

Rhode Island Statewide Health Information Exchange, *currentcare*

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Organization:	Rhode Island Department of Health
Contract Number:	290-04-0007
Project Period:	September 2004 – June 2011
AHRQ Funding Amount:	\$5,000,000

Summary: The Rhode Island Statewide Health Information Exchange (HIE), known as *currentcare*, is one of six Agency for Healthcare Research and Quality (AHRQ)-sponsored State and Regional Demonstration projects initiated in 2004 and 2005 to create HIEs. *Currentcare* was created via the collaboration of the Rhode Island (RI) Department of Health (HEALTH), the Rhode Island Quality Institute (RIQI), and stakeholders across the State. This project developed the capability in RI to deploy health information infrastructure on a statewide scale.

RIQI's role in the project was to determine the governance for the project, while HEALTH's role was focused on the project management aspects of building and deploying the HIE. It was planned from the onset that once the HIE was operational, it would be managed and maintained outside State government. The project team directly engaged the broader community throughout the project to be involved with the formulation of policies and the design of the technical infrastructure.

The project had a unique challenge because the RI HIE Act of 2008 contained stricter privacy and confidentiality protections than other State and Federal health information privacy laws. This led to a great deal of work on the part of RIQI, HEALTH, and the larger community to ensure compliance with those laws. The decision to engage the larger community, while positive, created its own challenges. The project team experienced delays in system development from complexities in administrative, technical, policy processes, and the challenges of consensus building. As a result, there was a delay in generating value from the HIE and a postponement of when the project will become self-sustainable.

Enrollment efforts initially targeted Medicaid beneficiaries and were expanded to include patients at the site of care and in long-term care facilities. By the end of the project, more than 150,000 patients had been enrolled in *currentcare*. Major project successes included the development of policy, the passage of HIE legal protections, and consumer engagement, all of which exceeded community expectations. It is hoped that the project's contribution to the HIE body of knowledge will be used to emphasize the need to understand and actively manage the complex relationship between the propensity for change in social and health systems and the conditions required for acceptance of technology as a tool for progress in a given community.

Project Objectives:

- Improve the quality, safety, and value of health care in the State of Rhode Island through a sustainable statewide HIE system. **(Ongoing)**
- Incorporate a master patient index (MPI) into the HIE to locate longitudinal patient health information from numerous data-submitting partners statewide. Design the HIE so that consumers will be allowed to control access to their data. **(Achieved)**
- Implement the capability to present data from various sources in an integrated, patient-centric manner

using a common user interface. **(Achieved)**

- Transition all operating, management, and governance responsibility of the HIE to a community-based regional health information organization. **(Achieved)**

2011 Activities: The focus of activity during 2011 was on completing the acceptance testing phase and security audit and launching the pilot implementation. In early 2011, the data submitting partner agreements were executed by a large regional laboratory, an independent hospital, and one of the State's largest integrated delivery networks. Live laboratory data began flowing into *currentcare* on April 5, 2011. As of the end of AHRQ contract in June 2011, *currentcare* enrollment exceeded 150,000 consumers, approximately 15 percent of the State's population.

The overall timeline of the project was extended because unprecedented floods in Rhode Island in 2010 completely destroyed the data center that housed *currentcare*. The contract was extended for 1 year to allow time to replace hardware and recover software. Once the replacement data center was operational, the acceptance testing continued and overall progress resumed. The project was completed in June 2011.

Impact and Findings: This project was subjected to several unanticipated and significant schedule delays and, as such, did not deliver a fully functioning HIE solution in time to measure and report the impact on health outcomes. However, the project successfully developed the capability to deploy health information via an HIE infrastructure across the State. Notable results included: 1) the development of a comprehensive HIE policy framework; 2) the passage of State law; 3) promulgation of regulations to ensure patient privacy safeguards; 4) demonstration of a consumer-driven consent model with implementation of a participation service to broker consented data sharing; and 5) a "leveraged infrastructure" model that dovetails with current HIE trends.

The physical infrastructure and the policy, legal, and operational framework derived from the project are being used to augment the practice of medicine in the State. Future research will help generate answers to essential strategic questions pertaining to the value proposition for electronic HIE.

Target Population: General

Strategic Goal: To develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use
