# Connecting for Better Health

## HIE and Public Health Series Session I
## Briefing Proceedings
## March 5, 2021

### HIE and Public Health: Statewide HIE Network Success Stories

*On March 5, 2021, Connecting for Better Health hosted its first event, HIE and Public Health: Statewide HIE Success Stories. This event was sponsored by Connecting for Better Health.*

Even as the use of electronic health records and claims systems has proliferated in California, health data remain siloed in  health systems, pharmacies, labs, and health plans, making care delivery inefficient, inhibiting the spread of value-based care, and the sharing of vital information for public health purposes. Crucial and seemingly simple steps – such as making sure primary care providers know when a patient's COVID-19 test results are available – do not always happen. However, state public health departments across the country are working with their HIE network partners to harness HIE data to support public health policy and planning activities.

David Horrocks, CEO of Chesapeake Region Information System for Our Patients (CRISP), Melissa Kotrys, CEO of Health Current, and Claudia Williams, CEO of Manifest MedEx, joined moderator Carladenise Edwards, EVP and CSO of Henry Ford Health System, to discuss how health information exchange networks are successfully partnering with public health departments.

Speakers opened the event with an overview of how health information exchange networks support public health efforts in their respective states. David Horrocks of CRISP began the discussion with a demonstration of how CRISP is working with the Maryland Department of Health in a coordinated response to the COVID-19 pandemic. Mr. Horrocks walked through a demonstration of the  robust data CRISP has collected -- including county-by-county data on COVID cases.
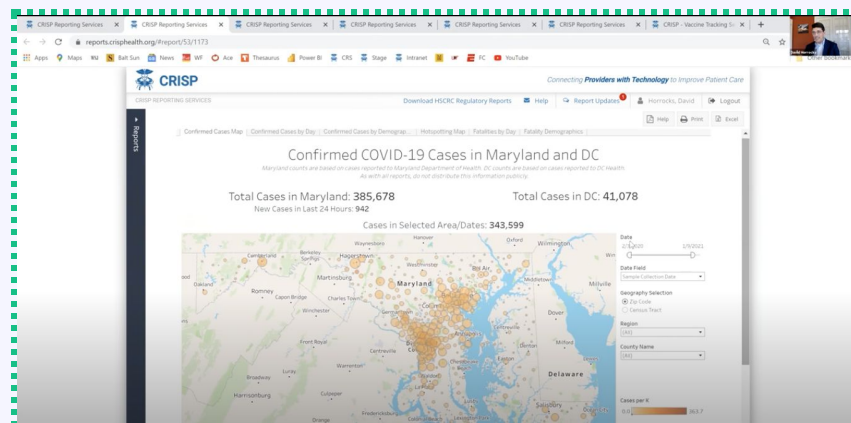
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Melissa Kotrys of Arizona's Health Current gave an overview of the statewide HIE-- which now includes 858 unique participants. Kotrys noted Health Current has accumulated important health data on over 12 million Arizona patients, and delivers over 10 million health alerts each month. She also detailed their participant network in the chart below:



Kotrys also discussed how the Health Current HIE takes in data from discrete sources, such as hospitals, labs, and private practices, and is able to distribute this information to public health systems, such as Electronic Lab Reporting or the state's surge line, which facilitated transfers of patients during the last two COVID surges in Arizona.
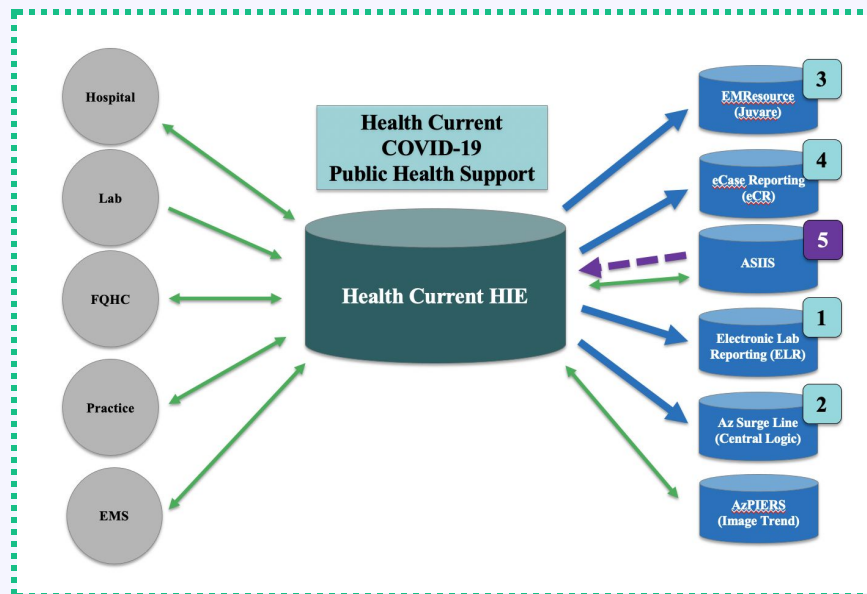
> **"We really have worked to serve as a data trustee... There's been a lot of opportunity because we have this foundation to support the community during the pandemic."**

Lastly, Claudia Williams discussed Manifest MedEx's work to build a data network in California, connecting over 120 California hospitals, carrying 25 million longitudinal patient records, and delivering 500,000 ADT messages monthly. Williams discussed in particular Manifest MedEx's work with its HIO partners in Riverside County, where it utilized its claims and clinical data to help the county identify thousands of patients at high risk for COVID complications. Their contact data was used to support prevention and vaccination outreach efforts to these residents.

Later, the leaders discussed strategies they have deployed in order to navigate the difficulties of setting up a statewide HIE, and how the HIE has provided value in addition to supporting their state's COVID-19 response. Horrocks noted that early on in the pandemic, the Maryland Secretary of Health asked him for data on PPE supplies by geography, a request that was doable in a single weekend thanks to the HIE, but would have taken more than 6 months without one.

Kotrys noted that the fundamental stepping stones of getting every entity in Arizona to participate in the data sharing have been time and education: "Once they understand they are not competing on the sharing of data... they can compete on how the sharing of data is used to care for their patients."

In discussing the difficulty of achieving a statewide system, Williams noted that in California, the largest barrier is not having 100% of the data available because necessary partners like providers, health plans and public health departments have not agreed to share data. Nonetheless, COVID-19 has presented an opportunity to underscore the need: "We have an opportunity to say, 'Immunization data should be shared back with providers and plans, and HIEs are a conduit for doing that,'" Williams said.

## HIE and Public Health: Statewide HIE Network Success Stories

Our speakers' discussion offers a number of policy recommendations for California in its pursuit of building a statewide health information exchange network. These include

- **Establish a leadership role for the state government.** State government needs to be involved in HIE efforts from the beginning, with roles including administration of contracting and procurement, development of the HIE governance structure and ongoing oversight of HIE operations. Given that public health departments sit at the local and state levels of government, their participation and leadership is key to using HIE to support public health purposes.
- **Keep the needs of the patient front and center.** Stakeholders, including potential HIE participants and the state government, need to acknowledge that health data belongs to patients, and that how it is used must be to benefit the patient. To do so, stakeholders need to put market competition aside and collaborate on data sharing efforts that support patient-centered use cases.
- **Incentivize participation in HIE.** HIEs and state governments must recognize that not all provider types can afford or feel ready to onboard to HIE. Incentive programs, like pay for performance programs in state Medicaid contracts, can incentivize providers to join HIE.
- **Take a comprehensive view of the type of data that should be shared.** To develop a robust HIE that can assist in public health efforts, stakeholders need to acknowledge that all health data needs to be shared. Not only claims and clinical data, but also pharmacy and labs
- **Review restrictive state laws and policies that inhibit data sharing.** Stakeholders must work with their state lawmakers and policymakers to ensure that state laws do not inhibit the sharing of data with an HIE or with another agency. Additionally, stakeholders must work to create a policy environment among all organizations that promotes the sharing of data for HIE to be successful.