HIPAA: Just the Beginning
NC's Reach for Statewide Connectivity

Presented to:

14th National HIPAA Summit

March 30, 2007

"Improving Healthcare in North Carolina by Accelerating the Adoption of Information Technology"

NCHICA
North Carolina Healthcare Information
and Communications Alliance, Inc.

Presentation Elements

- **Transformation Drivers**

- **NCHICA Background**

- **NHIN Contract**

- **HISPC Contract**

- **What is next?**

- **Q & A**

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Transformation Drivers

The Business Case

- Cost of healthcare is a major concern

- "Quality costs less"

- Quality can be improved with better information management (IM)

- IM needs to operate within environment of standard policies, procedures, laws, regulations and technology – The Challenge

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Transformation Drivers

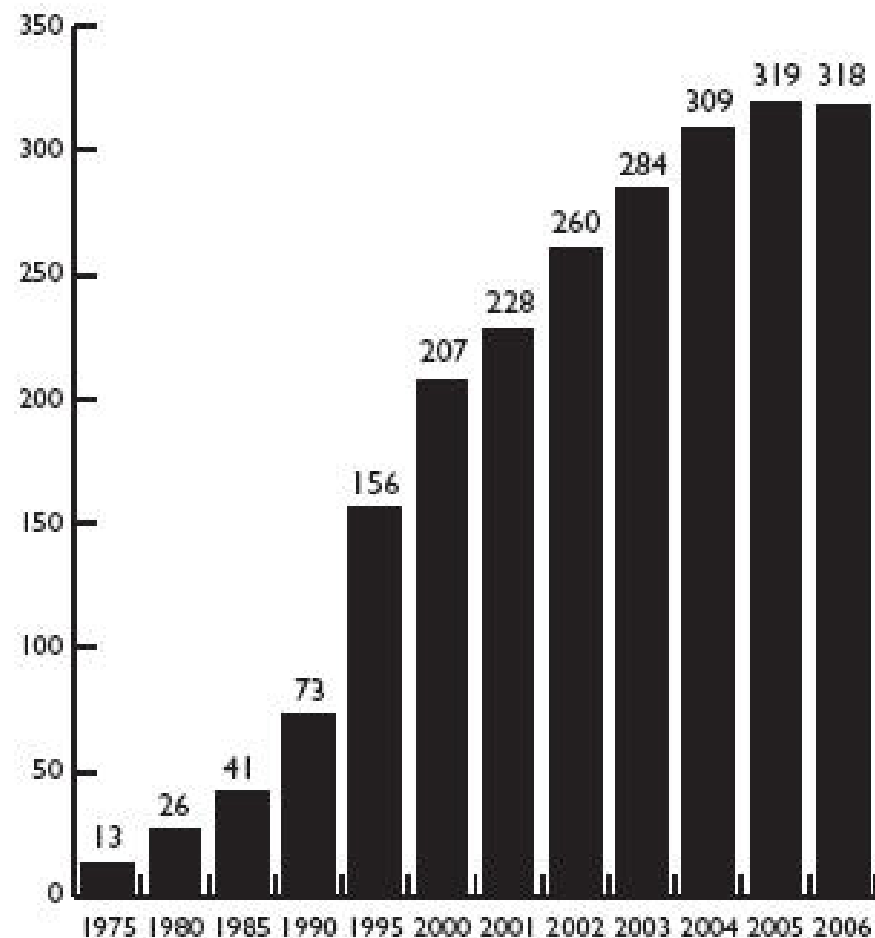## Increasing Degrees of Difficulty

- **IM within an Enterprise** [policies /procedures]

- **IM within a Community**

  [standards, interoperability, laws / regulations – liability]

- **IM within a State > Region > Nationwide**

  [variations in laws / regulations, limitations in workable policies and technology solutions for authentication]

HHS Initiatives are Moving the Ball

- **HIPAA Standard Transactions, NHIN, HISPC, CCHIT, HITSP, Value-driven Health Care**
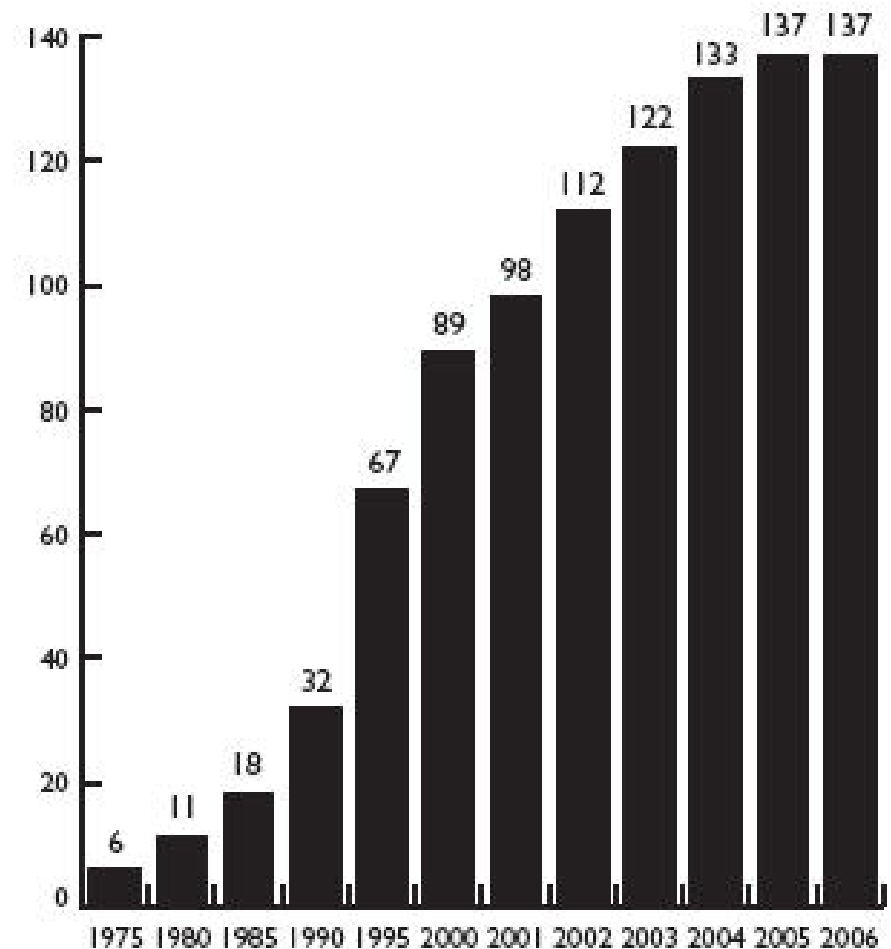
Medicaid Trends

Figure 14

ACTUAL AND PROJECTED TOTAL MEDICAID SPENDING, 1975 TO 2006 (IN BILLIONS)

Figure 15

ACTUAL AND PROJECTED STATE MEDICAID SPENDING, 1975 TO 2006 (IN BILLIONS)

