

Sustaining Maine's Momentum in Health Information Technology:

The Foundation for Health Care Transformation

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Policy Leaders Academy Health Care Forum

The Policy Leaders Academy (PLA) is a nonpartisan educational program for Maine Legislators on the Maine economy. PLA has been delivering high quality, objective and non-partisan experiential training to Legislators since 1985. Its purpose is to help Legislators understand Maine's dynamic economy, the drivers of long-term growth, and what it takes to achieve job creation. A key component of PLA is the Health Care Forum designed to bring a variety of experts on health care issues together to speak directly with Maine Legislators.

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Health Information Technology Fast Facts:

- In 2010, 54% of doctor's offices and 97% of Maine hospitals used a form of EMR.
- Better exchange of health information reduces staff time and redundant testing, which can lower costs.
- Fifteen of Maine's 39 hospitals have connected their EMR systems to the statewide health information exchange (HealthInfoNet). In 2011, 14 new hospitals and multiple physician practices will be linked in.

What is Health Information Exchange (HIE)?

- HIE is how hospitals and providers can share healthcare information digitally between separate health care information systems across a region or community.
- Maine is a national leader in HIE with HealthInfoNet as one of only five operational HIE organizations in the country.
- HealthInfoNet, a nonprofit public/private partnership founded in 2006, supports secure and private HIE for over 840,000 Maine residents.
- HealthInfoNet could save up to \$50 million per year in health care costs as caregivers order fewer unnecessary and duplicative tests, procedures and prescriptions.¹

Maine's Public Private HIT Partnership to Transform Health Delivery

Improving our health care system is an urgent national priority. The system's soaring costs and inconsistent quality concern patients, providers, and policymakers, prompting broad consensus that improving our health care system's performance, equality, and financial sustainability is critical to the future of the nation's economy and health of its citizens.

Expanding the effective use of HIT is vital to transforming our health care system, and initiatives to advance HIT have benefited from bi-partisan support both in Maine and nationally

The majority of key health delivery improvement strategies advanced by national leaders, including the Patient Centered Medical Home model and developing Accountable Care Organizations (ACO) as ways to drive payment reform, depend on the use of HIT to support real-time sharing of patient data to assure care coordination, effective treatment, and prevent duplication of testing. Maine has been a national leader in moving such delivery system improvement strategies forward – building upon its long history of public and private sector collaboration and information technology investments.

¹Alfreds ST, Witter, D. The Impact of Electronic Health Information Exchange (HIE) Services in Maine: Avoidable Service and Productivity Savings Estimates Related to HealthInfoNet Services. University of Massachusetts Medical School Center for Health Policy and Research. November 2008.

- Maine's first in the nation public/private All-Payer All-Claims database has provided a good foundation for the development of health data system systems that allowed the analysis of variations in care in rural areas that spurred improvements in rural health delivery across the nation;
- Maine's largest health care systems have agreed to work together to share important patient data. This cooperation, in 2006, resulted in the formation of one of the first-in-the nation nonprofit HIE organizations, HealthInfoNet (www.healthinfonet.org). Currently, HealthInfoNet securely supports information exchange for over 860,000 Maine residents – more than 60% of the state population. The hospitals and physicians now connected to the exchange account annually for 52% of all hospital discharges, 50% of all Emergency Room visits, and 42% of all ambulatory care activity in Maine. In 2011, HealthInfoNet will add at least fourteen more hospitals (in total including 29 out of Maine's 39 hospitals) and six large independent physician practices;
- In 2010 Eastern Maine Healthcare Systems in partnership with HealthInfoNet and multiple health care organizations in the Bangor region were one of only 17 communities nationally that received the prestigious Beacon Communities Grant from the federal Department of Health and Human Services. The goal of the Beacon program is to get hospitals, clinicians, and patients to use HIT to achieve measurable improvements in health care safety, efficiency, and population health.

The National Drive for HIT Adoption

The federal government's role in advancing HIT began in 2004 when President George W. Bush signed an executive order to create the Office of the National Coordinator for Health Information Technology (ONC). The Office was then legislatively mandated in the 2009 Health Information Technology for Economic and Clinical Health (HITECH) Act, a section of the American Recovery and Reinvestment Act (ARRA) or stimulus package. ONC is a resource and funder of efforts to promote the adoption of HIT and nationwide health information exchanges.

The federal HITECH Act sought to improve health care delivery and patient care through an investment in HIT of over \$40 billion with a focus on providing assistance and technical support to providers, promoting coordination and alignment within and among regions and states, establishing electronic connection with public health data, and assuring our nation has a properly trained and equipped workforce to be meaningful users of HIT. Combined, these programs build the foundation for every American to benefit from an electronic health record, as part of a modern, interconnected, and vastly improved health care delivery system.

ONC and the federal Center for Medicare and Medicaid Services (CMS) have rolled out a number of incentive programs to promote HIT adoption and support demonstration of its value and potential to improve care. These incentives particularly target primary care

and rural providers as well as small rural hospitals for whom investing in HIT systems can prove difficult and cost-prohibitive.

