



eHEALTH INITIATIVE

Real Solutions. Better Health.

2012 HIE Survey Results

September 27, 2012



eHEALTH INITIATIVE

Real Solutions. Better Health.

Welcome!



Jason Goldwater

Vice President of Research and Programs

eHealth Initiative

Housekeeping Issues

- All lines are muted
 - To ask a question or make a comment, please submit via the chat feature and we will address as many as possible after the presentations.
- Today's webinar is being recorded
 - Members can access slides and replays of any webinar for free from eHI's store
 - Non-members can purchase access to any webinar replay for \$25.00
 - eHI Store
 - <http://www.ehealthinitiative.org/store.html>



Thank You to Our Sponsors



Agenda

- **Welcome and HIE Preliminary Survey Results, Methodology, eHI's Takeaways**
 - **Jason Goldwater**, Vice President of Research and Programs, **eHealth Initiative**
- **Reactions & Thoughts on Survey Results from Panelists**
 - **Dr. Richard Swafford**, PhD, Executive Director, **Inland Empire Health Information Exchange**
 - **Trudi Matthews**, Director of Policy and Public Relations, **HealthBridge**
 - **Carol Parker**, MPH, Executive Director, **Great Lakes HIE**
 - **John Haughton**, Chief Medical Information Officer, **Covisint**
 - **Laura Kolkman**, RN, MS, FHIMSS, President, **Mosaica Partners**
- **Question & Answers and Closing**





eHEALTH INITIATIVE

Real Solutions. Better Health.

Preliminary Findings from 2012 Survey of Health Information Exchange

About eHealth Initiative

- Since 2001, only national, non-partisan group that represents all the stakeholders in health care.
- Mission to promote use of information and technology in healthcare to improve quality, safety and efficiency.
- Focused on education, research and advocacy.
- Coalition of over 200 organizations is one of most influential groups in data issues, HIT and HIE.
- eHI is the only group tracking the progress of over 260 regional, state and local initiatives working on health information exchange for 9 years.



Special Thanks

- Alex Kontur, Analyst
- Jonathan Dimsdale, Director
- Hillary Townsend, Assistant Analyst



Survey Methodology

- Survey in field July through September 2012
- Contacted approximately 330 potential HIE initiatives to respond
- Survey tool was revised for 2012
- Note data is all self-reported from initiatives
- Preliminary results today, with raw data
- Full report in November will have more detail & analysis
- eHI will use some of your questions from today to guide further analysis



Respondents

- Preliminary findings from 166 confirmed initiatives
 - 127 completed survey
 - 29 started but did not finish
 - 10 declined to respond
- 108 initiatives self-reported their stage of development (based on eHI's scale)
- 65 reported in advanced stage (5-7)



