

# **A Consumer-Centric Health Information Exchange for Maryland**

## ***Staff Recommendations***

***Center for Health Information Technology***

***July 16, 2009***



The MARYLAND  
HEALTH CARE COMMISSION

# The Goal

- Advance the health and wellness of Marylanders by implementing a clinical data sharing utility that will ensure consumers have access to the highest quality, most efficient, and safest care by giving providers access to the right information at the right time
- *A statewide HIE will create an interconnected, consumer driven electronic health care system that will enable the appropriate stakeholders to securely share data, facilitate and integrate care, create efficiencies, and improve outcomes*

# HIE Strategy

- A two-phased approach to establishing an HIE that consisted first of two multi-stakeholder groups working independently to identify the best ideas related to:
  - *Governance*
  - *Privacy and security*
  - *Role-based access*
  - *User authentication and trust hierarchies*
  - *Architecture of the exchange*
  - *Hardware and software solutions*
  - *Costs of implementation*
  - *Alternative sustainable business models*
  - *Strategies to assure appropriate consumer engagement, access, and control over information exchange*
- The nine month planning phase concluded in February 2009 and MHCC issued the RFA to build a statewide HIE in April

# **Leading Principles for a Maryland Exchange**

- **Supports high quality, safe, and effective health care**
- **Consumer-centric**
- **Transparent and inclusive governance**
- **Supports connectivity to appropriate stakeholders**
- **Sustainable business model**
- **Aligns with nationally recognized standards**
- **Protects patient privacy and confidentiality**
- **Ensures users are properly authorized and authenticated**
- **Maintains appropriate logs of data released**
- **Includes penalties for inappropriate access and misuse**
- **Supports approved secondary uses of data**

# Policy Board Oversight

- The MHCC will establish a separate *Policy Board* that includes participants that represent a wide range of stakeholders
  - *Emphasis on representation of the general public whose personal health information will be stored or exchanged*
- The exchange will have several representatives on the *Policy Board* and a member of the *Policy Board* will serve as an ex-officio member of the governance
- The *Policy Board* will have broad responsibility – primary focus is on privacy and security

# Responses to the RFA

- **Chesapeake Regional Information System for our Patients (CRISP)**
- **Deloitte**
- **The Free State Joint Venture**
- **MEDNET**

# **RFA Review Process**

- **An evaluation committee formed with representatives from the MHCC, HSCRC, and Health Care Information Consultants, LLC**
- **Responses were initially reviewed for completeness based on the requirements listed in the RFA**
- **CRISP and Deloitte proposal deemed acceptable for review by the evaluation committee**
  - *The Free State Joint Venture & MEDNET did not provide sufficient information in the RFA for review by the evaluation committee*

# **CRISP & Deloitte**

***A High Level Comparison***



# Organizational Infrastructure

## ➤ CRISP

- Includes a Board of Advisors with broad responsibility for ensuring that the interests and perspectives of all stakeholders are represented
- Outsources many of the organizational functions until the volume of work and revenue supports hiring staff
- Includes support letters from 24 stakeholder groups

## ➤ Deloitte

- Includes up to 17 stakeholders for representation in the governing body
  - Three standing committees: clinical advisory, consumer advisory, and project management
- Recruits for 8 positions to support the infrastructure of the organization
- Includes support letters from 3 stakeholder groups

*The evaluation committee gave preference to the organizational infrastructure design of the CRISP proposal*

# Privacy & Security

## ➤ CRISP

- Includes policy identified during the planning phase as a framework for developing more robust policies
- Consists of strong password authentication protocols
- Plans to use government issued identification at the point of care for authenticating consumers

## ➤ Deloitte

- Plans to use HIPAA, the Maryland Confidentiality of Medical Records Act, and the Medicare Electronic Prescribing Rule as basic policies for the HIE
- Plans to implement identity proofing through an external identity provider, custom web-based application, or a web portal

*The evaluation committee gave preference to the privacy and security approach in the CRISP proposal*

# Fundamental Design & Technical Architecture

## ➤ CRISP

- Proposes a decentralized hybrid infrastructure with a record locator service and master patient index
- Plans to use a *Continuity of Care Document* for storing patient specific information
- Expects to identify technology partners through a competitive process where the Commissions will have veto authority over the selection
- Plans to give consumers access to their health information through health record banks, personal health records, consumer access portal, and other consumer access applications

## ➤ Deloitte

- Proposes to use Medicity as the technology partner, which is capable of implementing multiple design structures
- Plans to support third party personal health record applications

*The evaluation committee gave preference to the fundamental design and technical architecture of the CRISP proposal*

# Exchange Functionality

## ➤ CRISP

- Proposes specific Use Cases grouped into categories based upon clinical value, the ease of implementation, and financial sustainability
- Expects to stagger implementation of the Use Cases based on the market response to the HIE and initially plans to implement medication, labs, and discharge summaries

## ➤ Deloitte

- Plans to base Use Case selection on stakeholder value, technical challenge, implementation timeframe, and ROI
- Proposes to develop a detailed Use Case implementation strategy, including a selection process upon receipt of the award

*The evaluation committee gave preference to the exchange functionality of the CRISP proposal*

# Staff Recommendations

- **CRISP proposes a technical approach for a statewide HIE that is flexible and includes policy that is protective yet not prohibitively restrictive, along with a financial approach that is sustainable**
  - *Staff proposes the Commission recommend to the HSCRC that it fund CRISP for developing a statewide HIE through an adjustment of up to \$10 million through the hospital all-payer rate setting system*
- **Action by the MHCC will be considered by the HSCRC at their August 5<sup>th</sup> Commission meeting**



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**Questions?**