2013 Results from Survey on Health Data Exchange:

The Challenge to Connect

November 7, 2013

2:00 – 3:30 pm ET

Housekeeping Issues

- **All participants are muted**
  - To ask a question or make a comment, submit via the chat feature.

- **Audio online at www.readytalk.com**
  - If you have technical difficulties call 800.843.9166

- **Download slides and key findings at www.ehidc.org**

eHEALTH INITIATIVE
Real Solutions. Better Health.

About eHealth Initiative

- Since 2001, eHealth Initiative is the only national, non-partisan group that represents all the stakeholders in healthcare. Represent over 15 different stakeholder groups and 39 states across the nation.

- Mission to promote use of information and technology in healthcare to improve quality, safety and efficiency.

- Last year, over 4500 individuals attended our events and 500+ individuals participated in our national councils and workgroups

- eHealth Initiative focuses its _research_, _education_ and _advocacy_ efforts in four areas:
  - Data and Analytics
  - IT Infrastructure to Support Accountable Care
  - Technology for Patients with Chronic Disease
  - Data Exchange & Interoperability

eHEALTH INITIATIVE
Real Solutions. Better Health.

What Our Members Think…

Providers

"What I love most about eHealth Initiative is its unique value proposition that melds research, education and advocacy. It is the only organization I know that reaches across silos to bring the best minds together to solve complex challenges."

--Edward Marx, Senior Vice President & CEO, Texas Health Resources

Vendors

"eHI brings together the full range of stakeholders addressing care improvement through information technology; eHI is unparalleled in that regard."

--John Glaser, PhD, CEO, Health Services, Siemens Medical Solutions

Labs

"eHI's leadership is a lightning rod for healthcare industry stakeholders to bring guidance to ONC and CMS on what e-strategies are reasonable, logical, and cost effective…"

--Dave Dexter, President and CEO, Sonora Quest Laboratories & Laboratory Sciences of Arizona
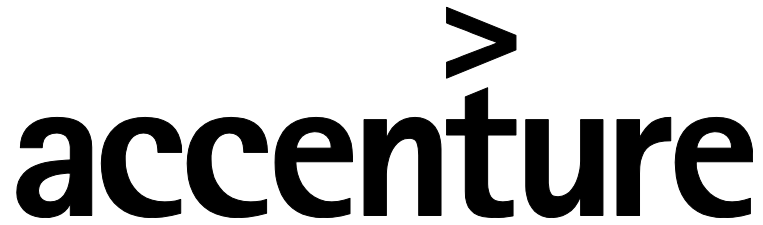
eHEALTH INITIATIVE
Real Solutions. Better Health.

eHEALTH INITIATIVE
Real Solutions. Better Health.

2014 ANNUAL CONFERENCE & MEMBER MEETING

The Last Mile of Healthcare Delivery Transformation

January 27-29, 2014

Omni Championsgate Orlando, Florida

Thank you to our Sponsors

accenture

Browsersoft
Connected Health

NEXTGEN
HEALTHCARE

OPTUM™

RelayHealth

eHEALTH INITIATIVE
Real Solutions. Better Health.

Agenda

- Welcome and introductions
- Overview of survey findings
  - Jennifer Covich Bordenick, CEO, eHealth Initiative
  - Alex Kontur, Policy Analyst, eHealth Initiative
- Reaction panel
  - Kalyanraman Bharathan, PhD, Health Information Network of Arizona
  - Mike Dittemore, Lewis and Clark Information Exchange
  - Tony Gilman, Texas Health Services Authority
  - Sarah Churchill Llamas, Integrated Care Collaboration
  - Laura McCrary, Kansas Health Information Network
- Q&A

eHEALTH INITIATIVE
Real Solutions. Better Health.

About the 2013 Survey

- 10th annual survey
- 199 of 315 identified organizations completed the survey
  - 90 community HIEs, 45 SDEs/state HIEs, 50 healthcare delivery organizations, others include public health, payers
- 91 organizations completed the survey in both 2011 and 2013

