

After looking over the policy recommendations, is there something that you think is missing?

- Define public utility:
 - Web based-provide data for any participants who pay a subscription fee to get a service
 - Think of this as a tiered structure; pay by usage
- Interest in population healthcare
 - Some populations use healthcare more and consume more dollars. Keep in mind those who don't have money to access healthcare.
 - Population health is different from public health in that it can be divide it into many categories
 - Insight into what is quality; how we measure it

Small group of providers looking into HIT to meet needs of underserved populations

 - Difficult to draw a line between health and community
- System that works well and improves critical care
 - Continuity care record is current standard
 - Healthcare is local; maintaining local character should be the goal. Population Health concept should be included (ability to gather large amounts of data; quality)
 - Federal funding is important
- Exchange being paid for by plan and provider, not consumer

What policy recommendations would you emphasize to make the business case for HIT/HIE to the public and private sectors?

- Make sure large employers of the state are at the table
 - Roadmap will be taken out to manufacturing companies, rotaries, association meetings, etc
- Use as a economic development tool
 - Discussions with community colleges about workforce development
- Implementing a HIT/HIE Coordinator is important
 - How soon will this position be created?
 - Under the new governor we need to identify the right person to fulfill this position
 - Recommend the creation of this position in suggestions for the new governor
- HIT/HIE will help to unify all systems; especially bio-surveillance
- All for representation of all healthcare providers
- Re-engineer process for delivery of care
 - HIT alone will not change the process of delivery
- Important on a local, regional, national level. Bring forth the efficiency of healthcare, empower the patient
 - Primary driver: produce a healthcare system that improves quality of care and reduce errors
- User interface that encourages provider adoption

What policy recommendations would you add and why?

- Roadmap overlooks human resource capability to implement technology and the ability to maintain staff
- High turnover of staff
 - Increased pay and satisfaction in the workplace may help reduce high turnover.
- Nursing homes- HR issues are important because they try to keep their staff to a minimum
 - Will they have enough funding to train employees?
- Business model will change in physicians' offices as they adopt HIT
 - Start thinking about what those changes will be
- Big opportunity with information systems-look at reimbursement method. Change the way we reimburse and quality of reimbursement.
 - Use quality data as part of mechanism.
 - Trust factor- are payment rates done in a way to reward physicians or decrease their pay
- Economics of deployment with regard to recent changes in stark law waivers, how will this effect funding of a state level RHIO and HIT implementation.
 - Might be in the pool subsidy money
- Academic health centers should be involved in developing HIT/HIE in Ohio
 - There are seven medical schools in Ohio that could possibly be regional hubs
 - Wright State Medical School- believes they do have the trust of people to be a regional hub
 - Training of future physicians move to other areas of the US
 - Research is an important element
 - As HIT/HIE becomes implemented competition will increase
- Opportunities to be able to develop medical informatics that will support HIT around the state and other workforce issues.
- Coordinate through regions Third Frontier grants
- Develop a PHR system to help uninsured to track medical information

Next Steps

- Create a Business Plan for the state and identify why this is important-assign dollar figures
- Subcommittee to look at workforce development issues
- The healthcare system we have is unsustainable. HIT will help us make better decisions. It's a tool and not a solution
 - Automation of poor practices does not make good practices
 - Other conversations need to be happening