

# Interoperability, RHIOs, the NHIN and HIMSS

*The Latest Scoop on the National  
Discussion*

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May 16, 2005



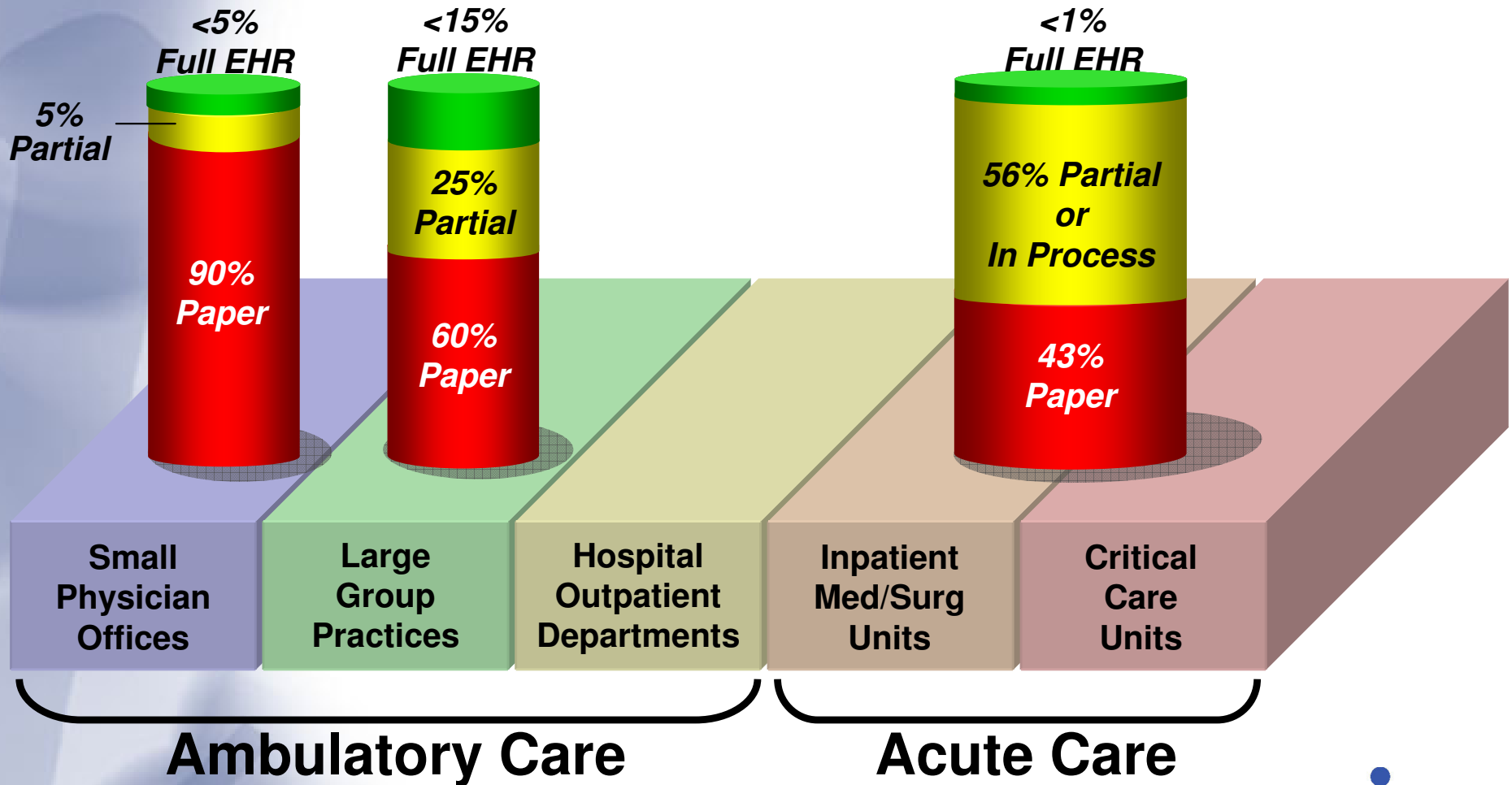
# Presentation Highlights

- Overview
- Executive Branch / Congressional Viewpoints
  - *What to Watch and When to Watch It*
- Getting Involved
- Conclusions

