
June 2006

**Overview SSB 5064
Health Information Infrastructure
Advisory Board (HIAB)**

Project Activity & Direction

**V. Marc Droppert, Chair
Health Information Infrastructure Advisory Board
(HIAB)**

I. Background

“The Problem” - Current Challenges

- ❑ **Patients do not have ready access to “their” health information**
- ❑ **Providers do not have ready access to their patients health information**
- ❑ **Quality is inconsistent**
- ❑ **Error rates are too high**
- ❑ **Research results are not “applied”**
- ❑ **Public Health surveillance and detection gaps exist**
- ❑ **Escalating costs**
- ❑ **Baby boomers will greatly increase demand**

II. How HealthIT can Help Address Current Health Care Problems

IMPROVE QUALITY! Healthcare Delivery at Point of Care

- ❑ Engage and empower consumers
- ❑ Provide access to necessary patient information
- ❑ Facilitate decision making

IMPROVE EFFICIENCY & Reducing Costs

- ❑ Eliminate duplicate tests/imaging
- ❑ Eliminate duplicate communication channels (labs, x-rays, etc)
- ❑ Informed consumers will make better choices
- ❑ Informed providers will make better choices

Support Public Health Initiatives & Bio-surveillance

- ❑ Automated disease reporting
- ❑ Automated syndrome reporting

III. Governor's 5 Point Health Strategy

1. **Emphasize evidence-based health care**
2. **Promote prevention, healthy lifestyles and informed choices**
3. **Better manage chronic care**
4. **Create more transparency in the health care system**
5. **Make better use of information technology**

HealthIT can contribute to improving quality, efficiency and reducing costs.

**** Must have HealthIT to accomplish this agenda***

IV. Major Health System Challenges

- **Health Care is largest sector of the economy that has not fully embraced IT**
- **Health care information is very complex - systems are more expensive and difficult to build**
- **Organizational and change management issues are hard to manage in a clinical environment**
- **Challenging to generate capital needed for Health IT investment**

V. Policy Maker's Intent to Address “The Problem”:

Policy makers wanted to identify the “goal” and recognized a need for a unified vision and direction vs. “taking a blind stab” at the problem

SSB 5064 intent: a blue print or road map to help define the goal

Role of HCA and HIIAB in getting us there

Outline the role of government

VI. Overview SSB 5064 & Project

- (HCA/HIAB)...develop strategy for adoption & use of EMRs and HealthIT consistent with national standards & promote interoperability
- Strategy must:
 - Be based on current research, best practices
 - Encourage greater adoption of EMR and HealthIT to reduce medical errors & enable patients to make better decisions
 - Promote standards / systems compatible with current adopters in the state
- Identify implementation obstacles, recommend policies to remove them & strategies for state health purchasing & incentives
- Advise Legislative and Executive branches on HealthIT infrastructure
- Ensure strategy complies with state/federal laws

Deliverables - Dec 2005 & 2006

Web site:

<http://www.hca.wa.gov/hit/>

VII. Context of HIIAB & Project Activities

How the HIIAB Works:

- **12 Member Board appointed by the Health Care Authority**
- **HCA staffing and expert consultant**
- **15 month project plan and timeline**
- **Once a month all day work sessions with required reading and other research**
- **Other state-regional examples /lessons learned/staff direction**
- **Speaker & expert presentations and HIIAB questions**
- **Use existing surveys/studies and implications for WA State**
- **Utilize a consensus approach with defined guiding principles, values and assessment tools**
- **Use a Stakeholder Advisory Committee**

VII. Context of HIIAB & Project Activities, cont. Health Information Infrastructure Advisory Board

Steve Hill, Administrator Health Care Authority

- **V. Marc Droppert, Chair**

Provider Community:

- **Hugh Maloney, M.D., MHA**
- **Alexis Wilson, PhD, M.N., MPH**

HealthIT Expert:

- **Jeffrey Hummel, M.D., MPH**

Health Care Policy Expert:

- **David Masuda, M.D.**

Consumers:

- **Ed Singler, J.D. State Chapter AARP**
- **Wendy Anne Carr, B.S., HiNet**

Health Plan (Carrier) Representative:

- **James Hereford, M.S.**

Department of Information Services:

- **Gary Robinson**

State Agency Medical Director's Group:

- **Richard Onizuka, PhD**

Other Experts:

- **Thomas Fritz, MA, MPA**
- **Marcus Pierson, M.D.**

Project Consultant & HCA Staff

- **Bill Yasnoff, M.D., PhD,**
- **Juan Alaniz, Project Manager**
- **Ruth McIntosh, Administrative Support**

VII. Context of HIIAB & Project Activities, cont.

Health Information Infrastructure Stakeholder Advisory Committee

Steve Hill, Administrator Health Care Authority

HIISAC represents broad constituencies:

