IT TAKES A WHOLE COMMUNITY OF CARING TO IMPROVE HEALTHCARE QUALITY AND CONTAIN RISING HEALTH COSTS!

STAKEHOLDER RESEARCH REPORT 2007

LouHIE
Louisville Health Information Exchange, Inc.

noblis
For the best of reasons

UNIVERSITY of LOUISVILLE

Full Research Report

The full research report is available on http://www.louhie.org.

LouHIE, Noblis' Center for Health Innovation, and University of Louisville School of Public Heath and Information Sciences, Department of Health Management and Systems Sciences, worked together to conduct the Greater Louisville e-Health Survey 2007.

About this REPORT

The Greater Louisville e-Health Survey 2007 Report is intended to present current perspectives of the consumers and organizations of the Greater Louisville area, including interests, benefits, concerns, and payment choices as they relate to the deposit and withdrawal of electronic health information from a community-wide health record banking service.

About the AUTHORS

- Judah Thornewill, LouHIE, is Acting Director of the Center for Complexity and Health, at University of Louisville's School of Public Health and Information Sciences, in the Department of Health management and Systems Sciences. His research in complexity sciences led to the development of LouHIE, and his role as Acting Director of the Louisville during the organization's start-up.

- John Baluch, Noblis, is a Consultant and Researcher in the Center for Health Innovation at Noblis. He has over 15 years in the health care industry working in provider and payer segments. John was actively

involved in the consumer sessions and data analysis of the findings.

- Barbara Cox, Noblis, is a Senior Principal and Senior Researcher in the Center for Health Innovation at Noblis. She has over 25 years working in the health care industry. Barb is responsible for the Information Management practice and the RHIO services at Noblis. She was instrumental at planning this research program and facilitated many of the data gathering sessions.

- Alan Dowling, PhD, MCS, MS, Noblis, is the Executive Director of the Healthcare division and Senior Researcher of the Center for Health Innovation at Noblis. Dr. Dowling has been in the health industry for over 30 years consulting internationally on business and strategy issues in health care. Alan facilitated many of the data gathering sessions and participated in establishing the strategy which resulted from the findings.

- Richard Sudol, Noblis, is a Senior Principal and Senior Researcher for the Center for Health Innovation at Noblis. Richard has over 18 years serving the health industry in the Payor and Provider sectors. On this study, Richard provided guidance to the production of this report.

AKNOWLEDGEMENTS

We wish to thank everyone in the Louisville community who participated in this study for their insights into the problem.

We also wish to extend a special thanks to the LouHIE Board of Directors, Committee participants, and Sponsors of this research, many of whom helped to spread the word and make the research program a success with over one tenth of 1% of the population participating in the research. Without the foresight of the community leaders in the LouHIE Board of Directors, and the leadership of the board, including Miriam Paramore, Consumer Quadrant Leader and Board Chair, John Reinhart, Resource Quadrant Leader and Treasurer, Nancy Galvagni, Producer Quadrant Leader and Vice-Chair and Sheila Andersen, Caregiver Quadrant Leader and Secretary, this research would not have been possible.

Thank you to IQS research for helping to administer the telephone research, VisPlex Association for providing governance methodologies and collaboration technologies and Technology Consulting, Inc. for web survey technology programming, hosting services and technical support.

Thank you to the public relations firms of Peritus Public Relationships and Cooper-Katz who helped organize events to help educate the community that this research was being conducted.

Lastly, thank you to the consultants who spent long days in conducting, analyzing, and reporting the findings of this research.

A Community's Interest in a Health Record Bank

Contents

Need: A way to improve healthcare quality and reduce rising healthcare costs

Early in 2007, the Louisville Health Information Exchange (LouHIE) Board of Directors decided to commission a research study to understand the real perspectives of the Greater Louisville area community regarding the development of a community health record banking service. The study was to be performed by an objective third party, Noblis, Inc., working in partnership with LouHIE with support from University of Louisville School of Public Health and Information Sciences, Department of Health Management and Systems Sciences (UofL).

The challenge facing the research team was how to engage the community quickly so that the research could be accomplished in a timely manner and in the most cost effective way possible. In just a few weeks, the research approach, instruments, community notices, press conferences, booths at the State Fair, outreach to the different stakeholders, and outreach to the community occurred. This was definitely an excellent example of what can be accomplished when a whole community works together. LouHIE has seen a number of successes along those lines over the last few years of working together.

The findings of this research provide LouHIE with better insight and thus better direction for the future. As you read this report, hopefully you will see the depth of insight this research was able to uncover and can understand the conclusions reached. For LouHIE to succeed and be the catalyst to improve healthcare quality and reduce rising health care costs for the members of the Greater Louisville area, LouHIE has a great deal of work ahead.

But it's not just about LouHIE, it's about you, the Community. It is time for the community to continue to come together and take action!

Our thanks to everyone in this community!

Judah Thornewill, LouHIE

Barbara Cox, Noblis

Robert Esterhay, UofL

Research Approach:

Using our community to engage people to participate

The LouHIE Board of Directors authorized the development of a research study that was conducted from August through September 2007. The research plan is available at http://www.louhie.org (select research reports).

Research Objective

The objective was to gain a level of understanding about stakeholder and consumer interests, perceived benefits, issues, and payment interests related to participating in a community-wide Health Record Bank.

Research Methods

The research approach involved the use of mixed-mode research methods. The methods included consumer telephone research, organizational web surveys, consumer web surveys, stakeholder focus groups, functional committee focus groups, and consumer focus groups. Each research method had its own research instrument prepared for gathering the data. Examples of the research instruments can be found in the research plan.

Population Frame

The research workgroup determined early in the process that it needed participation from individuals and organizations from across the greater Louisville area. Ten counties were selected, defined as the "Kentuckiana Regional Planning and Development Agency" (KIPDA) plus Spencer County.

The list of counties that participated in both the telephone and web surveys included:

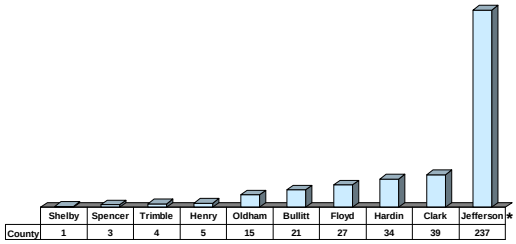
Bullitt	Jefferson
Clark	Oldham
Floyd	Shelby
Hardin	Spencer
Henry	Trimble

In addition, health information technology product and service providers from across the country were invited to participate in the "Health IT" survey.

Consumer Telephone Research

For the telephone survey, households were randomly selected from the ten counties. A random sample was selected large enough to deliver a yield of 386 completed telephone surveys. Based on the population of 1.2 million, and the responses, this provided a .05 confidence interval. The telephone survey lasted twelve minutes and respondents were asked to answer twelve questions. Respondents were educated part way through the survey. The intent was to measure their level of understanding and interests before and after the education. The education focused on describing the health record banking model. The overall survey questions were designed to measure the "lay of the land", and identify similarities and differences between the perspectives of the Louisville population and other US populations regarding e-health.

Telephone Survey - County Responses



County	Shelby	Spencer	Trimble	Henry	Oldham	Bullitt	Floyd	Hardin	Clark	Jefferson *
	1	3	4	5	15	21	27	34	39	237

386 survey responses came from 67 zip code locations within the Greater Louisville ten county area.

nobilis

* Jefferson county has 61% of the total population and is represented by the larger number of responses.

Individuals	
• Healthcare consumer survey	
Organizations and Health Care Professionals (choose the survey which fits best)	
• Public Health Director or Program Manager • Physician Office or Other Healthcare Practice • Nurse or Other Practitioner	• Employer (includes HR departments in healthcare organizations) • Taft-Hartley Benefits Fund • Medicaid and/or SafetyNet • Senior and/or Medicare Service
• Hospital or Other In-Patient Provider • Pharmacy or Other Medical Products Retailer • Pharmaceutical or Medical Product Firm	• Health Plan, Payor or TPA • Educator or Trainer of Healthcare Workers • Health Information Technology Related Products or Service

Paper Surveys

A non-random sample of consumers was given paper surveys through several channels. These included a booth at the Kentucky State Fair, and a number of physicians' offices which handed the surveys out to patients on a clipboard. The paper surveys included two sections. One was the general survey and the other, an optional section, was a sign-up form for participation in a consumer focus group.

Web Surveys

A set of thirteen web-based survey instruments were created, one for consumers and one for each of the twelve organizational stakeholder categories. Each of these instruments was accessed through a special website set up for the purpose: www.louhie.org/research07.

Prior to answering web survey questions, each respondent was asked to read a brief description about the health record banking model. The consumer survey had two parts. The first part asked a set of questions about the health record banking concept. The second part, which was optional, was filled out if the respondent was interested in being considered for participation in a focus group. The organizational surveys also had two parts. The first part, again, asked general questions about the health record banking idea as it pertained to the organization. The second part provided opportunities for the respondent to volunteer to attend a focus group, distribute consumer surveys to a consumer group or join the LouHIE mailing list. Organizations such as physicians' offices, upon agreeing to distribute surveys to their consumers, were automatically directed to a special website where a consumer survey, tagged to them as a source, could be downloaded, printed and/or e-mailed to their consumer populations.

Web Survey Recruitment:

A broad based effort was conducted to recruit organizations and consumers to participate in the web survey. The recruitment methods used to communicate with the community about the LouHIE research study included press conferences, press releases, community leadership announcements, phone calls from organizational sponsors to their employees, web communications and a booth at the Kentucky State Fair.

Public service announcements from Jerry Abramson, Mayor of Louisville, Mark Birdwhistell, Secretary, The Kentucky Cabinet for Health and Family Services, and Adewale Troutman, MD, Director, Louisville Metro Public Health and Wellness, provided public communications and leadership support for the LouHIE research survey. The message they conveyed was strong encouragement to all area employers, health care organizations, and government organizations to participate in the research study. The following research communications had occurred as of August 22, 2007:

- National Press Release went to over 478 media outlets
- 22 websites and publications had picked up the story as of 9/13/07
- Nine television stories on two stations
- Two radio stories on two stations
- Front-page business section story in the Courier-Journal
- The total number of media impressions for the coverage exceeded 700,000

Organizational & Consumer Web Surveys

The illustration below indicates the types of organizations and the number of surveys completed.

Research Grouping	Number Responded
Consumer	
Telephone	386
Individual (web-site)	355
Organization	
Public Health and Public Education	9
Physicians and Healthcare Professionals	92
Nurses and Other Practitioners	54
Hospitals and Other In-Patient Providers	9
Retail Services - Pharmacies and Other Retailers	2
Medical Products, Pharmaceuticals and Medical Devices	4
Employers, Benefits Trust Funds, HR/Benefits	24
Medicaid and SafetyNet	4
Seniors and Medicare	1
Health Plans, Payers and TPAs	2
Educators	11
Health Information Products and Services	40

Focus Groups

Recruiting for the focus groups occurred through the web and paper surveys, as well as through phone calls and e-mails by various LouHIE board and committee members.

Focus groups were broken into three major categories. These were stakeholder focus groups, functional committee focus groups and consumer focus groups.

A seven minute video was produced describing the health record bank (http://www.louhie.org/research07). The video was developed to ensure that a consistent message was delivered to the community and the respondents. This video was played to each focus group in advance of the research sessions.

The three types of interactive focus groups were organized to gather responses to a series of group-specific questions:

- There were 18 stakeholder focus groups, 3 consumer focus groups, and 5 functional focus groups.
- The health record banking video was played for each group at the beginning of the session.
- Each focus group was up to 2 hours in length.
- Each focus group had one facilitator and one scribe for notes; detailed notes were taken; summaries were created from the detailed notes; a digital recording was made to support verification of data.
- The data gathering tool for the focus groups was based on responses to a discussion agenda.
- At the end of each day, a discussion was held with several researchers to review the responses for the day.

The number of people who participated included over 209 participants spread across 26 different sessions.

The web/paper survey reached 355 respondents; the organization survey reached 252 respondents. The focus groups reached 209 and the telephone survey reached 386 respondents. The telephone survey sample size provided a .05 confidence level.

Research Groups	
Quadrant 1: CONSUMER	**Quadrant 3: PRODUCER**
▪ Consumers (3)	▪ Hospitals (2)
▪ Employers (3)	▪ Retail Services Committee
▪ Medicaid / Safetynet	▪ Health Products Committee
▪ Seniors Committee	
Quadrant 2: RESOURCE	**Quadrant 4: CAREGIVER**
▪ Payers (2)	▪ Public Health
▪ Health Educator (Workforce)	▪ Physicians (2)
▪ Health Info. Tech. Products & Services (2)	▪ Nursing & Allied Health
Functional Groups	
▪ Privacy and Security	▪ Executive Committee
▪ Technology	▪ Kentucky eHealth Network
▪ Research	

Research Limitations

While the phone survey participants were selected randomly, participants in the web survey and the focus groups were self-selected. As a result of the self selection, it is likely that these groups were made up of members with greater knowledge of the concepts and technologies involved in the LouHIE plans than the general public. In addition, self selected participants were likely to either be more strongly in support of or more strongly opposed to the concepts that LouHIE is proposing than a random selection would have been. Self-selection bias notwithstanding, review of the responses from across the focus groups found that many groups shared common ground with each other and with consumers on a number of the key issues such as trust, privacy and medication information.

Value Achieved:
What did the community say?

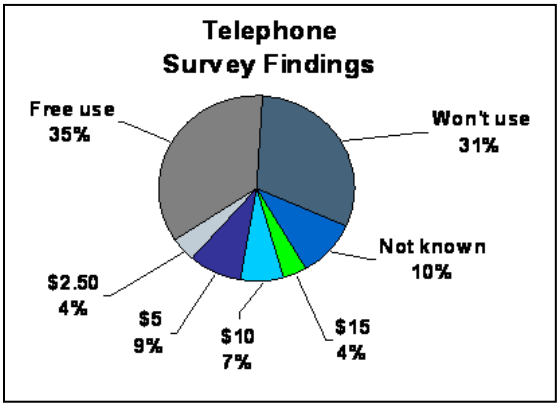
The research identified several common themes that pertain to health record banking (HRB) services and to the overall community's interest in participating in a HRB. The most prevalent and important theme identified by the community was the need for a ***trusted environment*** for electronic health information exchange. As the community discussed, an individual's health information is considered deeply personal and private. Consumers expressed a high degree of concern about being harmed by others who may inappropriately access their private information. Organizations expressed commensurate concerns about potential liabilities that could be created for them by privacy violations or uncontrolled personal health information sharing. Therefore, a second theme that emerged included the notion of ***privacy and security.*** The community wants LouHIE to assure that appropriate levels of security will be put in place to insure against intrusion or unauthorized use. The third theme that emerged was ***consumer choice***. The consumers want the ability to control access to their information, make choices on whether or not to participate in various research programs, determine whether personalized messaging adds value to themselves, and to choose the types of services that they want to use. Another theme is that the majority of stakeholders indicated a ***trusted not-for-profit community organization*** like LouHIE would be needed to establish a foundation for a community-wide health record banking service. The community would trust a dedicated community not-for-profit more than government or private-sector organizations. Regarding types of services, there was broad agreement that ***sharing of medication information*** was most important to save time and costs, and improve patient safety across the community in the short term. The community was generally concerned that the health record banking service should be ***accessible*** to those who do not have the means to pay especially since those are the people who need the service most. Uninsured, under-insured and low-income populations were essential to include. The community is willing to ***pay for value received*** and to off-set the expenses of the operations with other revenue streams. ***Portability*** was discussed as an essential aspect of the health record bank. The use of ***cellular telephones*** and handheld devices to reach many of the residents would be of interest. Many community members discussed the need to ***expand*** beyond the 10 county area, into the state, and across the nation. Based on consumer consent, the consumers support providing access to public health and medical researchers for ***research*** purposes. Lastly, the concept of LouHIE using its excess revenues to ***invest in the community*** to provide additional health related services to those most in need was seen as an honorable mission.

For a complete, summarized list of interests, benefits, concerns, payment choices indicated by the community stakeholders, refer to the research results summary located in the appendix.

CONSUMER Perspectives

According to the consumer telephone and web surveys and focus groups, a majority of consumers were interested in time-savings, streamlined registration, tracking their own records, safer emergency care, improved care quality and reduced duplicate services. The following charts show selected information provided by consumers.

Willing to pay per month

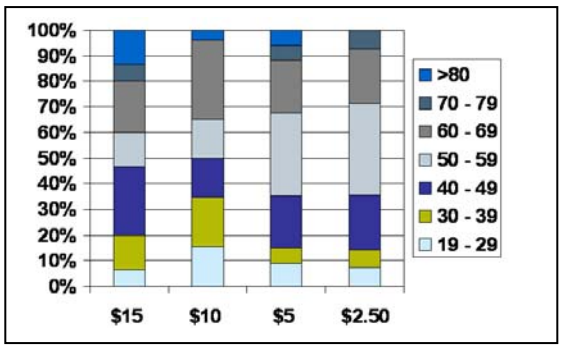


59% of the Consumers responding to the telephone survey said they would use an electronic personal health bank record service; 24% said they would pay for it. Another third would only use it if it was free and another third would not use it at all.

Consumers responding to the web survey indicated a 93% interest in using the health record bank and 44% said they would pay for the service.

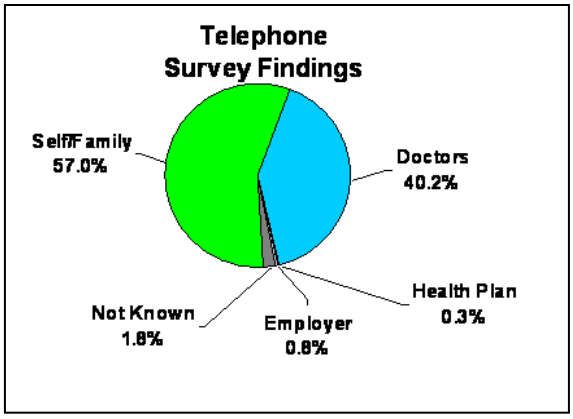
Consumers in the 40 – 49 age brackets were most willing to pay $15 per month. Those in the 50 – 59 age brackets showed most interest in the $2.50 - $5.00 per month range.

Willing to pay by age range



On average, consumers responding to the telephone survey who were willing to pay at all, were willing to pay an average of $7.72 a month, while consumers responding to the web survey were willing to pay something were willing to pay $4.79 per month.

Trust

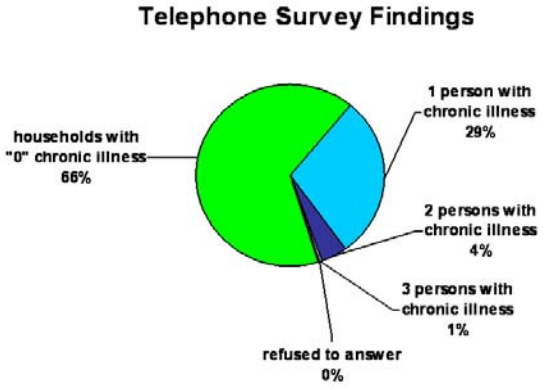


Consumers overwhelmingly trusted themselves and their doctors first for healthcare advice. They were deeply concerned about privacy and security of

their information. They felt that consumer consent for health record deposits and withdrawals was essential. Many individuals spoke of being able to access information for the individuals they care for and not just for themselves.

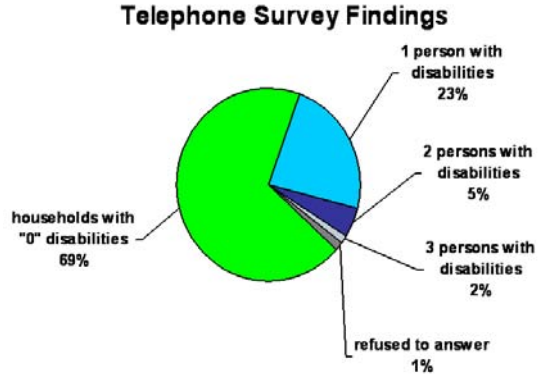
Approximately 34% of the households track information for someone with a chronic illness. 52.7% of households managing a chronic illness were willing to use the service, with 15.7% willing to pay for the service.

Households with Chronic Illness



Approximately 30% of the households track information for someone with a disability. 58.3% of households managing a disability were willing to use the service, with 15.7% willing to pay for the service.

Households with Disabilities



Another recent study reported that "about 51 percent of those living with a disability or chronic disease go online, compared to 74 percent of the rest of the population, according to the study. But once those with illnesses get online, they become some of the most avid Internet users."[1]

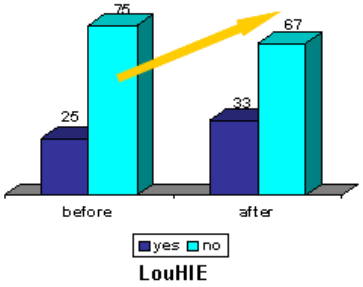
69 households surveyed reported presence of children under age 23 for whom they managed healthcare information. Of these 69.9% were willing to use the service, with 30.4% being willing to pay for the service.

An analysis by age, for respondents providing an age, showed that 80% of respondents between age 23 and 65 were willing to pay to use the service, while only 17% of people over age 65 were willing to pay to use the service.

An analysis by race, for those providing race, showed that 60% of Caucasians and 70% of African Americans would use the service either on a free or paid basis.

Consumers were asked about their level of understanding regarding the concept of a health record bank during the telephone survey. During the call, the consumer was provided with an introduction to the concept of health record banking. This was followed by another question later in the survey to measure the change in understanding. The survey results show that the level of understanding increased 8% after being informed about health record banking. The focus group results showed the same pattern: the more consumers thought about the concept in the focus groups, the more they warmed to the idea, and began "helping" try to think of ways to make it work for the community and themselves. This trend is reflective of a similar trend found in other national surveys.[2,3,4]

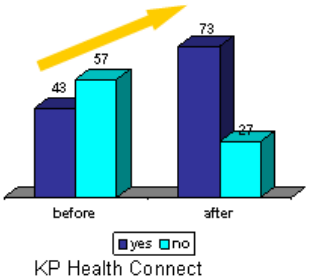
Change in Understanding of Health Record Banking During Telephone Survey



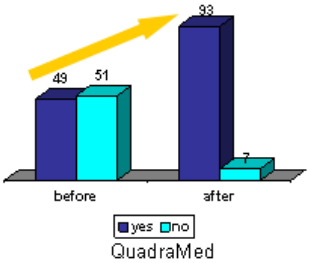
LouHIE

Telephone Survey Findings

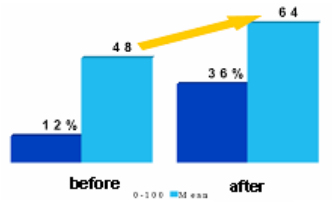
National Benchmarks



KP Health Connect



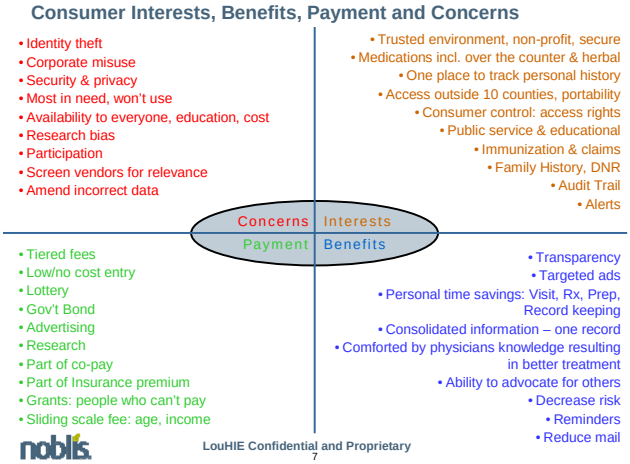
QuadraMed



eHealth Initiative

A brief summary of the responses by participating consumers in the various

Consumer Focus Group Summary



focus groups includes the interests, benefits, concerns and payment options.

