

Health Information Security and Privacy Collaboration Regional Meeting

State of West Virginia

November 13, 2006

Introduction

- **West Virginia Medical Institute (WVMI)** the QIO for WV- also DE and PA-Contracts CMS, VA External Peer Review, Prior Authorization for Medicaid in WV, American College of Cardiology, AHRQ Patient Safety Grant, McKesson, Accenture- WVMI appointed by the Governor to be the administering entity
- **WV Health Care Authority of WV-** programs administered by the Authority generally have two primary purposes: to constrain the rising cost of health care and to assure reasonable access to necessary health services
- **Project Team:** Director and Lead for VWG: Patty Ruddick; LWG Team Leader: Sallie Hunt (HCAWV); SWG Team Leader: Les DePizzo; IPWG: John Marks- Each working group has a chair, appointed by the team leader
- **Steering Committee:** Members of the 17 member WVHealth Information Network Board- John Wiesendanger and Beckey Cochran
 - Appointed by Governor Joe Manchin
 - Top level executives from key stakeholder groups
 - Consumer representation on a Consumer Advisory Group

WV's Health Information Exchange Efforts

- **WVeHI** - Goal is to facilitate the use of information technology to improve the quality, efficiency, and safety of health care for all West Virginians
 - Began with a meeting of three organizations (WVSMA, WVHA, WVMI); Group quickly expanded to over 50 members with over 25 stakeholders involved
- **HIPAA Preemption Project**-reviews all West Virginia statutes, the West Virginia Code and selected West Virginia State Court Rules that relate to the use or disclosure of personal health information
- **WV HIT Roadmap**-Business Model for HIE
 - Our findings conclude there is political support for a statewide health information network in the executive and legislative branches of government, as well as in the medical community
- **ONCHIT-3**- Develop a prototype for a NHIN architecture to achieve widespread interoperability among healthcare software applications, particularly EHRs

State HISPC Project- How does WVHISPC fit in with WV's overall HIE efforts

- State of State Address in 2005, Governor Manchin introduced Dr. David Brailer (WV native) and stated that WV needed to modernize our healthcare system and use technology to do so. Created a task force
- State of State Address in 2006, Governor announced the formation of WVHIN
- Governor Manchin introduced and signed legislation in March 2006 creating the WVHIN to:
"promote design, implementation, operation, and maintenance of fully operable statewide network to facilitate public and private use of health care information within the state"

Stakeholder Representation and Outreach

Stakeholder	Business Practices
Hospitals	39
Payers	27
Community Clinics and Health Centers	13
LTC and Nursing Homes	13
Medical/Public Health Schools-Research (3)	9
Professional Associations	8
Public Health Agencies	7
Correctional Facilities	5
Homecare and Hospice	5
Federal Health Facilities	4
Labs	3
State Government	3
Physician Groups	3
QIOs	2
Pharmacies	1
Clinicians (MDs, NPs, PAs, Nurses)	1

Data Collection Process

- Business practices acquired through assessment tools, focus groups, email, word documents, telephone interviews, and onsite meetings (17 Stakeholder Groups Represented)
- Barriers sent to LWG for review -State Law and Legal Drivers
- WVMI compiled onto the Assessment tool and sent back to VWG for validation. They were tasked with disseminating to additional stakeholder groups.
- Dissemination also accomplished through:
 - WVeHI-sent to stakeholders; post to websites, listserv
 - Series of newspaper articles resulted in stakeholders calling project director with comments, concerns, and additional bps
 - Presentations (WVHIMS; National eHI Meeting in DC, WVHIN)
 - www.wvmi.org- continually updated so that stakeholders could access survey tool, sign up for a work group, review the completed assessment tool, and add comments
- Draft of completed assessment tool sent to SWG and IPWG for "next steps"
- Draft of Interim Variations Report sent to Steering Committee and WVHIN for review, comments, and approval

Major Themes

- Approximately 100 barriers noted.
- Domains 2 (information authorization and access controls), 8 (state law) and 9 (use and disclosure policies) comprise almost 70% of the barriers.
- Largest variations in business practices found around treatment, law enforcement and employee health scenarios.

Major “Barriers” to HIE

- Different legal standards governing use and disclosure of PHI for treatment purposes.
- Various legal standards around consent and authorization for disclosure of PHI for payment purposes.
- WV law does not allow electronic prescribing.
- Lack of standardized business practices for stakeholders to utilize upon joining an electronic health records network.

Issues and Challenges

- OMB- time constraints due to inability to disseminate tools for data capture
- Scenarios and Domains- difficult to understand and address- may have a perceived barrier that really is not one
- Portal-limits characters- we have a great deal to say!
- Overall, good participation from VWG and LWG and Governor

Goals for the Regional Meeting

- Develop contacts and networks in neighboring states so that we can collaborate regarding EHR and privacy and security issues
- Validate barriers and preliminary solutions

Questions for Other States

- 1. If information needs to be exchanged across our borders, what barriers can we expect to encounter from our surrounding states?
- 2. What barriers have states encountered that are entirely generated by misperceptions of law and what are the solutions?
- 3. What do other states think of the idea of educating providers to have patients sign broader consents to avoid downstream barriers, particularly in the area of the federal substance abuse regulations?