

**Cabinet for Health and Family Services  
Governor's Office of Electronic Health Information  
Kentucky HIE Stakeholder Forum  
October 2, 2009, 10:00 a.m. to 2:30 p.m.  
Kentucky Transportation Cabinet Conference Center  
Frankfort, Kentucky 40601**

**Breakout Sessions Process Notes**

**Governance**

**Strategic Business Imperative: *Ensure Stakeholder Collaboration***

**Strengths:**

- Existing KeHN Board
- Relationships with provider associations
- Existing RHIOs

**Constraints:**

- Protectionism
- Turf battles
- Lack of confidence

**Factors to consider in addressing gaps:**

- Ensure Mental Health is Addressed
- Be sensitive to children's needs as often addressed as if "little" adults
- Vulnerable populations, such as Foster Care
- Rural providers as stakeholders
- Don't make the "tent" so big that you can't accomplish the objectives
- Identify "champions"
- The need for "visionary experts"
- Need experts on quality & lowering cost; and, then people who can execute the vision

**Strategic Business Imperative: *Ensure Private Sector Participation***

**Strengths:**

- State employee healthcare
- Large self-insured base

**Constraints:**

- No history of success
- Lack of trust in government

- Where are the payors in this?
- Where are the patients in this?
- Right now meaningful use is tied to reimbursement as opposed to patient care outcomes

**Factors to consider in addressing gaps:**

- Payors must see the value
- Think collectively
- Consider asking association representatives to bring a patient with them
- Include employers and unions
- Draw on the strengths of existing RHIOs, universities, etc.
- What do payors need? What would make it attractive?

**Finance**

**Strategic Business Imperative: *Identify All Viable Avenues for Financing HIE Across All Stakeholders***

**Strengths:**

- Sustainability of funding over time
- Fairness to all users
- Funding model's adaptability to meet changing demands and needs

**Constraints:**

- Disparity in utility
- Lack of predictive model or analytical tool to identify cost
- State is limited in options it can pursue to generate funds

**Factors to consider in addressing gaps:**

- Use RHIOs as more than stakeholders—but as strong partners for the dept of their experience
- Focus at the grass-roots level to engage the support of the medical community
- Set it up and support it until the free market takes it over
- Segment and determine the value to users
- Consider a variety of revenue streams—such as disaster recovery funds
- Consult academics who have looked at European models
- Provider Tax such as \$0.01 per patient? Who is the beneficiary? Who should pay? Would a provider tax on physicians be the death knoll?
- Beneficiaries evolve over time
- Does CHFS have the authority to charge fees?

## **Business and Technical Operations**

**Strategic Business Imperative: *Provide Technical Assistance to Health Information Organizations and Others Developing HIE Capacity Within the State***

### **Strengths:**

- Regional Extension Center
- Coordination with Public Health and Medicaid
- KHIE MTG Rollout Experience
- Hospitals in urban KY areas are technically savvy.
- ConnectKentucky
- Education Network

### **Constraints:**

- Broadband Access
- Assistance to Providers Statewide
- Adjoining state traffic
- Cost of customization of EMRs to KHIE network (cost will be distributed to the providers)

### **Factors to consider in addressing gaps:**

- NPI file
- Send CCD layout to KHA
- Assessments of EMRs (20% support well)
- REC – should have statewide scope
- Physicians office assistance

**Strategic Business Imperative: *Develop a Communications Strategy with Key Stakeholders and the Health Community***

### **Strengths:**

- Cabinet Communications Avenues
- Existing KeHN Board
- Relationships with Provider Associations
- Existing RHIOs

### **Constraints:**

- Need Broad Stakeholder Input
- Skepticism in HIE
- Lack of Confidence
- Timeline

### **Factors to consider in addressing gaps:**

- Dedicated website with FAQs
- LISTSERV
- Church organizations/rural community orgs., i.e.non-traditional methods of communication