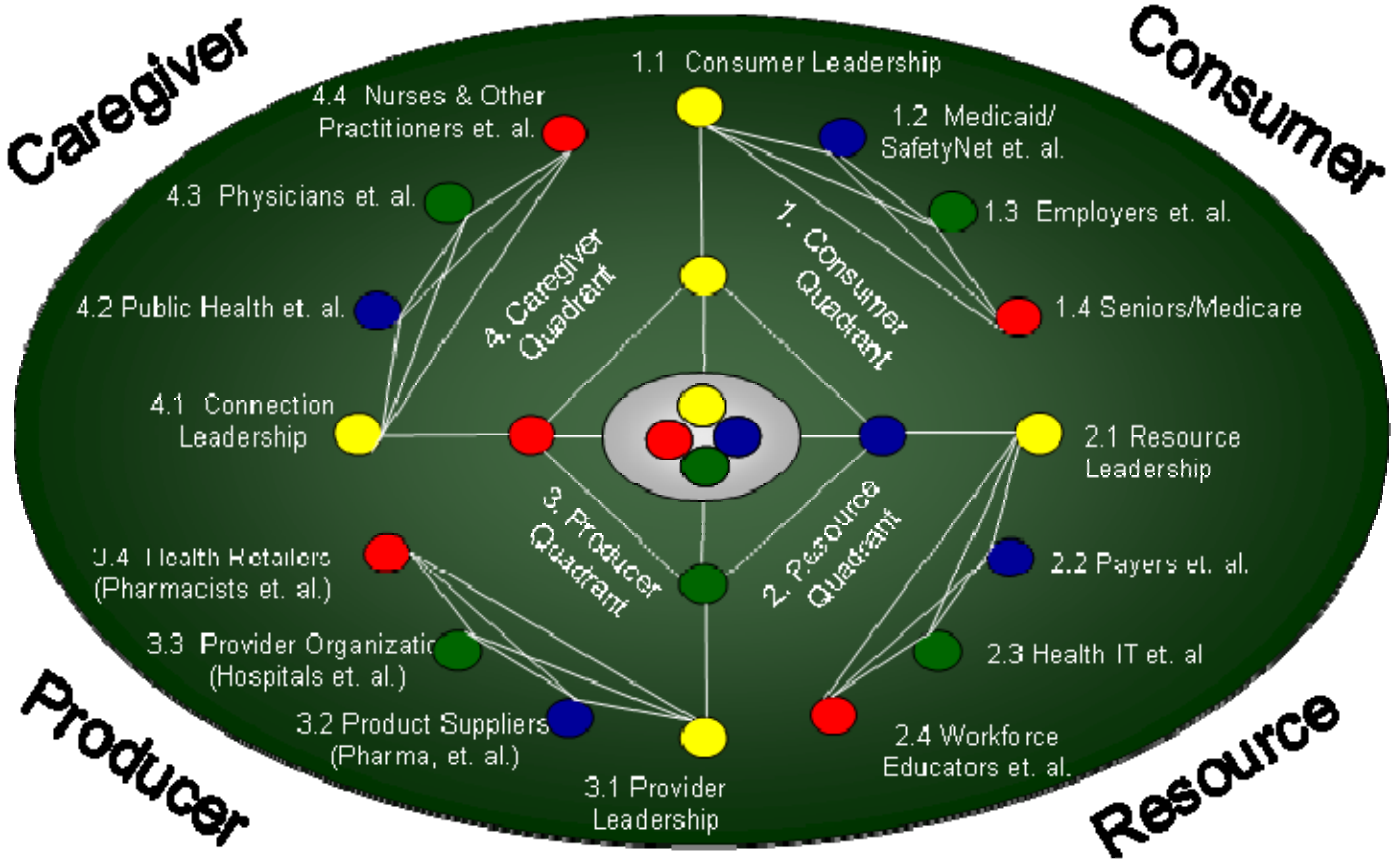
As the top two quadrants show, consumers in the focus groups were most concerned about identity theft, corporate misuse and security and privacy. Stated positively, they were interested in a trusted environment to support health information exchange. As they became comfortable with the idea that a trustworthy not-for-profit could operate the service, they began focusing on benefits to themselves of the service, and on ways for paying for the service. As the bottom two quadrants show, consumer benefits identified included transparency of information, access to medication information, personal time savings, simplified record keeping and having consolidated health information in one place. Most felt that the fees should be bundled in some way with their benefits or charged as part of their healthcare services costs. They strongly agreed that

if their physician recommended the service, they would be much more likely to use it.

In conclusion, the consumer research suggests that the target audience is people between age 23 and 65, with an emphasis on parents with children. The service should be carefully presented so that consumer concerns about privacy, security and trust are addressed. As consumers are better educated about the service they will be more likely to use it, and, over time, pay for it.

Organizational STAKEHOLDER Perspectives

In 2004-5, research was conducted by the University of Louisville School of Public Health and Information Sciences to study the health care ecosystem in the region. The four-quadrant model illustrated below was developed and used to organize LouHIE. Since its inception, LouHIE has included each of the stakeholder groups below as participants in the Board of Directors. These are the groups included in the research study. The following pages contain the research findings for each of the stakeholder perspectives, starting at the top right with 1.2, and going in order clockwise around the circle.



1.2 Medicaid & SafetyNet

There were 2 respondents to the web survey and 11 participants in the focus group. The web-survey was excluded because of the small sample size.

Focus Group Findings

Detailed summaries of the focus groups are included in the appendix.

Interests: The Medicaid and Safetynet committee has a strong interest in maintaining alignment with the state, since the state provides a majority of funding for the Medicaid community through University Health Care (UHC)'s Passport program. There is an interest in supporting the state's plan to develop a statewide provider e-health portal. If such state level services could be connected with LouHIE services, there could be value for both parties. There could be value integrating data from different benefits plans (e.g. Passport, state Medicaid and waiver recipients). Researchers would value having access to state Medicare, Medicaid, and Passport aggregated data.

Benefits: Providing an integrated set of medical and claims information about the patients served from state Medicare, state Medicaid, state Waiver programs and Passport is important. There is strong interest in engaging consumers through use of handheld devices, cell phones or PDA devices. There is value in encouraging providers to use an electronic patient information portal.

Concerns: There is concern that those consumers who most need e-health services are unlikely to use those services because of lack of education, access, and lack of motivation. The enrollment process for this segment of the population may need to be different than the standard population – they lose cards, forget appointments and have to re-enroll every six months. There is a perception that those providers who are part of the Medicaid network aren't using the Medicaid portal that was implemented and providers may not want to work with multiple payer portals. For Medicaid consumer participation, the opt-out choice is preferred. The main concern with the opt-in choice is that an opt-in system is problematic because it requires patient approval before a provider can access data for a patient. Potentially, enrollment could be made part of the general enrollment process.

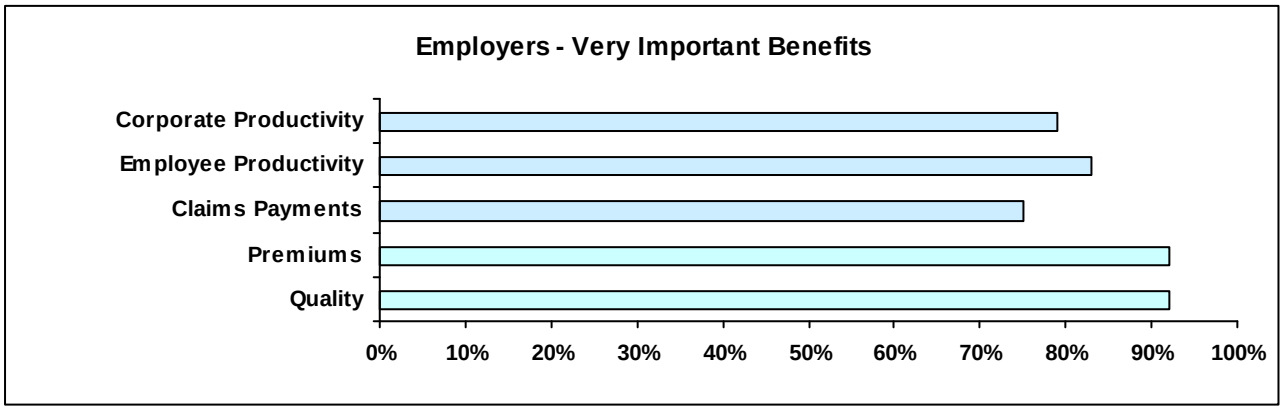
Payment Possibilities: Private payers and employers should make an initial investment in LouHIE. Payers could offer LouHIE as a benefit and pass the fee on to consumers. Medicaid and Passport should "follow the lead" of the community, given their limited funding, and the special needs of those they serve.

1.3 Employers

As indicated in the respondent table, the web surveys were completed by 24 Employer groups. As indicated in the appendix, the focus group sessions were attended by 22 participants, covering three different employer groups. The employer groups involved include the building trades council and union representatives, the large employer group, and a group sponsored by Humana. Below are the findings specifically obtained from the employer stakeholders.

Web Survey Findings

The web survey was designed to verify what the employers had already indicated were benefits they desired, or concerns they had expressed. The top perceived benefits were to improve health care quality, decrease premium costs, and improve employee productivity. The main concerns included protecting the privacy of their employees, cost concerns, increased employee demands because of additional knowledge (consumerism), system interoperability, and extending beyond 10 counties.



Employer Web Survey Very Important Benefits. N =24

Focus Group Findings

Detailed summaries of the focus groups are provided in the appendix. While each group of employers was diverse, they communicated a number of similar themes, indicated below.

Interests: The Employers strongly communicated the need for portability and extendibility beyond the 10 counties. Many of their employees are outside of LouHIE and for this service to add value it needs to include all of their employees. Access should be controlled by the consumers and an audit trail should be provided documenting who accessed the information. Medications are the fastest growing cost, and solutions should include education to individuals about medication alternatives. It would be beneficial if LouHIE could offer a medication prescribing system that limits the formulary for the physician.

Benefits: Limiting drugs to approved formularies will decrease costs and save time in education. Fewer visits because of redundant testing will improve

productive time. Overall health quality and patient safety are seen as valuable to the employers.

Concerns: Concerns raised by the employer groups include the limited scope of a 10 county area, cost shifting to employers, burdens on employers related to increased awareness of employees, and increased need to educate them, need for proven solutions before adoption, and concerns about whether the state will support and promote the program. Some employees do not speak the English language so language would be a barrier in those cases.

Payment Possibilities: Employers can offer benefit programs with incentives to participate. State grants should provide a portion of the funding. Insurance premiums can cover the payment with an understanding of the return on investment. Clinical research can be sold based on consumer ability to opt-in to research. Casino gambling may be able to fund some of the cost for the service.

1.4 Seniors and Their Advocates including Medicare

In the seniors and senior advocates category, there was only 1 respondent to the web survey, which was thus excluded. There were 8 participants in the focus group.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: There was interest in seniors entering their own health information, having alerts and reminders, having anywhere access, managing consent over sharing information, having the ability to track who has viewed their records, and having access to wellness programs to manage their health activities. There was interest in having a coherent summary of all medical procedures performed with related billing statements that could be easily read and interpreted. Seniors would trust recommendations from their physicians and pharmacists.

Benefits: One of the key benefits seniors were interested in was saving time and having easy access in case of emergency. Other benefits included reducing duplication of testing that would save money and having accurate and complete records available for themselves and family members.

Concerns: Privacy and security was a major concern in respect to identify theft and a general fear regarding who can access seniors information. Seniors advocates mentioned they have spent years advising seniors to never put any information on the internet, and not to trust anyone. Thus, this learning would have to be overcome. Some of the seniors and senior advocates felt that seniors would need to know basic computer functions to participate and would be concerned about how to correct their records. There was uncertainty

about whether the physician owned the record or if the senior owned it. Seniors and their advocates were also concerned about whether herbal remedies and medication samples would be included in the record – they felt they should be.

Payment Possibilities: Seniors and their advocates felt that insurance premiums, insurance supplements, and employer contributions could be a source of funding. Government grants could also help cover the costs for seniors.

Overall they felt that access to a service like this could help them get better care.

2.2 Health Plans, Payers and TPA's

There were 2 respondents to the web survey and 12 participants in the focus groups. The web-survey was excluded because of the small sample size.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Payors see a synergy between their claims information and LouHIE's up to date clinical information. They want their providers to access the service through their provider portals and want consumers to access services through their consumer portals. It is very important that the service strengthen the relationship between consumer and payor, with an emphasis on value-added technology services being provided to consumers through payors. Patient identy and enrollment systems should be integrated. There should be real-time information access, the service should be user friendly, and should fit on a personal digital assistant (PDA) device. Payors want access to real-time lab results, radiology results, medications, and aggregated research data. They also want the ability to identify patients based on their health status. LouHIE consumer health records need to be transferable and portable. Consumers should get prompts for health record updates, be assured that they are in control, be able to search for providers, and be provided access to health plan drug formularies.

Benefits: Streamlining provider claims transactions and reducing administrative costs is important. Reducing redundant health services, phone calls, reduced administrative costs for provider offices, and reduced insurance premiums are potential benefits. Payors want healthier consumers through increased consumer ownership and engagement; increased "rights" for consumers, and increased consumer choice with higher deductible plans. There will be improved cash flow from real-time claims adjudication, and improved cash flow for providers as a result of collections at the point of service. LouHIE should be interoperable with systems locally, the Kentucky eHealth Corporation and on a national level.

Concerns: For some payors, Louisville alone is too small a market and there are concerns about indemnity regarding potential liabilities from health information

exchange. Several payors are pursuing their own provider portal strategies. There is concern that there may be lack of provider and consumer adoption. Payors want to retain existing consumer relationships, and retain business-to-business connections with providers. Sophisticated providers do not have time to learn something new and unsophisticated providers prefer paper. Some providers may not realize operational costs savings and therefore may not use the service. Data aggregation could result in profiling the doctors. Some payors believe that physicians will have concerns over having invested in office technology and having to continue to invest. A number of payors already have a payer based health record (PBHR) available to physicians. However, there is concern over small physician offices that are still on paper offices and some areas of Kentucky will only be paper-based and won't change with new technologies.

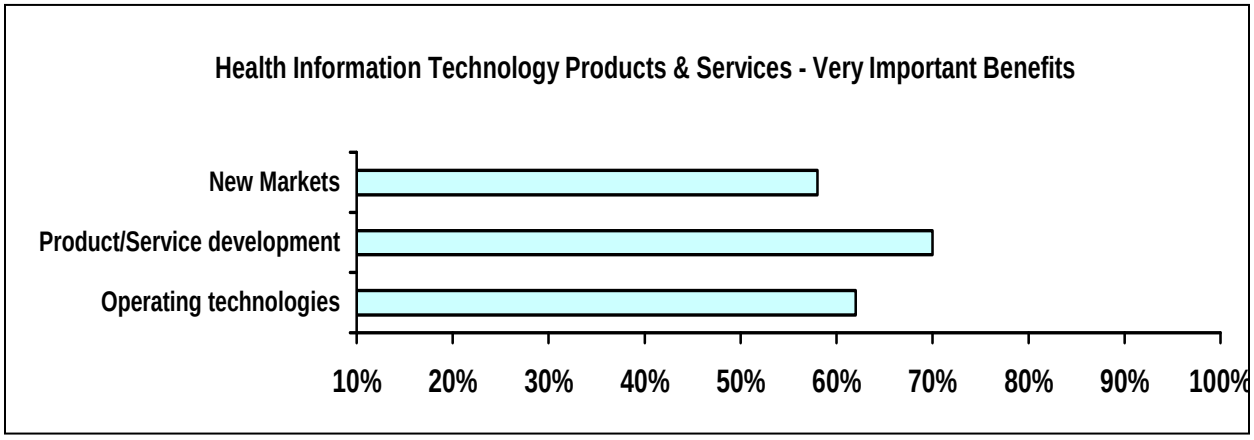
Payment Possibilities: Payors could charge a fee for LouHIE as a member service. Employers, hospitals, pharmaceutical companies, the government, and consumers could pay for services. Fees could be charged for research studies.

2.3 Health IT Products and Services

As indicated in the respondent table, the surveys were completed by 40 Health IT Products and Services companies. As indicated in the appendix, the focus group sessions were attended by 14 participants. Below are the findings.

Web Survey Findings

The web survey was designed to verify what the Health IT products and services organizations had already indicated were benefits they desired, or concerns they had expressed. The top perceived



benefit is to create new products and services to support this market. The main concerns include privacy, security, standards compliance, system interoperability, and patient safety.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix. The following captures the elements discussed.

Interests: The Health IT products and services organizations would like LouHIE to provide a marketing channel for them to the community. Interest was expressed in vendor fairs or vendor laboratory settings available to the community stakeholders. Products and services organizations are interested in marketing via the internet and providing other services as needed.

Benefits: Advertising revenue will augment LouHIE expenses. LouHIE will build the trust in the community if they control the vendors that will be available to market to the community. Vendors will have a target market for selling their products.

Concerns: The concerns raised by the Health IT products and services companies include understanding the LouHIE business plan, sustainable financial model, market potential and protection of proprietary interest of the vendor while helping LouHIE succeed. The last concern raised includes the ability to educate the community so there is a high interest in participating.

Payment Possibilities: Advertising revenue, partnerships, sponsorship revenues and licensing fees were mentioned as payment options. .

2.4 Health Educators

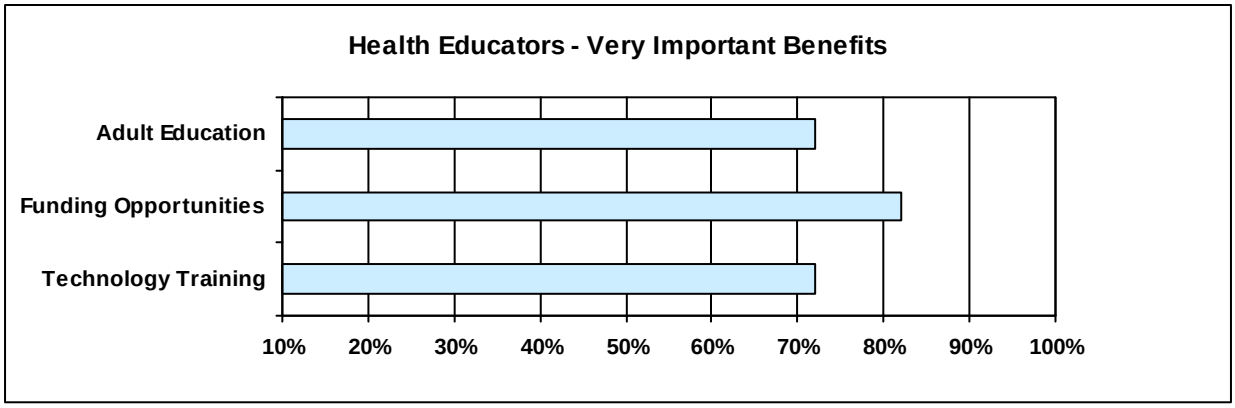
As indicated in the respondent table, the surveys were completed by 11 Health Educators. As indicated in the appendix, the focus group sessions were attended by 6 participants. Findings specifically obtained from the public health stakeholders include the need for a complete medical history to include medications and diagnostics, and to reduce time spent on administrative duties and more on clinical care.

Web Survey Findings

The web survey was designed to verify what the physicians had already indicated were benefits they desired, or concerns they had expressed. The top perceived benefits are to identify new funding opportunities that educators can respond to, as well as providing technology related educational resources to the community population. Top concerns identified were providing access to research information and training the senior workforce in newer technologies and processes.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.



Interests: The Health Educators were interested in providing more effective e-health educational services to students in both traditional and adult-learning settings. Access to clinical information systems in a community-wide e-health laboratory setting were of particular interest. This access should include data such as medical and family history, laboratory tests, diagnostic results, procedures, and visit information. Such information will support ability to improve education for the health workforce through hands-on training. Strategies for standardizing clinical e-health systems which are used was also of high interest, because of the increasing complexity of educating students who must then use multiple different, non-standardized systems in different clinical settings. Some educators were also highly interested in the research potential of a community research center.

Benefits: The Health Educators view having access to electronic clinical information as a way of advancing the clinical education in a way which will ultimately allow healthcare practitioners to better serve patients. Redundant procedures should be decreased, time should be saved, and decreases in malpractice insurance should be possible.

Concerns: The Health Educators put heavy emphasis on protecting the privacy and security of individuals to limit the possibility of identity theft. They are also concerned that socioeconomic status may influence the utilization of the service. Lastly, for the service to be effective with decreasing cost and improving health quality, providers and consumers must agree to use the service. Educators ultimately serve providers, particularly large hospitals, and must educate the workforce to meet the needs of the large healthcare employers.

Payment Possibilities: Grants, and workforce development contracts were seen as appropriate vehicles to fund community e-health laboratory services and other related research initiatives.

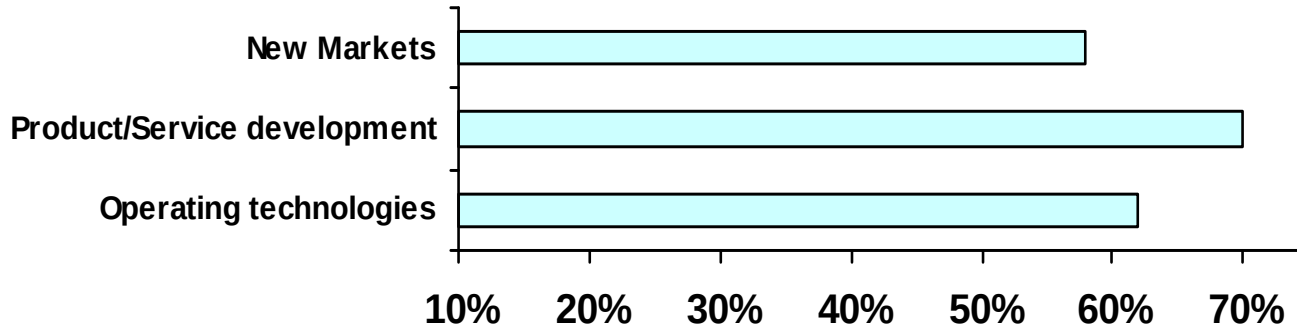
3.2 Health Products Including Pharmaceuticals

There were 4 respondents to the web survey and 5 participants in the focus group.

Web Survey Findings

The web survey respondents in this category identified their top opportunities as improving knowledge of provider and patient preferences. Following this they would like to better identify product defects and conduct advanced research.

Health Products - Very Important Benefits



Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Health Products suppliers are interested in opportunities to develop new products and services. They recommended that LouHIE needs to start simple with medication interaction checking. Also, the LouHIE service area needs to be statewide, and information needs to be provided in a way such that information overload for healthcare providers is avoided.

Benefits: Reducing duplication of services and manual intervention for medication reconciliation would be of value and should reduce administrative costs. This group wanted to conduct retrospective studies in a timely manner, and reduce research person pools to a significant few. They also wanted the ability to compare research data against other research databases.

Concerns: This group needed to have general understanding of standards in use. Privacy needs to be protected and appropriate consent from consumer must be obtained. Use of EMRs is time consuming at first and may not be accurate. First encounters in patient care may be costly due to added time requirements but may improve over time with usage. Other concerns include extended implementation time frames, time to train staff on an EMR and the related costs of implementation. For research purposes, the Louisville population is not as important as having

access to statewide population information. There is a concern that they may only have limited access to research information. Pharmaceutical companies will not readily support programs which steer consumers towards generic drugs or formularies without strong clinical evidence for doing so.

