Electronic Health Records

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Office of the Governor

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COLORADO

History - Health and HIT Policy

Affordable Care Act 2010

Comprehensive health insurance reforms improving quality and lowering health care costs, protecting consumers, and improving access to care

State of Health 2013

Colorado is building on our collective strengths of innovation and collaboration to create a comprehensive and person-centered statewide system to make Colorado the healthiest state

ARRA HITECH 2009

The Health Information Technology for Economic and Clinical Health (HITECH) Act established Office of the National Coordinator for Health It into law and provides Health and Human Services with authority to establish programs to improve health care quality, safety, and efficiency through the promotion of health IT

Medicaid Expansion 2012

Colorado expanded Medicaid coverage and established a State-based Marketplace, known as Connect for Health Colorado.

History - HIT portfolio criteria

Integration, Interoperability, and Unification
Integrating technology into key workflow
Using of technology to support data
Presenting information in an optimized environment

Improve Outcomes

Improving health outcomes, including:

- Higher Quality Delivery
- Early Diagnosis and Detection
- Improving Specific Health Outcomes
- Reduce Avoidable Emergency Room Visits
- Increase Appropriate Preventative Care

Improve Access

Providing better and improved accessibility to health and human services systems including:

- Eligibility
- Reporting
- Claims and Payment
- Program and Provider Specific

Leverage and Share Data

Comprehensive management of health information to help patients maintain and share their records securely with health providers, including:

- Enterprise Data Standards
- Privacy and Security
- Reporting and Analytics
- Vital Statistics

Build / Scale Infrastructure

Improving technical infrastructure to increase reliability, scalability, and performance of core systems

Reduce Costs

- Reducing Health Care Administration Overhead
- Fraud Identification
- Reduction of State Operational Costs

History - Health and HIT Investments

FY 14-15 HIT Budgets

- DOC Offender/Parolee Management & EHR
- CDPHE EHR for LPHAs
- HCPF R-5 Maximizing HIE
- DHS MHI EHR

State Innovation Model

Center for Medicare and Medicaid Innovation (CMMI) Funding opportunity for a State Innovation Model integrating physical and behavioral health, improving population health, and creating a quality and cost data strategy

CBMS & PEAK

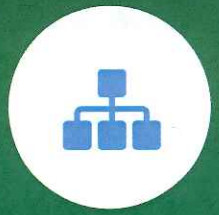
Investments in Colorado Benefit Management System, Program Eligibility and Application Kit , and interfacing with Connect for Health Colorado supporting ACA and Medicaid Expansion

Waiver of OMB Circular A87 Cost Allocation Rules

CMS provide a three-year extension of the A87 waiver authority for cost-allocation to enable states to complete their work on eligibility and enrollment systems integration through December 2018

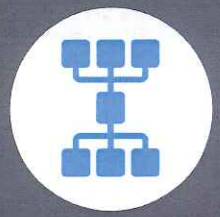
EMR

The digital version of an individual's paper chart of health-related information that is created, gathered, managed, and consulted by licensed clinicians and staff from a single organization who are involved in the individual's health and care.



EHR

A digital version of a patient's paper chart enabling the information to be available instantly and securely to authorized users. EHRs are built to share information with other providers in more than one health organization, such as labs, imaging settings, and pharmacies.



HIE

Health information exchange is the mobilization of healthcare information electronically within a region, community, network, or among public/private data systems.

EHR benefits and functions

When fully functional and interoperable, EHRs have the capability to:

- Improve quality and patient safety,
- Increase patient participation in their care,
- Improve accuracy of ordering and interactions with alerting,
- Increase information to improve health outcomes,
- Improve care coordination,
- Increase practice efficiencies and cost savings with reduced faxing, paper work, and view into patient's medical history, and
- Support discreet data capture.