eHEALTH INITIATIVE
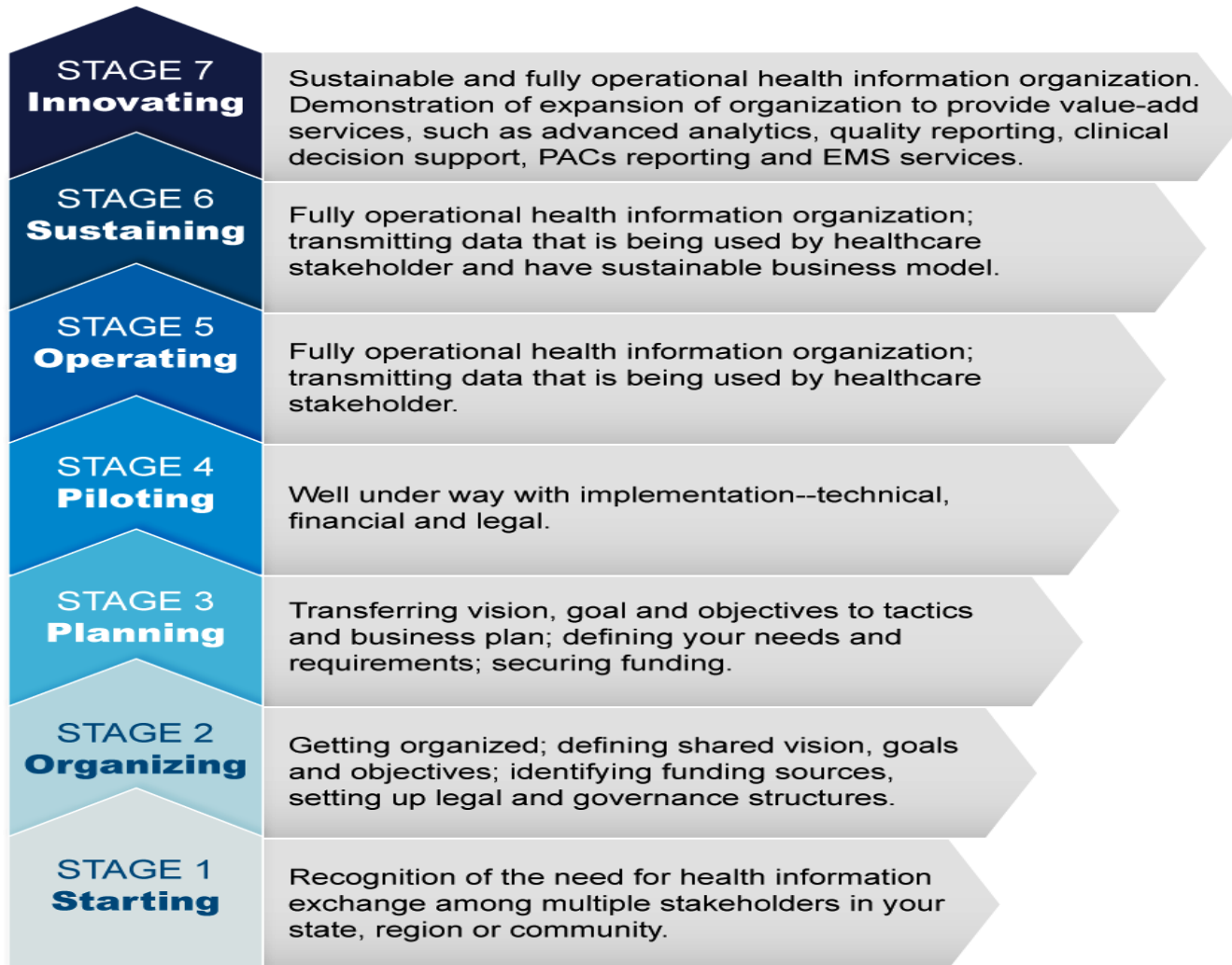Real Solutions. Better Health.

Background on Respondents

- 84 have reached stage 5 (operational) or higher
  - Among past respondents, 27 more have reached stages 5, 6, or 7
- Who provides them with data?
  - Hospitals (160), ambulatory care providers (142), independent labs (85), community and/or public health clinics (82)
- Who accesses their data?
  - Ambulatory care providers (159), hospitals (145), community/public health clinics (105), behavioral or mental health (90)

eHEALTH INITIATIVE
Real Solutions. Better Health.

Stages of Development

STAGE 7 Innovating — Sustainable and fully operational health information organization. Demonstration of expansion of organization to provide value-add services, such as advanced analytics, quality reporting, clinical decision support, PACs reporting and EMS services.

STAGE 6 Sustaining — Fully operational health information organization; transmitting data that is being used by healthcare stakeholder and have sustainable business model.

STAGE 5 Operating — Fully operational health information organization; transmitting data that is being used by healthcare stakeholder.

STAGE 4 Piloting — Well under way with implementation--technical, financial and legal.

STAGE 3 Planning — Transferring vision, goal and objectives to tactics and business plan; defining your needs and requirements; securing funding.

STAGE 2 Organizing — Getting organized; defining shared vision, goals and objectives; identifying funding sources, setting up legal and governance structures.

STAGE 1 Starting — Recognition of the need for health information exchange among multiple stakeholders in your state, region or community.

eHEALTH INITIATIVE
Real Solutions. Better Health.