Payment Possibilities: Services for Medicaid and Medicare patients should be funded by the state and federal government. Payers and Pharmaceutical companies could be charged for information in return for marketing purposes. Large hospital organizations would see value in utilizing information as part of Quality Assurance initiatives or patient care improvement. Fees could be charged for contracted research.

3.3 Hospitals and Other Institutional Providers

As indicated in the respondent table, the surveys were completed by 9 hospital related organizations. As indicated in the appendix, the focus group sessions were attended by 31 participants. Below are the findings:

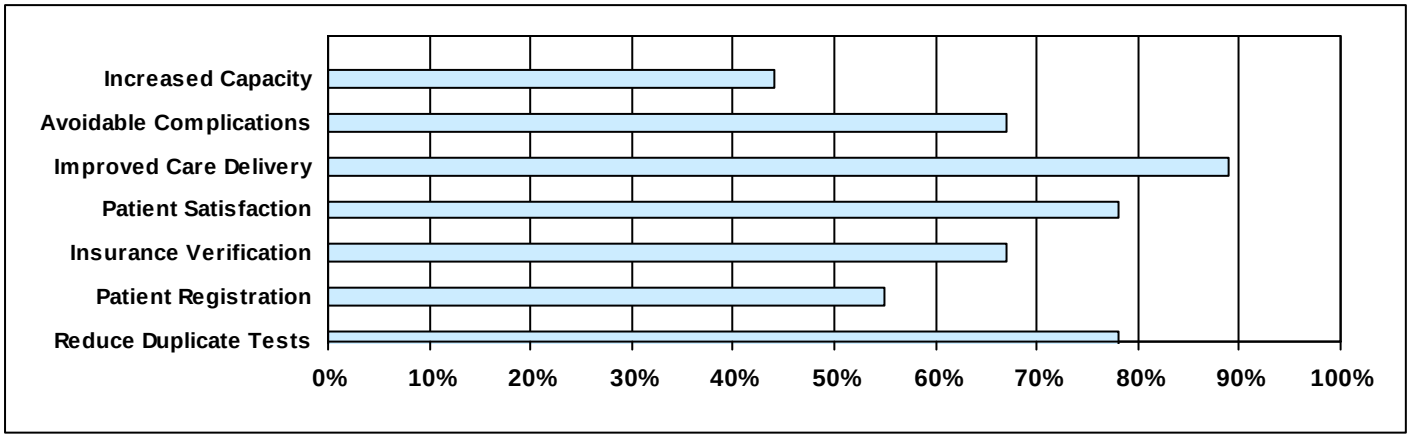
Web Survey Findings

The web survey was designed to verify what the hospitals had already indicated were benefits they desired, or concerns they had expressed. Top perceived benefits are improved care delivery, followed by patient satisfaction, avoidable complications, and reduced duplicate tests. Top concerns identified were cost, consumer understanding, consumer willingness to pay and privacy.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Hospitals were interested in having standard patient information available in the Emergency Department (ED) as well as other departments.



Hospitals and other Institutional Providers Web Survey, Very Important Benefits. N = 9

medication information, allergies, problem lists, tests and demographic information.. Medication reconciliation was of particular interest. Ubiquity was extremely important. Integrating information so that processes are not duplicated was highly recommended. A single portal for accessing claims authorization and payment systems from multiple payers would be of high value – if it could be done.

Benefits: Reducing costs of manually gathering patient information from other hospitals/physicians was of high value. By having information available, faster diagnosis and treatment should be possible. Communication between the ED and Primary Care Providers would be enhanced. Lastly, increased cash flow could be possible over time.

Concerns: Patients who cost hospitals the most may be unlikely to opt-in or use the electronic service - e.g. drug-seekers or uninsureds using emergency rooms for primary care. There was significant concern about growth of multiple payor portals which will increase administrative costs by increasing the complexity of provider workflow. There was growing concern about the liability or exposure that each organization may be subject to when more data are available which can in turn be used to treat patients. The last concern of significance was whether a viable sustainable financial model could be developed so that hospitals and other providers will not be unduly burdened with the cost.

Payment Possibilities: Common to each group was a suggestion that other community stakeholders be held responsible for the sharing of the costs. The Hospital groups indicated they would be willing to pay for certain services once a return on investment could be proven. Additionally, they suggested the following payment methods for services: large corporate sponsors, Payors, various types of taxes, the ability to partner with a technology firm, and access to grant funding. What was clear from the discussion is that they thought no one payment process would be sufficient to fund the service.

3.4 Retail Services including Pharmacies

There were 2 respondents to the web survey and 5 participants in the focus group. The web survey was excluded because of the small sample size.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Pharmacists believe that the consumers expect pharmacies to have a complete list of medication history for the consumer. The listing should include all prescriptions being used for medication therapy management across care providers. Services should include providing prescription usage patterns with alerts and reminders to better serve the

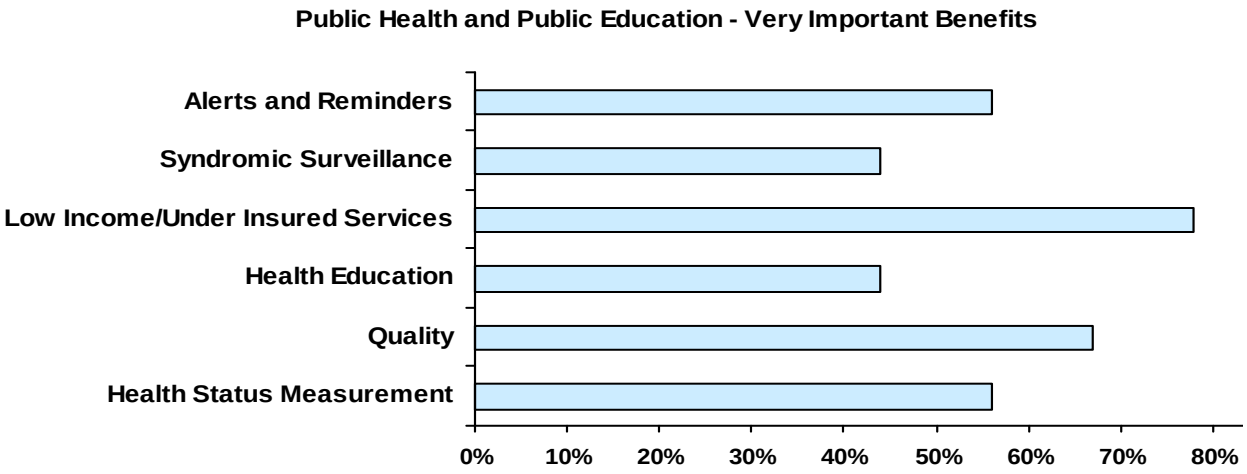
consumer. Pharmacists wanted the ability to measure the effect of medication therapy management and have better compliance with a prescription plan. Access to a consumer medical database would give the pharmacist more time to talk with the patient. There was also interest in providers using e-prescribing systems that use a health plan's drug formularies. Pharmacists wanted to know how they would use the services to document for Medication Therapy Management and meet Medicare part-D requirements so that the care they provide can get reimbursed. Access to patient information needed to be fast, easy to use and intuitive.

Benefits: The quality of care should improve by having more information available when delivering care. Pharmacists could lower their risk of missing potential drug interactions by having access to consumer medication history. Access to complete patient medication history could help with drug abuse investigations.

Concerns: Medication information could be incomplete due to consumer choice and if services are not statewide. The service coverage area needs to extend beyond the greater Louisville ten county areas. Information should come from the provider and it should be required for LouHIE to be successful. Other concerns related to the potential time requirement to gather medication history from multiple pharmacy sources or other retail outlets. Retail pharmacies may be unwilling to participate due to competition, unless the drug list does not identify which pharmacies the consumer purchased from.

Payment Possibilities: Payers should contribute to the cost of services since they get the savings. Pharmaceuticals believe they should be paid as well. A LouHIE card could be used at pharmacies to collect a $1 fee to pay the pharmacy to deposit information into the health record bank when a bank card is used.

4.2 Public Health and Public Education



As indicated in the respondent table, the surveys were completed by 9 Public Health and Public Education Professionals. As indicated in the appendix, the focus group sessions were attended by 10 participants. It should be noted that Consumers thought highly of the work currently performed by Public Health. There was a high degree of loyalty and interest in participating in public health studies. The research indicates that Public Health can act as a trusted "voice to the community".

Below are the findings obtained from the public health stakeholders.

Web Survey Findings

The web survey was designed to verify what the physicians had already indicated were benefits they desired, or concerns they had expressed. The top perceived benefits were to provide access for low income and under insured population, improve health care quality for the underserved population, and provide alerts and reminders so that individuals can improve their quality of care. Top concerns identified were providing computer access to those in need, the cost of providing the service and appropriate controls in place to safeguard against misuse.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Public Health was interested in improving communications with the patients and physicians so that it can have a positive effect on the health of the patient. Such communications include gathering health risk assessment data, diagnosis related information, and automating syndromic reporting so that outbreaks can more easily be identified, as well as disseminating Public Health announcements using telephone and web communication services.

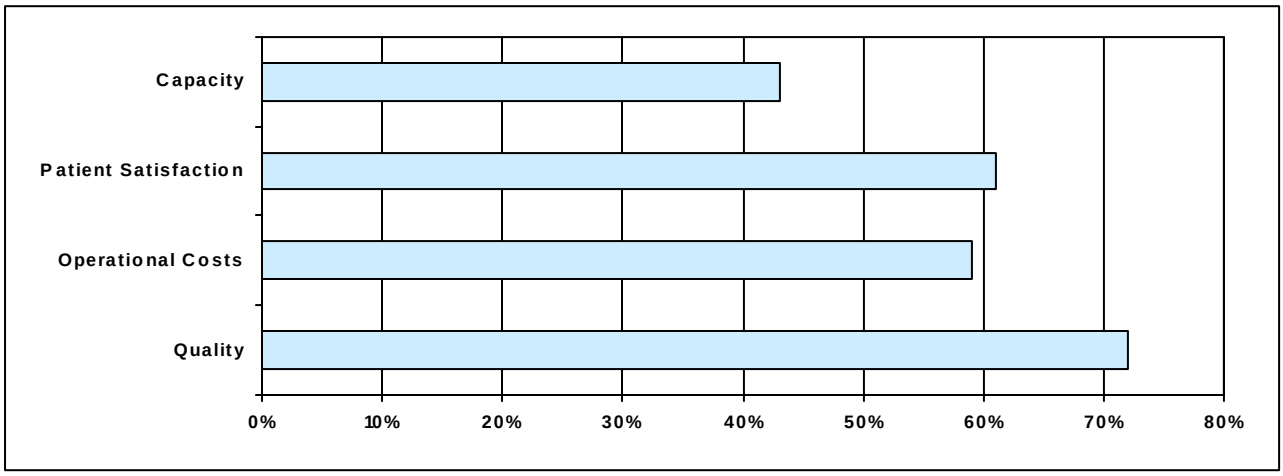
Benefits: Benefits included reducing staff effort to automate disease reporting. Improved access to research information so that grant applications will have a higher likelihood of approval. Consumers should have the ability to "tag" information that may be in error and provide for data augmentation. Hospital visits should be reduced. Improved ability to monitor drug therapy compliance could help improve patient safety.

Concerns: Public Health is technologically behind most industries due to limited funding. All consumers will need access to the services regardless of ability to pay. Delays for information transmission to public health agencies were a concern – will public health be left out?

Payment Possibilities: Hospitals and Payors are considered beneficiaries of the savings; therefore they should fund the service. Public Health does not have funding.

4.3 Physicians

Physicians - Very Important Benefits



As indicated in the respondent table, the surveys were completed by 92 Physician and Healthcare Professionals. This was the largest group who responded to the survey. As indicated in the appendix, the focus group sessions were attended by 18 participants. Below are the findings:

Web Survey Findings

The web survey was designed to verify what the physicians had already indicated were benefits they desired, or concerns they had expressed. The top perceived benefits in the web survey were improved health care quality, patient satisfaction, and reduced operational costs. Top concerns identified were increased work effort, cost, security, accuracy, privacy, information misuse by organizations, and increased legal liability.

Focus Group Findings

Detailed summaries of the focus groups are indicated in the appendix.

Interests: Physicians were interested in having standard patient information available for the ED and other physicians. Medication, allergies, problem lists, laboratory tests, radiology images, and demographic information were priorities – presented in a simple *patient clinical summary*. Access to paper documents is necessary as very few of the physicians have online records. Real-time information is necessary. Standardization of documents and terminology will be necessary to integrate the information across practices.

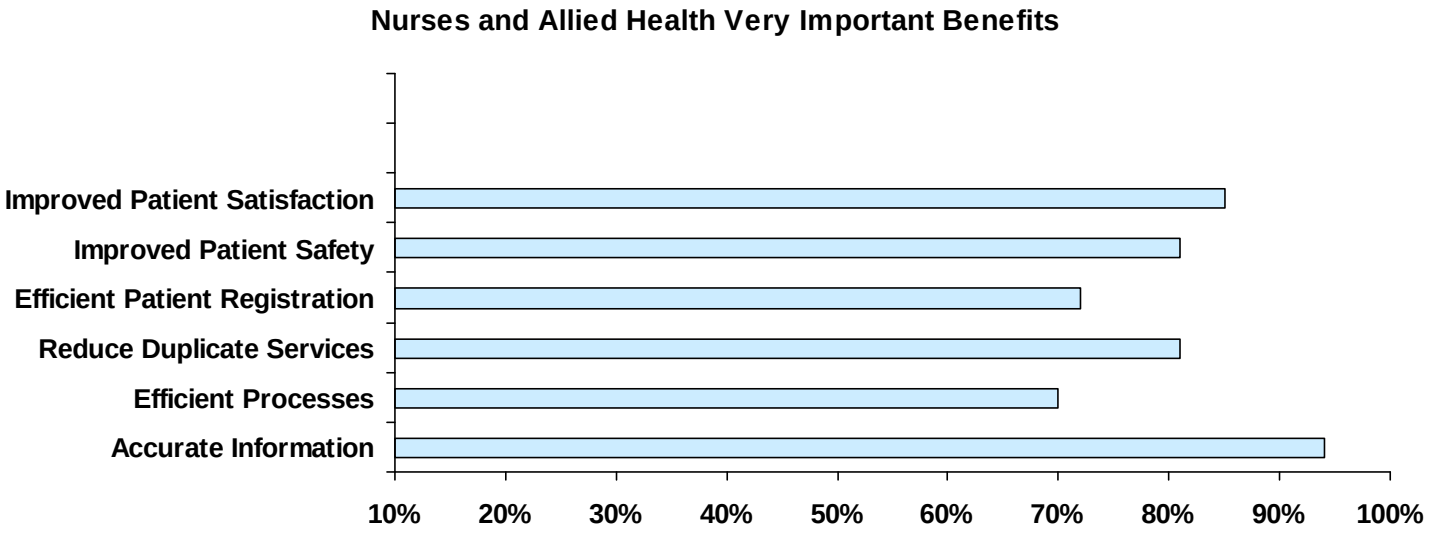
Benefits: Reducing costs of manually gathering patient information from other hospitals/physicians was seen as high value. Time savings could also occur for the patient. Online registration could reduce administrative costs and improve the workflow of the office, reduce redundant tests and improve patient

safety by making more information available for the physician during follow-up visits. Physicians saw value in LouHIE identifying a few electronic medical record vendors that would satisfy the community, negotiate a low-cost standardized solution on behalf of the community and then provide EMRs or E-prescribing systems as an additional service.

Concerns: Physicians recognized the difficulty with change. Practices will need to change to take advantage of the capabilities. There was also concern about integrating with pre-existing electronic medical records systems so that duplication of work will not occur. Information must be timely and accurate for physicians to use. HIPAA consent, ownership of data and increased liability were all rising concerns.

Payment Possibilities: Physicians indicated that Payors should pay for the service since many of the cost savings are anticipated to benefit the insurance companies. Additionally, core services should be "free" and additional services be offered for a fee based on the benefit return.

4.4 Nurses and Allied Health



As indicated in the respondent table, the surveys were completed by 54 Nurses and Allied Health professionals. This was the second largest group who responded to the survey. As indicated in the appendix, the focus group sessions were attended by 6 participants.

Web Survey Findings

The web survey was designed to verify what nursing and allied health professionals had already indicated were benefits they desired, or concerns they had expressed. The top perceived

benefits were access to accurate information, improved patient satisfaction, improved patient safety, and reduced redundant services. Top concerns identified were increased work effort, potential for patient confusion, and the ability to identify the "right" patient so that data is properly stored.

Focus Group Findings

Detailed summaries of the focus groups are included in the appendix.

Interests: Nurses were interested in having standard patient information available which includes medication (including over the counter and herbal supplements), allergies, DNR, diagnostic data, home health, and wound care information. There was also a desire for the information to be portable and integrated with the state and the nation as well as integrated with internal systems so that work activities will not be duplicated. Consumers should have the choice on what information may be viewed.

Benefits: Having a single, accurate source for information will greatly improve patient safety and save time. Medication reconciliation will be greatly improved by having access to the actual medication history for the patient, thereby saving considerable time for the clinicians. Access to medical information when the patient is not alert will greatly improve the time to diagnose and treat the patient and improve patient safety.

Concerns: In an opt-in system, consumers who deny access to caregivers can increase risk or time required to treat the patient. Security and privacy must be safeguarded; identity theft must be protected against. Legal and ethical issues need to be explored. Individuals should have the ability to report data in error and have the data amended so that original information is not altered.

Payment Possibilities: Nurses felt payors should pay based on the savings that will be obtained. Grants are possible. Hospitals should pay for the integration with their systems. Tobacco companies should invest to improve the health of the nation. Sales tax could fund health improvements.

Special Session: The Kentucky e-Health Network Leadership

A special focus group was held by telephone with the leadership of the Kentucky e-Health Network. Some key findings follow.

As background, Kentucky is in process of forming a new non-profit organization called the Kentucky eHealth Corporation. This will become an operational arm for the Kentucky e-Health Network, initially working to implement the Kentucky Health Information Partnership project, through funding from a Medicaid Transformation Grant .

Interest was expressed in connecting LouHIE and the state's infrastructure in ways that can help both parties – for

example by having LouHIE provide a one-stop "plug-in" to the state network from Louisville.

In addition, Kentucky's success in connectivity was discussed. Kentucky backbone connectivity will reach the entire state by year-end 2007 and could be used to connect local exchanges.
The state may also be able to provide data to LouHIE based on consumer consent. Additional state benefits of interest included aggregated data, data integration to address public health needs, and pilot projects.

With consumer consent, the statewide portal could download to a person's health record bank (LouHIE) and could provide LouHIE with a critical mass of information from the state. LouHIE could become an aggregator of data for the state portal and integrator with payers, hospitals, and physician offices.

The National e-Health Environment

External market factors are changing the dynamics of the industry. Major international vendors recently announced that they will provide personal health records free or at significantly reduced fees. National and local payers and employers are developing multiple consumer and provider portals for processing claims data from providers, and making that data available to consumers. Consumer privacy is rising as a critical issue nationally, with new legislation being pushed through congress. Rising healthcare costs are making this a national political issue.

On the national level, a bill was introduced in the House on July 11 that would create healthcare information technology trusts.[5] The "Independent Health Record Trust Act" would allow individuals to have the option of submitting their medical records to be managed electronically by health record trusts. The trusts would ensure the security, confidentiality and privacy of the medical information. Physician adoption will be encouraged by allowing revenue generated from data transactions authorized by the consumer to be shared with physicians and providers as non-taxable income for depositing health data into the system.

Functional Perspectives

A number of functional committees met to share their perspectives related to LouHIE and the development of a business plan.

The results of these functional group sessions are in this section, including privacy and security, technology, evaluation research, economic development and the executive committee.

Privacy and Security

The LouHIE Privacy and Security committee had met extensively for several months to consider privacy and security issues for LouHIE. Seven members of this committee met with the research team.

Control over access to personal health information, use of that information and disclosure of who had used it were primary privacy concerns considered. Issues related to HIPAA, and potential liabilities for a third party organization like LouHIE were also considered.

The privacy and security committee shared its recommendation that LouHIE adopt the principles of the Health Record Banking Alliance, in addition to a set of specific policies, procedures and functional requirements it had developed specific to LouHIE.

These specifications included ideas that each consumer will have role based access, a unique identifier, ability to amend records as needed, ability to keep records active until death, and ability to use community resources – especially physicians - for enrollment.

Risks considered included consumer concerns over who might have access to their information. For example, could corporate misuse occur which could affect employment. Recommendations were that consumers should be able to know how their medical information is being used, who used it, and for what purposes. To achieve this, a detailed audit transaction log should be implemented to provide consumers with records of who viewed their information and for what purposes. .

Security issues were also considered. There is a strong perception that computer systems can be “hacked” and will be. Assurances need to be given that the best security methods are available for the consumer to choose based on their comfort level.

The consumer perception that personal health information is owned by the consumer should be honored; use of information must not exceed their authorization.

Technology

The technology committee had met for several months to consider functional requirements for the technology. Various issues were considered, and recommendations made.

One recommendation was the use of a centralized health record banking model, to maximize data reliability and security. Creating a record on the fly in a scattered database model would cause risk of missing information due to timing of when data may be exchanged. In addition, there is a need to adopt the National Health Information Network (NHIN) standards and be part of a network of networks for data exchange. The HRB central database model should only be a copy of the source data that is created by care providers. The physician / provider are legally responsible to keep the medical record and LouHIE would only keep a copy of the record as the patient’s

longitudinal health record.

All vendor software needs to meet the Certification Commission for Healthcare Information Technology (CCHIT) software standards. The HIPAA, Continuity of Care Document (CCD) and the Healthcare Information Technology Standards Panel (HITSP) standards represent the standards that should be used by LouHIE technology vendors.

Evaluation Research

There are opportunities for using LouHIE to create a "Louisville as Framingham" research environment, focused on long-term wellness and quality of life. Environmental research could be an early community-wide application. Additional funding opportunities and community support for LouHIE could be developed through this approach. Access to a community research database would enable population based studies. In addition, careful evaluation studies should be designed and implemented.

Executive Committee

This leadership group felt there is a need to establish a community trust for LouHIE operations, and collaboration between the local level and the state. LouHIE should pursue buy versus build services from vendors, establish consumer trust agreements and create a community trust account. Funding could come from state, grants, subscription, advertising, and vendors. It needs to meet community requirements and establish a local co-investment strategy.

Economic Development

The state could offer economic development assistance; local outsourced vendors could participate in local co-investment strategies. Economic development is an important driver for this space. The research opportunities are potentially valuable long-term, particularly the idea of the "Framingham" model.

Implications:
What does this mean?

- Stakeholders and consumers agree with the LouHIE mission to improve quality and contain costs. The community needs to continue to work together to achieve these goals.
- LouHIE must create an architecture of "trust" to create the bond with the community.
- Consumer consent and control are essential to building upon the trust that is created.
- There is a need for a non-profit to build and maintain community trust.
- Barriers must be removed for the people who need this service the most.

- One ubiquitous solution should be provided that links the stakeholders together in the community, state, nation and world.
- LouHIE should work closely with the Kentucky eHealth Network to enable connectivity access for all.
- Services may be provided through use of the internet like the "cloud" delivery mechanism.
- Adoption of open services / open source should be encouraged to potentially reduce total cost of ownership costs for the community.
- There should be a focus on functionality that will provide immediate pay back for the community i.e. medication reconciliation and management services.
- LouHIE should start simple and expand services to the community.

