

Health Information Exchange: Using Data for Achieving Better Health Care

Terry Reusser, Chief Information Officer, Department of Health
Patricia Montoya, Director, New Mexico Coalition for Healthcare Value

Report to the Legislative Health and Human Services Committee
October 20, 2015



NMDOH is a Rich Source of Data

- The department manages a wide variety of data about people, health, healthcare quality, and preventive and educational services
 - Vital Records (Birth and Death Certificates)
 - Vaccinations
 - Disease
 - Hospital Quality
 - Developmental Disabilities
 - Home Health Services
 - Nutritional Services
 - Family and Children Healthcare
 - Environmental
 - Outpatient
 - Emergency Medical Services
 - Aging and Long-Term Care
 - Electronic Health Records
 - Behavioral Health
 - Laboratory Results
 - Pharmacy / Prescription Management
 - Seven Divisions
 - Over 100 programs
 - Over 350 applications and databases



Complexities of Managing this Data

- **Redundant efforts to capture data**
 - Collecting the same data multiple ways
 - Duplication of data in multiple systems affects infrastructure
 - Inconvenience to data providers to report multiple times
 - Inconvenience to patients filling out forms and answering questions
 - Difficulty in understanding the one "true source" of the data
- **Timeliness of data collection**
 - Collection of data is not timely enough to be useful
 - The ability to report on data is not frequent enough to provide value
- **Inability to integrate meaningful related data sources**
 - Lack of valuable standards across multiple sources of data
 - Inability to link sources of data for complete picture of healthcare
- **Security**
 - Strict guidelines from the Office of Civil Rights (OCR) to protect patient privacy according to the Healthcare Information Portability



103

Driving Forces for Use of Data Innovation

- Centers for Medicaid and Medicare (CMS) incentive programs to use Electronic Healthcare Records (EHRs) in a meaningful way
- Health and Human Services (HHS), Office of the National Coordinator (ONC) for Health Information Technology initiative to build interoperable solutions
- State Innovation Model (SIM) awards to design and test models for the improvement of the healthcare delivery system
- Affordable Care Act (ACA) requirements to reduce costs
- Consumer demand for access to data
- Public demand for better quality data



104

Opportunities

- Integration of current data systems
 - Identify the "dark data" that lies dormant and leverage or lose it
 - Consolidate and link data sources to bring more meaning
 - Develop common core set of data elements and standards that the allow all sources of data to be combined such that a complete picture of the continuum of care is easily accessible
 - Absent the lack of applicable universal standards, prepare to be flexible in collecting multiple forms of data and connect the data
- Collaboration
 - Exchange data with other entities (Human Services Division, Children Youth and Families, Public Education, Environment Department, Department of Workforce Solutions)
 - Extend collaboration to the community (Community wellness programs, City government, Rural Healthcare Providers)
 - Partner with local, state and regional exchanges



Opportunities

- Transparency
 - Multiple stakeholders are involved in collecting, managing and using data related to healthcare
 - Looked at in a collective manner, the data can become much more useful
 - The data has to be available, to the right people at the right time



Questions?



107

Hospital Quality and Transparency Statistics for Fiscal Year 2015

- DHI licensed 53 hospitals
 - 40 Acute Care (35 nationally accredited)
 - 4 Psychiatric (all nationally accredited)
 - 9 Critical Access (4 nationally accredited)
- DHI completed 41 hospital surveys
 - 4 Recertification
 - 1 Accreditation Validation
 - 36 Complaints (out of 546 received)
 - 3 Emergency Medical Treatment and Labor Act (EMTALA)



108