

### **Amy Andres**

State HIT Coordinator for Ohio Chairperson of the OHIP Board

### OHIP's Initial Board









Ohio.gov



- In September 2009,
  Governor Strickland
  designated the Ohio Health
  Information Partnership
  (OHIP), a unique public private collaboration, as the
  entity to lead the
  implementation and support
  of health information
  technology throughout Ohio.
- The REC goal is 6000 PPCPs meaningfully using electronic health records by February 8, 2012

### OHIP's Role in Ohio

- Regional Extension Center for 77 of 88 counties
  - Coordinate enterprise, statewide REC activities
  - Seven Regional Partners to deliver services
  - Coordinate with REC in Cincinnati area (other 11 counties)
  - 6000 PPCP's in 77 counties
- Statewide Health Information Exchange for Ohio
  - State designated entity for HIE
  - Awarded \$14.9 million, put up \$2.1 million match
  - Broad and deep stakeholder involvement on committees

### Regional Extension Centers



- Case Western Reserve University
- Northeast Ohio Health Force
- Akron Regional Hospital Association
- •Central Ohio Health Information Exchange
- Ohio University
- Greater Dayton Area Hospital Association
- Hospital Council of Northwest Ohio

HealthBridge (green region) is their own REC, but we coordinate with them.

### OHIP - Regional Extension Center Services

OHIP Services – Delivered through Regional Partners

Online assessment tools

Preferred EHR solutions

Loan program

Ohio Vendor Program

Basic Service Package – Free to PPCP's

Practice Readiness\*

EHR Selection (preferred EHR's)

High level oversight of EHR install

Meaningful use education and guidance

Enhanced Services – For a charge

Project management

Workflow coaching and training

Meaningful Use coaching

<sup>\* (</sup>includes readiness assessment and recommendations, workflow recommendations, assist in securing additional training)

## **REC Financial Sustainability**

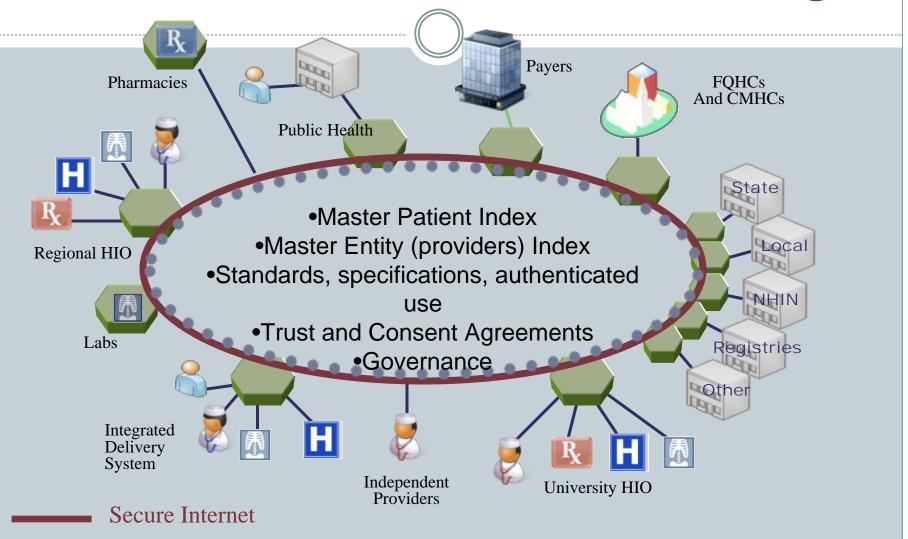
#### OHIP REC as a central, coordinating organization

- Leverage HIE operation
- Small administrative fees
- Education services

#### Regional Partners (performing most REC functions)

- Leverage Existing Operations
- Enhanced Services to PPCPs
- Meaningful Use Consulting
- Non-PPCP Basic and Enhanced Services

## State Health Information Exchange



## **HIE Financial Sustainability**

"Switzerland-esque" services that a neutral party should manage...

- Master Patient Index (MPI)
- Master Entity Index
- Trust Agreements
- Authentication

Additional services that would reduce overall health system costs...

- Eligibility Verification
- Coordination of Benefits
- Real Time Claims Adjudication
- Public Health, State and Federal Reporting

What services should we provide for free?

- Exchanging Health Records
- Patient access to their Health Records

# Why did we do it this way?

- Organizing the public-private partnership as a non-profit corporation
  - Founding members and expanded Board bring all stakeholders to the table, giving them a voice and vote
  - Committee structure and membership provides meaningful participation deep into stakeholder community
- Combining the HIE and REC efforts
  - Shared goals and success... one initiative, not two separate ones
  - Less overhead, more efficient
- Complementing, rather than competing or eliminating
  - Leverage existing REC and HIE activities
  - Supporting local, community approaches with Statewide resources and coordination