What is next:
Plan for the future

In response to the research findings, LouHIE intends to create a Health Record Banking Services model which includes the following core services:

- Health Record Bank Account
  - Capture and maintenance of relative medical information
  - Withdrawals and transfer:
    - » Authorized transfer of medical information
    - » Stakeholder views of information
- Personal Health Record View
  - Personal view of one's account
  - Individuals controls
- Intelligent Personalized Messaging and Content

As a result of this research, LouHIE understands that "Trust" must be built at community level is an essential ingredient for success.

The research has led to the drafting of a white paper entitled: "Architecture of Trust." This architecture is designed to maximize trust in a community so that a community health record banking service will be successful.

LouHIE will adhere to the following principles necessary to build an architecture of trust:

1.) Everyone Has a Seat at the Table: A trusted community organization will provide a seat at the table which allows all community consumers and organizations transparent access to information, the ability to be represented through committee and on the board, and the ability to provide feedback about problems or concerns.

2.) Free Access for Life. Basic services will be accessible free, for life, for all participating consumers and organizations. People will have access whether or not they can pay – and even if they move away.

3.) Commitment to Consumer Consent Based System: Consumers will have the right and ability to approve all deposits and withdrawals of copies of their health information, in accordance with emerging national standards. However, by having physicians and hospitals strongly recommend the use of the free system as a basis for providing quality care and protecting the consumers' health, a majority of consumers are expected to "opt-in" quickly. Additionally, once trust is established within the community, consumers are expected to "opt-in".

4.) Contribution Funding System. Funding for services will be generated through a contribution system. Like the national public radio system, consumers, their sponsors and provider organizations will be asked to make a fair "contribution" to cover their use of the service. Consumers/sponsors will be asked to contribute $50 – $150 per year. Organizations sending "personalized healthcare messages and content" to consumers will contribute to costs of sending those messages (e.g. $1.00 per message or click). Supplemental funding will come from grants, government contracts, and additional services. Start-up costs will be funded through donations and underwriters from the community.

5.) Integration with Workflow. Enrollment and authorization processes will be integrated into community's workflow. A.) Employers, payors, Medicaid and Medicare programs will enroll their members as part of their open-enrollment processes. B.) Hospitals, physicians, pharmacies and other caregivers will incorporate a standard "opt-in" form as part of the registration process at the point of care, with the message "so that we can take the best possible care of you, we need to access your medication and other information from the Louisville health record banking service. We will also deposit summary results of your service into your account. Please sign here to authorize this free service." C.) Automated patient registration systems accessed through a single portal or through airport-like kiosks will be developed and implemented to further streamline registration.

6.) Integration with state and national networks. LouHIE will work with other communities and states doing health record banking related health information exchange so it can develop and be part of an integrated nationwide health record banking network. This will be accomplished by: A.) participating in organizations like the health record banking alliance, and open-source development networks; B.) forming alliances with other communities and states to support development and use of open-source solutions to lower long-term costs, and protect against market fragmentation; and C.) contracting with core-services vendors who can provide services to multiple communities and/or states and thereby bid at lower costs for LouHIE;

7.) Encouraging a Vibrant Marketplace for Non-Core Services: Controlled choice is desired by the community stakeholders. Consumers and stakeholders are looking for trust to be established by having LouHIE conduct objective product selections and then

offering them to the community at reduced rates. Vendors will have a secure market place to offer their products.

8.) Investment of Excess Contributions into Community Health Trust Fund: The LouHIE Foundation will receive contributions from the community and in turn fund the operations of LouHIE. Excess revenue will be re-invested into the community to pay for additional health related services for the under and un-insured population.

9.) Supporting Cutting Edge Research to Improve Wellness, and Quality of Life in the Community: The Louisville area has a poor health status. The community indicates interest in improving the health status of the community. The trusted service provided by LouHIE is intended to enable significant health improvements in the community. Consumers should be more engaged in managing their health by using the services LouHIE intends to offer.

References

[1] Kelly Heyboer, The Star-Ledger, "MDs note the rise of e-patients", Oct. 9, 2007
[2] eHealthInitiative, eHI Summary of Research on Health Information Exchange, May 2007
[3] EMR and HIPAA, "Interesting Survey on Consumer's View of Electronic Medical Records", May 2007
[4] KP HealthConnect, Kaiser Permanente Health Information Technology Survey Kaiser Permanente News Center, May 2007
[5] Bernie Monegain, HealthcareITNews, "Legislation calls for healthcare IT trusts - EHRs", July 11, 2007

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About LouHIE

The Louisville Health Information Exchange, Inc. (LouHIE) is a nonprofit collaborative organization based in Louisville, Kentucky. Its vision is to improve quality and contain rising costs of healthcare in the Louisville area by providing patients and their providers anytime, anywhere access to complete healthcare information and decision-support.

About Noblis

Noblis is a nationally recognized nonprofit science, technology and strategy organization that helps clients solve complex scientific, systems, process and infrastructure problems in ways that benefit the public. Noblis brings the best of scientific thought, management and engineering know-how to find solutions that are practical, efficient and effective.

About Healthcare at Noblis

The Healthcare Division of Noblis assists private-sector and government health organizations achieve their missions through an integrative and collaborative approach to consultation. It combines strategic thinking with innovation to support clients' planning, process innovation, information management, facilities planning, and applied research efforts.

About the Center for Health Innovation (CHI) at Noblis

Noblis' applied research center (CHI) is modeled on centers found at leading research universities. CHI embodies Noblis' commitment to developing new insights and knowledge into health-related issues and disseminating that knowledge for the public good. Through CHI, our professionals analyze and investigate complex health issues, such as the relationship between hospitals and physicians, or how to best engage Americans in managing their lifelong medical records for improved continuity of care.

About University of Louisville School of Public Health and Information Sciences

Part of the University of Louisville, a metropolitan research university, the School of Public Health and Information Sciences (SPHIS) advances knowledge for the public's health in the increasingly complex and interconnected world of the 21st century. It does this through research, teaching and service. LouHIE is an example of SPHIS community based participatory research and service.

Appendices

Appendix 1: Focus Group Research Results Summary

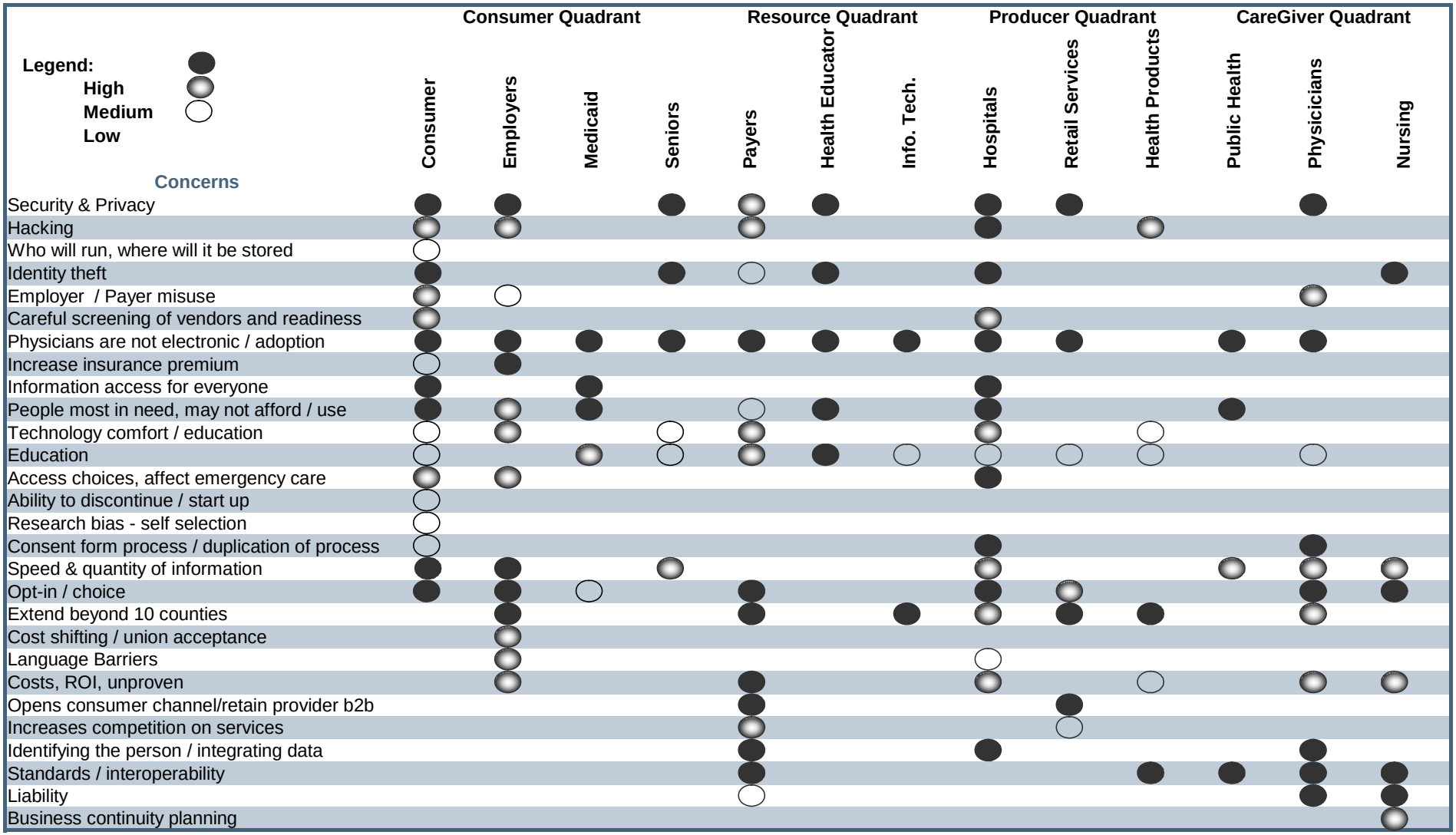
Interests

Legend: High / Medium / Low	Consumer Quadrant				Resource Quadrant			Producer Quadrant			CareGiver Quadrant		
Interests	**Consumer**	**Employers**	**Medicaid**	**Seniors**	**Payers**	**Health Educator**	**Info. Tech.**	**Hospitals**	**Retail Services**	**Health Products**	**Public Health**	**Physicians**	**Nursing**
Trusted environment	●	◑		●	◑		●	●	●	●			●
Non-profit	●			●									
Secure	●	●		●	●			●	●	●		●	
Alerts, reminders	○			●					●				
Portability	●	●		◑	●	◑							○
Anywhere access	●	●		●						◑		○	○
Phone / pda access			●	◑	○		●						
View edits / acess (audit)	●	◑								◑	●	●	●
Need to inform about incorrect information	●			○				○			◑	○	○
Second authenentication w. card	○	◑						◑		○		◑	
Limit access to roles: payers, employer, clin.	●	◑				●		○		○		○	○
Benefits and claims data	○	●	●	○	●			○				○	
Medical / Family History / health risk assess	●	●		●	●	●		●		●	●	●	●
DNR, living will, power of attorney	◑	○		●		●							●
Rx: over the counter, herbal, rx	●	○		●	◑	●		●	●	●	●	●	●
Rx: writing / formularies by payer		●			◑				◑				
Immunizations, wellness, daily activity	◑	○		◑		◑		●			●	●	○
Quality driven data / trending		●				●		◑	●	○	●	◑	
Lab results, Rad results and image					○	◑		●			●	●	●
Public Health Service Announc. / ingtegration	◑			○				○			●		
Context sensitive advertising - patient cond.	◑			○									
Appointment requests	○			○								◑	
Single provider portal			◑		○			●				●	
Ability to opt in - out: choice: access choices	●			●	◑	●							◑
Emergency option	○	○				○							
Reseach study option	○	○			●	◑					●		
Advertising option	◑						●						
Indexing - searching - analytics	○										●	○	
Standardization / Interoperability	◑						●	●			●	●	●
Simple: start simple / expand	●		◑	○	○	◑	○	○				◑	
Medical info. In layman terms	○	○		◑								●	
Integration with other portals		●			●			○				◑	◑
LouHIE: consumer adoption and marketing							●	●					
LouHIE: lab environment							●						

Benefits

Legend: High / Medium / Low	Consumer Quadrant				Resource Quadrant			Producer Quadrant			CareGiver Quadrant		
Benefits	**Consumer**	**Employers**	**Medicaid**	**Seniors**	**Payers**	**Health Educator**	**Info. Tech.**	**Hospitals**	**Retail Services**	**Health Products**	**Public Health**	**Physicians**	**Nursing**
Time savings	H	H		H	M	H		H	H	L		H	H
Financial savings / cash flow improvements		H	H	H	H			H		L	H	H	M
One, complete record - continuity of care	H	H	M		H	H		H			H	H	H
Access to multiple physician records	M	H										M	M
Emergency / disaster ident. / treatment	L	M		M		M		H				H	M
Meds. Reconciliation / compliance	H	H		H				H	H	M	M	H	H
Transparency / improves data accuracy	M				H		H					L	L
Improves communication w. physicians	M	M			L	H		L	H	M	M	L	L
Physician treatment: comfort	H	H		H		H							
Stops duplication of treatment				H	M			H	H	H		H	
Reduction in errors / improve quality	H	H	H		H			H	H				H
Reduced paper / mail	L	H			M			L	H		H	M	
Research value	L								H	H	H	M	
Manage out-of-state / family health status	M	M		L									
Advocate for others	M												
Reminders	L			L					H				
Better educated / consumer engagement	L		M		M	H			H				
Align with state of Kentucky		M	H		H			H			H		L

Concerns


Consumer Quadrant
Resource Quadrant
Producer Quadrant
CareGiver Quadrant
Legend:
High
Medium
Low
Concerns
Consumer
Employers
Medicaid
Seniors
Payers
Health Educator
Info. Tech.
Hospitals
Retail Services
Health Products
Public Health
Physicians
Nursing
Security & Privacy
Hacking
Who will run, where will it be stored
Identity theft
Employer / Payer misuse
Careful screening of vendors and readiness
Physicians are not electronic / adoption
Increase insurance premium
Information access for everyone
People most in need, may not afford / use
Technology comfort / education
Education
Access choices, affect emergency care
Ability to discontinue / start up
Research bias - self selection
Consent form process / duplication of process
Speed & quantity of information
Opt-in / choice
Extend beyond 10 counties
Cost shifting / union acceptance
Language Barriers
Costs, ROI, unproven
Opens consumer channel/retain provider b2b
Increases competition on services
Identifying the person / integrating data
Standards / interoperability
Liability
Business continuity planning

Payment Choices

Legend: High / Medium / Low	Consumer Quadrant				Resource Quadrant			Producer Quadrant			CareGiver Quadrant		
Payment Choices	**Consumer**	**Employers**	**Medicaid**	**Seniors**	**Payers**	**Health Educator**	**Info. Tech.**	**Hospitals**	**Retail Services**	**Health Products**	**Public Health**	**Physicians**	**Nursing**
Lottery	○												
Low user fee: monthly, yearly	●											●	
Slideing scale: income / age	○												
Grants		●	◐	◐		◐		○					◐
Insurance premium / Suppliment		●	●	●	●			●	●	●		●	●
Co-pay, transaction fee	●				●				●				
Coupon rewards	●												
Advertising vs subscription	●						●					◐	
Research fee	●	◐			●								
Multi-tiered, higher cost for value services	●	●					◐			◐		●	
Employer paid		●			◐			●					
Rx companies					◐					◐			
Hospitals					◐								○
Government funded		●			○					○			
Sustainable							●	●					
Vendor fair							●						
Tax / Cigarette, gasoline, gambling		◐						○					○
Charitable donation								◐					
Technology partnership								◐					
Physician Incentives for adoption / reimburse												○	
Purchasing negotiating power												●	

Appendix 2: Facilitated Sessions Summaries

Focus Group:	Consumers Focus Group #1	Date: 09/25/07	Time: 06:30pm – 8:30pm
Facilitator:	Alan Dowling	Scribe: John Baluch	

Attendees: 2

Benefits

1. Easing the paper process
2. Appointments for elderly parents
3. Medical information access for family care giver
4. Repetitive paper-based questions from doctor office visits could be reduced or eliminated.
5. Medical Power of Attorney / medical proxy
6. Access to chiropractor and home remedies, acupuncture, astrologer
7. Access to medical information when family members are located in another state – to get a second opinions

How can access to health related information help you?

1. Emergencies while out of state
2. Managing other family members medical conditions or health status

Concerns

1. How do we know having access to information will result in cost savings?
2. Patients today don't need to sign release of information forms when needed for treatment.
3. Out of state emergency care when approval not granted
4. How fast will it really take to get test results from LouHIE?
5. Ability to opt-out certain pieces of information
6. Employer misuse of information
7. How to amend health records
8. If someone can review the test results online, will the patient be able to understand it?
9. What happens if someone misunderstands the medical information and commits suicide?
10. What does verification of information mean? Can you change it?
11. If you are out of state, can a new provider get the information?
12. Could medical information be accessible when traveling overseas?
13. Timeliness of information – should be current, date/time, verified, accurate, who did the test.
14. System hackers
15. Would only trust physicians
16. Consumers feel that doctors will get some benefit from LouHIE.
17. Question of what are you selling, convenience, cost savings, etc.? Need to consider what is wanted.
18. What happens to the health record if after paying for services and later want to stop paying for services?

Focus Group:	Consumers Focus Group #1	Date: 09/25/07	Time: 06:30pm – 8:30pm
Facilitator:	Alan Dowling	Scribe: John Baluch	

Interest: Desired Services

1. Sensitive information should be "tagged" as not being able to be shared with anyone to ensure patient privacy.
2. Ability to get second opinions based on available medical information
3. Ability to access medical information when traveling out of state in an emergency situation.
4. Immunization shot records for the children
5. Family history information, especially for genealogy purposes, even after someone's death. Especially for women's health, from grandmother to grandchildren. Could also be valuable for adopted children wanting to know family health history.
6. Public service announcements
7. Services should be simple and have a familiar feeling else consumers may not use it if it is complicated.
8. Medical information needs to be provided in laymen's terms
9. Context sensitive advertising would be based on consumer medical / health information, but the medical product vendor should never know who the consumer is – privacy needs to be maintained.

Interest: Payment Choices

1. Possible yearly fees or a monthly fee equal to a movie rental.
2. Insurance companies paying or offering a discount
3. Possible fee for a transaction to send medical information to a doctor, possible added fee at time of co-pay, maybe a $1 fee for each office visit rather than monthly fee.
4. The consumers think that reward perks from grocery store or pharmacies could help contribute fees to the cost of LouHIE, or other perks programs.
5. Consumers thought possible use of advertising revenue to provide a free service would be acceptable, as opposed to asking consumers to paying monthly fees.

Focus Group: Consumer	Date: 09/26/07	Time: 5:00p.m.-7:00p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

Attendees: 8

Benefits

1. Decrease the disconnect between doctors
2. Access anytime, globally
3. Continuity of care
4. Medication reconciliation
5. Ability to be portable
6. Value to community health/public health or commercial research

How can access to health related information help you?

1. Medications
3. Decrease frustration of information overload
4. Emergency basis

Concerns

1. Educating patients as to what information will do
2. HIPAA privacy & trust
3. Authorization and control related to privacy
4. Insurance companies should not have blanket approval
5. If out of community medical will that information integrate?
6. Limited use of personal information that has financial implications.
7. Bad source data being entered.
8. commercial research finances the bank and reduces the non profit
9. Commercial funding of online system has other motive skeptical of information that comes from .com than .org
10. Data has valuable if it exist
11. Charging may limit the amount of people
12. Cannot be done locally without national standards

Interest: Desired Services

1. Herbal medications should be included
2. Card access needs to have a second level to prevent ID theft
3. Program & sign up for alerts for new information possible phone call or information notice
4. User friendly for layman
5. Levels of access
6. Read information anytime
7. Audit trails
8. give access at the time of service
9. Triage level of access
10. Standardization of system
11. Ability to have permitted access
12. No financial identifiers
13. Electronic information with options to continue process
14. Ability to route EOB
15. Basic information or summary page
16. Mimic social profile websites for ability to access

Focus Group: Consumer	Date: 09/26/07	Time: 5:00p.m.-7:00p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

17. Searchable with ability to trend information
18. Portability
19. Actual diagnostics to be available in an archived form with results.
20. Ability to access own record
21. Choice to see advertising with wellness and education programs or clinical research
22. De-identified research studies with a report of who has accessed
23. Advanced directives, DNR information
24. Making sure that small doctors or paper offices can participate.
25. Taking claims data from payer and pre-populate the database, now you have a service to encourage utilization.

Interest: Payment Choices

1. Rerouting EOB thru EHR and make payment. Have payer pick up tab.
2. Tier level payment based on different level of services with the basic service provided free.
3. Tier level can also be based with advertising.
4. Funding through public health and commercial research and clinical information
5. You don't want it priced out but you don't want it free

Other :

1. Try to stay educate about health mostly through online.
2. Ability to be utilized by pharma or other corp if they paid for it.
3. Information on WebMD is trusted related to the level of information provided.
4. Knowledge to public of who is access information for research
5. Trust would increase with Board with community consumer representation and non profit.
6. Representation by high profile individuals to gain trust
7. Value is not immediately available and will need a hard sell for participation
8. Possible sellers: local sites, bloggers, HOA, speakers bureau, healthy hometown,

Focus Group: Consumer Group	Date: 09/27/07	Time: 6:30pm-8:30pm
Facilitator: Barb Cox	Scribe: Marysol Imler	

Attendees: 5

Benefits

1. Time savings at visit
2. Ability to have one record
3. Emergency/Disaster
4. Medication reconciliation
5. Complete record
6. Healthcare transparency
7. Comfort in physicians having the whole picture
8. Reduction in errors

How can access to health related information help you?

1. An advocate
2. Decrease in turnaround time in medical records
3. Ease as new patient
4. Health record to help people manage health
5. Quick access to family and patient history

Concerns

1. Physician record is their document
2. Cannot continue to add to current document if change physicians
3. Security & Privacy
4. You just don't want to see this hacked, its like a big target.
5. Who will run it and where will it be stored?
6. Less than 20% of physicians in an electronic environment
7. Impact insurance premiums
8. Information will be readily available to everyone
9. Comfort with technology
10. Access to audit trail
11. This needs to be simple or you will lose interest
12. Careful to which vendors are allowed on site
13. May lead to people not putting in information related to"vendors" mining for clinical studies.
14. People who will use it most may not be able to afford.
15. Marketing and education
16. Don't make the mistake that everyone thinks like us. We are self selected.

Interest: Desired Services

1. Portability
2. Access anywhere
3. Ability to opt in or opt out who can view your record
4. Ability to see any edits or modifications to records
5. Ability to track who looks at your records
6. Standards or certifications that LouHIE has achieved X level of security
7. Card with authentication or another level of security
8. Payers with limited view
9. Ability to access EOB or billing information in layman's terms

Focus Group: Consumer Group	Date: 09/27/07	Time: 6:30pm-8:30pm
Facilitator: Barb Cox	Scribe: Marysol Imler	

10. DNR, living will, power of attorney
11. Option to view records in and emergent situation
12. Tier level views for emergency
13. Categorization, indexing, search capabilities
14. Need to implement standardization that can grow
15. Link between benefits and HER
16. Needs to be simple
17. Need to start simple and expand slowly
18. Opt in or out or clinical research or studies
19. Video did not show an incentive to signing up. Needs to take to the next step.

Interest: Payment Choices

1. Associate with the lottery
2. Low user fee
3. Sliding scale on income or age
4. Grant for people who cannot pay

Focus Group: Consumer Groups 1,2,3 Summary Date: 09/27/07 Time: 6:30pm-8:30pm

Facilitator: Barb Cox Scribe: Marysol Imler

Attendees: 15

Benefits

1. Time savings at visit
2. Ability to have one record
3. Emergency/Disaster
4. Medication reconciliation
5. Complete record
6. Healthcare transparency
7. Comfort in physicians having the whole picture
8. Reduction in errors
9. Access to multiple physician office records
10. Easing the paper process
11. Managing out-of-state family member health status
12. Alerts and reminders
13. Reduce volume of paper received in mail

How can access to health related information help you?

