



Regional Health Information Exchanges

In today's health care system, most patients receive care from multiple unaffiliated providers. This is particularly true for the growing population of seniors. Two in three Medicare beneficiaries have multiple chronic conditions and see an average of seven physicians per year.¹ The situation is similar for many children and adults, particularly the under- and uninsured that must rely on Colorado's safety-net providers.

Each provider in the state maintains his or her own, usually paper, records. As a result, communication between providers is inefficient and prone to errors. Even when a facility has Health Information Technology (HIT) capabilities, such as electronic health records, this information often cannot be communicated with other providers because there is no statewide network for sharing information electronically.

Regional Health Information Exchange (HIE) is key to leveraging the many benefits of HIT. HIE allows clinical and administrative data to be shared among patients and their family members, physicians, specialists, clinics, hospitals and other state and federal health data systems such as immunization registries. Some of the advantages of HIE are:

- Better integration of patient care, including care for the growing population with chronic illnesses
- Efficiency (fewer duplicative tests and other services)
- Lower costs for patients and providers
- Fewer medical errors
- Improved health outcomes
- Infectious disease tracking and other public health benefits.

The federal government began promoting the development of regional HIEs in 2004. The Colorado Regional Health Information Organization (CORHIO), which received \$5 million in federal funding, is currently working on sharing patient data between four large metro Denver providers. The Federal Stimulus package of 2009 included \$36 billion in HIT funding, with a strong emphasis on HIE implementation.

Barriers to Adopting HIE

Among the barriers to adopting HIE are:

- Costs of the hardware and software
- Lack of standards in the HIT market
- Passive leadership among participants
- Lack of a compelling business case
- Inadequate telecommunications network infrastructure and bandwidth
- Lack of consensus across different organizations with different objectives and interests
- Buyer inexperience with the relatively new technology
- Concerns about privacy by both patients and providers.

Success Stories

Some early attempts at creating regional HIE networks have been successful. Massachusetts made its system work by creating four HIT community-wide organizations and assigning each a specific role—the convenor, which brought together payers, providers and employer groups to discuss how HIT can improve care and lower costs; the transactor, which hired computer specialists to manage the millions of administrative health care transactions and yielded immediate cost savings to providers and payers; the grid, which created the framework for information exchange; and “the last mile,” which brought electronic health records to providers’ offices.²

Many states across the country are making significant investments in HIE. Colorado has one of the most successful HIEs in the country, Quality Health Network (QHN) in Mesa County. Nine in 10 providers in Mesa County utilize QHN’s services to electronically share patient information. The Dartmouth Atlas³ states that Mesa county is one of the most efficient health care delivery systems in the country, which is partially attributable to the success and effectiveness of QHN.

Our Focus:

- The Colorado Health Foundation funds the Colorado Regional Health Information Organization (CORHIO), an initiative working to create a statewide electronic Health Information Exchange infrastructure to optimize the health and health care of Coloradans
- We created a multiyear initiative, *Healthy Connections*, which supports the state’s safety-net providers in their efforts to improve quality and coordination of care through the use of HIT
- We held an HIT Summit in January 2009 that brought together state health care leaders to develop a shared understanding and vision for building a Colorado Health Information Exchange.

Sources

1. Miller RH, et al. "The Santa Barbara County Care Data Exchange: What Happened?" *Health Affairs*; August 1, 2007.
2. Halamka J, et al. "Health Care IT Collaboration in Massachusetts: The Experience of Creating Regional Connectivity." *Journal of the American Informatics Association*; December 2005.
3. Dartmouth Atlas of Health Care. <<http://www.dartmouthatlas.org>>