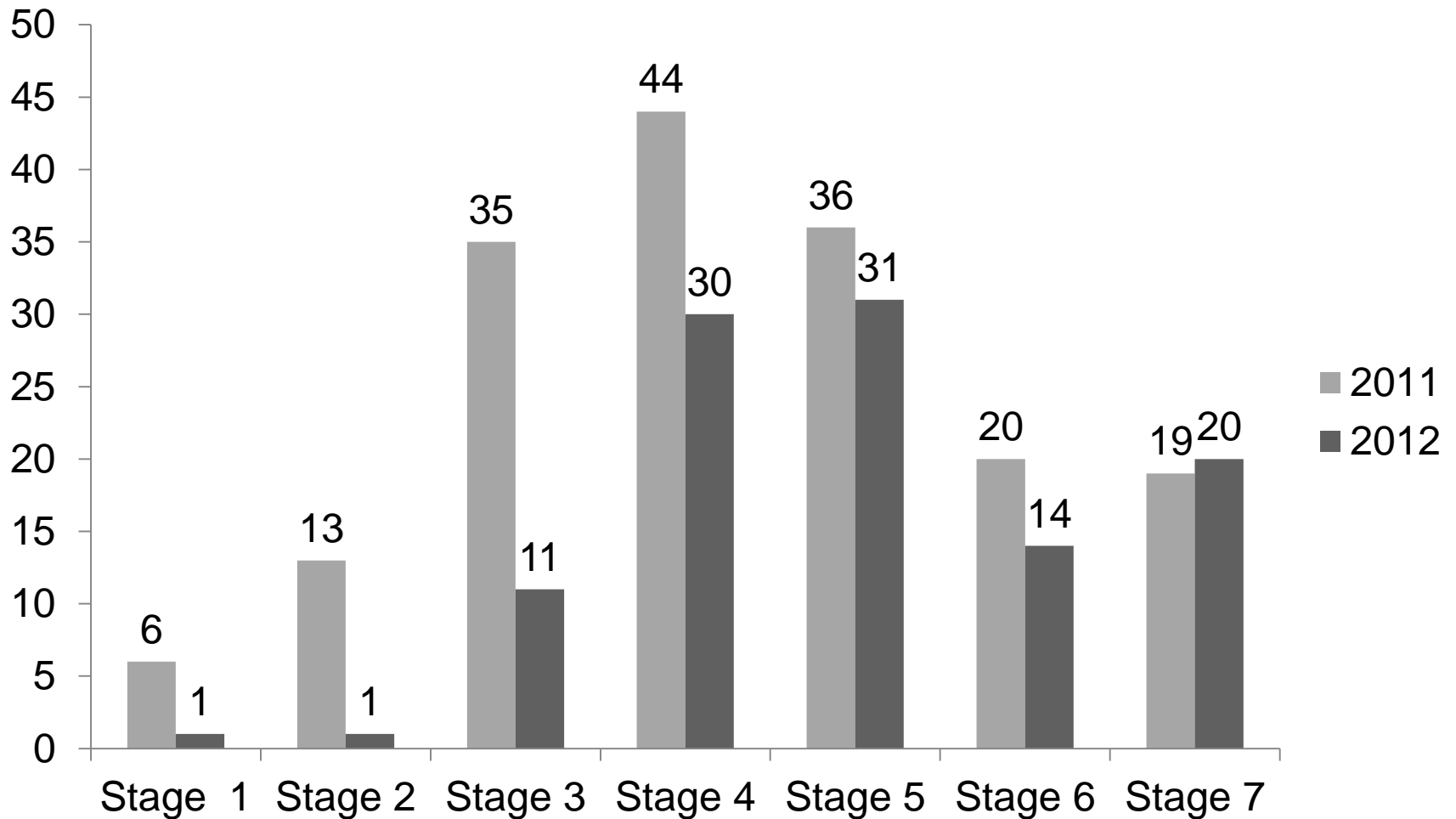


eHEALTH INITIATIVE

