

The Total Health Connection - Wyoming Vision for HIE/HIT

Health information technology and exchange provides the umbrella framework to describe the comprehensive management of health information and its secure exchange between consumers, providers, government, quality entities, and insurers. Health information technology (HIT) in general is increasingly viewed as the most promising tool for improving the overall quality, safety and efficiency of the health delivery system. Broad and consistent utilization of HIT will:

- Improve health care quality;
- Prevent medical errors;
- Reduce health care costs;
- Increase administrative efficiencies;
- Decrease paperwork; and
- Expand access to affordable care.

Interoperable health IT will improve individual patient care, and will also bring many public health benefits including:

- Early detection of infectious disease outbreaks around the state;
- Improved tracking of chronic disease management; and
- Evaluation of healthcare based on value enabled by the collection of de-identified price and quality information that can be compared

We envision a totally connected Wyoming, delivering effective healthcare services at the most reasonable cost, through a system which affords convenience for providers and patients.

The Wyoming Department of Health (WDH) has long appreciated the potential for improving the quality and availability of Medicine practiced in Wyoming by embracing Health Information Technology (HIT), and accompanying potential for increasing economic efficiency. The WDH has developed the Total Health Record (THR) model that will provide the structure upon which Electronic Health Records (EHR) and other valuable data may be shared statewide. We understand the potential for such a system to expand into a much broader linkage between all the payers in the state, but to date have neither the tools nor resources to implement this vision. The passage of the 2009 American Recovery and Reinvestment Act (ARRA) could make possible the funding for a more rapid development of a statewide Health Information Exchange (HIE) than was initially thought possible. This document will provide an overall picture of the WDH commitment to the THR process, and how we envision partnering with providers and payors of healthcare in the Wyoming to produce a fully functioning HIE.

1. The Total Health Record

The goals of the THR initiative are consistent with Wyoming's desire to integrate client-centered and preventive care into the overall electronic continuum of care record, to emphasize pro-active quality care as a component of provider reimbursement, and to facilitate an integrated team approach to managing each client's healthcare. Wyoming is participating with the Federal Agency for the Healthcare Research and Quality (AHRQ) project team, along with several other states, to support this project by gaining best-practice information and expertise regarding provider participation in such efforts and how to most effectively use quality indicators to reflect quality improvement within the program. The specific goals of this program are to:

- Improve the quality of care provided to patients by use of tools that support the coordination of services across the continuum of care, the medical home and specialty care providers.
- Enhance opportunities for continuous care improvement and at the same time reduce wasteful use of resources.
- Promote adoption of evidence-based care through increased awareness of and participation in available disease management protocols, aimed at improving health outcomes and preventing further disease complications among patients.
- Integrate WDH existing information technology Infrastructure.

By integrating these concepts with the electronic continuum of care health records program in the THR initiative, clients will have in one place, user-friendly, more personalized information about their conditions, access to healthcare professionals and educational materials. As a result, the emphasis on improving care management and distinctive health outcomes, and the reduction in duplicative or unnecessary services, will ultimately lower Medicaid costs and improve the effectiveness and efficiency of the Medicaid program. The same benefit would be recognized by any payors using the system.

Components of the Total Health Record-The THR initiative consists of the EHR, the Pay-for Participation (P4P) program, and the Patient Centered Medical Home (PCMH) concept. The overarching goal of the EHR component is to improve coordination of care within Wyoming EqualityCare's healthcare delivery system. The EHR will accomplish this by allowing:

- Clients, healthcare teams (providers, therapists, case managers), client families, and EqualityCare staff, to access important information about a client's health history, status, and provider relationships.
- EqualityCare staff to analyze quality care and financial data.
- Healthcare teams access to shared clinical information and communication with other providers to improve care for clients.

The EHR - will have the capability for clients to access a robust, consumer-directed module via the internet. As we seek to improve quality of care and maintain healthcare expenditures, we must depend on innovative approaches. The area of consumer-directed care is gaining ground as an area in which real savings and quality outcomes can be found, and Wyoming has recognized these exact benefits over the past 3 years in our Health Management program.

