



Utah Statewide Clinical Health Information Exchange 2010

Annual Legislative Report

October 2010

Submitted to: The Utah Legislative Health
and Human Services Interim
Committee

Required by: Utah Code Title 26 Chapter 1
Section 37. Duty to Establish
Standards for the Electronic
Exchange of Clinical Health
Information, Enacted April
2008

Submitted by: David N. Sundwall, MD,
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Utah Health Code §26-1-37 Duty to establish standards for the electronic exchange of clinical health information.

(5) The department shall report on the use of the standards for the electronic exchange of clinical health information to the legislative Health and Human Services Interim Committee no later than October 15, 2008 and no later than every October 15th thereafter. The report shall include publicly available information concerning the costs and savings for the department, third party payers, and health care providers associated with the standards for the electronic exchange of clinical health records.

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Executive Summary

There is a synergy in Utah's health reform initiatives. Governor Gary Herbert and the Utah Legislature have made health system reform a priority with a goal that all Utah citizens have health insurance coverage, and in the process assist businesses in Utah to become more successful in reducing their health care costs. It is widely acknowledged that standardized health information exchange (HIE) will reduce health care cost. The Utah legislature passed key reform measures that promote the use of health information technology (HIT) and HIE to transform the health care delivery system. The Utah HIT Governance Consortium, lead by David N. Sundwall, MD, the State Health IT Coordinator and Executive Director for Utah Department of Health, formed to coordinate and improve the quality and efficiency of American Recovery Reinvestment Act (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) applications. The robust HIT infrastructure Utah is building will optimize our ability to access accurate information on health care quality indicators, which supports transparency of quality and cost, which can be used for health payment reforms.

Many HIT initiatives in Utah are mature. While Utah enjoys widespread HIE, Utah is moving to advance statewide use of HIT and clinical health information exchange to advance health care quality and reform using ARRA funds awarded through the Statewide Health Information Exchange Program, HIT Regional Extension Center, and Beacon Community Program. The Utah clinical health information exchange is concluding its pilot in two rural communities: Grand County and Box Elder/Cache Counties. UHIN completed work on eight clinical standards and is working on the development of an additional five clinical standards. HealthInsight and its partners are using health IT and will connect health care providers the clinical exchange to improve patient care and decrease unnecessary cost in the health care system.

Utah's history of statewide cooperation and regional sharing, executive leadership and legislative reforms, relatively high penetration of Electronic Health Records (EHR) and Hospital Information Management Systems (HIMS) have enabled market-driven HIE. Our major health systems, such as Intermountain Healthcare, have invested years building their HIT systems. These efforts are supported by experts from the University of Utah, Department of Biomedical Informatics, one of the oldest Biomedical Informatics programs in the nation. Utah operates a successful self-sustaining administrative health information exchange through the Utah Health Information Network (UHIN) and the clinical exchange is in pilot stage. Multiple efforts undertaken to assist outpatient practices in adoption and effective use of EHR systems have produced EHR adoption rates much higher than the national average.

UHIN has been a partner with the Utah Department of Health and public health information exchange through the immunization registry and electronic death registration system. The cHIE will strengthen and expand the existing public-private collaboration in HIE and the UDOH will build capacity over the project period for the exchange of clinical information between public health agencies and health care providers to provide improved health care quality and reduced cost for Utah health care consumers.

I. Introduction

❑ State Legislation for Health Information Exchange and Healthcare Reform

Utah health policymakers acknowledge health information technology (HIT) and health information exchange (HIE) are two driving forces to transform health systems. To ensure that health care reform leads to better health care, the Utah legislature passed the following legislation to improve efficiency and quality of health care and reduce cost since 2005:

Legislative Sponsors	Bill No.	Bill Title	Year Passed
Christensen, A.	S.B. 132	HEALTH CARE CONSUMER'S REPORT	2005
Daw, B.	H.B. 137	Pain Medication Management and Education	2007
Menlove, R.	H.B. 6	Controlled Substance Database Amendments	2007
Morley, M.	H.B. 9	Health Care Cost and Quality Data	2007
Clark, D.	H.B. 133	Health System Reform	2008
Curtis, G.	H.B. 326	CHIP Open-Enrollment	2008
Daw, B.	H.B. 119	Controlled Substance Database Amendments	2008
Menlove, R.	H.B. 24	Amendments to Utah Digital Health Service Commission Act	2008
Menlove, R.	H.B. 47	Standards for Electronic Exchange of Clinical Health Information	2008
Clark, D.	H.B. 188	HEALTH SYSTEM REFORM - INSURANCE Market	2009
Daw, B.	H.B. 106	Controlled Substance Database Amendments	2009
Dunnigan, J.	H.B. 331	Health Reform--Health Insurance Coverage in State Contracts	2009
Menlove, R.	H.B. 128	Electronic Prescribing Act	2009
Newbold, M.	H.B. 165	Health Reform--Administrative Simplification	2009
Clark, D.	H.B. 294	Health System Reform Amendments	2010
Menlove, R.	H.B. 186	Controlled Substance Database Revisions	2010
Newbold, M.	H.B. 52	Health Reform - Uniform Electronic Standards - Insurance Information	2010

❑ Clinical Health Information Exchange (cHIE)

Utah's statewide exchange of administrative health data began operations in 1993. In 2004, Utah began to develop the clinical health information exchange (cHIE) to support health care reform. The goal of the Utah cHIE initiative is to create a secure electronic clinical health information exchange (cHIE) network whereby a Utah health care provider can, with patient permission, access basic medical information about their patients no matter where the patient receives care in Utah. Health care providers are not required to participate but may choose the option to participate in the cHIE. Patients and consumers may choose not to participate and may request that their health information not be accessed through the cHIE.

Participation in the cHIE will allow health care providers to have timely, secure and appropriate electronic access to accurate and essential patient health information for treatment purposes, improve the quality of health care (through more informed decision making) and reduce health care cost (through avoidance of

duplicative and unnecessary tests and treatments). The cHIE can save money through improved efficiencies in management of health care services by reducing the administrative paperwork and errors between providers and payers. Access to patient data is controlled by the patient: the patient can chose to “not participate” making their data unavailable to participating cHIE providers. The following diagram describes the cHIE functional architecture and electronic connections.

Utah Statewide Clinical Health Information Exchange: Functional Architectural Diagram

Basic Technical Functions:

1) A Secure Electronic “Post Office”

- Deliver documents to intended recipient

2) A Secure Electronic Query (Virtual Health Record)

-One connection allows you to communicate with all other UHIN cHIE members

- Patient Permission

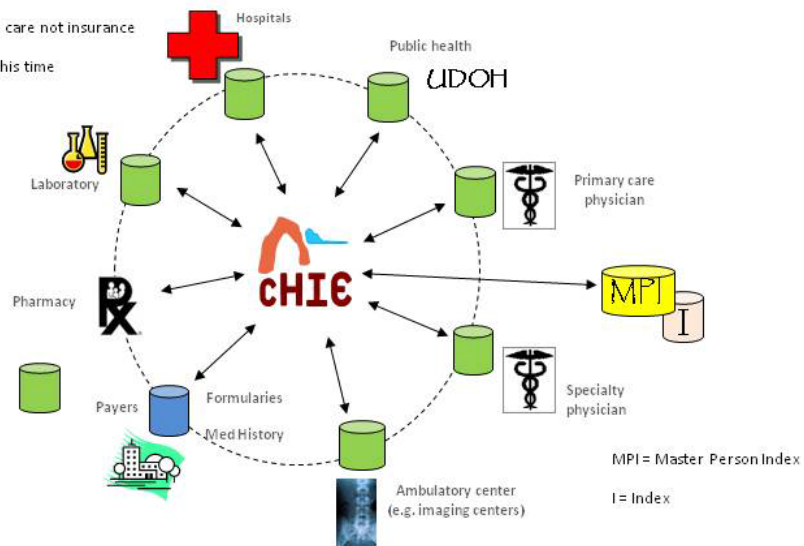
-Longitudinal patient records based on care not insurance

-Only available to authorized users at this time

3) Identity Management

Standardized Individual Data Repositories Contain:

- 1) Lab Results
- 2) Rx History
- 3) Problem List
- 4) Allergies
- 5) Immunizations



All data, both at rest and in motion, is fully encrypted to federal standards. The cHIE has been accredited by a nationally-recognized third party – EHNAC¹ – as meeting or exceeding all HIPAA privacy and security requirements, including the recent changes created in HITECH.

