

# Rooting the HIE

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# Agenda

- Background
  - Factors that affect local HIE environment
  - The significance of a bottom-up approach
- Southern Arizona Health Information Exchange (SAHIE)
  - Background
  - Extracting requirements
  - Business model
  - Governance

# Background

# Local Environment Variations

- Rural/urban
- Population density, economic prospects
- Presence or otherwise of uninsured
- Dominance by handful of employers
- Presence/absence of specialties
- Large hospital chains in competition
- Single hospital dominance
- LTC facilities in cooperative mode

# Business Model Range

- Tax-based:
  - Tax on claims/covered lives
  - Tax district and sales tax
- Employer-based
- PHR-based
- Hospital-centric
- Long term care-based
- Subsidy and grant model
- Benefit-based

# Range of Aspirations

- Improvements in:
  - Cost containment
  - Patient safety
  - Research potential
  - Administrative simplification
  - Patient-clinician relationship

# So What?

- Given the range of possibilities, difficult to posit any solution as a role model
- However, some observations are relevant
  - Perception of healthcare:
    - It is in crisis
    - Everyone is afraid of any change
    - There is considerable resentment of the status quo
  - Technological advance could help, but is not the cure in itself
  - If change is to happen, it probably is safest done in an environment of trust
- Seems reasonable to see the need for collaborative progress on HIT/HIE

# Southern Arizona Health Information Exchange SAHIE

# Quick History

- Conceptualized in 2004, formal start in 2006
- Directive Principles
  - Self-sustaining non-profit
  - Respect to all privacy rights
  - Level playing field
  - Technology-agnostic to participants
  - Work to Arizona State's roadmap
- Phase-wise implementation
  - Stakeholders to fund one phase at a time, with choice to go/no-go option at end of each

# Multi-Dimensional Approach

- Governance
  - Type of entity
  - membership
- Business
  - Integrating ROI into design and governance
  - Resource mobilization and allocation
- Technology
  - Design options
  - Vendor decisions
- Adoption
  - Expanding the HIT/HIE base in the community
  - Coordination with other entities

# SAHIE and Community Participation

- Phase 1:
  - Early decisions
    - No to building field of dreams
    - Decision to first determine community needs, then remain sensitive to them
    - IBM consultants
    - Community workshops to extract system requirements
    - Business model directly based on directive principles
    - Business plan rooted in business-like approach
- Phase 2
  - Stakeholders increase
    - Funding and Community members in Steering Committee
  - Steering Committee and community at heart of
    - Designing governance
    - Determining technology and vendor selection

# Highlights of the Processes

- Participation agreement
  - Data user, supplier, or both
- Constant feedback to and from community through
  - Steering Committee
  - Representative sub-committees
    - Governance
    - Finance
    - Technology
    - Adoption

# Outreach

- Consumers:
  - Looking for consent/assent to participate
  - Systematic outreach at HIT-general and SAHIE-specific levels
- Clinicians
  - Pave the way for willing participation
  - Ensure buy-in from the design stage onward
  - Outreach on a priority basis
    - ER
    - PCP
    - Specialists

# Summing Up

- Ours may not be the business model for everyone
- We may not be the role model for everyone
- Whatever you may choose, please remember
  - The challenge of community support
  - “Community” is more than just clinics, hospitals, and their personnel
- Not easy to build unless it is front and center from the start

# Contact Information

- Questions?
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