

Achieving Health Information Interoperability by Leveraging Economic Stimulus

**John D. Halamka MD
CIO, Harvard Medical School and Beth Israel
Deaconess Medical Center**

**Laura Kolkman
President, Mosaica Partners**

April 7, 2009

Note:

Dr. John Halamka and Laura Kolkman co-presented “***Achieving Health Information Interoperability by Leveraging Economic Stimulus***” during the HIMSS09 Annual Conference in Chicago on April 7, 2009.

What follows is Laura Kolkman’s segment of that presentation.

The entire presentation (Education Session ESP-7) is available on the HIMSS website at:

<http://www.prolibraries.com/himss/?select=session&sessionID=515>

HIMSS

transforming healthcare through IT

architects of change

Achieving Health Information Interoperability by Leveraging Economic Stimulus

**Laura Kolkman RN, MS
President
Mosaica Partners
April 7, 2009**

Interviewees were initially asked three questions about the ARRA

1. How do you think the ARRA will **impact** health information exchange?
2. What are your **concerns** regarding the ARRA?
What else should have been in the bill?
3. What is your organization **doing** to benefit from the ARRA?

How Will the ARRA Impact HIE?

- It will “**accelerate**” everything we’ve been doing
- It’s a “**catalyst**”
- It provides a “**focus**” on the opportunities and benefits
- It “**changes the expectation**” for what is required of health information exchange
- It will “**shine a light**” on the need for HIE
- It will cause a “**tipping point**” in EMR adoption

A wide variety of concerns were expressed

- States will have to **compete** for the funds
- There are many **funding targets**:
 - national efforts, states, regions, sub-national, loan programs, and privacy and & efforts
- **Lack of coordination** may result in fragmented HIE efforts
- It will take **more than an infusion of capital** to accomplish this
- The meaning of “**meaningful use**” is not clear

A wide variety of concerns were expressed (cont.)

- The money may be **wasted** or it may not be spent wisely
- The government might place many **bureaucratic** requirements on applying for and spending the money
- This could be a lot like the run-up to Y2K with a lot of **“fly-by-night”** vendors entering the health care IT space
- Money may end up in the pockets of unqualified vendors.

“The sharks are circling”

