



eHealth in Utah: Medicaid, Health IT and RHIO

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The HHS Medicaid Commission Meeting
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Utah Department of Health Vision Statement



Our vision for Utah:

A place where *all* people

Can enjoy the best health possible,

Where *all* can live,

Grow and prosper in

Clean and safe communities.

eHealth = Utah



Utah is a place where:

*Standard, safe and smart sharing of
electronic health information results in
better health care, lower cost and
healthier communities.*

eHealth = Utah



- Goals:
 - Electronic medical records for all patients
 - Interoperable information systems
 - Timely public health surveillance
 - Robust Regional Health Information Organization (RHIO)



Benefits of eHealth

- **Improve access to care**
 - Remote diagnosis
 - Long distance consultation
- **Improve quality of care**
 - Clinicians access complete patient information for better quality, continuity of care
 - Reduce errors
 - Decision support systems
- **Reduce cost of care**
 - Reduce unnecessary tests
 - Reduce administrative/reporting burden
 - Improving quality reduces overall cost of care

eHealth Supports Medicaid's Mission



Utah Department of Health
Division of Health Care Financing
Mission Statement

“The Division of Health Care Financing provides access to quality, cost-effective health care for eligible Utahns.”



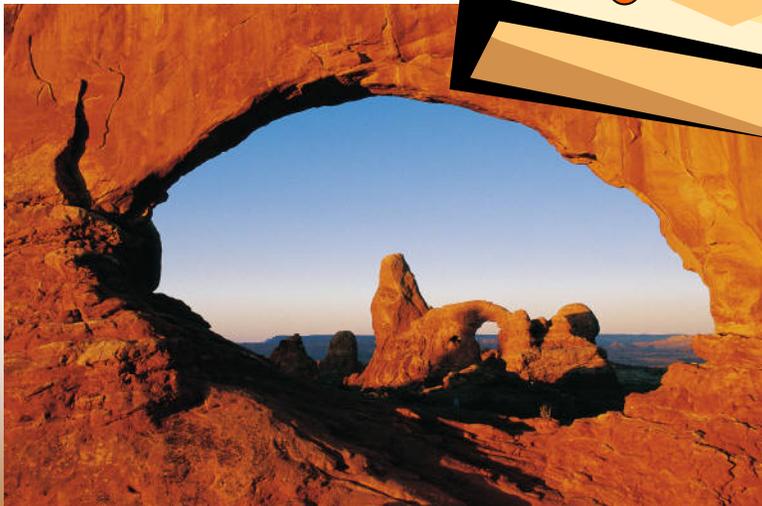
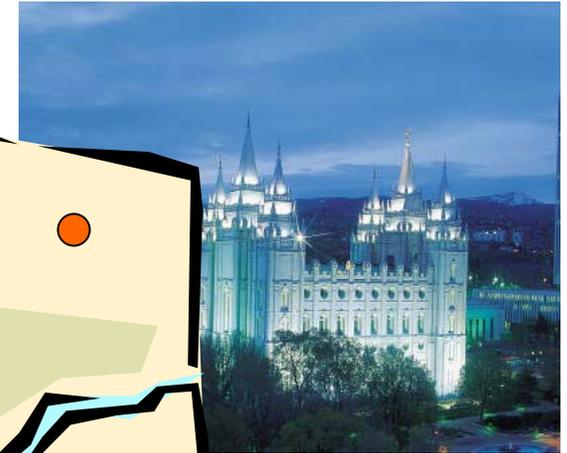
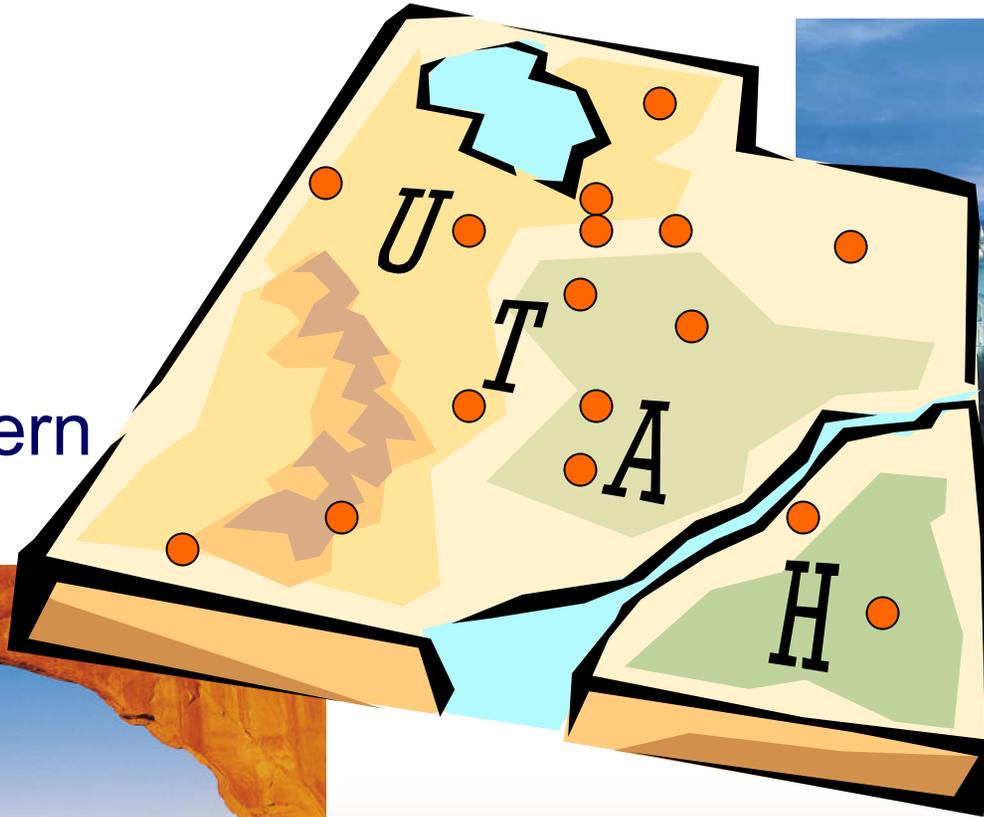
Where We Are:

- Functioning, self-sustaining RHIO
(the Utah Health Information Network - UHIN)
 - Statewide network
 - 90+% of all UT providers
 - All Medicaid health claims, except for pharmacies
 - Not for profit
 - In operation since 1993
 - Federated Community Model (all included)
 - Standards-based
 - No centralized data storage

UHIN: Linking Communities

To Salt Lake City

From Southern
Utah



And all points between. . .

Where We Are:



- UHIN *eCoverage*
 - 3rd Party payers' claims (450+ payers in 50 states)
 - Medicaid and Medicare
 - Hospitals (100%)
 - Physicians/clinics (85-90%)
 - Laboratories (100%)
 - Local health departments (100%)
 - Mental health centers (100%)
 - Chiropractics (90%)
 - Dentists (some)

UHIN Clinical Pilot Projects

(beginning *now*)

- Discharge summaries
 - Hospitals to physicians
- History and physical
 - Physicians to hospitals; hospitals to physicians, referrals
- Laboratory results
 - Labs to physicians/pharmacies,
- Medication histories
 - Payers to physicians, hospitals, & pharmacies

Moving to 'Clinical' Exchanges



- Goal: Move health care into electronic health information exchange (HIE)
 - Fact: Majority of health care still uses paper
 - Allow pdf
 - Fact: Need to move to formatted messages
- Objectives:
 - Create an evolutionary EDI path that allows paper (via pdf) but encourages user to migrate to formatted files (HL7, NCPDP, etc.)

Medicaid Contributions to UHIN:



Utah Medicaid

- Is one of the 21 UHIN “owners”
- Has one vote on the executive board
- Provides chairs or members for Standards Committee, subcommittees, workgroups
- Provides technical assistance
- Shares business expertise

UHIN cost savings for Medicaid:



Savings in Medicaid claims processing costs:

- 1996 average cost per claim=\$1.22
- 2005 average cost per claim= \$.71

Electronic Claims is only one of nine HIPAA transactions automated through UHIN, including:

- Prior Authorization
- Eligibility and Claims inquiry
- Premium Payment
- ...