Stage of Development – Organizations Responding in 2011 and 2013
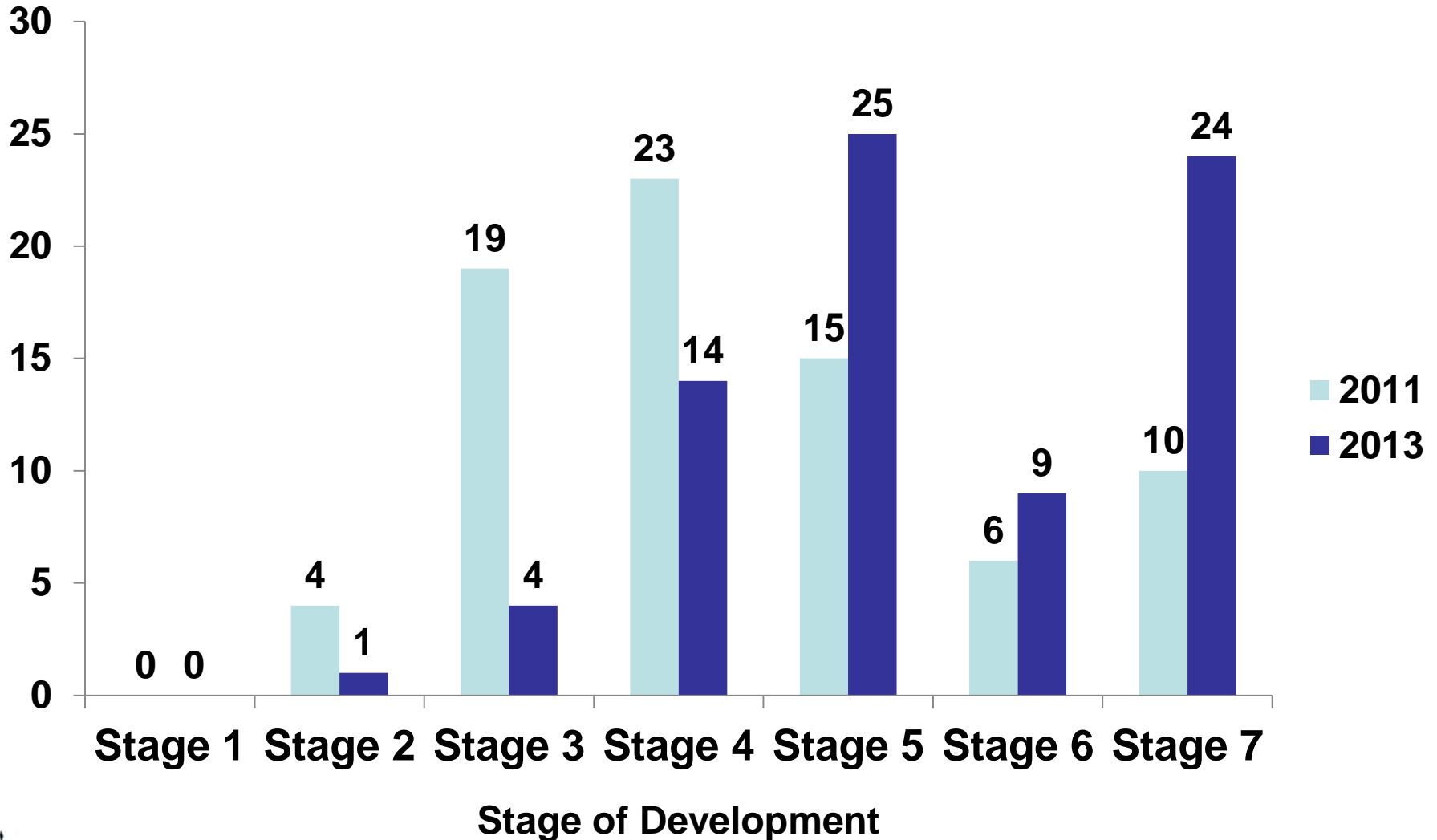
Background on Respondents

- **84 have reached stage 5 (operational) or higher**
  - Among past respondents, 27 more have reached stages 5, 6, or 7

- **Who provides them with data?**
  - Hospitals (160), ambulatory care providers (142), independent labs (85), community and/or public health clinics (82)

- **Who accesses their data?**
  - Ambulatory care providers (159), hospitals (145), community/public health clinics (105), behavioral or mental health (90)

eHEALTH INITIATIVE
Real Solutions. Better Health.

2013 Key Findings

1. Achieving interoperability with disparate information systems is a major concern; sixty-eight initiatives have had to connect to more than 10 different systems.

2. To overcome interoperability challenges, exchanges would like to see standardized pricing and integration solutions from vendors.

3. Many exchanges are not sharing data with competing organizations.

4. Exchanges are focusing on functionalities to support health reform and advance analytics.

5. Patient engagement remains low amongst organizations exchanging data.

6. Patient consent for data exchange generally remains an all-or-nothing proposition.

7. In the last 2 years, more data exchange initiatives have become financially viable. However, hospitals and payers are still expected to fund most exchange activity.
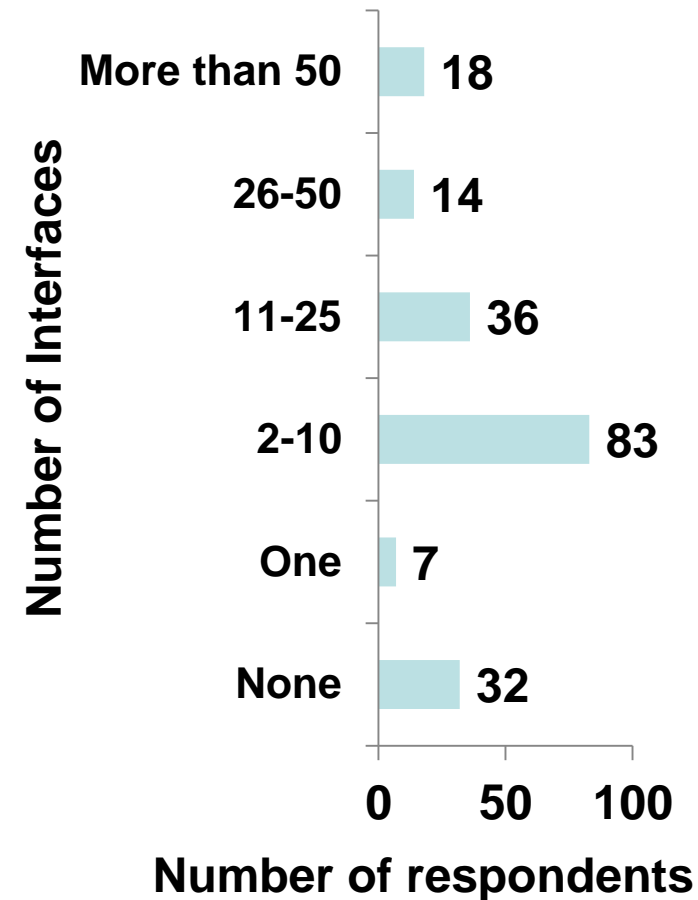
eHEALTH INITIATIVE
Real Solutions. Better Health.

