



# ***Innovation in Health IT***

## **HIT Activities in Wyoming**

The Wyoming Health Information  
Organization

June 11, 2009



The Wyoming Health Information Organization (WyHIO) is Wyoming's Regional Health Information Organization (RHIO).

Non-Profit Private 501 (3) (c) Corporation

# WyHIO Mission

- To enhance access, quality, safety, and the efficiency of healthcare in Wyoming
- To promote implementation of an electronic information exchange
- To utilize technology to assure secure and confidential interconnectivity
- To build the health information communication technology infrastructure for Wyoming

# Current Board

- Health Professionals
- Hospital Organizations
- Wyoming Department of Health
- Quality Improvement Organizations
- Insurance Organizations
- Professional Organizations
- Consumer/Public Interest
- Business/Purchasers
- Safety Net Organizations

# HIT in Wyoming

- Health Information Exchange (HIE)  
{non-telehealth}
- Telehealth/Telemedicine
- Wyoming Health Information Resources - website (WyHIR)  
[www.wyhir.org](http://www.wyhir.org)

# Recent WyHIO Activities

- Telehealth/Telemedicine [WyNETTE]
  - FCC Grant
  - Passage of HB0281
  - Develop 5 yr Roadmap: Design & Implementation
- WyHIR
  - Expansion of services WyHIR website
- HIE [WyHIE]
  - Needs Assessment for WHCC
  - Develop 5 yr Roadmap: Design & Implementation

# Recent WyHIO Activities (cont'd)

- Regional collaborations – Colorado, Montana, Nebraska, New Mexico, Utah, South Dakota
- American Recovery and Reinvestment Act of 2009 (ARRA)
  - HIT Funding for Wyoming



**Results of a Needs Assessment Focusing on  
Factors Impacting the Implementation of a Healthcare  
Information Exchange (HIE) in Wyoming**

**Final Report  
Prepared for  
The Wyoming Healthcare Commission**

May 2009

# Background

- In 2007, WHCC contracted with WyHIO for a survey of HIT/HIE capabilities of Wyoming's healthcare community
- Results indicated healthcare providers are generally in favorable position to participate in HIE
- In 2008, WyHIO completes plan & design of sustainable, interoperable HIE network  
-“Roadmap”
- An identified next step is an HIE specific needs and value assessment

# Project Expectations

Provide specific information on:

- Willingness of providers to participate in and support telehealth and HIE
- Types of HIE information and specific exchange projects that would be of most value to providers
- Assistance required to increase participation in HIE
- Where the assistance is needed the most
- Recommendations for HIE projects and initiatives

# HIE Needs Project Purpose

HIE needs assessment focused on:

- Types of information providers consider to be the most valuable in HIE
- Barriers and difficulties experienced in implementing an exchange
- Specific reasons why providers are not participating in HIE

# Survey Document

15 Questions, 4 pages, covering:

- Practice demographics – type and size
- Need for telehealth/telemedicine and HIE network
- HIE network goals
- Factors impacting HIE participation and financial support
- Top HIE priorities
- Difficulties/barriers to HIE implantation and participation
- Consent, architecture, and governance issues
- Role of state government

# Survey Response

- 1,904 facilities surveyed
- 725 completed responses
- 38% response rate
- 692 identified type of practice

# Survey Groups

- Hospitals
- Pharmacies
- Free-standing diagnostic centers (Radiology Clinic)
- Healthcare clinics
- Non-hospital based facilities- ambulatory surgery, urgent care, lab
- Private practice MDs
- Dental care clinics
- Advanced Practice Nurses (APN)
- Chiropractors

# Survey Groups (cont'd)

- Hearing Aid Specialists
- Optometrists
- Physical Therapists
- Podiatrists
- Psychologists
- Respiratory Care Therapists
- Speech & Audiology Therapists
- Mental health and substance abuse providers
- Long-term care facilities
- Public health departments
- Laboratories

# Survey Response

Responder Facilities/Groups	Frequency	Valid Percent
Hospital	65	9.4%
Pharmacy	55	7.9%
Healthcare clinic	61	8.8%
Private practice MD	76	11.0%
Dental care	96	13.9%
Mental health and substance abuse provider	68	9.8%
All other groups and other specified	271	39.2%
<b>Total Valid</b>	<b>692</b>	<b>100.0%</b>
No answer	33	
Total	725	

# Summary of Major Findings

- Over 83% of responders support the need for both a telemedicine and a HIE network within 5 years; 82.9% of private practice physicians
- 17% of responders and physicians found no need for either network

# Summary of Major Findings (cont'd)

- Major goals for the Telehealth network
  1. Overcoming isolation of rural providers
  2. Improving access to healthcare
  3. Increasing convenience for patients
- Major goals for the HIE network
  1. Improving the quality of healthcare
  2. Sharing resources among providers
  3. Improving patient safety

# Summary of Major Findings (cont'd)

- Influencing HIE participation
  1. Improving healthcare quality
  2. Improving efficiency
  3. Increasing patient safety
- Barriers to HIE participation
  1. Cost (overwhelmingly)
  2. Technical problems/lack of interoperability
  3. Privacy/security concerns

## Summary of Major Findings (cont'd)

- The bulk of providers feel federal and state governments should bear the costs of network development and operation
- The majority of providers would financially support an HIE network, primarily through in-kind resources, memberships, and service fees
- Private practice physicians were consistent with the above

# Summary of Major Findings (cont'd)

## Top three initiatives for HIE

1. Treatment management information exchange
2. Diagnostic information exchange
3. Electronic prescribing and medication histories