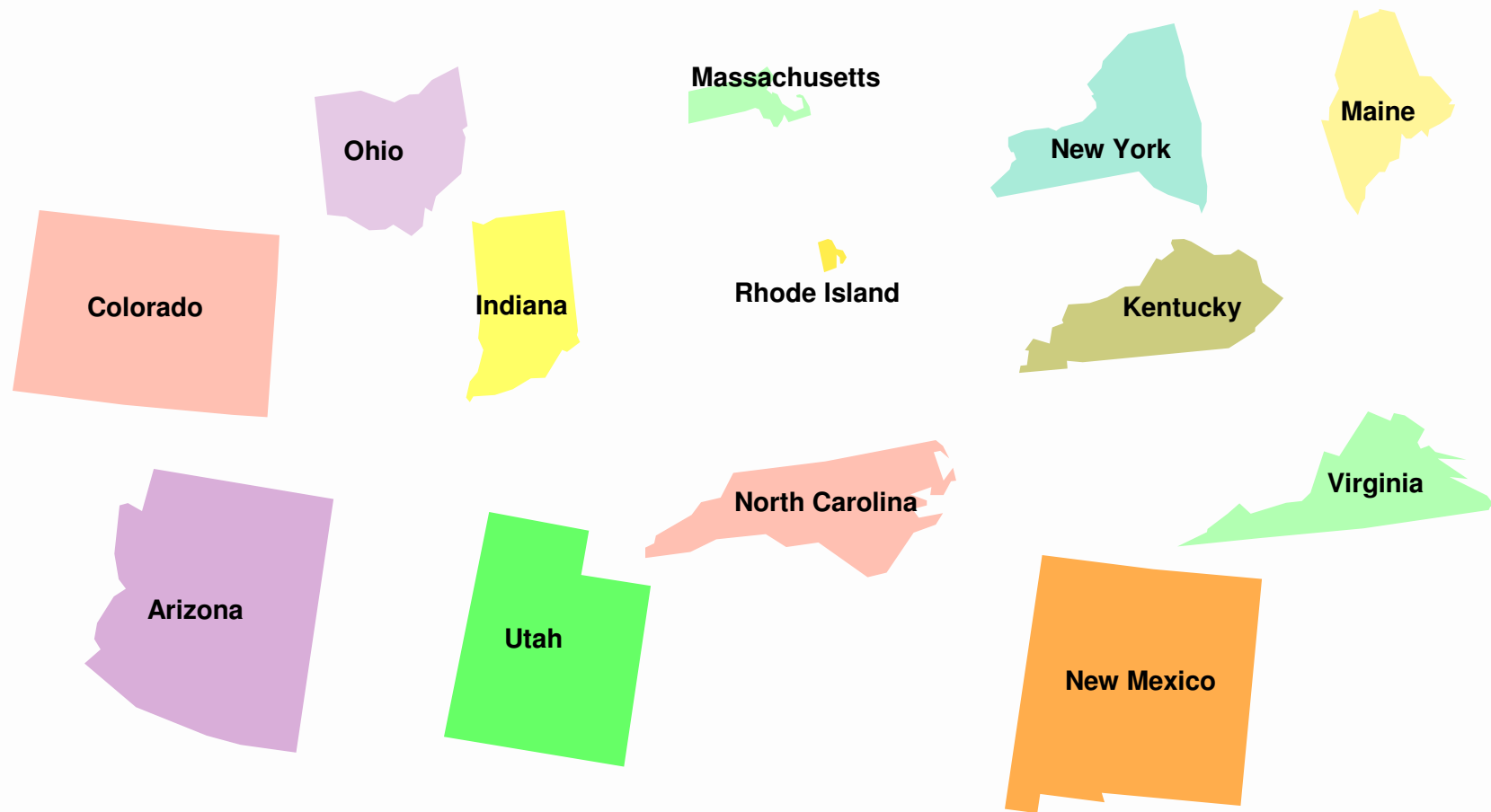
Examples of the varied activities

- Waiting until more information is available
- Coordinating research institutions, HIE programs and state efforts
- Hospitals planning to certify home-grown systems
- Developing plans based upon clear HIT strategy
- Holding “town hall” meetings for state input

Examples of the varied activities (cont.)

- Actively soliciting input from around the state via a website
- Leveraging work already done in the HIE area
- Working to understand the ARRA and create a statewide approach
- Appointing a state-wide stimulus “czar” or other person to oversee the efforts

Some state activities can be described as leading practices



Our Observations and Conclusions

- There is a common sense of **optimism**
- ARRA is seen as **major opportunity** – we may never get another chance like this
- There is **varying amount of activity** among the States
 - Some states are asking the regions for their input, some have not yet done so.
 - In the states where there is not a centralized coordinated effort, **independent** activities are springing up.
- The stimulus funds are not enough for **sustainability**
- Potential for **fragmentation** of HIE efforts without tight coordination

Our Observations and Conclusions

(cont.)

- Need to have **operating money** in addition to capital start up funding
- There is general recognition that technology is only about 10-20% of the true cost of this venture
- HIT implementation needs to be **coordinated** with overall health care reform efforts
- Each state has a different vision for how they can leverage the stimulus to improve health care
- There is something to learn from each approach

Our Recommendations on Leveraging the ARRA for HIE

- 1. Centralize** – Form a team to centralize each state’s planning – ***NOW!***
- 2. Build on your Foundation** – States should build their plans and requests upon previously laid foundations such as state HIT strategies, existing HIEs, telemedicine networks
- 3. Establish Partnerships** – Leverage public / private partnerships

Our Recommendations on Leveraging the ARRA for HIE (cont.)

