Maryland Community Health Resources Commission

Options for Information System Funding Initiatives

February 5, 2007
Today’s Goals

• Review background on options for information systems funding (10 min)
• Determine criteria for funding information systems initiatives to facilitate the development of:
  – Appropriate regulations
  – A request for proposals (50 min)
MCHRC Charge

• “Work with CHRs, hospital systems, and others to develop a unified information and data management system for use by all CHRs that is integrated with the local hospital systems to track the treatment of individual patients and that provides real-time indicators of available resources”
  – §19-2109(a)(11)
MCHRC Charge

• “Provide funding for the development, support, and monitoring of a unified data information system among primary and specialty providers, hospitals and other providers for services to community health resource members”
  – §19-2201(e)(1)(iv)

• Funding
  – $0.5 million in FY 2006
  – $1.7 million per year thereafter
Options For Information System Funding

• Vision Development Option
  – Develop a long term vision
  – Framework for future funding decisions

• Individual Project Option
  – Begin funding individual projects
  – Move system forward on a variety of fronts
Vision Development Option

• Could be duplicative of current efforts at federal and state level
  – American Health Information Community (AHIC)
  – Maryland Health Care Commission (MHCC)
  – Health Services Cost Review Commission (HSCRC)
Individual Project Option

- Allows us to invest in IT initiatives sooner
- Some CHRs have already invested in IT projects
- Provides a vehicle for supporting CHRs along the continuum of IT sophistication
Continuum of Complexity

**Level I**
Manual exchange of information

- Phone calls
- Mailing records and referrals

Status Quo - Commission focus should be above this level

**Level II**
Electronic exchange of information

- Fax machine
- Secure e-mail connections
- Web-based applications (registry; referrals)
- Could involve single or multiple organizations

**Level III**
Interoperability within organization

- Electronic health record
- Computerized physician order entry
- Integration with existing eligibility systems
- Applications may be within single organizations, but infrastructure, joint purchasing, training could involve multiple organizations
- Likely to have a more direct impact on patient care activities

**Level IV**
Interoperability across organizations

- Regional health information exchange allowing access to patient information
- Web-based interface between providers for transferring information
- Necessarily involves multiple organizations
- Involves significant development of common definitions, privacy rules, etc.
Decisions for the Commission

- Level of activities to fund (II, III, IV)
- Length of awards
- Size of awards
- Activities appropriate for funding
- Structure of competitive grant process
- Other priorities/criteria
Level of Activities to Fund (II, III, IV)

- A broad RFP would allow for proposals from CHRs at all levels of IT sophistication.
- Commission could require collaboration with other CHRs as a condition of funding.

- Level II: Electronic exchange of information.
- Level III: Interoperability within organization.
- Level IV: Interoperability across organizations.
Level II – Electronic Exchange

• Information transferred by electronic media either within or between organizations
  – Can use existing, well-established technology and software
  – Relatively “low-tech;” small, targeted projects

• Project examples
  – Install electronic fax capability to improve communication between clinic and hospital
  – Support development of computerized scanning and storage systems
  – Web-based systems for ordering specialist referrals
Level III – Interoperability Within Organizations

• Transmission of digital health information
  – Organized into elements that can be stored and organized by computer
  – Information is secure and can be moved among various platforms

• Project Examples
  – Support development of an electronic health record across multiple locations of a CHR
  – Support development of patient databases within a CHR
  – Support development of computerized physician order entry
Level IV – Interoperability Across Organizations

• Direct communication of information across providers in a region
  – Requires agreement on protocols, data definitions, security, etc.
  – Regional Health Information Organizations (RHIOs)
  – Collaboration among disparate, unaffiliated organizations
  – Comprehensive strategy does not exist

• Project Examples
  – Development of a regional health information exchange where patient transactions are maintained and accessible to providers
  – Establish web-based interface between hospitals and CHRs to improve transfer of patient data
  – Commission may choose to support existing efforts or facilitate the beginning of collaboration between CHRs
Length and Size of Awards

• May depend on level of sophistication
  – Level II: $100,000 for one year
  – Level III: $500,000+ for up to three years
  – Level IV: $???; Options include:
    • Open ended grants with annual renewals
    • Allow applicants to apply for multiple grants for different discrete tasks

• Available funds
  – $500,000 FY2006; $1.7 million each subsequent year

• Allow for renewals for more sophisticated projects?
Activities Appropriate for Funding

• Any **hardware** purchased should directly lead to improving health information transfer and address a specific problem.

• Any **software** purchased would ideally be well tested and established products with a proven record of addressing the identified need. **Software development** should not be funded.

• Any **training** funded should assure that staff use the systems/equipment to optimal level.

• **Technical assistance** could be funded to identify needs, assist with project planning, and assure proper installation and functioning of technological resources.

• Funding for **planning activities** may be appropriate for projects involving several CHRs.
Structure of Competitive Process

• Competitive RFP process for all CHRs
• Qualify first; then competitive process
  – Require active collaboration with other CHRs
  – Meet standards for infrastructure and technical capacity

Threshold Question: Should we fund only CHRs or leave room for other organizations (e.g., consultants) in this round or future rounds
Other Funding Criteria/Priorities

• Level of collaboration with other CHRs/partners
• Interoperability
• Sustainability
• Willingness to share success with other CHRs
• Require matching funds (for larger projects)