eHEALTH INITIATIVE
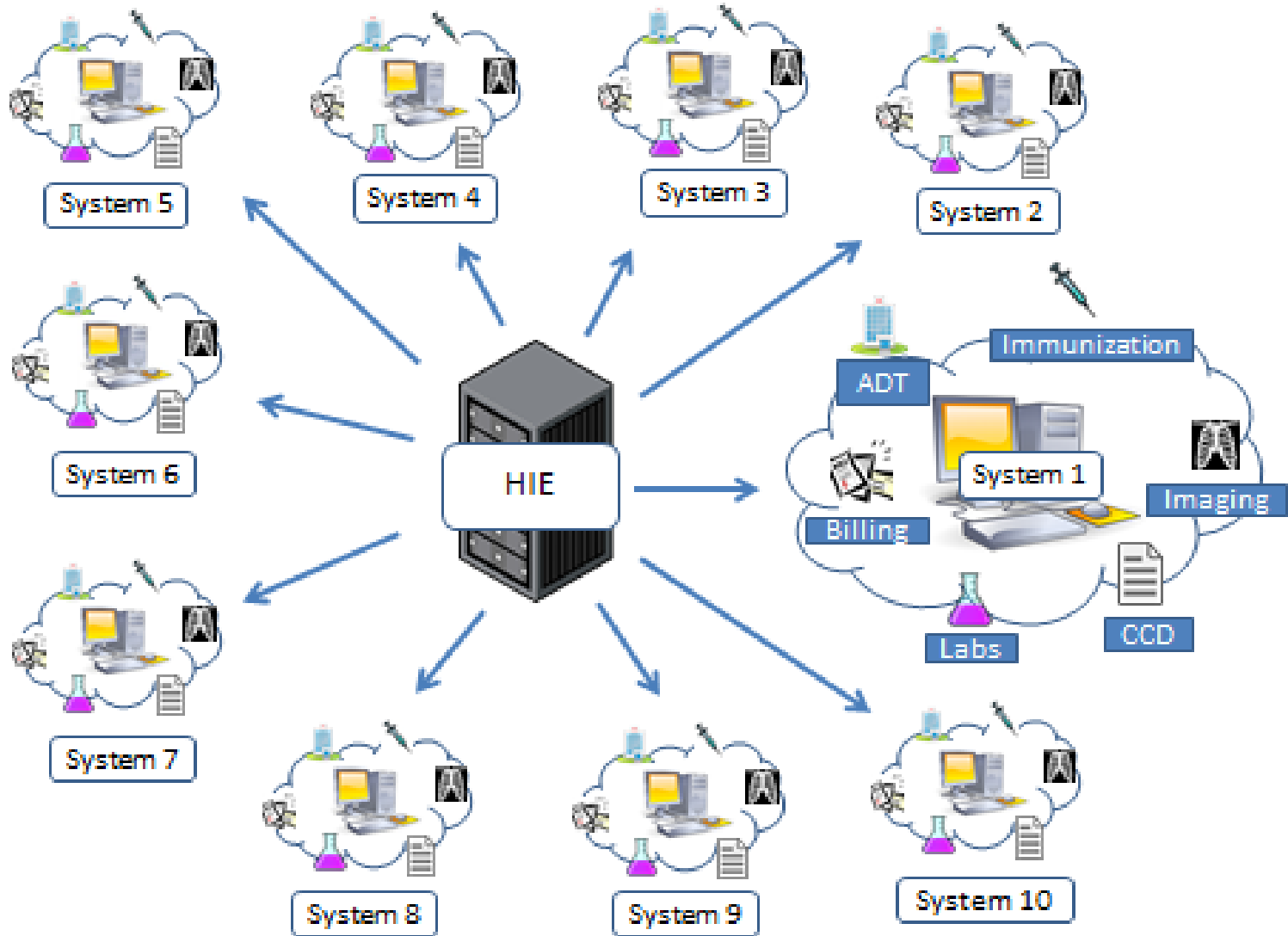Real Solutions. Better Health.

