



Health Information Exchange Strategic and Operational Plan Profile

Overview

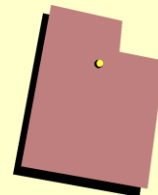
Utah has a rich history of developing health information technology (HIT) and health information exchanges (HIE) to improve the health care delivery system and support reform. Since 2005, there have been six legislative reforms passed to promote these developments:

- Senate Bill 132 Health Care Consumer's Report
- House Bill 9 Health Care Cost and Quality Data
- House Bill 133 Health System Reform Act
- House Bill 47 Standards for Electronic Exchange of Clinical Health Information
- House Bill 128 Electronic Prescribing Act
- House Bill 165 Health Reform – Administrative Simplification

The state designated entity for Utah is the Utah Health Information Network (UHIN), an existing administrative HIE operating since 1993 as a broad-based coalition of Utah health care insurers, providers, and other interested parties, including the state government. UHIN has enjoyed considerable success, as 90% of all insurers' administrative claims, remittance, and eligibility data utilize the exchange. In 2004, Utah was awarded an Agency for Healthcare Research and Quality (AHRQ) State and Regional Demonstration project which enabled UHIN to expand participation to clinicians, public health, and consumers by developing the clinical health information exchange (cHIE). This exchange has been partially operational since January 2010.

Utah's current strategy is to more fully implement the cHIE statewide thus "connecting the dots" of the successful hospital HIEs in the state. Utah's major hospitals—Intermountain Healthcare and the University of Utah Health System—have already incorporated EHR systems into their outpatient practices. Project objectives for Utah are to connect at least 80% of the health care entities in the state to the cHIE, expand the cHIE to include e-prescribing, laboratory order and results delivery, and medication history, develop a sustainable governance and business model to operate the cHIE, conduct ongoing strategic planning and evaluation, and integrate public health data exchange with clinicians.

Utah is participating with federal care delivery organizations. With a grant from the Veterans Affairs Administration (VA) Office of Rural Health (a VA initiated partnership), UHIN and the VA through the Virtual Lifetime Electronic Health Record (VLEHR) project look to improve care to veterans in rural Utah. If this pilot project is successful, UHIN can expand its VA exchange capacity to other cHIE members.



State: Utah

HIT Coordinator:
W. David Patton, PhD

Award Amount:
\$6,296,705

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Other Related ONC funding in Utah:

Health Information Technology
Regional Extension Centers (RECs)
\$6,917,783

Beacon Community: HealthInsight



In addition, Utah formed the Utah HIT Governance Consortium to efficiently utilize HITTECH funding to improve the quality and efficiency of health care in the state. This Consortium has created active community partnerships that have enabled Utah's statewide e-health architecture to leverage and utilize the state's history of cooperation and sharing, UHIN, cHIE, public health information exchange with health care providers, and more. Utah utilizes a public-private governance model. While UHIN serves as the accountable entity to implement the Operational Plan, the Utah Department of Health is the accountable agency under W. David Patton, PhD.

Model and Services

Utah's cHIE leverages the UHIN existing technical HIE infrastructure and has made enhancements to achieve the goals of the State HIE Cooperative Agreement. UHIN contracted with Axolotl to install the cHIE's central infrastructure which includes federated repositories, record/matching/linking services, and a central secure person directory (SPD)/registry. Additionally, the Axolotl contract includes an EHR ("E-lite") with the ability to connect to other participating EHRs. Clinicians and other users that don't currently use an EHR can connect to the cHIE using the E-lite, which includes basic EHR functionality such as patient records management, e-prescribing, electronic lab ordering (planned) and results delivery. Clinicians that currently have an EHR can directly access patient information via use of the cHIE virtual health record (VHR). Users have the ability to exchange information using both push and pull methods: the first method allows for the direct delivery of information/documents/messages, while the second method includes the ability to query data repositories to see a longitudinal view of patient information through the virtual health record functionality.



