Electronic Health Records Workgroup
December 19 Report
(Modified 12-11-07)

Principles and Recommendation on Health information Technology

1. Health information technology is rapidly evolving and advancing toward its goal of improving access to healthcare, improving quality of care, enhancing efficiency, and reducing costs.

2. To be effective, health IT systems must be:

   - Be patient-centered and market driven.

   - Be based on approved standards arising out of the work of the committees sanctioned by the Office of the National Coordinator, and sound principles developed with input from stakeholders.

   - Protect the privacy and security of all health information.

   - Promote interoperability.

   - Ensure the accuracy, completeness and uniformity of data.

3. Widespread adoption of health information technology – critical to its success – can be best achieved by:

   - The market provides users a variety of certified products from which users can choose the one to best fits their needs.

   - There are incentives for healthcare providers to adopt the use of health IT and rewards for those providers who improve quality and efficiency through using health IT.

   - There are protocols for addressing critical problems such as unauthorized disclosure of protected health information and inaccurate or incomplete data.

   - The systems are financed by all who benefit from the increased quality, efficiency, savings, and any other benefits that result from health IT.

Goal #1: To make Iowa the national leader in the development and use of technology to utilize electronic health records and telemedicine systems

Goal #2: To utilize the aggregated data collected to improve the health provided to Iowans.

Goal #3: To lower healthcare costs, increase quality care and increase the likelihood of achieving universal access to healthcare, the state will establish a statewide network to transfer healthcare information in a secure and reliable environment by using one or more dedicated fiber optic systems.

Goal #4: To lower healthcare costs and increase quality care by using telehealth and telemedicine technology to care for patients needing specialty care throughout Iowa but in particular in areas underserved by medical providers.

Commission Proposal #1: Establish the Iowa eHealth Council

- Create a statewide governing and oversight public/private *eHealthCouncil in the Department of _____ to oversee the development and implementation of electronic health records, telehealth and other electronic health initiatives.*

- Establish a Board of Directors comprised of 7 individuals with broad experience and vision in health care and health technology and at least one member who will represent the consumer. The original appointees will be made in collaboration between the Governor's office, Chairs of the commission and the Chair of the EMR workgroup of the commission with Senate confirmation. Thereafter, the Governor will appoint with Senate confirmation.

- Ex-officio members would include:

  o Four legislators representing one from each caucus

  o Directors of DPH, DHS and ICN

- Duties of the Council

  o Promulgate rules, effectuate completion of the network and resolve any disputes in addition to making recommendations for improvement over time.

  o Appoint an *eHealthCouncil* Director with some administrative assistance, who will oversee the creation and operation of the network, perform varied tasks including troubleshooting and testing the system, measurement of utilization and mediation of disputes.

  o Create a Memorandum of Understanding among Iowa Communications Network (ICN), Iowa Hospital Association, Iowa Health System IHS, and all other

        entities who will eventually be connected to the system. Obtain signoff from as many as possible in 2008.

- o Insure that in the development and implementation of *eHealthCouncil* network, the privacy of the patient is protected.

- o Establish all the protocols necessary to conform to federal telehealth standards and Continuity of Care thresholds.

- o Direct ICN to create a plan for linking with the IHS fiber-optic system and estimate costs for same

- o Direct ICN to make available such bandwidth on the system as may be needed by Iowa providers (not limited to hospitals, physicians, long-term care centers, pharmacies and dentists,) and state (Medicaid services), federal (Medicaid and Medicare) and insurers for so long as said bandwidth may be needed.

- The Council will set aside grant funding in the amount of $3 million in 2008 to allow small hospitals to connect to the system.

- Set aside additional funding in pilot form for the operation of e-ICU's at Iowa hospitals.

- Define a formula for contributions to be made by each provider to access the system so that it can operate without state subsidy and at cost.

- Require a usage study on the first year of operation of the system, to determine if and how the system reduces expenditures for paper and other filing systems and increases efficiency and time management within the facilities.

- Consult the University of Iowa Hospital & Clinics and Broadlawns Medical Center separately to determine each institution's level of preparedness for the transition to an electronic environment.

- Require the *eHealthCouncil* Board to seek and apply for any existing federal or private grant funds that will assist in the construction of the system.

- Identify and address the infrastructure needs of the system.

- Promote the use of Continuity of Care Documents

- Educate Iowans about electronic health records and telehealth/telemedicine possibilities and benefits.

Commission Proposal #2: Steps to be taken to implement Telehealth and telemedicine proposal in 2009 by authorizing the eHealth Council to:

- Establish administrative or educational functions related to telehealth as an umbrella term to describe all the possible variations of healthcare services using telecommunications.

- Establish telemedicine procedures in providing direct provision of clinical care via telecommunications--diagnosing, treating or following up with a patient at a distance in all specialties of including but not limited to psychiatry, internal medicine, rehabilitation, cardiology, pediatrics, obstetrics and gynecology and neurology.

- Create rules that will overcome existing barriers for effective telehealth programs.

  - Out-of-state physicians can not practice unless licensed in Iowa.
  - Recommend legislation that private insurers must reimburse for telemedicine consultations as the same as face-to-face consultations.

- Incorporate the two different kinds of technology of "store and forward," a digital image ('stored') and then sent ('forwarded') by computer to another location; and two-way interactive television (IATV), used when a 'face-to-face' consultation is necessary.

- Direct the *eHealthCouncil* Board to define a formula for contributions to be made by each provider to access the system so that it can operate without state subsidy and at cost.

Commission Proposal #3: Implement a fully capable E-Prescribing Plan for Iowa

- Seek the input of pharmacists and all medical providers, hospitals, and state and federal Medicaid, Medicare, IowaCare and VA systems to have a statewide fully utilized system by 2010.

Commission Proposal #4: Coordinate with the Department of Health's IT workforce needs

- Seek the input of the community colleges and universities to address the workforce needs to carry out the initiatives of the eHealth Council.