Key Findings

1. Interoperability is a major concern

- 142 respondents cited interoperability as a pressing challenge
- 151 organizations have had to build interfaces with disparate systems
  - 68 have had to build 10 or more
  - 32 have had to build 25 or more
- Challenges to interoperability include the
  - financial costs of building interfaces (179)
  - difficulty constructing interfaces (169)
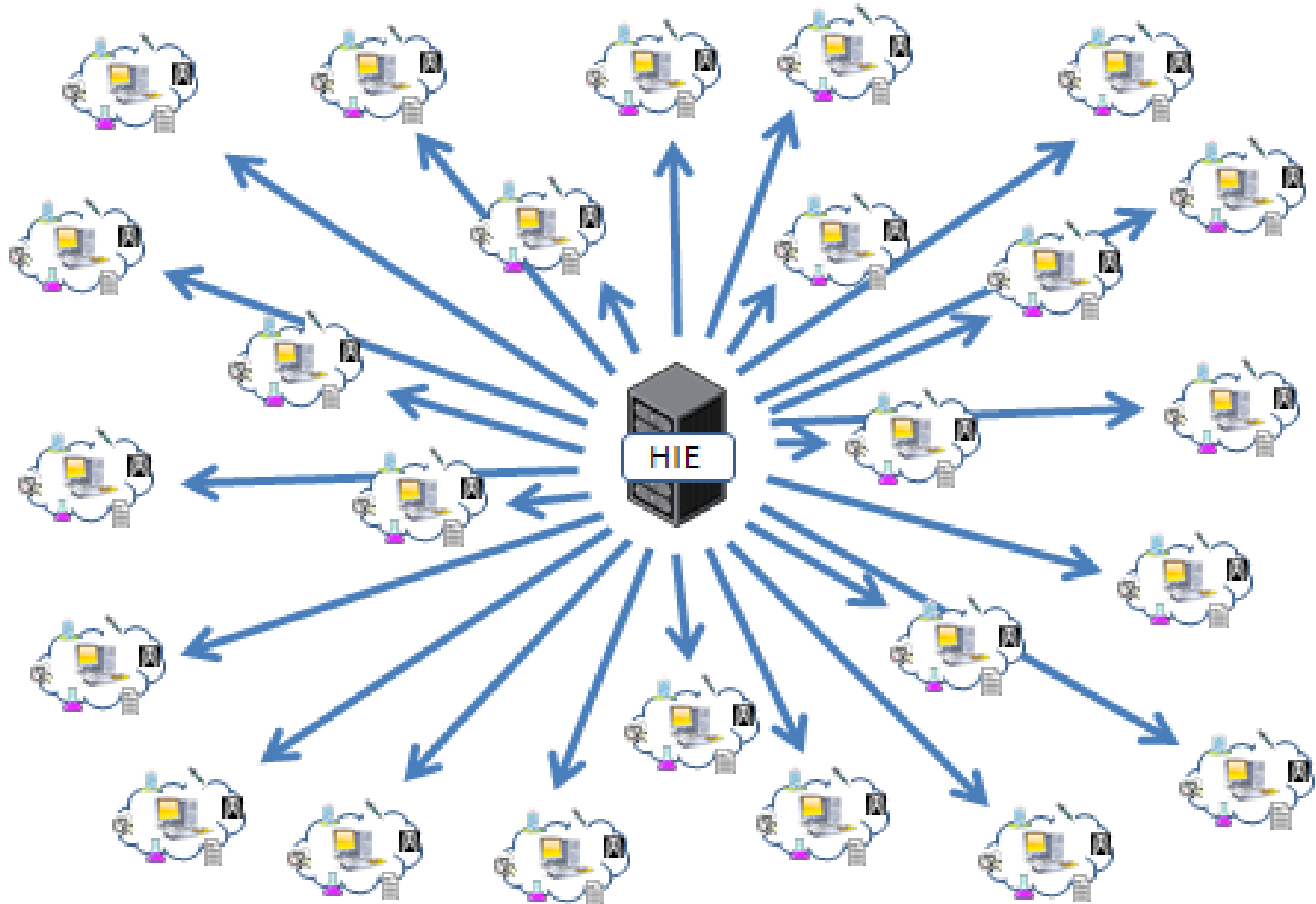 - identifying and implementing standards (162)

Number of Interfaces

Number of Interfaces	Number of respondents
More than 50	18
26-50	14
11-25	36
2-10	83
One	7
None	32

0   50   100

Number of respondents

eHEALTH INITIATIVE
Real Solutions. Better Health.

10 Connections

25 Connections

2. Overcoming interoperability challenges

- Standardized pricing and integration solutions from vendors (124)

- Technology platforms capable of "plug-and-play" (113)

- Greater use of consensus-based standards by providers (113)

- Interoperability solutions that improve workflow (109)

eHEALTH INITIATIVE
Real Solutions. Better Health.

3. Proprietary data sharing

- 33 data exchange efforts restrict participation to only those who are part of an existing network (i.e. private HIE)
- 58 have not connected to other networks such as a community HIE, SDE, or eHealth Exchange

eHEALTH INITIATIVE
Real Solutions. Better Health.

Current Functionalities – All Respondents

Connectivity to electronic health records	125
Health summaries for continuity of care	115
Master patient index	114
Results delivery (e.g. laboratory or diagnostic study results)	104
Provider directory	84
Connectivity to other health information exchanges, integrated delivery networks, etc.	77
Record locator service	77
Reporting to immunization registries	74
Alerts to providers (e.g. drug interactions, care transitions, etc.)	72
Reporting to disease registries	53
Analytics	49
Quality improvement reporting for clinicians or payers	43
Patient access to information through the exchange/patient portal	38
Reminders (e.g. screenings, appointments, etc.)	35

eHEALTH INITIATIVE
Real Solutions. Better Health.

4. Functionalities support health reform

- What services are offered?
  - connectivity to EHRs (125)
  - health summaries for continuity of care (115)
  - MPI (114)
  - results delivery (104)
  - provider directory (84)
- These are considered core data exchange services

eHEALTH INITIATIVE
Real Solutions. Better Health.

Functionalities Added Since 2011

	2011	2013
Connectivity to electronic health records	44	64
Master patient index	45	64
Health summaries for continuity of care	30	62
Results delivery (e.g. laboratory or diagnostic study results)	35	54
Record locator service	35	52
Provider directory	24	47
Connectivity to other health information exchanges, integrated delivery networks, etc.	17	44
Reporting to immunization registries	15	37
Alerts to providers (e.g. drug interactions, care transitions, etc.)	19	37
Reporting to disease registries	13	28
Analytics	17	24
Quality improvement reporting for clinicians or payers	11	23
Reminders (e.g. screenings, appointments, etc.)	13	16
Patient access to information through the exchange/patient portal	9	13

eHEALTH INITIATIVE
Real Solutions. Better Health.