Maine's HIT Successes Get Federal Recognition

Maine's collaborative work to advance HIT resulted in a number of grants being awarded to the state in 2010. In March 2010, the State of Maine received a State Health Information Exchange Cooperative Agreement Program award that provided \$6.6 million to set up and fund the Office of the State Coordinator for HIT (OSC) within the Maine Centers for Disease Control and support the expansion of HealthInfoNet across Maine. States are required to have a HIT Coordinator under the Health Information Exchange Cooperative Agreement Program. The HIT Coordinator is charged with providing HIT leadership and coordination across the federally funded state programs including supporting the efforts of the State Medicaid Directors in implementing the State's Medicaid EHR incentive program. The HIT Coordinator performs two main roles:

- Develop and advocate for HIT policy to achieve statewide goals. The Coordinator must focus and prioritize activities to make rapid progress to help doctors meet meaningful use requirements.
- Coordinate HIT efforts with Medicaid, public health and other federally funded state programs.

In 2010, based on HealthInfoNet's successful track record in building and demonstrating HIE in Maine, HealthInfoNet was officially established as the sole statewide health information exchange for the State of Maine by Executive Order (April 6, 2010).

HealthInfoNet's confidential and secure private electronic health information system currently allows providers to share critical information such as drug allergies, prescriptions, medical conditions, and lab and test results. As the state-wide network, HealthInfoNet can gather and "package" key information from separate health care sites and laboratories to create a single electronic patient health record so doctors and nurses have up to date information when patients are in the office or hospital. In an emergency, HealthInfoNet helps providers quickly and accurately diagnose and treat patients. In non-emergency situations HealthInfoNet helps decrease ordering of repeat tests and give providers a more complete data to reduce medical mistakes, improve quality of care by and lower overall health care costs.

In April 2010, HealthInfoNet in partnership with Quality Counts was awarded \$4.7 million through the Health Information Technology Extension Program to serve as Maine's Regional Extension Center (MERIC). The goal of the MERIC is to accelerate the adoption and use of electronic medical records (EMR) and their connection through HealthInfoNet to 1,000 primary care physician practices and 22 small rural (Critical Access) hospitals. Through the support of the Maine Health Access Foundation and the Finance Authority of Maine, the MERIC is also providing access to low-interest loans for primary care providers who want to move their practices to EMR adoption.

In May 2010, Eastern Maine Health Care Systems in Bangor was awarded \$12.7 million under the federal Beacon Community Cooperative Agreement Program. The goal of this program is to provide communities with funding to build and strengthen their HIT infrastructure and exchange capabilities. The Bangor Beacon Community is one of 17 nationwide sites selected to demonstrate how hospitals, clinicians, and patients can use health IT to share information, improve quality and insure better health for their patients and all people living in their communities. Lessons learned from this ambitious project will benefit the entire State.

In 2010, two of Maine's community colleges received a combined \$400,000 under the ONC Health IT Workforce Development Program, to train the workforce needed to support HIT expansion in Maine. Kennebec Valley Community College in Fairfield and Southern Maine Community College in South Portland have used these funds to develop new intensive, non-degree HIT training programs that can be completed in six months or less. The programs starting enrolling students in the fall of 2010 and are funded to provide educational services to 485 students.

Maine's HIT Leadership: Building on Our Success

The funding coming from the federal government has been a substantial boost to Maine's work to advance HIT adoption and use across our state. This funding provides needed capital to continue to purchase and implement HIT systems like EMRs, HIE and analytic systems to measure success. Yet these funds represent only a catalyst for the technology transformation. The federal government, through the stimulus package, intended for concerted efforts on behalf of regions and states to convene public and private stakeholders to assure sustainability of the HIT investments and ultimately use of HIT.

In the next few years, Medicare and Medicaid will begin to change their reimbursement for services deepening on whether providers and hospitals are using EMRs to their optimal capacity. For those providers who are not "meaningful users" by 2015, Medicare will begin implementing reimbursement penalties.

In 2011 and 2012 Maine's health care and policy leaders will need to work together to assure that:

- Maine's groundbreaking HIT work is supported so that the health care system doesn't lose Medicare reimbursement;
- The investments being made in HIT are aligned across public and private sectors of the health care system (MaineCare, Maine CDC and private insurers); and,
- The HIT needs of healthcare providers, like community mental health providers, nursing homes, home health agencies and others who did not receive federal HIT funding benefits are not ignored (*NOTE: there were no funds for long-term care or behavioral health made available in the HITECH Act*).