UHIN cost savings for Medicaid:



- Increased purchasing power for HIT applications
 - Discounted message verification service
- Enhanced Medicaid visibility and ability to influence national standards
 - Membership in national standards-setting organizations
 - Savings in membership fees and staff time

Medicaid Contributions to Tele-health



- Medicaid an early adopter of Tele-health in rural areas
 - Served on Tele-health commission from the beginning
 - Covered Tele-health services
- Tele-health network evolved into the Utah Governor-appointed Digital Health Services Commission

Medicaid Contributions to Public Health Informatics:



- Provides matching funds to develop and maintain the Utah Statewide Immunization Information System (USIIS).
- Sponsors, along with commercial HMOs, the Utah health plan HEDIS public reporting.
- Hosts the Vital Records (birth and death certificates) in their Data Warehouse (DW)
- Allows access to DW for other health programs
- Contributes data to the Utah Statewide Pharmacy Database



How We Got Here:

- UT eHealth benefited from projects in environment...
 - Secretary Leavitt (former UT Governor) was proponent of eGovernment while in Utah
 - 2002 Olympics
 - Innovations of private partners
 - Intermountain Healthcare's sophisticated systems
 - Medical Informatics Program at the U of U
 - *Medicaid participation*



How We Got Here:

- ...and from specific initiatives
 - UHIN
 - Medicaid co-ownership/partnership of UHIN
 - HealthInsight, a QIO for Utah & Nevada, DOQIT Project
 - Governor-appointed statutory committees:
 - Digital Health Services Commission
 - Health Data Committee



How We Got Here:

- USING DATA for quality and safety improvement, public reporting, and implementing Health IT in rural areas:
 - Utah's 2002 AHRQ patient safety grant
 - Public reporting on quality indicators
 - Clinical decision support tool for rural physicians (Samore, Bateman, et al., JAMA 2005)

8th Leading Cause of Death



Leading Causes of Death and Estimated Medical Injuries That Contributed to Death: Utah, 2001

Cause of Death	Deaths
1 Diseases of heart	2,875
2 Malignant neoplasms	2,304
3 Cerebrovascular diseases	867
4 Unintentional injuries	631
5 Chronic lower respiratory diseases	522
6 Diabetes mellitus	509
7 Influenza and pneumonia	412
Medical injuries that contributed to deaths (estimate)	407
8 Intentional self-harm (suicide)	316

Source: The Final Report of the Utah/Missouri Patient Safety Consortium (AHRQ Grant No. H11885).

3rd Leading Reason for Hospitalization



Leading Reasons for Hospitalization and Estimated Adverse Events (AEs) That Led to Admission Among 41 Utah Acute Care Hospitals: 2001

Major Diagnosis Category (MDC)	Discharges
1 Pregnancy, childbirth and puerperium	50,445
2 Newborn and other neonates (perinatal period)	49,139
AEs that led to admissions (estimate)	25,918
3 Circulatory system	24,559
4 Musculoskeletal system and connection tissue	19,887
5 Digestive system	16,624
6 Respiratory system	16,123

Source: The Final Report of the Utah/Missouri Patient Safety Consortium (AHRQ Grant No. H11885).



Topics

- Utahealthnet
- Patient Safety
- Find a Doctor
- Verify a License
- File a Complaint
- Related Sites
- Help Us Improve Our Website

About Us

The Utah Health Data Committee's (HDC) mission is to support health improvement initiatives through the collection, analysis, and public release of health care information.

[Learn more about the HDC](#)



MyHealthCare is designed to help consumers make informed decisions about their medical care.

New [View Utah Hospital Comparison Reports](#) **New**

Please select a report from list:

⇒ [New Consumer Report: Utah Hospital Comparison for Heart Surgeries and Conditions for Years 2002-2004](#)



- HOSPITALS
- HEALTH PLANS
- LONG TERM CARE

Click **Health Data For Consumers**

Please be aware that any links to external Web sites are provided as a courtesy. They should not be construed as an endorsement by the Utah Health Data Committee. [Click here to view the Utah Department of Health's disclaimer in its entirety.](#)

<http://health.utah.gov/myhealthcare/>

Public Reporting on Quality and Safety



UTAH DEPARTMENT OF HEALTH

Utah Hospital Comparison

Heart Surgeries and Conditions for Years 2002 - 2004



Patient Safety



Quality



Charges

A Report for Consumers...