4. Functionalities support health reform

- **What services are planned?**
  - Alerts to providers (83)
  - connectivity to other networks (83)
  - patient access to data (78)
  - analytics (74)
  - image exchange (69)
- **Many of these functionalities (e.g. analytics, patient engagement) are critical for health reform**

eHEALTH INITIATIVE
Real Solutions. Better Health.

4. Functionalities support health reform

- In addition:
  - 65 participate in an ACO or plan to do so in the future
  - 90 use Direct
    - Transitions of care is the most common use case (65)
  - 30 are NOT planning to use Direct

eHEALTH INITIATIVE
Real Solutions. Better Health.

5. Limited patient access

Offering Access to Patients

- 31 organizations offer patients access to their data

- 102 plan to offer in the future

- 56 have no plans to do so

eHEALTH INITIATIVE
Real Solutions. Better Health.

5. Limited patient services

- Patient services
  - offer simple patient-centric services such as the ability to make appointments (24)
  - access educational materials (26)
  - request medication refills (25)

- 30 organizations make patient-reported data available to providers

- 85 want to incorporate patient-reported data in the future

eHEALTH INITIATIVE
Real Solutions. Better Health.

6. Consent is all-or-nothing

- Opt-out is the most common consent model (115)
- 109 organizations do not offer patients the ability to limit sharing of their information based on data type or source.
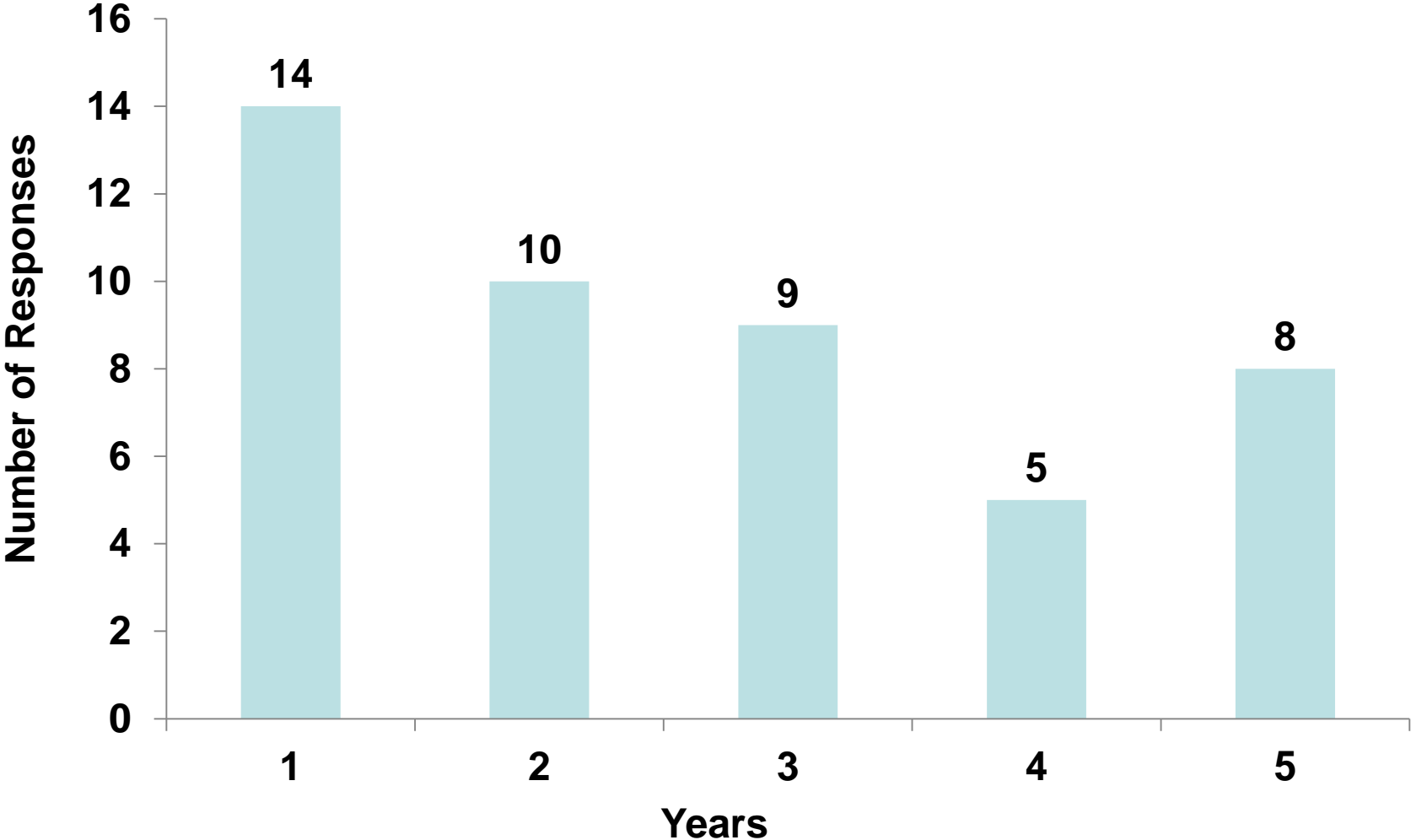 - controls for sensitive information are most common (43 of 109)

eHEALTH INITIATIVE
Real Solutions. Better Health.

7. More initiatives are financially viable

Financially viable

- 52 initiatives have received sufficient revenue from participating entities to cover operating expenses (i.e. sustainable)

- How long did it take?
  - 24 achieved sustainability in 1-2 years
  - 22 took 3 or more years

eHEALTH INITIATIVE
Real Solutions. Better Health.