North Carolina Budget

Expenses—Governmental Activities
Fiscal Year Ended June 30, 2005
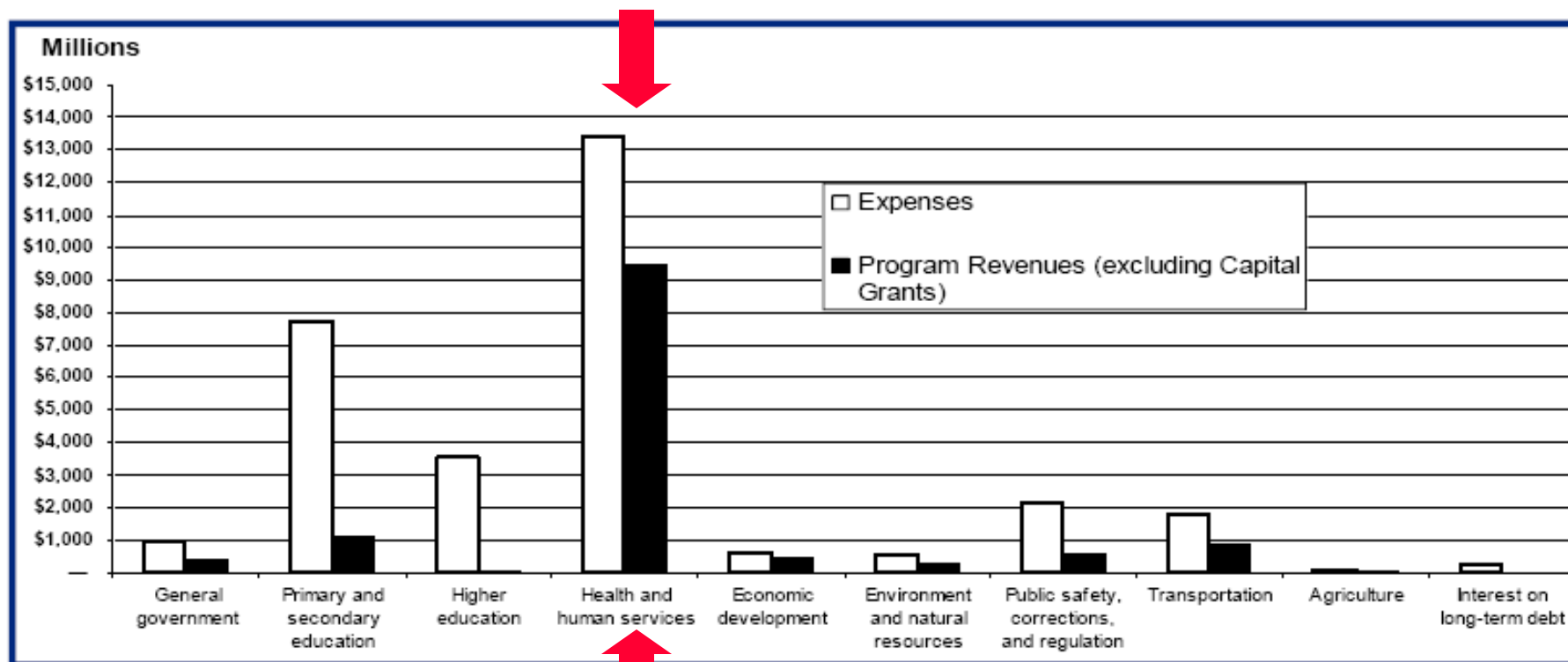
HHS Initiatives

U.S. Department of Health & Human Services

Value-Driven Health Care

Transparency: Better Care Lower Cost

Value-Driven Health Care Home

Value-Driven Health Care Home

Consumers deserve to know the quality and cost of their health care. Health care transparency provides consumers with the information necessary, and the incentive, to choose health care providers based on value.

Providing reliable cost and quality information empowers consumer choice. Consumer choice creates incentives at all levels, and motivates the entire system to provide better care for less money. Improvements will come as providers can see how their practice compares to others.

"Every American should have access to a full range of information about the quality and cost of their health care options."

        - HHS Secretary Mike Leavitt

Four Cornerstones

 Health IT Standards

 Quality Standards

 Price Standards

 Incentives

Communities

 Community Leaders

http://www.hhs.gov/transparency/

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- **Connecting the System:** Every medical provider has some system for health records. Increasingly, those systems are electronic. Standards need to be identified so all health information systems can quickly and securely communicate and exchange data.

- **Measure and Publish Quality:** Every case, every procedure, has an outcome. Some are better than others. To measure quality, we must work with doctors and hospitals to define benchmarks for what constitutes quality care.

Four Cornerstones

- **Measure and Publish Price:** Price information is useless unless cost is calculated for identical services. Agreement is needed on what procedures and services are covered in each "episode of care."

- **Create Positive Incentives:** All parties - providers, patients, insurance plans, and payers - should participate in arrangements that reward both those who offer and those who purchase high-quality, competitively-price health care.

Community Leaders

- **Multi-participant organization working to achieve the four cornerstones**

- **Eligibility for further formal processes**

  - Learning network of collaboratives to share best practices

  - "Chartered Value Exchanges"

www.hhs.gov/transparency

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- **It is anticipated that a call for interested "Community Leader" organizations to apply to become Chartered Value Exchanges will be posted twice a year.**
- **Facilitating the collection of provider-level measurements across the six Institute Of Medicine performance domains (safe, timely, effective, efficient, equitable, patient-centered care);**
  - Using (or promoting the use of) performance measures for:
  - Public reporting of costs and consumer assessments
  - Rewarding and fostering better performance
  - Improvement by providers
- **Use of interoperable health information technologies**
- **Fostering collaboration across multiple stakeholders and serving as a hub for sharing information and dialogue**

www.hhs.gov/transparency

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State-level Health Information Exchange

Development of State Level Health Information Exchange Initiatives

Final Report

FORE

Contract Number: HHSP23320064105EC
September 1, 2006

www.staterhio.org

Building Blocks for State-Level HIE Initiatives

Technical assistance to local HIE efforts

Bridge to NHIN and other states

Set statewide HIE policy & standards

Alignment with state govt

Solutions for all citizens of state

Funder

Remove barriers to HIE

Technology Operations

Convener, Educator, Facilitator
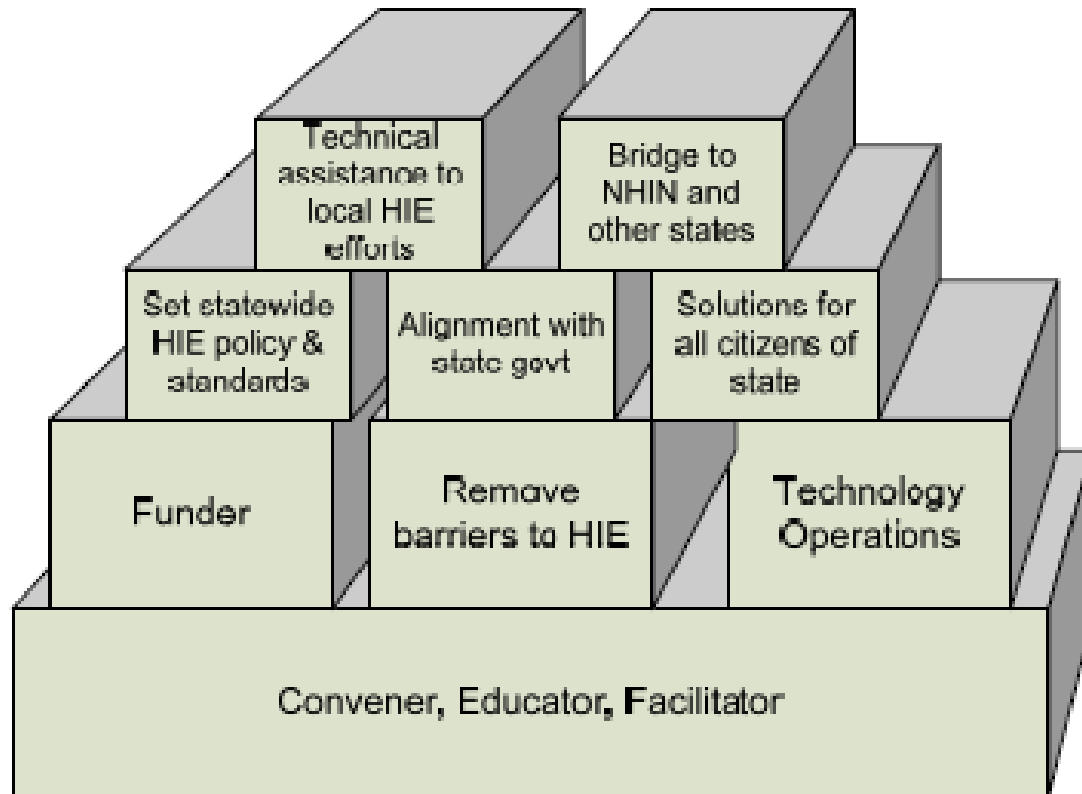
The state-level HIE initiative may choose some or all of these "blocks" or roles for its scope, or may identify others. In addition, more "blocks" may be added over time.