EHR Functions Required	Basic EHR without Clinician Notes	Basic EHR with Clinician Notes	Comprehensive EHR
Electronic Clinical Information			
Patient demographics	★	★	★
Physician notes		★	★
Nursing assessments		★	★
Problem lists	★	★	★
Medication lists	★	★	★
Discharge summaries	★	★	★
Advance directives			★
Computerized Provider Order Entry			
Lab reports			★
Radiology tests			★
Medications	★	★	★
Consultation requests			★
Nursing orders			★
Results Management			
View lab reports	★	★	★
View radiology reports	★	★	★
View radiology images			★
View diagnostic test results	★	★	★
View diagnostic test images			★
View consultant report			★
Decision Support			
Clinical guidelines			★
Clinical reminders			★
Drug allergy results			★
Drug-drug interactions			★
Drug-lab interactions			★
Drug dosing support			★

NOTES: Basic EHR adoption requires each function to be implemented in at least one clinical unit, and Comprehensive EHR adoption requires each function to be implemented in all clinical units

EHR privacy and security

- Each EHR systems must adhere to the Health Information Privacy and Portability Act (HIPAA) Omnibus Rule updated and effective as of September 2013.
  - The HIPAA Omnibus Rule accounts for the new technical requirements documented by the HITECH legislation enacted in 2009.
- HIPAA Privacy Rule regulates federal protection for personal health information and provides a balanced approach permitting disclosure for health information needed for patient care but limits others disclosure.
- The HIPAA Security Rule sets national standards to safeguard the confidentiality, integrity, and availability of your health information against unauthorized use or disclosure.
- Multiple federal laws and regulations and state statutes regulate who can see and access personal health information by requiring the administrative, physical, and technical safeguards.

Background on EHR requests

- In Spring 2013, a collaborative group of public and private stakeholders, known as the Cost Containment Workgroup, met to identify strategies aimed at enhancing the value, containing costs, and strengthening the sustainability through the investment in health information technology (HIT).

- The group focused on two main strategies:
  1) Interoperability of health information, and
  2) Evaluating the need for an enterprise, statewide Electronic Health Record (EHR) in Corrections, Youth Corrections, and other potential state care delivery sites (i.e, local public health agencies).

EHR strategy options

Enterprise EHR

- An **enterprise EHR** has a shared platform utilizing a common database and server system with suite of modules serving the continuum of care (acute, inpatient, ambulatory, and long-term care), providing clinical and financial systems, and serving more than "one population," such as hospital.

Best of Breed EHR

- A **best-of-breed** approach to EHRs supports different vendor systems with specialized solutions to satisfy organizational, workflow, and regulatory requirements for individual departments.
- This differentiation strategy allows for more flexibility between other applications and systems.

Best of Suite EHR

- A **best of suite EHR** is a hybrid approach where a central EHR vendor package of applications as the basis for integrating all other applications.
- An example of this would be a central ambulatory care application with multiple third party vendor solutions interfaced to meet the health information needs.

Findings

- A limited number of EHR vendors can provide one platform to meet the needs of each agencies business and operational requirements.
- An enterprise EHR solution that could meet most of the business requirements for an inpatient psychiatric hospital, offender/parolee management system with EHR, and ambulatory, population health setting would be cost prohibitive.
  - Health systems have paid more than $100 million - $4 billion for integrated systems.
- The requesting agencies have distinctly different patient populations, care settings, business/operation needs, and regulatory requirements that would be difficult to be supported by one, single-vendor solution.

Recommended approach

- The Cost Containment Workgroup's research and findings determined that no single vendor, enterprise EHR system currently exists to meet the each agency's EHR needs.
- The group decided to pursue best of breed EHR solutions with strong integration capabilities leveraging the current HIT and health information exchange (HIE) capabilities in the state.
- If a vendor could provide a best of suite solution with a shared, central platform and interfaced third party options at a cost effective pricing model, then a best of suite approach would be considered.