# What's Driving Legislative & Administrative Activity?

- **Quality**
- **Patient Safety**
- **Excess Costs**
- **Bio-preparedness**

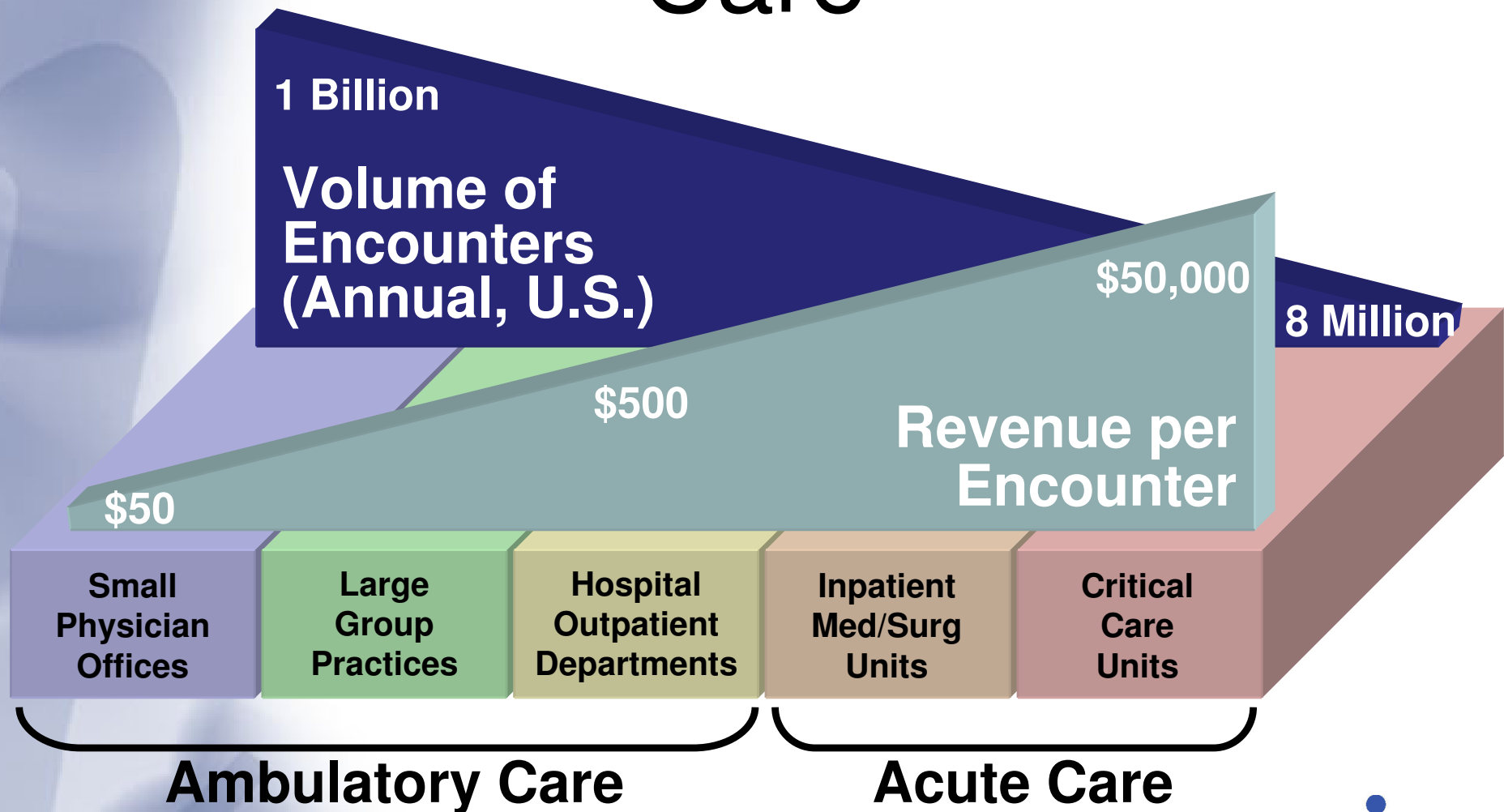
# State of EHR Adoption



Sources: HIMSS Annual CIO Survey, Dorenfest & Assoc; Forrester Research; AAFP Member Survey

