

## Imagine if other industries were as data-fragmented as the health care industry. . .



### Banking without integration. . .

- ☛ You can only get your money at one branch because that's where your records are
- ☛ You can use your ATM card only in ATM machines at your own bank
- ☛ You have an incorrect balance because the teller's handwriting is illegible
- ☛ You wait for hours while your money is sent by taxi from the main office

### Airline Industry without integration. . .

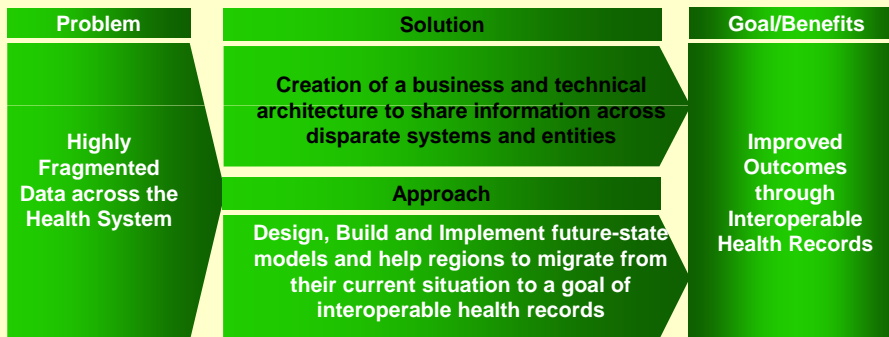
- ☛ Each flight has its own booking agent that you can contact only by phone
- ☛ No confirmed seating – you can be cancelled at any time before the flight
- ☛ Being handed a ticket that says: AC429 yyz-yr dec10 Q 17:45 19:45 . . . with no further explanation
- ☛ Told that you cannot have access to your flight itinerary without the pilot's permission
- ☛ The public is not given information about in-flight mishaps because the airline might be unfairly maligned



**Since our health is even more valuable to us, isn't it important that the lack of integration in the health care industry be addressed?**



