

HIT - STATE HEALTHCARE INNOVATION PLAN

The following are required SHIP elements related to HIT from the terms and conditions of Idaho's model design grant and identifies where additional information is needed to supplement the data gathered from the Gap Analysis to complete the SHIP.

B. Description of Health Care Environment

3. Report on opportunities or challenges to the adoption of Health Information Exchanges (HIE) and meaningful use of electronic health record (EHR) technologies by various provider categories, and potential strategies and approaches to improve use and deployment of Health Information Technology (HIT).

HIE Opportunities and Challenges

Opportunities:

Challenges:

EHR Opportunities and Challenges

Opportunities:

- *Prevalence of providers implementing technology solutions that can be shared across participants (technology standards).*
- *Ability to leverage standards (e.g., HL7, ANSI X12).*
- *Ability to leverage experience of larger hospitals systems in Idaho and their EHR systems.*

Challenges:

- *Smaller provider offices have not been adopting EHR due to size of staff and technology issues; technical issues related to connectivity, data capabilities, functionality.*
- *Specific examples include 1) not all providers have an EHR; 2) not all providers/participants are connected; 3) various proprietary EHR formats, functionality, and versions; 4) willingness to share data/competition and; 5) cost.*
- *Currently, there is no participation by public providers in the sharing of data as part of IHDE.*

HIT Strategies and Approaches

Strategies:

- *Leveraging existing experience/capabilities of IHDE and hospital systems.*

Approaches:

- *Cost of investing in new systems, difficulty reaching agreement on new system parameters, legacy systems hard to dislodge, existing proprietary systems impede the spread of new technologies and shared systems, and current data exchange is not patient-focused.*
- *MMIS interaction with centralized system.*

C. Report on Design Process Deliberations

14. Review and identify options for leveraging IT, EHRs, and HIE technologies, including interoperable technologies, to improve health and coordination of care across service providers (including post-acute and long-term care providers) and targeted beneficiaries. Specific plans should be able to support testing of Recipient's (State's) multi-payer model of delivery and payment reform.
 - a. Options Considered
 - *Current IHDE work*
 - b. Documentation of Stakeholder Engagement
 - *TBD*
 - c. Areas of Consensus and Disagreement
 - *Currently, there is no wide spread use of data exchange, a slow adoption of electronic medical records and lack of integrated data.*
 - *There is success in Tele-health, PCMH, In-Home Paramedics program, burn treatment programs at the University of Idaho and IHDE.*

F. Health Information Technology

With regard to HIT initiatives, the Plan should describe the following:

1. How activities under the Plan will coordinate with other statewide HIT initiatives to accelerate adoption of HIT among providers.
2. How activities under the Plan will reach providers in rural areas, small practices, and behavioral health providers.
3. Cost allocation plan or methodology for any planned IT system solutions/builds funded in part by CMS or any other federal agency.
4. Any impact this project will have on the MMIS, and how the MMIS will be used to support the project, including whether there will be a need to add any new system functionality or enhancements to existing functionality to support the effort. Please describe all MMIS claims, recipient, provider or other MMIS data, and the specific MMIS business processes the state will utilize in support of this effort.
 - *Currently, no data (claims, eligibility, or provider data) is being shared by the State.*
5. Estimated planning and implementation timelines for the needed changes to MMIS and how these timelines will dovetail with the SIM project.