

Talking Points on HIE Questions and R-5

- ❖ This request is focused on expanding Medicaid Health Information Technology
- ❖ A visual representation of the primary goal for this request has been provided to the JBC members.
 - Health care providers utilize electronic health records or EHRs to electronically store medical and treatment history of their patients.
 - Providers can then use their EHRs to exchange medical and treatment information with other providers. The connection between providers is facilitated by an HIE Network – which in Colorado is CORHIO or QHN on the western slope.
 - The Department can interface with CORHIO to retrieve clinical data on Medicaid eligible clients.
 - Utilizing this data with our existing claims data, we can provide results and real-time data to our ACC program – RCCOs and PCMPs.
 - For example. A Medicaid client with diabetes is admitted to the hospital for hypoglycemia. By utilizing the information in an EHR that is connected to CORHIO, that information can be supplied to the client's Medicaid RCCO who receives notification of the admission to the hospital. The RCCO uses that information to coordinate with the client's physician via a care coordination team to prevent a future hospitalization or ER visit. Further, the client's primary care physician has access to all pertinent information on the patient and most recent admission in the EHR.
 - The goal is provide real-time, actionable data and analytics to Medicaid providers to advance the cost-savings of the ACC by reducing hospital readmissions, reducing inappropriate ER utilization, and reducing the utilization of high-cost imaging services.
- ❖ In addition, the request provides funding to educating and assisting Medicaid providers with adopting electronic health record (EHR) systems and with connecting to Colorado's health information technology network
- ❖ This request takes advantage of federal financing opportunities to invest in and leverage statewide HIE in Colorado that already exist.
 - Without this resource, the Department will not have the ability to proactively understand and improve client health and measure the effectiveness of Medicaid services by utilizing HIE and clinical information.
 - Further, a robust HIE resource has the potential to ensure better connectivity and alignment of health information across state agencies providing health services and automating public health reporting.
- ❖ There were some questions on security and privacy. The exchange and aggregation of data is encrypted and governed by the HIPAA Privacy and Security regulations. There is no exchange of a client's clinical data with the federal government or with any entity that does not have a direct need for the data for payment or operations as required by HIPAA.

Background Facts if needed...

❖ FY: 2014-15 Request: \$1.05M General Fund|\$5.74M Total Funds

	Year 1	Year 2
CORHIO & QHN Enhancements	860K	1.7MM
New Provider Interfaces (CORHIO & QHN)	1.6MM	1.6MM
State System Interfaces (MMIS, DPHE, DORA, APCD, DHS)	1.3MM	4.6MM
Public Health Reporting Capacity (DPHE)	382K	218K
Provider Support and Outreach (CORHIO)	1.6MM	1.6MM
Ongoing Maintenance and Subscriptions (APCD, CORHIO, MMIS)	1.2MM	1.2MM
CORHIO Coordination and Oversight	250K	250K
Total Funds	8.2MM	12.2MM
Total Funds Requested (less existing appropriation)	5.7MM	9.7MM

EHR vs HIE

- ❖ The ARRA Health Information Technology for Economic and Clinical Health (HITECH) Act, dedicates more than \$2 billion in time-limited funding to support state HIE efforts
- ❖ An EHR is a digital version of the paper charts in the clinician’s office. An EHR contains the medical and treatment history of the patients in one practice. EHRs have advantages over paper records.
 - Track data over time
 - Easily identify which patients are due for preventive screenings or checkups
 - Check how their patients are doing on certain parameters—such as blood pressure readings or vaccinations
 - Monitor and improve overall quality of care within the practice
 - Focusing on the total health of the patient—beyond standard clinical data collected in the provider’s office and including of a broader view on a patient’s care.
- ❖ EHRs are designed to reach out beyond the health organization that originally collects and compiles the information.
- ❖ They are built to share information with other health care providers, such as laboratories and specialists, so they contain information from all the clinicians involved in the patient’s care.

- ❖ **Health Information Exchanges (HIEs)**
 - Health information exchange (HIE) is defined as the mobilization of healthcare information electronically across organizations within a region, community, or hospital system.
 - HIE provides the capability to electronically move clinical information among disparate health care information systems while maintaining the meaning of the information being exchanged.
 - The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care.