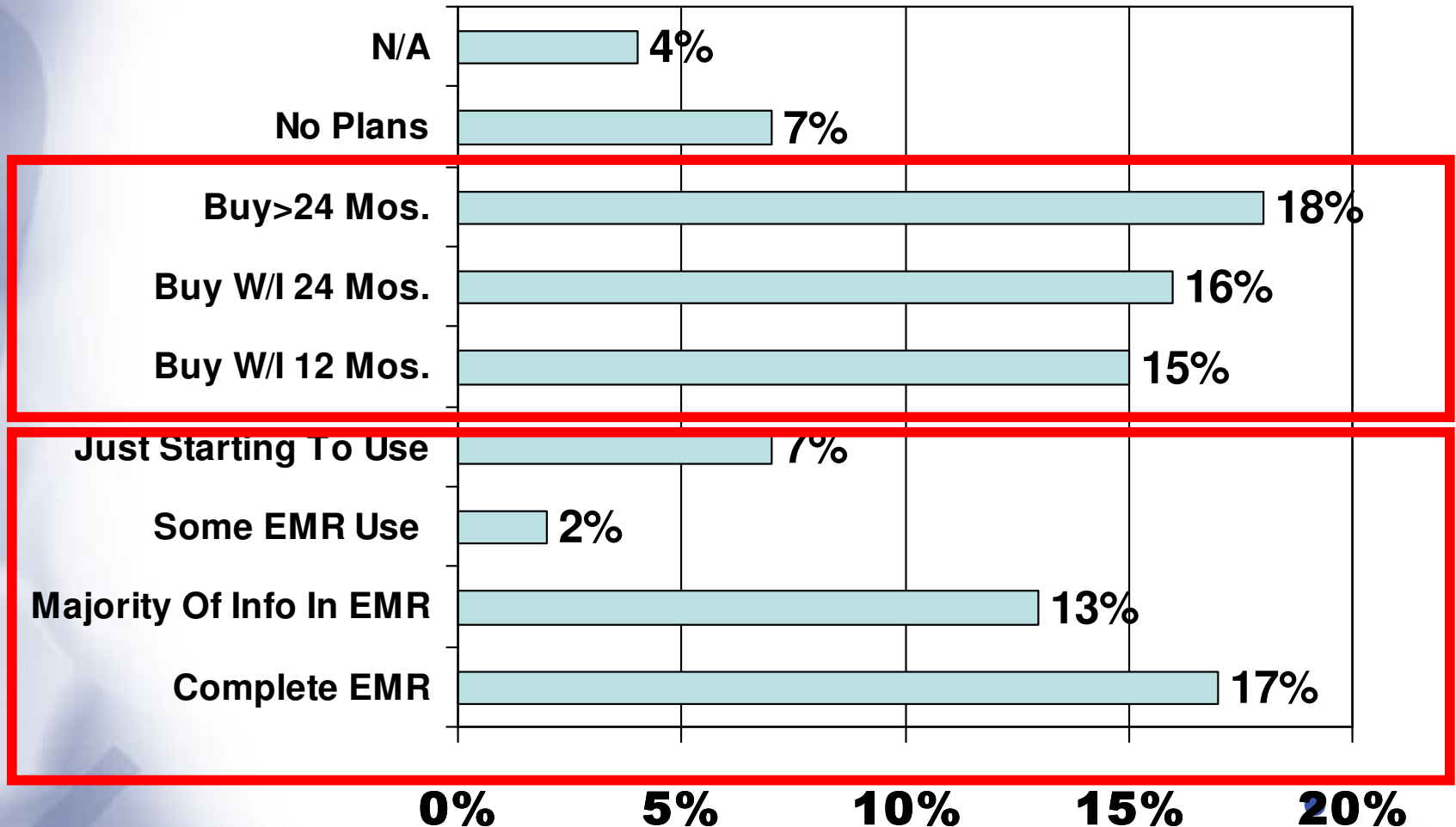


# Contrasts: Ambulatory Care vs Acute Care



Sources: Health Affairs W4-79, 2003; NAMCS Report, CDC, 2002

# Family Practice Physicians Rapidly Moving To EMRs



SOURCE: **AAFP** Survey 7/04



# The Dot.Gov Boom Arrives

HIT Headlines  
per Month



2003

2004

RFI for Healthcare Network Draws  
More than 500 Responses



*White House Releases H.I.T. Plan,  
Appoints "Czar"*

President Calls for  
Computerizing Medical Records  
in State of the Union Address



NATIONAL HEALTH INFORMATION INFRASTRUCTURE 2003

DEVELOPING A NATIONAL  
ACTION AGENDA FOR N

JUNE 30—JULY 2, 2003 • WASHINGTON

Bill Frist, M.D.