Time to Sustainability

Bar chart: Number of Responses vs. Years

- Year 1: 14
- Year 2: 10
- Year 3: 9
- Year 4: 5
- Year 5: 8

eHEALTH INITIATIVE
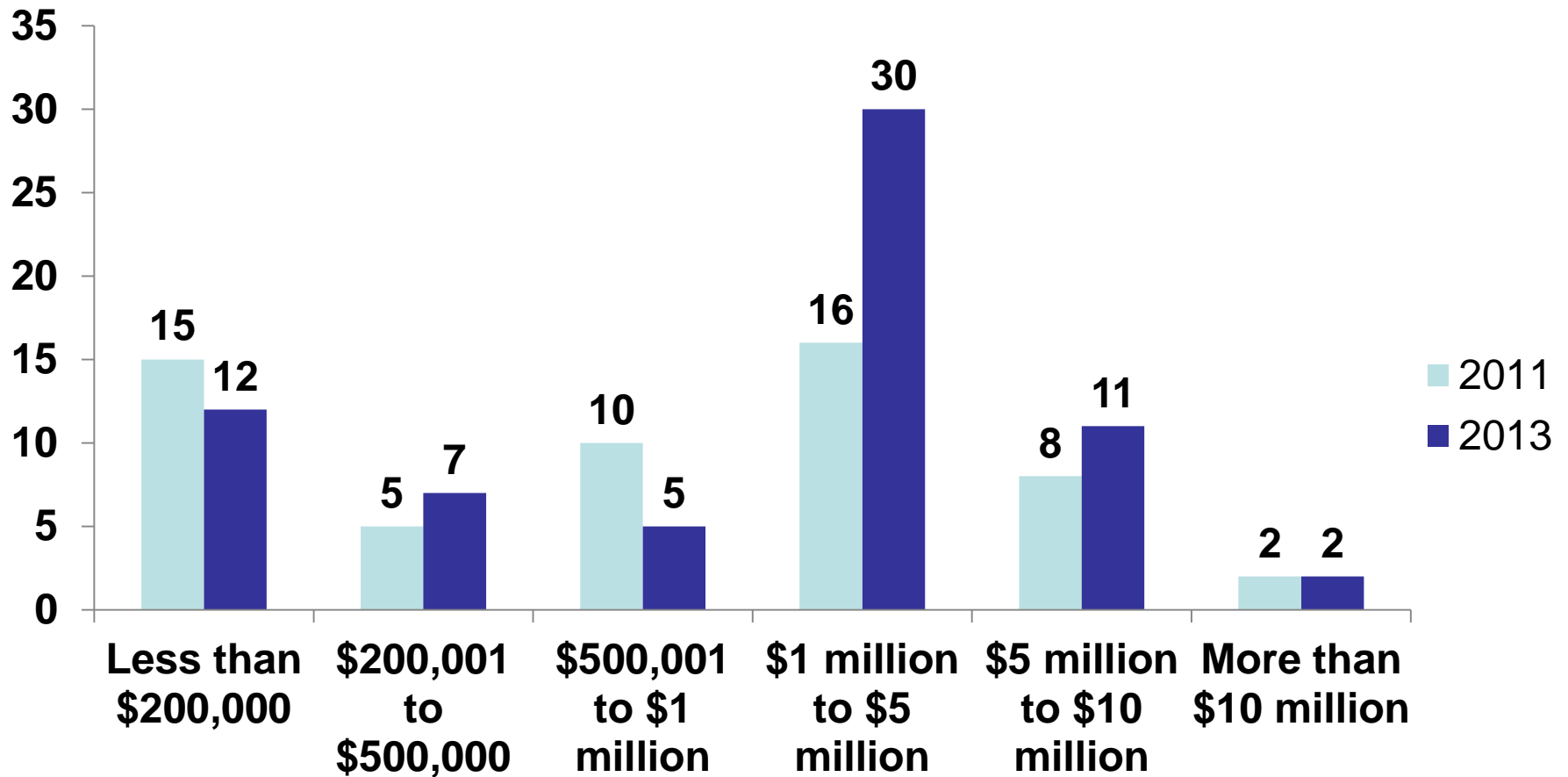Real Solutions. Better Health.

More Sustainability Since 2011

- Among respondents completing the survey in both 2011 and 2013, a significant number are more sustainable now

- 16 were sustainable in 2011

- 35 are sustainable today

eHEALTH INITIATIVE
Real Solutions. Better Health.

Significant Increase in Revenue Since 2011

Unsustainable Models

- 51 organizations are not sustainable
  - 31 receive more than 50% of their funding from public sources
  - 22 are state designated entities (SDEs)

eHEALTH INITIATIVE
Real Solutions. Better Health.

7. Hospitals and payers are expected to fund data exchange

- Who pays the most?
  - hospitals (79)
  - state or federal funding (64)
  - ambulatory care providers (38)
  - private payers (23),
  - Medicaid (15)

eHEALTH INITIATIVE
Real Solutions. Better Health.

Future Expectations

- Who is expected to pay the most?
  - hospitals (97)
  - private payers (48)
  - ambulatory care providers (45)
  - Medicaid (33)
 - state/federal funding (32)

eHEALTH INITIATIVE
Real Solutions. Better Health.

Stakeholders Paying Fees/Dues to Participate	
Hospitals	87
Ambulatory care providers (primary care or specialty care)	73
Behavioral or mental health providers	47
Community and/or public health clinics	45
Long-term care providers (hospice, skilled nursing facilities, etc.)	40
Public health departments (state or local)	33
Independent laboratories	31
Home health	29
Independent radiology/imaging centers	29
Private payers	28

eHEALTH INITIATIVE
Real Solutions. Better Health.

