**Additional Questions and Responses from Panel**
*A National Web Conference on the Factors Contributing to the
Use of Health Information Exchange (HIE) in Health Care Organizations*
*March 16, 2016*
*Questions and Answers*

Health Information Exchange (HIE):  Systematic Review and Future Research Directions

1.  Did this analysis consider the differences between public/community HIE and private/enterprise HIE?

    **Answer**: Our analysis did not consider these differences, because several of the studies did not provide enough information to determine whether HIEs were public or private. This is an example of a data element that must be reported going forward, as standards for reporting research on HIE are being developed.

2.  How does medical malpractice fit in to HIE?

    **Answer**: None of the studies included in our systematic review addressed the issue of medical malpractice. This could be a fruitful area for study going forward once more data on the function of HIE is available.

3.  In addition to defining data elements, what activities are ongoing, or need to occur to create standard definitions, or approaches to creating definitions, of various clinical conditions and outcomes? Diff HIEs -> diff data, but we need common definitions

    **Answer**: There are currently no activities that we are aware of that are trying to define standard data and other approaches for HIE researchers. Probably the best approach would be to convene a group of stakeholders to facilitate that process.

4.  What will ultimately bring down the cost of joining an HIE?

    **Answer**: This issue was not addressed explicitly in the studies included in our report, but we can conjecture that making HIE easy to use and query, and providing seamless integration with existing electronic health record systems (EHRs), would lower the cost and effort. This will require continued effort on standards and interoperability—currently being led by ONC—and agreement of the EHR vendors to implement this functionality in their systems.

Factors Contributing to the Use of HIE in Health Care Organizations – A Focus on Long-Term & Post-Acute Care (LTPAC)

1.  Please specify which New Jersey agencies are collecting ADT information to be shared between NJ Transitions of Care Services and LTPACs?

    **Answer**: The New Jersey Innovation Institute has yet to make significant progress here, but we would anticipate having these organizations identified by late 2016 or early 2017. It is still in initial conversations with a large pediatric physician group, and it is working to identify a potential pilot site hospital for sending the ADT data.

2.  Why the focus on LTPAC when it is such a small part of overall health care delivery?

**Answer**: Medicare spends $75 billion a year on nearly 33,000 Medicare beneficiaries who receive care from about 33,000 post-acute care providers. Transitions in care are common for persons who receive post-acute care. In 2008, almost 40 percent of all Medicare beneficiaries discharged from acute care hospitals went on to receive post-acute care; and of these beneficiaries, more than 15 percent were readmitted to the acute care hospital within 30 days of hospital discharge.  Further, care is often shared during a single episode of care between the post-acute care provider and the attending primary care provider. The number of persons who receive post-acute care and the frequency of transitions in care and instances of shared care create an imperative to exchange health information to support continuity and coordination of care.

3.  Do you have links to the LTPAC Community of Practice Deliverable previous calls?

    **Answer**:  Please contact the ONC LTPAC CoP Lead Zoe Barber at zoe.barber@hhs.gov, and please CC Larry Jessup larry.jessup@hhs.gov with your specific request for information.

4.  Will a toolkit be available to share with primary care practices?

    **Answer**: ONC is considering development of an online resource that would provide technical assistance for providers and practices to leverage when implementing and optimizing Health IT. This would potentially allow for the Identification and sharing of leading practices around various phases of EHR and health IT implementation. Please stay tuned to www.healthit.gov  for further updates.

5.  How can we get involved?

    **Answer**: Participation in local Delivery System Reform activities include but are not limited to the following:
    - Comprehensive Care for Joint Replacement Model (CJR) initiative provides hospitals in certain selected geographic areas retrospective bundled payments for episodes of care for lower extremity joint replacement or reattachment of a lower extremity. https://innovation.cms.gov/initiatives/cjr
    - State Medicaid Director Letter (SMD #16-003) states that Medicaid HITECH funds may now support HIE onboarding and systems for long-term care providers. https://www.medicaid.gov/federal-policy-guidance/downloads/SMD16003.pdf
    - For general information or reference material regarding the LTPAC landscape, please see the Health IT in Long-Term and Post-Acute Care Issue Brief. https://www.healthit.gov/policy-researchers-implementers/resources-ltpac
    - Review leverage efforts of current ONC Health Information Technology Grant Programs. http://dashboard.healthit.gov/dashboards/health-it-program-grantees.php