II. Progress in Implementing the Statewide Clinical Health Information Exchange (cHIE) From October 2008 to October 2010

☐ Administrative Rule 380-70 Standards for Electronic Exchange of Clinical Health Information

The most important piece of the cHIE solution is the standards and specifications associated with the cHIE network. The standards and specifications will dictate how the cHIE participants will function and communicate with each other. Utah Department of Health completed the administrative rule-making process

¹ EHNAC = Electronic Healthcare Network Accreditation Commission. www.ehnac.org

and adopted the Utah Health Information Network's proposed standards for the seven clinical standards through Administrative Rule R380-70 Standards for Electronic Exchange of Clinical Health Information. There is additional work to do, but the community has been very productive in the creation of clinical message standards.

❑ **Electronic Commerce Agreement (ECA) and Information Sharing Addendum**

To simplify administration for members, UHIN utilizes a single Electronic Commerce Agreement (ECA) that all members must sign. The ECA covers HIPAA privacy and security issues and because the ECA serves as a HIPAA Business Associate Agreement, it allows the members to avoid having to sign HIPAA Business Associate Agreements with everyone else on the network. The UHIN Legal Committee has updated the ECA and developed a cHIE Information Sharing Addendum to the ECA. The cHIE Addendum adds additional clarifications and protections for members who participate in the cHIE.

❑ **Consensus-based Development of Technical Specifications**

UHIN Standards Committee leads the standards development process. To date, the Utah healthcare community has asked UHIN to work on the following clinical information exchange standards.

➤ **Clinical Information Standards Completed**

These standards have been through development, recommendation to the UHIN Board of Directors, and acceptance by the UHIN Board for submitting to the UDOH for standards adoption through the state administrative rule R380-70.

1. Chief Complaint Standard Version 2.0
2. Clinical Acknowledgement and Error Status Standard Version 2.0
3. Clinical Laboratory Results Standard Version 2.0
4. Discharge Summary Standard Version 2.0
5. History and Physical Standard Version 2.0
6. Operative Report Standard Version 2.0
7. Radiology Report Standard Version 2.0
8. Standardized Laboratory Test Result Identifiers Standard Version 2.0

➤ **Clinical Information Standards in Development**

cHIE Experiences: changes because of clinical exchange.

Moab is a small community and lab tests performed by the hospital, until recently, have been printed and available for pick up by the local providers. The office manager of one of the clinics would drive and pick up the clinic's tests three times a week. The hospital would send someone to deliver the results the other two days. Now that the hospital is connected to the cHIE, these same tests can be sent electronically. Critical and abnormal results are identified and delivered timely. Short term, the office manager is using the tool provided by the cHIE to access these results while the clinic's EMR system is working to connect to the cHIE. The benefit for her to be able to access these results greatly outweighs the issue of signing onto another system.

The Green River Medical Clinic is the main provider for services along I70 connecting Price and Colorado. They provide urgent and acute services for accidents that occur along this route. Many of these accident victims are transferred to the hospitals in Price or Grand Junction, Colorado. Due to the urgent need to transfer these patients, their medical records are placed with them in the ambulance transport. The problem for the Green River Medical Center has been having their records returned for their files. The clinic is now connected to the cHIE and is able to send medical records and referral instructions to the transfer hospitals electronically. This allows the referral to reach the hospital prior to the patient arriving and ensures that Green River Medical Center's data are

The following standards are currently in process or will be start in the near future with an expected completion in 2011.

- Security, update
- Medication History Request and Response
- Antepartum Record
- Laboratory Orders, Commercial Laboratories
- Laboratory Orders, State Laboratory
- Radiology Images

cHIE Pilot Implementation in Two Communities: Grand County and Box Elder/Cache Counties

The cHIE technical implementation began in January 2009 in Grand County and Box Elder/Cache Counties.

Grand County. Allen Memorial Hospital is connected to the cHIE to electronically deliver lab results to the clinics in the area. Two of the clinics are using the e-lite Electronic Health Record (EHR) (the EHR offered by UHIN to cHIE member providers at no additional costs, as part of their UHIN cHIE annual membership fee) to receive these results for use in their offices. In addition, The Green River Community Health Center is working to use the e-lite EHR to send referrals to Castleview Hospital in Price and St. Mary's Hospital in Grand Junction. UHIN is working with the clinics' EHR systems to connect to the cHIE. UHIN's first EHR connection (to CaduRx) is operational in Moab and in other CaduRx clinics around the state.