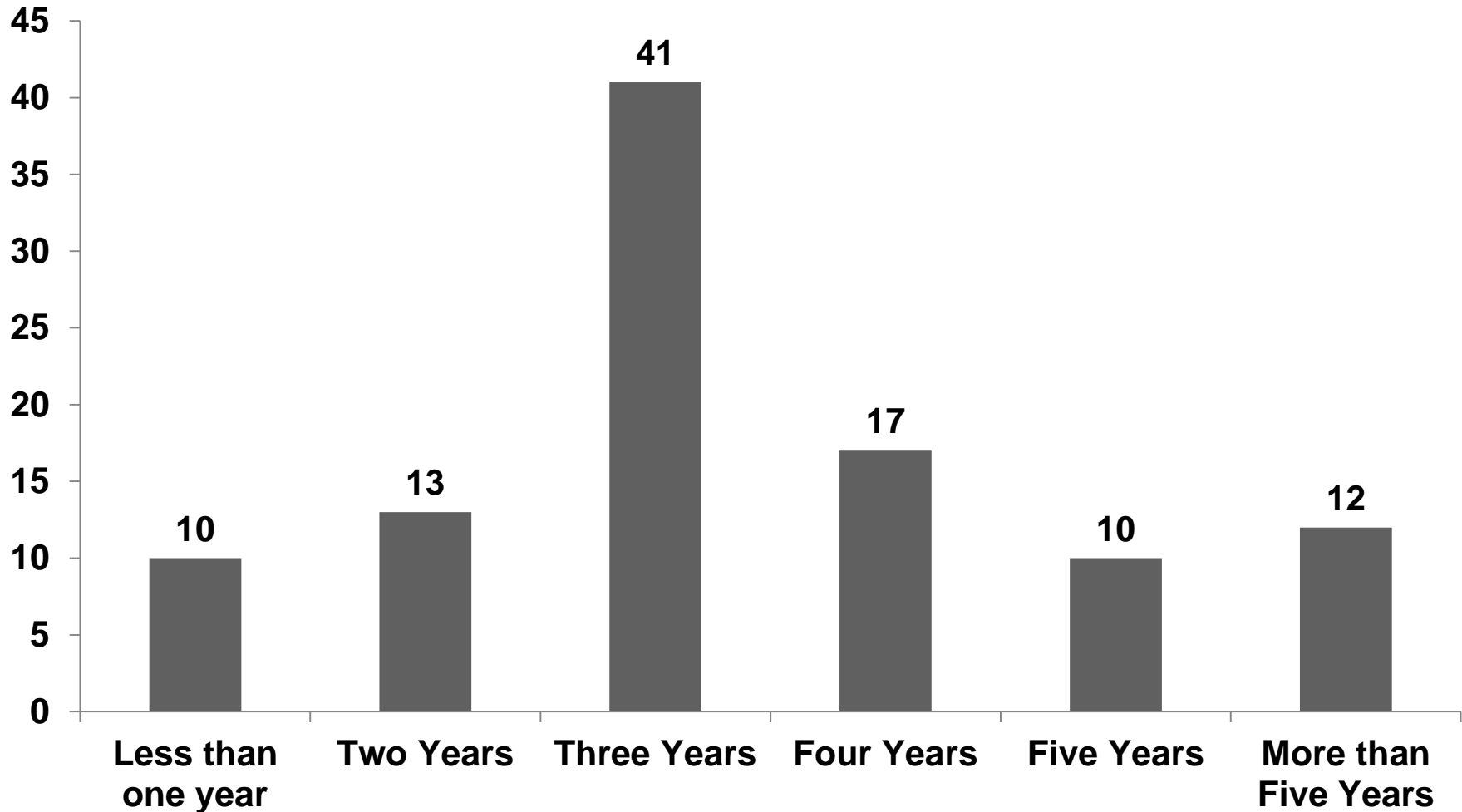
Real Solutions. Better Health.

