

Electronic Health Records and Information Exchange

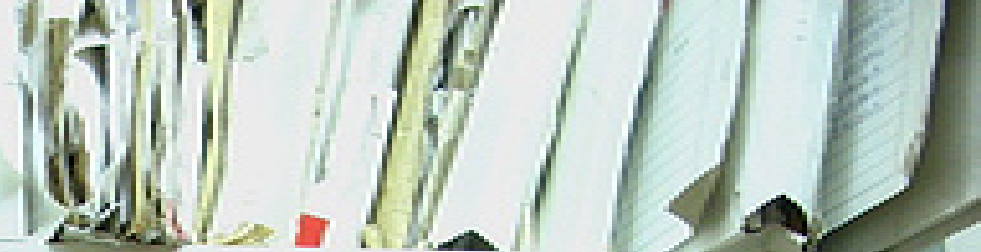
Monday, August 27

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A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.



4/33



800



1700



Why EHR's and Health Information Exchange?

- **U.S. healthcare system highly fragmented....**data is stored —often in paper form—in silos, across hospitals, labs, physician offices, pharmacies, and insurers
- **Public health agencies** forced to utilize phone, fax and mail to conduct public health surveillance, detection, management and response
- **Physicians spend 20 - 30% of their time searching** for information...10 - 81% of the time, physicians don't find the information they need in the patient record
- Clinical research hindered by paper-based, fragmented systems – costly and slow processes

Where do we want to go!

- Interoperable Electronic Health Records
- Interoperable Personal Health Records
- Secure messaging, e-visits, e-consults
- On line access to e-scheduling, prescription renewal, referrals, administrative clipboard
- Interoperable monitoring devices
- Interactive careplans, advance directives, decision support services

Personal Health Record

➤ Health History

- Problems, allergies, medications

➤ Permissions/Release of Information

- Family, caregivers, providers

➤ Appointment Scheduling

➤ Messaging



Health Information Exchange

- Network Coordination
- Partner Business Agreements
- Record Locator Service
- EHR Interfaces
- Backup/Disaster Recovery for small businesses

Unfunded National mandate – Electronic Health Records/ National Electronic Health Information Exchange by 2014

- **ONC** – the Office of the National Coordinator
- **Office EHR's**
 - 250 vendors, buying each other out
 - National certification last May
 - A few look like they have staying power
- **Networks**
 - Lots of efforts in many states
 - No sustainable business plan
 - Two recent well know failures

The Safety of Health Care (system) in Alaska



Overview –Where are we in Alaska

- 145K Initial funding from Telemedicine Council for the Alaska EHR Initiative
 - Alaska Charklink
 - Alaska EHR Alliance

Alaska Electronic Health Record Initiative

➤ Alaska Chartlink

- Focus on the policy, technical requirements and execution of electronic health information exchange
- \$100K startup funding from ATAC

