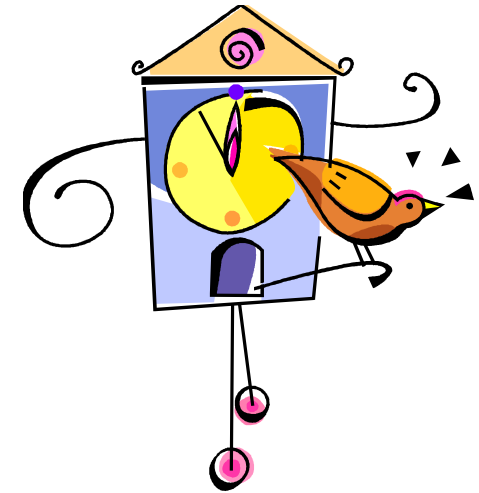
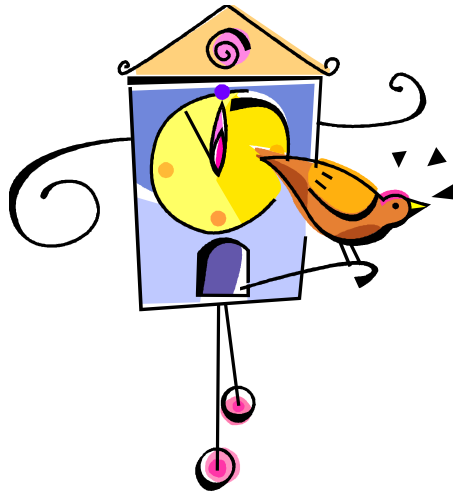
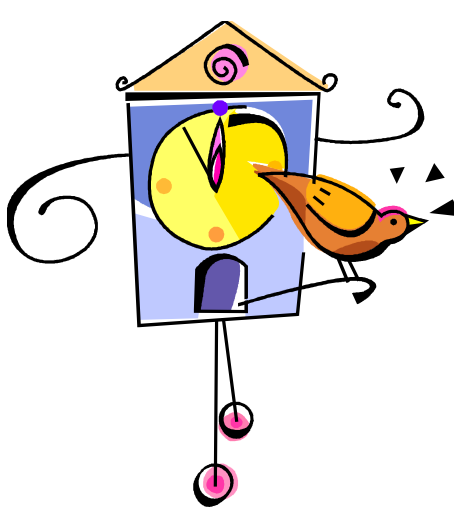
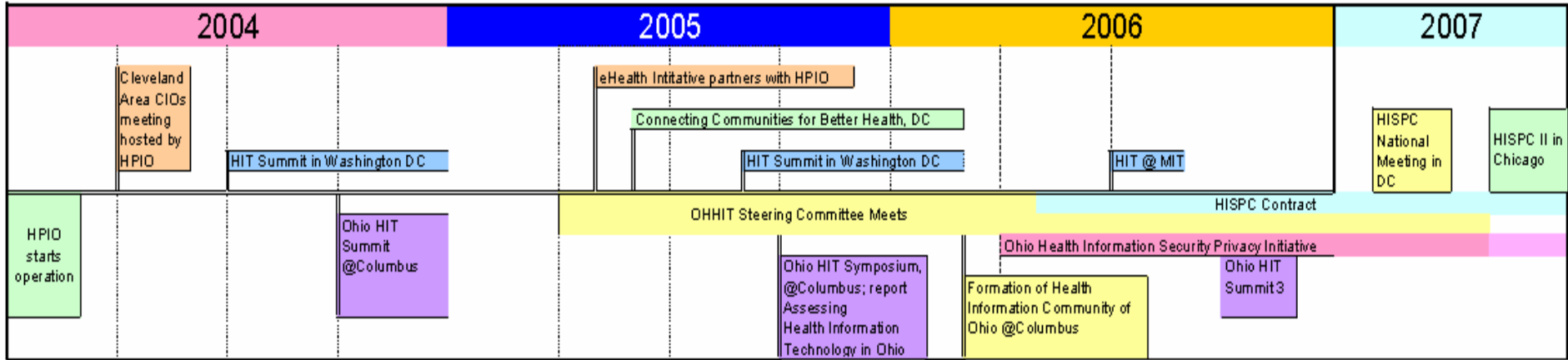
- Bringing people together as a neutral convener



HPIO & HIT



HPIO HIT Initiative Timeline



Why HPIO and HIT?



