

# Health Data Utility Models to Support Public Health

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**UHIN**

Leaders in interoperability for claims & clinical data

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Most of the information in this presentation represents the work of the following organizations:

- **Civitas Networks for Health - Civitas Networks for Health** is a national collaborative comprised of member organizations working to use health information exchange, health data, and multi-stakeholder, cross-sector approaches to improve health. Member organizations include HIE/HIN, RHICs, QIOs, APCDs. [Civitasforhealth.org](http://Civitasforhealth.org)
- **Maryland Health Care Commission & CRISP**
- **Consortium for State and Regional Interoperability**
- **California & Manifest MedEx**



What data do you need to be able to do your job effectively and efficiently?

Do you have access to the information you need?





# UHIN

UHIN was founded by health plans to solve the need for a central & trusted organization that focuses on standard electronic data (EDI) exchange.

In 2007, the Clinical Health Information Exchange (CHIE) was formed. Our HIE brings together a patient-centric, longitudinal record amongst disparate healthcare systems and organizations.



**Our Vision** is to create a more connected healthcare system that drives innovation, collaboration, and inclusiveness.





CHIE

# Health Data Utilities



## Definition

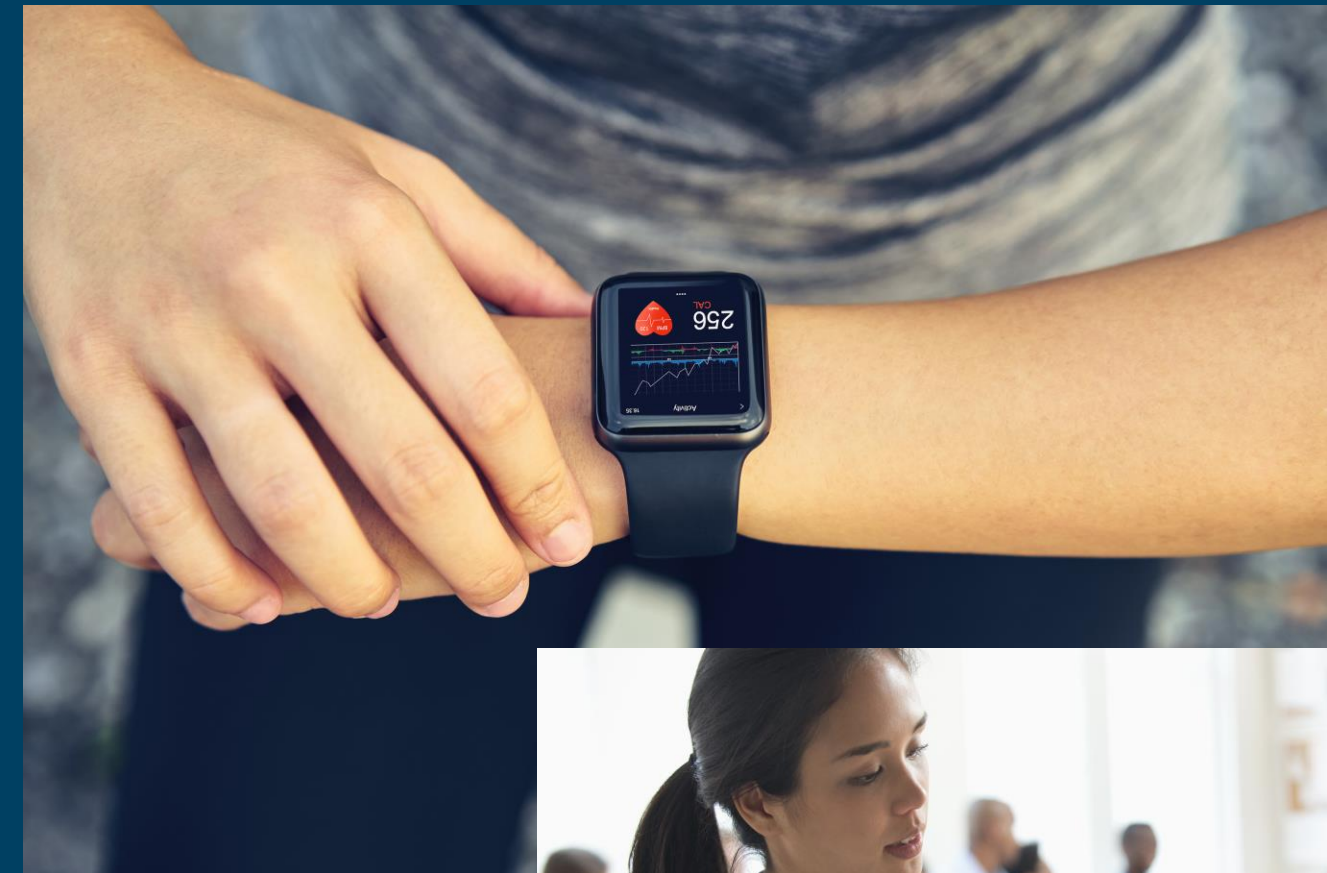
Models with cooperative leadership, designated authority, and advanced technical capabilities to combine, enhance, and exchange electronic health data across care and service settings for treatment, care coordination, quality improvement, and community and public health purposes through specific, defined use cases in accordance with applicable state and federal privacy laws protecting patient privacy..