➤ Alaska Electronic Health Record (physician) Alliance

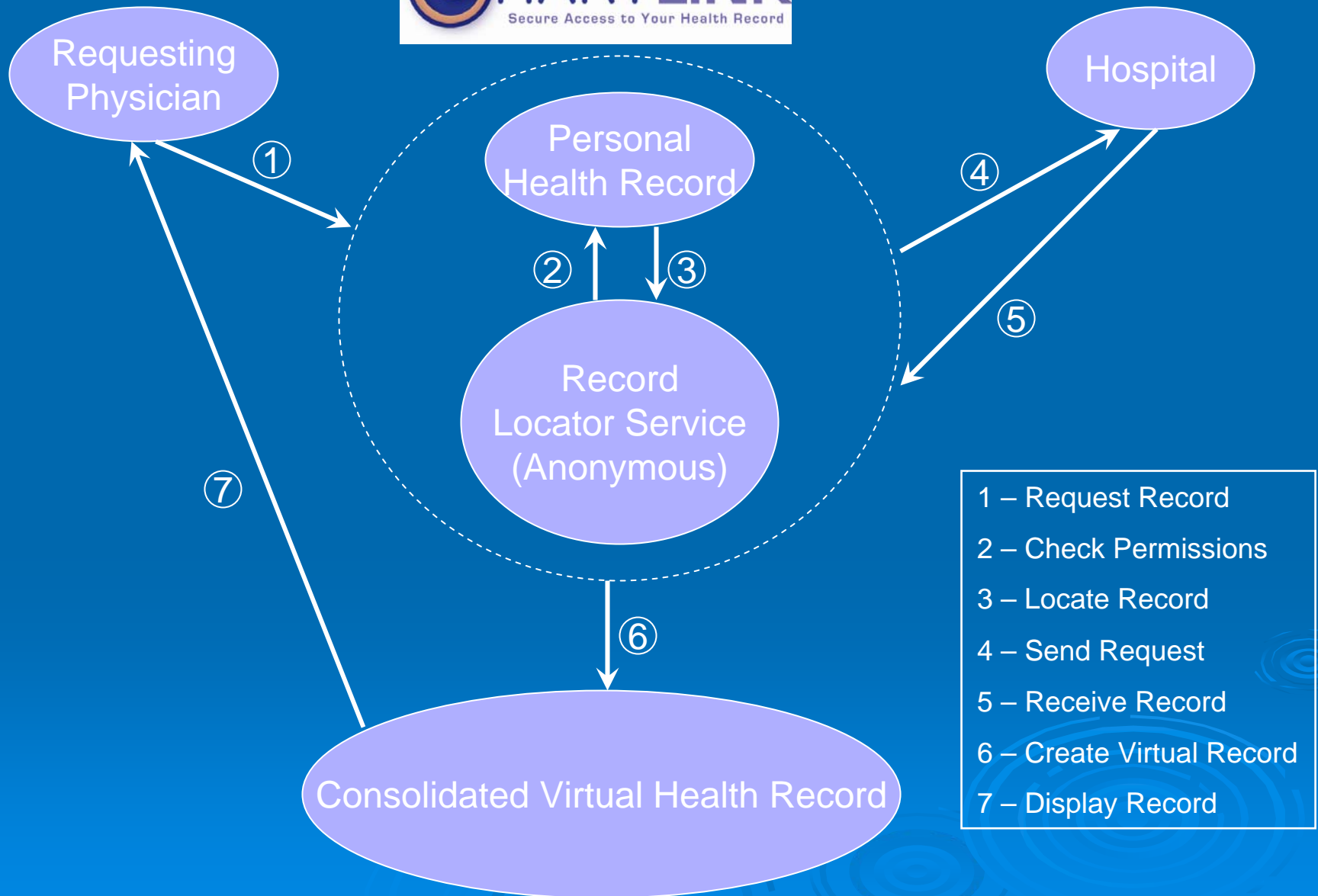
- Focus on assisting clinicians offices to establish office based EHR's
- \$45k start up funding from ATAC

What work has been done

- Health Information Security and Privacy Collaborative – 332K
 - Community meetings
 - Fairbanks
 - Juneau
 - Anchorage (urban and rural)
 - Findings
 - Surprise that we still use paper
 - Comfortable with clinical access, worried about insurance, employers

What work has been done

- Business plans completed and vetted
- Public Marketing plan being developed with \$168k continuation grant.
- Grants submitted
 - Medicare Transformation Grant -
 - FCC - \$18m



Chartlink Steering Committee

- **Alex Malter, MD, DHSS**
- **Alex Spector, VA**
- **Duane Heyman, AHCR**
- **Eric Wall, MD, Premera**
- **Garth Hamblin, CFO, BRH**
- **Greg Polston, MD, AMCA**
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- **Richard Mandsager, MD, PMC**
- **Rod Betit, President, ASHNA**
- **Tom Nighswander, MD, ATAC**
- **Jim Jordan - ASMA**

EHR Alliance Board of Directors

- **Ben Tisdale**, Community member
- **Chuck Borg**, Community member
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- **Tom Nighswander**, MD Family Practice

Funding Requirements

CAPITAL REQUIREMENTS		Pilot (Year 1)	Full Project (Year 2-6)
Clinician Office EHR Adoption	<ul style="list-style-type: none"> • Vendor selection • Pilot clinic selection • Project management & evaluation • Model implementation guidelines • Funding support for EHR purchase 	1,465,000	18,000,000
Health Information Exchange Service	<ul style="list-style-type: none"> • Infrastructure (Hardware/Software/Telecom) • Personal Health Record for all Alaskans • Security and Privacy 	4,035,000	15,000,000
TOTALS		\$6,500,00	\$33,000,000