NCHICA – the Organization

- **Established in 1994 by Executive Order of the Governor**

  - Improve healthcare in NC by accelerating the adoption of

    information technology

  - Created as a self-funded organization

- **Organized as:**

  - Neutral convener / facilitator

  - Marketplace enabler via demonstration projects

  - Leader of clinical initiatives

  - Developer of effective policies and procedures by consensus

Membership Profile

Professional Associations

Providers

State & Federal Govt

Clinical Labs

Health Plans / Employers

Health IT / Consulting

Pharmaceutical / Research

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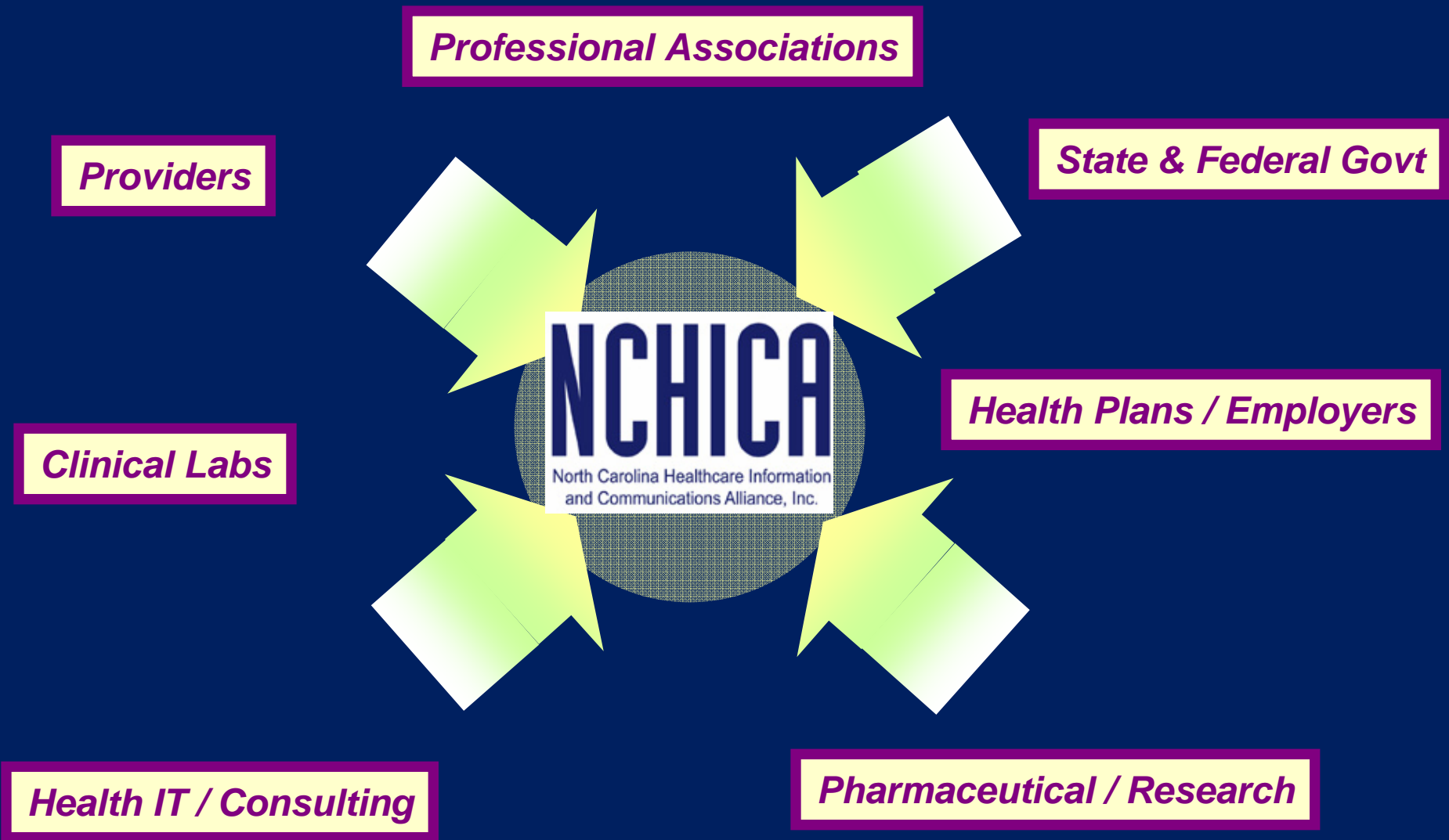
NCHICA's Board of Directors Represent:

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NCHICA Provider Members

Government, Boards & Professional Association Members
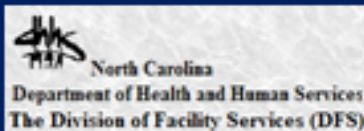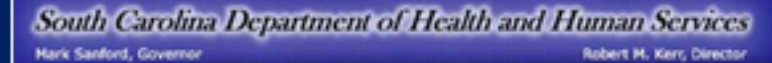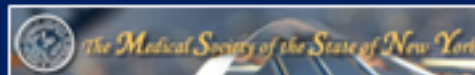
NCHICA's Health Plan Members

Corporate Vendor and Consultant Members

Major National Initiatives Include:

- **HIPAA Regulations** **– 1996-Present**

- **Nationwide Health Information Network Architecture (NHIN)** **- 2005-2007**

- **Health Information Security and Privacy Policies** **– 2006-2007**

- **NC response(s) to FCC Rural Healthcare Connectivity RFA** **– Due May 7th**

- **NC response to NHIN Phase 2 RFP** **- Future**

Major State Initiatives Include:

- **Statewide Patient Information Locator (MPI)** – 1994-1995

- **NC Model Privacy Legislation** – 1995-1999

- **NC Immunization Database** – 1998-2005

- **Emergency Dept. data for public health surveillance** – 1999-Present

- **Technology in Local Health Departments Study** – 2005-2007

- **NC Consumer Advisory Council on Health Information Technology** – 2006-Present

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A History of Success

- *Providers*
- *Health Plans*
- *Pharmaceutical*
- *Clinical Labs*
- *Government*
- *Prof. Associations*
- *Health IT/Consultants*

Number of Members Impacted

Many

Several

Some

MODEL Privacy Legislation

HIPAA

NC DETECT

PAiRS

NC Healthcare Quality Strategy

NC Healthcare Informatics

HISPC Contract

e-RX Initiative

NHIN Architecture

NC Consumer Advisory Council

REHIT

Disease Registry Conference

Statewide MPI

TV Medicine

Y2K Strategies

Technology / Local Health Dept Study NCHWFTFC

1994

2000

2006

22 **Year Initiated**

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NCHICA Foundation for Collaboration