- Civitas Networks for Health



# Use Cases

- Access
- Social care
- Consumer engagement
- Care delivery
- Public health
- Quality
- Analytics
- Research



# Necessary Conditions

- Shared vision
- Political Will/State policy
- Broad stakeholder participation
- Multistakeholder governance
- Legal framework
- Mature use cases
- Data privacy and security
- Secured funding




# Necessary Conditions

- Standards
  - Quality data
  - Consistent reporting
  - Technical services & infrastructure
  - Evaluate – demonstrated value
- 
- Suggest building on existing infrastructure



# HDUs can

- Break down data silos
  - Create comprehensive, linked data sets
  - Foster whole person care
  - Reduce manual work
  - Reduce outdated or missing information
  - Improve data quality and completeness
  - Efficiency – time savings
  - Cost savings
  - Provide a place for people to get the information they need
- 

# Where is this happening?


- Maryland - House Bill 1127
- California - Data Exchange Framework
- American Legislative Exchange Council Model Policy - Statewide Health Data Utility Act
- Other HIE



Is Utah  
ready?



# Is Utah Ready? – Political Will /State Policy

- Mixed political will
  - Legislation for standards and immunity
  - Legislation for entities participate with right to opt out
  - Some resistance due to privacy & data control concerns
  - Information Blocking
  - Varied priorities
- 

# Is Utah ready? - Broad stakeholder participation

- All hospitals connected with 45 sending data
- Just under 500 clinics
- Close to 30 home health & hospice
- Close to 30 long term care
- Some behavioral health
- Some public health
- 24 out of state hospitals in 5 states
- 34 HIEs across 27 states
- Few social service agencies





# Is Utah Ready? - Multistakeholder governance

- HIE Board with mix of
  - Payers
  - Hospitals
  - Provider
  - Public Health
  - Medicaid
  - UMA
  - UHA
  - QIO
- One Utah Health Collaborative
  - Board
  - Community group
  - Digital workgroup
- Digital Health Services Commission

