



Clinical Health Information Exchange

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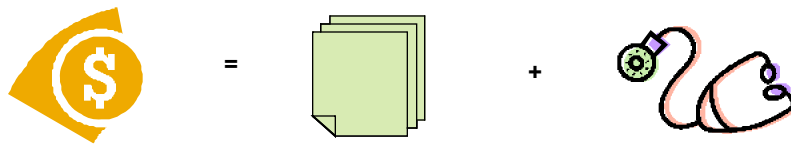
Goal

**Improve the quality of care
and reduce costs**





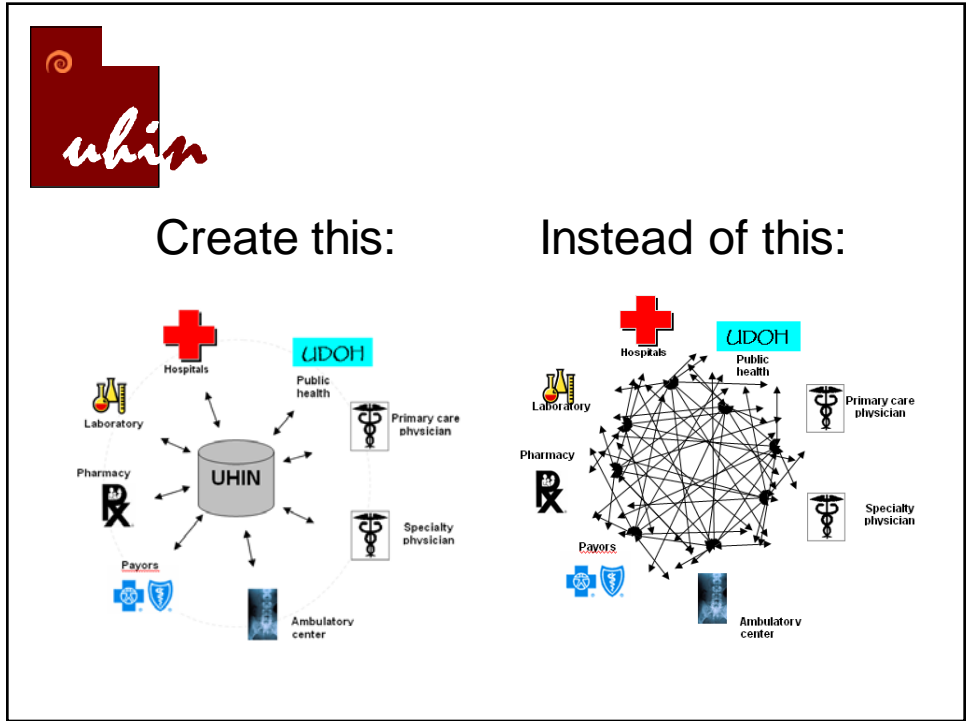
Cost = Administrative + Clinical



How?

- ❖ Provide a secure electronic post office to exchange standardized messages
- ❖ “Connect the Dots” through a single secure ‘hub’ network that connects the information silos
- ❖ Ensure patient control





Benefits

Clinicians:

- Information at the point of care
- More efficient practices
- Better quality of care



Benefits

Insurers:

- Reduction in health care costs
- Improved coordination and quality of care
- Better case management
- Access to needed documentation



Benefits

Hospitals:

- Reduction in costs in delivering and receiving information
- Identity Management
- Medication Histories





Benefits

Patient:

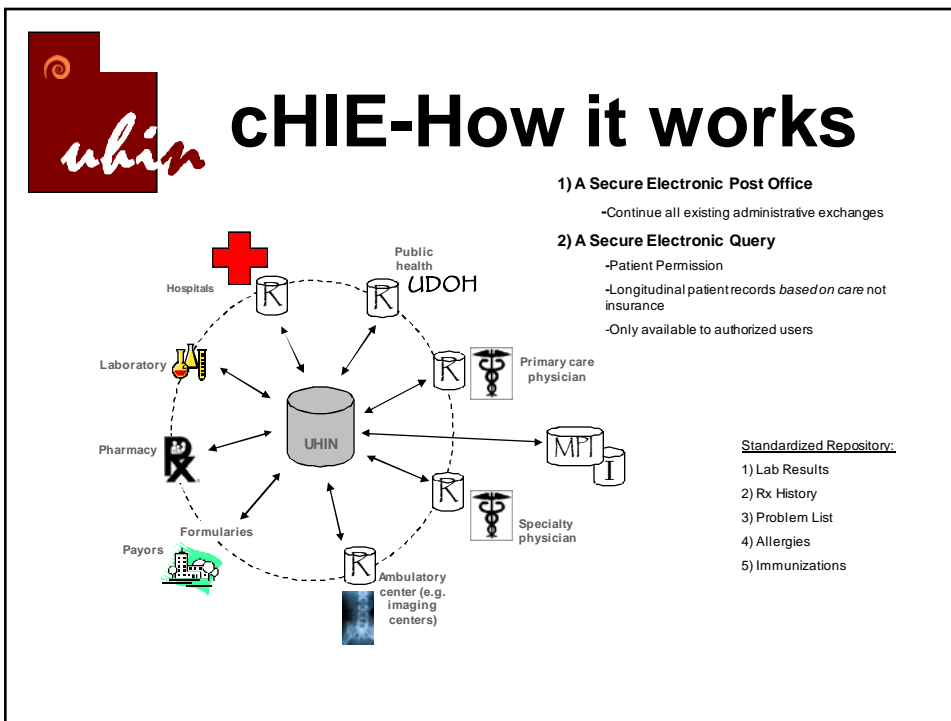
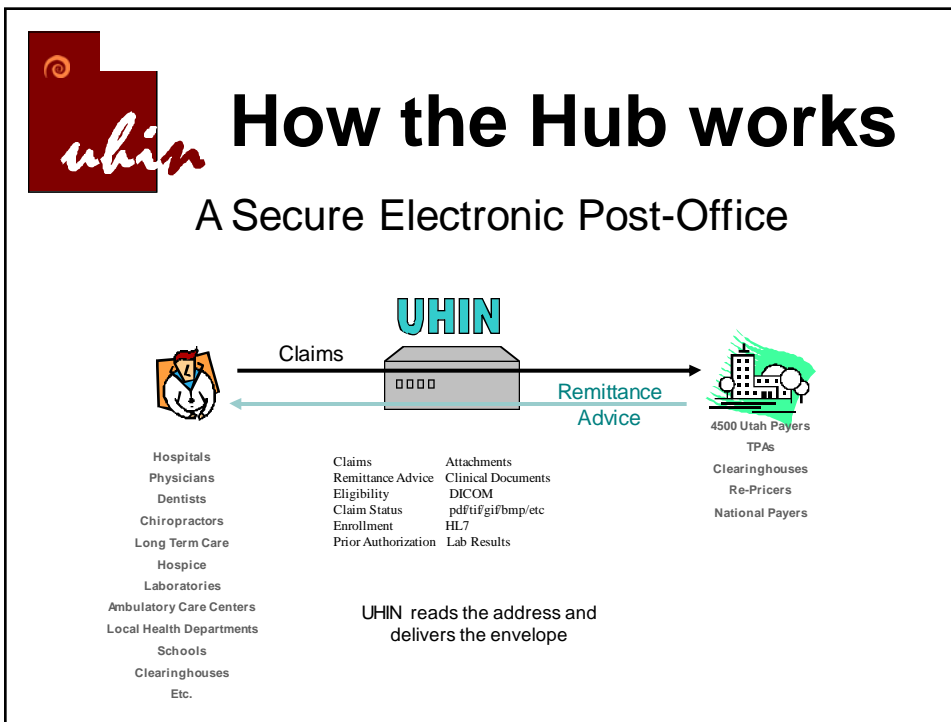
- Lower costs
- Higher quality of care
- Reduction of adverse drug events



Example

You live in Fargo. You are enjoying yourself at the Cowboy Poetry gathering in Medora, trip on a rock and end up in the emergency room in Dickinson. All your medical information is in Fargo. The cHIE can, with your permission, access basic medical information about you (e.g., know that you're diabetic with high blood pressure who is on coumadin). Your eligibility and your claim is sent using the same connection.







Current Process

UHINt 2.5-Allows transfer of clinical information today in addition to sending administrative exchanges!

- ❖ HL7 messaging capability
- ❖ DICOM (x-ray and image) messaging
- ❖ Rendered Images (jpg, pdf., etc.)
- ❖ Claim and Prior Auth attachments capacity (ACN)
- ❖ Address book feature for quick reference/delivery
- ❖ Expanded security permissions
- ❖ Included in current membership fee structure



Under Construction

chIE-Statewide Clinical Exchange

- ❖ Allows for push of data as well as pull (query)
- ❖ Includes e-prescribing
- ❖ Includes test ordering
- ❖ CCD, Discharge reports, Peri-natal reports, Op reports, and Progress reports in repository
- ❖ MPI
- ❖ EMR lite
- ❖ Referrals/Consultation
- ❖ Public Health Reporting





Financing cHIE

cHIE-Statewide Clinical Exchange

- ❖ Development financed through Federal grants, legislative appropriation, Department of Health and the community
- ❖ On-going business model to be self-sustaining
 - Costs shared by: Providers, Hospitals and Payers
- ❖ Fees still to be determined based on derived value



Next Steps-Utah

UHINt

- ❖ Continue to assist members with adoption and workflow changes

cHIE-Statewide Clinical Exchange

- ❖ Award RFP-August 2008
- ❖ Finalize contract-October 2008
- ❖ Pilot-December 2008





Opportunities for North Dakota

Demonstration Pilot

- ❖ Set up a administrative/clinical pilot using UHINt
 - Designate 4-5 participants
 - UHIN to install and train
 - Minimal costs to start
- ❖ Track savings
- ❖ Report back to committee



More Information

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