1. An advocate
2. Decrease in turnaround time in medical records
3. Ease as new patient
4. Health record to help people manage own health and of others
5. Quick access to family and patient history
6. Consumer recorded home remedies
7. Become better educated if LouHIE provides information similar to WebMD

Concerns

1. Physician record is their document
2. Cannot continue to add to current document if change physicians
3. Security & Privacy
4. You just don't want to see this hacked, its like a big target.
5. Who will run it and where will it be stored?
6. Less than 20% of physicians in an electronic environment
7. Impact insurance premiums
8. Information will be readily available to everyone
9. Comfort with technology
10. Access to audit trail
11. This needs to be simple or you will lose interest
12. Careful to which vendors are allowed on site
13. May lead to people not putting in information related to"vendors" mining for clinical studies.
14. People who will use it most may not be able to afford.
15. Marketing and education
16. Don't make the mistake that everyone thinks like us. We are self selected.
17. Access during medical emergency when access was not granted.
18. Opt-out certain pieces of medical information
19. Ability to amend information

Focus Group: Consumer Groups 1,2,3 Summary Date: 09/27/07 Time: 6:30pm-8:30pm

Facilitator: Barb Cox Scribe: Marysol Imler

20. Information access while overseas
21. Ability to discontinue services and start-up again
22. Over the counter Rx, and herbal Rx won't be included.
23. Identity theft for physician and Rx access
24. Employer misuse of information

Interest: Desired Services

1. Portability
2. Access anywhere
3. Ability to opt in or opt out who can view your record
4. Ability to see any edits or modifications to records
5. Ability to track who looks at your records
6. Standards or certifications that LouHIE has achieved X level of security
7. Card with authentication or another level of security
8. Payers with limited view
9. Ability to access EOB or billing information in layman's terms
10. DNR, living will, power of attorney
11. Option to view records in and emergent situation
12. Tier level views for emergency
13. Categorization, indexing, search capabilities
14. Need to implement standardization that can grow
15. Link between benefits and EHR
16. Needs to be simple
17. Need to start simple and expand slowly
18. Opt in or out or clinical research or studies
19. Video did not show an incentive to signing up. Needs to take to the next step.
20. Immunization records for children in one family
21. Public service announcements
22. Medical information in laymen's terms
23. Context sensitive advertising based on patient condition
24. Advertising on or off
25. Pre-opulate database with payer information.

Interest: Payment Choices

1. Associate with the lottery
2. Low user fee
3. Sliding scale on income or age
4. Grant for people who cannot pay
5. Yearly or monthly fee
6. Insurance company offering a discount
7. Transaction fee or copay fee
8. Reward fees similar to grocery store
9. Advertising fee in lieu of subscription fee
10. Research data for a fee
11. A multi-tiered service that has additional prices

Other :

Focus Group: Consumer Groups 1,2,3 Summary Date: 09/27/07 Time: 6:30pm-8:30pm

Facilitator: Barb Cox Scribe: Marysol Imler

1. Would like to have access to vendor choice and experts in the construction of the architecture
2. There will be a disconnect from the savvy patient to the novice.
3. With all the extra information is this more of a health management program or electronic consumer advocate
4. Publish a report that states statistics, need to present in a way that interest most individuals
5. Town hall meetings in local areas to get to meetings to get to sign up individuls
6. MD or PhD to gain trust in
7. Sign up station at their church, schools, senior center, local news and outside grocery stores to market and sign up information
8. KET public television has launched a channel to educate people in KY.
9. Ability to piggyback it with a health related event. Flu shot, immunizations, etc. that either providers, public health, payers, etc. sends out.
10. Non-profit organization may be more acceptable than a for-profit
11. LouHIE organization needs to be dedicated to protecting and managing the information.
12. May want to participate on a medical TV show that covers the idea that participating in LouHIE could save a life.

Focus Group: Employer Session Summary Date: 09/24 – 09/28/07

Facilitator: Barb Cox Scribe: Marysol Imler, John Baluch

Attendees: 22

Benefits

1. Employers not engaged in a planning process for EHR.
2. Taking a larger role in health care by consumers.
3. Time saver in tracking information for consumers.
4. Streamlined of information.
5. Smart Card access
6. Increase quality of care
7. Benchmarking data available
8. Statement of benefits for patients
9. Ability to have full record
10. Medical decisions made with full records
11. Increase efficiency
12. Facilitate care
13. One stop shop
14. Disaster emergency care
15. Anytime, anywhere access
16. Access to Medication reconciliation, procedures, diagnostic, visit history
17. Medications maintenance and management
18. Preventing Rx allergic reactions

How can access to health related information help you?

1. Will transform nursing care.
2. Benefits to payers
3. Reduce employer cost
4. Wellness programs
5. Easily accessible with card in transient situation
6. Convenience
7. Easy to transfer information to other providers
8. Inability for provider to lose file
9. Information availability for all provider history
10. Reduction in having less paperwork
11. Managing a family member's health status
12. Access to information during emergency care

Concerns

1. Only includes the Louisville 10 county area
2. Plan administrators cost shifting to employers
3. Need increased consumerism
4. Benefits cost will not decrease
5. Missed employees due to employee diversity
6. Physicians will not alter practice processes and models to integrate EHR
7. Accuracy and speed of information
8. Participation voluntary/ involuntary
9. HIPAA/security

10. Mandating benefits with unions
11. Change of healthcare payers
12. Employee choice programs need senior management support
13. Language barriers
14. JCPS are governed by state and would probably need to be mandated by the state.
15. Cost.
16. Need state level support to promote
17. Does the card have functionality
18. Multiple ways to access
19. Card with Pin or other authorization
20. Hacking
21. Handling of breech, who reports it, who cleans it up, how do you alert individuals.
22. Automatic sharing of all information will impede usage
23. Subjective release of information would not show complete record
24. How do you manage the tier level process?
25. Hesitancy of participation
26. Are patients educated enough to make record limiting
27. Ownership of record or information needs to be established to elevate control and education
28. Who audits for appropriate view of record?
29. No value if you cannot interconnect
30. Definition of clinical research
31. Inference that information will be sold may impede participation
32. Will there be duplication of records (hospital record & LouHIE)
33. Data integrity and patients feel that they are not sold out.
34. Tough sell to a large population related to trust. Metro would have a hard time selling to employees.
35. Needs to be a passive, easy process.
36. Consumerism and getting employees engaged
37. Privacy of information.
38. Lack of trust that information won't be shared or access without permission.
39. Nation-wide coverage beyond Louisville area may not be available.
40. Information misuse by insurers and the federal government.
41. Savings not being passed on the consumer.

Interest: Desired Services

1. Quality driven data
2. State benefits information needs to be integrated
3. Swipe card easily portable (debit card model)
4. Kiosk needed for transient population if internet coverage
5. Longitudinal related to portability
6. Limited access
7. Information should be on a need to know basis only.
8. Patient allows access to provider
9. Tier level of access for providers, payers, etc. by individual setting up account
10. Physician should be aware of limited access

11. Consumer should be showed an audit trail, online and on demand.
12. Medication reconciliation, procedures, diagnostic, visit history, family history
13. Minimal information and growth with growth in trust.
14. Date & time stamp with source code
15. Identify different sources of information to apply credibility
16. Living will, DNR, advance directives
17. Choice to provide information for clinical research separate from public health with clear definition.
18. Stratification based on purpose if seeking profit then get paid
19. Educate on what this will provide consumer.
20. Provide benefit at time of service during medical event.
21. Keeping track of information for retirees
22. Wellness programs
23. Education on Rx management
24. Rx formulary management for generic Rx cost savings.
25. Ability to opt-in or opt-out
26. Education on how to discuss with doctors issues around cost of services or choices.

Interest: Payment Choices

1. Benefit programs with incentive to participate
2. State provided and funded
3. Increase premiums, need ROI
4. Charge per person paid by employer which gets passed to employees.
5. Coalition of several entities (i.e. Providers, payers, etc.)
6. Payment for clinical research
7. Tiered functionality, some free, some opted at a monthly fee
8. Casino gambling initiative
9. All of community, including employers should pay.
10. $1 PMPM would be acceptable

Focus Group: Health Educators	Date: 09/25/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

Attendees: 6

Benefits

1. Complete medical history to include meds, diagnostic
2. Accuracy of a comprehensive medical history benefits patient and provider
3. Reduce administrative part of visit and increase clinical care
4. Reduction of clinical care providers administrative duties.
5. Effective way to provide care
6. Small modification of the current educational process.
7. Provide a vehicle for standardization of a regional electronic system
8. Speed of process ER to PCP
9. Better insurance rates for medical malpractice rates
10. Portability of information
11. Improve quality and reduce cost or reduce escalation of cost.
12. Increase safety
13. Decrease in duplication of procedures
14. Decrease in doctor shopping for medications.

How can access to health related information help you?

1. Less work in trying to gather information
5. Teaching nursing what you an get from the information provided can increase clinical care.
6. Tele health: Telemedicine, Tele-nursing will increase.
7. Cost savings in a practice
8. Insurance patient process with standardization can increase savings and may bring day to day medical care cost down.
9. Ownership of information, having a personal resource
10. Medication management both for patients and providers.

Concerns

1. Security and Privacy, if in place would utilize
2. Social economic background will determine utilization
3. Protection of loss, identity theft issues (card based)
4. Will there be a parallel record or in sequence with a hospital record?
5. How do we address the need for students to manage pt records related to large amount of information?
6. If we are going to be cost effective we have to collaborate.
7. Associated cost with accessing the data
8. Push back from MD's (my practice is my practice attitude) How do we deal with the turf wars?
9. If you cannot get the health leaders to agree then you will not have buy in.
10. Physician may feel insecure with relationship with patient if information is easily accessed.
11. patient and provider buy in

Interest: Desired Services

1. Ability to transmit information in advance to provider prior to visit or procedure
2. Access only on a need to know basis. Ie..pscyh only psych or social work.
3. Start small
4. Full integration with a consumer control

Focus Group: Health Educators	Date: 09/25/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

5. Standardization and commonality so that education can also be standardized
6. Access for students (supervised)
7. Get a an large insurer to Champion program to increase buy in
8. Ability to access the pieces you need.
9. Access to xrays, history, labs, procedures, surgeries, hospitalization, visit information

Interest: Payment Choices

Other :

1. Educating students in an environment of HIPAA is current practice.
2. Extensive orientation needed to be able to navigate system
3. A card that would only be used if online information was not available
4. You have to start somewhere, what is it that we have?
5. Most undergraduate students go into a hospital system, post grad usually go to private practice
6. How as educators can we do something strategic as a community to produce financing to achieve a level of excellence in technology in healthcare?
7. KHA consortium of schools, hospitals, and educators meet currently to increase quality of care. Or possibly Greater Louisville Inc (local chamber of commerce) to collaborate to go after strategic grants to advance technology in health education.
8. Health Programs have been collaborated with local churches
9. You will need a multi tiered education process. Seniors, ID theft & privacy, and educated.
10. What is our audience, how will they utilize the information and how will they assimilate the information?
11. Pride ourselves as a cutting edge medical community, many people coming here nationally and internationally.

Focus Group: Health Products	Date: 10/03/07	Time: 2:00pm-3:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

Attendees: 5

Benefits

1. Duplication of services
2. Medication reconciliation
3. Price in Pharmaceuticals
4. Redundancy of process
5. Decrease in cost
6. Revenue potential with data and leverage of data
7. Perspective research studies
8. Retrospective studies
9. Move studies in a timely manner
10. Decrease research person pool to significant few
11. Cost savings to healthcare environment
12. Reduction of utilization patterns
13. Anytime anywhere access

Concerns

1. Understanding of standards
2. Protected privacy & appropriate consent
3. Patient comfortable with utilization of information
4. Local PHR decreases value in research
5. Electronic conversion in medical offices with a high increase in cost
6. EMR's are time consuming and not accurate
7. First encounter in patient care is timely and costly but there after may improve
8. Training of staff for EMR and cost for training and implementation
9. Electronic communication
10. Timeframe for implementation
11. Genetic pool of Louisville is not as significant as statewide ie. Eastern KY was a hot bed for research
12. How do we provide quality assurance to physicians?
13. Overload of information may be a weight to healthcare
14. Limited access to information from research

Interest: Desired Services

1. Smart card with privacy locks
2. Marrying a community health information exchange with other research data bases
3. de-ID'd research data information
4. Integral component in what maybe a larger system that may include a Bio Bank
5. Collection of all information accessible to all providers
6. Everyone participating (national and even possibly internationally)
7. Trustworthy information or ability to validate data
8. First step very simple and very good. Incapacitated if we wait for perfection
9. Medication interactions (good start)
10. Patient pharmaco genetics
11. Environmental auditing of patient history

Focus Group:	Health Products	Date: 10/03/07	Time: 2:00pm-3:00pm
Facilitator:	Alan Dowling	Scribe:	Marysol Imler

Interest: Payment Choices

1. State and Fed funded for Medicaid/Medicare patients
2. Payers and Pharmaceutical companies
3. Service charge for information
4. Funded by pharma and payers and in turn get dbase marketing
5. Value to large hospital organization, that may utilize as a QA initiative or patient care improvement
6. Contract research

Other :

1. Insurance companies as a partner since probably largest to gain with them helping drive the technology
2. Possible pooling of physicians to increase negotiating power of EMR
3. Humana is stopping the ability to fill meds with a drug-drug interaction
4. Is there a demonstrable benefit to the community
5. Fetal tissue access Louisville has that others do not
6. Will CDC have any benefit from data?

Focus Group: Health IT Products	Date: 09/27/07	Time: 2:30pm-4:30pm
Facilitator: Barb Cox	Scribe: Marysol Imler	

Attendees: 7

What can LouHIE provide for you?

1. Copy of business plan for insight to direction
2. Clarity on record bank model (Dr. Yasnov model?)
3. Can provide the Houston market by providing a different side in a different market. Consortium discussion. With the value of two large communities going down the same path.
4. Schedule for roll out
5. Setup a lab or solution center where there are opportunities for demos and requirement dialogs. Can help in keeping up the interest level and the innovation level.
6. Understanding the revenue model, funding sustainability will get vendor interest
7. Documentation in advance to explore potential relationship or an inter-conference in a panel
8. Level set with data standards.
9. Transparency of partnerships.

What services can you provide LouHIE?

PRESALE

1. Can provide technical and programmatic capabilities
2. Collaborative community effort for business plan and architecture
3. Services and offerings that the Community can leverage

POST SALE

4. Vendor to provide all services to community.

Issues:

1. Sustainability: Has one been established?
2. Where do employers fit in this model? Some employers are beyond counties and would need a broader range.
3. Where does the permanence fit in and portability?
4. Target audience for advertising needs to be established
5. Needs to be different avenues for advertising for different products.
6. Has LouHIE looked into different current or failed models?
7. How will the advertiser audit their cost? Will this violate trust with community?
8. Reluctance in advertising campaign fashion
9. How would LouHIE align itself with the IHRT if HR2991 passes?
10. Need to see business opportunity before consider funding of community programs.
11. Revenue model is the biggest challenge, need to be able to show sustainability
12. Can you put it together and can you keep it going?
13. What would incentives to a company to get behind LouHIE, needs to be established.
14. Would need some control of the revenue model can address the fear of partnership.
15. If LouHIE is putting out revenue metrics which LouHIE knows they are achievable.
16. Community may want to see metrics to see about buy in prior to registering.
17. Will there be a piloting solution?
18. Primary responsibility needs to be the consumer.

Funding Options:

1. Direct to consumer model with advertising but needs to have another model without ads for large employers, etc.

Focus Group: Health IT Products	Date: 09/27/07	Time: 2:30pm-4:30pm
Facilitator: Barb Cox	Scribe: Marysol Imler	

2. Levels of partnerships with transparency in a truest sense of partnership instead a vendor relationship.

Other:

1. How does a vendor protect it's proprietary interest to help the LouHIE project?
2. Helpful to go through a design discussion and define a high level of requirements to be able to define and build requirements.
3. Have now a concept for the Houston market for sustainability. Houston needs to be to be sustainable right away and up and running right away.
4. Are there statistics as to how much MD's pay for automation?
5. LouHIE would operate as the face of the product and dealing with the community and pulling a based in class vendor to back them up with the technical considerations.

Focus Group: Health Info. Tech. Products & Services Date: 09/27/07 Time: 9:30am – 11:30am	
Facilitator: Barbara Cox	Scribe: John Baluch

Attendees: **7**

HIT vendor meeting questions:

1. Interest in providing services:
   A. An EMR company would want to connect information from their products into the health bank and be an integrator for the physicians.
   B. One vendor provides RHIO type products and services that could enable integrations to help standardize the data, and assist with interoperability services
   C. Another vendor has a centralized system that is used for a health network, and a road runner product to help hospitals and providers with exchanging administrative data, and to provide high ROI for administrative transactions. The cost savings will provide additional funds that will help pay for there services and could provide additional funding for the clinicians.
   D. Another vendor is a transaction based business, that helps with claims, statement data, eligibility and subscriber data, and could help with getting data in/out of LouHIE.
   E. Another vendor specializes in handling payer claims, providing health informatics products, offering patient identity services, and cross-referencing data services.
   F. A Kentucky state-wide video conferencing network vendor is interested in providing video conferencing to supplement the exchange of information between providers
   G. The last vendor promotes solutions for physician practices which includes delivering clinical EMR software, practice management services trough an ASP model, aggregation services, solutions that give physicians control over patients, promoting Medicare advanced plans, and improving workflow for delivering care.
2. Vendors want to present solutions to membership that can assist with an ROI to produce new revenue to fund the LouHIE initiative and utilize the avenue to access the membership.
3. Vendor person to person contact is needed for ROI models to get participation rather than a web-site contact. This means that personal contact is needed and may require a vendor fair, a forum like this would be good, ½ - 1hr. workshop for customers to hear how solutions will work for the Louisville area. A vendor fair with private time slots so that market place can have time to understand the vendor solutions. Will help justify the solutions and just need commitment from the provider community.
4. LouHIE should do some due diligence to ensure that the vendors who are participating are adding value to the community.
5. Vendors want to provide components to the private practices – to streamline the administrative practices which would drive down administrative costs for the physician offices.
6. Vendor wants to ensure that there is sufficient volume in the market place.
7. The HRB product would need work with other vendor products.
8. Could LouHIE web-site be used by vendors to help them connect for collaboration?
9. Background infrastructure would need to know more about the data for data normalization versus standardization, would need to know more about the design plan. Data interoperability exchange goals for the project need to be known for data normalization and data analysis purposes to make sure the vendor fits within the plan. Design decisions are needed from LouHIE so that vendors can fully understand so that they will know how they can serve LouHIE.
10. When the RFP is to be released, should have a vendor discussion, vendors need to know the functional pieces so that the vendors can understand what the deliverables will be.

Focus Group: Health Info. Tech. Products & Services Date: 09/27/07 Time: 9:30am – 11:30am	
Facilitator: Barbara Cox	Scribe: John Baluch

11. Need to have a list of vendors on the conf. call so that all the vendors can understand the expertise among the vendors, LouHIE needs to provide a contact list. The vendor company name, products and services could be listed on the LouHIE web-site.
12. Time line and framework is important to vendor to understand build/buy for meeting the goals of the project. The time line expectations from business plan completion date to vendor selection dates, and when the functionality to be delivered, for example 6 – 18 months for the vendor to build it – important to the vendors.
13. The selection process for the core functions will be available, but for added services for the market place – how can LouHIE help with sales process, on-boarding, customer service? Should LouhIE help?
    A. Depends on what type of organization LouHIE wants to be – will they want to be a service org. or just manage the vendors who deliver service – the vendors can accommodate. The consumer focus groups will help determine what each stakeholders/market place wants. The vendors can provide 1st or 2nd tier customer service but it all depends on what LouHIE wants.
14. The vendors would like to own the customer service as the primary, but could adjust if LouHIE wants to have different customer service plans, all depends what LouHIE wants.
15. LouHIE needs to understand that there are two customers – physicians and patients.
16. Need to onboard physicians who will be using a system and the customers.
17. Need to educate physicians
18. Need to have trusted help support in the community
19. Marketing efforts –everyone in the community needs to participate and we need to educate the community.
    A. Vendor fair – need to organize private time and booth space available and want community to be able to ask questions and listen in forums. LouHIE can organize the events through media, TV, newspapers, etc. – the vendors feel about covering the cost of the booth space – Yes, would support the cost of vendor fair booth spaces. The number of planned attendees will drive how much the vendors will be willing to pay for the vendor fair booths:
        i. $1,000 would be acceptable if business prospects are possible from the event. Vendors want decision makers to attend to make financial decisions to make it worth their time.
        ii. The expectation is that stakeholder decision makers will attend based on expressed interest found in the focus groups, with physicians being more involved that most other groups.
        iii. The vendor fair should include <u>all</u> stakeholders and general community people in attendance and not have separate stakeholder vendor fair days.
20. The selection process has not been set yet even though a rapid pace is desired.
21. The click-through advertising approach is interesting for the vendors.
22. Marketing to the community – vendors would work with LouHIE through local efforts
23. One vendor recommended video conference capability.

Focus Group: Health Info. Tech. Products & Services Date: 09/27/07 9:30 – 11:30 and 2:30 – 4:30pm

Facilitator: Barbara Cox Scribe: John Baluch

Attendees: 14

HIT vendor meeting questions:

1. Copy of business plan for insight to direction
2. Clarity on record bank model (Dr. Yasnov model?)
3. Can provide the Houston market by providing a different side in a different market. Consortium discussion. With the value of two large communities going down the same path.
4. Schedule for roll out needs to be defined.
5. Understanding the revenue model, funding sustainability will get vendor interest
6. Documentation in advance to explore potential relationship or an inter-conference in a panel
7. Need data standards.
8. Transparency of partnerships.

What services can you provide LouHIE?

PRESALE

1. Can provide technical and programmatic capabilities
2. Collaborative community effort for business plan and architecture
3. Services and offerings that the Community can leverage

POST SALE

4. Vendor to provide all services to community.
5. Reduce administrative cost for practices
6. LouHIE web-site could be used by vendors to help them connect for collaboration.
7. Vendors need to know the functional pieces so that the vendors can understand what the deliverables will be.
8. Time line and framework is important to vendor to understand build/buy for meeting the goals of the project.
9. The vendors would like to own the customer service as the primary, but could adjust if LouHIE wants to have different customer service plans
10. Need to onboard physicians who will be using a system and the customers.
11. The vendors feel that both LouHIE and the vendors should work together to educate the physicians through the GLMS to educate, maybe through a vendor fair.
12. Trust relationships have to be created for the LouHIE organization in the products, infrastructure, and how LouHIE represents the community.
13. Marketing efforts –everyone in the community needs to participate and we need to educate the community.
14. Vendor fair – need to organize private time and booth space available and want community to be able to ask questions and listen in forums.
15. LouHIE can organize the events through media, TV, newspapers, etc. would support the cost of vendor fair booth spaces, approximately $1,000 per vendor.
16. The vendor fair should include <u>all</u> stakeholders
17. Click-through approach is interesting for the vendors for advertising.
18. LouHIE needs to market to the community – education for the community regarding trust

Funding Options:

1. Direct to consumer model with advertising but needs to have another model without ads for large

employers, etc.
2. Levels of partnerships with transparency in a truest sense of partnership instead a vendor relationship.

