



WVHIN Board Interviews Summary of Findings

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Strategies for Tomorrow

Bigger visions, real results

Background

- 🌀 Findings reflects interviews of Board members between May 15 and July 30
- 🌀 Topics include
 - WVHIN Vision and Roles
 - Stakeholder Participation
 - Key Issues WVHIN needs to address



Themes

- Embraced role of HIE infrastructure and convener & coordinator
- Many ideas on coordinator role
- Many ideas on stakeholder participation

- Key issues
 - Funding
 - Physician adoption strategies
 - Role in EMR Adoption
 - Role related to VistA
 - Consumer participation
 - The next WVHIN structure
 - Selection of pilot community





Vision and Roles

WVHIN

Vision to Support HC Transformation

Ideas Mentioned:

Patient-physician centric care

- Consumer driven care
- Medical home
- Chronic care management
- Quality and value focus for all physicians

Electronic network brings essential information to the point of care



Vision for the Network (1)

Some thoughts:

- Provides a cost effective and secure efficient network that allows the citizens to digitize all medical records and be a part of the National Health Information Network
- Allows for sharing of basic patient information such as diagnosis, allergies, medication, and recent lab and radiology findings at the point of care



Vision for the Network (2)

Some thoughts:

- 🌀 Create a backbone technology that allows various providers to link and share data
- 🌀 Needs to be one entity, not multiple entities
- 🌀 One of many entities that coalesce into a national network (Petri dish theory)



WVHIN's Role

Broad support for the following:

- Provide an HIE infrastructure*
 - 1) clinical messaging, 2) coordinated care (inquiry) and 3) quality focus (longitudinal analysis)
- Serve as convener & coordinator
 - Set standards for data exchange for rest of state
 - Serve as leader in coordinating the many HIT/HIE initiatives in the state.
 - Provide direction and strategy for others to follow

* High level of consensus, but not unanimous. Small minority believes that WVHIN should place a higher priority on adoption of advanced EMRs with quality tools.



WVHIN Structure

- 🌀 Issue brought up many times. Key issues:
- 🌀 What is WVHIN structure of future vs. today?
- 🌀 What is the best way to avoid political biases?
 - Public/private partnership – many lean toward this
 - 501c3?
- 🌀 Barriers mentioned with
 - State government – HCA, Medicaid, others
 - Private sector
- 🌀 Advantages mentioned
 - HCA – all data rolled together



Role as Coordinator

Immediate Opportunities Identified:

- 🌀 Telemedicine Alliance (FCC -- \$8 million)
- 🌀 Medicaid Transformation Grant (\$13 million)
- 🌀 Medicaid Medication Management
- 🌀 Subcommittee on HC
- 🌀 MITA funds (CMS)
- 🌀 VistA
- 🌀 NHIN 2
- 🌀 Wheeling Jesuit Project
- 🌀 Tiger Team
- 🌀 Emergency Responder Team
- 🌀 WVMI



Role as Coordinator

Many Opportunities Mentioned (1)

- Provide guidance to PEIA – nature/timing of eRX initiative
- When ready, pilot with private sector (e.g. Google and Microsoft Vault) to demonstrate value added services such as personal health record
- Drive enabling legislation
- Develop state-wide strategies around population health, chronic disease, physician adoption, report card to physicians, quality & value, etc.
- Negotiate state-wide agreements with vendors



Role as Coordinator

Many Opportunities Mentioned (2)

- 🌀 Drive strategy for consumer utilization of system
- 🌀 Survey state-wide projects -- \$, projects, gaps
- 🌀 ID vendors who meet file transfer and data requirements
- 🌀 ID service providers who can help docs implement systems
- 🌀 Require first pilot to talk to second pilot
- 🌀 Work with groups to make HIE data available for research



Role as Coordinator

Uses of Data Identified

Make data feeds available for many uses

- Public health
- Chronic disease management
- Research
- Feed personal health record

Oversee data use

- Who owns it?
- Who houses and maintains it?
- Who has access to it?
- Who decides who has access to it?
- What are the policies? (opt in vs. opt out; patient control, privacy)





Stakeholder Participation

WVHIN

Stakeholder Participation (1)

Comments made by several:

Physicians

- Big concern by many interviewees
- Need to focus on physician champions and adoption
- Most board members identify adoption as e-inbox – wire those who would otherwise be paper-based
- Small minority defines adoption as EMR with quality tools – we need to focus on the end goal



Stakeholder Participation (2)

Comments made:

Hospital participation

- Mentioned by many
- Need CIOs and CEOs on board

Other providers – mentioned by a few

- Others need to be at the table up front
- Clinics and Clinic Networks
- Long-term care
- Others named



Stakeholder Participation (3)

Comments made by many; specific ideas from a few

Health Plans

- Many program opportunities identified – Promote programs, data mining, value-based care; share HP data with providers; build targeted programs (rural health clinics working with diabetes); focus on medical home; link administrative data to clinical data
- Pay PMPM to get access to data?