# Is Utah ready? – Legal Framework

- Multiple agreements
- Not all consistent
- Policies
- Member requirements



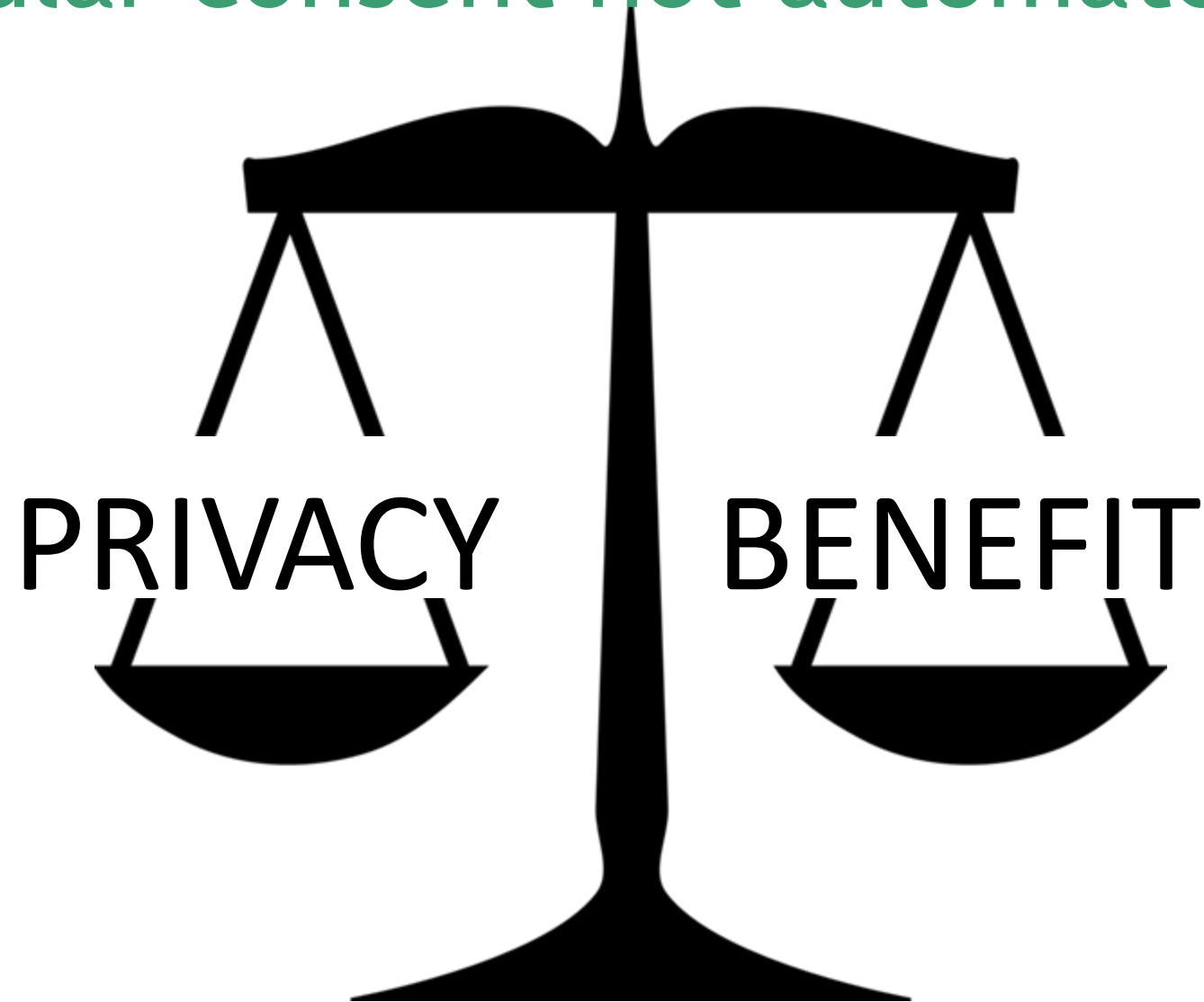
# Is Utah Ready? – Mature Use Cases

- Some but not all mature
  - Chronic Disease Reporting
  - EMS
  - Individual Access Services
  - Provider Directory
  - Social Determinants of Health/CIE
- Mixed Priorities



# Is Utah ready? Data privacy and security

- Some laws with restrictive sharing
- Some citizen, political concerns
- Understanding & Education
- Granular consent not automated



# Is Utah Ready? – Secured funding

- Fees - haven't meet initial model or been increased
- Time-limited, sporadic, project specific grants
- Ongoing sustainable funding has been a challenge



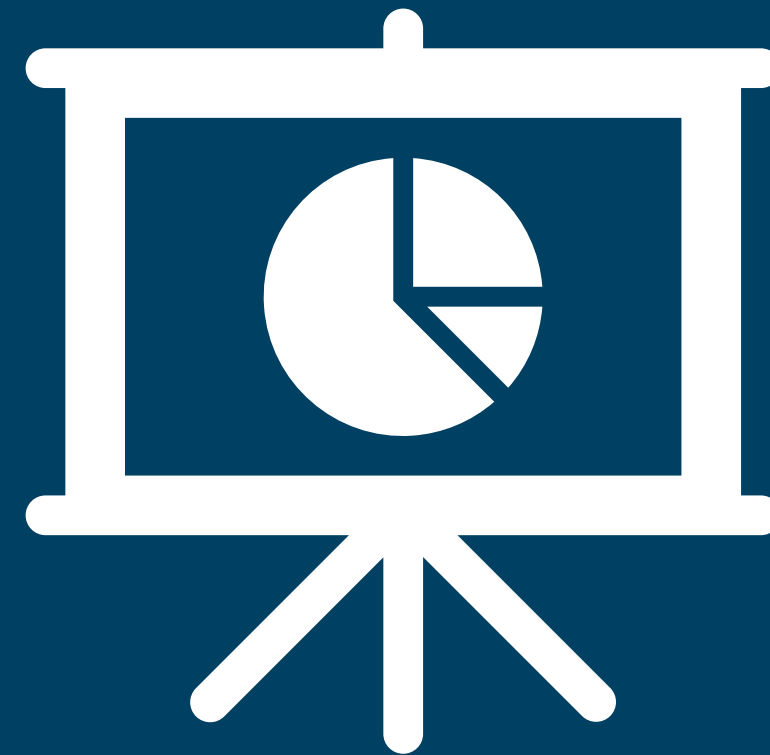
# Is Utah ready? - Standards

- DHHS & UID rulemaking authority for healthcare & payers
- National standards
- Discussions on standards for social service data