- ADDs

**Strategic Business Imperative: *Describe Percentage of Providers Who Have Access to Broadband Coverage***

**Strengths:**

- Broadband Mapping RFP
- ConnectKentucky

**Constraints:**

- Cost
- Access

**Factors to consider in addressing gaps:**

- Not addressed

**Strategic Business Imperative: *Describe Statewide Services Developed and Implemented That Address Business and Technical Operations***

**Strengths:**

- Services Available Through KHIE MTG
- Existing RHIOs

**Constraints:**

- Cost
- Connectivity

**Factors to consider in addressing gaps:**

- Not addressed

## **Technical Infrastructure**

**Strategic Business Imperative: *Connectivity to the NHIN***

**Strengths:**

- KHIE MTG Requirement
- CONNECT Open Source Gateway
- Standards are national
- NHIN CONNECT (mostly federal today)

**Constraints:**

- Disparate Systems

**Factors to consider in addressing gaps:**

- Not addressed

## **Strategic Business Imperative: *Leverage Existing Regional and State Efforts That Can Advance the HIE***

### **Strengths:**

- Existing RHIOs
- KHIE MTG Project

### **Constraints:**

- Disparate Systems

### **Factors to consider in addressing gaps:**

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## **Other Items Captured in the Technical Infrastructure/Business and Technical Operations Breakout Session:**

- Teleconference meetings
- Core sample of hospitals/providers for technical working group, include nursing association
- Separation of security roles and attributes for patient info in physicians offices
- Family units – adult and child levels. Need mechanism to link together and verify. Has been described in federal documents
- Behavioral and LTC issues including funding
- Representation from state at the national level
- Review past experience with healthcare community (example UK hospital)

## **Legal/Policy**

### **Strategic Business Imperative: *Ensure That Governing Body Policy and Procedure is Informed by Open Discussion of Potential and Actual Legal Issues, Expert Guidance, and Review of Promising Practices From Other Areas***

#### **Strengths:**

- HISPC Project Body of Work
- Cadre of Informed Privacy and Security Stakeholders
- eHealth Network Board body of knowledge

#### **Constraints:**

- A large number of bordering states (with medical trade area across these borders)
- Fear of smaller areas being left out

#### **Factors to consider in addressing gaps:**

- Look at other states' policies and procedures (benchmarking, e.g. Indiana)
- State examples for consideration:
  - States that have enacted comprehensive healthcare information exchanges
  - States that are already in implementation stage

- Bordering states
- Seven states that participated in HISPC Harmonizing State Privacy Law Collaborative
- eHI
- National Association of Health Data Organizations (NAHDO)
- Reactivate the KeHNPrivacy and Security Committee
- Need to find our counterparts in other states (especially border states)
- Meaningful use criteria
- Establish KHIE Privacy and Security Ombudsman and Compliance Officer
  - Need to let people know about the compliance program (which would also handle patient fears/concerns)
- Regional organization to bring others on (quickly and correctly)

**Strategic Business Imperative: *Minimize Obstacles in Data Sharing Agreements Through Developing Accommodations to Share Risk and Liability of HIE Operations Fairly Among Trading Partners***

**Strengths:**

- Federal Development of DURSA (Kentucky has representatives)
- KHA (to overcome the perception of disadvantage)
- Federated nature of this proposal

**Constraints:**

- Perception of Greater Liability and Competitive Disadvantage
- Patient data is viewed as business asset
- Uncertainty about the types of liabilities/exposure
- High level of discoverability in Kentucky
- Mental health records are highly protected (not included in medical record)
- Uncertainty about where the records go, how they are held/used, etc. (who is the custodian?)

**Factors to consider in addressing gaps:**

- Tacoma example
- Safety Sentinel example
- Development of an opt in/opt out process that promotes patient confidence (needs to be clearly defined for both the patient and the caregivers)
- Education and training (input from KMA, KHA)
- Add a health information piece to the next census