Additionally, UHIN has just entered into a pilot with the Veterans Administration (VA) to exchange data between Allen Memorial Hospital in Moab and the Grand Junction, Colorado VA Medical Facility where many Moab veterans receive care. This pilot will be implemented in 2011.

Box Elder/Cache Counties. UHIN surveyed all the clinicians to determine readiness. One clinic requested use of the e-lite system and is scheduled for workflow analysis and implementation. UHIN is working with the other clinics' electronic medical records system and the hospitals in the area for connection to the cHIE. In addition, one clinic in Ogden is using the e-lite EHR. Brigham City Community Hospital is connected and sending data. The emergency department physicians are spearheading use of the cHIE in these two counties. In addition, UHIN is in contact with long-term care and hospice businesses in the area and they are eager to participate once the local hospitals begin to participate. Intermountain Healthcare is making progress with caution.

Next Steps: UHIN formed the initial Ogden cHIE Council to initiate cHIE implementation in the Ogden area. The Council includes Davis hospital and several long term care facilities.

Develop a Sustainable Business Model

Since its inception, UHIN has operated through membership fees. The UHIN formula for determining membership fees first involved a determination of who receives value for the transaction. In the case of the

claim, the UHIN board (which was comprised of both payers (group medical plan insurer) and providers) decided that payers received 70% of the value and providers received 30% of the value. The basic idea is that the ‘price’ of each claim exchanged through UHIN is divided 70-30: each stakeholder group pays for their share of the value received by exchanging that claim. UHIN payers pay a click fee for claims and UHIN providers pay an annual membership fee. UHIN’s fees are very competitive in comparison to for-profit clearinghouses that offer similar services and the board believes that UHIN has achieved this mission on administrative exchanges.

UHIN is not-for-profit. UHIN’s mission is to reduce the cost of health care to the citizens of Utah. Therefore, as the transaction volume increases UHIN is able to reduce the price for members. The chart below illustrates UHIN’s commitment to consistently reduced prices over the years as the administrative transaction volumes have increased.

	2002	2003	2004	2005	2006	2007	2008
Total Claim Transaction Volume (in thousands)	12,454	13,486	13,643	14,068	17,161	22,265	22,492
Price Per Claim	\$0.24	\$0.24	\$0.20	\$0.20	\$0.17	\$0.15	\$0.15

In late 2008 the UHIN board voted to increase administrative membership fees as the ‘community’ contribution to the \$1M allocated by the Utah legislature and contracted to UHIN by the Utah Department of Health, and the \$1M received through a federal grant, to assist in building the cHIE. UHIN intends to continue with the same business approach to exchange clinical health information through the cHIE. Over the last two years, UHIN has worked closely with clinicians, hospitals and payers, including Medicaid and the state Public Employees Health Plans to build a sustainable business case for the cHIE.

During 2009-2013, UHIN will fully develop and test the proposed cHIE business case with a fee/price structure for all cHIE participating organizations. Negotiation, revision, and compromise are anticipated and expected as part of the normal process to secure a consensus-based business case for cHIE. Early cHIE development and statewide rollout will rely on the ARRA funding. To encourage early adoption and cHIE use UHIN has reduced its cHIE membership fees in 2010. It is UHIN’s goal that by 2012, UHIN will not be dependent upon federal or state funds to support the core services of the cHIE. If successful, UHIN, as a non-profit entity, will only charge cHIE users to cover the operational costs.