4. **Coordinate** – Encourage efforts across stakeholder organizations such as: hospitals, universities, public health and physicians
5. **Support** – Develop specific programs to assist physicians
 - Understand the role of HIE and HIT
 - Modify and optimize their work processes
 - Choose the right EMR package
6. **Manage** – States should also develop a solid approach to managing and auditing how the funds are allocated and spent

Interviewees

Rebecca Madison
Alaska eHealth Network
Alaska

Dr. Anita Murcko
AHCCCS
Arizona

Brad Tritle
AZHeC
Arizona

Laura Landry
Long Beach Network for Health
California

Dave Minch
John Muir Health
California

Phyllis Albritton
CORHIO
Colorado

Lynn Dierker, RN
State-level HIE Consensus Project
Colorado

Rich Kubica
Hartford Hospital
Connecticut

Cara Campbell
NGA
District of Columbia

Christopher Sullivan, PhD
AHCA
Florida

Laura Zaremba
Illinois Dept. of H&FS
Illinois

John Kansky
IHIE
Indiana

Charles E. Christian
Good Samaritan Hospital
Indiana

David Johnson
Biocrossroads
Indiana

Christina Stephan, MD
Kansas Health Institute
Kansas

Lt. Gov. Daniel Mongiardo
Office of the Governor
Kentucky

Barbara A. Baker, ARNP, DSN
Office of the Lt. Governor
Kentucky

Ray Campbell
Mass. Health Data Consortium
Massachusetts

Dr. John Halamka
Harvard Medical School
Massachusetts

Dev Culver
HealthInfoNet
Maine

Beth A. Nagel
MI Depart. of Community Health
Michigan

Interviewees

Helen Hill

Henry Ford Health System
Michigan

Marty LaVenture

Minnesota Depart. Of Health
Minnesota

Dana J Gibson, MPH, CPHQ

WNCHN
North Carolina

Andrew Weniger

NCHICA
North Carolina

David Lawton

Nebraska Depart. of HHS
Nebraska

Jeff Blair

NM HI Collaborative
New Mexico

A. John Blair, III, MD

Taconic IPA, Inc.
New York

Susan Stuard

THINC

Trudi Matthews

Healthbridge
Ohio

Abby Sears

OR Comm. Health Information
Oregon

Mark Jacobs

Wellspan Health
Pennsylvania

Phil Magistro

Governor's Office of Healthcare
Pennsylvania

Laura Adams

RI Quality Institute
Rhode Island

Leisa Jenkins

CareSpark
Tennessee

Melissa Hargiss

eHealth Initiatives
Tennessee

Stephen Palmer

Governor's Office of Budget
Texas

Jan Root

UHIN
Utah

Terri Ripley, MIT, CPHIMS

CentraHealth
Virginia

Michael Matthews

MedVirginia
Virginia

Greg Farnum

VITL
Vermont

Rick MacCornack

South Sound Comm. Network
Washington

Larry Biggio

Wyoming Health Information Org.
Wyoming

Resources

- **Analysis of ARRA**
himss.org/EconomicStimulus
- State-level HIE Consensus Project: slhie.org
- **AHIMA:** AHIMA.org
- **National Governor's Association:** NGA.org
- **National Conference of State Legislatures:**
ncsl.org/statefed/2009economicstimulus.htm
- **List of State Stimulus Sites:**
ncsl.org/programs/fiscal/stimulusoversight.htm
- **Summary of ARRA**
himss.org/content/files/HIMSSSummaryOfARRA.pdf
- **FAQs**
himss.org/EconomicStimulus/docs/HIMSS_FAQs_ARRA.pdf
- **HIMSS09 Sessions on ARRA**
himssconference.org/education/ESPSessions.aspx

“What can you do to magnify the impact of the dollars spent to help move the country toward the goal of better health care?”

Dr. Robert Kolodner

Thank You

John D. Halamka MD

**CIO, Harvard Medical School and
Beth Israel Deaconess Medical Center**

Laura Kolkman

**President, Mosaica Partners
www.MosaicaPartners.com**