State of the Field

Stage of Development



Length of Time to Become Operational



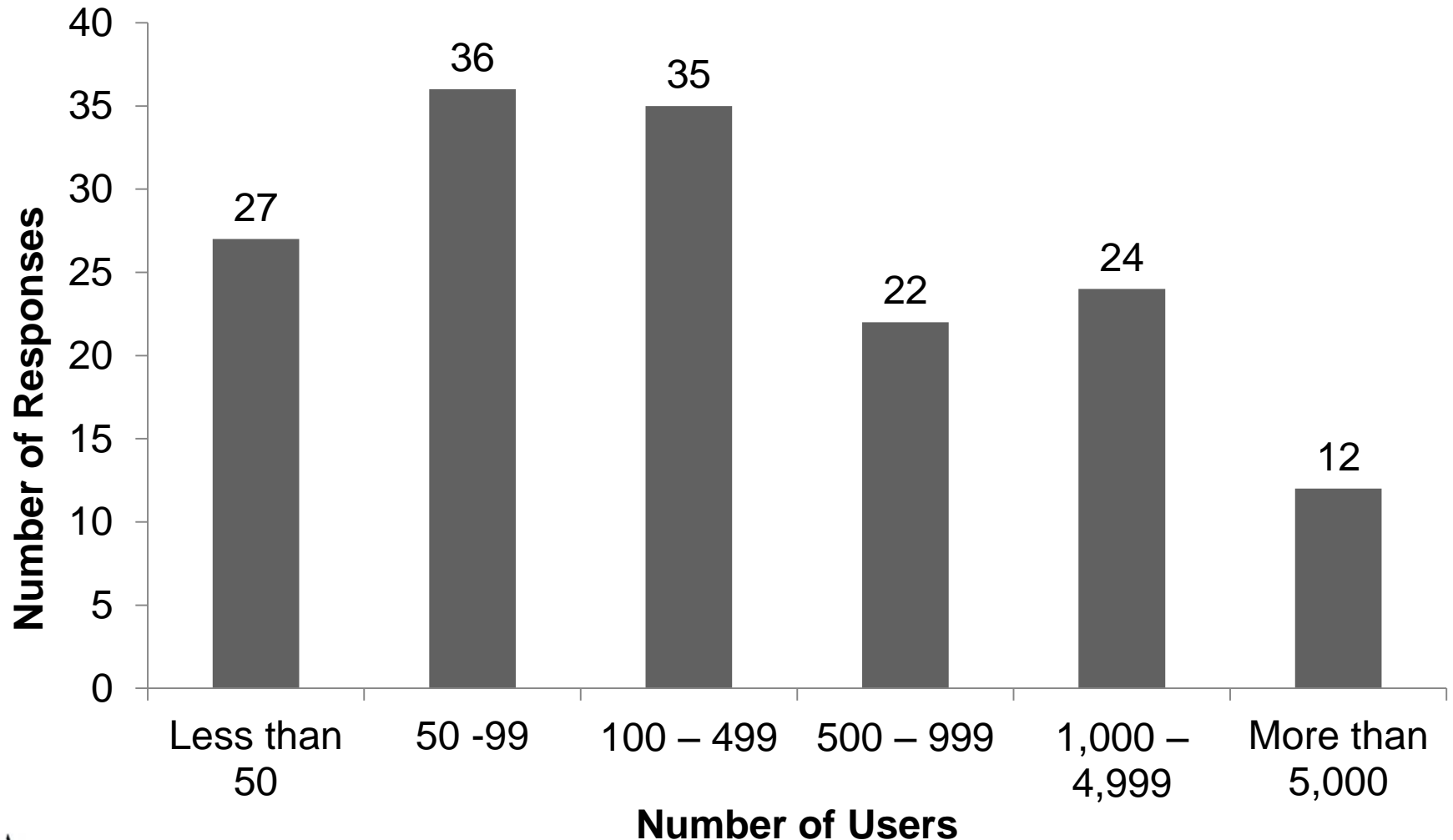
Method to Exchange Data

Initiatives use a combination of methods to exchange data:

- 73 use a Push Model (Push refers to one-directional electronic messaging, such as DIRECT)
- 82 use a Query Model (Query/retrieve refers to exchange in which a query is initiated from one participant and retrieves data from multiple other sources)
- 60 use an End-to-End Integration Model (Interfaces between systems enable seamless exchange to take place with no user-initiated effort required)



Number of Users Sending/Receiving Data in Past 12 Months



Types of Data Exchanged by Advanced Initiatives

- Results (56)
- Inpatient data (52)
- Outpatient/ambulatory data (51)
- Patient summary care record (53)
- Public health reports (21)





eHEALTH INITIATIVE
Real Solutions. Better Health.

Key Findings

Key Finding 1: Competition May Be Impacting Participation

- 36 reported competition from other HIEs as an important challenge
- 50 reported competition from health IT vendors offering exchange solutions as an important challenge
- 67 reported stakeholder concerns about their competitive position in the marketplace as an important challenge



Competition

- 36 HIEs reported that competition from other HIEs was a challenge
- 50 HIEs reported that competition from HIT system vendors offering exchange capabilities was a challenge



Private Vs. Public HIEs

- 79 HIEs reported that participation is not restricted as long as entities meet requirements (e.g. pay participation fees)
- 11 HIEs reported that participation is restricted (i.e. private or enterprise HIE)



Key Finding: Sustainability and Privacy Remain Top Challenges

- The most often cited challenges in this year's survey were:
 - stakeholder concerns about privacy (81)
 - developing a sustainable business model (76)
 - lack of funding (71)
 - stakeholder concerns about their competitive position in the marketplace (67)
 - addressing technical barriers (67)
 - addressing government policy and mandates (65)



Challenges

Top challenges in 2011:

- Developing a sustainable business model
- Defining value
- Addressing government policy and mandates
- Addressing technical aspects including architecture, applications and connectivity
- Addressing privacy and confidentiality issues

Top challenges in 2012:

- Stakeholder concerns about privacy and confidentiality issues (81)
- Developing a sustainable business model (76)
- Lack of Funding (71)
- Stakeholder concerns about their competitive position in the market (67)
- Addressing Technical Barriers (67)



Supporting Meaningful Use – Advanced Initiatives

	2011	% (n = 75)	2012	% (n = 65)
Generate and transmit permissible prescriptions electronically (ePrescribing)	32	43%	20	31%
Implement capability to electronically exchange key clinical information among providers and patient-authorized entities	N/A	N/A	62	95%
Incorporate clinical laboratory test results into EHRs as structured data	60	80%	40	62%
Provide summary of care record for patients referred or transitioned to another provider or setting	43	57%	52	80%
Submit electronic immunization data to immunization registries or immunization information systems	15	20%	26	40%
Submit electronic syndromic surveillance data to public health agencies	14	19%	17	11%
Submit of electronic data on reportable laboratory results to public health agencies	13	17%	17	11%

Key Finding: Incorporating Direct into their Services

- 81 HIEs offer Direct (46) or plan to offer direct (35). Only 25 HIEs in 2011 were already offering Direct
- The primary use case of Direct is for transitions of care



Key Finding: Substantial Number Supporting Health Reform Efforts

- 40% of respondents are supporting either ACOs or PCMHs
- More than 25% of respondents plan to support these initiatives in the future
- HIEs are providing technical infrastructure (33), analytics (25), and/or consulting on design and/or operational approach (25) to support payment reform efforts



