

Ohio Health Information Technology Initiative

Project Update

Health Policy Institute of Ohio

In 2005 the Health Policy Institute of Ohio convened a small group of individuals representing health providers, government, and other interested parties to identify useful activities to promote the effective adoption of health information technology (HIT) and health information exchange (HIE) in Ohio. This group called this effort the Ohio Health Information Technology (OHHIT) Initiative.

Why the OHHIT Initiative?

We created the OHHIT Initiative in response to many factors, including:

- There is a clear, inevitable movement toward nation-wide adoption of health information technology and health information exchange.
- Multiple national reports include a call to action for states to focus attention on HIT and HIE.
- Ohio lags behind many other states in developing a coordinated, statewide response to federal efforts to create the national health information network.
- Ohio needs to position itself better to successfully respond to federal funding opportunities around the adoption of HIT and HIE and then coordinate or manage such projects, such as the Health Information Privacy and Security Contract (through RTI).
- Ohio should elevate its position as a state leader in HIT and HIE in the provider, health information business partner, purchaser of health benefits and government arenas.
- In the United States, lack of effective, pervasive adoption of HIT and HIE contributes to the inefficient and ineffective delivery of health services, less than optimal health outcomes, and higher than needed administrative expenses for financing and delivery health services, such as:
 - Up to 98,000 hospital patient deaths from avoidable medical errors each year;
 - An estimated \$300 billion of wasteful spending on unneeded and redundant medical tests, with another \$150 billion lost to administrative waste;
 - Patients receiving recommended care only 54 percent of the time, according to a 2004 Rand study.
- Ohioans whose health care services, privacy and security of information, or work conditions and those Ohio organizations that deliver care, pay for the delivery of care, purchase health care benefits, or regulate the delivery of care, should be involved in developing Ohio's response to the inevitable movement to greater adoption of health information technology and health information exchange.
- Improved use of HIT and HIE across all systems of health care is a critical component needed to alleviate cost pressures on Ohio's Medicaid program and for other public and private purchasers of health benefits, including the public retirement systems.

The ultimate thrust behind this work is to transform the experience and quality of the delivery of health care for patients. Imagine a world where any place that a patient seeks care can have secure, immediate access to all pertinent, up-to-date medical information on that person. Such a

system would greatly enhance the quality and effectiveness of health care, while reducing needless delays and hassles for patients and providers.

What are the proposed 2006 OHHIT Initiative's Activities?

To achieve this vision, the OHHIT Initiative seeks to create a statewide dialogue among a diverse group of people representing all the key stakeholders to focus on three primary activities in 2006:

- 1) Develop a strategic vision, road map, and recommendations on how to achieve more effective adoption of HIT and HIE in Ohio (the Ohio Health Information Strategic Plan or OHISP) to submit to the Governor, members of the Ohio General Assembly, candidates for public office, and Ohio's elected U.S. representatives by the end of September 2006.

The OHISP effort will do the following:

- affirm the importance of enhancing the adoption of HIT and HIE in Ohio and the need for state level action;
- identify barriers to the adoption of HIT in provider practices and the exchange of administrative and clinical health information among providers, as well as between providers and health plans;
- develop state level public sector and private sector policy option recommendations to address these barriers;
- recommend priority areas for emphasizing HIT and HIE based on well established value propositions;
- assess alternative financing options and approaches to promote the adoption of HIT and HIE, including exploring the use of Third Frontier funds and private/public mixed funding models;
- clarify the relationships between local regional health information efforts in Ohio and state level actions;
- determine the appropriate ongoing role, if any, for a state level entity to serve as a catalyst and coordinate for efforts around the adoption of HIT and HIE in Ohio.

The development of this road map and its recommendations is critical. This information is needed soon to ensure that the recommendations get well considered in the use of existing Third Frontier or other funds, by the candidates for elected office, by the current administration in development of the next two-year state budget, by the next administration in the creation of its first biennial budget proposal, and in the legislative review and revision process for the next biennial budget.

