



Workgroup Showcase

Technology used to support health-related functions is broadly known as health information technology (health IT). Electronic health records (EHR) are used to collect and store all of the relevant patient health information. Health information exchange (HIE) involves sharing sections of the EHRs across the boundaries of individual practice and institutional health care settings. The collaborative effort to plan and promote the adoption and use of EHRs, and to share health data through an electronic HIE, has come to be known as the Iowa e-Health Project.

Vision

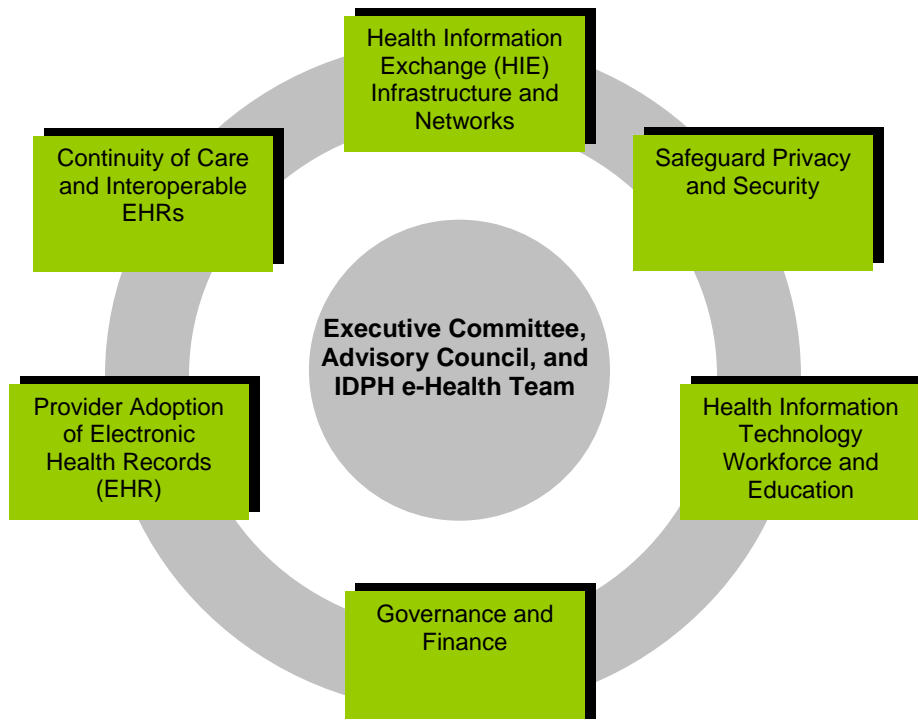
Our vision is for a healthier Iowa through the use and exchange of electronic health information to improve patient centered health care and population health.

This initiative will produce a public good that will:

- Improve quality of health care
- Assure patient safety
- Increase efficiency in health care delivery
- Promote and protect the health of Iowans

In January 2009, the first Electronic Health Information Executive Committee and Advisory Council convened. Under the direction of the Executive Committee with support from Iowa Department of Public Health, several volunteer workgroups were established to identify the objectives and action steps necessary to promote the adoption and use of health IT in Iowa.

e-Health Workgroups and Advisory Bodies



The Executive Committee, Advisory Council, and workgroups are comprised of diverse stakeholders from public and private entities including providers, professional associations, government, payers, educators, researchers, and consumers.



Jeopardy Showcase Summary

Continuity of Care Document and Interoperable Electronic Health Records (EHRs)

1. The Health Information Technology Standards Panel (HITSP) develops standards to enable interoperability.
2. A Continuity of Care Document (CCD) is a patient summary of the most relevant administrative, demographic, and clinical information about a patient's healthcare.
3. Examples of clinical data exchange include: e-prescribing, continuity of care documents, and discharge summaries.
4. Proof of concept projects can be planned between a small number of providers to test specific components of the HIE.
5. Twitter, Facebook, Instant Messaging, and streaming of Netflix are NOT defined uses of the HIE.
6. Use cases describe the system from the user's point of view.
7. Common Data Transport (CDT) is a national health agenda activity that addresses standards for information systems to transport data from one system to another.
8. The Certification Commission for Health Information Technology (CCHIT) is an organization that establishes criteria for functionality, security and interoperability of health IT systems.
9. HL-7 is a technology standard that defines the format and content of messages that health application systems must use to exchange information.
10. The interoperable EHR matrix is a tool that has been developed to help prioritize data elements and types of clinical data exchange.

