



## **Learning from Healthcare Information Exchanges**

Some health institutions have begun implementing private or state-designed Health Information Exchanges (HIEs) in order to increase interoperability and fulfill meaningful use requirements for Medicare and Medicaid EHR incentive programs. According to a report conducted by MarketsandMarkets, the total data exchange market is expected to reach \$878 million by 2018. However, healthcare providers are still struggling to determine which route (private or public HIE) is the best route for the long haul.

### **Benefits of HIEs:**

Health Information exchanges, which serve to exchange patient electronic health records within disparate institutions and systems, benefit both the patient and the healthcare institution in many ways. Some of the benefits of HIEs include:

- Secure storage and retrieval of patient medical history
- More coordinated patient care between providers
- Eliminates extraneous paperwork for patient and provider
- Offers greater decision-making at the point of care
- Provides a patient feedback loop between primary care, specialists and other providers
- Helps avoid medical errors and readmissions
- Reduces healthcare costs
- Takes storage and retrieval burden off of patients, caregivers and providers

### **Private HIEs: Highly Customized but Flaws in the Paid Model**

**Private HIEs** are health information exchanges that are funded by private grants or for-profit providers to increase the level of interoperability within their IT systems. Some of the benefits of private HIEs include:

- Faster implementation time
- Greater customization for the individual hospital or practice
- Buy-in and engagement from participants
- Steady, private funding for development and sustainability

Many healthcare systems are launching private HIEs to focus first on exchanging data among their own facilities and select outside associates to aid them in becoming accountable care organizations. Private companies like Siemens have developed private exchanges for specific purposes such as integrating with a particular insurance company or sharing information across a geographic region. Typical private HIE integrations use a volume-based formula, charging

institutions with monthly subscriptions based on annual patient load. One of the challenges this model has been getting institutions to pay to be a part of the system. Health institutions want to be able to see the value and bottom-line benefits of using a HIE before paying to use it.

### **Public HIEs Adoption: Indiana leads the way**

Initially, government grants helped to fund some of the first public HIEs. **Public HIEs** are organized local, state or national health information exchanges which are government-funded and typically larger in size. Public HIEs tend to include a wide variety of participants with disparate networks, technologies and systems. With public HIEs, there is no requirement to participate – just to share data and exchange it (stage one of meaningful use). Typically, federal funding can be limited in duration, creating challenges for implementation.

Some states such as Indiana, Ohio and Michigan have implemented state-wide, public HIEs that actually started as private HIEs. Indiana's public exchange, the Indiana Health Information Exchange (IHIE), is one of the most widely recognized exchanges in the country, and it is one of the largest and most successful HIEs to date. It grew out of grants initially used to fund a research project for Regenstrief Institute, a healthcare research organization at Indiana University – Purdue University Indianapolis (IUPUI). This electronic health records system first gathered patient conditions between hospital systems for purposes of tracking cancer treatment and care. What was then a private HIE of sorts later emerged into what has now become a state-wide and very successful HIE program.

### **Connecting HIEs**

Some states are moving forward with implementing private exchanges for their data needs, rather than waiting on public HIEs to develop. Other states are moving forward with regional health exchanges as a starting point to eventually arrive at a statewide program. Private HIEs are usually limited to one set of data from a particular institution or network, and eventually need to link up with a public exchange. Until that day comes, institutions will continue private and state-wide efforts (or arrive at some sort of hybrid model). For now, larger hospitals and institutions with larger patient volumes and budgets are leading the way until smaller hospital systems and practices come on board.

Collaborative efforts are also underway to link HIEs from various states and regions into a nationwide HIE. Building upon national standards, the hope is that the healthcare system can adopt an EHR certification criterion for enabling interoperability of healthcare data within and across organizational and state boundaries.

### **Approaching the HIE Engagement**

At CoreTech, we've had experience implementing one of the most successful information exchanges in the country. What we've learned from those implementations has helped understand what it takes to build successful private healthcare exchanges, as well as integrate systems into statewide or nationwide exchanges. To make sense of HIEs and get started with integrating them into your current operation, start thinking about the language needed and setup

of the data you currently have. Also visualize what information has been stored in the past, and what kind of information needs to be shared with different types of institutions in the future.

As the majority of healthcare institutions begin integrating HIEs, and as we move toward further developing statewide HIEs and eventually a nationwide HIE, we can't wait to see what the future of information exchanges holds for the healthcare industry.