- 2) Submit a winning application for the Health Information Security and Privacy Contract (HISPC) opportunity and then ably complete its required work.

The HISPC opportunity has provided a national impetus for Ohio to engage in work critical to the OHHIT Initiative. This contract will link Ohio, and up to 39 other states, on a coordinated effort to look at privacy, security, and business practice issues related to HIE. It will provided

support funding for the OHHIT Initiative and a clear reason for diverse stakeholders to come together, at the request of the Governor, to work on these issues.

- 3) Continue educational and networking opportunities that enhance the efforts among people working to adopt HIT into their practices or creates ways to exchange health information.

The primary HPIO-sponsored eHealth work of the past two years has focused creating learning opportunities for people related to the status of HIT and HIE adoption in Ohio. This work has led to an initial identification of existing efforts and promotion of interaction among people working on these efforts. This opportunities remain critical to the successful adoption of HIT and HIE in Ohio.

What is the proposed 2006 OHHIT Initiative's project structure?

To achieve OHHIT's 2006 objectives, HPIO held a meeting on February 24th by inviting people from different stakeholder communities to come together to create the Health Information Community of Ohio Advisory Group, a group to oversee the process to create this strategic plan. Seventy people attended this meeting, include individuals associated with:

- Physician practices and physician association staff
- Hospitals and hospital association staff
- Pharmacies and pharmacy association staff
- Long term care facilities
- State and local government agencies
- Health plans
- Employers and employer association staff
- Third Frontier-related technology organizations
- Established or emerging health information exchange projects
- Federally qualified clinics, free health clinics, and community-based uninsured coverage project
- Public health agencies
- Economic development organizations
- Consumers and consumer advocates

For this year, OHHIT will employ the following structure to complete its planned tasks for the OHISP and HISPC activities.

- **Health Information Community of Ohio (HICO) Advisory Group** – A group of around 60 individuals consisting of representatives of the multiple groups with an interest in the delivery of cost effective, high quality care, including consumers, government, health plans, providers, and employers. The Advisory Group will meet periodically and provide general oversight, direction, and reaction to the work undertaken in the OHHIT project.
- **Stakeholder groups** – groups of individuals defined by their relationship to health information (public and private payers, consumers, employers, physicians, hospitals,

long-term care facilities, dentists, mental health care providers, etc.) who come together to consider HIT and HIE issues from their stakeholder perspective.

- **Steering Committee (SC)** – a group of no more than 25 individuals including a representative from each major stakeholder group, 1 or 2 members of the legal working group, 1 or 2 representatives from state government (including an individual directly representing the governor), and HPIO.
- **Variations Workgroup (VWG):**
 - assesses variations in organization-level business policies and practices, categorizing them as barriers, best practices, or neutral with respect to interoperability;
 - identifies other barriers to adoption of health information technology and exchange.
- **Legal Workgroup (LWG):**
 - assesses applicable privacy and security policies underlying regulations, court cases, etc. and identifies legal sources of barriers to interoperable electronic health records;
 - reviews barriers identified by the business policy assessment work, mapping those barriers to applicable state privacy and security laws. Assesses legal issues related to other adoption barriers to HIT and HIE;
 - develops a set of recommended policies that are consistent with laws of Ohio
 - works with the Solutions and Implementation Plan Working Groups.
- **Solutions Workgroup (SWG):**
 - reviews barriers identified in the assessment of variation of state laws and business policies and formulate preliminary solutions to the barriers;
 - reviews other barriers identified and formulates recommendations on how to address these barriers;
 - responsible for advising on the development of standards, new technical options, and strategies to promote HIE.
- **Implementation Plan Workgroup (IPWG):**
 - explores governance issues related to creation of an ongoing state level organization;
 - assesses sustainable financing options for any ongoing statewide organization;
 - reviews analysis of solutions and proposes preliminary implementation plans.
- **Clinical and Administrative Exchange Workgroup (CAEWG):**
 - review options for clinical and administrative exchange projects and recommend priority among project options;
 - provides clinical or administrative direction to other groups.
- **Ad Hoc Working Groups (AWG)** – a group composed of a mix of interested parties around a specific issue. Each group will meet a couple of times and forward its findings

to the appropriate committee or committees for inclusion in the development of the plan. Potential focus areas for ad hoc groups include:

- e-Prescribing
- Cost effective administrative data exchange, especially billing and eligibility data
- Behavioral health
- Public health surveillance
- Continuity of care record
- Long term care and post acute care services
- Personal health record
- Medicaid
- Education and event planning

What are the needed requirements for success for the OHHIT Initiative in 2006?

