

Washington State Health Information Initiative



Spring 2007

CHITA FORUM
May 18, 2007

The Health Information “Problem”

- ❑ Patients do not have access to “their” own health information
- ❑ Providers do not have access to their patient’s health information
- ❑ Lack of connectivity
- ❑ Results in:
 - Uninformed Care
 - Duplication
 - Lack of Accountability
 - Escalating Costs
- ❑ The “Baby Boom” Is Here

Substitute Senate Bill 5064's Instruction

- Develop a strategy for Health IT and Use of EMRs in Washington State:
 - Which is consistent with national standards
 - Promotes interoperability
 - Takes advantage of existing infra-structure
 - Reduces errors
 - Enables patients to make better decisions about their own health care

Collaborative Effort

- Health Care Authority
 - Steve Hill – Administrator
 - Richard Onizuka – Director of Health Policy
 - Juan Alaniz – Project Manger
- Health Information Infrastructure Advisory Board
 - 12 members
- Health Information Infrastructure Stakeholders Advisory Committee
 - 42 members

Health Information Infrastructure Advisory Board

- V. Marc Droppert,
Chair
- Wendy Carr
- Tom Fritz
- James Hereford
- Jeff Hummel
- Hugh Maloney
- Dave Masuda
- Richard Onizuka
- Marc Pierson
- Gary Robinson
- Ed Singler
- Alexis Wilson

Governor Gregoire'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

HIAB's Work

- 15+ Month Effort
- Evaluated:
 - Efforts of Others
 - Existing Washington State resources
 - Expert Input
- Extensive HIISAC input
- Presented Final Report and Recommendations – November, 2006

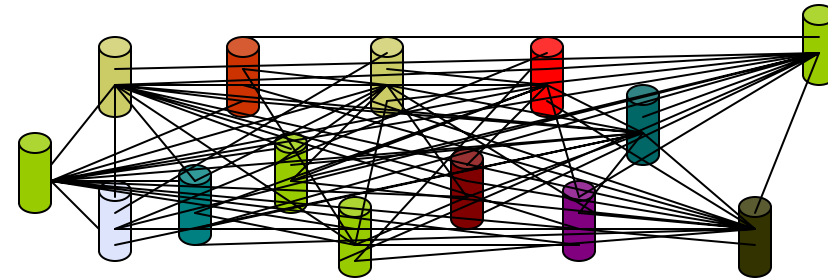
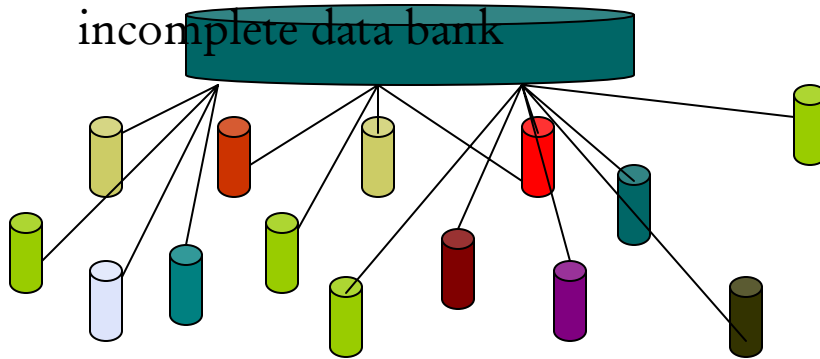
State Health Information Infrastructure Requirements

- ❑ Availability – health information is available when/where needed
- ❑ Choice – consumers control access to their information
- ❑ Integrity – privacy, security and accountability are ensured
- ❑ Interoperability – uses systems and data standards, is scalable, leverages existing infra-structure
- ❑ Financial sustainability

Health IT Model Options

Distributed Model

- Interfaces needed w/ every provider
- 14 providers = 91 interfaces
- Every data creator is an incomplete data bank