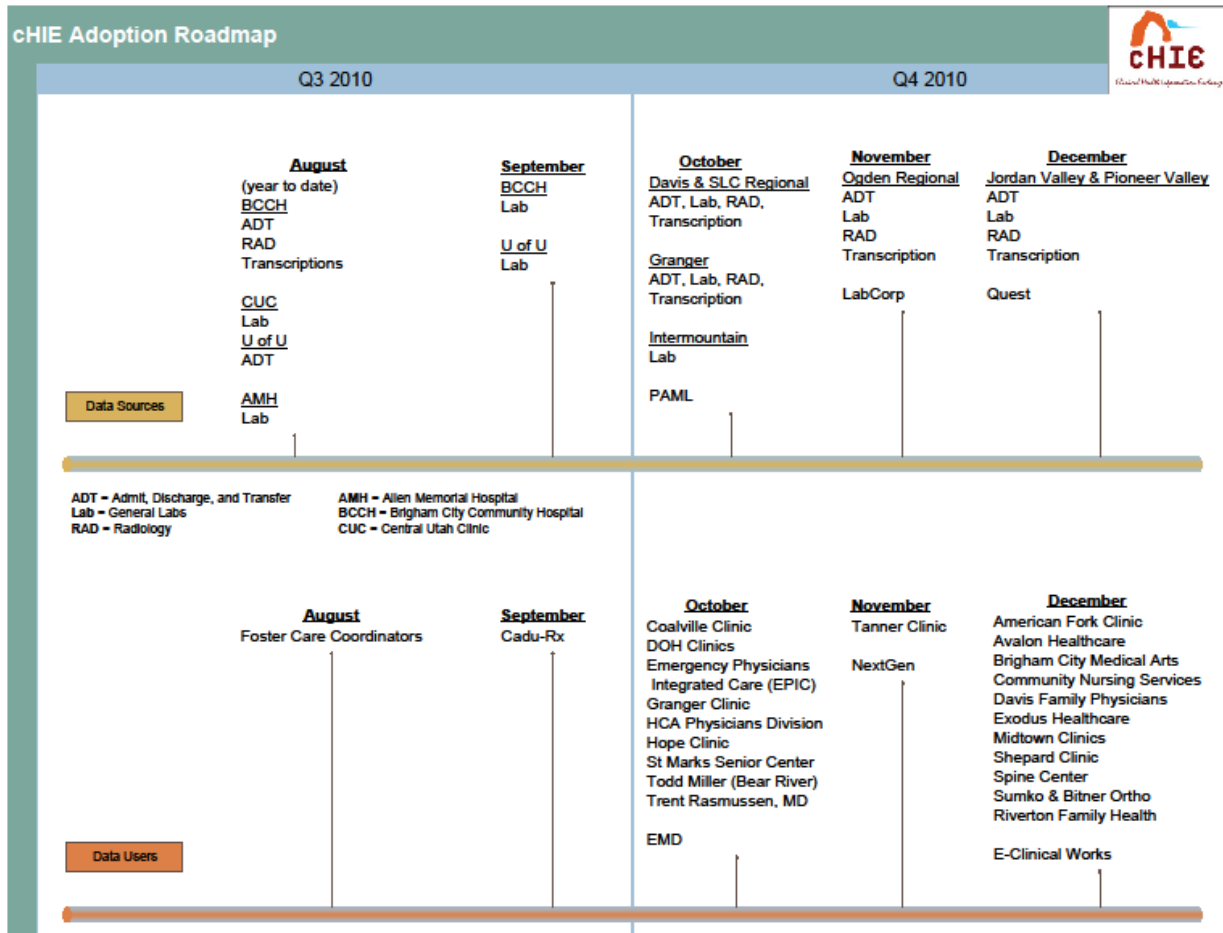
□ cHIE Service Availability and Statewide Rollout of Services

The objective of the cHIE is to improve the quality and reduce the cost of care by making more complete medical information available to a clinician at the point of care. The strategy to achieve this is to ‘connect the dots’; with patient permission, to enable the efficient and secure exchange of medical information about a patient no matter where the patient receives care in Utah.

The value of the cHIE comes from its two primary activities: *Results Delivery*: being able to deliver referral/lab results/e-prescribing/clinical documents to any authorized cHIE clinician user, and use of the *Virtual Health*

Record (VHR), a cHIE tool that queries for a patient’s medical information across the entire cHIE federated network.

The UHIN rollout strategy for cHIE services was developed utilizing advice received from other successful HIEs. The advice to UHIN in summary was to ‘make the cHIE valuable to physicians’. Physicians want data: they (physicians) want to have data on their patients easily available to them (Virtual Health Record), and they want to be able to direct information to specific recipients (Results Delivery).



