



Washington State
Health Care Authority

*Washington State's Health Information
Infrastructure Advisory Board (HIIAB)*

*Final Report and Recommendations
Submitted December 2006*

A Special Presentation and Discussion with the Georgia State
HII Board

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Web site: <http://www.hca.wa.gov/hit/>

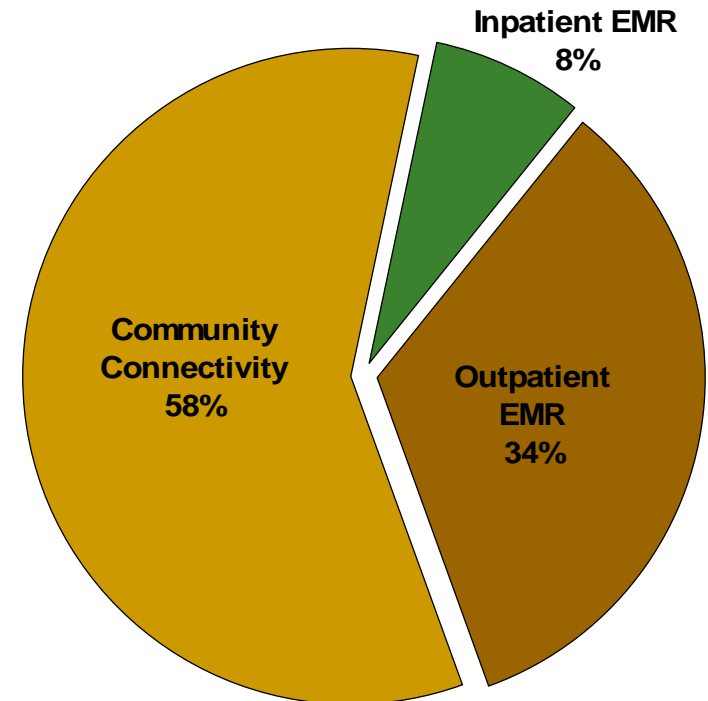
SSB 5064 instructed HCA to:

- Collaborate with twelve member HIIAB
 - Forty-two member HIISAC
- Develop strategy for adoption and use of EMRs and Health IT
 - Consistent with emerging national standards
 - Promotes interoperability
 - Integrates use of personal health records
- Explore technology options
 - National and local consultation
 - Review of Health IT in Washington and other states
 - Recommendations from Health IT leaders
- Examine risks and challenges
- Make recommendations for implementation of statewide health information infrastructure

Statewide Health Information Infrastructure:

- Is available to everyone in Washington State
- Supports voluntary participation, consumer choice
- Provides for consumer-controlled access
- Ensures privacy, security, integrity of systems
- Promotes standardized collection, transmittal, and delivery of health care information
- Advances transparency efforts
- Models financial sustainability

- Health IT benefits derive from interoperability and data exchange
- Interoperability can only occur if the 3 Cs are present:
 - Content – digitized clinical data, EMR adoption infrastructure
 - Community – data standards, collaboration (over competition)
 - Connectivity – technology requirements, e.g., bandwidth, data clearinghouses, MPI, etc.
- *If content and community are present, connectivity is rarely an obstacle*

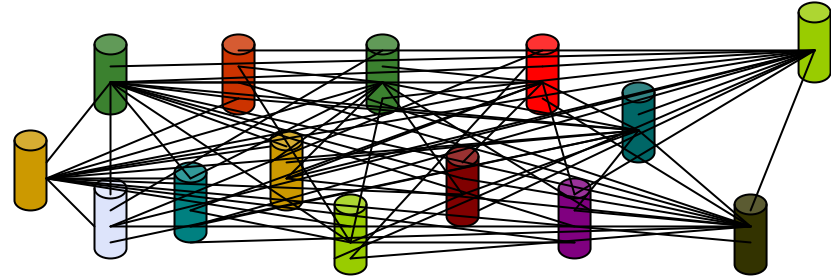


Source: Center for Information Technology Leadership, Partners Health Care, Harvard (2004) as presented by NHII Advisors to HIISAC, Jan 2005