Health Information Exchange Infrastructure and Networks

1. The National Health Information Network (NHIN) is being developed to provide an infrastructure for secure, interoperable, nationwide exchange.
2. A Health Information Exchange (HIE) is the infrastructure that facilitates and supports the exchange of electronic health information among clinical and population health settings within a region or community.
3. A hybrid infrastructure model allows independence for providers who maintain and support their own EHR systems, yet provides needed technical support for smaller providers.
4. A patient identifier or patient matching algorithm is an element of the HIE needed to correctly match patients with their clinical data.
5. A Master Patient Index uses technology and algorithms to link patient data from disparate networks and create data exchange opportunities.
6. Role-based security is a control used to monitor all request and changes to the patient records and ensure records are only viewed and modified by authorized sites and registered users.
7. Researching smart practices will help us learn about other HIE experiences so we don't make the same mistakes.
8. To save up for the initial investment in the state's HIE, food and drinks are non-existent at all state e-health council meetings.
9. Iowa Health System's *HealthNet Connect* and the Iowa Hospital Association's Rural Telecommunications Project are two FCC projects extending network access to hospitals across the state.
10. A central data repository for all Iowa healthcare records is NOT considered a viable option for Iowa's HIE architecture.

Safeguard Privacy and Security

1. A safe harbor is a provision to reduce the risk of sharing electronic health information, given that specific steps were followed.
2. Changes to Iowa law could help foster interoperable electronic health information exchange in Iowa.
3. A Legal Data Sharing Agreement template has already been developed through the HISPC project and can be customized for the Iowa HIE.
4. Opt in or opt out is a policy decision that offers consumers the choice of including or excluding their data from the HIE.
5. Iowa is gathering existing privacy and security policies and procedures from other HIEs and e-health projects.
6. A universal patient consent form is a tool Iowa could implement to outline individual consumer preferences related to the HIE.
7. <http://healthit.hhs.gov/HISPC> is the federal website containing a wealth of privacy and security resources.
8. Access, authentication, authorization and audit are four security policies needed for the Iowa HIE.
9. "Your information is safe and secure in a system that can only be used by the people who are caring for you, and only with your consent" is a key consumer message about privacy and security.
10. Mental health, HIV/Aids, Substance Abuse and Genetics are categories of records that are "specially protected" under Iowa law.



Provider Adoption of Electronic Health Records (EHRs)

1. A provider is a physician, hospital, nursing home, home care agency, etc., that creates and uses health information to provide care.
2. A provider assessment survey will help determine the current level of EHR adoption in Iowa.
3. Established and potential EHR users will share their joys and sorrows in focus groups to be scheduled throughout Iowa.
4. Sis-boom-bah is the sound of overinflating a sheep.
5. Although sometimes perceived as a barrier, HIPAA doesn't prevent sharing health information for treatment purposes.
6. Provider organizations and/or associations will be used to spread the news about the e-Health Project.
7. According to IFMC's 2007 Physician Office HIT survey, approximately 25% of Iowa physician offices are using EHRs.
8. In 2010, the federal government plans to implement Regional HIT Extension Centers to help providers implement EHRs.
9. Financial constraints and time to implement and train staff are considered two main barriers to EHR implementation.
10. According to a 2009 Iowa Hospital Association survey, approximately 87% of Iowa hospitals are using EHRs.

Health Information Technology Workforce and Education

1. Iowa e-Health Communication Plan will be used to outline key messages and strategies to help consumers and providers understand health IT.
2. The Health Information Security and Privacy Collaboration (HISPC) Project resulted in nationwide communication resources that can be leveraged for Iowa.
3. A student project is a cost-conscious approach that will engage creative talents throughout the state to propose a long-term program brand and identity for the e-Health project.
4. A workforce competency study is a method to define the skills and knowledge required to educate the HIT workforce.
5. The HIT workforce is made up of health care providers, IT staff, health informaticists, and health information management professionals.
6. An e-health workforce plan will help monitor HIT growth and recruitment in Iowa.
7. Iowa colleges and universities will provide formal HIT training and education programs.
8. Kathy Schneider, Project Manager, Iowa e-health Project, specializes in herding cats while maintaining an especially pleasant demeanor.
9. HIMSS, AMIA and IAHIMA are professional organizations that provide valuable workforce studies.
10. Communication is absolutely essential for the Iowa e-health initiative to succeed.

Governance and Finance

1. Based on current literature, it can take a HIE 3 to 7 years to become self-supporting.
2. Watching paint dry goes faster than implementation of the ARRA HITECH Act.
3. Options for HIE Governance Models are Government-led, Public utility or Private-led with government collaboration.
4. A Health Information Exchange (HIE) is funded through sources that include federal and state grants, appropriations, and private contributions.
5. The HITECH portion of the American Recovery and Reinvestment Act (ARRA) provides \$2B nationally for state HIT grant programs.
6. The Iowa e-health project is a collaborative effort to plan and promote the adoption and use of health IT in Iowa, established under HF2539. The website is:
www.idph.state.ia.us/hcr_committees/electronic_health_info.asp.
7. The Office of the National Coordinator for Health IT (ONC) is the federal agency that leads the national e-health effort.
8. Public-private partnerships are the governing structure for the majority of operating HIEs.
9. According to a 2008 survey, there are approximately 42 operational HIEs that exist in the U.S.
10. A sustainable business model is one of the most significant challenges for all HIE efforts.

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