

WVHIN Strategic Plan Overview

Vision for Health Care

All West Virginia residents have access to high quality, patient-centered healthcare services.

WVHIN Mission

The West Virginia Health Information network provides a trusted, integrated and seamless electronic structure enabling medical data delivery at the time and place necessary for optimal care. The WVHIN serves the informational needs of all aspects of the healthcare community.

Guiding Principles

To achieve its mission, The WVHIN abides by the following guiding principles:


- *Collaboration* – The WVHIN works in collaboration with private/public partners, providers, other health care stakeholders, and consumers.
- *Facilitation of Patient-centric care* – Clinicians have access to the **right** information at the point of care regardless of where the patient has been seen or where the physician is located. Data movement will ease utilization of the health care system by consumers, providers and all related support entities.
- *Participation by all providers* – All providers have access to affordable solutions regardless of location and regardless of the level of electronic readiness.
- *Quality improvement* – The provider community has access to tools to improve the quality and efficiency of care through greater access to data over time and improved data analysis tools (e.g. ePrescribing, chronic disease management)
- *Patient participation* -- The patients, over time, have access to information and electronic tools enabling them to take responsibility for their own care and wellness along with their physician.
- *Privacy and Security* – Patients and providers are assured that personal data is held private, confidential and secure in accordance with HIPAA and other state and federal requirements.

HIE Pathway

The WVHIN is following a three phase pathway over the next 3-5 years to achieve the WVHIN Mission. The intent in the early phases is to build the HIE infrastructure, achieve critical mass among physicians, reduce inefficiencies from paper transactions, and improve coordination of care. Building on this infrastructure, later phases will focus on expanding data exchange capabilities that significantly improve quality and value of care.

	Phase 1 Messaging	Phase 2 Coordinated Care (\$)	Phases 3+ Quality and Value (\$\$)
Task	Connect EMRs; provide e-inbox for others; deliver results; achieve critical mass; implement eRX*	Federated repository enables inquiry of data from multiple sources; help physicians use more tools	Centralized repository (s) enables longitudinal analysis of data from multiple sources; patient engagement; quality performance
Big Win	Efficiency; reduce costs by replacing paper	Reduce duplicate tests; improve coordination; can save lives	Huge for all – right info at the right place at the right time
Major Winners	Providers Public health	Health Plans, Providers; ED; Public Health	Health Plans, Providers, Public Health/Population Health, Researchers, Patients

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Three Phases of the Pathway

1. *Phase 1 – Clinical Messaging* – Use clinical messaging as a tool to transition the provider community from paper to electronic transactions and establish data exchange between separate health systems. Provision must be made for providers and facilities at all levels of EMR (and no EMR) capabilities along with consideration of the ability to financially support the WVHIN. Data exchange includes transferring lab, radiology and hospital reports from providers to physicians; cross-referrals between physicians. It also includes and data feeds to and alerts from public health.
2. *Phase 2 – Coordinated Care* – Improve coordinated care by enabling authorized physicians and other clinicians to look up key clinical information from multiple providers regardless of where the patient has been seen or where the clinician is located. Key information includes: lab, radiology and hospital reports; diagnoses, problem lists, medications, allergies, and immunizations. This is done using a federated data base model ensuring that data is made available at the point of care only.
3. *Phase 3 – Quality and Value* – Significantly improve quality and value of care by establishing data feeds that allow data to be accessed for additional uses under the strict guidance of board policy for data access. Possible uses:
 - *Physician Analysis* – ability of physicians to do longitudinal analysis of patient clinical data
 - *Public health* – ability of public health to do syndromic surveillance and population health
 - *Personal health record* – data feeds from the HIE into the personal health record
 - *Research* – within the guidelines of the board, make data available for other research