7. Hospitals and payers are expected to fund data exchange

- Public funding is an important income source: 49 organizations derive more than 50%. 17 of these expect public funding to remain their most substantial source of income
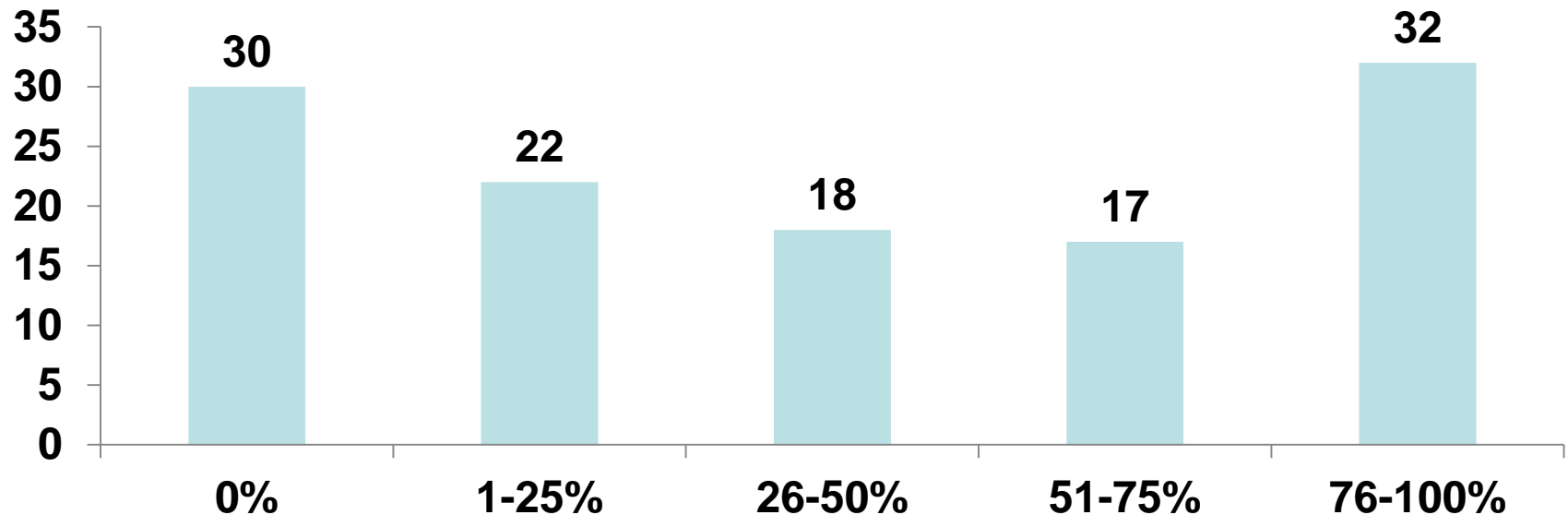
Percentage of funding from public sources

Closing Thoughts

- Addressing Interoperability Concerns
  - Suggestions vendors and providers impact through pricing and integration solutions.

- Reform is Opportunity to Show Value
  - New models and accountable care require complex connections and analysis

- True Barriers to Patient Engagement
  - Research on why services not offered. Is someone else addressing need? Privacy concerns?

eHEALTH INITIATIVE
Real Solutions. Better Health.

REMINDER

Download slides and key findings at www.ehidc.org

Reaction Panel

- Kalyanraman Bharathan, PhD, Health Information Network of Arizona

- Mike Dittemore, Lewis and Clark Information Exchange

- Tony Gilman, Texas Health Services Authority

- Sarah Churchill Llamas, Integrated Care Collaboration

- Laura McCrary, Kansas Health Information Network

eHEALTH INITIATIVE
Real Solutions. Better Health.

Kalyanraman Bharathan
Executive Director
Health Information Network of Arizona

eHEALTH INITIATIVE
Real Solutions. Better Health.

Mike Dittemore
Executive Director
Lewis and Clark Information Exchange

Tony Gilman
CEO
Texas Health Services Authority

Sarah Churchill Llamas

Chief Operating Officer

Centex Systems Support Services; Integrated Care Collaboration

Laura McCrary
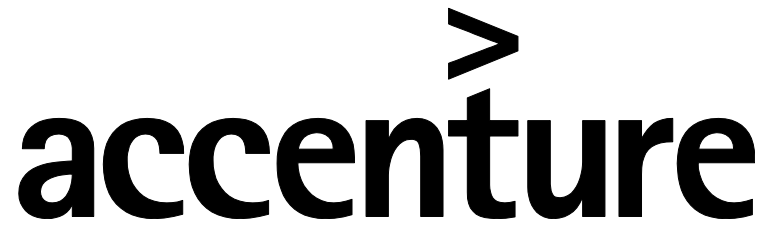Executive Director
Kansas Health Information Network

Questions for Reaction Panel?

- Kalyanraman Bharathan, PhD, Health Information Network of Arizona

- Mike Dittemore, Lewis and Clark Information Exchange

- Tony Gilman, Texas Health Services Authority

- Sarah Churchill Llamas, Integrated Care Collaboration

- Laura McCrary, Kansas Health Information Network

eHEALTH INITIATIVE
Real Solutions. Better Health.

Thank you to our Sponsors

accenture

Browsersoft
Connected Health

NEXTGEN
HEALTHCARE

OPTUM™

RelayHealth

eHEALTH INITIATIVE
Real Solutions. Better Health.