United States Senator, Tennessee  
United States Senate Majority Leader



Introduction of the Patient Safety and  
Quality Improvement Act

EHR

Collaborative

EHR Collaborative

Who We Are

Regional Meetings

Background



An Invitation to Offer Feedback on Draft  
Electronic Health Record Standards

What

The EHR Collaborative is sponsoring a series of open forum meet  
in August that we believe you and others from your organization

Why

These forums will provide an opportunity to provide input int

LEAPFROGG

for Patient Safety

Rewarding Higher Standards




Agency for Healthcare Research and Quality

Quality Research for Quality Healthcare



# Everybody Getting Involved

- **Bush Administration FY2006 Budget Request**
  - \$125M proposed for utilizing technology to improve healthcare
    - \$75M for ONCHIT
    - \$50M for year 3 of AHRQ grants
- **Congressional Actions**
  - Interest coming from several fronts
  - Senate Majority Leader
  - Senate Finance and HELP Committee Letter to White House
  - Not partisan issue, therefore interesting champions reaching across party lines
    - BiPartisan Letter to Senate Leadership
    - Rep. Kennedy (D-RI) and Rep. Murphy (R-PA)
    - Rep. Gonzalez (D-TX) and Rep. McHugh (R-NY)
    - Sen. Clinton (D-NY) and conservative Republican?
    - Sen. Santorum (R-PA) and a moderate Democrat?
- **State Houses**
  - Nationwide 150+ bills specific to health information technology



# What to Watch and When to Watch

# Department of Health and Human Services



- Secretary Leavitt – Utah Rules -- Big Proponent of HIT
- Medicare Pay-for-Performance pilot underway
- Transforming Healthcare Quality Through Information Technology – grants
- Federal Health Architecture (FHA) and Consolidated Health Informatics Initiative (CHI) – federal health interoperability standards
- Medicare repackaging VA product into VistA – Office EHR – spurring competition
- Coordinated with Homeland Security on release of the National Response Plan in December 2004

# Office of the National Coordinator for Health IT (ONCHIT)

## Dr. Brailer's Priorities

- Address Standards
- Achieve Interoperability
- Initiate Certification
- Close Adoption Gap
- Engage Incentives
- Coordinate Federal Initiatives
- Encourage Private Sector Leadership



# Framework for Strategic Action (July 2004 Report)

## ONCHIT Action Items

- **National Health Information Network:**
  - Request for Information (500+ responses)
  - Synopsis by June 2005
  - Request for Proposals Next?
- **Defining a Regional Health Information Organization**
  - Priority for ONCHIT before too late
  - 100 “RHIOs” already in development
- **Federal Health Architecture**
  - Impact of CHI Initiative on Industry
- **HIT Certification Commission**
  - Comments on Proposed process due back May18, 2005
- **HIT Leadership Panel**
  - Report due in Summer 2005

# **Centers for Medicare and Medicaid Services (CMS)**

## **CMS Issues for 2005-2006**

- Medicaid Fight in Congress
- Physician Reimbursement
- Pay for Performance
- Pharmacy Benefit
- ePrescribing Rules

# Agency for Health Research and Quality (AHRQ)

- \$139 million in contracts and grants
- 5 State-based contracts to develop state-wide networks - \$25 million – CO, IN, RI, TN, UT
- 100 grants to help implement and demonstrate value of IT – Planning, Implementation and Demonstration - \$96 million
- Conference in DC: June 8-10th

# Key Leaders of Healthcare Funding in the U.S. Congress



Senator  
Chuck  
Grassley  
Senate  
Finance

Rep.  
Nancy  
Johnson  
Ways and  
Means



**\$377.2 billion** for  
Medicare, Medicaid,  
and SCHIP



Senator Arlen  
Specter Senate  
Appropriations

**\$61.195 billion** for  
Department of Health  
and Human Services

Rep. Ralph Regula  
House Appropriations



# The States

- Currently Tracking 150 HIT Bills Across the Nation in State Legislatures
  - Wisconsin - \$10M for **HIT loans** and grants
  - Connecticut – SB 6557 – **Mandatory eRX** and EMRs
  - Indiana – SB 566 – Establish **Medical Informatics** Commission
  - Minnesota – HB 1162 – Establishes **HIT Advisory** Committee
  - New Mexico – HB 780 – **Electronic Health Data Study**

RHIOs, the NHIN,  
the  
HIMSS RHIO Task Force  
and  
the Federation

# HIMSS RHIO Taskforce

- Established in October 2002
- Focus on activities to help the healthcare industry create and adopt a national health information infrastructure
- Serves as HIMSS resource to a connection for HIMSS members to legislative and executive branch representatives for the NHII initiatives.