In order to deliver what physicians want, as shown in the cHIE Adoption Road Map (above), in 2010 the cHIE largely focused on the first strategic step which is to “Fill the Wells” by connecting large data sources:

1) *Connecting hospitals and large clinics.*

In 2010, the cHIE focused on Step One of the cHIE rollout which is termed ‘filing the wells.’ To enable the effective use of the VHR and the Results Delivery features, UHIN needed to ensure that data would be available to a physician when it was requested (assuming patient permission). To meet that goal, UHIN has striven to connect the four large hospital/Integrated Delivery Networks – HCA/Mountain Star, IASIS, Intermountain, and the University of Utah Health Science Center – as cHIE data sources. At the time of this publication, all four are either in production or testing. Central Utah Clinic is also in production. In

addition, a rural pilot in Moab where Allen Memorial Hospital is sending lab results through the cHIE is in progress. The rural hospitals are very interested in utilizing the cHIE as an inexpensive way to both connect to their local clinicians and to exchange data with the tertiary care centers in the Salt Lake area.

2) *Connecting the independent labs (LabCorp, Quest, PAML, etc.)*

UHIN negotiated a Service Level Agreement and a pricing structure with the Labs. UHIN is now in the process of connecting cHIE with the independent labs.

The second strategic step UHIN is advancing is “*Use the Wells*”, that is, piloting the Virtual Health Record (VHR) exchange. This requires the use of patient consent (to exchange data via the cHIE for treatment purposes) in the Data Users pilot (running through the end of 2010). This pilot is in its early stages (see cHIE Adoption Road Map for details).

III. The ARRA HITECH Funds

The Office of the National Coordinator for Health Information Technology (ONC), Health and Human Services as authorized under Health Information Technology for Economic and Clinical Health (HITECH) 2009 announced several funding opportunities including the Statewide Health Information Exchange Cooperative Agreement Program and Beacon Community Program, federal-state collaborative opportunities to advance the appropriate use of health information technology to improve quality of care and establish a foundation for health care reform. The Utah Department of Health in collaboration with the Utah Health IT Governance Consortium and its 22 statewide organization members coordinated strategic planning efforts to increase Utah’s likelihood in securing funding and the opportunity to achieve its goals for improved health care delivery in the state of Utah.

☐ Governor Herbert Designates the State HIT Coordinator

Governor Gary Herbert designated Dr. Sundwall the State HIT Coordinator and Utah Department of Health as the accountable agency to coordinate and implement the applications for the Health Information Technology for Economic and Clinical Health (HITECH) Act State Grants to Promote HIT in the Recovery Act of 2009 (ARRA). See Appendix A Governor’s Designation Letter for details.

☐ Utah HIT Governance Consortium

The Utah Department of Health organized the Utah HIT Governance Consortium to coordinate ARRA proposals to ensure stimulus funds target Utah’s efforts in health reform, economic development, evidence-based assessment and collaboration. See Appendix B Utah HIT Governance Consortium: Vision and Partnership for details.

☐ The State HIT Coordinator Designates the State Health Information Exchange Entity

David N. Sundwall, MD, the State HIT Coordinator, with support of the Utah HIT Governance Consortium, leveraged existing statewide HIE efforts and designated the Utah Health Information Network (UHIN) “to serve as the accountable entity to implement the Operational Plan” submitted with the Utah application for

the State Health Information Exchange Cooperative Agreement Program for the Health Information Technology for Economic and Clinical Health (HITECH) Act Section 3013 State Grants to Promote HIT in the Recovery Act of 2009. See Appendix C for details.

❑ Statewide Health Information Exchange (HIE) Cooperative Agreement (CA) Program

The Utah Department of Health and the Utah Health Information Network (UHIN), in collaboration with and support of the Utah Health IT Governance Consortium and its 22 statewide organization members submitted the State Clinical Health Information Exchange (cHIE) Cooperative Agreement Program.

The vision of the cHIE is to improve the quality of care and reduce the cost of care by “connecting the dots” in Utah. The small number of other successful HIE efforts around the country illustrate that “connecting the dots” – making more complete health information available at the point of service –significantly impact the community including: reduced number of prescriptions², reduced cost of care³, reduced duplicate tests⁴, and gaining administrative efficiencies⁵ and a reduction in adverse drug reactions⁶. The key advantage to using a cHIE is that it does not matter whether or not the patient has insurance. It only matters that the patient receive care and that the provider giving that care be a participating entity in the cHIE. Therefore, patients without insurance will benefit from coordination of care.

