

# Citizen-Centric Health Information Exchange for Maryland

*Staff Recommendations*

Maryland Health Care Commission

*Center for Health Information Technology*

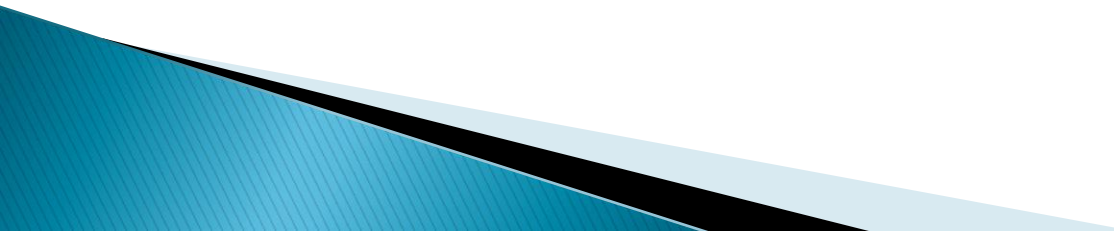
April 17, 2008

# Project Scope

- ▶ Identify the best ideas submitted from the different multi-stakeholder groups, which can be merged into a single RFA to build a statewide HIE that can exchange patient information across multiple provider settings
  - ▶ Planning process is for nine months, multi-stakeholder groups will meet approximately five times during the planning period to collaborate on key technical and policy issues

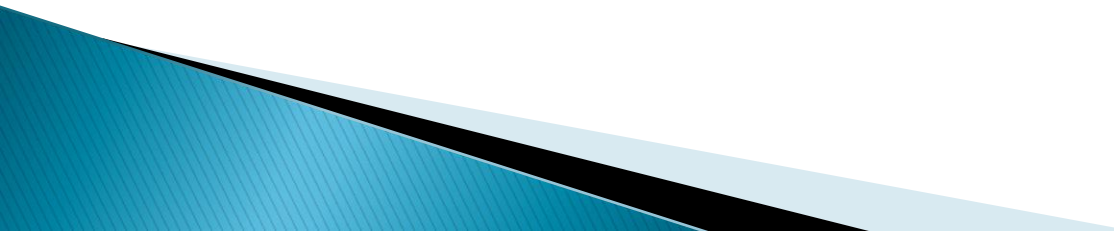
# Key Principles

Planning teams need to develop principles that will:

- ▶ Determine who controls the flow of information
  - ▶ Determine what type of information that is exchanged will require consent or authorization
  - ▶ Address the privacy rights of patients
  - ▶ Address provider concerns about liability
  - ▶ Address appropriate and secure secondary uses of data and consent-related issues
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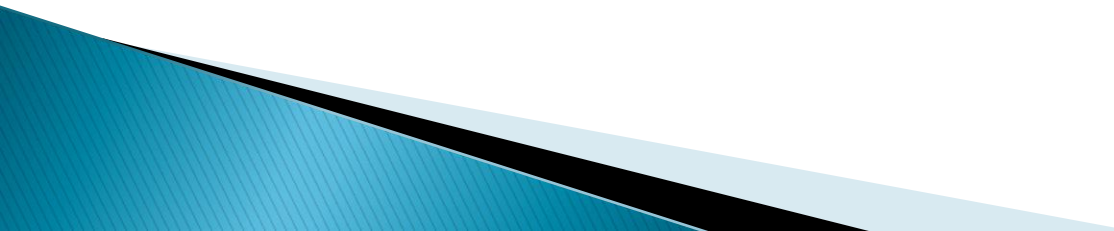
# Final Report

Issues to be addressed include:

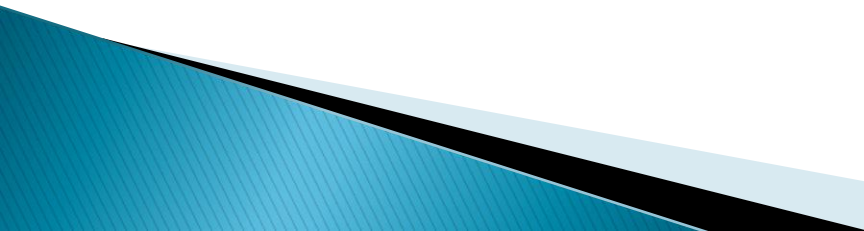
- ▶ Governance
  - ▶ Privacy and security policies
  - ▶ Access policies, including user authentication and trust hierarchies
  - ▶ Strategies to assure appropriate patient engagement, access, and control over information exchange
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# Final Report (Continued)

Issues to be addressed include:

- ▶ General architecture of the exchange, both physical and conceptual
  - ▶ Proposed hardware and software solutions
  - ▶ Estimated costs of implementation, both initial and ongoing
  - ▶ Possible sustainable business models
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# Multi-Stakeholder Applicants

- ▶ Chesapeake Regional Information System for our Patients (CRISP)
  - ▶ Howard County Health Project
  - ▶ LifeBridge Health Systems (application withdrawn)
  - ▶ Maryland Advisory Committee for Health Information Exchange
  - ▶ Montgomery County General Hospital
  - ▶ University of Maryland Medical System
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# Recommendations

Staff proposes that the Commission recommend for consideration to the HSCRC the following two multi-stakeholder planning projects for *A Consumer-Centric Health Information Exchange*:


- ▶ Chesapeake Regional Information System for our Patients (CRISP)
- ▶ Montgomery County General Hospital

# CRISP Stakeholders

## ▶ Hospitals

- ▶ Johns Hopkins Medicine
- ▶ MedStar Health
- ▶ University of Maryland Medical System
- ▶ St. Agnes Hospital

## ▶ Other Participants

- ▶ Erickson Retirement Communities
  - ▶ The Summit Health Institute for Research and Education
  - ▶ Baltimore Medical System
  - ▶ The Shepherd's Clinic
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# CRISP Stakeholders (continued)


- ▶ Consulting Partners

- ▶ Audacious Inquiry
- ▶ Dynamed Solutions
- ▶ Ober|Kaler

- ▶ Technology Partners

- ▶ GE Healthcare
  - ▶ Microsoft
  - ▶ HealthUnity
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# CRISP – Key Model Features

- ▶ Opt-in model (initially)
  - ▶ HIE & Health Record Bank data sharing model
  - ▶ Consumer controlled access
  - ▶ Secure authentication, audit, and authorization controls
  - ▶ Role-based access
  - ▶ Standards-based hybrid infrastructure
  - ▶ Supports Personal Health Records integration
  - ▶ Secondary data use evaluated through specific use cases
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# Montgomery County General Hospital Stakeholders

- ▶ Hospitals

- ▶ Holy Cross Hospital
- ▶ Montgomery General Hospital
- ▶ Shady Grove Adventist Hospital
- ▶ Washington Adventist Hospital


- ▶ Participating Organizations

- ▶ MedPlus/Quest
  - ▶ Mid-Atlantic Permanente Medical Group (Kaiser Permanente)
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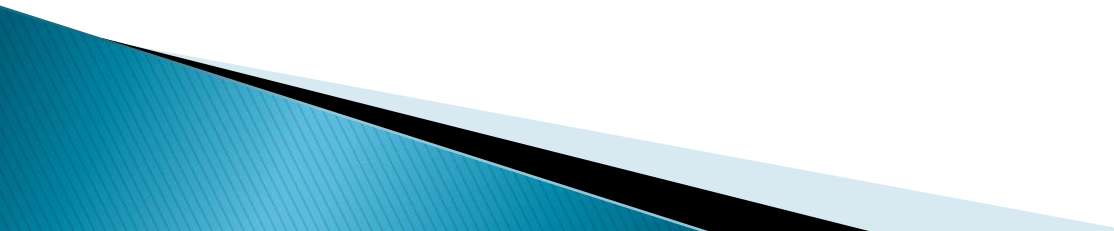
# Montgomery County General Hospital Stakeholders (Continued)

- ▶ Participating Organizations
    - ▶ Healthcare Initiative Foundation
    - ▶ Primary Care Coalition
    - ▶ Prince Georges County Health Department
    - ▶ Prince Georges County Medical Society
    - ▶ Summit Health Institute for Research and Education
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# Montgomery County General Hospital – Key Model Features

- ▶ Target population: uninsured, indigent, and underserved
  - ▶ Centralized and distributed data sharing model
  - ▶ Opt-in model (initially)
  - ▶ Consumer-controlled data access
  - ▶ Standards-based infrastructure
  - ▶ Role-based access
  - ▶ Secure authorization, access, and authentication
  - ▶ Secondary use of data for public health
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# Next Steps

- ▶ HSCRC considers MHCC recommendations at their April 22<sup>nd</sup> Commission meeting – final action at the May meeting
  - ▶ Awardees are notified of the combined MHCC and HSCRC decision around mid-May
  - ▶ Efforts to convene a kick-off meeting with state officials, health care business leaders, and recipients of the award is underway
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# Response to the RFA

Available for viewing at the MHCC website:

<http://mhcc.maryland.gov/electronichealth/hidden/index.html>



# Questions