



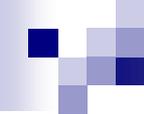
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Regional Health Information Organizations and other Health Information Exchanges: The Value Proposition

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NIHCM Health IT Leadership Dialogues

- AHRQ funded
- 3rd in series
 - adoption
 - workflow
 - value proposition
- May 1, 2006, St. Regis, Washington, DC

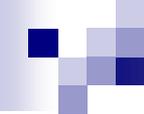


Purpose of the Dialogue

- Engage diverse stakeholders in a frank and open discussion about the value proposition for participating in RHIOs and in other HIEs
 - Drama and vivacity
 - Remain true to your experience
 - Result: accuracy in opposition of opinions

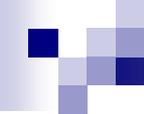
Working Definition of RHIO/HIE

- The minimal operational conditions for a RHIO or HIE are met when health-related information is exchanged electronically between at least two entities that would otherwise...
 - ...depend on the physical storage and exchange of health-related information
 - ...not be engaged in the sharing of health-related information



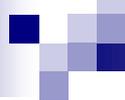
Objectives

- Further understand and develop insights into the value proposition of RHIOs and other HIEs from the perspective of key stakeholders
- Synthesize information and disseminate findings to a wider audience
- Use the results to inform and guide a subsequent, in-depth research study



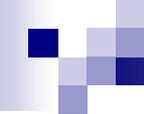
Participants

- Health plans (BCBS, Aetna, Cigna)
- Employers (GM, IBM)
- Providers (HCA)
- RHIOs/HIEs (HealthBridge, Taconic, IHIE, MASSeHC, INHS, UHIN)
- Public sector (AHRQ, ONC, CMS)
- Others (NY Dept of Health, eHi, BTE, Markle)



Three Questions

1. How does the electronic exchange of health information **create value** for stakeholders in RHIOs/HIE?
2. What are the critical factors that lead to the **formation and sustainability** of RHIOs/HIEs?
3. How do you see RHIOs/HIEs **developing** over the next several years?



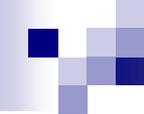
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VALUE CREATION

- What type of value is created?
 - Value may be understood as return on investment (ROI), quality improvement and error reduction, improved access to care, enhanced research capability, or other benefits
- What kind of information is exchanged?
 - Demographic, administrative, claims, results, medication histories, clinical summaries, images, or “deep clinical” data
- Who benefits from the exchange?
 - Consumers, employers, health plans, providers and hospitals, clinicians, public health departments, others



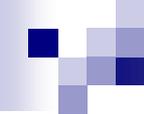
VALUE CREATION

- Indiana - \$2 million in savings through use of electronic clinical messaging by providers
- Shared Health - reducing waste and duplication for TennCare
- HealthBridge - demonstrated ROI through results delivery
- Utah - short term value in administrative savings to members



Other types of value creation

- Trust
- Quality improvement

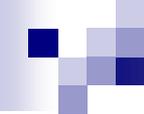


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FORMATION

- When you have seen one RHIO you see one RHIO?
- Drivers:
 - Leadership
 - Stakeholder power
 - Contextual conditions (market factors, culture)
- Other considerations:
 - Collaboration, competition, trust
 - Governance model
 - History



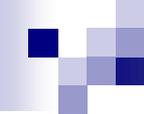
SUSTAINABILITY

- ROI and sustainable business model
 - How important?
 - How achieved?
 - Different perspectives



FORMATION & SUSTAINABILITY

- Establishing clinical messaging as the foundation for exchange and having a critical mass of participation in a market (HealthBridge)
- Local communities develop a common vision among previously competing stakeholders (Shelby County)
- Develop a joint, new business model so that no partner will gain at another's expense (Arkansas)
- All payors need to be involved



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DEVELOPMENT & EVOLUTION

- **Size/number of collaborator**
 - small → medium → large
- **Type of information exchanged**
 - demographic → claims → results delivery → deep clinical
- **Value**
 - ROI → quality improvement/error reduction → access expansion



DEVELOPMENT & EVOLUTION

- States are providing rules of engagement in places where multiple RHIOs exist. States may have to pick up pieces in areas of state where no activity is initiated
- NY providing grants to invest in health IT, efforts currently underway to exchange information will compete with brand-new efforts wanting to get off the ground
- RHIOs exchanging administrative data are trying to prove the ROI for their members to invest in clinical exchange - some have tried clinical exchange (Arkansas) but scaled back due to interoperability costs
- Building on foundation of clinical messaging to begin broader information exchange



TAKE AWAYS

- **Thousand flowers bloom**
 - Bottom up vs. top down
 - What is the federal role?
 - Is it all about standards and interoperability
 - Scope and scale
- **Commonalities?**