

HB 1782 HD 2

**Measure
Title:**

**RELATING TO HEALTH
INFORMATION EXCHANGE.**

**Report
Title:**

Health Information Exchange

Description:

**Creates an office of state
coordinator of health information
exchange to assist in developing a
health information exchange
program. (HB1782 HD2)**

WRITTEN ONLY

TESTIMONY BY GEORGINA K. KAWAMURA
DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE
STATE OF HAWAII
TO THE SENATE COMMITTEE ON HEALTH
ON
HOUSE BILL NO. 1782, H.D. 2

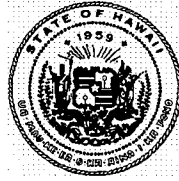
March 20, 2009

RELATING TO HEALTH INFORMATION EXCHANGE

House Bill No. 1782, H.D. 2, creates an Office of State Coordinator of Health Information Exchange and a Health Information Exchange program within the Department of Accounting and General Services to coordinate local efforts, identify funding sources, integrate State health programs and participate in the National Health Information Technology Network. The program would be financed by the Hawaii Information Exchange Special Fund created by this bill. This special fund would generate revenues through legislative appropriations, federal funds, grants, and any other revenues designated for the fund. The bill further appropriates an unspecified amount from the general fund in Fiscal Year 2012 and 2013 for deposit into this fund and an unspecified amount from the special fund in 2012. This bill makes no other appropriation to fund the program.

As a matter of general policy, this department does not support the creation of any special or revolving fund which does not meet the requirements of Sections 37-52.3 and 37-53.4 of the Hawaii Revised Statutes. Special or revolving funds should: 1) reflect a clear nexus between the benefits sought and charges made upon the users or beneficiaries of the program; 2) provide an appropriate means of financing for the program or activity; and 3) demonstrate the capacity to be financially self-sustaining. It is difficult to determine whether the fund will be self-sustaining.

LINDA LINGLE
GOVERNOR



LILLIAN B. KOLLER, ESQ.
DIRECTOR

HENRY OLIVA
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

March 20, 2009

MEMORANDUM

TO: Honorable David Y. Ige, Chair
Senate Committee on Health

FROM: Lillian B. Koller, Director

SUBJECT: **H.B. 1782, H.D. 2 – RELATING TO HEALTH INFORMATION EXCHANGE**

Hearing: Friday, March 20, 2009, 3:00 p.m.
Conference Room 016, State Capitol

PURPOSE: The purpose of this bill is to create an office of state coordinator of health information exchange within the Department of Accounting and General Services and creates a health information exchange program (HIE).

DEPARTMENT'S POSITION: The Department of Human Services (DHS) appreciates the intent of this bill, but given the current fiscal difficulties, it would not be economically feasible to appropriate State funds at this time.

DHS strongly supports the need for an investment in health information technology (HIT). The establishment of a health informatics infrastructure with interconnectedness and has the potential of having a tremendous positive impact for improving quality of care while reducing healthcare costs. The exchange of clinical information would be a quantum leap in the way healthcare is delivered and reimbursed.

The infrastructure requirements include the use of EHRs, electronic prescribing, standardized electronic reporting of laboratory data, and a health information exchange (HIE). Another key aspect is a master patient index, the use of which will likely need to be mandated

through legislation for the HIE to be effective. It will take some time for providers to convert from their provider specific medical record number to the master index, so this is a policy that should be prioritized.

Now is an excellent time to invest in health information technology (HIT) because the American Recovery and Reinvestment Act (ARRA) includes billions of dollars for HIT investment, including 100% Federal funding for EHRs. In 2011, the Federal match peaks, so any State investment would be worth the most this year. Federal match continues to be available for out years, but the match rate decreases.

The payers, including the State, insurers, and employers, have the greatest return from investing in HIT and, therefore, have the biggest incentive for its implementation. Other stakeholders may not have the same business case or motivation. However, to maximize obtainment of Federal funds, having an actionable strategic plan completed by the end of State fiscal year 2010 is essential.

While we understand the intent of the make-up of the Task Force, we believe that it is too large. The Task Force could better function as a council with broad representation that could oversee the work of issue specific work groups and coordinate those activities. Work groups could address issues such as incentives for adoption and data exchange, privacy and security, and standards. We do believe that it is critical to involve all stakeholders at the beginning, but also understand that it is important to work expediently. Again, we would like to clearly communicate the need for this group to feel a sense of urgency to accomplish their task.

There are three major pieces that need to be addressed: increasing use of EHRs (adoption), ability to exchange data (interoperability), and actual exchange of data (interconnectedness). To a degree, these can occur concurrently. While the strategic plan is being developed, the State Coordinator could be working on adoption. It might be beneficial for this office to have the lead for administering financial incentives for adoption available through the ARRA.