Heart Failure Deaths, 2002-2004

Hospital	Patients	Actual Deaths	Expected Deaths	Rating
Utah Overall	10,152	4.57%	5.03%	★★★
Dixie Regional	626	4.47%	5.63%	★★
LDS Hospital	1,192	4.61%	5.81%	★★
McKay-Dee Hospital	756	4.50%	5.22%	★★
Ogden Regional	325	2.46%	5.36%	★★★
Salt Lake Regional	299	4.01%	4.94%	★★
St. Mark's Hospital	1,082	4.34%	5.11%	★★
University of Utah	638	4.70%	4.54%	★★
Utah Valley Regional	880	5.34%	4.85%	★★
Veterans Administration	568	4.23%	4.93%	★★
Cottonwood Hospital	417	5.52%	6.83%	★★
Davis Hospital	299	9.03%	3.85%	★
Lakeview Hospital	271	4.43%	4.73%	★★
Mountain View Hospital	115	5.22%	4.44%	★★
Pioneer Valley Hospital	293	3.41%	4.91%	★★
Timpanogos Regional	176	5.68%	4.41%	★★
Allen Memorial Hospital	36	0.00%	2.43%	★★
Alta View Hospital	208	4.33%	8.61%	★★★
American Fork Hospital	231	5.63%	4.30%	★★
Ashley Valley Hospital	106	2.83%	3.77%	★★
Beaver Valley Hospital	75	0.00%	3.61%	★★
Castleview Hospital	151	5.96%	4.84%	★★
Central Valley Hospital	59	6.78%	4.76%	★★
Fillmore Hospital	40	15.00%	3.42%	★
Garfield Memorial	51	0.00%	3.32%	★★
Gunnison Valley Hospital	45	2.22%	1.81%	★★
Jordan Valley Hospital	163	7.36%	4.50%	★★
Kane County Hospital	41	2.44%	1.71%	★★
Logan Regional	283	2.83%	4.04%	★★
Mountain West Hospital	167	2.99%	5.41%	★★
San Juan Hospital	42	0.00%	2.35%	★★
Sanpete Valley Hospital	51	0.00%	5.52%	★★
Sevier Valley Hospital	133	5.26%	4.61%	★★
Uintah Basin Hospital	67	5.97%	1.82%	★★
Valley View Hospital	106	1.89%	4.10%	★★

Heart Failure Deaths in Utah Hospitals

This table shows the percentage of deaths for patients with congestive heart failure. (IQI 16)

Rating System

- ★★★ Fewer deaths than expected (better)
- ★★ Same as expected
- ★

Table Description

Red: did balloon angioplasty and heart bypass surgery.

Gray: did balloon angioplasty but **not** heart bypass surgery.