OIT review and sign off

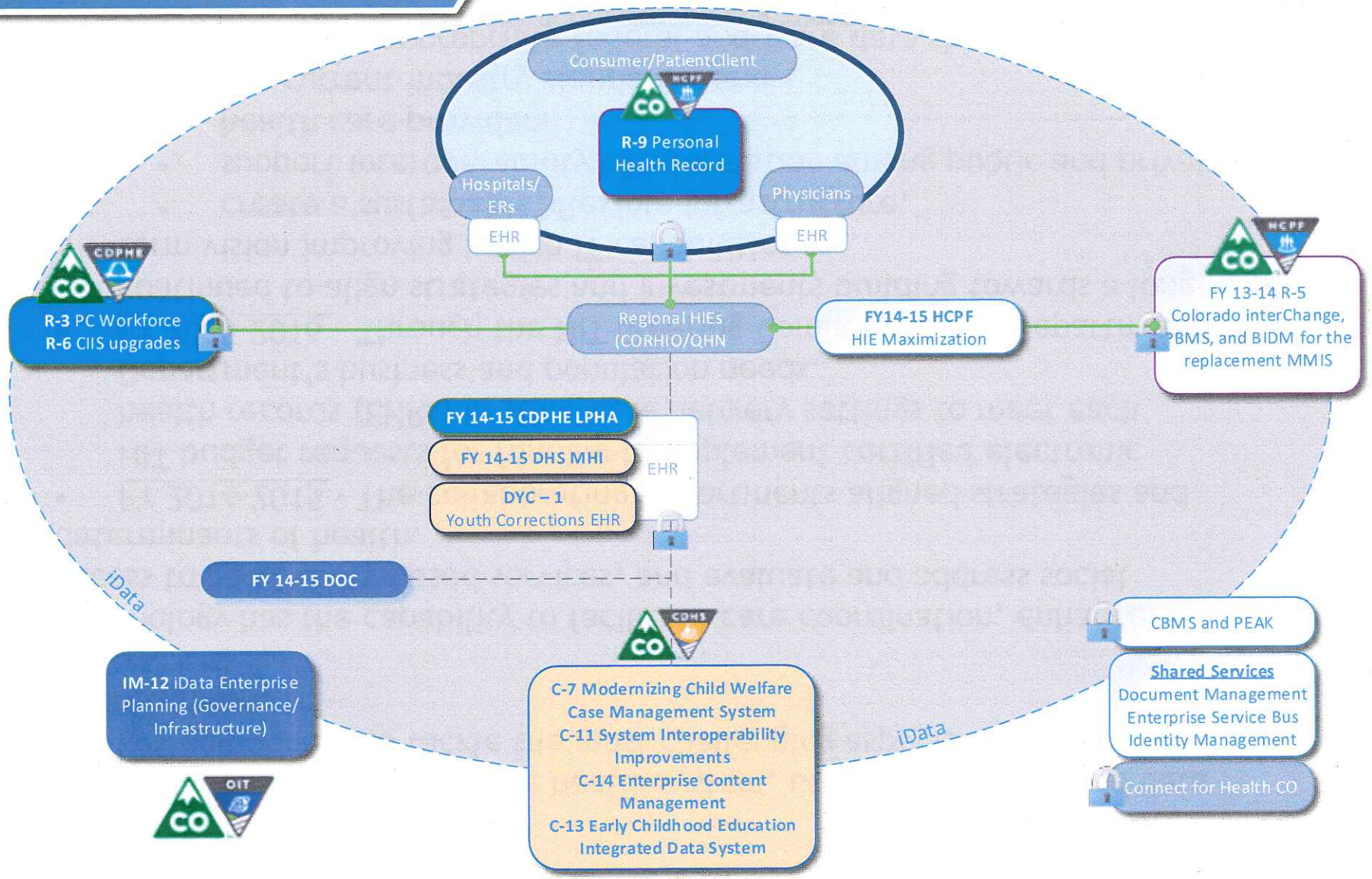
- OIT and CORHIO, as state designated entity (SDE) for HIT and HIE, evaluated and supported this approach.
- The collaborative group identified the following areas for alignment of EHR solutions to gain efficiency and ensure connectivity across the systems.
  - Align RFP processes and requirements across requests. *(complete)*
  - Enable replying vendors to address and propose solutions for shared platform options with third party partners to meet specific business needs. (*complete*)
  - Leverage EHR training and practice transformation programs (Regional Extension Center partners) for workflow redesign assistance.
  - Leverage ancillary interface infrastructure for pharmacy, labs, radiology across systems.
  - Align HIE integrations with HCPF's FY 14-15 HIE Maximization request promoting health information exchange.

Ongoing collaboration

- As Colorado is transforming the health system, use of technology and data is a key component to tackle the most challenging aspects of health improvement.