Highlights

- **Coordination with other States and Stakeholders.** Utah has put a priority on searching for opportunities to coordinate with other states, especially Colorado and Idaho regarding interstate data exchanges. Many patients come to Salt Lake City due to its status as the intermountain center for quaternary care in cancer, burns and transplants. With patients from southern Idaho, southern Wyoming, western Colorado and eastern Nevada travelling to Salt Lake City, Utah has been working with the Quality Health Network (QHN) of Colorado to explore the development of a claim and eligibility transaction exchange. In addition, UHIN is working with the Idaho Health Data Exchange for a bi-directional exchange.

Utah has shared technical documents with QHN to both improve clinical information sharing and claims/eligibility connectivity. Utah, QHN and Idaho also all share the same HIE vendor, which should ease some of the difficulties of future coordination.

Utah has prioritized coordination with its stakeholders as well. The HIT Governance Consortium gives relevant stakeholders access to strategic and operational information and developments, as well as gives them the opportunity to provide valuable input and feedback. In addition, Utah has worked with its Regional Extension Center (REC), Beacon Community (IC³), and Medicaid office to ensure that it is leveraging all available resources and ensuring efficient results.

- **Adherence to Standards:** Utah has diligently worked to ensure that its HIE technical infrastructure either demonstrated compliance with Department of Health and Human Services (HHS) adopted interoperability standards and certifications or has set plans to achieve such compliance. UHIN only handles transactions/messages that comply with HHS and Utah adopted interoperability standards and is working to ensure that all HIPAA transactions in the coming conversion from 4010 to 5010 standards meet appropriate standards. UHIN actively participates in American National Standards Institute (ANSI) for Electronic Data Exchange (ASC X12), Health Level 7 (HL7), National Council for Prescription Drug Programs (NCPDP), and Healthcare Information Technology Standards Panel (HITSP) standards. In addition, UHIN participates in WEDi to enable industry-wide dialogue.

UHIN has been accredited by the Electronic Healthcare Network Accreditation Commission (EHNAC) since 2004, ensuring that UHIN meets or exceeds all federal security and privacy regulations. EHNAC is a nationally-recognized health care clearinghouse accreditation commission. Utah requires that any “qualified network” (the entity chosen to be the designated state HIE) within the State of Utah must be accredited by EHNAC.

Utah has contracted with Axolotl, Inc. to develop the new features of cHIE. The electronic health record (EHR) offered by Axolotl has been Certification Commission for Healthcare Information Technology (CCHIT) certified. It will be re-certified to 2011 MU standards. UHIN offers this tool (e-Lite) as a part of UHIN cHIE membership to providers not already using an EHR.

- **Consent and Consumer Outreach:** The consent strategy is developing at the community level. UHIN has worked extensively to convene many community members including consumers, providers, hospitals, payers

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and the state to develop the cHIE patient consent strategy. Currently, the cHIE utilizes an Opt-out model. However as this strategy rest with the community, policy continues to evolve and indications are that the community is moving to an Opt-in model for patient consent.