A fully-implemented and efficiently utilized cHIE in Utah will make significant inroads in our goals to reduce the cost of care while improving the quality. A fully operational cHIE could also provide the infrastructure for quality reporting to support quality improvement and health payment reform. UHIN and UDOH are working with many other organizations⁷ across Utah to coordinate the cHIE roll out during the course of the Statewide HIE CA program.

The goal of the Utah Statewide HIE Program is to implement the statewide exchange of clinical health information for improved health care delivery in the state of Utah. The federal HIE funding will enable Utah to achieve the following objectives:

- 1) Connect a preponderance of healthcare providers - defined as 80% or more of the healthcare entities in the state of Utah - to the clinical HIE to exchange clinical health information for treatment purposes at the point of care (“Connections”);

² Report in *Modern Healthcare*, February 18, 2008, Florida Agency for Health Care Administration, “Florida 2007 Electronic Prescribing Report.” January 2008

³ V. Willey, Gregory, “An Economic Evaluation of Use of a Payer-Based EHR within an Emergency Department,” *HealthCare*, vol. July, 2006.

⁴ T. Matthews, Senior Policy Advisor, Kentucky Cabinet Health and Family Services, “States Make Plans for Health IT to Improve Quality, Lower Costs,” The Council of State Governments 2007.

⁵ J. Conn, “RHIOs Make It Work,” in *Modern Healthcare*, 2006.

⁶ M. Kolbasuk McGee, “Why Progress Toward Electronic Health Records is Worse Than You Think,” in *InformationWeek*, 2007.

⁷ Utah Medical Association, the Utah Hospital Association, the Utah Pharmacists Association, the Utah Nurse Practitioner and Physician Assistant Association, the Association for Utah Community Health, HealthInsight, and the American Association for Retired Persons, the Utah Home Health Care Association have actively supported the cHIE.

- 2) Expand the clinical HIE services to include electronic prescribing, laboratory ordering and result delivering, and medication history to provide better quality and cost-effective health services and to support providers to meet federal meaningful use requirements (“Expanded HIE Services”);
- 3) Develop a sustainable governance and business model to operate the clinical HIE (“Sustainability”);
- 4) Conduct ongoing strategic planning and evaluation in order to implement initiatives that efficiently use technology to transform the health care delivery system (“Planning and Evaluation”); and
- 5) Integrate public health data exchange with clinicians to reduce burden on providers, increase timely and completed reporting, and protect population health (“Public Health”).

□ The Statewide Strategic Plan

The State of Utah will lead the statewide strategic planning effort to assure proper governance to protect the public interests and coordinate resources to develop the clinical HIE. The cHIE governance will follow a community-driven, consensus-based non-profit business model that uses an incremental development strategy. The public-private governance model Utah is proposing is a newly articulated concept. Aspects of the model will evolve with the implementation of the Statewide HIE CA Program. Through the course of the program the HIT Consortium will further define the scope and content of the state’s HIE accountability; develop process and procedures to assure accountability; establish procedures for HIE transparency; expand public participation through open meetings, public hearings, public postings; and monitor evaluate and report on progress in fully implementing the cHIE in Utah.

The cHIE is intended to serve Utah residents who have not opted out of the clinical HIE. Individuals/consumers have a choice to participate in electronic HIE and will receive clear notice of the HIE and the ability to opt-out of participation in the statewide exchange. Improvements in Utah’s statewide electronic connectivity and interoperability among healthcare providers is expected to result in appropriate and secure clinical health information sharing and improved care coordination and patient health.

Utah will document its efforts and publicly share project publications. Through evidence-based evaluation, we expect to achieve the following outcomes: improved efficiency of the health care delivery system, reduced medication errors, timely and accurate care coordination and better quality care for people of Utah. We also expect to create a private-public collaborative business model, the clinical HIE, and to efficiently use health information technology and exchange to transform today’s healthcare delivery system to support national healthcare reform. See Appendix D for details.

□ The Statewide Operational Plan

UHIN, as the state-designated HIE, will implement, operate, and sustain the clinical HIE. UHIN rigorously protects all the health data that it transports and it requires that members comply with HIPAA privacy and

security regulations and any applicable state laws. UHIN's business plan reflects the character of the Utah healthcare marketplace. All cHIE planning is open and consensus-based and represents the Utah provider market and Utah insurer market. UHIN works closely with the provider and payer entities and has their support for the cHIE.