Other:

1. How does a vendor protect it's proprietary interest to help the LouHIE project?
2. Helpful to go through a design discussion and define a high level of requirements to be able to define and build requirements.
3. Have now a concept for the Houston market for sustainability. Houston needs to be to be sustainable right away and up and running right away.
4. Are there statistics as to how much MD's pay for automation?

Focus Group: (1) Date: 9-11-07 Time: 1:00 p.m.- 3:00 p.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

Attendees: 15

Benefits

1. Streamline the process from patient admission to treatment
2. Save time and money by not duplicating tests
3. Access to past treatments and medical concerns/issues will reduce risk and save time
4. Increase capacity in taking more patients in a shorter time frame
5. Access to clinical information can reduce costs; demographic data is not as important
6. Increased communications between ED and Primary Care Provider
7. Increased cash flow potential
8. Faster registration is id card is available
9. Drug history improves medication reconciliation
10. Speeds discharge planning process
11. Improves patient satisfaction
12. Access to office data with manual records
13. Increased speed and efficiency for data transmission
14. Standardized discharge planning summary
15. Standardize disease state programs across the agencies and payers

How can access to health related information help you?

1. Reduce x-ray tests by not having to repeat; Lab tests will probably stay the same
2. Improves communication with notifing family members, obtain general info, etc. when the patient is in critical care
3. Reduce medication interactions therefore help the patient
4. CDC outbreak reporting could be streamlined by the Health Record Bank

Concerns

1. Obtaining accurate, complete data in the Health Record Bank; Opt-in / Opt-out will cause data problems and duplication of processes
2. Speed and efficiency of the network will be pivotal; doctors will not use if data is not easily extracted
3. Connectivity outside of the hospitals to any treatment center
4. Confidentiality - Some patient's do not want their primary care physician to know about their ED/other visits
5. Access to computers - Many smaller offices are not sophisticated
6. Integration of disparate systems to integrate the systems already in place; must integrate to multiple diagnostic organizations
7. Funding; Consumers may not pay
8. Trust issues with the community as far as computer hacking, etc.
9. ER capacity may be slightly improved with access to past history information
10. Length of time to implement, it is taking at least 2 years to get their own doctors integrated with the current systems
11. Cost for training staff or physicians
12. Costs to purchase new hardware
13. Perception of "free" to call by phone and get something faxed whereas the Health Record Bank

Focus Group: (1) Date: 9-11-07 Time: 1:00 p.m.- 3:00 p.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

may potentially charge for transactions like this
14. Duplication of work processes - If hospitals have to scan information into their own portal as well as the Health Record Bank then they will not be saving on cost
15. Positive patient identity – need to match patient information together
16. Public trust issues with stolen information
17. Vendor products are not ready
18. Physician offices are mostly manual / paper / fax
19. Need to include everyone and as much data as possible

Interest: Desired Services

1. Standardize discharge summaries by making sure they have substance and not just elements (i.e., too many things pending)
2. Medical history
3. Drug history
4. Lab results
5. Transcribed results
6. Digitized imaging
7. Trending of result information
8. Single payer portal, increasing confusion
9. Integrate nursing homes
10. Integration services
11. Process improvement services
12. Self –sustaining financial model
13. Strong matching on patient identifier
14. Patient satisfaction report
15. Agency reporting
16. Standardized disease studies
17. Electronic communications
18. Would like to see something similar to the VA model

Interest: Payment Choices

1. Cigarette tax
2. Lottery tax
3. Gasoline tax
4. Federal/state grant funding to help support the start up fee costs
5. Independently wealthy person willing to invest who may be involved in a similar technology capability
6. Technology partnership
7. Payors will have more pull and could get more people to participate
8. Transactional fee for whomever is withdrawing information
9. Credits for those who are putting information in
10. Unsure how incentives may help

Other Notes: "free text"

1. After meeting discussion: Judah asked the question; what could LouHIE do to be a part of this?
   A. Need to have 100% or a majority participation,
   B. Patients should not be an opt-in option,

Focus Group: (1) Date: 9-11-07 Time: 1:00 p.m.- 3:00 p.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

C. Someone else should pay for the infrastructure, and
D. Need to have a single patient summary portal (Medicaid, state, Humana, anthem --- all are creating portals… maybe LouHIE could link to existing portals.

Other

1. State of Kentucky has pilot project with hospitals for surveillance reporting
   Suggestion to pick up the pace in the session.

Focus Group: Hospital Group	Date: 09/2107 Time: 1:30pm – 3:30pm
Facilitator: Barb Cox	Scribe: Marysol Imler

Attendees: 16

Benefits

1. Access to data set and elements, medication, visit history, discharge summaries.
2. Faster diagnosis and treatment
3. Pts will benefit by the information being available.
4. Eliminate faxing and calling for information.
5. Reduction of administrative expenses of claims
6. Streamline care and reduce duplication to make physicians more efficient.
7. Improve accuracy of documentation especially related to Pharmacy
8. Quick history is a huge pt safety improvement
9. Able to review previous info and then follow with care
10. Access risk and get a better diagnosis.
11. Medication reconciliation
12. Elimination of phone claims

Concerns

1. Integration into large hospital systems
2. Sustainability
3. Full community participation
4. Incomplete records and liability surrounding
5. Sharing data among competitors
6. Fear of exposure
7. Cost of getting the right information from the right sources
8. Incomplete unreliable or altered patient information
9. Culture change needed in looking at that data
10. Change of practice culture
11. Reliability and expectations need to be established.
12. Compliance by non educated, frequent flyers, etc
13. Overwhelmed with data overload. Multiple sources are not helpful.
14. Studies regarding ROI
15. Increase in non local healthcare
16. Cost, seed money and Payment
17. Promoting a product that has not been built
18. Challenge to get payer buy in
19. Scope of services need to be contained.
20. Culture and older generations will impede participation
21. Access to load and alter information
22. Language barriers
23. Provider fees and ROI of those fees
24. Enough value for the 30% insured for the pay that they would need to give to support the uninsured.

Interest: Desired Services

1. Pharmacy downloaded automatically (retail sources) to eliminate drug seeking behavior.
2. Participation of all entities

Focus Group: Hospital Group Date: 09/2107 Time: 1:30pm – 3:30pm Facilitator: Barb Cox Scribe: Marysol Imler

3. Indiana and KY exist in one exchange
4. Increase of speed in reimbursements for physicians.
5. Limited amount of information
6. Venue for public education
7. Visit information

Interest: Payment Choices

1. Payer model
2. Large corp sponsors.
3. It would have to be in place as a tax to someone (payers, providers, pts) into a larger pool to support entity.
4. User fees will provide disincentives.

Other

1. Currently building this system within own system but does not accommodate from outside sources not within system (other hospitals, MD's)
2. Some information passing from large system to large systems that currently have some sort of integration as a start.
3. Majority of MDS have privileges at most hospitals and can get access to most systems it is not a single portal but allows access with 4-5 diff ID's to get in to each.

Focus Group: Hospital Session Summary Date: 09/11 - 09/21/07

Facilitator: Barbara Cox Scribe: Marysol Imler, John Baluch

Attendees: 31

Benefits

1. Access to data set and elements, medication, visit history, discharge summaries.
2. Faster diagnosis and treatment
3. Pts will benefit by the information being available.
4. Eliminate faxing and calling for information.
5. Reduction of administrative expenses of claims
6. Streamline care and reduce duplication to make physicians more efficient.
7. Improve accuracy of documentation especially related to Pharmacy
8. Quick history is a huge pt safety improvement
9. Able to review previous info and then follow with care
10. Access risk and get a better diagnosis.
11. Medication reconciliation
12. Elimination of phone claims
13. Streamline the process from patient admission to treatment
14. Save time and money by not duplicating tests
15. Access to past medical history/reduce risk and save time
16. Increase capacity
17. Access to clinical information can reduce costs; demographic data is not as important
18. Increased communications between ED and Primary Care Provider
19. Increased cash flow potential
20. Faster registration if ID card is available
21. Drug history improves medication reconciliation
22. Speeds discharge planning process
23. Improves patient satisfaction
24. Access to office data with manual records
25. Increased speed and efficiency for data transmission
26. Standardized discharge planning summary
27. Standardize disease state programs across the agencies and payers

Concerns

1. Integration into large hospital systems
2. Sustainability
3. Full community participation
4. Incomplete records and liability surrounding
5. Sharing data among competitors
6. Fear of exposure
7. Cost of getting the right information from the right sources
8. Incomplete unreliable or altered patient information
9. Culture change needed in looking at that data
10. Change of practice culture
11. Reliability and expectations need to be established.
12. Compliance by non educated, frequent flyers, etc
13. Overwhelmed with data overload. Multiple sources are not helpful.

14. Studies regarding ROI
15. Increase in non local healthcare
16. Cost, seed money and Payment
17. Promoting a product that has not been built
18. Challenge to get payer buy in
19. Scope of services need to be contained.
20. Culture and older generations will impede participation
21. Access to load and alter information
22. Language barriers
23. Obtaining accurate, complete data in the Health Record Bank;
24. Opt-in / Opt-out will cause data problems
25. Duplication of processes
26. Speed and efficiency of the network will be pivotal; doctors will not use if data is not easily extracted
27. Confidentiality - Some patient's do not want their primary care physician to know about their ED / other visits
28. Access to computers - Many smaller offices are not sophisticated
29. Funding; Consumers may not pay
30. Trust issues with the community as far as computer hacking, etc.
31. ER capacity may be slightly improved with access to past history information
32. Length of time to implement, it is taking at least 2 years to get their own doctors integrated with the current systems
33. Cost for training staff or physicians
34. Costs to purchase new hardware
35. Perception of "free" to call by phone and get something faxed whereas the Health Record Bank may potentially charge for transactions like this
36. Duplication of work processes - If hospitals have to scan information into their own portal as well as the Health Record Bank then they will not be saving on cost
37. Positive patient identity – need to match patient information together
38. Public trust issues with stolen information
39. Vendor products are not ready
40. Physician offices are mostly manual / paper / fax
41. Need to include everyone and as much data as possible
42. Provider fees and ROI of those fees
43. Enough value for the 30% insured for the pay that they would need to give to support the uninsured.

Interest: Desired Services

1. Pharmacy downloaded automatically (retail sources) to eliminate drug seeking behavior.
2. Participation of all entities
3. Indiana and KY exist in one exchange
4. Increase of speed in reimbursements for physicians.
5. Limited amount of information
6. Venue for public education
7. Visit information

8. Standardize discharge summaries by making sure they have substance and not just elements (i.e., too many things pending)
9. Medical history
10. Drug history
11. Lab results
12. Transcribed results
13. Digitized imaging
14. Trending of result information
15. Single payer portal, increasing confusion
16. Integrate nursing homes
17. Integration services
18. Process improvement services
19. Self –sustaining financial model
20. Strong matching on patient identifier
21. Patient satisfaction report
22. Agency reporting
23. Standardized disease studies
24. Electronic communications
25. Would like to see something similar to the VA model

Interest: Payment Choices

1. Concern fees: provider fees with reduction in costs Provider tax and whether there will be an offset in premiums I don't see that. I don't think the hospital will benefit like the payer and we are paying the for the system
2. Large Corporate sponsors
3. Payer model
4. A tax to someone (payers, providers, pts) into a larger pool to support entity.
5. User fees will provide disincentives.
   Cigarette tax
6. Lottery tax
7. Gasoline tax
8. Federal/state grant funding to help support the start up fee costs
9. Independently wealthy person willing to invest who may be involved in a similar technology capability
10. Technology partnership
11. Payors will have more pull and could get more people to participate
12. Transactional fee for whomever is withdrawing information
13. Credits for those who are putting information in
14. Unsure how incentives may help

Focus Group: Humana Large Employers	Date: 09/28/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

Attendees: 7

Benefits

1. Quality of care
2. Ability to have full record
3. Medical decisions made with full records
4. Increase efficiency
5. Facilitate care
6. One stop shop
7. Disaster emergency care
8. Anytime, anywhere access
9. Access to Medication reconciliation, procedures, diagnostic, visit history

How can access to health related information help you?

1. Easily accessible with card in transient situation
2. Convenience
3. Easy to transfer information to other providers
4. Inability for provider to lose file
5. Information availability for all provider history
6. Reduction in having less paperwork

Concerns

1. Does the card have functionality
2. Multiple ways to access
3. Card with Pin or other authorization
4. Hacking
5. Handling of breech, who reports it, who cleans it up, how do you alert individuals.
6. Automatic sharing of all information will impede usage
7. Subjective release of information would not show complete record
8. How do you manage the tier level process?
9. Hesitancy of participation
10. Are patients educated enough to make record limiting
11. Ownership of record or information needs to be established to elevate control and education
12. Who polices in appropriate view of record?
13. No value if you cannot interconnect
14. Definition of clinical research
15. Inference that information will be sold may impede participation
16. Will there be duplication of records (hospital record & LouHIE)
17. Data integrity and patients feel that they are not sold out.
18. Tough sell to a large population related to trust. Metro would have a hard time selling to employees.
19. Needs to be a passive, easy process.
20. Consumerism and getting employees engaged

Interest: Desired Services

1. Swipe card easily portable (debit card model) Card gives tangible to this intangible product
2. Kiosk needed for transient population if internet coverage

Focus Group: Humana Large Employers	Date: 09/28/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

3. Longitudinal related to portability
4. Limited access
5. Information should be on a need to know basis only.
6. Patient allow for access by provider
7. Tier level of access for providers, payers, etc. by individual setting up account
8. Physician should be aware of limited access
9. Consumer should be showed an audit trail, online and on demand.
10. Medication reconciliation, procedures, diagnostic, visit history, family history
11. Minimal information and growth with growth in trust.
12. Date & time stamp with source code
13. Identify different sources of information to apply credibility
14. Living will, DNR, advance directives
15. Choice to provide information for clinical research separate from public health with clear definition.
16. Stratification based on purpose if seeking profit then get paid
17. Educate on what this will provide consumer.
18. Provide benefit at time of service during medical event.

Interest: Payment Choices

1. Payment for clinical research
2. Tiered functionality, some free, some opted at a monthly fee
3. Casino gambling initiative

Other :

1. Humana has a program in C. FL that has a limited access even to providers. Regulations to this process are regulated and KY has similar regulations for payers.
2. Humana has a quick summary like a visa bill of healthcare utilization
3. From a consumer standpoint I am hesitant to read my own file. Conflicted and feel more of a shared ownership.
4. Critical how positioned and educating consumers about process
5. Can LouHIE be a secondary validation of a primary dbase
6. People in Louisville like to participate and like notoriety and may have interest in being the research community

HOW TO IMPLEMENT: motivating individuals….

1. An option during benefit enrollment
2. Put a tangible cost to efficiency when offering
3. Employers to give incentive need and ROI, may be difficult
4. Provider was part of implementation
5. Within payer wellness programs

Focus Group: Humana Payer Session Date: 9-28-07 Time: 12pm – 2pm

Facilitator: Barbara Cox Scribe: John Baluch

Attendees: 9

Benefits

1. Lab results and radiology results access
2. Physician office with B2B connections
3. Needs to be interoperable with systems locally and national level
4. LouHIE interoperability with the Kentucky eHealth Corporation
5. Reduce redundant care or improve continuity of care by using LouHIE.
6. Physicians want only one place to access information and not several places.
7. Humana payer-based health records are available today.
8. Humana wants access to portions of the consumer's personal health records.
9. Reduce duplicate tests and prevent wasted attempts.
10. Humana would share member benefits information.
11. Humana Rx formulary would be available to providers.

Concerns

1. Operational costs may not be achieved.
2. Data aggregation could result in profiling the doctors.
3. LouHIE community coverage area may be too limited.
4. Expectation could be that local trusts will start up over time.
5. Physicians concerns over having spent monies already and will have to spend more monies.
6. Humana already has a payer based health record (PBHR) available to physicians.
7. People are assuming that health records are being used right now in physician offices.
8. Spend less time with patient and more time on system interaction.
9. What does auto-adjudication have to do with LouHIE help with driving down healthcare costs?
10. Claims submissions from physicians are 90% electronic. Hospitals are mostly paper-based.
11. The physicians who are unhappy with B2B with multiple payers will be getting "Availity" for a single system for multiple payer claims submissions.
12. Humana would want LouHIE consumers to only go to the Humana web-site for advertising and educational information.
13. Chart audits are based on claims data, the consumer would have to give approval to use the PHR to audit the health records.
14. Humana wants to stay consumer focused and not require a consumer to logon to LouHIE and also logon to Humana.
15. LouHIE privacy access controls could impair physician ability to access records.
16. Humana policies may have to be revised while physician adoption takes place with LouHIE to ensure consumer dissatisfaction does not escalate due to misunderstandings.
17. Where should a consumer look for their records?
    A. Go to My Humana, or LouHIE, and what if the consumer has a different insurer?
    B. The EMR is more important to a provider than access to claims data because the providers want to know what the other doctors recorded.
    C. There is a payer based health record (PBHR)
    D. There is a personal health record, My Humana is going to create "PCA", which is their personal health record. The PBHR and PHR (PCA) should be accessible from MyHumana.com. The Humana PCA is a duplicate service of LouHIE.

Focus Group: Humana Payer Session Date: 9-28-07 Time: 12pm – 2pm

Facilitator: Barbara Cox Scribe: John Baluch

E. The payer data is "federated", LouHIE/Providers – are EMR database
18. Humana PCA should replace LouHIE PHR and LouHIE should only be provider data source.
19. Consumers should not use LouHIE for a personal health record and PCA instead because Humana sees PCA as a revenue source.
20. Need to have a partnership between the LouHIE PHR and Humana PCA.
21. Humana is working on a Master Patient Index for Availity.
22. The payer-based health record will not be downloaded to LouHIE because it is valuable and if a consumer requests that their payer records be released for download, under HIPAA rules, then Humana would have to release the data.
23. Human could opt-in all customer because they are their members.
24. Concern over small physician offices that are still on paper offices
25. Some areas of Kentucky will ONLY be paper-based and won't change with new technologies.
26. Concern over privacy and integrity of the PHR data
27. A LouHIE MPI will be very complex and prone to corruption.

Interest: Desired Services

1. Access to Lab results and radiology results
2. Information delivery needs to fit on a PDA
3. LouHIE consumer health record needs to be transferable
4. Ability to identify patients based on the health status
5. Humana program enrollment link
6. To have a physician finder capability connection.
7. Employers pay for service
8. Availity could be used in a partnership to deliver the health record in Louisville. LouHIE should focus on the doctors to get an EMR implemented.
9. Humana Rx formulary would be available to providers through LouHIE.

Interest: Payment Choices

1. Interest in paying for research.
2. Consumers might pay for the service like bank ATM fees.
3. Payers could charge for LouHIE service
4. If you had all Louisville members using LouHIE, the basic services could be free and all the LouHIE funding could be made through selling research data.
5. Employer payment for services

Other :

1. In process of preparing Availity for use at time of service for formulary look up.
2. Humana is using the CCD standard.

Focus Group: Kentucky eHealth	Date: 9-18-07	Time: 3:00 p.m.- 5:00 p.m.
Facilitator: Richard Sudol	Scribe: Talia Parvizi, John Baluch	

Attendees: 9

Benefits

1. State of Kentucky has several eHealth initiatives underway
2. Broadband access is available to 94% in Kentucky and goal is to reach remainder by year-end 2007
3. The state will offer the backbone to the local data exchanges

Concerns

1. The state will not provide all the infrastructure and interfaces across the state – the funding does not exist.
2. The state business plan does not exist to address how LouHIE would participate yet. The State does not have detail plan on how things would work.
3. Web portals are available only to providers

Interest: Desired Services

1. State to offer pilots to different areas to make sure a concept works. Might pick areas to ensure geographic diversity for the pilots.
2. Public health data to be shared securely with the eHealth network.
3. The state wants Louisville to be an aggregator of health data rather than have a couple hundred data pipelines of health care data.
4. The state-wide portal could download to a person's health record bank (LouHIE), as long as there is patient consent, and would provide LouHIE with a critical mass of information from the state.

Interest: Payment Choices

1. Where funding for new capabilities become available, organizations need to participate to take advantage of the funding, and build capabilities with KHIP
2. The KHIP model will work with private payers, the state-wide portal will be free to doctors, hospitals, and other providers, and that payers will pick up start-up costs

Other :

1. KHIP is currently working on integration plans
2. The eHealth Corporation – non-profit has been formed and a board is being formed.

Focus Group: Large Employer Group	Date: 09/24/07	Time: 12:00p.m. – 2:00p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

Attendees: 4

Benefits

1. Employers not engaged in a planning process for EHR.
2. Taking a larger role in health care by consumers.
3. Time saver in tracking information for consumers.
4. Streamlined of information.
5. Smart Card access
6. Increase quality of care
7. Benchmarking data available
8. Statement of benefits for patients

How can access to health related information help you?

1. Will transform nursing care.
2. Benefits to payers
3. Reduce employer cost
4. Wellness programs

Concerns

1. Only includes the Louisville 10 county area
2. Plan administrators cost shifting to employers
3. Need increased consumerism
4. Benefits cost will not decrease
5. Missed employees due to employee diversity
6. Physicians will not alter practice processes and models to integrate EHR
7. Accuracy and speed of information
8. Participation voluntary/ involuntary
9. HIPAA/security
10. Mandating benefits with unions
11. Change of healthcare payers
12. Employee choice programs need senior management support
13. Language barriers
14. JCPS are governed by state and would probably need to be mandated by the state.
15. Cost.
16. Need state level support to promote

Interest: Desired Services

1. Quality driven data
2. State benefits information needs to be integrated

Interest: Payment Choices

1. Benefit programs with incentive to participate
2. State provided and funded
3. Increase premiums, need ROI
4. Charge per person paid by employer which gets passed by to employees.
5. Coalition of several entities ei..Providers, payers, etc

Other

1. Benchmarking with other employers to produce ROI

Focus Group: Large Employer Group	Date: 09/24/07	Time: 12:00p.m. – 2:00p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

2. Wellness programs
3. Wellness web tools are accessed through Humana's web
4. Long time frame for wellness program's financial incentives to get full participation and have cost savings.
5. Online wellness programs available through the inter and intra net. No online webcast programs.
6. WebMD providing HRA for EON and employee can opt to do the PHR.

Focus Group: Medicaid/SafetyNet	Date: 10/03/07	Time: 8:30am – 9:30am
Facilitator: Barbara Cox	Scribe: John Baluch	

Attendees: 11

Benefits

1. Amerihealth Mercy (AM) is trying to **improve quality** and **contain costs**.
2. Medicaid and SafetyNet committee dominant benefit is to have political success by staying **aligned** with state Medicaid and the state cabinet for health and family services and other state initiatives.
3. Need to have an **integrated** set of medical and claims information about the patients that they serve – from state Medicare, state Medicaid, state Waiver programs and Passport.
4. Need to have **consumer engagement** through handheld devices, cell phone or PDA devices.

Concerns

1. Those who most need services are unlikely to use those services because of education, access, and lack of motivation.
2. The providers do not want to work with multiple portals.
3. Concern that physicians that are part of the Medicaid network aren't using the Medicaid portal that was just put in the field.
4. Concern that it may be too complicated to do an entire community at one time.
5. Most of the state money is spent on people who will never leave the system. The focus has been to manage costs and not the patient movement in and out of Medicaid.
6. The governor election may impact forward eHealth progress.
7. One concern is the Opt-In – the concern is that an opt-in system is problematic because it requires patient approval before a provider can access data for a patient.
8. Need to make sure that LouHIE is aware of how we will enhance service for the five populations:
   A. Medicaid
   B. Passport
   C. Special Waivers
   D. Non-Passport
   E. Under-Insured
9. People who need it the most won't use it – the enrollment process for them may be different than the standard population.
10. Community is not widely aware of LouHIE, and needs to be improved through marketing

Interest: Desired Services

1. LouHIE to help with provider adoption.
   A. If state choices a state-wide provider portal infrastructure then Passport would join and stop using their portal. Similarly, if LouHIE could provide this service, then Passport would work with LouHIE.
2. Could LouHIE provide assistance to aggregate data from state Medicare, Medicaid, and Passport?