# Task Force Membership

- **C. Martin Harris, M.D., M.B.A., Chair**
- **Major John H. Daniels, CPHIMS, USAF**
- **Catherine Schulten, Sybase**
- **Jeff Blair, Medical Records Institute and NCVHS**
- **Mike Minear, CIO U of Maryland Medical System**
- **Lynn Barrow, RN, Catholic Healthcare Partners**
- **Margaret Parker, RN, MS, VA North Texas Health Care System**
- **Dan Soule, Cerner Corporation**
- **Holly Miller, Cleveland Clinic Foundation**
- **Charlene S. Underwood, Siemens**
- **Ray Gensinger Jr. MD, FHMISS, CPHIMS Board Liaison**
- **Peter Palmer, Guidant Corporation**
- **Steven Steindel, PhD, CDC**
- **Pamela Piar, Cleveland Clinic Foundation**
- **Mary Walker, Raytheon**
- **Kim D. Slocum, AstraZeneca Bus Unit of Zeneca Inc.**
- **Jay Srini, University of Pittsburgh Medical Center**
- **Kari L. Cassel, CIO U of Arkansas for Medical Sciences**
- **MariAnn Yeager, VA HIMSS Chapter**
- **Pete Williams, NCA HIMSS Chapter**

# Private Sector Attention

- Connecting Communities for Better Health
- Connecting for Health's "Roadmap for Electronic Connectivity"
- Pilot testing of pay-for-performance such as Bridges to Excellence
- Integrating the Healthcare Enterprise continues to expand

# RHIOs

- Regional collaborations of healthcare stakeholders designed to improve the quality, safety, and effectiveness of patient care
- For our purposes, RHIOs defined as electronic transmission of patient and administrative information

# ONCHIT

- **Creating Structured Definition of RHIO**
  - Balancing encouraging States against possibility of creating stovepipes
  - RHIO has to be Harmonizing Entity
- **Addressing Federal Requirements**
  - Federal Health Architecture
  - Consolidated Health Informatics Initiative
- **HIT Leadership Panel**
  - Secretary Leavitt chaired eCommerce Streamlining Group at National Governors Association
  - He gets the need for interoperability and learning from non-Health Industry leaders (Fortune 100 Companies w/o Healthcare vertical)
  - Draft Report expected Spring/ Summer 2005

# 3/30 ONCHIT Comments

- The definition of RHIOs is "murky to date"
- ONCHIT currently defining RHIO characteristics – hope to publish this year
- There may be a need to "accredit" RHIOs so that there not competing RHIO structures
- "Needs to be some official recognition of RHIOs"
- Primary purpose of RHIOs is to "harmonize differences in state laws"
- While no dominant design for RHIO has yet emerged, "mature proto-types" would be:
  - Regenstrief
  - Massachusetts
  - North Carolina
  - AHRQ's five-state initiative

# 4/20 Dr. Brailer Comments

“The main objective of RHIOs will be to build public trust in health care IT, as well as protect privacy, integrate security techniques and align financial incentives.”

# Scope of RHIO development

- 13 states has introduced or passed legislation or have Governor support through an Executive Order, etc
- 40 states have 1+ community-based health information exchange or have HRSA/eHI grant for proto-type RHIO
- 28 states have formal efforts underway

# RHIO Highlights

- California
- Colorado
- Delaware
- Florida
- Georgia
- Hawaii
- Indiana
- Kentucky
- Maine
- Maryland/DC & DC
- Massachusetts
- Michigan
- Minnesota
- Nebraska
- New Hampshire
- New Mexico
- New York
- Ohio
- Oregon
- Pennsylvania
- Rhode Island
- Tennessee
- Vermont
- Washington
- West Virginia
- Wisconsin
- Wyoming

# Creating a HIMSS RHIO Federation



# Recommendation & Timeline

1. Create a HIMSS RHIO Federation
2. Commit to support staffing and funding in the FY06 budget to create & maintain the Federation
  - June 9, 2005 – RHIO Business Plan complete; Strategies incorporated into FY06 budget & presented to Board
  - July 1, 2005 – Execution

# Attributes of RHIO Federation

- Open to all individuals developing, operating, & using RHIOs
- Open to all entities under development & in creation
- Tightly aligned with HIMSS chapters
- Focus on education, publications, tools, research, & web-based resources; explore certification & accreditation

# Top-Down/Bottoms-Up

- Clear fit with HIMSS strategic plan
- Recommendation developed by HIMSS volunteers
- Unanimous support from HIMSS Board of Directors and Executive Management
- HIMSS recognized as practical guide for HIT issues & voice for HIT community.