Health
Clinical Care
Public Health
Research

Consumers
Employers
Payers
Care Providers

Policy
Laws / Regulations
Business Practices

Technology
Applications
Networks

Standards
Clinical   Policy   Technical   Business
Education

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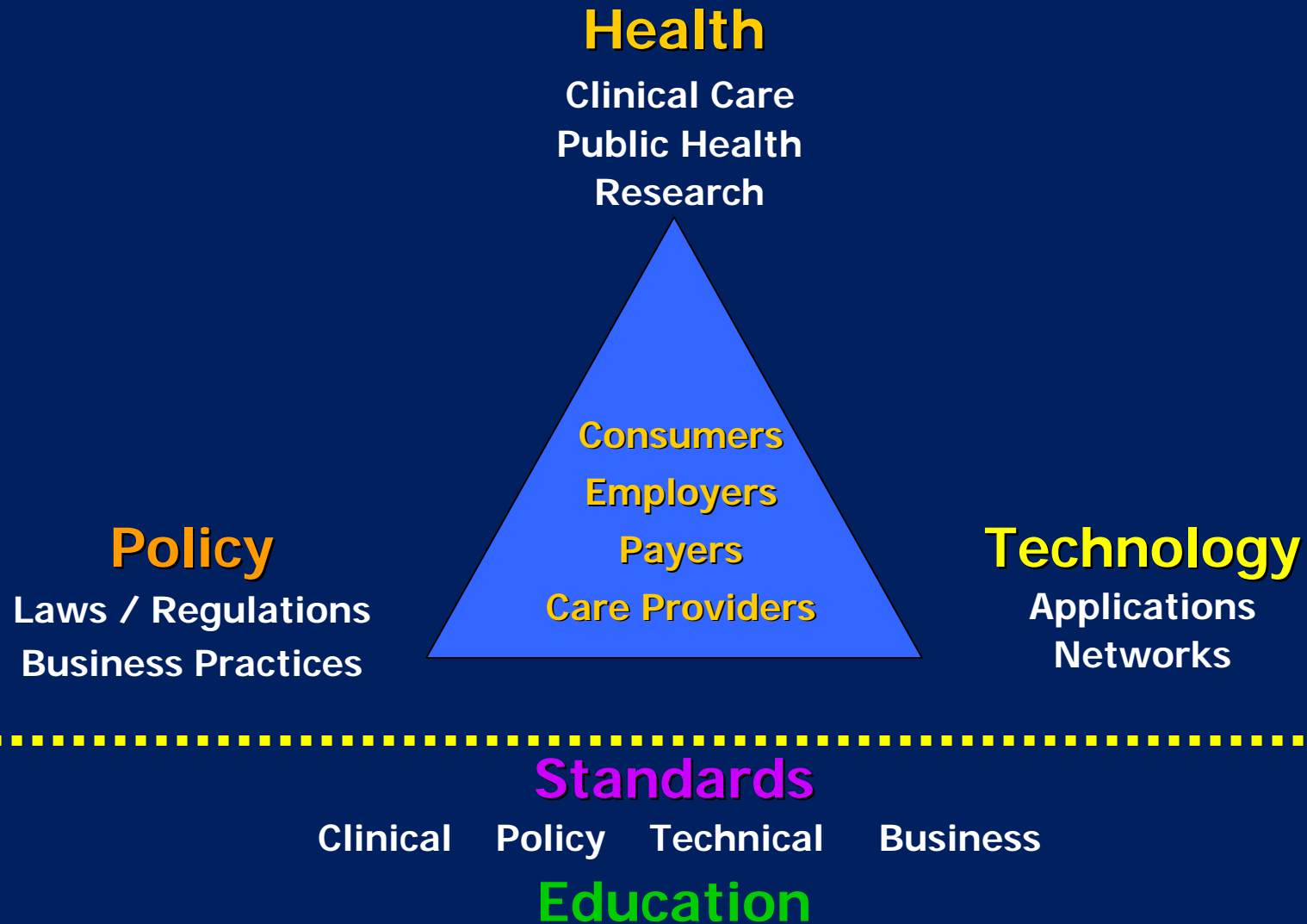
Building on the NCHICA Foundation

Health
Clinical Care
Public Health
Research

Consumers
Employers
Payers
Care Providers

Policy
Laws / Regulations
Business Practices

Technology
Applications
Networks

Standards
Clinical   Policy   Technical   Business
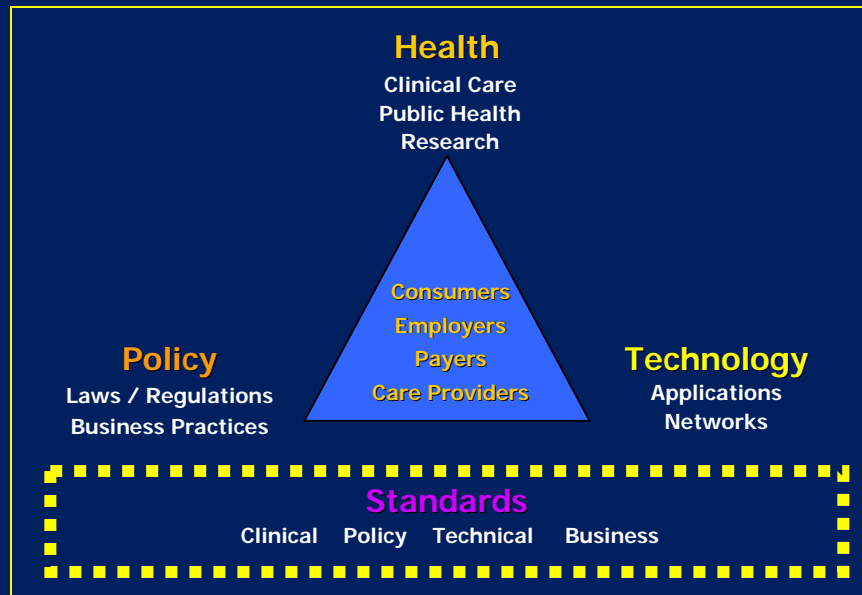
Activities in Collaboration with our Members:

- Education / Training
- Policy Development
- Proposal Development
- Demonstration Projects
- Facilitation

Desired Outcomes:

- Improved health of all North Carolinians
- A safer and more efficient and effective healthcare system
- Focused and integrated solutions across all systems
- North Carolina known for being *"First in Health"*

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www.nchica.org/Activities/toolkit.htm

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Improving healthcare by accelerating the adoption of information technology

| About NCHICA | Health IT | Membership | Compliance |

NCHICA Toolkit for State-Level HIE

NCHICA has received many requests for documents from communities, regions and states who wish to develop a nonprofit organization similar to that established in 1994 by Executive Order of the Governor of NC and this site has been created to assist in locating key corporate documents and work products that might provide a jump start to such efforts. We are pleased to respond to these requests and will assist to the extent that our time and resources make it possible. Membership in NCHICA by those effort is encouraged as is attendance at NCHICA meetings that may be found on our Web site home page.

