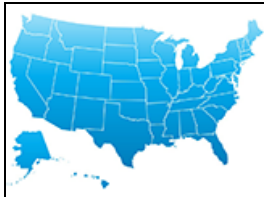# Bloomberg BNA   BNA's Health Care Policy Report™

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Information Exchange
States Making Progress on HIT Initiatives, Industry Officials Say

By Nora Macaluso

June 4 — States are moving ahead with plans for health information exchanges, accountable care organizations (ACOs) and other technology-based efforts to improve patient care and lower costs, said speakers at a Lansing, Mich., conference sponsored by the Michigan Health Information Network (MiHIN) June 4.

Minnesota, with the help of a $45.3 million grant from the Centers for Medicare & Medicaid Services, is testing a "state innovation model" to improve care and cut costs, said Lisa Moon, director of privacy, security and HIE oversight programs for the Minnesota Department of Health.

The state health department and the Minnesota Department of Human Services are working together to implement the program, which is centered around an "accountable health model," Moon said. That doesn't necessarily mean ACOs, but the idea is to look for "the place where most Minnesotans receive care," she said. "Coordination needs to be across all settings," she said.

"We are embracing a more flexible definition of an accountable care organization," Moon said. The state is helping establish "accountable communities for health," groups formed around specific populations or geographic areas with common health goals, such as diabetes or pediatric mental health, Moon said.

"We're looking for those communities that have an existing structure in place that looks something like an ACO," she said. "We need them to be sharing with partners they traditionally aren't sharing with," such as behavioral health specialists and social service organizations, she said.

The program's goals are to save Medicare, Medicaid and the commercial market $111 million; include 1.7 million Minnesotans in the accountable health model, an increase of 500,000 from the current level; and increase the number of primary clinics using the patient-centered medical home model to 67 percent from 43 percent, Moon said.

The state also will give providers support to improve their e-health initiatives and work with health information exchanges, Moon said. Currently, just 20 percent of hospitals are connected to a certified health information exchange provider, she said.

"That's where our pain point is," she said. Minnesota has an oversight law that provides "a very thin layer of regulation," requiring HIEs to go through an application process for certification.

Currently three are certified, but "I'm in conversations with another 30," Moon said.

Claims Data Needed

"The framework's not in place yet" for a wide range of information sharing among HIEs, Keith Blankenship, vice president of technical solutions at Lumeris, a company that provides consulting and other services to ACOs, told Bloomberg BNA before the conference. Privately run exchanges are "still kind of focused on their own geography," and public ones don't have the "financial models" to allow for broad coordination, he said.

In addition, HIEs lack access to claims data, which can provide a clearer picture of a patient's health history, he said. Without that information, most organizations are taking "baby steps" toward coordination, he said.

Efforts toward a national all-payer claims database are moving forward, Denise Love, executive director of the National Association of Health Data Organizations and co-chair of the All Payer Claims Database Council, told the group via teleconference. New England states have worked together to gather payer data, and other states, including Minnesota and Oregon, have established databases,

she said. Most states begin by focusing their efforts on commercial payers, and later move to add Medicaid, Medicare and other government programs, she said.

"The best systems are built on partnership, and a lot have cooperative arrangements," Love said. "You need advocates for this, because there are bumps along the way. There are solutions, but it's easy to get discouraged."

Funding, governance issues and long-term sustainability are all issues that need to be worked out, she said.

"It's not easy, but working together, we've really made tremendous progress," she said.

Meaningful Use Changes

Conference speakers also addressed concerns with the meaningful use program.

Providers across the country are dealing with changes to meaningful use criteria, and "they do their very best to comply," John Halamka, chief information officer at Beth Israel Deaconess Medical Center and chief information officer and dean for technology at Harvard Medical School, said.

"There's a lot of struggle on transitions of care," as systems, policies and sometimes the culture of an organization is "just not there yet," Halamka said.

Although the CMS has announced a delay in its deadline for reporting Stage 2 meaningful use criteria for 2014 (22 HCPR 841, 5/26/14), "there's a flaw with this delay," as it doesn't change 2015 timelines, which would kick in Oct. 1, Halamka said. The CMS in its final rule should change 2015 criteria as well, in order to avoid "interoperability challenges," he said.

Halamka said he's urging changes in proposed Stage 3 requirements as well. Some of the government's recent proposals will be "a struggle" to meet, he said. The CMS, he said, would do better to specify a "policy outcome" and allow flexibility in meeting it, and to scale back its expectations, he said.

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For More Information

A map of states' progress with claims databases is available at http://www.apcdcouncil.org/state/map.

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