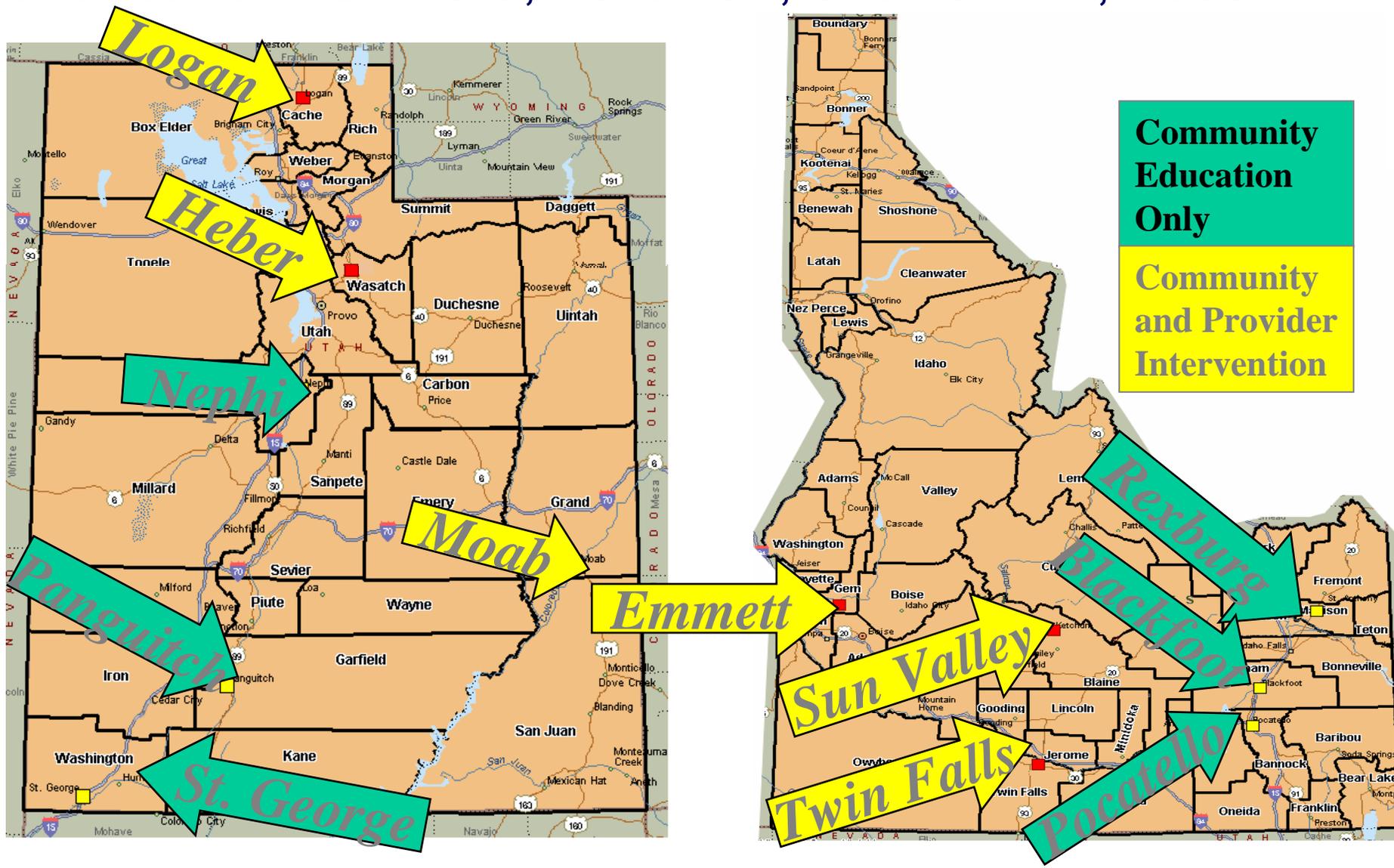
White: did **neither** balloon angioplasty nor heart bypass surgery.

Actual deaths: are the percentage of patients who received care for this procedure or condition and died in this hospital.

Expected deaths: are the percentage of patients who died at this hospital if it performed the same as other U.S. hospitals that treated similar patients (age, gender, how ill the patients were). See Glossary for more details.

Utah overall did better than expected compared to similar hospitals in the U.S.

Clinical Decision Support & Appropriateness of Antimicrobial Prescribing: A Randomized Trial in Utah and Idaho -- Samore, Bateman, et al. JAMA, 2005



Respiratory infection v3.13.02

- Lower respiratory infection
- Upper respiratory infection

Age Group:

- Adult (18+ years)
- Pediatric

Restart

Next->



abc

123

**Signs and Symptoms**

Suspect strep throat

Strep signs (check all that apply)

- Temp > 101 degrees F or Hx
- Exudate
- Tender nodes
- No cough or coryza

- Hx of rheumatic fever
- Documented household exposure (4 hrs close contact w/in 4 days of sx onset)