NCHICA Corporate Documents

- Executive Order of the Governor
- Articles of Incorporation
- Bylaws
- Intellectual Property Policy
- 501(c)(3) IRS Letter
- Membership Application including Terms of Membership

Compliance and Model Documents

- Sample Documents for Privacy and Security Compliance (Reviewed) – Disclaimer Acknowledgement Required
- Sample Documents for Privacy and Security Compliance (Not Reviewed)
- Tools for Privacy and Security Gap Analysis
- Other Helpful Links for Regulations and Compliance

NHIN Phase 1

[Architecture Prototype]

Health Information Technology Deployment Coordination

"Health Care Industry" – American Health Information Community

Breakthroughs

- Biosurveillance
- Consumer Empowerment
- Chronic Care
- Electronic Health Records

Technology Industry

Infrastructure

- Standards Harmonization
- Compliance Certification
- Nationwide Health Information Network
- Privacy / Security
- Health IT Adoption

Industry Transformation

Consumer Value
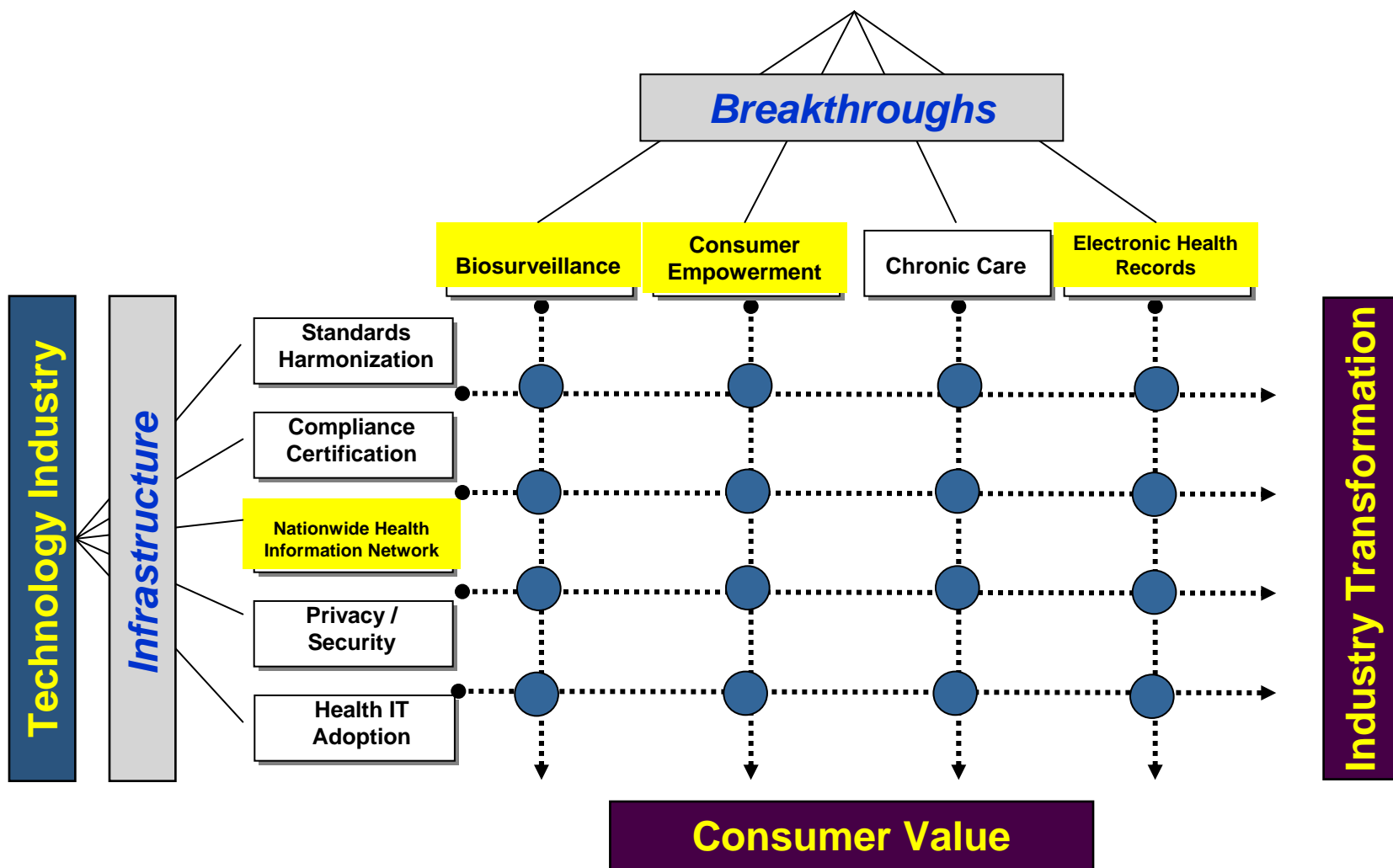
NHIN Phase 1 Overview

Vision: A nationwide, standards-based network that will allow connectivity of existing and future systems for providers and affiliated stakeholders

Goal: Develop and evaluate prototypes of an NHIN architecture that maximize use of existing resources to achieve interoperability among healthcare applications – particularly EHRs

NHIN Criteria: Architect a standards-based, scalable, reliable, secure, self-sustaining "network of networks"

NHIN Critical Success Factors:

- Industry adoption of clinical information technologies
- Development of a health information exchange market

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NHIN Phase 1 Contracts

- Awards to Four Consortia
  - **Accenture**
  - **CSC**
  - **IBM**
  - **Northrop Grumman**

- Approach - cooperative and collaborative
  - **Between Four Awarded Consortia**
  - **With Other HHS Partners & Contract Awardees**
    - Health Information Technology Standards Panel (established by ANSI)
    - Certification Commission for Health Information Technology (CCHIT)
    - Health Information Security and Privacy Collaboration (established by RTI and National Governor's Assoc)
    - American Health Information Community (AHIC)

NHIN Phase 1 Deliverables

- A standards-based network prototype

- Demonstrate in 3 healthcare <u>marketplaces</u>

- Demonstrate via 3 <u>use cases</u>

- Develop and deliver 3 <u>models</u>:

  - Deployment

  - Operations

  - Cost and Revenue

NHIN Architecture Prototype Project Overview IBM Healthcare Marketplace Partners

Kingston Hospital
St. Francis Hospital
Vassar Brothers
Medical Ctr

Pulmonary Clinic of Danville

Morehead Memorial

THINC Community Hub

DUAP - Durham Medical Center

Duke

Eden Internal

SureScripts Medication History

Rockingham, Guilford / Danville Community Hub

Research Triangle / Pinehurst Community Hub

Family Tree OB/GYN

LabCorp

Pinehurst Surgical

Pinehurst Medical

Moses Cone Outpatient Clinic

Moses Cone

Spectrum Labs

Southern Pines Women's Ctr.

FirstHealth

Moore Free Care Clinic

Providers and Vendors

Working Together to Deliver

Interoperable Health Information Systems

in the Enterprise

and Across Care Settings

http://www.ihe.net

IHE Changing the Way Healthcare CONNECTS

Regional Activities in North Carolina

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Opportunities of Statewide Interoperability: WNC Data Link

Western North Carolina Health Network – Hospital Members

Angel Medical Center
Cherokee Indian Hospital
Community CarePartners/Thoms
Harris Regional Hospital (WestCare)
Haywood Regional Medical Center
Highlands-Cashiers Hospital
Mission St. Joseph's
Murphy Medical Center

Pardee Hospital
Park Ridge Hospital
Rutherford Hospital
St. Luke's Hospital
Spruce Pine Community Hospital
Swain County Hospital (WestCare)
The McDowell Hospital
Transylvania Community Hospital

WNC Data Link

Western North Carolina Health Network – Hospital Members

- **Long range goal**
  - Longitudinal electronic medical record that can be accessed and updated real time by authorized health care providers in WNC.