HPIO received an interesting opportunity to fund much of the OHHIT work received with the release of the Health Information Security and Privacy Contract (HISPC) RFP in January. HISPC is a federal government initiative to get states to create multi-stakeholder groups to explore the privacy and security issues related to adoption of HIT and HIE. Up to 40 states can receive between \$150,000 and \$350,000 of funding for this work. The Ohio Governor's office agreed to have HPIO submit Ohio's application and manage the project.

This HISPC project fits nicely as an element of the OHHIT initiative. Ohio plans to use workgroups needed for the OHHIT Initiative to do the HISPC and the OHISP work.

To successfully complete all of the work of the OHHIT initiative, including the required work for the HISPC contract, HPIO needs the following:

- Approval of Ohio's HISPC contract for the full contract award (\$350,000);
- Commitment of participants for various working groups;
- Identification of appropriate ad hoc group issues and holding those meetings;
- Commitment of \$40,000 in funding for OHHIT initiative work between now and the beginning of the HISPC award;
- Commitment of \$110,000 in additional funding for OHISP tasks beyond the scope of HISPC funding.

What is the OHHIT Initiative's 2006 proposed project timeline?

The draft timeline for the 2006 OHHIT Initiative activities is attached.

CONCLUSION

The need for effective adoption of health information technology in provider practices and the exchange of administrative and clinical health information becomes clearer by the day. The 2006 activities of OHHIT Initiative provide the most promising opportunity to turn this vision into reality, while assuring Ohio a leadership role in this national effort.

Proposed

Timeline for OHISP and HISPC Projects for OHHIT

Proposed

Project	Item	Groups	BeginDate	EndDate
OHISP	First meeting of the Health Information Community of Ohio		02/24/06	02/24/06
HISPC	Proposal Due		03/01/06	03/01/06
OHISP	Secure external financing support for the OHHIT project		03/31/06	03/31/06
OHISP	Establish membership for all workgroups		03/31/06	03/31/06
HISPC	Subcontracts signed by selected states		05/12/06	05/12/06
OHISP	Ad Hoc & Stakeholder Group Meetings		05/20/06	07/15/06
HISPC	Kick Off Meetings		05/20/06	06/30/06
HISPC	Deliverable 1: Work Plan Due		06/15/06	06/15/06
HISPC	Training Sessions		07/01/06	07/01/06
OHISP	Statewide summit to release interim strategic plan report		07/10/06	08/07/06
OHISP	Workgroup revisions based on statewide summit		08/07/06	09/15/06
HISPC	Deliverable 2: Interim Assessment of Variation Report due		08/25/06	08/25/06
OHISP	HICO meeting		09/08/06	09/08/06
OHISP	Finish Strategic Plan and Recommendations		09/29/06	09/29/06
HISPC	Deliverable 3: Interim Analysis of Solutions Report due		10/16/06	10/16/06
HISPC	State and Regional Workshops		10/20/06	11/22/06
OHISP	Second statewide summit		10/30/06	10/30/06
HISPC	Deliverable 4: Interim Implementation Plan Report Due		11/16/06	11/16/06
HISPC	National Meeting		02/01/07	02/01/07
HISPC	Deliverable 5: Final Assessment and Analysis Report due		02/15/07	02/15/07
HISPC	Deliverable 6: Final State Implementation Plan Report due		02/15/07	02/15/07

Figure 1 S:\Conference_Materials\OHHIT_2006\HICO_20060224\post\ProjectsTimeLine.xls