Restart

<-Back

Next->

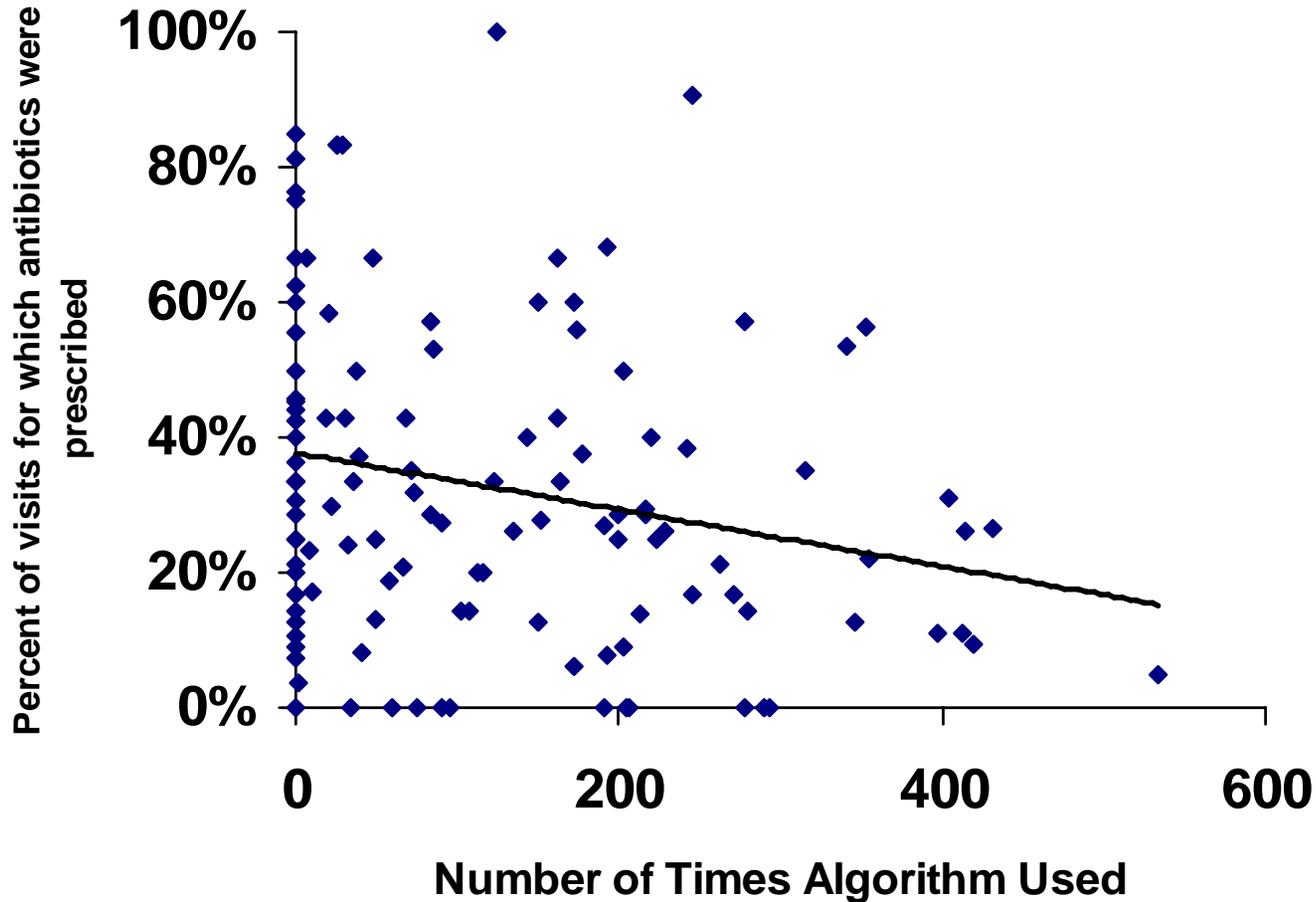


abc

123



Providers using the algorithms more tended to prescribe fewer antibiotics for viral diseases...



Lesson Learned: Community-Based



- UHIN
 - Community-Based Development
 - Messaging standards established, agreed-upon by community members
 - Information/report content designed by community members
 - Community involved in setting priorities



Lesson Learned:

KISS (Keep It Simple S...)

- Goals
 - Simplify routine document exchange
 - Send/receive documents through a single portal
- Most traffic is local: RHIO
 - Don't need to connect to the world to scratch 90% of the itch

Lesson Learned: Create Value



- Greater value to the end user leads to greater adoption
- Create compelling, immediate administrative value to end user
 - Reduce cost and hassle of routine data exchanges
 - Value will drive adoption

Lesson Learned:

Medicaid's Role in eHealth



- Get in the game and stay in the game
- Health data are health data
 - Clinical data are needed to support administrative decisions
 - Medicaid needs to support clinical data transaction
- “Is Medicaid ready?” UHIN partners asked before every initiative
 - Without Medicaid participation, UHIN would not be successful.

Implications for State Medicaid Administration



- Need leadership commitment in eHealth (Governors, DOH Directors, Medicaid Directors)
- Stay focused on eHealth and get it done
- Adjust business process and workflow from paper-based to eHealth-based



FINAL THOUGHTS

We should be mindful of some Medicaid policies that may be eHealth “unfriendly.”

- Prohibition of exchange of patient information over the Internet.
- Fragmentation of the patient’s Electronic Health Record.