Pay-for-Participation Program - A strategic component to the THR model for care management is the P4P program which was implemented in 2007. This provider-level program significantly increases the medical professionals' role in providing quality care to clients by utilizing voluntary reporting for preventive protocols and condition specific, evidence-based treatment and education. The EHR functionality will include the tools to further enhance this program. The P4P structure reimburses providers for the initial assessment of a client and subsequent "participation-based" payments as the plan of care is updated and managed.

Providers submit Health Care Common Procedure Coding System (HCPCS) Level II and Current Procedural Terminology (CPT) coding on claims to Wyoming's MMIS. These codes are reported with the provider's submission of a claim to reflect conditions and/or measures taken during the treatment visit. The selected codes are based on alignment with preventive standards and the Health Management Program reporting strata including the following chronic diseases: Coronary Artery Disease, Congestive Heart Failure, Diabetes,

Chronic Obstructive Pulmonary Disease (COPD), Asthma, and High Risk Maternity. Using the EHR, Wyoming will report performance back to providers, including data necessary to improve client care.

Patient Centered Medical Home Concept -The third component of the THR initiative, which is linked to both the EHR and the P4P program, involves establishing a Patient-Centered Medical Home (PCMH). The PCMH is a team-based model of care led by a personal physician who provides continuous and coordinated care to maximize health outcomes. The PCMH practice provides for all of the patient's healthcare needs or appropriately arranges care with other qualified professionals. This includes the provision of preventive services, treatment of acute and chronic illness, and assistance with end-of-life issues. The team of health professionals, work collaboratively to provide high levels of care, access and communication, care coordination and integration, and care quality and safety. The PCMH should not be viewed as specific to any payer, but rather as a way of transforming the approach to patients, which does best when all payers are committed to the process.

2. Health Information Exchange (HIE)

Over the past several years WDH has been developing an IT infrastructure, which provides a common platform for future WDH IT initiatives. It is the intent of WDH to use the existing WDH IT infrastructure as the foundation for the Healthcare Information Exchange (HIE), a part of the EHR. The WDH HIE infrastructure is still under development by WDH IT, using Visionware's "MultiVue" product as the Common Client Index (CCI) and Microsoft's BizTalk to handle message translations across multiple WDH systems. MultiVue is a probabilistic and deterministic matching engine, written using the Microsoft .NET framework. The product matches and cleanses client data across disparate information systems and multiple access channels to enable the delivery of a single view of a client's demographic information. The CCI and BizTalk functions are currently deployed for production use with the WDH Vital Statistics system.

Wyoming's EqualityCare program is continuing to evolve as a continuum of care model, and the HIE will be an integral part of this model. Client-centered opportunities associated with an electronic continuum of care record represent a significant transformation in the way healthcare and treatment information is available for clients. The historical approach to clinical data was that providers owned the data and clients and payers did not have many access opportunities.

Providers, care managers, pharmacists and other members of the healthcare team, may view other provider involvement in the client's care, enabling them to view the bigger picture of the client's health situation, care and prescriptions. This ability to view integrated information allows the healthcare team to work collaboratively in establishing and monitoring the patient care plan and progress.

Information that is current and presented in an integrated format and allows role-based views is a major change from the way health information has been used in the past. Wyoming's EHR and HIE goes beyond the use of a simple electronic medical record. It allows data to be synthesized and presented in an intelligent way that will benefit all members of the healthcare team, and ultimately the client.