- **Short term goal**
  - Transmit and access electronic patient information between WNC hospitals

- **Parameters**
  - No central data repository
  - Technology neutral

Recommendations for Success

Statewide interoperability is important, but:

- Interoperability with bordering states may be more important for a RHIO like WNC:

SERVING *29 counties* in EASTERN CAROLINA

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Opportunities of Statewide Interoperability

Serving 29 counties in EASTERN CAROLINA

- **Technology is the "enabler"**
  - Patient Safety
    - All necessary/relevant information available to clinicians at the point and time of need
    - Clinical decision support to help clinicians process vast amounts of data
    - Resolves legibility issues
  - Quality
    - Standardization of care/benchmarking
  - Efficiency
    - Saves time
    - Eliminates redundant procedures (costs)

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WFUBMC Referral Area Hospitals
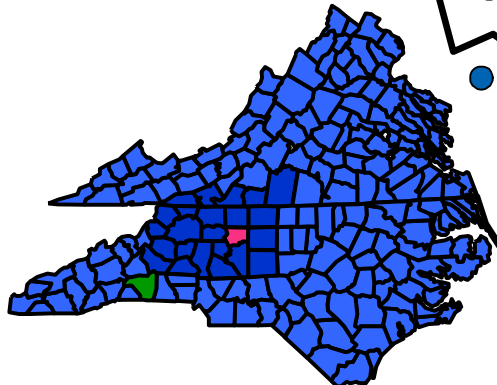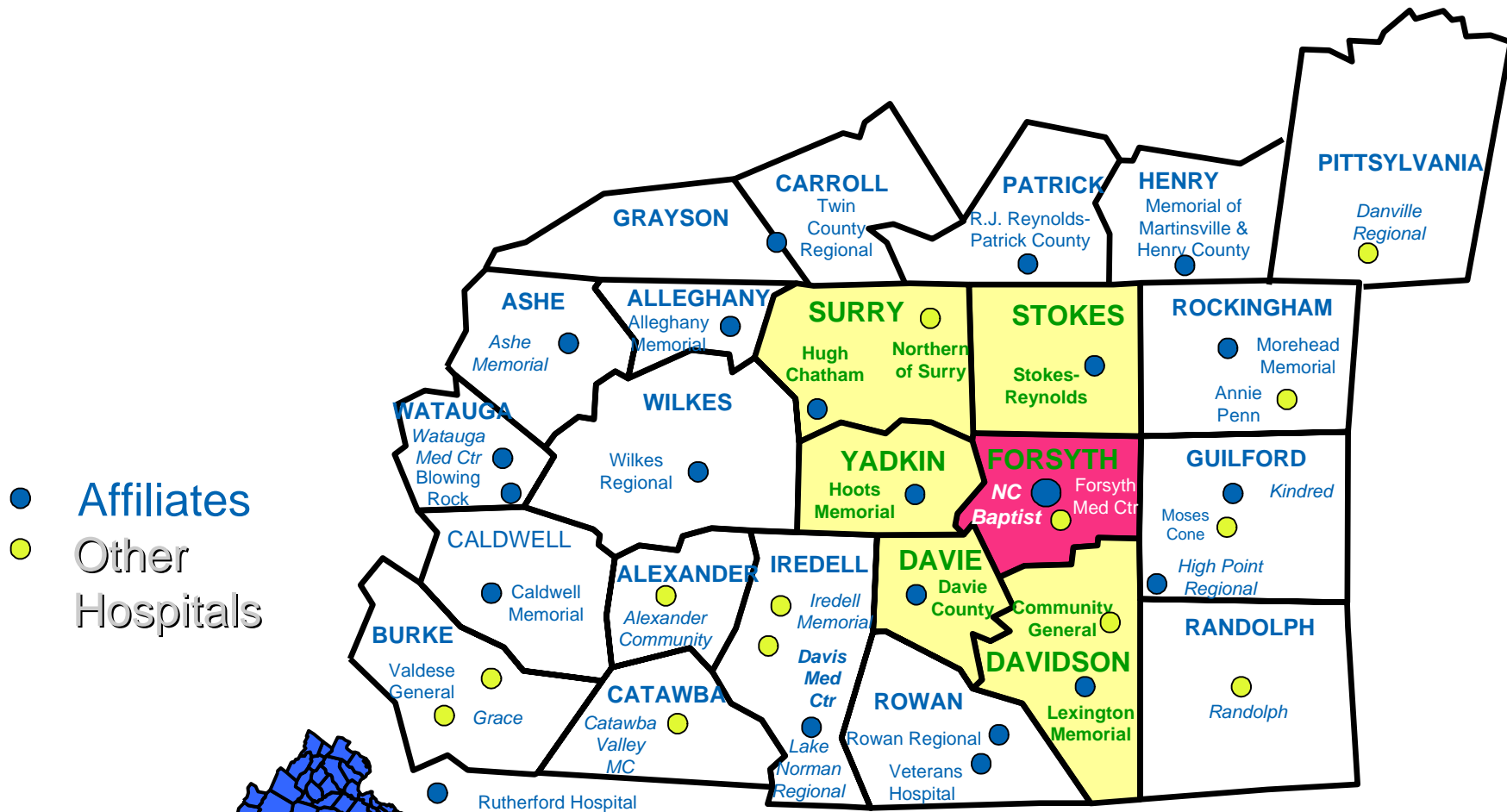
Counties of Origin For Approximately 90% of Medical Center's Inpatients and Outpatients

11/05

Alliance for Health Mission Statement

- The Alliance for Health (AFH) is Wake Forest University Baptist Medical Center's network of:

  - affiliated physicians

  - hospitals, and

  - health service providers

- dedicated to improving the health status and access to quality, cost-effective community based services in collaboration with citizens, employers, and payors in North Carolina and southern Virginia.

NHIN Phase 2

[State & Regional Initiatives]

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NHIN Phase 2 - Trial Implementations

- ## State and Regional Focus
  - RFP: April 2007
  - Awards to 10-12 States/Regions: June/July 2007

- ## Incorporate:
  - 2006 "Products" and lessons learned
  - Technical expertise and accomplishments of the consortia
  - State and regional health information exchanges
  - Focus on interfaces:
    - Between health information service providers
    - Linking health information service providers and provider organizations/systems
    - Include specialty networks and systems
    - Include government health systems
  - A collaboration of awardees