Key Finding: Primary Revenue from Membership & Government Funding

- Advanced initiatives received funding primarily from membership/subscription fees or federal or state funding
- Many initiatives believe they “probably” or “definitely” will earn revenue from participants to cover 100% of operating expenses, but that it would take 10 to 30 months



Key Finding: Many Expect to Remain Financially Sustainable After Government Funding

- HIEs indicated that they believe their initiative will be operational (90) and financially sustainable (79) after the State HIE Cooperative Agreement program ends
 - Of the 79, 34 report their primary source of funding is federal dollars, while the remaining 45 primarily employ other revenue models
 - Of HIEs receiving federal funds as their primary source of revenue, 30 reported that they expect to earn sufficient revenue from participating entities to cover 100% of their operating expenses, and 26 expect to be financially sustainable



Most Significant Source of Financial Support - Breakdown

- Federal funding (34)
- Membership or subscription fees (20)
- State funding (15)
- Grants or contracts from non-government sources (7)
- Assessments fees (6)
- Fees from HIE services (5)



Sustainability Predictions

Most (90) predict that they are ‘very likely’ (66) or ‘likely’ (24) to be operational in three years after State HIE Cooperative Agreement Program funding expires

- 5 responded ‘somewhat likely’, 1 responded ‘unlikely’



Sustainability Predictions

Most (90) predict that they are ‘very likely’ (66) or ‘likely’ (24) to be operational in three years after State HIE Cooperative Agreement Program funding expires

- 5 responded ‘somewhat likely’, 1 responded ‘unlikely’

