



Utah Statewide Clinical Health Information Exchange 2012

Annual Legislative Report

October 2012

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: State of Utah Department of

Health and

Utah Health Information

Network

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Utah Health Code §26-1-37 Duty to establish standards for electronic exchange of clinical health information.

(5) The department shall report on the use of the standards for 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 publically available information concerning costs and savings for the department, third party payers, and health care providers associated with the standards for electronic exchange of health records

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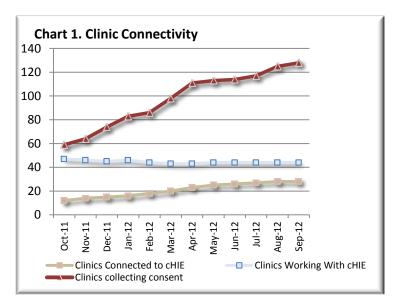
☐ Progress in Implementing the Clinical Health Information Exchange (cHIE)

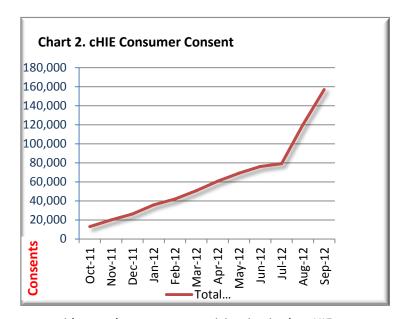
Utah began to develop the cHIE in 2004 to support health care reform. The goal of the Utah cHIE is to create a secure electronic clinical health information exchange (cHIE) network whereby a Utah health care provider can, with patient permission, access basic medical information about their patients 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. The cHIE allows 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.

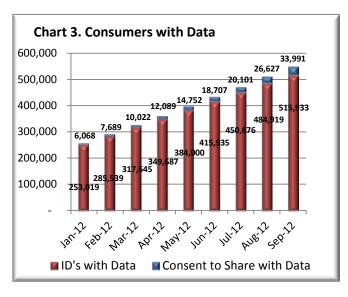
Interest in cHIE continues to grow among the provider and consumer community. Chart 1 Clinic Connectivity shows the number of clinic connections continues to rise over 2012 with a steady number of clinics working to connect, and unconnected clinics engaged with the cHIE by collecting consumer consent to participate in the cHIE.

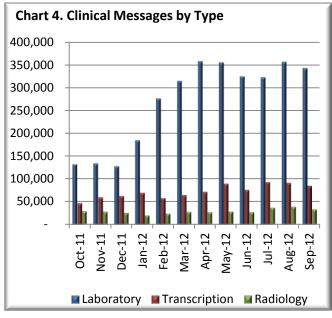
Health care consumer interest is growing as more consumers make a consent decision regarding their participation in cHIE. Consumer consent total are depicted in Chart 2. cHIE Consumer Consent. Consents totals in the past year rose at a steady pace. The Utah Health Information Network has actively been promoting cHIE in the public with television and radio advertisements. Five educational ads aimed at increasing consumer awareness are in development with plans to deploy in the 2013. HB46 (2012) is positively affecting the total number of consent decisions and clinician interest in the cHIE. With a defined population (Medicaid, Children's Health Insurance Plan and State-employees enrolled in Public Employee Health Plan)





participating in the cHIE, adds value to health care providers and consumers participating in the cHIE.





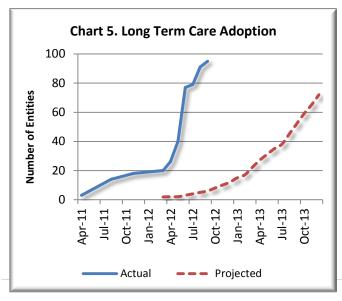


Chart 3 Consumers with Data shows the number of consumers with accessible information nears 34,000. Having accessible data to providers for care is necessary to bring providers' value and support improved care. cHIE implementation focused efforts on getting health data into the cHIE by connecting the large data sources along the Wasatch Front to the cHIE. However, Chart 3 also illustrates the challenge cHIE faces as large data suppliers are slow to collect consumer consent. Until the large providers actively collect consent, the number of identities with data will remain low compared to the number of identities with data.

Chart 4 Clinical Message by Type shows that electronic clinical message transactions for laboratory, transcription and radiology continue to increase as UHIN works to get health data into the cHIE and available for the provision of care.

The cHIE is successfully addressing the on-going costly challenge payers and providers face with the exchange of clinical health information necessary for administrative purposes, specifically attachments for processing claims and prior authorizations. A pilot project to exchange prior authorizations between long-term care facilities and Utah Medicaid through the cHIE proved successful. Utah home health, long-term care and hospice providers expressed tremendous interest in the pilot and connecting to the cHIE. Chart 5 shows UHIN surpassing their 2012 projections for connecting home health, long-term care and hospice entities to cHIE.

Consumer consent gathering continues to be a challenging and time consuming endeavor that the Utah is working to address with the development of electronic consent services and resources and the implementation of HB 46. The Utah Health Information Network (UHIN) continues to investigate clinical health

information exchange use cases that bring value to the community. UHIN is working with its partners to engage other care provider groups like emergency departments, dentists and pharmacies which play a vital role in health care outcomes. The implementation of HB 46 is expected to increase consent total by an estimated 300,000 consumers.