NC HISPC

Health Information Technology Deployment Coordination
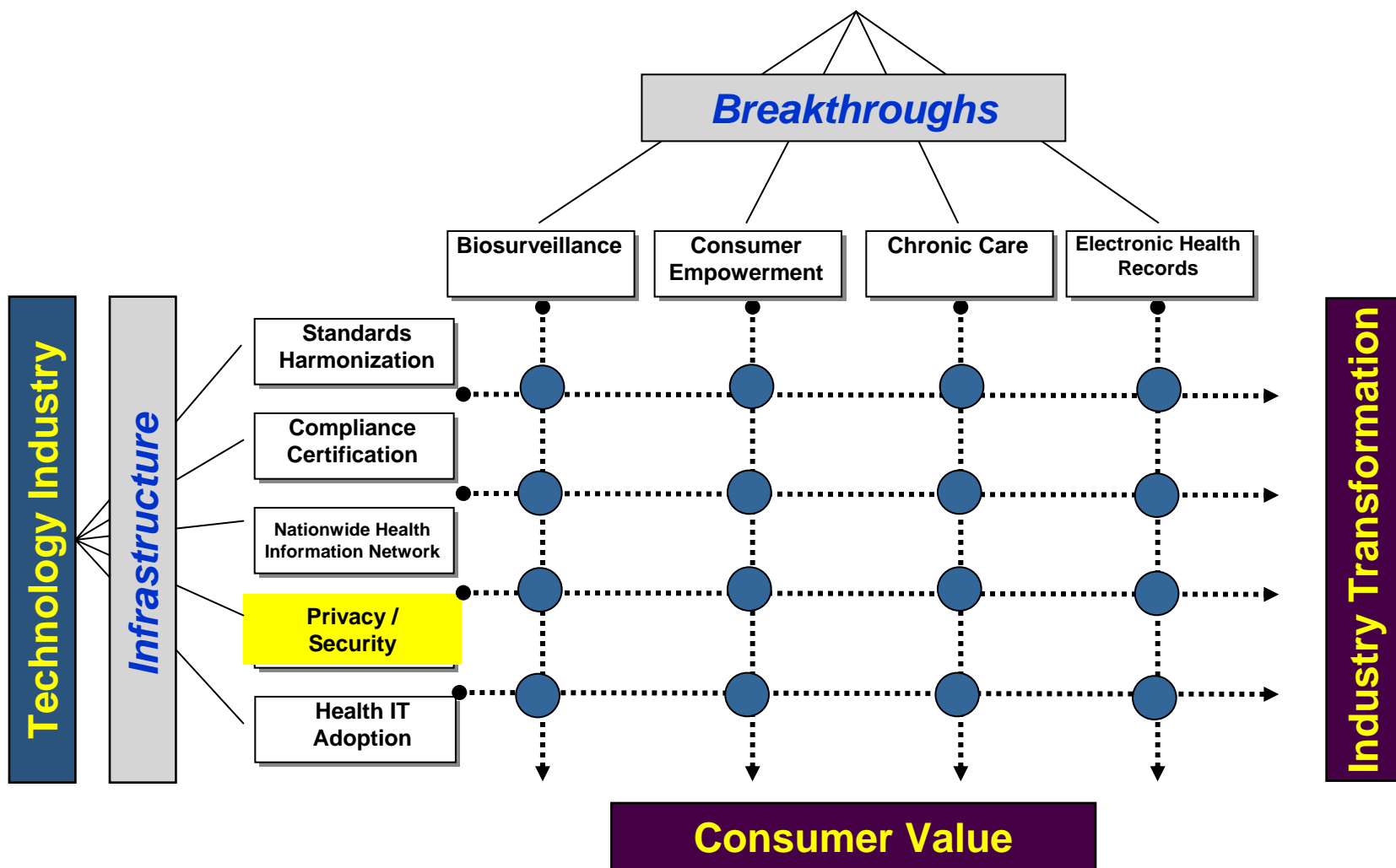
Subcontracts
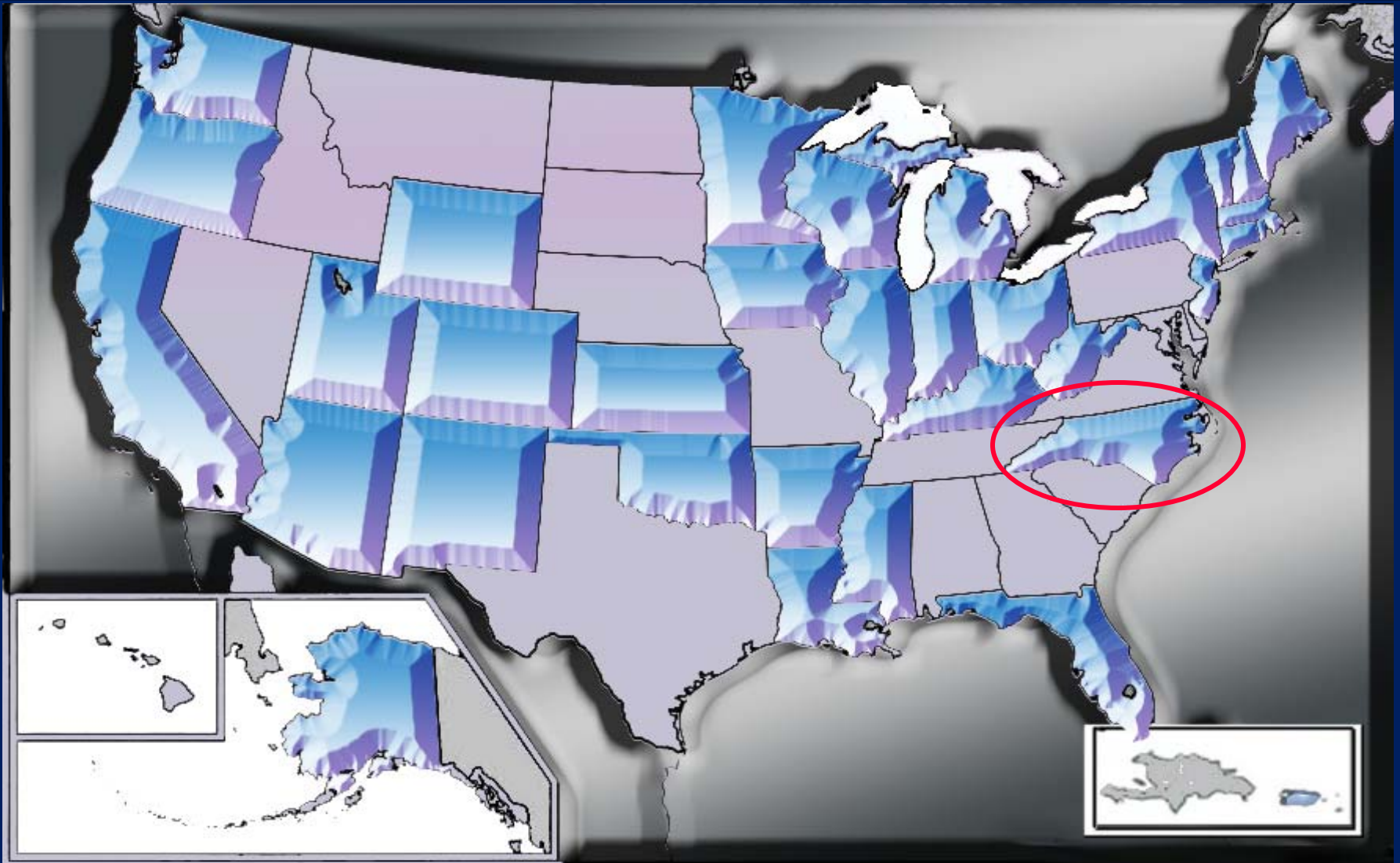
HISPC Project Objectives

- Assess <u>variations</u> in organization-level business policies and state laws.

- Articulate potential <u>solutions.</u>

- Develop <u>implementation plans</u>.