Interest: Payment Choices

1. Not sure there is much value for Medicaid in what LouHIE is proposing
2. Private payers and employers should make initial investment.
3. Payers offer LouHIE as a benefit and pass the fee on

Other :

1. University healthcare (UHC) is a non-profit that has a contract with state to provide Medicaid for the state. UHC is 51% controlled by UofL.

Focus Group: Medicaid/SafetyNet	Date: 10/03/07	Time: 8:30am – 9:30am
Facilitator: Barbara Cox	Scribe: John Baluch	

2. UHC has a management contract with Amerihealth Mercy (AM), which is a national TPA firm that does Medicaid and non-profit HMO type organizations.
3. UHC and Amerihealth Mercy use Passport as its Payer. Joyce Hagan works for Amerihealth Mercy and is president of Passport.
4. AM is the payer and UHC is the purchaser and UHC carries the risk if costs go higher. Passport is the payer as well.
5. AM is national company and has been developing an eHealth strategy and 9 months ago concluded LouHIE was moving too slow, so they created their own eHealth portal. This is a claims-based provider portal, which provides patient summary to providers. This is a competitive product to Humana's Avality product and is a competitor to what the state wants for their portal.
6. Business reality, 70% of costs are with people who care chronically ill, older, high users, and in Medicaid system for life. Their focus is cost containment. Medicaid and Passport are one in the same.
7. The state is broken into 8 regions and Louisville is the only region covered by Passport. Louisville is only region covered by a HMO style capitated plan. 140,000 members in the 18 county area.
8. They have not been able to quantify benefits of cost containment because they have been in test mode for 3 months and only in ERs. The portal was a Passport/UHC initiative. Passport and UHC holds the contract with the state and they offer better quality services at a lower cost than other areas of the state. Passport is known as innovators and proactive and successful. Benchmarks are used for outcomes by disease category, utilization from the system, level of access by different patient populations across the region, etc. and get high scores. Passport is a private organization that focuses on the Medicaid population and serves Louisville with a claims-based provider portal.
9. Pilot services should include the aging and brain injured populations.
10. UHC could help with reaching out to the brain injured population
11. If LouHIE moves forward with provider portal design, the state needs to be very integrated in the process

Focus Group: Nursing & Allied Health (Via Teleconference) Date: 09/25/07 Time: 5:45pm-7:45pm

Facilitator: Barb Cox Scribe: Marysol Imler

Attendees: 6

Benefits

1. One source for information for all physicians
2. Improved accuracy
3. Save clinical and patient time
4. Clinical efficiencies
5. Patient safety generated from a trusted source
6. Validate medications and reduce time in reconciliation
7. Patient safety
8. Medical record access in case patient is not alert.
9. Cost savings
10. Inter-disciplinary communication in real time and accessed anytime globally

How can access to health related information help you?

1. Do not need to repeat information to different providers
2. Less errors in medical history reporting
3. Easy access to a full medical picture

Concerns

1. Allowing patient to give or deny privileges
2. Liability if patients deny information, can you provide quality care?
3. Non compliance of medications
4. Patients should be able to view it and have amended edits that do not alter original information
5. Data does not get released into health bank prior to educating the patient about the results
6. Are we utilizing current standards and structures that already exist?
7. Legal and ethical ramifications
8. Need to have business continuity planning
9. Cost to connect, cost to use.
10. Protection in ID theft.
11. User time and effort to retrieve and utilize information

Interest: Desired Services

1. Herbal and OTC medications
2. DNR tracking
3. Information is portable and can integrate state wide and nationally
4. Ability to communicate to other systems and ability to interchange inbound and outbound capabilities
5. Information needs to be available
6. Discreet data or HL7 capability
7. Patient should have the right to view records
8. Insuring redundancy for availability all the time
9. Give people a choice about what can be viewed.
10. Availability to police with e-tracking and a log in.
11. Access to Pharmacy data, diagnostic data, home health, wound care
12. Communicator indicator if information is questioned
13. Standardization of information

Focus Group: Nursing & Allied Health (Via Teleconference) Date: 09/25/07 Time: 5:45pm-7:45pm

Facilitator: Barb Cox Scribe: Marysol Imler

Interest: Payment Choices

1. Insurance providers/payers related to cost savings with possible grants etc.
2. Tobacco companies
3. Hospitals should pay for integration with their systems
4. Grants
5. Sales tax

Other :

1. Hospice is currently has electronic records and is easier to reconcile
2. Computerized documentation in hospital but within units still have to manually reconcile on paper
3. Consumers are more informed and educate themselves about diagnosis.
4. Consumers demand more from their healthcare provider
5. ARNP need to be addressed since they provide a large amount of primary care.

Focus Group: (2) Date: 9-14-07 Time: 9:00 a.m.- 10:30 a.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

Attendees: 4

Benefits

1. Reduce redundant services – ER / diagnostics
2. Healthier consumers;
3. Increased consumer ownership/engagement
4. Increased "rights" for consumers
5. Increased consumer choice with higher deductible plans
6. Reduced payer phone calls
7. Reduced administrative costs for provider offices
8. Improved cash flow from real-time claims adjudication;
9. Improved cash flow for providers as a result of collections at the point of service
10. Reduced administration costs for providers
11. Huge revenue plus once people start inputting data in the system
12. Consumer healthcare utilization rate will increase
13. Multi-payer portal simplifies the process for provider offices and improves efficiency
14. Improves internal data accuracy by having access to clinical information
15. Reduced premiums
16. Potential to improve underwriters efficiency if legal issues are

How can access to health related information help you?

1. Clinical portability
2. Doctors could have online subscription ordering
3. Reduced payer operational costs

Concerns

1. Lack of Provider and consumer adoption
2. Loss of consumer channel; Retain the existing consumer relationships
3. Retain business-to-business connections with provider
4. LouHIE should not provide competitive services such as education or disease state management services
5. Increased competition
6. Sensitivity about sharing access to consumer health records – concerned about indemnification
7. Ergonomic issues
8. Lack of interoperable standards
9. Privacy issues
10. Trust, security, liability
11. Access, consumer control
12. Management
13. Many consumers don't want their records in a system and would just rather fill out a piece of paper
14. Patient identification
15. Data accuracy
16. Sophisticated providers do not have time to learn something new
17. Unsophisticated providers prefer paper
18. Training

Focus Group: (2) Date: 9-14-07 Time: 9:00 a.m.- 10:30 a.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

Interest: Desired Services

1. HRB downloadable to provider systems
2. Standard data exchange established
3. Imaging, Lab ordering, Rx writing, and research
4. Access control management
5. Real time and able to update/change data
6. Prompts for updates
7. Member needs to have the belief that they are in control
8. User friendly and printable
9. Establish integration policy and standards to effectively aggregate clinical data across the community
10. Provide a link to LouHIE from the Payer portals

Interest: Payment Choices

1. Consumers (adjusted premiums)
2. Hospitals
3. Research studies
4. Rx companies
5. Government / Universal Healthcare System

Other :

1. Comments after the call
   A. Bluegrass and United did not attend
   B. Payers are interested in retaining payer portals directly with consumers
   C. Rolled out a payer based record in Florida, lessons learned indicate it needs to be more automatic for providers to use effectively – need to be real-time and prompt for updates.

Other

1. Joyce Hagan – chair and Janet Meek is the co-chair for the Payers. Joyce recommends that Mike O'Rorke replace her as the chair, due to her other commitments.

Focus Group: Payer Sessions Date: 9-14 and 9-28 Time: 9:00 a.m.- 10:30 a.m. Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

Attendees: 12

Benefits

1. Reduce redundant services – ER / diagnostics
2. Healthier consumers;
3. Increased consumer ownership/engagement
4. Increased "rights" for consumers
5. Increased consumer choice with higher deductible plans
6. Reduced payer phone calls
7. Reduced administrative costs for provider offices
8. Improved cash flow from real-time claims adjudication;
9. Improved cash flow for providers as a result of collections at the point of service
10. Reduced administration costs for providers
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16. Potential to improve underwriters efficiency if legal issues are identified
17. Lab results and radiology results access
18. Physician office with B2B connections
19. Needs to be interoperable with systems locally and national level
20. LouHIE interoperability with the Kentucky eHealth Corporation
21. Reduce redundant care or improve continuity of care by using LouHIE.
22. Physicians want only one place to access information and not several places.
23. Humana payer-based health records are available today.
24. Humana wants access to portions of the consumer's personal health records.
25. Humana would share member benefits information.
26. Humana Rx formulary would be available to providers.

How can access to health related information help you?

1. Clinical portability
2. Doctors could have online subscription ordering
3. Reduced payer operational costs

Concerns

1. Lack of Provider and consumer adoption
2. Loss of consumer channel; Retain the existing consumer relationships
3. Retain business-to-business connections with provider
4. LouHIE should not provide competitive services such as education or disease state management services
5. Increased competition
6. Sensitivity about sharing access to consumer health records – concerned about indemnification
7. Ergonomic issues
8. Lack of interoperable standards
9. Privacy issues

Focus Group: Payer Sessions Date: 9-14 and 9-28 Time: 9:00 a.m.- 10:30 a.m.

Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

10. Trust, security, liability
11. Access, consumer control
12. Management
13. Many consumers don't want their records in a system and would just rather fill out a piece of paper
14. Patient identification
15. Data accuracy
16. Sophisticated providers do not have time to learn something new
17. Unsophisticated providers prefer paper
18. Training
19. Operational costs may not be achieved.
20. Data aggregation could result in profiling the doctors.
21. LouHIE community coverage area may be too limited.
22. Expectation could be that local trusts will start up over time.
23. Physicians concerns over having spent monies already and will have to spend more monies.
24. Humana already has a payer based health record (PBHR) available to physicians.
25. People are assuming that health records are being used right now in physician offices.
26. Spend less time with patient and more time on system interaction.
27. Auto-adjudication won't drive down healthcare costs.
28. Claims submissions from physicians are 90% electronic. Hospitals are mostly paper-based.
29. Humana Availity will replace B2B for physician offices
30. Humana web-site should be only portal for consumers
31. Chart audits and approval from consumers
32. Single logon through Humana
33. LouHIE privacy access controls could impair physician ability to access records.
34. Humana policies may have to be revised
35. Humana PCA should replace LouHIE PHR and LouHIE should only be provider data source.
36. Consumers should use PCA instead because Humana sees PCA as a revenue source.
37. Need to have a partnership between the LouHIE PHR and Humana PCA.
38. Humana is working on a Master Patient Index for Availity.
39. The payer-based health record will not be downloaded to LouHIE unless consumer requested.
40. Human could opt-in all customer because they are their members, LouHIE cannot do that.
41. Concern over small physician offices that are still on paper offices
42. Some areas of Kentucky will ONLY be paper-based and won't change with new technologies.
43. Concern over privacy and integrity of the PHR data
44. A LouHIE MPI will be very complex and prone to corruption.

Interest: Desired Services

1. HRB downloadable to provider systems
2. Standard data exchange established
3. Imaging, Lab ordering, Rx writing, and research
4. Access control management
5. Real time and able to update/change data
6. Prompts for updates
7. Member needs to have the belief that they are in control

Focus Group: Payer Sessions Date: 9-14 and 9-28 Time: 9:00 a.m.- 10:30 a.m. Facilitator: Barbara Cox Scribe: Talia Parvizi, John Baluch

8. User friendly and printable
9. Establish integration policy and standards to effectively aggregate clinical data across the community
10. Provide a link to LouHIE from the Payer portals
11. Access to Lab results and radiology results
12. Information delivery needs to fit on a PDA
13. LouHIE consumer health record needs to be transferable
14. Ability to identify patients based on the health status
15. Humana program enrollment link
16. To have a physician finder capability connection.
17. Employers pay for service
18. Availity could be used in a partnership to deliver the health record in Louisville.
19. Humana Rx formulary would be available to providers through LouHIE.

Interest: Payment Choices

1. Consumers (adjusted premiums)
2. Hospitals
3. Research studies
4. Rx companies
5. Government / Universal Healthcare System
6. Consumers might pay for the service like bank ATM fees.
7. Payers could charge for LouHIE as a member service
8. Employer payment for services

Focus Group: Physicians	Date: 09/25/07	Time: 5pm – 7pm
Facilitator: Alan Dowling	Scribe: John Baluch	

Attendees: 9

How can access to health related information help you?

1. Ability to have information across practices without having to make phone calls
2. Reduced duplication of tests
3. Administrative time spent with insurance and eligibility verification

Benefits

1. Knowing patient information just before surgery.
2. What benefits, allergies, past surgical operations
3. Need 24x7 access to information
4. Access to information when geographically away from the office.
5. Medications compliance
6. Prevent duplicate tests.
7. Clinical decision support
8. Insurance verification using card swipe
9. Pre-authorization checking
10. Only access to relevant clinical data
11. Can LouHIE provide more value to the clinician that just money?
12. Timely access to patient medical information.
13. Clinical view based on specialty.

Concerns

1. Administrative burden.
2. Physician payment for system interfaces.
3. Insurance companies are costing physicians more money and not saving costs.
4. Will EMS or first responders in general be included by LouHIE? Most feel it should at least be EMS.
5. LOJIC – database in Louisville that currently exists for logical decision support by EMR and some other first responders in Louisville.
6. Physician "hold harmless" protection
7. Small physician practices may not be able to afford.
8. Caregivers from out of state want to speak with the physicians and may not have enough information to understand if they get it electronically.
9. Divorced, split families may have court orders about who can / cannot access a record for when we are dealing with Pediatrics. The system should check who is the responsible party or parties for the children's care.
10. Concern that lay people have too much potential for misunderstanding from seeing clinical information.

Interest: Desired Services

1. Could the need to use faxes be replaced?
2. Dictated notes should be available on daily basis.
3. Should meet the need to satisfy requests from lawyers and insurance companies that request chart copies.
4. Allergies, Rx, Vaccinations, current diagnoses, list of all diagnosis – how long retained?
5. Could LouHIE be an internet EHR for a physician office so they don't have to purchase an EMR?

Focus Group: Physicians	Date: 09/25/07	Time: 5pm – 7pm
Facilitator: Alan Dowling	Scribe: John Baluch	

6. Need to have a clinical view for clinicians and one view for lay people. 7. Data filter, patient summary, clinical view, lay person view, consumer view.
Interest: Payment Choices 1. Core services be offered for free and then added services be offered for a fee.
Other :

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am
Facilitator: Alan Dowling	Scribe: Marysol Imler	

Attendees: 9

Benefits

1. ER and Hospitals information can be accessible when following up with your PCP
2. Medications given in hospital
3. Compile format
4. medication administration automated
5. Pts would be given their results through their EHR
6. pts past medical history to include surgeries, exams, rad exams, etc
7. Registration online is neat, legible and can reduce administrative cost and improve work flow.
8. Will bring all information all together in one place
9. Help with medication compliance
10. Tracking system of claims
11. Efficiency in schedule, without looking like a production line.

How can access to health related information help you?

1. Access would improve administrative process
2. May reduce faxes and emails, currently 50-100 per day
3. Reduce duplicate orders
4. Compiling all the claims information into one portal can help.
5. Ability to access information anywhere with global availability
6. An electronic facility would ease communication between practices
7. Ability to spend more time with the patient.
8. Access to the patients record cannot have a perfect system and will not allow duplication
9. Cross practice sharing of information
10. Ability to have real insurance information can decrease in administrative and claims processing.
11. If it can eliminate "bad debt"
12. malpractice insurance now give a discount if you have EMR
13. some payers have increased reimbursable if you have an EMR

Concerns

1. Hard to change a persons practice plan
2. Currently use EMR, would need to go to another EMR for more information
3. Getting the information to the doctor in a timely manner
4. Too much data.
5. Reluctant to outsource any revenue center to any outside entity.
6. Most of the current administrative claims process is done online.
7. Accountability of information
8. Verification of pt given information
9. Rules for insurance are all different in pre authorization
10. Going through a EHR to verify information in a huge data back
11. How do you get old information into a new dbase?
12. No one wants to fit the price, revenue and savings are long term 5-10 years to recognize ROI
13. the trouble and frustration of integrating a EMR decreases desire to implement
14. Needs to produce a value for the investment
15. Do we want a story or do we want what was diagnosed and what was done.

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am
Facilitator: Alan Dowling	Scribe: Marysol Imler	

16. Provider will be responsible for the "dump" of information that the record will contain and will be held legally responsible and "missing" something will be a liability risk.
17. Who owns data for test and who is responsible for it?
18. Duplication of efforts by providers and will take more time because of their duty to the patient
19. If test is not verified and not entered related to doctor unable to enter into system can hold getting information in a timely manner.
20. System wide it may increase efficiencies and but by individual practice it just may increase work load.
21. Loss of "ownership" of the actual patient chart based upon information now available.
22. HIPAA is a huge issue, however do you need to get consent to get appropriate use.
23. What is the provider's ability to correct a patient amended record. Original record must not be removed in order to have a track record.

Interest: Desired Services

1. Records should include diagnostics, records from ED
2. An ordered chart with functionality as in a paper chart
3. Needs to be compatible with existing work style and practice
4. Query function with higher level function to extract data. Strong search capabilities.
5. Standardization or translation to a common standard or set of national standards
6. Information that is extracted needs to be in a form that is useable by provider extracting.
7. Structured for easy access to different areas of care…access meds, access only CT, access only d/c meds
8. Real time information
9. A system that allows for a practice to retain individuality in care but can relate with other practices.
10. Not a point and click must allow for "story dictation"

SERVICES DESIRED NOW

1. Visit information
2. Diagnostic information
3. Verification of basic demographic and medical information
4. Ability to own and close information (Did the abnormal CT patient follow up). If you enter something into the record it has to be signed off by physician.

Interest: Payment Choices

1. Who drives the greatest benefit and that person underwrites
2. No one wants to undewrite unless ROI is proven
3. Payers, r/t decrease in diagnostics

Other :

1. Trend is moving towards this direction of implementing an EMR, with a bias in this group
2. Increase in revenue based on not missing claims related to integrating an EMR within the practice.
3. Currently have a new pt coordinator that walks patient through the process and dedicated to gathering information.
4. VA system is a non query system with folders. Paper chart made electronic
5. Most system should be HL7 compliant.
6. 2.5 years and 2 million dollars and we are still in the process of implementing a EMR.
7. This record is not for us, its for the patient and needs to be in a readable form.

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am
Facilitator: Alan Dowling	Scribe: Marysol Imler	

8. The record I have is set up for my practice and what is relevant to me is that I can provide better care for that patient when they are in my office, not when they are somewhere else.
9. Pts expect MD to know medical history.
10. Casper report is usually 2 weeks old and can be accessed within 5 minutes.

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am 5:00pm-7:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler, John Baluch	

Attendees: 18

Benefits

1. ER and Hospitals information can be accessible when following up with your PCP
2. Medications given in hospital
3. Compile format
4. Medication administration automated
5. Patients would be given their results through their EHR
6. Patients past medical history to include surgeries, exams, radiology exams, etc
7. Online registration, reduced administrative cost, and improved work flow.
8. Centralized information access
9. Medication compliance
10. Claims tracking
11. Improved scheduling efficiencies
12. Access to patient clinical history
13. Triage / patient intake time savings
14. 24X7 information access across geographic areas.
15. Prevent duplicate testing
16. Clinical decision support
17. Automated insurance and benefits verification with LouHIE HRB card.
18. Pre-authorization before providing care would help, but does not guarantee payment.
19. Simplified view of clinical data
20. Timely access to patient medical information.
21. Clinical view that meets the needs of all the different specialty practices.
22. Physician incentives for deposits/withdrawals

How can access to health related information help you?

1. Improved administrative process
2. Reduce faxes and emails
3. Reduce duplication of orders/tests
4. Access to claims information in one portal
5. Ability to access information anywhere with global availability
6. Improved communication between practices
7. Spend more time with the patient.
8. Cross practice sharing of information
9. Access to insurance information can decrease in administrative and claims processing.
10. Eliminate “bad debt”
11. Malpractice insurance discounts
12. Payer reimbursement incentives
13. Ability to have information across practices without having to make phone calls
14. Administrative time spent with insurance and eligibility verification

Concerns

1. Difficulty changing a persons practice plan
2. Currently use EMR, would need to go to another EMR for more information

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am 5:00pm-7:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler, John Baluch	

3. Getting the information to the doctor in a timely manner
4. Too much data.
5. Reluctant to outsource any revenue center to any outside entity.
6. Most of the current administrative claims process is done online.
7. Accountability of information.
8. Verifying patient provided information.
9. Rules for insurance are all different in pre-authorization.
10. Additional effort using an EHR to verify information.
11. Backload of old patient information into a new dbase.
12. Long-term time frame of 5-10 years to recognize ROI
13. The trouble and frustration of integrating a EMR decreases desire to implement
14. Access to physician notes versus raw clinical data – diagnosis, procedures performed, etc.
15. Provider will be responsible for the "dump" of information that the record will contain and will be held legally responsible and "missing" something will be a liability risk.
16. Who owns data for test and who is responsible for it?
17. Duplication of efforts by providers and will take more time because of their duty to the patient
18. If test is not verified and not entered related to doctor unable to enter into system can hold getting information in a timely manner.
19. System wide it may increase efficiencies and but by individual practice it just may increase work load.
20. Loss of "ownership" of the actual patient chart based upon information now available.
21. HIPAA consent
22. Provider's ability to amend a patient record and have audit trail.
23. Administrative burden.
24. Existing EMR system interface costs paid by physician practice.
25. Insurance companies are costing physicians more money and not saving costs.
26. Will EMS or first responders in general be included by LouHIE?
27. LOJIC – database in Louisville that currently exists for logical decision support by EMR and some other first responders in Louisville.
28. "Hold harmless" protection for physicians.
29. Ability of small practices to pay for services.
30. Caregivers from out of state want to speak with the physicians and may not have enough information to understand if they get it electronically.
31. Divorced, split families may have court orders about who can / cannot access a record for when we are dealing with Pediatrics. The system should check who is the responsible party or parties for the children's care.
32. Concern that lay people have too much potential for misunderstanding from seeing clinical information.
33. Clinical data mining could be abused
34. LouHIE coverage area should include neighboring states
35. Physician adoption day one

Interest: Desired Services

1. Records should include diagnostics and records from ED

Focus Group: Physicians	Date: 09/25/07	Time: 7:00am-9:00am 5:00pm-7:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler, John Baluch	

2. An ordered chart with functionality as in a paper chart
3. Needs to be compatible with existing work style and practice
4. Query function with higher level function to extract data. Strong search capabilities.
5. Standardization or translation to a common standard or set of national standards
6. Information that is extracted needs to be in a form that is useable by provider extracting.
7. Structured for easy access to different areas of care…access meds, access only CT, access only discharge medications
8. Real time information
9. A system that allows for a practice to retain individuality in care but can relate with other practices.
10. Not a point and click must allow for "story dictation"
11. Could the need to use faxes be replaced?
12. Dictated notes should be available on daily basis.
13. Should meet the need to satisfy requests from lawyers and insurance companies that request chart copies.
14. Allergies, Rx, Vaccinations, current diagnoses, list of all diagnosis ever had and dates of diagnosis and sources of clinical information, EKG, Lab Results, scanned documents, past surgeries, - someone needs to determine how much information and for how long it will be saved in the system.
15. LouHIE provide an internet EHR for a physician office so they don't have to purchase an EMR
16. Need to have a clinical view for clinicians and one view for lay people.
17. The system should have a filter capability to limit the amount of data that the physician needs to review and have a patient summary. It should also have a clinical data view for the clinician and a view for the lay person, the consumer.