- Patient Safety & Health Care Quality issues
- Providers do not following best practices most of the time
- Efficiency challenges with how health care is delivered
- Bench research and transfer of that knowledge is limited by the state of HIT / HIE in the US
- Health costs are the number one concern of business
- Costs are a critical concern for local, state, & federal government



Health: Assets & Liabilities



- Health Care costs should not be viewed as a liability to be avoided
- Health Care costs should be seen as an investment to protecting an asset



Consumer Focus



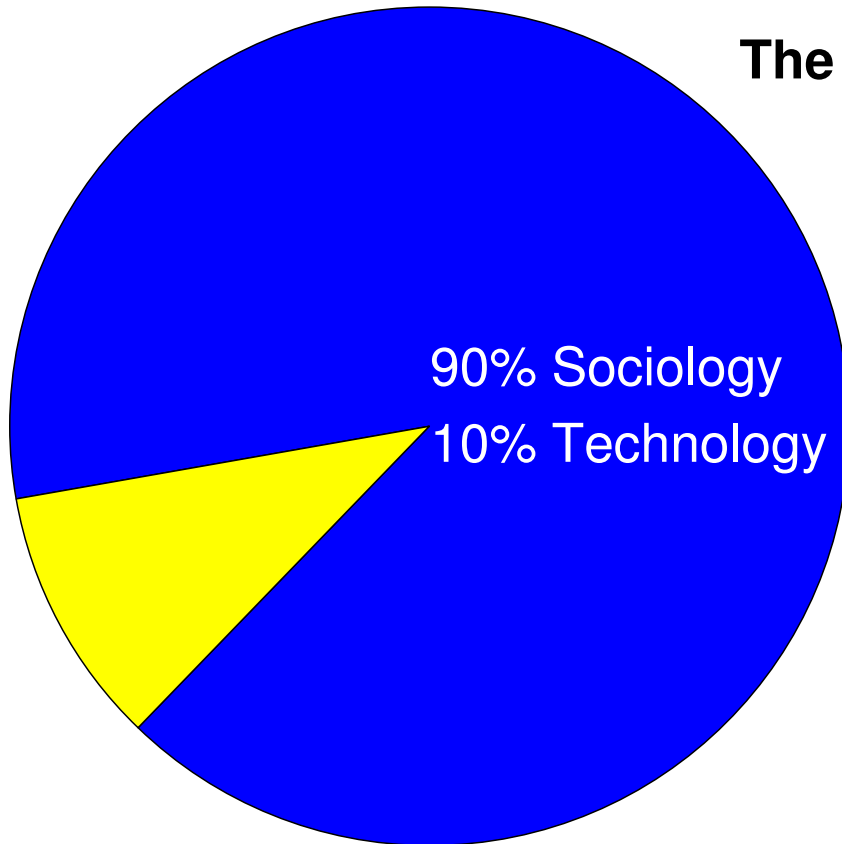
- Consumer-directed health plans will require a more near-time flow of information, especially between providers and health plans
- Consumers are frustrated by the amount of paperwork they must complete for providers and the lack of easy flow of information about them between providers



Searching for the Information

- Emergency department providers decry the lack of access to useful information for their patients
- Providers need to have information shared easily among those caring for their patients
- Consumers want to enter data only once and have it shared easily among all of professionals caring for them
- Health Information Technology is a critical win-win opportunity to help address these concerns and challenges





The 90/10 proposition:

- human social interaction
- machines interacting

HIT / HIE in Ohio - 1



- Two RHIOs exist as of 2006

Cincinnati



Dayton



- Emerging RHIO in Northeast Ohio (NEORHIO)

- Developing RHIO effort in SE Ohio, started with a National Library of Medicine Grant

- Beginning conversations/meetings on forming a RHIO in the Columbus area



- Public Health and Medicaid are working with HealthBridge to provide information through the RHIO to providers or from providers to government

HIT / HIE in Ohio - 2



- More large provider practices are moving to EMRs or EHRs
- Ohio Medicaid submitted a Medicaid Infrastructure Grant application, which was not funded. Another grant submission opportunity is opening up
- KēPRO, the Medicare Quality Improvement organization in Ohio, is working with small providers to increase acceptance of electronic health records under the 8th Scope of Work contract from CMS
- Many hospital systems are creating systems to connect far flung hospitals locations, clinics and affiliated providers; some have created patient portals