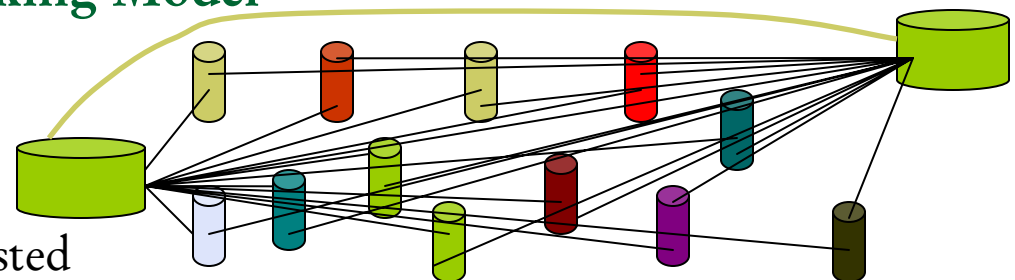


Central Repository Model

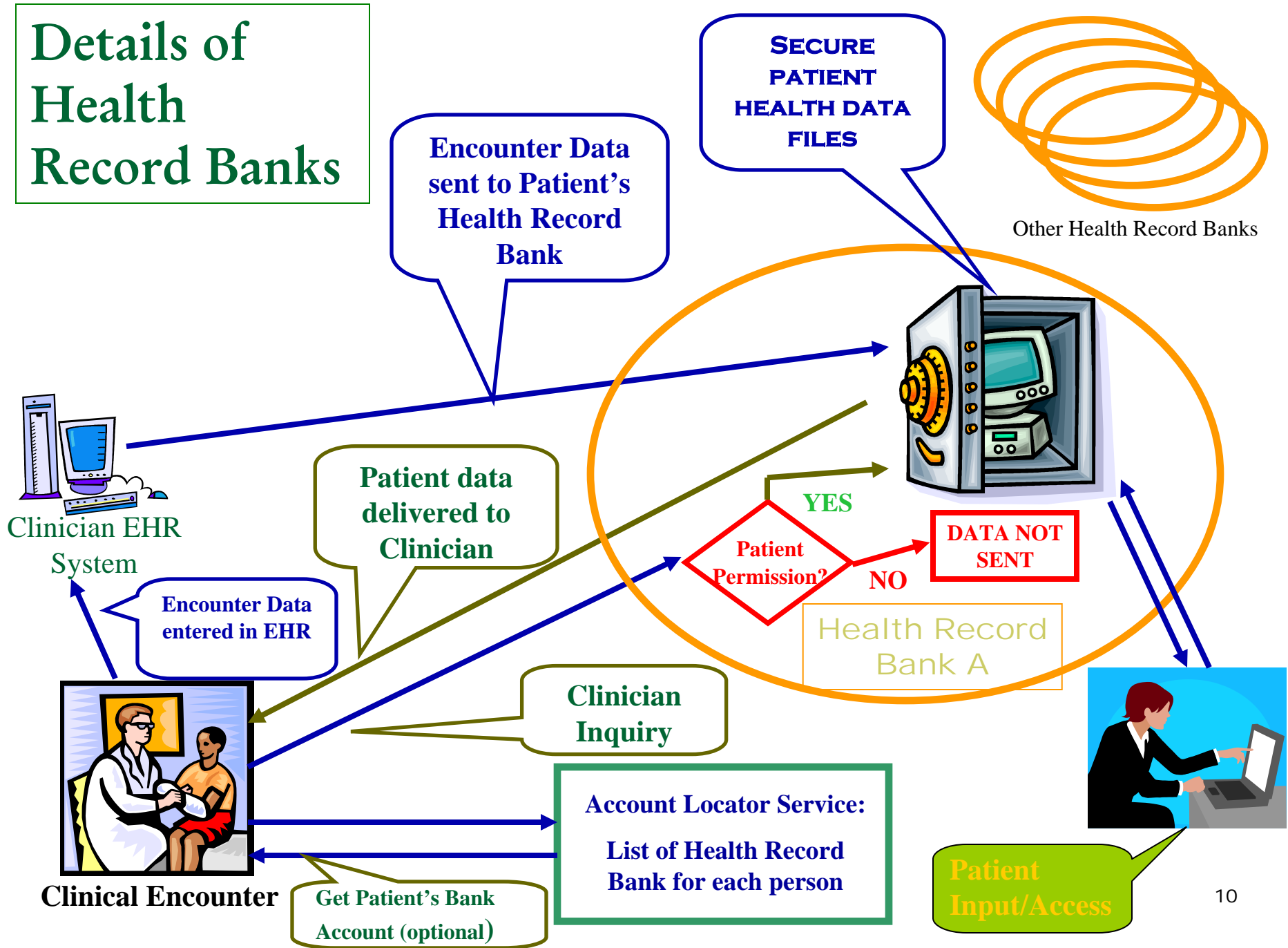
- Interfaces needed w/only Bank itself
- 14 providers = 14 interfaces to 1 Bank
- 1 Bank that all providers must connect to

Competitive Health Record Banking Model

- Interfaces needed w/only Banks
- 14 providers = 28 interfaces
- Banks are providers, plans, or trusted entities



Details of Health Record Banks



Three Key Elements

- The “Utility”
 - Information Flow
 - Interfaces
 - Account Location
- Standards
 - System/Interface Standards
 - Data Standards
- Consumer Interests
 - Engagement
 - Privacy/Security Considerations
 - Issue Resolution

Recommendations

1. Complete Initial Plan – Extend HIIAB
2. Begin Initial Implementation of Health Record Banks
3. Engage Consumers
4. Promote EMR Adoption by Providers
5. Provide 2007-2009 Biennium Finding

What's Next

- \$3.4M has been approved
- HIIAB is meeting May 19
- Doing nothing is not a choice
- Doing something will require even greater public/private collaboration