
Health Information Exchange Infrastructure Key to Support “Meaningful” Use by Clinicians and Consumers

Rachel Block

Deputy Commissioner for Health IT
Transformation, NYS Department of Health

FNLM/NLM Conference on Personal Health Records

May 20, 2009



Strong Imperative for Health Care Reform

- US health care very costly and performs poorly compared to other countries
- Many studies and commissions have called for system changes to:
 - Improve public health
 - Improve quality and safety
 - Manage cost and care more effectively

Health IT Is Necessary but Not Sufficient

- Health information exchange is essential complement to health IT:
 - Incentive to use health IT
 - Track care across continuum, hand-offs
 - Empower consumers and families
 - Create longitudinal information
 - Strengthen public health surveillance

Key Concepts in Health Information Exchange

- Technical interoperability of health information systems would facilitate exchange
- Broad acceptance and use of certain policies and standards is also required
 - Governance and accountability
 - Protections re access and use: consent, disclosure of breach
 - Technical policies and standards: data structure, communications; security requirements for authorization, authentication
 - Clinical imperatives: quality, safety, care management policies
 - Financing and incentives

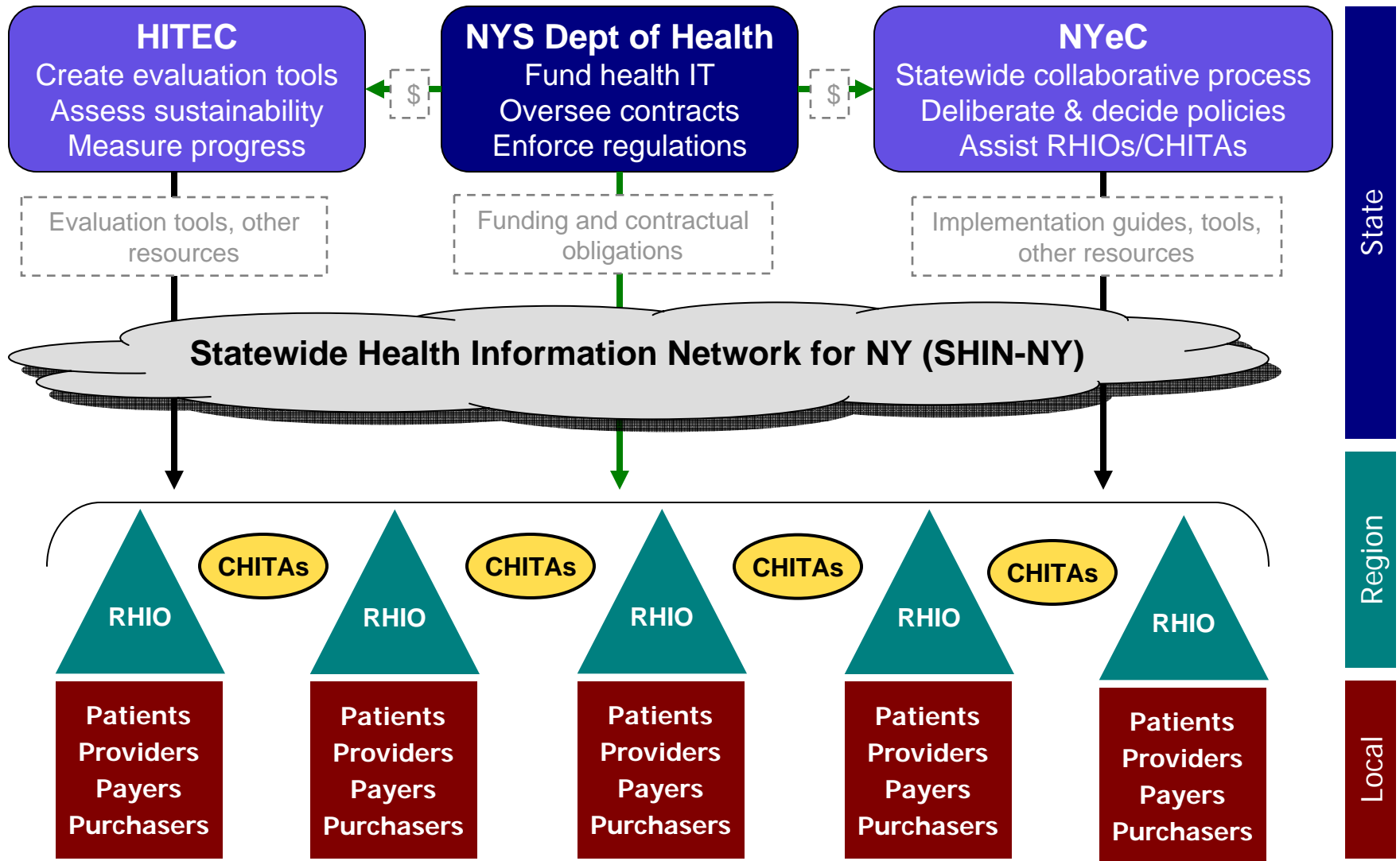
NYS Funding for Health IT and HIE

- **HEAL I** – Seed funding for regional health information organizations and other multi-stakeholder health IT projects
(~ 20 projects = ~\$50 million)
- **HEAL V** – Development of statewide network infrastructure, support for clinical improvements using health IT, and implementation of EHRs in physician practices (\$106 million = 19 projects)
- **HEAL VI** – support of expansion of primary care services including HIT
- **HEAL X** – further support of EHR implementation for improved quality and efficiency with focus on primary care medical home, expansion of support of the SHIN-NY infrastructure \$100 million

Governance and Accountability

- Public trust and trust among participants are key underpinnings for these systems
- Need authority, structure and means to set policy, monitor use, enforce standards
- Federal government has established some policies and mechanisms but not comprehensive
- Need to establish governance and organizational capability at state and regional levels

Governance and Organizational Components: Policy Development and Implementation Framework



RHIO: A governance entity that oversees HIE in its region

7

CHITA: A collaboration supporting adoption of health IT

Policies Governing Access to and Use of Data

- Current law and practices protects privacy and confidentiality – need to translate and adapt to health care enabled by HIE – consent, review of disclosures, notification and remedies for breach
- Policies Governing Disclosure and Use – Treatment, Public Health, Research, etc