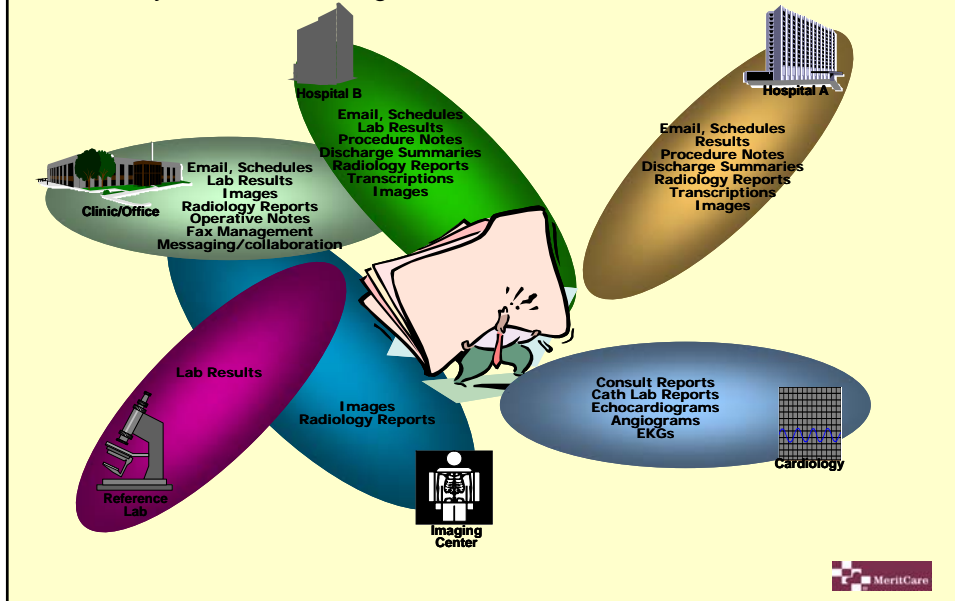
## Overview



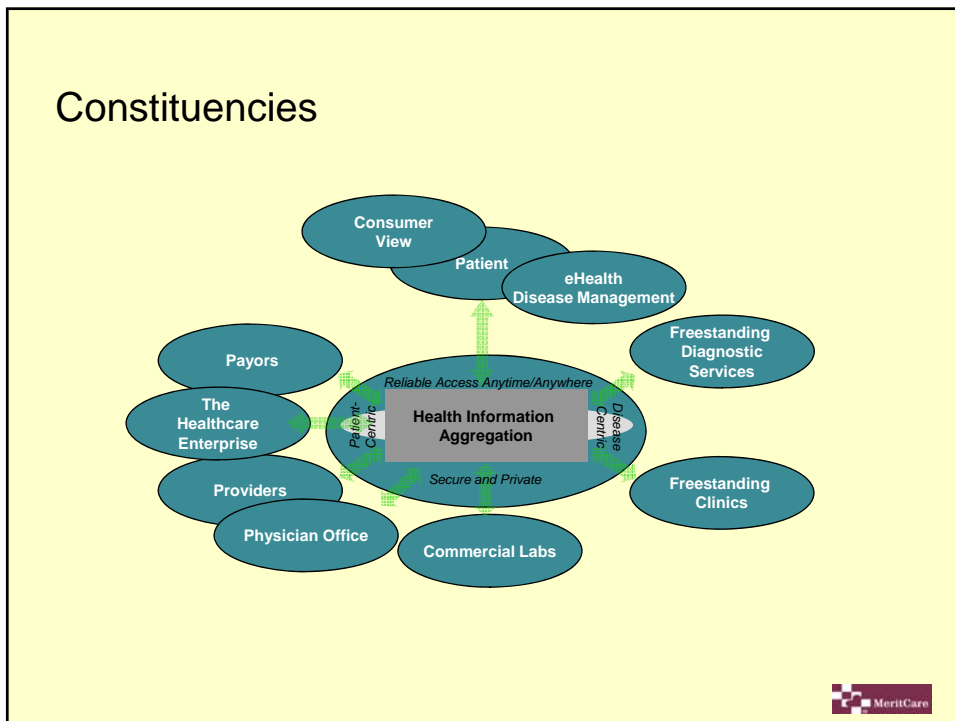
- ☐ Quality of care, safety, access to care, and cost are impacted
- ☐ Key market forces are impacting the industry and driving actions to address this problem
- ☐ Electronic health records (EHRs) have become a popular agenda globally.
- ☐ Interoperability is the key: EHR data sharing networks will be based on the build-out of standards and interoperable infrastructures vs. traditional vendor solutions
- ☐ Infrastructure needs to come first
- ☐ Solutions will be incremental, with the information exchange capabilities and target outcomes being built upon over time
- ☐ Organizations can take varying paths to reach the goal
- ☐ Business integration and change management are the primary challenges – not the technology.
- ☐ Evidence from early implementations indicate significant qualitative and quantitative benefits from EHR data exchange among entities and across regions
- ☐ Benefits will vary by player – the patient/consumer is the ultimate benefactor.



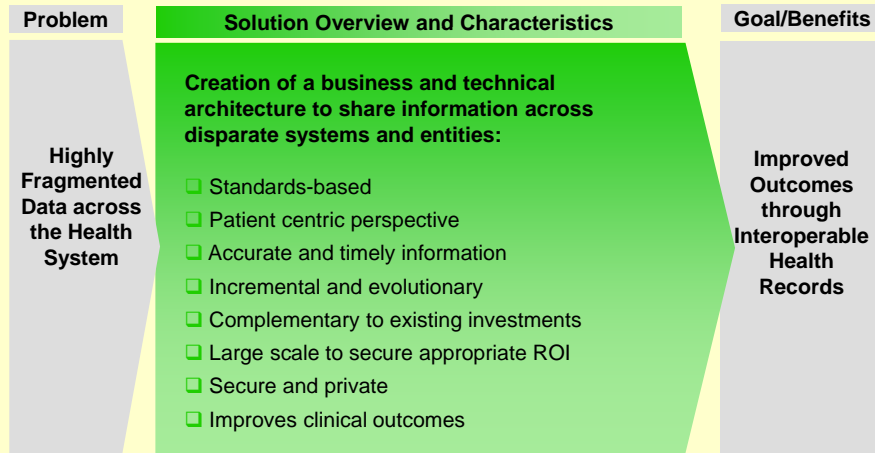
## Physician View: Fragmented Process



## Constituencies



Health care organizations worldwide recognize the limitations of data silos and are developing solutions to access and share clinical information.



## The Requirement

### Payers

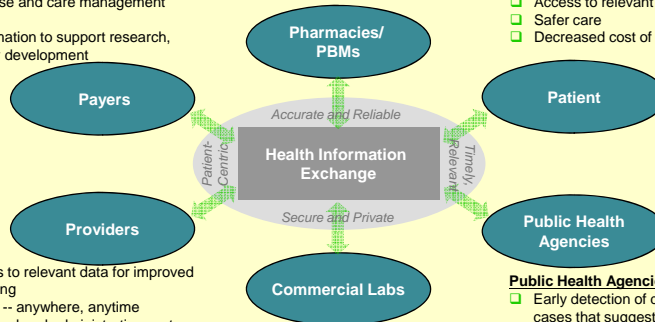
- Automated filing and archiving
- Reduced documentation costs
- Reduced redundant testing/ prescribing
- Improved customer service
- Improved disease and care management programs
- Improved information to support research, audit and policy development

### Pharmacies/PBMs

- Reduced administrative costs
- Increased prescription compliance

### Patient

- Improved quality of care through better informed caregivers
- Convenient access to accredited health information
- Access to relevant personal health info
- Safer care
- Decreased cost of care



### Providers

- Timely access to relevant data for improved decision making
- Rapid access -- anywhere, anytime
- Reduced clerical and administrative costs
- More efficient and appropriate referrals
- Increased safety in prescribing/ monitoring compliance; alerts to contraindications
- Potential additional revenue sources (e.g. preventive care)
- Enhanced revenue through decrease in rejected claims