**HIMSS – Uniquely  
Positioned to Make  
RHIO Interoperability a  
Reality**



# RHIO Development *Challenges*

- RHIOs require local cooperation
- Without RHIOs, local competition restricts interoperability
- Lack of Local Visionaries and Evangelists

# RHIO Development *Leadership*

- Encourage Local Chapters to Develop RHIOs
- Train and Certify
  - RHIO Coordinators
  - Interoperability Technicians
  - Security Professionals
- Provide Support for Development Efforts
  - Develop “How To” Documents
  - Provide Involvement of National Experts

# Certification Commission for Healthcare Information Technology

- Mission: To accelerate the adoption of robust, interoperable HIT throughout the US healthcare system, by creating an efficient, credible, sustainable mechanism for the certification of HIT products
- Deliverables and timeline:
  - Product certification capability (begin pilot-test Sept 2005)
  - Publication of 2-year forward looking roadmap of certification requirements

# Timeline

2005

April

May

June

July

Aug

Sept

Oct

Nov

Dec

April 18 -- Publish Phase I interim work product for comment

Phase I Public Comment Period April 18 – May 18

“Town Calls” April 21-27

July 11 – Publish Phase II interim work product for comment

Phase II Public Comment Period July 11 – Aug 11

“Town Calls” July 11 - 25

Sept -- Publish 2005 beta reqm'ts

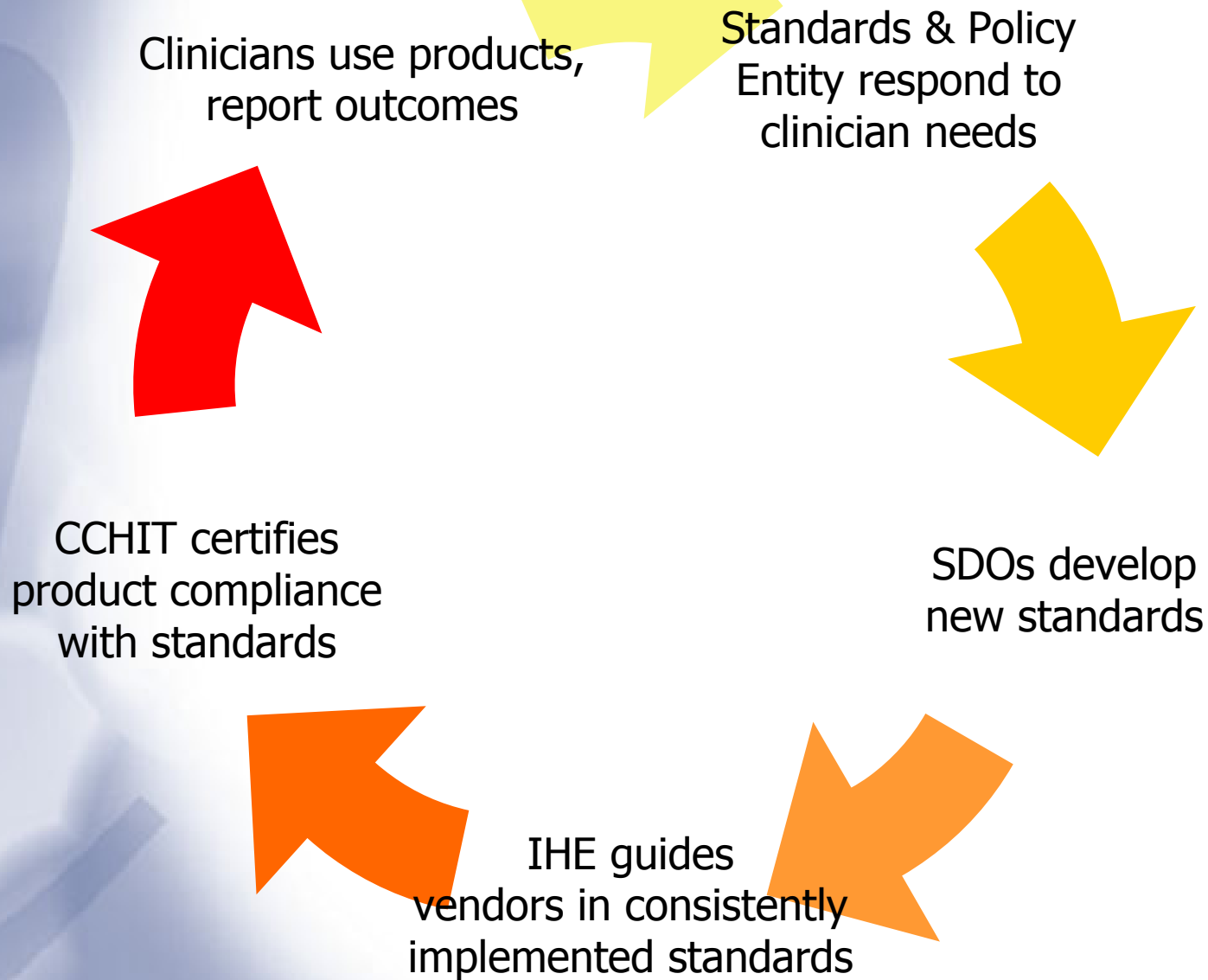
Beta test of certification process

Publish final requirements  
Begin certifying products

For more information: [www.cchit.org](http://www.cchit.org)

**HimSS**<sup>®</sup>

# 1 Opinion of Future Standards Cycle



Finally, a lesson from the 1930's  
NY World's Fair...

The city of tomorrow will be designed and  
flourish under the theme of...

***“UNITY  
Not  
UNIFORMITY”***

# Questions?

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# Questions

# Appendix...

- Some Example of emerging RHIOS and Efforts to drive Interoperability in Healthcare

# CaIRHIO

- Launched 4/20 with \$3.5M+
- Promotes local, regional & state projects facilitating secure sharing of patient data
- Health Technology Center managing CaIRHIO

# Interoperability Consortium

- Hoping to create a reference architecture for California RHIOs through CalRHIO
- Development work performed pro-bono
