



Health Record Bank Pilot Project



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Washington State Health Care Authority
Health Information Infrastructure Advisory Board



Washington State Board of Health
Project Update and Discussion

The Problem

- Scattered records

- Patient records scattered at locations where health care has been provided
- Mostly paper (18% EMR adoption)
- Ineffective information sharing
- Cumbersome, expensive, time-consuming and fallible for consumers and providers
- No mechanism to collect information from scattered sources



The Problem (continued)

- No responsible institution or entity that can:
 - Securely store patient's health care records
 - Provide patient health care information when and where needed
 - Create value for consumers and providers to use health care information
 - Provide a long range sustainable business case and model to do this





Health IT Efforts

5064 (2005): Health Information Technology

- Health Information Infrastructure Advisory Board (HIIAB)
- Stakeholder Advisory Committee
- Town Hall Meetings / Roundtables
- EMR and Health IT Promotion/Adoption Strategy
- Final Report - December 2006
 - *Health Record Banking*
 - *Roadmap for State Action*



Senate Bill 5930

“An act relating to providing high-quality, affordable health care to Washingtonians based on the recommendations of the Blue Ribbon Commission on Health Care Costs and Access”

- **Section 10:**

- Health information infrastructure
- Consumer-centric health record banking

- **Goal:**

- *Deliver health information - when and where needed*



Washington State Vision for Health Record Banks

- *A means to activate a consumer*
 - Help consumers manage their health information, navigate the delivery system and prepare for office visits with their provider
 - Improve efficiency and level of communication
 - Health Record Bank (HRB) is HIE focused on consumer self-management support rather than just the connecting industry
 - HRB will enrich industry HIE
- *A mechanism, not the exclusive mechanism to facilitate HIE in WA*
 - Because of the complementary richness of consumer information we expect the HRB to be the connectivity mechanism preferred by providers to supplement local HIE networks
- HIIAB and HCA believe next step in HRB process is a “proof-of-concept” pilot



Consumer-Centric Health Record Banks

- Consumer controlled
- High-value data set
- Repository for “copies”
 - Deposit
 - Withdraw
 - Query
- Secure, private, & confidential
- Engagement innovation



Pilot HRB Components

Data Base – High value data set for consumer account holders aggregated from multiple sources

Import/export – Exchange info with other data bases/applications and permit consumer data entry

Access mechanism – A basic viewer and print to paper capability

Account Management Tools – Consumer registration, grant access, account maintenance, etc.

Security – Authentication, access control, audit - all designed to protect consumer privacy

- Preliminary High Value Pilot Data Base**
- Demographics
 - Meds
 - Labs
 - Images
 - Problem list
 - Immunizations
 - Forms
 - Allergies
 - Advance Directives
 - Self administered care
 - Home monitoring
 - Family History
 - Discharge summary
 - Health Goals
 - Care plans

- Key Area to HRB**
- Security suite must enable consumers to:
- Decide what data resides in account
 - Authorize all users who access account
 - Determine who gets to see what data
 - Gain easy access to audit logs



Consumer and Health Industry Control

HRB - Consumer Controlled Info

- COPY of industry data
- Self-entered data

Consumer requests COPY of info be sent from industry source to HRB

Consumer authorizes view by or COPY to health industry parties

Health Industry Controlled Info

- EMR
- Claims Data
- Meds
- Labs
- Other

Consumer "annotates" (edits) industry data and enters own data

- In the HRB model copies of industry data will be sent to HRB, along with consumer entered or annotated data.
- Once in the HRB all data is controlled by consumer. This does **not** effect industry control of any data/copies they retain.
- Consumer can grant industry view/copy of HRB data



Pilot Approach

- HIIAB/HCA sets minimum specs, outside of specs participating sites will be given discretion
 - Sites will help finalize draft specs
- Key policy objectives for pilots:
 - Meet timelines, be operational by 1/09
 - Pilot methods to drive adoption/usage of HRBs
 - Grant consumers access to and control of their information
 - Facilitate health information sharing between HRB and industry information sources
 - Participate in using information to “activate” consumers and
- State policy questions pertaining to HRBs
 - Help define how HRB can be governed and be financially sustainable
 - Participate in work to use HRBs for positive impact on health disparities, special populations, public health
 - Help define what the optimal role of government should be with HRBs

Questions for State Policy Learning

1. What needs to be done to get consumers and providers to use a HRB?
2. What needs to be done to earn the trust of the public?
3. What needs to be done to earn provider trust?
4. How much/What data is needed to provide value to the user for a HRB?
5. What standards/technical mechanisms facilitate HRB development?
6. How can timely data be obtained?
7. What types of policy, organizational structure and governance paths are there for HRBs?
8. What is the path to financial sustainability?
9. What impact does a HRB have on health disparities and special populations?
10. What impact does a HRB have on public health reporting and surveillance?



Benefits of Being a Pilot Site

- **Funding** – Depending on number of pilots, state expects to provide some level of \$ funding \$ for each site
- **Recruiting** – Sites will participate in/benefit from HIIAB outreach and marketing effort
- **Publicity** – State will be heavily promoting pilots, participants and findings
- **Design** – By participating in process sites will influence final design and gain knowledge
- **Service** – Sites will be providing a valuable public service to state, consumers and community



Initial Discussions with Some Interested Communities




Communities Visited

- Tacoma
- Spokane
- North Central Washington (Wenatchee)
- Yakima
- Seattle PTSO/CHN
- Whatcom



Caveats

- The visits were “conversations” and explorations, not a formal assessment.
 - Our observations and impressions have not been vetted with the site participants.
 - This is a continuing conversation – learning and commitment making is underway.
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Impressions from Initial Discussions

	Bellingham	PTSO/CHN	Spokane	Tacoma	Wenatchee	Yakima
Understanding	●	●	●	●	●	●
Receptivity	●	●	●	●	●	●
Existing Infrastructure / Components	●	●	●	●	●	●
Consumer Involvement	●	●	●	●	●	●
Value	●	●	●	●	●	●
Overall Readiness	●	●	●	●	●	●



Taking the Pilot Process Forward

- The HIIAB and HCA have identified the following process to guide their work on the HRB pilot

<u>Estimated Time Frame</u>	<u>Major Task</u>	<u>Status</u>
– 12/07 – 02/08	- Develop draft pilot specs	Drafted
– 02/08 – 04/08	- Review draft specs with sites and finalize	In-progress
– 05/08 – 07/08	- Solicit/evaluate pilot applications	Pending
– 08/08 – 12/08	- Pilot selection and build	Pending
– 01/09 – 06/09	- Pilot implementation and assessment	Pending

- Interested in being a pilot site? Contact Juan Alaniz, project manager, juan.alaniz@hca.wa.gov, 360-923-2726