UHN is working to create patient educational materials and web-available videos to explain the consent model and how patients can directly improve the quality of their healthcare by allowing data sharing amongst clinicians who have a treatment relationship with them. This effort will be implemented in 2011 to effectively educate patients regarding the consent model.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<p>Surescripts indicates that 95% of Utah community pharmacies accept electronic prescribing and refill requests. Only 4%, however, of the total eligible prescriptions in the state were routed electronically. In December 2008, Utah ranked 40th in e-prescribing, although Utah expects that its robust strategy towards e-prescribing will cause this ranking to rise</p> <p>The two largest health care systems in the state (Intermountain Healthcare and the University of Utah) have the capacity to e-prescribe to pharmacies located in their systems and Intermountain recently began a pilot to e-prescribe through Surescripts to external pharmacies.</p>	<p>Utah works with the HIT Governance Consortium, the Department of Occupational and Professional Licensing (DOPL), the REC, the Medicaid office, and cHIE to promote e-prescribing among providers. In addition, Utah is identifying and supporting champions in communities to foster adoption of e-prescribing by provider practices and pharmacies.</p> <p>The cHIE includes e-prescribing. While medication fill histories are operational, Utah plans for the prescription fill status capacity to be available in 2011. Medicaid is working to connect their medication fill histories to the cHIE.</p> <p>Utah will utilize the Utah Pharmacy Association to support independent pharmacies as a collective consortium of pharmacies to negotiate improved rates to connect to e-prescribing services.</p> <p>Legislatively, House Bill 128 Electronic Prescribing Act requires that all physicians will use e-prescribing by July 2012 or face penalty.</p>
<u>Structured Lab Results</u>	<p>There are over 1,400 clinical laboratory facilities registered in Utah, with the majority being either Point of Care (POC) or Certificate of Waiver (COW) testing labs affiliated with clinics and small healthcare facilities.</p> <p>85-95% of laboratory testing is done by a handful of independent labs (Labcorp, Quest, Pathology Associates Med Lab (PAML), IASIS, MountainStar, State Lab, etc.) and hospitals (Intermountain Healthcare, University of Utah, etc.).</p> <p>Currently, 7.6% of clinical laboratories are sending results electronically. There are significant barriers in the use of proprietary interfaces, lack standard message formats and lack of standardized lab compendiums</p>	<p>The cHIE currently includes lab results delivery. Utah is expanding cHIE to include laboratory order in 2011. Lab results and ordering will be able to be exchanged using the EHR-Lite version of the cHIE. Utah plans to connect the greatest volume independent laboratory testing facilities (Labcorp, Quest, PAML, and State Public Health Lab) to cHIE using standard interface and message formats compliant with meaningful use.</p> <p>Utah includes laboratory representatives in its cHIE planning process and electronic clinical laboratory ordering is planned for completion by mid-2011. The Utah Department of Health (UDOH) will focus on delivering public health laboratory results to ordering clinics in 2010.</p> <p>The Utah State Health Laboratory intends to transmit lab results to ordering providers using UHIN Standard 55 HL7 laboratory results message adopted in state regulations this year by the UDOH.</p>
<u>Patient Care Summary</u>	<p>Many EHRs have the capability to share a patient summary with the patient and the Virtual Health Record of the cHIE provides a patient summary for the provider that lists cHIE accesses. The cHIE can exchange individual source CCDs</p>	<p>When the cHIE is fully operational and includes Virtual Health Records, Utah is hoping for widespread exchange of clinical information for care coordination.</p> <p>Utah also plans to convene the community around an implementation of Continuity of Care of Document (CCD) standards and leverage its pilot being done with VA. . Through the VA pilot, the cHIE is working to expand that functionality to create a multi-source CCD.</p>



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	X	Care Coordination	X
Nationwide Health Information Network CONNECT		Quality Reporting	X
Nationwide Health Information Network DIRECT		Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications	X		
Public Health		Lab Strategy	
Electronic lab reporting of notifiable conditions	X	Translation services	X
Syndromic surveillance		EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	
Patient Engagement		Order Compendium	X
Patient Access/PHR	X	Bi-Directional	X
Blue Button		Alignment with CLIA	X
Patient Outreach	X	E-Prescribing	
Privacy and Security		Medication History	X
Privacy and Security Framework based on FIPS	X	Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	X	Plan for controlled substance	X
Authentication Services	X	Set goal for 100% participation	X
Audit Log	X	Controlled substance strategy	X
Administrative Simplification		Care Summaries	
Electronic eligibility verification	X	Translation services	X
Electronic claims transactions	X	CCD Repository	X
Vendor		Directories	
Planning		Provider Directory	X
Core Services	Axlotl	Master Patient Index	X
		Record Locator Services	X
		Health Plan Directory	X
		Directory of licensed clinical laboratories	X

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: <http://www.statehieresources.org>



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