SERVICES DESIRED NOW

1. Visit information
2. Diagnostic information
3. Verification of basic demographic and medical information
4. Ability to own and close information (Did the abnormal CT patient follow up). If you enter something into the record it has to be signed off by physician.

Interest: Payment Choices

1. Payers, r/t decrease in diagnostics
2. Core services offered for free and then added services be offered for a fee.

Other :

1. Trend is moving towards this direction of implementing an EMR, with a bias in this group
2. Increase in revenue based on not missing claims related to integrating an EMR within the practice.
3. Currently have a new pt coordinator that walks patient through the process and dedicated to gathering information.
4. VA system is a non query system with folders. Paper chart made electronic
5. Most system should be HL7 compliant.
6. 2.5 years and 2 million dollars and we are still in the process of implementing a EMR.
7. This record is not for us, its for the patient and needs to be in a readable form.
8. The record I have is set up for my practice and what is relevant to me is that I can provide better

care for that patient when they are in my office, not when they are somewhere else.

9. Pts expect MD to know medical history.
10. Casper report is usually 2 weeks old and can be accessed within 5 minutes.

Focus Group: Privacy and Security	Date: 09/26/07	Time: 2:30pm – 4:30pm
Facilitator: Barbara Cox	Scribe: John Baluch	

Attendees: 5

Questions:

1. Privacy and Security – to achieve standards, uses basic definition from the dictionary.
2. Consumer defines the access rules.
3. The MPI will define the patient but researchers, employee, employers, providers, etc. will have access role functions.
4. Need to have an authentication modality.
5. For a physician role – will have access to patients that you have seen. Attending physicians, consulting, referring all will have roles for the encounter level, including at teaching hospitals where residents see patients.
6. Consumers will define which physicians have access and the consumer can change access.
7. General input **vs** amend authorities: whoever deposits data has the authority to amend the record.
8. Individuals working in a practice will need authority to amend records.
9. Three levels of security include: I have, I know, I am.
10. The committee has not planned to address biometrics in their security planning.
11. There may be concern over finger prints due to personal issues.
12. From an information access perspective, you don't need to be privileged at the hospital to provide information to a doctor.
13. A homogenized database is of interest to researchers.
14. A de-identified database can be provided if required by law otherwise would have to be approved by the consumer.
15. Access control for data element level and condition level.
16. Access logging on the application level and database level.
17. De-Enrollment based on a person's death.
18. Health records become inactive when death occurs, but a person's estate could re-activate the health record.
19. Assumption is that deposits/withdrawals would stop on a person's death but could be inactivated or reactivated by the "authorized agents".
20. Can have multiple consumers for each personal health record.
21. All deposits need to be tracked.
22. Even if a person never visits a doctor, a record will be available for that person and default access needs to define situations regarding emergency care.
23. The HRB should have ability to share or pass information to another HIE should the person move to another state.
24. There is an issue of what a hospital can send that is not electronic – those paper scanned images.
25. In a financial banking model, records are not destroyed even if accounts are closed.
26. Need to define what happens to de-identified data that is being used for a research project.
27. The HRB security definitions need to be available to the consumer at various levels of categories to define access rules.
28. Ned to have default that the record stays active, based on consumer approval, until such time that a consumer's death is later determined.
29. How do you start the service to identify consumers?
30. The process to create a unique identifier still needs to be addressed.

Focus Group: Privacy and Security	Date: 09/26/07	Time: 2:30pm – 4:30pm
Facilitator: Barbara Cox	Scribe: John Baluch	

31. Requiring extra mailing for brochures will be a burden to the hospitals and provider offices. Advertising on radio, newspapers, trusted agents supporting the HRB start-up to reach out in the community.
32. There is a concern that new technologies may slow down the implementation progress.
33. LouHIE needs a strong process to audit, monitor and enforce 3rd party agreements.
34. Security breach will cause loss of consumer trust.
35. Consumers need to be asked how they want their information to be used.
36. Concern is how you filter/identify different types of health records from hospitals for access control viewing in the HRB.

Focus Group: Public Health	Date: 09/25/07	Time: 2:30 pm – 4:30pm
Facilitator: Barbara Cox	Scribe: John Baluch	

Attendees: 10

Benefits:

1. Automated disease reporting from physician to public health
2. Improved grant applications by getting better access to information.
3. Improved consumer copay management and reduced visits to the hospital
4. Consumer ability to monitor Rx management
5. Consumer ability to monitor accuracy of their health record information.
6. Consumer ability to "tag" the health record as possibly being incorrect.

Concerns:

1. LouHIE may cause delay with information transmission to public health
2. Public health specific reporting needs defined by NIC
3. Public Health is behind Healthcare in general in use of technology and reporting requirements.
4. Is LouHIE needed to provide data to public health?
5. Public Health is very limited with funding for special needs studies.
6. Need to make sure that all consumers are able to use the system – don't want to omit any patient population based on ability to pay.

Questions:

1. How does LouHIE the change role of public health?
   A. Information is sometimes delayed and sometimes does not come through.
   B. Alerts should be delivered more timely.
   C. Reporting depends on physicians providing information.
2. Communicable disease reporting requirements supersede the patient's privacy rights for the public health concern.
3. Bio-surveillance reporting: public health is a non-covered entity and has a right to access the data.
4. Hospitals are passing de-identified data to public health.
5. What type of outreach exists?
   A. Mailing lists based on health fairs and past services are sent.
   B. Smoking cessation effort
   C. Chronic disease prevention classes
   D. News media is used to announce classes
   E. Web-site provides information
      i. A health status assessment report is published on the public health web-site
      ii. Information is obtained from a death file, birth reports from hospitals – the information is "pieced together". The Behavior Risk Factor (BRF) survey is expensive to conduct and is a method to gather the data.
6. Passport could be used for education purposes.
7. Yearly open enrollment could be used to get consumers sign-up for LouHIE

Interest: Desired Services

1. Public Health reporting automation
2. Public Health communication with the patients.
3. Trending on conditions or indicators to notify hospitals
4. Send daily de-identified patient records for syndrome reporting
5. Ability to identify source of data and get from all hospitals.

Focus Group: Public Health	Date: 09/25/07	Time: 2:30 pm – 4:30pm
Facilitator: Barbara Cox	Scribe: John Baluch	

6. Food Outbreaks, Syndromes reporting
7. Flu surveillance data from over the counter Rx usage
8. e-Prescription and medication summary.
9. Patient Health status assessment data.
10. Advance data for trending and alerts.
11. Eliminate fax data sheets with automated data feeds.
12. Access to diagnosis data.
13. Gather health risk assessment information or operate as a portal for consumers
14. Communication messaging to reach physicians about outbreaks and whether a specific prescribed Rx is working to cure or if treatment plans that are working or not.
15. Automated Public Health Announcements through phone calls.
16. Public health reporting beyond Lab Reports.
17. HRB should have complex query capabilities to be able to reach out to the community.
18. Public Health "analytics engine".
19. Ability to correct misstated health record information.

Other Important Issues for Public Health Related to an Electronic Health Record Bank

1. Public Health can receive patient records that are not de-identified, not impacted by privacy laws. The Lay-Kennedy law gives patients more control over patient data. Public Health law requires them to know which people have diseases and in some cases they don't need to identify patients.
2. The state is not able to provide data that is needed by public health
3. Public Health has difficulty getting data just so that they could do a smoking ban assessment.
4. Experience with Healthbridge – public health staff feel it is really good, but it is limited to getting lab results and did not offer flexible information gathering. Public health cannot look at data over time or space, that is fundamental to disease management investigation. There are requirements that go beyond getting lab results electronically, that need to be met for public health practitioners like epidemiologists, it must go beyond just getting an electronic notification.

Payment Choices

1. All depends on whose costs are being lowered. Hospitals and payers are beneficiaries and the consumer doesn't see the savings.
2. Public Health does not have funding to pay for services.

Focus Group: Research Teams	Date: 09/26/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

Attendees: 16

Questions:

1. How wide spread is it going to be used?
2. What is the linkage system, what are the parameters or algorithms
3. Can we link current systems that are being built today? Will this add another step?
4. Current systems are being created, will this create duplication?
5. Storage issues of where all this information will be stored and for how long?
6. Is LouHIE a conduit or a summarizer?
7. Has LouHIE minimized morbidity cost? Time and Cost?
8. Can we measure time savings for each service?
9. How adaptable is the model being built? Can it change as standards change? Can you reconfigure it as needed for a specific research questions?
10. Can LouHIE help to prioritize public health services?
11. Can LouHIE provide a function to be a Canary in the Mind? A regular reporting of anonymous information downloaded to see if there are any abnormalities
12. How does sensitive information get channeled? How do you tailor permissions?
13. Can we streamline a way for patients to give consent for research?
14. Can we give pts an opt in or opt out for research after someone signs up to LouHIE?
15. What does this anonymous database really do?
16. Data reduction and summary and is LouHIE taking the role to doing this?
17. How do you assure coverage, immunizations and side effects during disaster or epidemics? Currently no population based way of tracking data.

Issues:

1. Able to allow whoever is access data needs to be able to identify current data
2. Research guidelines require that research be done from a central repository.
3. Current Norton hospital system has view capability at other hospitals. Will this compete?
4. Looking at statistics on hospitals that have a system and a hospital does not to show inter operational savings
5. How will they be entered into the systems? ID99 codes, SnowMed, lab LOINK, RxNorm. Currently are public standards for information. Software companies will need to pass for certification for EMRs.
6. Many Physicians are not purchasing EMR related to not having a set standard identified.
7. Current study regarding Change and Adoption within U of L.
8. Socioeconomic high levels are usually the participants
9. Self reporting data tends to invalidate. Need to verify data.
10. Will LouHIE be success can it track a measure of health. Are there specific indicators to track a population's health? Enhancers such as what type of work people do.
11. IRB requires permission from anyone 6 yrs or older for research even with parent permission. Need to make sure we are compliant.

Other :

1. Pt residential history for research studies is not tracked and needed in environmental research..
2. What are the health problems that affect our community? And is the environment a contributor to this?

Focus Group: Research Teams	Date: 09/26/07	Time: 12:00pm-2:00pm
Facilitator: Alan Dowling	Scribe: Marysol Imler	

3. Privacy, Security, Patient control is essential
4. Important to link the data collection into policy formation. HUIE that measure quality of care, and influence policies. There is a set of 4 questions that can ID stress levels, there are also tools for depression, social support
5. Inter collaborative component, Consumer automated entry adds another dimension and can allow for provider and patient interaction.
6. No electronic collection system that has a routine collection on Behavioral data, diet, exercise, etc.
7. If pts consent to have their info into a separate research repository everytime info is touched they get paid.
8. IRB4 states if information is anonymous you do not need consent.
9. UofL gives a $20 credit if you participate in a Wellness program
10. LouHIE can market by demand patients interested in research.
11. Economic model: Something links with utility..such as HUIE
12. Pharma and providers offices need to track drug information and providing that service can generate revenue.
13. Population health perspective where outcomes go beyond the medical model, consider partnering with where people go today. Find a means to link data collection and exchange.
14. Surveillance function of public health events
15. Population based disease studies are less than 5% compared to several hundred hospital based. There is no central repository of information at a community level.
16. Funding for clinical trials are not associated with reimbursement for healthcare. Some payers do not pay if pt on a clinical trial.
17. To be successful you must start with a limited amount of data for it to be practical.
18. Coding schemes that can be paired to coding schemes.

Focus Group: Retail Services	Date: 09/26/07	Time: 9:30am – 11:30am
Facilitator: Barbara Cox	Scribe: John Baluch	

Attendees: 5

Benefits

1. Hospital benefit is gained for the Medication Reconciliation regulatory requirements.
2. The quality of care should improve by having more information available to deliver care.
3. The Pharmacist risk to miss potential Rx interactions will be lowered with more information
4. Consumer expects Pharmacy to know more about the patients current Rx being taken
5. Most patients will trust a referral from a physician.

How can access to health related information help you?

1. Rx interaction checking
2. Could help with investigations of RX abuse
3. Medication Management forms, allergies, patient information, vaccination, Rx dose, time of day taking Rx, height, weight.
4. Should include if any patients had to discontinue any Rx and if they had any adverse reactions, allergies, or information about changes to Rx prescribed or which Rx replaced the original Rx prescribed, or if dose changed.
5. Accurate Rx allergy information
6. Sources of data needs to come from electronic transmission from pharmacies
7. Consumer choice for HRB data to be used for research or educational purposes.
8. The HRB model using the advertising approach can send information to consumers or it could allow consumers to search for information, based on request.

Concerns

1. Incomplete medication information due to consumer choice.
2. Time requirement to gather medication history from multiple sources.
3. Inconsistent medication information due to multiple Rx suppliers, and other retailers.
4. HRB be a mandatory model or optional.
5. For LouHIE to be successful, the data has to come from the provider and it has to be required.
6. Krogers and Walgreen - retail stores use their systems as marketing tools, and want consumers to come to the stores, and may not be willing to share their information freely for competitive reasons since it is a marketing tool.
7. Retail pharmacy may be unwilling to participate due to competition, unless the Rx list does not identify which pharmacies the patient purchases Rx from.
8. LouHIE should start voluntary with participation and later be required based on co-pays.
9. Pharmacies want to participate but want to protect their data.
10. Information may be incomplete if not state-wide.
11. Consumer frustration with redundant paper form preparation.
12. Control substances in Kentucky are linked to a common system in Frankfurt and pharmacists don't have access to the database, and hospitals have access only for investigative purposes.
13. Disease management programs have issues surrounding confidentiality and privacy.
14. Must be able to change the attitude of the patient in order to change their behaviors and best influenced by physicians.
15. Pharmacies could be a vehicle to educate consumers and direct to LouHIE.
16. Group does not agree that higher Rx prices could be charged for non-compliant, unhealthy behaviors.

Focus Group: Retail Services	Date: 09/26/07	Time: 9:30am – 11:30am
Facilitator: Barbara Cox	Scribe: John Baluch	

Interest: Desired Services

1. Listing of Rx being used for medication therapy management across care providers
2. Provide Rx usage patterns, alerts or reminders as part of services.
3. Need to develop a way to help the hospital Pharmacist to help manage the quality of patient care.
4. Consumers expect pharmacies to have a complete list of medication history for the consumer.
5. E-prescribing that uses health plan's formularies.
6. Providers want to be able to direct e-prescriptions to a desired pharmacy
7. To provide an Rx – drug class, that can be used to substitute one Rx for another Rx and would save cost as long as the Rx in the same Rx class meets the patient's care plan needs.
8. Ability to measure effect of medication therapy management, better compliance with Rx plan.
9. A medical database will give the pharmacist more time to talk with the patient.
10. Simplified, concise patient Rx information.
11. Medication Therapy Management is authorized under Medicare part-D, the pharmacist wants to know how they would document that they provided care so that they get reimbursed.

Interest: Payment Choices

1. Payers should contribute since they will get the cost savings.
2. Pharmaceuticals believe they should be paid.
3. LouHIE card could be used at pharmacies to collect a $1 fee to pay the pharmacy to deposit information into the HRB when a HRB bank card is used.

Focus Group: Seniors Group	Date: 09/24/07	Time: 2:30p.m. – 4:30p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

Attendees: 8

Benefits

1. Easy access in case of emergency with vital information readily available
2. Stop duplication of testing
3. Save Money
4. Helpful to their care, the best care
5. Accuracy and complete records available
6. Accessible demographic, next of kin, DNR, etc. information
7. Tracking of information
8. Disaster database ie Katrina in order to be able to ID people

How can access to health related information help you?

1. Ability to access readily
2. Keeping medication straight and clear, to the point of knowing whether it's filled or not.
3. Information and referrals that can increase the quality of care.
4. Tool that can facilitate a second opinion

Concerns

1. Hesitant to give out information based on education we are currently giving about ID theft.
2. Records need to be kept up with information in a timely manner.
3. Compliance of maintenance.
4. Proper training for administration in maintenance
5. Ability to know basic computer functions to participate
6. Fear of who can access information
7. Unable to generalize about senior population
8. How hard will it be to correct errors? Will it be like your credit report?
9. Who owns the record, the MD or the Patient?
10. The unknown of what EHR is.
11. Logistical short term nightmare but long term maybe the norm.
12. Herbals and samples will these be tracked?
13. There has to be a buy in from entities currently providing some of these services.
14. Prejudices

Interest: Desired Services

1. Ability for consumer to enter own information.
2. Phone access with voice command prompts
3. Consumer consent and ability to share information at the consumer level
4. Tracking system to see who has viewed your records.
5. Ability to track family member in an emergency
6. Wellness component: ability to track activity, health education, nutrition, alternative components. Recognition of programs.
7. Available community resources
8. A coherent summary of procedures and process with billing and information that can be easily read and interpreted.

Interest: Payment Choices

1. Cost share for insurance companies, Medicaid/Medicare

Focus Group: Seniors Group	Date: 09/24/07	Time: 2:30p.m. – 4:30p.m.
Facilitator: Barb Cox	Scribe: Marysol Imler	

2. Employer to pay as part of benefit package
3. Grant system that can be given to senior centers, adult day programs that can provide services
4. Bundled with a Medicare supplement and wellness program (may target just a specific population)
5. Enhancement to a supplemental insurance provider

Other :

1. Incentives for MD's, Pharmacy to participate, with many MD's dropping Medicare/Medicaid patients.
2. MTM currently managing if you are taking prescriptions
3. If someone you know or you trust and you see the masses "doing it" then they may follow
4. Having something that is not tangible is hard to protect.
5. Balance between privacy and benefits is so crucial
6. Seniors may trust MD or Pharmacist as a tool to promote
7. AAA and TRIAD have a call to remind of program

Focus Group: Taft-Hartley Benefits Fund	Date: 09/25/07	Time: 9:30am – 11:30am
Facilitator: Barbara Cox	Scribe: John Baluch	

Attendees: 11

Benefits

1. Medications maintenance and management
2. Preventing Rx allergic reactions

How can <u>access</u> to health related information help you?

1. Managing a family member's health status
2. Access to information during emergency care

Concerns

1. Privacy of information.
2. Lack of trust that information won't be shared or access without permission.
3. Nation-wide coverage beyond Louisville area may not be available.
4. Information misuse by insurers and the federal government.
5. Savings not being pass on the consumer.

Desired Services:

1. Keeping track of information for retirees
2. Wellness programs
3. Education on Rx management
4. Rx formulary management for generic Rx cost savings.
5. Ability to opt-in or opt-out
6. Education on how to discuss with doctors issues around cost of services or choices.

Payment Choices:

1. All of community, including employers should pay.
2. $1 PMPM would be acceptable

Focus Group: Technology	Date: 09/24/07	Time: 12pm – 2pm
Facilitator: Alan Dowling	Scribe: John Baluch	

Attendees: 7

1. Stay with the HRB principles.
2. Meet NHIN standards.
3. The model will be a nation-wide database model.
4. Scattered model has risk of missing information.
5. Centralized model the data will be more reliable.
6. The LouHIE central database cannot not be the of health records "source".
7. LouHIE central database model will only be a copy of the source data that is created by the care providers.
8. LouHIE will require a care provider to have their own electronic medical record system to upload data or will have to upload manually.
9. Could be a conflict between the NHIN model and HRB model: Would LouHIE give up the NHIN model to move forward? The committee has not discussed this yet.
10. Physician's office will use a web portal to access patient data.
11. LouHIE will have a standard by which messages for inbound/outbound will meet a nation-wide NHIN standard.
12. LouHIE will adopt standards at the national pace.
13. The business plan needs to take into account that the LouHIE technical committee does not want to take on too much risk.
14. There has been a merging of the ASTM with the Continuity of Care record, and HL-7 merged with the CCA – Composite Care Architecture. The Continuity of Care Document (CCD) represents the above as the standards that should be used by LouHIE to define the patient summary that a technology vendor will have to deliver
15. AHIC committee - Healthcare Information Technology Standards Panel (HITSP) - LouHIE should make as a vendor requirements.
16. Identity Management - need HIPAA compliance, meet privacy and security standards and have an audit log.
17. Operating Environment – needs to be available to all authorized users with appropriate levels of security.
18. There will be consumer services and commercial services (payers, providers, practitioners) – both will be quite different based on need.
19. Business Model question – is LouHIE an entity that is the IT service provider or outsourcing to a vendor to operate according to LouHIE standards.
20. LouHIE outsourcer management - need outside agency to do the auditing for compliance not just contractual items but also operational changes.
21. Technical committee needs to define what the technology requirements.
22. LouHIE should accept payer claims. Information.
23. Business plan needs tie in with the eHealth Corporation and the portal eHealth information.
24. Technical committee needs the business requirements; and "use" cases.
25. LouHIE big-bang deployment or phased deployment not decided.
26. Need to identify services that will achieve a critical mass with the community in order to have success.

Focus Group: Technology	Date: 09/24/07	Time: 12pm – 2pm
Facilitator: Alan Dowling	Scribe: John Baluch	

27. It was felt that the HRB should deliver: (1) Primary use is patient health record, (2) research, and (3) public health reporting. Selling access to secondary data that has been de-identified will be a source of income for LouHIE. The business committee needs to define the data repackaging requirements since it will impact the technology data provider.
28. Technology committee needs a clearer understanding of the business model in order to refine the technical model. The technical committee needs to have the technical requirements finalized between 10/10 through 10/20/07.

Appendix 3: Telephone Research Data

Original data available in excel spreadsheet titled “De-identified Telelephone Survey Data” at http://www.louhie.org/research reports.htm

Appendix 4: Demographic Analysis of Consumer Willingness to Use and Pay

Telephone Survey Analysis Supplement
December 7, 2007 By John Baluch

(Some of the counts do not add up to the total sample size of 386 because not all responses were given by consumers in all of the categories).

Phone Survey - sample size, # of households	**386**		
# households which have a disability	115	30%	of 386
# households with a disability and **willing to pay**	18	15.7%	of 115
# households with a disability and only use if FREE	49	42.6%	of 115
# households with disability **willing to use the HRB**	67	58.3%	of 115
# households which have a chronic illness	131	34%	of 386
# households with a chronic illness and **willing to pay**	25	19.1%	of 131
# households with a chronic illness and only use if FREE	44	33.6%	of 131
# households with chronic illness **willing to use the HRB**	69	52.7%	of 131
# households which have children	69	18%	of 386
# households with children and **willing to pay**	21	30.4%	of 69
# households with children and only use if FREE	27	39.1%	of 69
# households with children **willing to use the HRB**	48	69.6%	of 69

Age Analysis - willing to use if free or pay for HRB	**Age** < 23	**Age** 23 - 65	**Age** > 65
# households in different age categories **willing to use the HRB** **(206 of 348 responses with age given and either willing to pay or use if free)**	6	154	46
(example: 6 / 206 = 3%)	3%	75%	22%

Age Analysis - willing to pay for HRB	**Age** < 23	**Age** 23 - 65	**Age** > 65
# households **willing to pay** **(82 of 348 responses with age given and willing to pay)**	2	66	14
(example: 2 / 82 = 2%)	2%	80%	17%

Race Analysis - willingness to use for free or pay

	Caucasian: would use it (pay and/or if free)	**African-Amerian: would use it (pay and/or if free)**	**Hispanic-Latino: would use it (pay and/or if free)**	**Other: would use it (pay and/or if free)**	**Refused: would use it (pay and/or if free)**	**Totals**
# responded	195	28	0	7	0	230
# total in race category	324	40	1	17	4	386
% by race category	60%	70%	0%	41%	0%	

Appendix 5: Plan for Greater Louisville e-Health Survey 2007

Original plan available electronically through http://www.louhie.org/research reports.htm