HIT / HIE in Ohio - 3



- Medicaid has proposed funding support for RHIO development in Ohio. The total amount of available funds depends on the federal government's matching rate to be determined



- **(90%, 75% or 50%)**

- Ohio has no HIT-specific Executive Order or Legislation as in many other states.
 - There is hope that situation will change in 2007



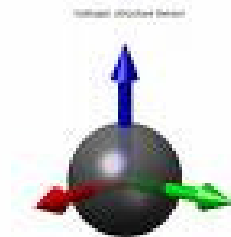
- Providers are seeking legislation to make accessing information held by health plans easier than now

RoadMap Recommendations - 1



■ Structure

- Create a state level, public-private organization to coordinate HIT and HIE activities in Ohio
- Support creation of RHIOs in different areas of Ohio, capable of providing HIE for all Ohioans
- Establish a HIT/HIE coordinator for state government



■ Adoption

- Make desktop tools available to providers that enable HIE prior to providing having full EHRs
- Establish a funding pool to subsidize providers' adoption of interoperable HIT
- Compensate early adopters of HIT from the pool
- Use bulk purchasing strategies to purchase EHRs at lower cost
- Develop provider-specific return on investment analysis
- Create payments rates that reasonably support use of EHRs and other HIT, such as telemedicine
- Develop and implement an HIT-related workforce training and development strategy

■ Interoperability

- Identify adapters that make exchange of information between systems easier
- Subsidize only the purchase of EHR systems that have interoperable capability
- Sponsor development of best practices and/or standards for use in Ohio to facilitate exchange and interoperability, where a common standard does not exist
- Use Ohio RHIOs to translate information from different systems into standardized formats useable by different systems

RoadMap Recommendations – 4



■ Exchange

- Establish a secure portal to access payer-based health records for providers and patients
- Create a secure portal that allows citizens to maintain their own web-based health record
- Require regulatory boards to meet together and align their policies and rules to support HIT adoption and HIE
- Require health plan participation with Ohio-based RHIOs

■ Exchange (more)

- Require providers to submit mandatory reporting information through Ohio RHIOs
- Create a fund and plan to subsidize the development of the communications infrastructure throughout Ohio needed to support HIE
- Ensure that appropriate privacy and security provisions exist, including acting on recommendations in Ohio's HISPC implementation plan, such as
 - ▶ Creating a standardized informed consent process
 - ▶ Developing role-based access methodologies

Next Phase – Action Steps - 1



- Turn the HISPC Steering Committee into the OHIP Advisory Board, adding select new members as appropriate
- Establish priority projects for 2007, establishing working committees for each specific project – partially aligned to the third phase of the HIPSC project
- Obtain support from the Strickland Administration and the Ohio General Assembly for the Roadmap and OHIP



Next Phase – Action Steps - 2



- Solicit funding needed for OHIP staffing and operations
- Secure funding to support subsidy funding pool for RHIO development, for HIT adoption by providers, and for communications infrastructure

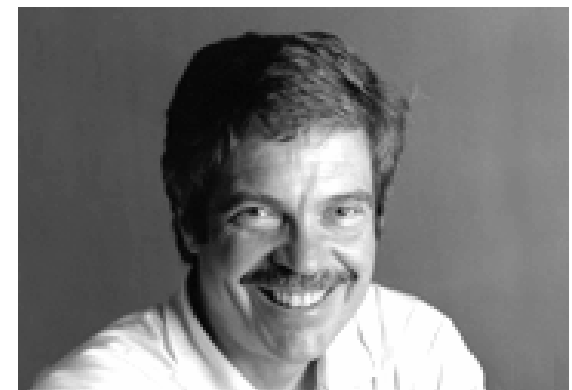
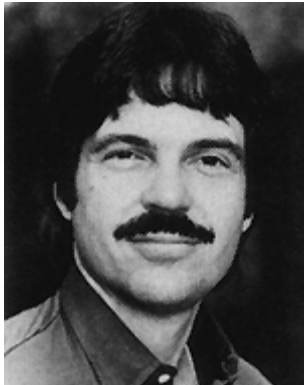
Obtain input from diverse stakeholder groups on the Roadmap and seek their commitment to OHIP



... and the future



**The best way
to predict the future
is to invent it!**
- Alan Kay



What can you do?



Just Share I/T

Thank You for this opportunity



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<http://www.healthpolicyohio.org>

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