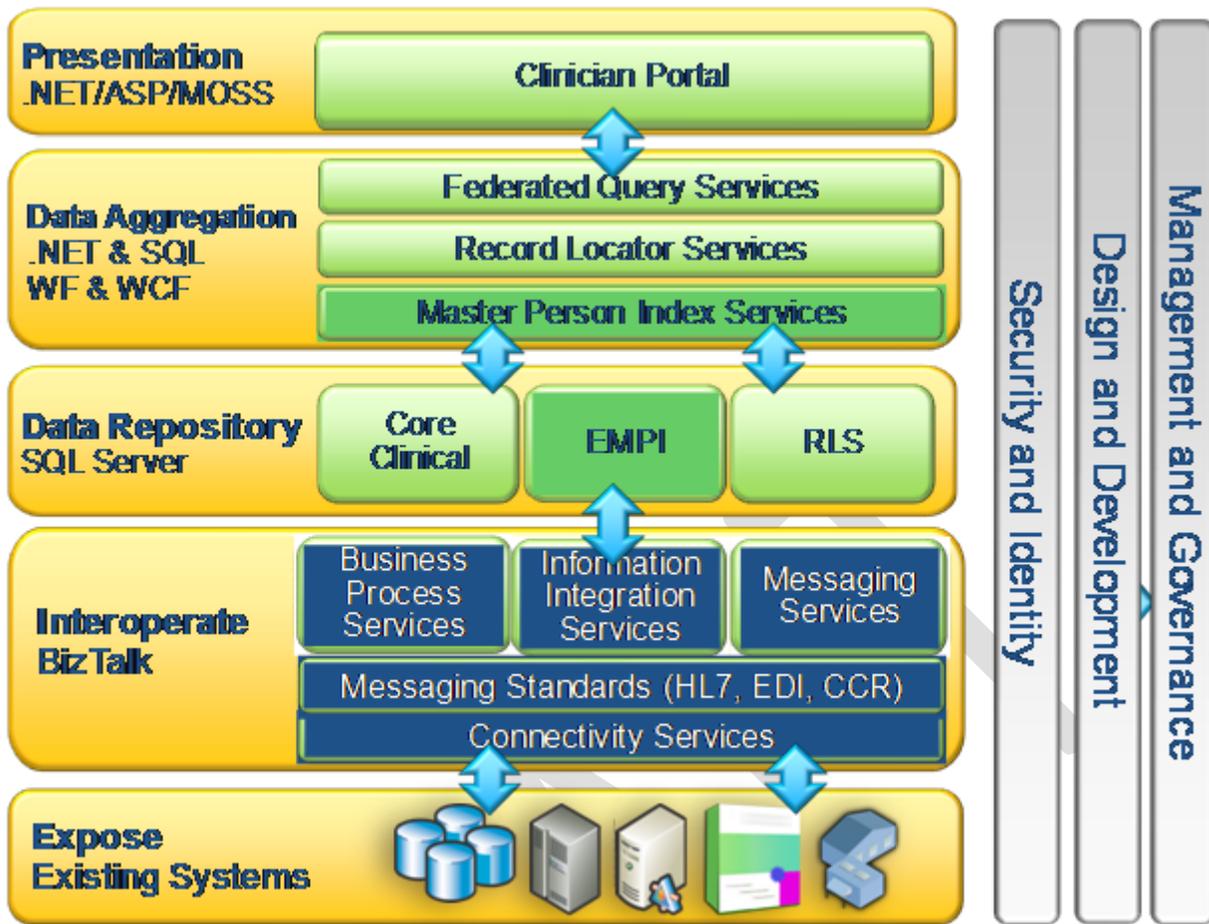


Image 1: Potential Wyoming HIE Structure

Building the HIE - We envision a process where the WDH brings together all major stakeholders, including insurance companies, government employee health plans, hospitals, providers, labs and diagnostic centers, nursing facilities, etc. into a work group. The WDH is in the process of implementing a web based EHR for the THR, which will have the capability to expand into a full, multipayer HIE. Major concerns are the cost of integrating all current systems into the THR, broadband capacity at all sites, confidentiality of payer's proprietary data, cost to the providers of transitioning their current systems and allocation of expenses. Fortunately, all these issues may be resolved within the ARRA funding opportunities. This work group could address these issues and together submit a coordinated grant proposals to the Dept's of Commerce, USDA and HHS that would allow Wyoming the fiscal resources to overcome these barriers. These proposals would be directed through the Governor's office for his endorsement. In taking advantage of the funding opportunity through the ARRA, this proposed plan would result in achieving maximum leverage in the THR investment, by making it available at little or no cost to the State and our providers.