The cHIE utilizes secure, federated, database web services architecture. The cHIE solution will handle HIE traffic between health care entities within the State. The patient/consumer makes an informed decision at the point of care about who can access and exchange their information via the statewide HIE. For entities – Intermountain Healthcare, the University of Utah Health Sciences Center, Central Utah Clinic, that utilize internal HIE, the cHIE is not intended to replace or supplant that functionality. See Appendix E for details.

Activities and or services UHIN is pursuing as part of the State-designated HIE to improve health care efficiency:

- **Controlled Substances Database:** Connect to cHIE providers. Streamlining the process may result in reduced duplication or over-prescribing of controlled substances. This is a challenging project but an important one.
- **Newborn Screening Test Orders:** Create a standardized electronic method for hospitals to submit newborn blood spot screening orders to the State Laboratory. Currently this is a manual process and is not conducive to a simple routine reconciliation process by the hospitals.

Activities planned for the future include:

- cHIE use in prisons and jails: Explore the use of the cHIE within prisons and jails, to thereby contribute to improving the quality of and reducing health care costs to these systems.
- Coordination of Benefits (COB): Comprehensive payer data like the All Payer Database (APD) may populate a comprehensive coordination of benefits/eligibility data base for use by Medicaid, commercial payers, and providers to determine a patient's group medical insurance coverage from a single source. Currently this is a labor intensive process conducted by payers and providers alike that could be considerably simplified, thereby reducing costs.

IV. Beacon Community Program

In May, 2010, Utah was named one of 15 Beacon Communities by the Office of the National Coordinator for Health Information Technology. This effort, "Improving Care through Connectivity and Collaboration" (IC³) engages key partners (healthcare providers, public health, policy makers and data organizations) within Salt Lake, Summit and Tooele Counties to improve the health and healthcare of the community, improve the efficiency and of care, and enable better integration between primary care and public health. The cHIE in support of the Beacon Community provides medical professionals a way to share and view patient information in a secure electronic manner. This information is accessible, with patient consent, to authorized cHIE users while maintaining the highest standards of security and patient privacy.

V. Challenges

HIT in and of itself is not the solution to health reform. Providers, payers and consumers face many challenges as the Utah health care industry moves forward to make comprehensive medical information more accessible to providers at the point of care (with patient permission). Providers need assistance to build and effectively use their EHR connections to the cHIE. Practicing physicians require resources and time to acquire/understand the technology, learn how to use it to accomplish what they currently do (i.e., see patients efficiently), and, most importantly, to use it to improve practice and care. Additionally, the current economic and national political landscape challenges providers to balance limited resources among mandated responsibilities and emerging HIE accountability.

UHIN's primary challenge is in convincing providers of the value of the cHIE. As one UHIN board member states, "if doctors don't use it nothing else matters". UHIN must convince physicians and other health care providers that using the cHIE will improve their practices, both financially and in the simplification of work flow.

To assure long-term commitment, participants need evidence that the cHIE system provides a benefit whether it is in savings over time (especially payers and policy makers), or in improved coordination and care (public). The cHIE aligns various technical efforts under a unique comprehensive Utah strategy to promote the meaningful use of implemented health IT among all participating providers for improved health care quality, coordination of care and reduced health care cost.

APPENDICES

- A. Governor Herbert's Letter to Designate the State HIT Coordinator
<http://health.utah.gov/phi/ehealth/Gov%20Letter.pdf>
- B. Utah HIT Governance Consortium: Statewide Vision and Partnership
http://health.utah.gov/phi/Utah%20HIT%20Governance%20Consortium_Final.pdf
- C. The State HIT Coordinator's Letter to Designate the State HIE Entity
<http://www.health.utah.gov/phi/ehealth/Jan%20Roots%20Letter.pdf>
- D. Utah Statewide Clinical Health Information Exchange Strategic Plan. Adopted, October 12, 2009. Salt Lake City, Utah. http://health.utah.gov/phi/UT_HIE_StrategicPlans_Final_2009.pdf
- E. Utah Statewide Clinical Health Information Exchange Operational Plan. Adopted, October 12, 2009. http://health.utah.gov/phi/TU_HIE_OperationalPlans_Final_2009.pdf

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This report is available online at:

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