Health IT Model Options

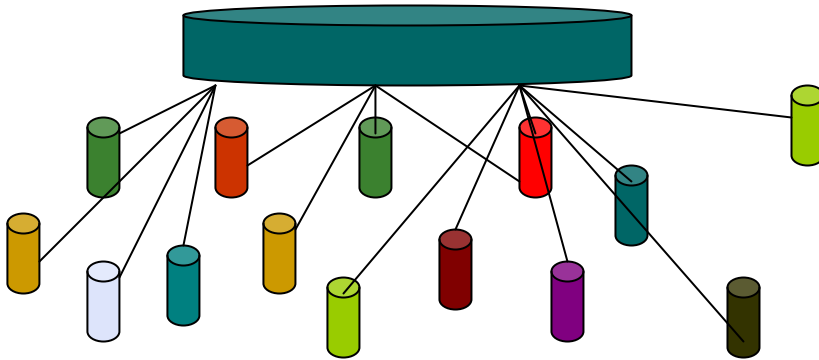
Distributed Model

- Interfaces needed w/every provider
- 14 providers = 91 interfaces
- Every data creator is an incomplete data bank



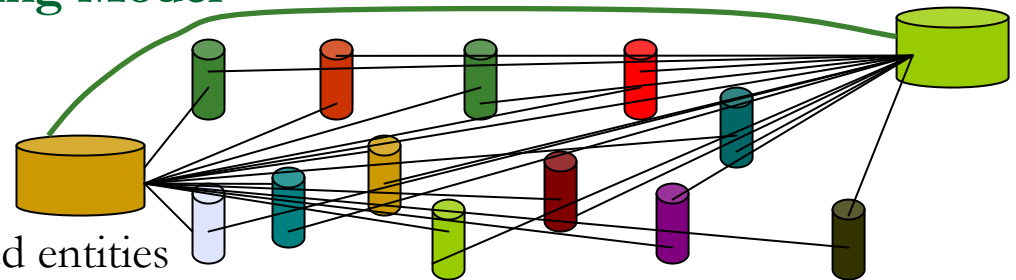
Central Repository Model

- Interfaces needed w/only Bank itself
- 14 providers = 14 interfaces to 1 Bank
- 1 Bank that all providers must connect to