Maine's leadership and public private partnerships are currently aligned to address many of these issues. In March, 2009, a statewide HIT Steering Committee (HITSC), made up of a diverse set of Maine health care stakeholders including state government officials, representatives of hospitals, primary care providers, health centers, rural health, long-term care, HIE, consumers and others, were brought together by the Governor's Office of Health Policy and Finance. The group volunteered to provide input and help develop a State HIT Plan that both encompasses the successes of the many HIT and HIE initiatives in the state and meets the HITECH funding requirements outlined by ONC and CMS. This plan was officially approved by ONC in August of 2010 (www.maine.gov/HIT). The Steering Committee continues to meet monthly to provide input and advice in advancing Maine's HIT activities to support health care improvement.

Issues and Priorities for Policymakers to Sustain HIT Progress

Maine is a national leader in implementing HIT and systems that improve health care delivery. Over \$100 million has been invested by Maine's major health care systems on HIT. Over \$25 million in grants have been awarded to the State through federal stimulus funds. These grants provide an important catalyst to advance HIT tools so that entire state benefits.

During the next legislative session, elected officials will need to seriously consider specific actions to assure the equity, sustainability and coordination of HIT activities in Maine. Specific priorities for consideration include the following:

1. Providing patients meaningful choice to share critical health information for treatment purposes.

Maine's privacy laws governing the release of health information were developed before the advent of electronic health record keeping. When these laws were developed, specific protections requiring patient consent for the disclosure of high-risk information (such as HIV and mental health information) were established. To comply with Maine law, HealthInfoNet, as the designated statewide health information exchange, does not include certain mental health and HIV-related information in a patient's HealthInfoNet record. Many providers, patients, and groups representing the mental health and HIV community have become increasingly concerned about this automatic exclusion, and believe the lack of access to this information may put patients' health at risk. It is also a barrier to providing high quality care, and segmenting this information promotes stigma associated with a mental health and HIV diagnosis. Currently, all Maine residents have the right to opt-out of HealthInfoNet, removing all clinical information from the system. However, patients with a high-risk condition do not currently have any means to have all of their health care information shared via HealthInfoNet.

2. Establishing a fair and balanced mechanism to provide sustainability for our statewide health information exchange beyond federal and state grants.

In the start-up and early stages of HealthInfoNet's development, the organization was dependent on state and federal grants, appropriations, and private philanthropy to establish the core HIE systems. Grants are appropriate for catalyzing a new industry such as HIE, but to continue serving as a state-wide resource, HealthInfoNet will require sustainable funding for operations. Currently HealthInfoNet receives approximately 1/3 of its operating costs from subscription fees paid by hospitals and provider organizations and the remainder from grants. HealthInfoNet's business plan assumes an equal sharing of the costs of operating the HIE by providers, government and payers - a strategy endorsed in 2009 by a stakeholder group created by the 124th legislature. If HIE is going to be the foundation for health delivery system improvement strategies in Maine, and HIN can demonstrate the value of their activities both on the impact on quality and cost of health care, then both the public and private sector have an incentive to assure its sustainability.

3. Assuring that HIT investments support collaborative private and public sector health care efficiencies.

There are numerous health information technology systems in Maine, both public and private. These groups must work together to find ways to leverage their collective investments and capabilities to achieve operational efficiencies, saving time and money, for both state government and the private health care sector, and continue to work to align HIT systems using the speed and innovation of the private HIT sector to support the public mission and commitment to improving the health of the people of Maine. Only a true public-private partnership will accomplish these goals.

Acronyms

ARRA:	American Recovery and Reinvestment Act of 2009
CMS:	Centers for Medicare and Medicaid Services
EMR:	Electronic Medical Record
EHR:	Electronic Health Record
HIT:	Health Information Technology
HITECH:	Health Information Technology for Economic and Clinical Health Act
HHS:	Health and Human Services
HIE:	Health Information Exchange
MEREC:	Maine Regional Extension Center
ONC:	Office of the National Coordinator for Health Information Technology
OSC:	Office of the State Coordinator for Health Information Technology

Definitions

ACO:	Accountable Care Organization is where health care providers, including primary care, specialists and hospitals, that agree to be accountable for the quality, cost, and overall care of a designated population
PCMH:	Patient-Centered Medical Home where primary care physician lead care delivery teams organized around the needs of the patient,
PPACA:	Patient Protection and Affordable Care Act

References and Technical Resources

- Maine Office of the State Coordinator for HIT: www.maine.gov/HIT
- MaineCare Health Information Technology: <http://www.maine.gov/dhhs/oms/HIT/index.html>
- HealthInfoNet, Maine's statewide Health Information Exchange Organization and Regional Extension Center: www.hinonet.org
- Bangor Beacon Community: www.bangorbeaconcommunity.org
- Centers for Medicare and Medicaid Services EMR Incentive Program: <https://www.cms.gov/EHRIncentivePrograms/>
- Office of the National Coordinator for HIT, U.S. Department of Health and Human Services: www.hhs.gov/healthit/
- Health Resources and Services Administration Office of HIT, U.S. Department of Health and Human Services: <http://www.hrsa.gov/healthit/index.html>
- Agency for Healthcare Research and Quality, U.S. Department of Health and Human Services: www.healthit.ahrq.gov