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July 14, 2014

David Patton, Ph.D.
Executive Director
Utah Department of Health

Dear Dr. Patton,

On behalf of the Utah Digital Health Service Commission (DHSC), I'd like to report on the DHSC's work from July 2013 to July 2014 and the policy recommendations related to statewide Health IT and digital health service initiatives in following three areas:

1. Statewide Health Information Exchange (HIE)

The DHSC had been the oversight body of the ONC HIE grant's implementation since 2009. As the grant ended in Feb. 2014, the Commission organized a special discussion on whether the state has a role in HIE, and what would be an appropriate position for the state of Utah to address statewide HIE needs. We recommend:

1.1 Electronic clinical health information exchange among healthcare providers is one of the transforming forces for efficient and quality healthcare delivery systems in Utah. We have made significant progress in implementing the statewide clinical HIE.

1.2 The State has a role in promoting electronic clinic health information exchange among ALL healthcare providers in Utah.

1.3 The State can support non-profit community-based organizations to assist small, independent, rural or safety-net providers in participating and using the available methods of health information exchange; and

1.4 The DHSC would like an ongoing role in advising the adoption and continued expansion of a statewide HIE.

2. EHR Incentives and Meaningful Use (MU) of Health IT in Utah

Utah providers and hospitals have actively participated in the national EHR adoption incentive and MU initiatives and received $156,194,837 payment from Medicaid ($54,493,682) and Medicare ($101,701,155) from January 2011 to May 2014. These funds supported 5,098 eligible providers and 58 eligible hospitals across the state to increase the use of health IT for improving care. To best support providers and healthcare system in the next few years, we recommend the Utah Department of Health:

2.1 Support community collaboration and funding of HIT advancements to accelerate infrastructure and capacity to deliver high quality and high value care;
2.2 Develop state-level quality of care benchmarks;
2.3 Coordinate EHR/HIE incentives, as available, for other settings such as specialty providers, nursing home/long-term care, home health, behavioral health;
2.4 Coordinate training or enhancement of EHR/HIE analytic capacity to measure value- based care; and
2.5 Support increased consumer engagement in health care.

3. Improve Digital Health Services for Rural Residents

In general, rural providers and hospitals have lagged behind their urban peers in adopting and meaningfully using EHRs due to limited resources and expertise. The DHSC spoke with rural, safety-net and small providers in our May meeting. Participants included the National Rural Health Resource Center, Association for Utah Community Health, Kamas Health Center, Wayne County Community Health Center, Uintah Basin Healthcare, *HealthInsight*, Salt Lake Community College, and Medicaid. Our recommendations are:

3.1 Telehealth is a great opportunity for rural providers. Innovative pilots are needed to remove barriers to use and improve reimbursement for services to expand the uses of telemedicine.
3.2 Meaningful Use incentives have helped EHR adoption in rural areas. A major challenge to EHR maintenance is a lack of local IT resources. Creative training and staffing models should be explored including assessment of priorities as a logical first step.
3.3 Rural hospitals, including Critical Access Hospitals, will benefit from state support for efficient exchange of patient information with urban hospitals through HIEs.
3.4 Statewide contingency planning for disaster recovery in rural communities is needed, including more redundant IT infrastructure so parts of rural Utah are not isolated in a disaster.

4. Continuously support the efforts in improving privacy and security in using health information technology to assure that privacy and security requirements are included in all above initiatives.

I would welcome the opportunity to discuss the above recommendations in detail. Thank you for your consideration.

Sincerely,

Deb LaMarche, Chair
Utah Digital Health Service Commission

Associate Director
Utah Telehealth Network
University of Utah