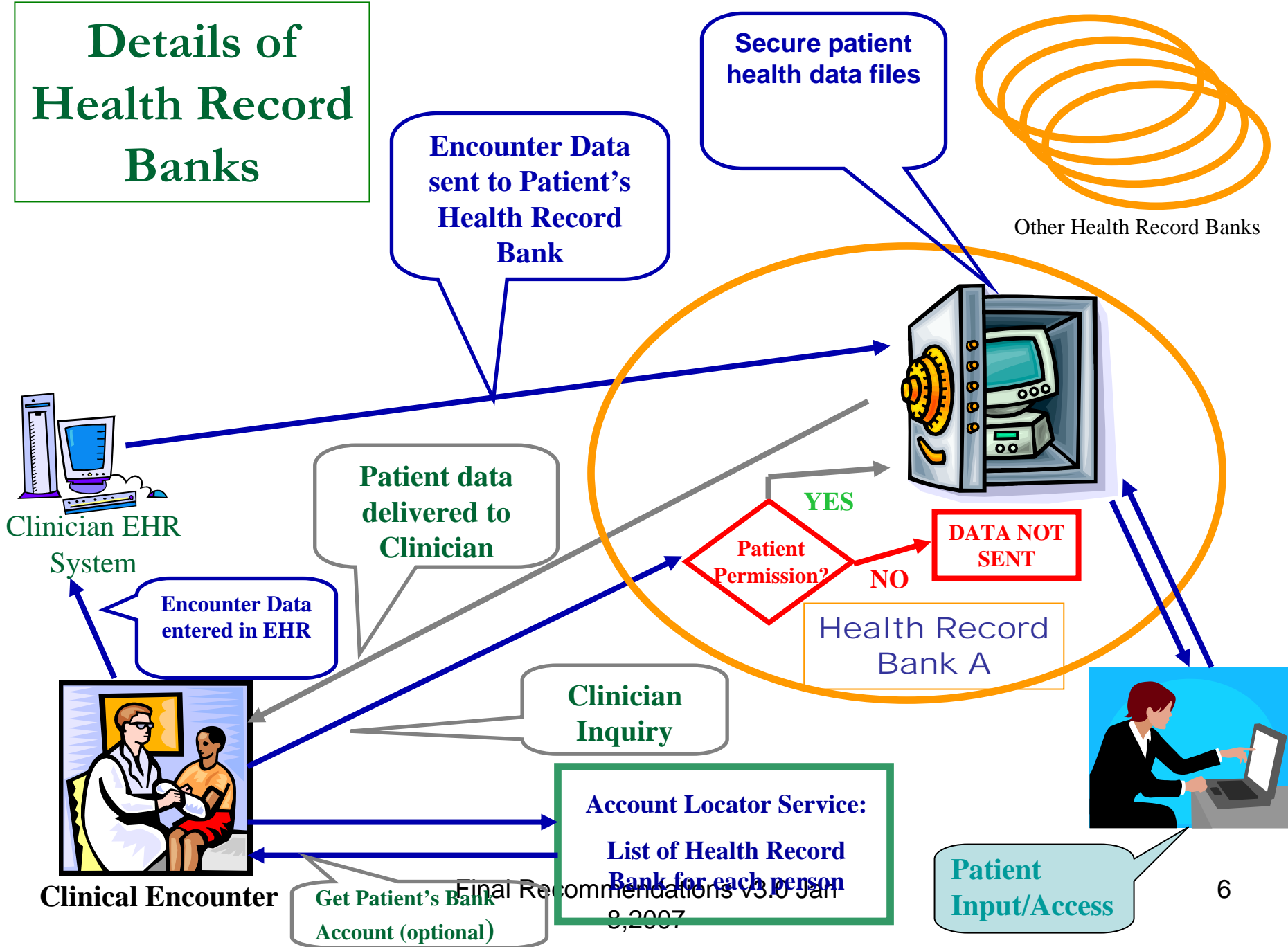


Competitive Health Record Banking Model

- Interfaces needed w/only Banks
- 14 providers = 28 interfaces
- Banks are providers, plans, or trusted entities



Details of Health Record Banks



High-Value Data Set

- **Types of health care data found in a health record bank account:**
 - Patient ID
 - Lab Tests
 - Pathology
 - Medications
 - Allergies
 - Problem List
 - Radiology Report
 - Diagnostic Images
 - Key Clinical Documentation
 - Past Medical History
 - Health Maintenance
 - Vital Signs
 - Clinical Administrative Documents
 - PHR Data Elements
- **High-value data set will be limited at first and expand as more data becomes available in standardized form**



HCA/HIIAB Recommendations

- **Complete plan for initial implementation**
 - Extend HIIAB
- **Implement first health record banks**
 - Six to eight sites using existing infrastructure
- **Meaningful consumer involvement**
 - Convene a council of consumers
 - Integrate consumers in work groups for decision-making
 - Monitor feedback, manage activities for special populations, and target outreach and education
- **Promote EMR adoption**
 - Washington Health Information Collaborative and reimbursement strategies
- **2007-2009 funding**
 - \$8-\$11 million

- A bold, innovative, new step
- Risk of doing nothing
- Phased implementation, evolving system
- Entity interest in becoming health record banks
- Consumer-centric, voluntary participation
- Provider participation
- Financial sustainability
- Neighboring states
- Integration with existing systems, federal activities

Adopt the Vision: January – June 2007

- Identify community partners
- Support statewide strategies
- Facilitate standardization of data and interoperability
- Promote Health IT and EMR adoption

Test and Learn: July 2007 – June 2009

- Complete design work/implementation plan
 - Organization and governance (WSHII)
 - Technical architecture
 - Consumer engagement
 - Performance measures
 - Research and develop first health record banks

Prove and Build: July 2009 – June 2011

- Assess WSHII performance
- Expand health record banking
- Educate providers and consumers
- Promote use of personal health records

Lead and Change: The future of WSHII

- Provides opportunity to improve health care safety, quality, and delivery
- Reduces risks to global competition, state's economy, core services, and citizens' health
- Positions Washington to be a leader in Health IT and high-value health care delivery

Washington State Health Information Infrastructure

“Patient safety is threatened and time and money are wasted on duplicative and unnecessary medical procedures because information is not adequately shared...We need to take steps to do a far better job of making sure information is available to everybody involved with patient care.”

- Governor Gregoire’s Five-point Strategy for Improving Health Care

We can do better