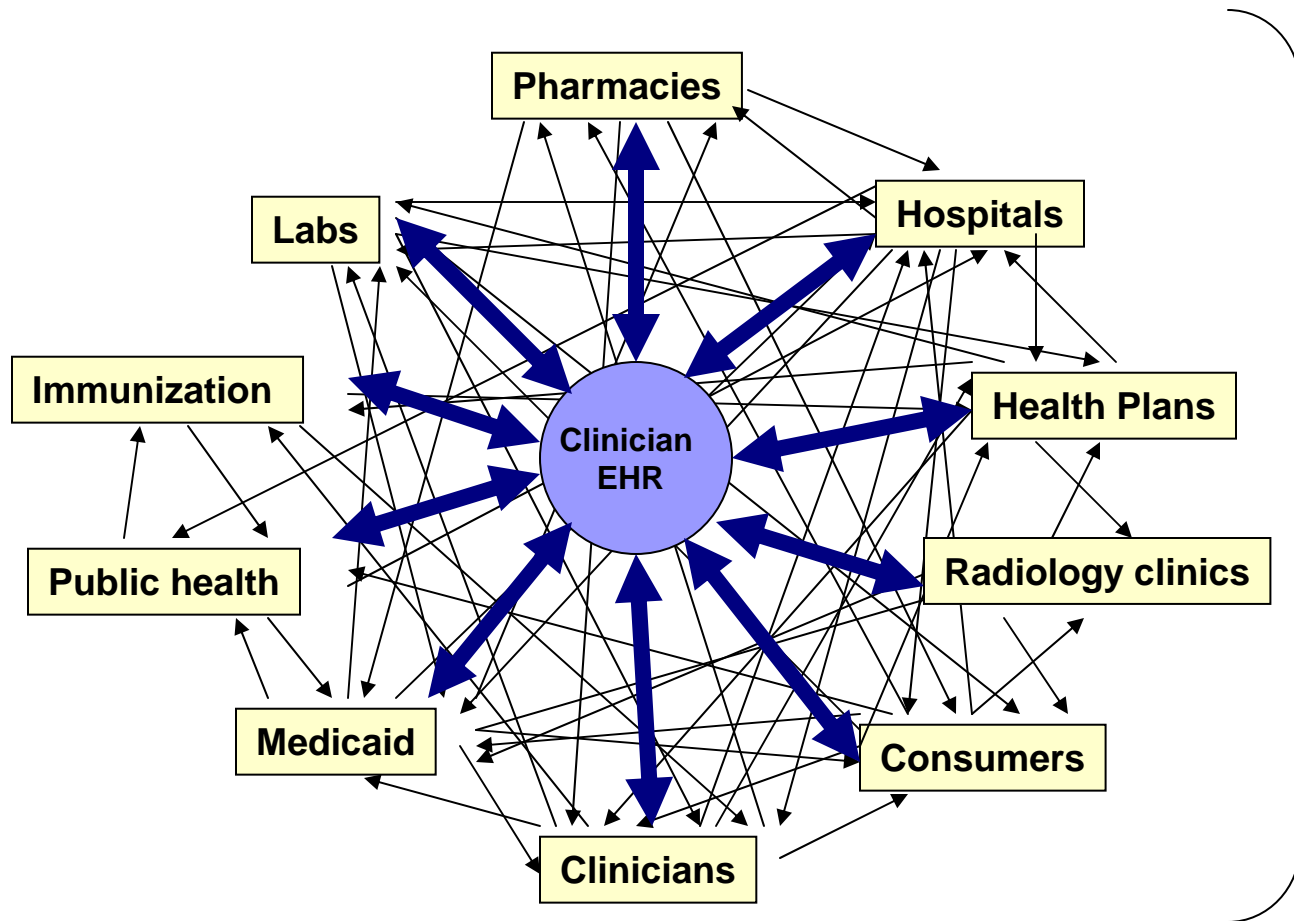
Technical Standards

- Data definitions and record structure
- Product certification requirements
- Strategy for connectivity
 - Hard coded interface specifications versus...
 - Open source, service oriented architecture as in what we use for the internet

Policies and Standards for Technical Security

- Authentication of users (clinicians, consumers)
- Authorization (role-based rights to access patient data)
- Audit (tracking disclosures)