### Commercial Labs

- Enhanced public relations; exclusive contracts
- Decreased write-offs from unnecessary tests
- Decreased EDI costs; increase efficiencies

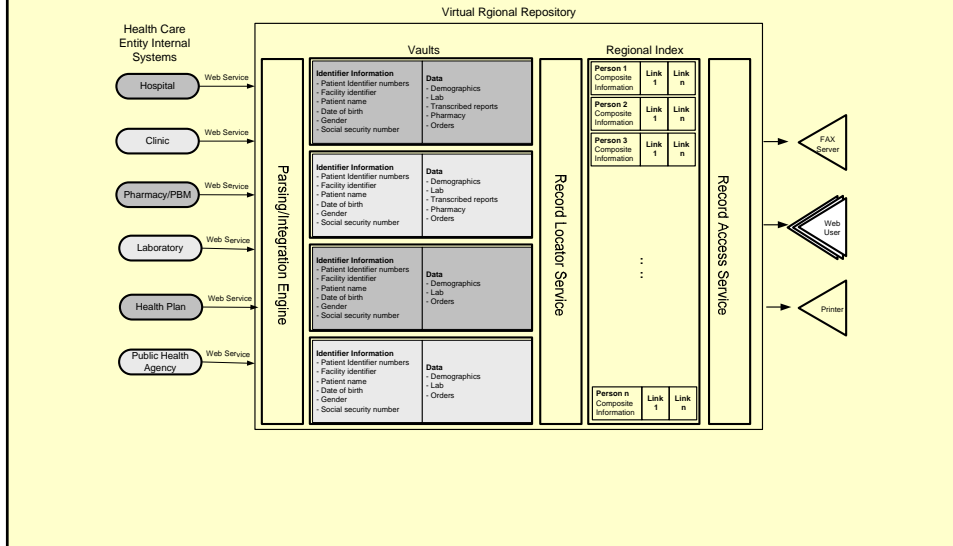
### Public Health Agencies

- Early detection of disease outbreaks or cases that suggest local epidemic
- Outcomes analysis
- Bio-terrorism preparedness

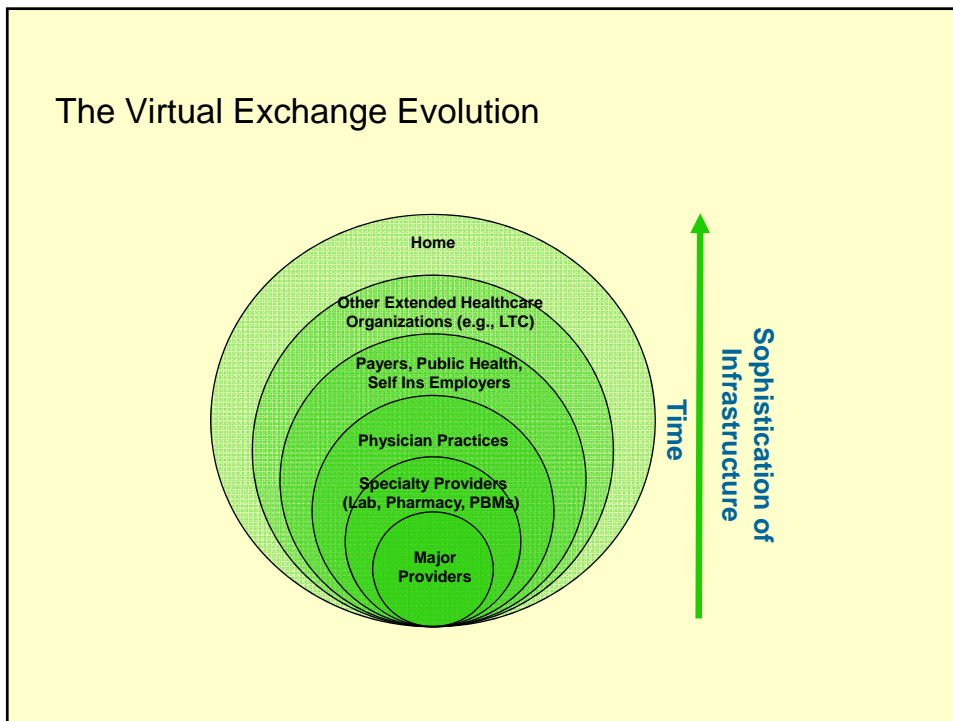


# The Technical Blueprint.

~ Illustrative Purposes Only ~



# The Virtual Exchange Evolution



## Guiding Principles Foundation

### Guiding Principles

- Design a **complementary solution to existing systems**
- Develop an **interoperable, integrated, scaleable solution**, not a fixed application vendor solution
- Drive an emphasis on an organization's **business requirements** and **governance**, in addition to **technology** changes
- Adhere to the **Consolidated Health Informatics** (CHI) standards
- Be mindful of the **Federal ONCHIT framework**
- Drive to **improve clinical outcomes** and **care processes**
- **Incorporate best practices** from other EHR projects
- Provide **timely and accurate** information
- Allow **innovation**
- Implement a **secure** and **private** solution
- Measure progress and create accountability