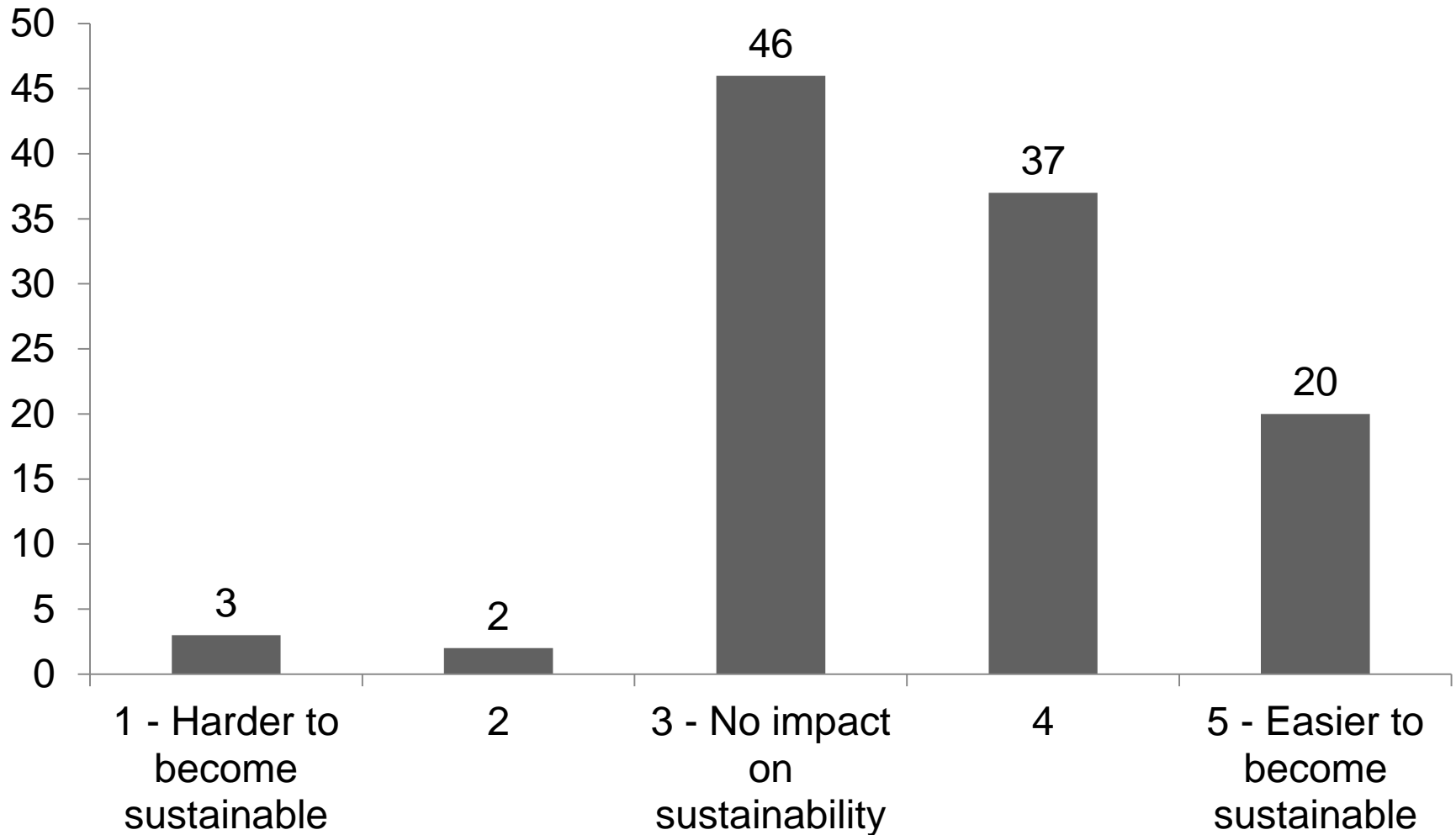


Key Finding: HITECH Catalyst for Exchange Activity; Assisted with Sustainability Challenges

- 57 HIEs reported that HITECH legislation made it easier for the organization to achieve sustainability
- Only 5 thought HITECH legislation made it more difficult



Impact of HITECH





eHEALTH INITIATIVE

Real Solutions. Better Health.

Final Thoughts & Preliminary Recommendations

Competition Concerns from Stakeholders Need to be Addressed

- Highlights importance of privacy and security challenges
- It will be important for groups to create secure technical infrastructure and policies that can help allay fears from stakeholders



Trouble Ahead for Small Set of Initiatives

- A small set of initiatives dependent upon HITECH funding do not currently have sustainable revenue streams
- It is incumbent upon these groups to develop new revenue streams



Revenue Diversification is Key to Sustainability

- Most successful exchanges use a combination of models to achieve financial sustainability
- There needs to be more development in other areas of revenue generation, such as transaction fees, assessment fees and membership





Richard Swafford, PhD
Executive Director
Inland Empire HIE



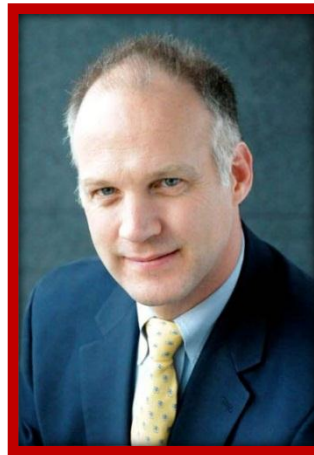
Carol Parker, MPH
Executive Director
Great Lakes HIE



Laura Kolkman, RN, MS,
FHIMSS
President
Mosaica Partners



Trudi Matthews
Director of Policy and
Public Relations
HealthBridge



John Haughton
Chief Medical Information
Officer
Covisint

Transforming Care Through Connectivity and Collaboration

eHealth Initiative
HIE Survey Webinar

September 27, 2012



HealthBridge Network Size & Adoption

Total Network = 50+ hospitals, 7500 Drs, 800 practices, 3+M patients

Greater Cincinnati Network

- 26 hospitals in Kentucky, Ohio and Indiana
- 5500+ physicians
- 2+ Million patients
- Local health departments, commercial labs, diagnostic centers etc.

Collaborative HIE Network – HB provides HIE infrastructure for 5 other HIEs – Dayton HIN, CCHIE, HealthLINC, NEKY RHIO, Quality Health Network

Data Connections:

- Sends 3-6 million messages PER MONTH;
- Projected 60 million messages for 2012
- Connectivity with 40+ hospital information systems
- Interfaces to 30+ different ambulatory EHR systems

Summary of Services:

Complete range of technology HIT and HIE tools and services for meaningful use

New tools for accountable care, transitions in care, medical home and payment reform.

Three Major HIT & HIE Service Areas:

1. **Information & Meaningful Use** (*REC*)
2. **Connection** (*HIE*)
3. **Innovation & Improvement** (*Beacon*)
 - *Quality Improvement Tools & Services*
 - *Business Intelligence & Analytics*

Innovation Frontier

- **Support Payment Reform** – analytics for Comprehensive Primary Care Initiative, ACOs
- **Connect the whole continuum of care** - new members to improve continuity of care (LTC, home health, etc.)
- **Connect to Patients** – connect to PHRs, Mobile Technologies
- **Connect to other HIEs using Nationwide Health Information Network (NwHIN)** – Use NwHIN CONNECT and Direct protocols for exchange with other HIEs
- **Connect with federal and state agencies** – Social Security Admin. for electronic disability determination; State Health Depts; CMS Quality reporting