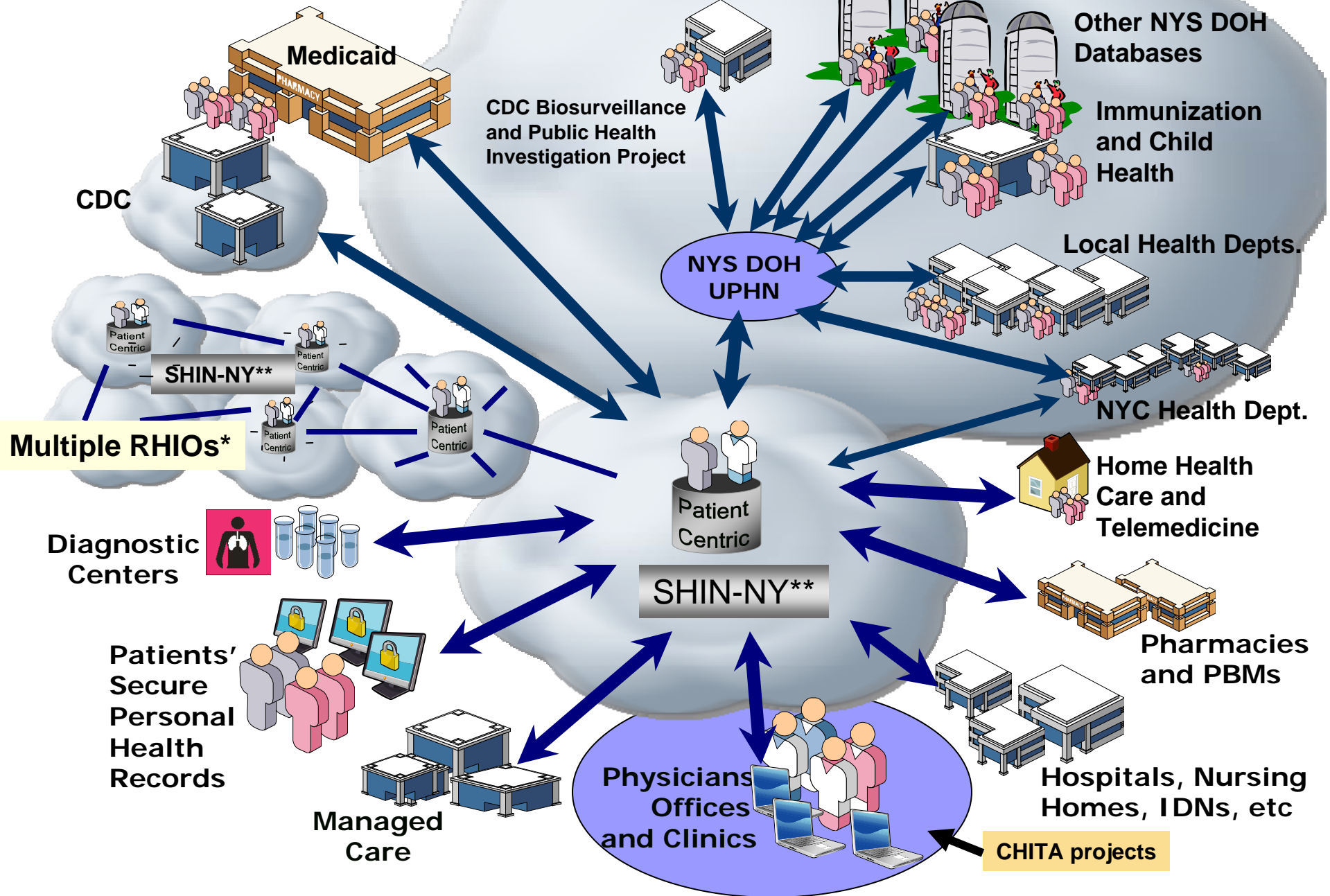
EHR with Unshared Services



- Weak integration
- Costly
- Deadend solution
- No path to future interoperability
- Increased risk of duplication
- Increased risk missing data
- HIGH risk for failed implementation