- Technology has the capability to facilitate care coordination, enhance access to community-based services, and evaluate and address social determinants of health.
  - FY 2014-2015 - The collaborating Departments aligned strategies and HIT budget requests for funding to implement certified electronic health records (EHRs) in state care delivery settings to meet each Department's business and population needs.
  - FY 2015-2016 - Through the HIT Steering Committee, the Departments continued to align strategies and investments building towards a long-term vision improving health IT capabilities to
    - create a sustainable, flexible infrastructure,
    - support interoperability of information among public and private health care providers,
    - use current industry standards, and
    - adhere to appropriate federal and state data sharing policies.

Priority Collaborative Budget Requests Advancing Colorado's HIT Ecosystem



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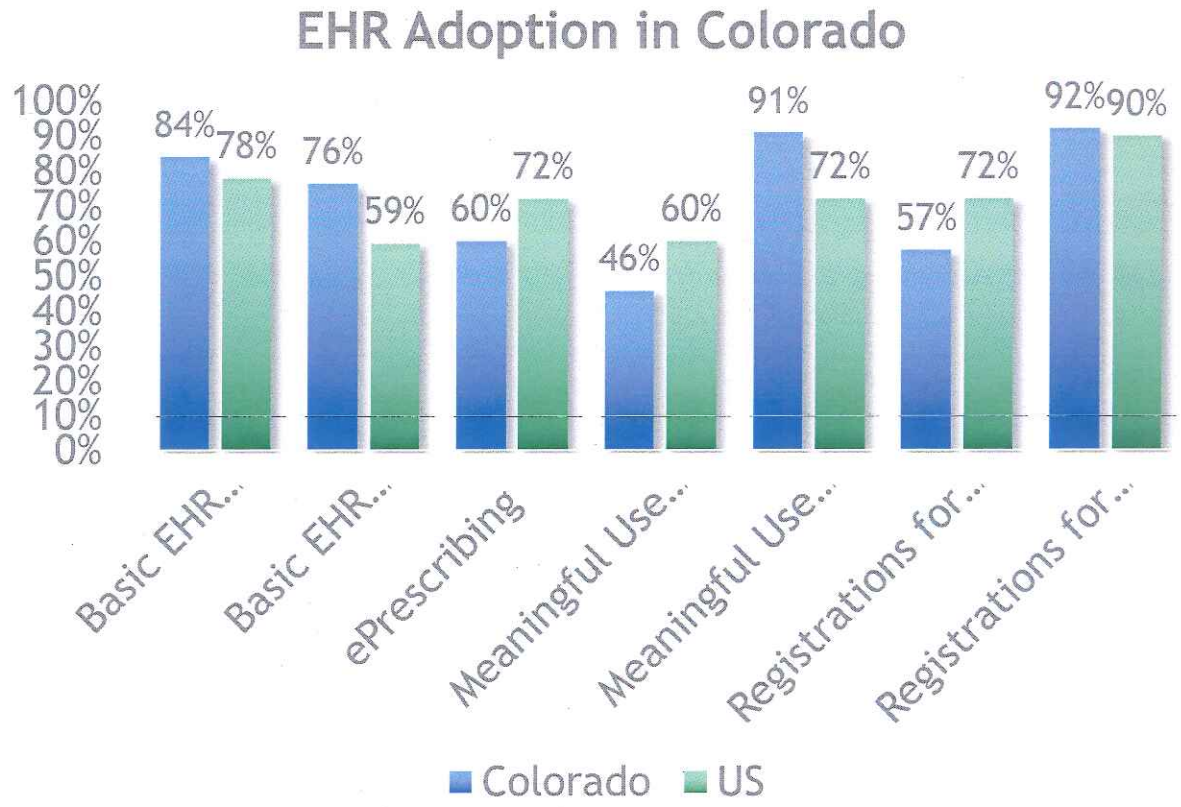
Technology adoption in Colorado



Source: Office of the National Coordinator for Health Information Technology. 'Office-based Physician Health IT Adoption,' Health IT Dashboard. http://dashboard.healthit.gov/dashboards/physician-health-it-adoption.php. October 2014.

Questions?

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