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NC HISPC Steering Committee

- **Phil Telfer, Co-chair**   NC Governor's Office
- **Holt Anderson, Co-chair**   NCHICA, Executive Director

- **Linda Attarian**   NC DHHS Div. of Medical Assistance
- **Wesley G. Byerly**   Wake Forest Univ. Baptist Med. Ctr.
- **Fred Eckel**   NC Assoc. of Pharmacists
- **Jean Foster**   NC Health Information Mgmt. Assoc.
- **Don E. Horton, Jr.**   LabCorp
- **Mark Holmes**   NC Institute of Medicine
- **Eileen Kohlenberg**   NC Nurses Association
- **Linwood Jones**   NC Hospital Association
- **Patricia MacTaggart**   Health Management Associates
- **Doc Muhlbaier**   Duke University Health System
- **David Potenziani**   UNC School of Public Health
- **Melanie Phelps**   NC Medical Society
- **N. King Prather**   BCBSNC
- **Morgan Tackett**   BCBSNC

- **Work Group Co-Chairs**   Various Organizations

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Top Barriers

1. **Misinterpretation** of laws or regulations

2. Lack of business **incentives** to exchange information

3. Lack of **policy standardization**

4. Lack of **security standardization**

5. Lack of **workable technology**

6. Conflicting or outdated Federal or State Laws / Regulations

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Next Steps

- **Engage legislators and executive level government**

- **Engage NCHICA members**

- **Ramp up awareness efforts**

- **Nurture the Consumer Advisory Council**

- **Participate in NGA State Alliance for e-Health**

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State Alliance for e-Health Structure

State Alliance for e-Health

Advisory Committee

Input

Input

Input

Health Information Confidentiality (HIC) Task Force

Practice of Medicine (POM) Task Force

State-level Health Information Organization (SHIO) Task Force

Web Site and Listerv

- State Alliance for e-Health Web Site
  - http://www.nga.org/center/ehealth

- To subscribe to the State Alliance listserv send a blank e-mail to:
  - subscribe-state-alliance@talk.nga.org

FCC Grants for Rural Healthcare Connectivity

$60M / yr

Proposals Due May 7, 2007

www.internet2.edu/rhcp/
www.fcc.gov/cgb/rural/rhcp.html

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Institute of Medicine – Rural Health
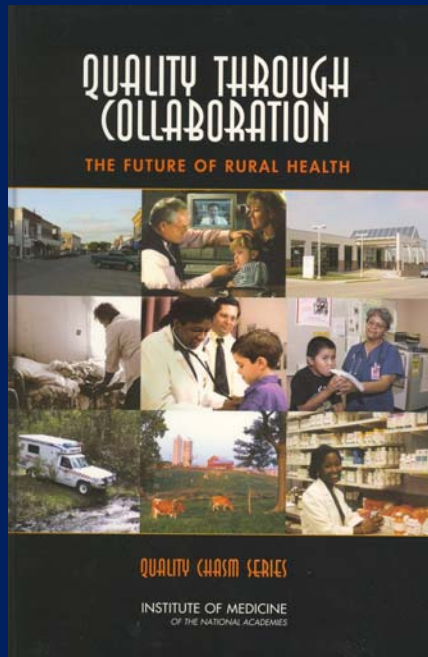
- Adopt an integrated, prioritized approach to address personal and population health

- Establish stronger quality improvement support structure to acquire knowledge and tools

- Enhance human resource capacity

- Monitor to ensure financial stability and to secure capital for system redesign

- Invest in building information and communications technology infrastructure

Overall Conclusions

Beginning the journey …

- ## Focus on clear drivers:

  - Quality of care and affect on cost

  - Complex and costly chronic conditions

  - Physician work flow – save time and improve job satisfaction (meds history, allergies, problem lists)

  - Build on quick wins (low-hanging fruit) with obvious benefits to the public (e.g. immunizations, meds)

  - Leverage statewide payers: Medicaid, State Health Plan, BCBSGA, other

  - Include major employers with self-funded plans

  - Use Bridges-to-Excellence and Leapfrog

Challenges to Broader Exchange of Information

- ## Business / Policy Issues

  - Competition

  - Internal policies

  - Consumer privacy concerns / transparency

  - Uncertainties regarding liability

  - Difficulty in reaching multi-enterprise agreements for exchanging information

  - Economic factors and incentives

- ## Technical / Security Issues

  - Interoperability among multiple enterprises

  - Authentication (Federated ID Management)

  - Auditability

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Let's Improve our Process for Change !

Critical Path Method (CPM) for Managing Complex Projects

NCHICA Timeline Task Force

- **Established in response to question from US Senator regarding ICD-10**
- **Goal: Document current activities in healthcare environment and relationship between various initiatives**
- **Develop assumptions for level of effort and time required to implement each task within an initiative**
- **Let the timeline portray the collective output of the tasks and shift focus to discussion of the underlying assumptions and accountability for each.**

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Timeline Example

		Task Name	Duration	Start	Finish	Predeces	3	2004	2005	2006	2007	2008	2009	2010	2011
7	✓	277/275 IG 4050 Version	60 days	Mon 11/8/04	Fri 1/28/05	24,25,26									
8		⊟ Fed. Rule Making Process	944 days	Mon 1/31/05	Wed 10/31/07	27									
9	✓	NPRM Preparation	176 days	Mon 1/31/05	Fri 9/23/05										
0		NPRM Comment Period	122 days	Sat 9/24/05	Mon 1/23/06	29									
1		NPRM Comment Review	382 days	Tue 1/24/06	Fri 2/9/07	30									
2	▦	Attachments Final Rule	1 day	Sat 9/1/07	Sat 9/1/07	31									
3		Congressional Review	60 days	Sun 9/2/07	Wed 10/31/07	32									
4		⊟ Implementation	525 days	Thu 11/1/07	Wed 4/8/09										
5		Environmental Changes	365 days	Thu 11/1/07	Thu 10/30/08	33									
6		Transition	160 days	Fri 10/31/08	Wed 4/8/09	35									
7	▦	100% Electronic Healthcare	1229 days	Mon 2/28/05	Sun 8/31/08										
8		⊟ 5010 Transactions	493 days	Wed 10/5/05	Fri 2/9/07										
9	✓	X12 IG Review	239 days	Wed 10/5/05	Wed 5/31/06										
0	▦	X12 Final Approval	198 days	Thu 6/1/06	Fri 12/15/06	39									
1	▦	X12 Final Publication	56 days	Sat 12/16/06	Fri 2/9/07										
2		⊟ ICD 10 Codes	1616 days?	Fri 3/11/05	Thu 10/1/09										
3	✓	⊟ Recommendations to HHS	242 days?	Tue 8/1/06	Fri 3/30/07										
4	✓	X12 Recommendations	92 days?	Tue 8/1/06	Tue 10/31/06										
5	✓	DSMO Recommendation	183 days?	Tue 8/1/06	Tue 1/30/07										
6	✓	NCVHS Recommendations	181 days	Sun 10/1/06	Fri 3/30/07										
7		⊟ Normal Process	1616 days	Fri 3/11/05	Thu 10/1/09										
8		⊞ Fed. Rule Making Process	916 days	Sat 3/31/07	Thu 10/1/09										
4		Implementation	546 days	Fri 3/11/05	Fri 10/27/06										
5	▦	Environmental Changes	366 days	Thu 10/1/09	Fri 10/1/10										
6		⊟ Payer System	546 days	Fri 10/2/09	Thu 3/31/11	53									
7	▦	In-house Provider System Changes	523 days	Sat 10/3/09	Wed 3/9/11	53									
8	▦	Vendor System Changes	523 days	Fri 10/2/09	Tue 3/8/11	53									
9	▦	Transition	90 days	Sat 1/1/11	Thu 3/31/11										
0		⊟ Health Plan ID	1483 days?	Fri 3/11/05	Thu 5/21/09										
1		⊟ Fed. Rule Making Process	938 days?	Fri 3/11/05	Fri 11/23/07										

Improving Healthcare in North Carolina by Accelerating the Adoption of Information Technology

Thank You

Holt Anderson

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and Communications Alliance, Inc.

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