Use of Direct - ED Admission Alert

Mirth Mail Webmail :: Mail



Page ▾

Safety ▾

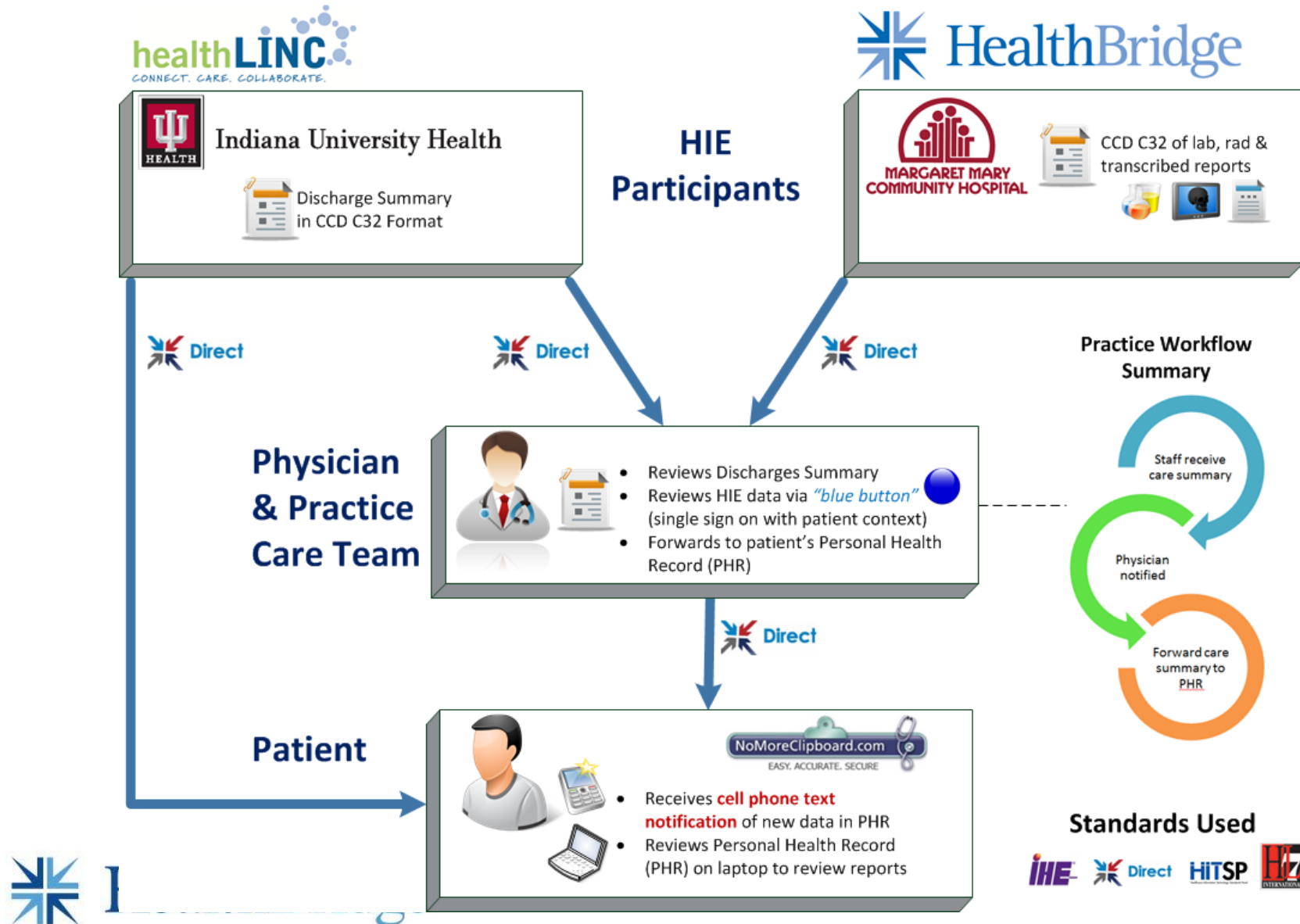
Tools ▾



ED Alert

Patient Name	PATIENT, TEST
Date of Birth	09/06/1900
Patient ID	30604
Date of Admission	05/23/2012 01:35
Facility	THA (Health Alliance)
Visit Type	E
Diagnosis Code	-
Diagnosis Description/ Chief Complaint	05/23/12 MAB CARDIO F/U ABLATION
Message ID	PLW21220413307620368
Home Phone	(513)722-5555