- CalRHIO would participate in design, approve final product, & recommend use of the reference architecture in the State
- IC would retain ownership of product & charge license fees

# Health-e-LA Coalition

- 11 million people in LA area, of which 2 million (at least) lack health coverage
- Focused on public/private safety-net providers and others serving low-income, vulnerable populations
- As of 3/05, have 21 collaborators – from Kaiser, to LA's Public Health Dept, to UCLA, to AARP – and \$300,000

# Santa Barbara

- \$10M in grants from the California Healthcare Foundation, and \$400k in HRSA grants
- Under development since 1999
- Clinicians lab workers, and pharmacists to be able to exchange health information in real time through secure networks without a central repository

# Connecting Communities

- Developing inventory and taxonomy of RHIO initiatives (what are they doing, development status) to create an assessment tool
- Create & publicize pool of “electronic health information exchange-ready” communities to garner interest from public and private investors

# Massachusetts Health Data Consortium

- Regional electronic claims and eligibility requirements infrastructure live for 2 years
- Piloting joint eRx & eRx history at point-of-care
- Consensus model: 1 entity = 1 vote
- All major insurance carriers involved
- Has 3 nationally-recognized HIT leaders
- Raised \$1.6M in funding

# Care Spark

- NE Tennessee & SW Virginia RHIO focused on public health
- Cancer, diabetes, obesity far higher than national trends
- Appalachia = low socio-economics
- Raised \$900k in 9 months
- Wide variety of stakeholders assembled

# Philadelphia Health Info Exchange

- Just awarded \$1.7M from Nat'l Cancer Institute (NIH) to Hx Technologies
- Includes Univ of Penn, Children's Hospital of Philadelphia, Presbyterian Med Ctr, and Penn Hospital
- Funds will be used to add more participants, research exchange's ability to improve cancer diagnosis/mgt, & introduce new features (such as interoperability standards)

# Minnesota's RHIO Plan

- May 3 “Change-Makers” meeting keynoted by Governor Pawlenty
- More than 400 regional CEOs, policymakers, venture capitalists, consultants & medical professionals
- Encompasses clinical, population, personal, and research dimensions
- Next Steps Summit on June 5