*RHIOs = Policy
**SHIN-NY = Technology

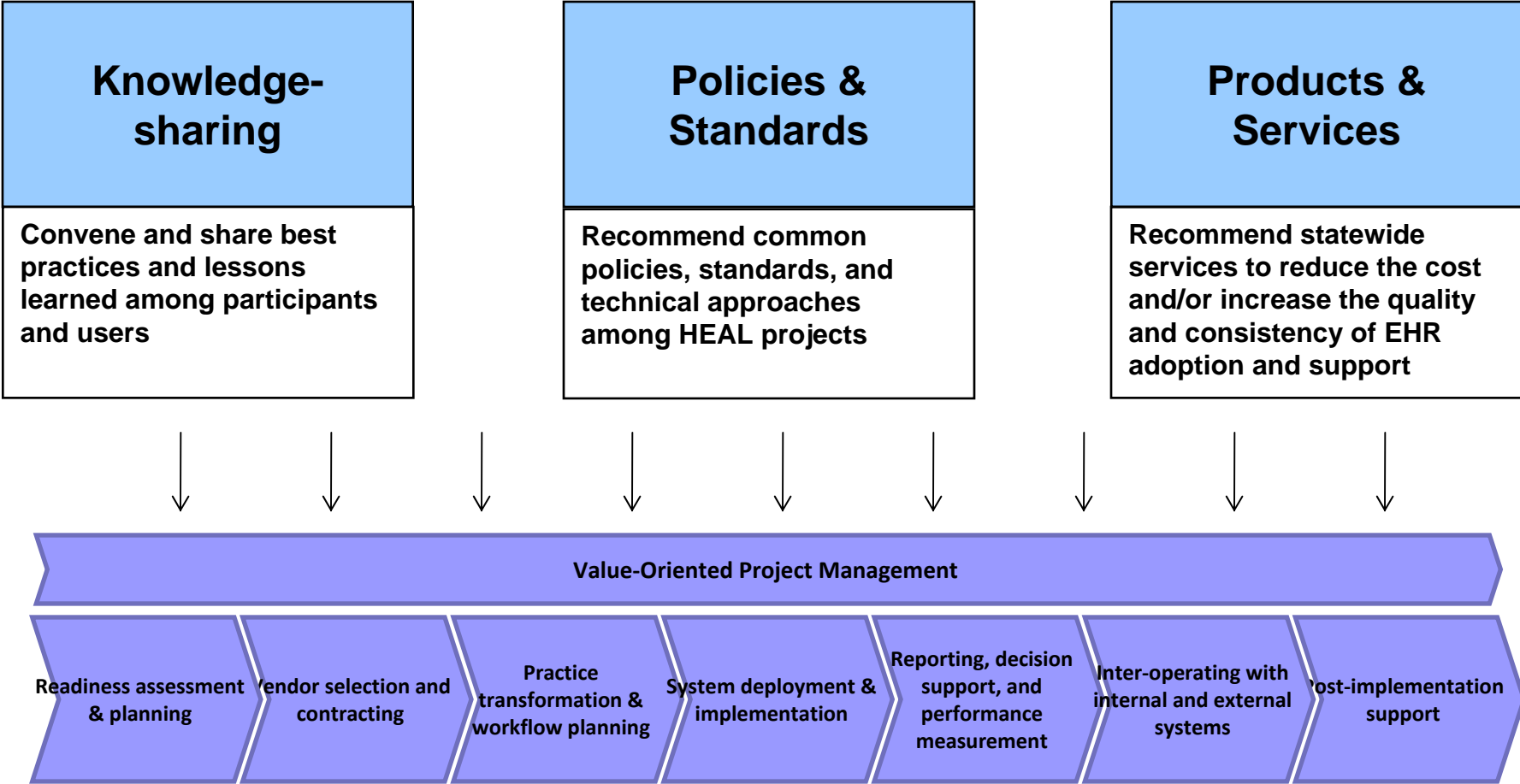
Public Health



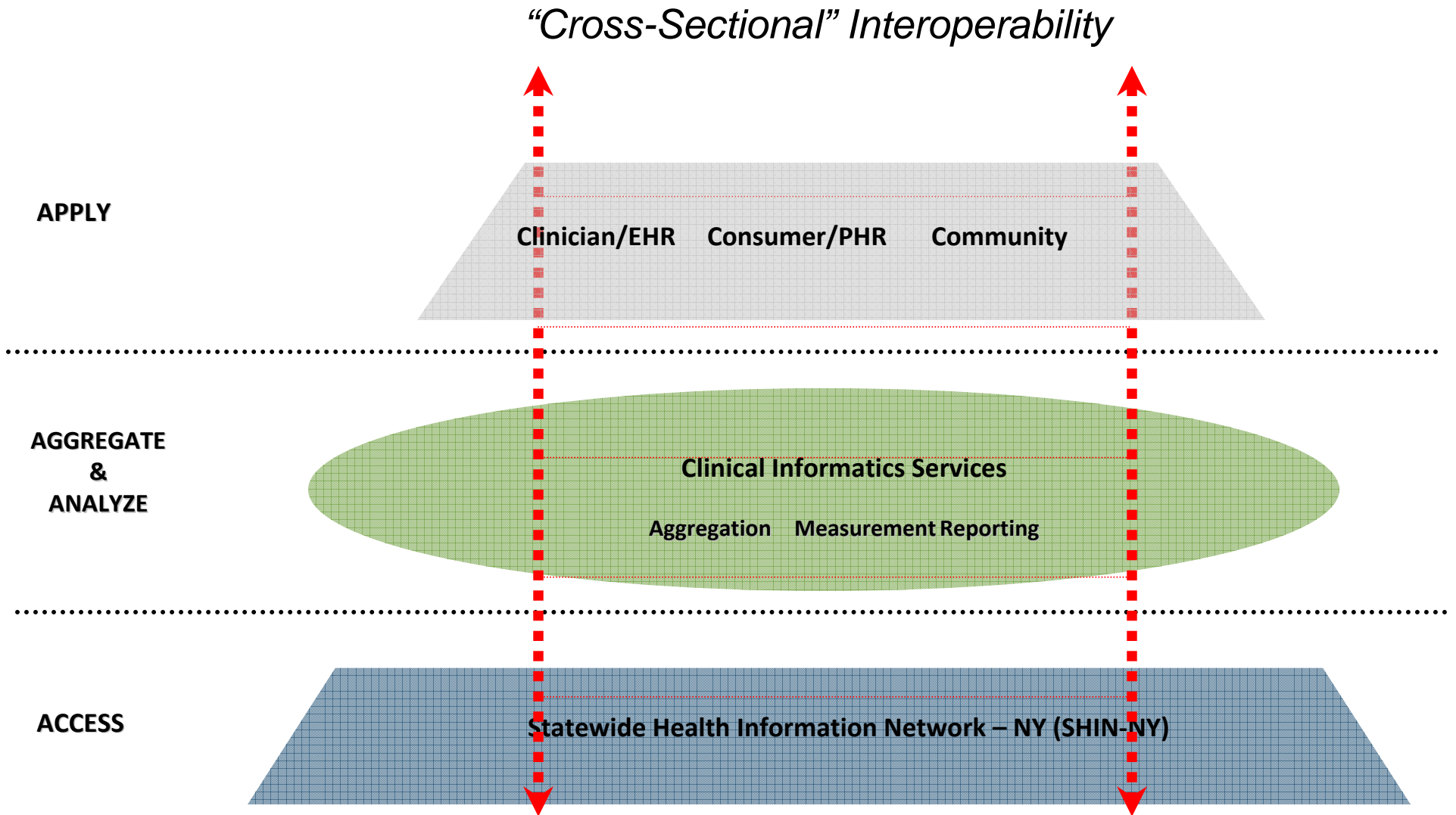
Clinical Imperatives for HIE

- Clinical uses structured around “use cases” which cross walk to technical requirements
 - Continuum of care – medication management
 - Safety and efficiency – e-prescribing
 - Quality Improvement – quality measures for decision support and public reporting