Use of Direct - Indiana Personal Health Record Connectivity Project



HealthBridge Clinical & Claims Business Intelligence Platform

CareQuotient
Portal

HealthLandscape
GIS

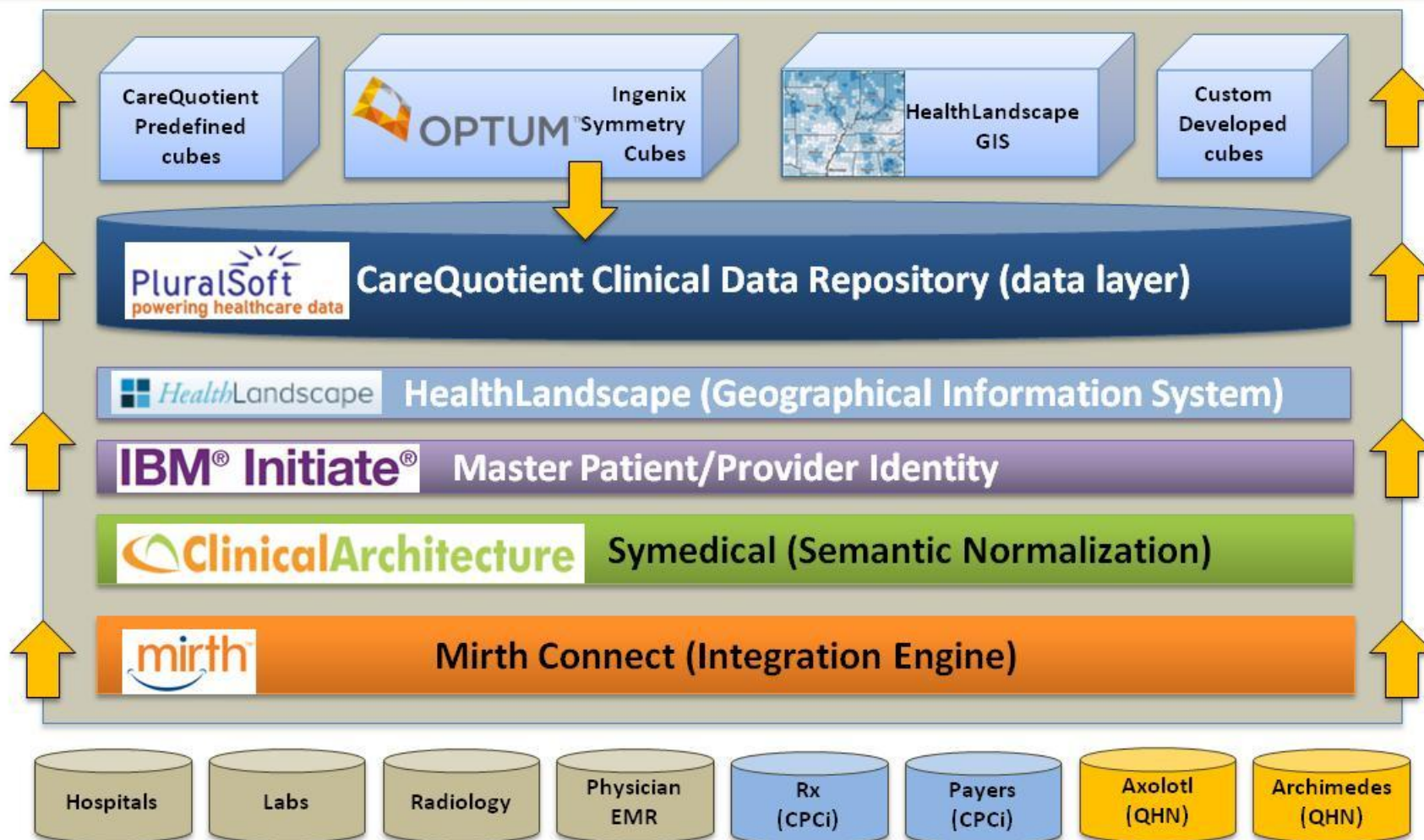
SQL Server
Reporting
Services

PerformancePoint
Dashboards

Microsoft Excel
(ad-hoc
reporting)

Other
Reporting/Analysis
tools
Crystal, SAS, etc.

SharePoint – report delivery, content management, collaboration, search



Data Providers



eHEALTH INITIATIVE
Real Solutions. Better Health.

Questions??

Thank You to Our Panelists

Richard Swafford

Trudi Matthews

Carol Parker

John Haughton

Laura Kolkman



Thank You to Our Sponsors