- Consumers
- Hospitals & Long Term Care
- Clinicians
- Payers & Carriers
- Health Policy & Industry Experts

Chair: Sandy Rominger, Boeing

Co-Chair: David Deichert, Doctor Naturopathic Medicine

- Dr. Karen Anderson, DVA
- Lisa Alkin, Puyallup Tribal Authority
- Dr. Corinne Bell, Pacific Care
- Tom Byron, WSHA
- John Christensen, Christensen ITLaw

- Richard Campbell, DSHS
- Brian DeVore, Intel Digital Health Group
- Andy Fallot, FHCQ
- Ralph Foquera, Seattle Indian Health Board
- Laura Groshong, Social Work Practitioners
- Janet Hamilton, CUP
- Lance Heineccius, PSHA
- Kristen Huff, Regence
- Tom Jones, Community Choice PHO
- James King, L & I
- Karen Langer, School of Arts & Sciences

VII. Context of HIIAB & Project Activities, cont. Health Information Infrastructure Stakeholder Advisor Committee

Steve Hill, Administrator Health Care Authority

HIISAC represents broad constituencies:

- **Consumers**
- **Hospitals & Long Term Care**
- **Clinicians**
- **Payers & Carriers**
- **Health Policy & Industry Experts**

- **Dr. Paul Nichol, DVA, Puget Sound**

- **Jay Pathy, HealthUnity**

- **Stephen Pence, HealthIT Consultant**

- **Bob Perna, WSMA**

- **Dr. John Robinson, Molina Health Care**

- **Jeff Rochon, WA State Pharmacy Association**

- **Rick Rubin, One Health Port (OHP)**

- **Ray Sahali, UW Library**

- **Ron Schafer, WA State Pharmacy Association**

- **Mark Simon, Maxwell IT**

- **Dr. Dean Sittig, Kaiser Permanente**

- **Lauri St. Ours, WA Health Care Association**

- **Gil Thurston, Senior Lobby**

- **Frank Westrum, WA State Department of Health**

- **Dr. Vicki Wilson, Consumer**

- **DJ Wilson, Northwest Physicians Network**

- **Dr. Brenda Zierler, University of Washington**

VIII. Activities & Work to Date

In the last 9 months:

- Board & Committee assessment of the background issues/the problem
- Adopting framework of design principles, values, requirements
- Heard and seen examples of Washington State - other HealthIT Activities via presentations and other reported research
- Become knowledgeable of work and perspectives in other states and national sector
- Have a “snapshot” on HealthIT adoption nationally and for WA State – we are “early adopters”
- Informal WSMA survey
- Identified unique position WA State is in to expedite meaningful adoption & interoperability
- Heard from forward thinking employers on business case for adoption
- Identified potential WA State HII models to consider and assess
- Beginning a dialogue with affected stakeholders and the public

VIII. Activities & Work to Date

(cont'd)

- **Evaluated the role of the PHR in EMRs and in promoting wellness and better managing personal health**
- **Continued stakeholder feedback through HHSAC**
- **Developing interim strategies to expedite HealthIT adoption**
- **Promote and support local health information infrastructure development – leveraging existing resources**
- **Supporting those incremental efforts and initiatives that get us to the goal of statewide adoption and interoperability with privacy, security and confidentiality**

IX. Expected Outcomes

What HIIAB Has Heard Policy Makers & Stakeholders Want:

- **Leverage and build on what we have – incremental and practical**
- **A sensible roadmap and strategy for near term implementation**
- **An actionable and realistic vision that takes us from the near term to the desired state over time**
- **Needs to be an independent entity, representative of impacted constituencies**
- **Participation needs to be voluntary**
- **Must be financially self-sustaining**

X. Key HealthIT Challenges for HIIAB

- **Business Case & ROI**
- **Protection of Confidentiality/Creating Trust**
- **Standards**
 - **Comply with National Standards**
 - **Allow Interface of Disparate Systems**
- **Financing – Source of implementation funding**
- **Financing – Impacts on smaller providers**
- **Financing – must be self sustaining long term**
- **Governance**
 - **Creating a Model that “works”**

XI. Next Steps & Direction

- **Narrow the Dialogue and Assessment of Alternative HII Models**
 - **Centralized System**
 - **Health Information Utility Model**
- **Stakeholder Feedback and Engagement**
- **Development of strategies through stakeholder feedback & subcommittee work (Consumer, Governance, Financing & Sustainment, Technical & Infrastructure)**
- **Submit the final report to the Legislature by December 1, 2006**

XII. Final Report & Recommendations

- **Want and need stakeholder support and inclusion – it MUST be a collective recommendation**
- **Result in something that is accomplishable, and contributes to positively changing our health care system, and to improving “health”**

Thank you! Questions?

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Project website:

<http://www.hca.wa.gov/hit/>