# Summary of Major Findings (cont'd)

Ability of patients to block sharing of healthcare data

	<u>Yes</u>	<u>No</u>
Routine basis	66.8%	33.2%
Emergency	44.8%	55.2%

# Summary of Major Findings (cont'd)

- The preferred architecture for data sharing and distribution is the federated model, followed by the hybrid and the centralized models.
- Preferred roles of state government in HIE
  1. Provide startup funding
  2. Provide operational funding
  3. Provide forum for organization and development

# Summary of Major Findings (cont'd)

- Progress toward EHR implementation

	Overall	Docs
○ Fully implemented 24.3%		19.6%
○ Partially or in process	19.5%	12.2%
○ Implement in 24 mos.	7.6%	9.5%
○ Implement after 24 mos.	6.7%	10.8%
○ No plans	46.6%	43.2%

# **Summary of Accomplishments for HIE for Past Two Years**

- Completed inventory of HIT capabilities
- Identified security/privacy barriers and proposed solutions related to HIT/HIE adoption
- Completed HIT/HIE specific needs assessment
- Developed a dynamic stakeholder consensus roadmap for WyHIE Network

# Goals for WyHIE

- Roadmap
  - Continue to expand existing HIT/HIE capabilities, usage, and stakeholder base
  - Deploy of EHR Applications [Assist physicians in meeting ARRA goals]
  - Design and implement an efficient and sustainable HIE network [WyHIE]
- ARRA Stimulus Package Funding Grants

# Contact the WyHIO

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Questions ?

# American Recovery and Reinvestment Act of 2009 (ARRA)

- President Obama signed ARRA into law 2/17/09
- \$787 billion in new spending and tax cuts
- Billions for health information technology (HIT)
- Two main incentive opportunities: Medicare and Medicaid
- Many provisions of the incentive programs and privacy and security provisions remain to be further defined, modified and finalized through the federal regulatory process.

# Overview of ARRA Funding

## Appropriations for Health IT

**\$2 billion for loans, grants & technical assistance for:**

- National Resource Center and Regional Extension Centers
- EHR State Loan Fund
- Workforce Training
- Research and Demonstrations

## Appropriations for HIE

**At least \$300 million of the total at HHS Secretary's discretion for HIE development**

- Funneled largely through States or qualified State-designated entities
- For planning and/or implementation

## New Incentives for Adoption

**New Medicare and Medicaid payment incentives for HIT adoption**

- \$20 billion in expected payments through Medicare to hospitals & physicians
- \$14 billion in expected payments through Medicaid
- ~\$34 billion expected outlays, 2011-2016

## Community Health Centers

**\$1.5 billion in grants through HRSA for construction, renovation and equipment, including acquisition of HIT systems**

## Broadband and Telehealth

**\$4.3 billion for broadband & \$2.5 billion for distance learning/ telehealth grants**

# EHR Incentives

- Exact start date for EHR incentive program unclear
- “Meaningful” EHR user defined as:
  - Demonstrating use of information exchange
  - Clinical quality measures reporting
  - Using certified EHR technology satisfying HHS Secretary criteria
- Applies to all physicians who can prove use of a qualified and certified EHR, regardless of purchase date except hospital-based physicians who “furnish substantially all services in hospital setting” (inpatient or outpatient)

# EHR Incentives cont'd

- Physicians using a qualified EHR in 2011 or 2012 can receive up to \$44,000 through Medicare.
- Additional 10% payment for physicians practicing in “health professional shortage areas”
- Those eligible for Medicaid incentives:
  - Non-hospital based professionals who have at least 30% patient volume attributable to Medicaid patients (20% for pediatricians).

# Medicare and Medicaid Incentives

	<b>Medicare</b>	<b>Medicaid</b>
<b>Funding mechanism(s)</b>	Incentive payments	Incentive payments State matching payments (for admin costs)
<b>Payment Agent</b>	Medicare carriers and contractors	State Medicaid agencies
<b>Payment Recipients</b>	Hospitals and physicians	Hospitals and physicians State Medicaid agencies for program admin
<b>Amounts for Hospitals</b>	<b><i>\$2 million base amount</i></b> Plus increases for annual discharges, number of inpatient days attributable to Medicare, and charges attributable to Medicare	<b><i>\$2 million base amount</i></b> Plus increases calculated using similar methodology as Medicare incentive <i>(eligible entities include Acute Care and Children's Hospitals)</i>
<b>Amounts for physicians &amp; other health professionals</b>	<b><i>Up to \$44,000 in Medicare reimbursements</i></b> Over 5 year period	<b><i>Up to \$67,000</i></b> Over a 5 year period for 85% of eligible implementation costs
<b>Key Consideration</b>	<i>Hospitals (not physicians and professionals) will qualify for both Medicare &amp; Medicaid funding but must participate in HIE projects &amp; be "meaningful user" to drawn down funds</i>	

# EHR Issues

- Medicare Issues
  - Incentives/Penalties
- Certification Issues
- Privacy Issues
  - Accounting of certain protected HI disclosures required if covered entity uses EHR
  - Requested restrictions on certain disclosures of HI
  - Notification in case of breach
  - New enforcement provisions

# Medicare Incentives/Penalties

- 2011 – 2014
  - Incentive payment per physician using EHR (formula)
  - No payment reduction for not using EHR
- 2015 +
  - No incentive payment for using EHR
  - Payment reduction for not using EHR - starts at 1% (2% for no e-Pre), to 3% by yr 3
  - possibly 5% if Sec HHS determines <75% using]

# ARRA Resources

- Online ARRA training course from Health IT Certification

[http://www.healthitcertification.com/stimulus\\_course.php](http://www.healthitcertification.com/stimulus_course.php)

- Wyoming ARRA website

<http://wyoming.gov/recovery/>

- WDH ARRA website

<http://www.health.wyo.gov/main/arra/index.html>

- WDH website to collect needs on HIT/HIE/Telehealth/  
Telemedicine <http://telehealth.health.wyo.gov>