State government

- Enabling legislation
- Get out of the way; minimal legislation
- Agree to not take paper any more
- Focus on areas where consensus is hard to get
- Pinpoint areas to drive incentives



Stakeholder Participation (4)

Comments made:

Board participation

- General interest by most to be “engaged”
- Specific comments:
- Need more Board engagement & time to launch an HIE
- Need people who understand the business side of IT


Pilot communities

- Very high level of interest in this by many



Stakeholder Participation (4)

Comments made:

 Consumers – Discussed by many about 1/3; below is sampling of comments. Most comments were related to expectations of the future, not immediate actions.

- Need their engagement
- Consider role on advisory group
- 50% do not have access to PC
- Consider products and services for this group
- Push e-mails to patients
- Personal health record with HIE feeds
- Provide with plastic card to scan and upload by physician and upload to patient record on the Web
- Older population – perception of security



Stakeholder Participation (5)

Comments made by a few:

Private Sector

- Private sector (e. g. Google) may end up being the big player in data exchange; we play a role as the aggregator of data
- Opportunity to participate in the growth of the private sector
- Health 2.0
- Leading national HC IT CEOs from WV
 - David Brailer (father of HIE), John Chamber (CEO of Cisco), Brad Smith (head of Intuit) plus many more





Key Issues for Board

WVHIN

Key Issue (1) – Funding

Representative comments made:

- Who should pay? – Beneficiaries
- Subscription fees
- Funding needs to come from multiple sources – providers & payers
- Payers: health plans, self-insured employers, Medicaid, PEIA, CHIPS, trade associations
- Fragmented market – can't look to 1-2 large providers or payers; will require work to obtain
- Not looking to state for sustainable funding except as a payer in the HC system



Key Issue (2) Physician Adoption Strategies

Suggestions:

- ② Establish Physician Advisory Group
- ② Identify physician champions
 - Regional, local markets, specialty
- ② Engage key organizations
 - AAFP, Med Association
- ② Provide incentives from Medicaid, PEIA, health plans
- ② Develop two tracks with choice (basic cable vs. upgrade)
 - E-Inbox – Basic users; can transfer to EMR
 - EMR – More advanced users
- ② Help with installation
 - Set up, support & training; annual renewal
 - Support 2-3 software offerings



Key Issue (3)

Clarification of Role of VistA

- 🌀 High level of VistA installs in WV
 - VA, clinics, CHN, state hospitals, Medicaid
- 🌀 National leadership in WV around VistA
 - Recent international conference in WV; attention of Office of the National Coordinator
- 🌀 Is VistA one of many EMRS or a special EMR?
 - Options
 - Show practices how their EMR of choice can interface with the HIE (typical EMR)
 - Make practices aware of VistA as an option
 - Encourage VistA adoption where there is a “fit”
 - Other



Key Issue (4)

Consumer participation

- 🌀 Consultant question:
- 🌀 Given the growing awareness of the need for consumer participation at some point in the future, what can we do now to engage consumers that aligns with the Pathway
 - Advisory group
 - Board membership
 - Clinical messaging between patient and physician
- 🌀 Screen
 - Moves us toward the vision (patient-centric)
 - Doesn't slow down current process
 - Opens door for us to learn from consumer



Key Issue (6)

Is WVHIN an interim structure?

- ☞ At some point, does WVHIN need to change forms to gain acceptance? (e.g. public/private partnership)
- ☞ What are the issues we need to consider?
- ☞ At what point do these discussions occur if at all?



Key Issue (7)

Selection Process for Pilot Community

- 🌀 What is the selection process for the pilot community?
- 🌀 How do you make the process open and transparent?
- 🌀 Who do we need to do to mobilize the Board and others around this?



Who Needs to be at the Table?

- And in what role?
- Hospital Association
- Medical Society
- Public health
- Consumers
- DO
- AAFP
- State Nurses
- Psychologists
- Home health



Suggested Deliverables 6-12 months

- 🌀 Budget
- 🌀 Marketing Plan
- 🌀 Vendor Selection
- 🌀 Implementation of small pilot
- 🌀 In ball part of where we are headed
- 🌀 Prove the concept