 - Population health surveillance and management

Successful HIE Also Depends on Comprehensive System of EHR Adoption Support Services



Framework for New York's Health IT Strategy

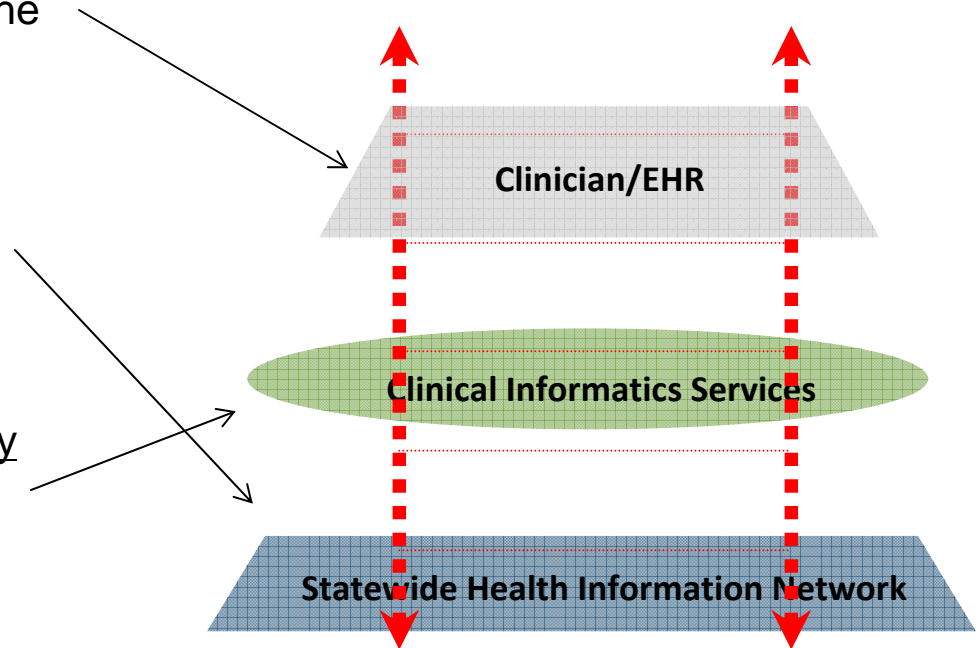


NY Health IT Strategy Is A Framework for “Meaningful” Use

Three Components

- Uses EHR in a meaningful manner, which includes electronic prescribing as determined to be appropriate by the HHS Secretary
- Uses EHR that is “connected in a manner” that provides for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination (in accordance with law and standards applicable to the exchange of information)
- Submits information on clinical quality measures and other measures as selected and in a form and manner specified by the Secretary

Framework for NY’s Health Information Infrastructure



Financing and incentives should be aligned to support development and use of the whole infrastructure