# Is Utah Ready? – Good quality data, consistency in reporting, evaluation

- Mixed – initial focus on volume not quality
- Areas of missing data
- Mainly clinical data



# Is Utah ready? – Technical services & Infrastructure

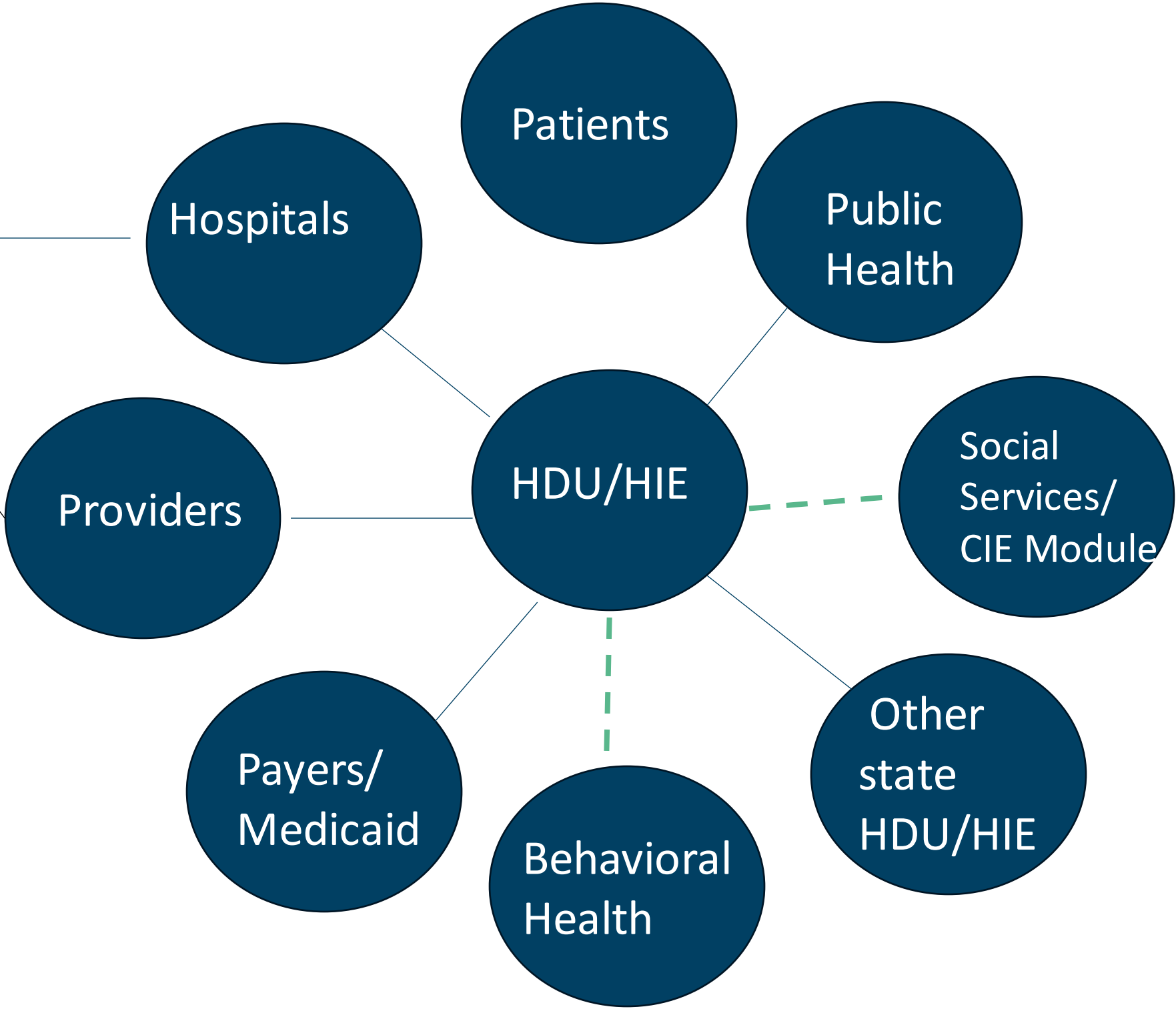
- Good base
- In process of upgrading
- Limited resources to support best infrastructure





# Existing infrastructure to build upon

- Primary care
- Specialists
- Laboratory
- Pharmacy
- Radiology
- Long term care
- Post acute care



- Food Pantry
- Housing
- Education
- Financial aid
- Transportation
- Employment

# Next Steps

- Decide whether to move to HDU model
- Educate
- Where will it live
- Governance
- Decide on use cases
- Resource



Are  
we  
ready?

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Questions?