DHS respectfully offers the following specific comments on the bill:

p.7 (8) The date of implementation commencement might instead occur after completion of the plan.

p.8 (e) This section should be removed. We believe that disclosure of financial conflicts of interest is important, but limiting selected products or vendors to non-profits may be just that, limiting, and potentially have an unintended negative impact. Transparency may be more important than profit status.

p.10 (2) This section should be removed. The focus of the office should be creating the HIT infrastructure. Determining the State role, through this office, for quality and efficiency oversight requires a much greater degree of dialogue and public input.

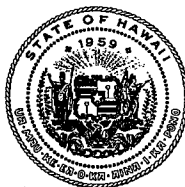
p.14 (b) The strategic plan should specifically address this issues of adoption, interoperability, and interconnectedness; privacy and security; and maintenance and standards. This may be the group to begin developing or endorsing a generally accepted set of quality and efficiency measures using clinical data. Unless the strategic plan has phases, it's unclear what would need to be submitted each year.

p.16 (4) Would add implementing to operating and administering.

p.17 (b) There is tremendous public health potential with a Statewide HIE, but we believe the specified tasks may not be appropriate for the Department of Health. These tasks relate to a quality plan that would need to be developed, but only after the infrastructure was well enough established.

In summary, DHS supports the intent of this bill, recommends taking advantage of available Federal funding for HIT included in ARRA, and seeks to communicate the urgency with which an investment in HIT and establishment of a statewide interconnected infrastructure is needed.

Thank you for the opportunity to testify on this bill.



STATE OF HAWAII
DEPARTMENT OF HEALTH
P.O. Box 3378
HONOLULU, HAWAII 96801-3378

In reply, please refer to:
File:

SENATE COMMITTEE ON HEALTH

H.B. 1782 HD2, RELATING TO HEALTH INFORMATION EXCHANGE

Testimony of Chiyome Leinaala Fukino, M.D.
Director of Health

March 20, 2009
3:00 p.m.

- 1 **Department's Position:** The Department offers comments to continue the discussion with public and
2 private stakeholders to explore how such an initiative might be achieved in Hawaii.
- 3 **Fiscal Implications:** None.
- 4 **Purpose and Justification:** HB1782 HD2 amends the measure so that the Department of Accounting
5 and General Services rather than the Department of Health is now responsible for establishing the office
6 of state coordinator of health information exchange to coordinate local efforts, identify funding sources,
7 integrate state health programs, build the Health Information Exchange system (HIE) and participate in
8 the national health information technology network. The measure also establishes e-health council that
9 shall meet annually until it sunsets on June 30, 2014. The Department recognizes the potential
10 economic and health benefits of establishing a HIE infrastructure in Hawaii and offers a few comments.
11 The Department does offer the experience of currently developing the Hawaii Health Emergency
12 Surveillance System (HHESS) that may be helpful in showing that the State is working with major
13 healthcare providers to develop an information system on a platform that is one model for the HIE.
- 14 The measure proposes that the taskforce to develop a ten year strategic state HIE plan and for the
15 Departments of Health and Accounting and General Services to jointly submit assessments and submit

1 these two documents no later than January 1, 2010. These are both demanding and time consuming
2 processes that may be competing mandated tasks to applying for the federal stimulus funding through
3 the American Recovery and Reinvestment Act (ARRA) of 2009. The Department proposes that the
4 timeline on the measure be supportive of the task group and State departments working towards
5 applying for the competitive ARRA grants to develop the HIE. We respectfully recommend that what is
6 required is an update on the progress towards applying for the ARRA Health Information Technology
7 (HIT) grant. Also, this allows the participants the opportunity to align the state plan to the federal
8 requirements for developing an HIE with stimulus dollars.

9 The Department also finds that setting healthcare assessment requirements for the HIE is
10 premature [see Section 3(b)] and recommends that an evaluation plan be part of the development of the
11 state strategic plan and that stakeholders together determine the measures. Also, to meet the changing
12 needs of and opportunities for consumers, healthcare providers, payers and government, we also suggest
13 the state strategic plan be for five years with the intent of being reviewed and updated.

14 The Department is concerned about additional agency requirements during this current period of
15 financial constraints and possible workforce reduction. We respectfully request that this measure be
16 passed with reservations for the purpose of dialogue on advancing innovations in public health to
17 monitor the well-being of Hawaii's people.

18 Thank you for the opportunity to provide testimony.



Hawai'i Primary Care Association

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www.hawaiipca.net

To: **The Senate Committee on Health**
The Hon. David Y. Ige, Chair
The Hon. Josh Green, MD, Vice Chair

Testimony on House Bill 1782, HD2 (Support with Amendments)
Relating to Health Information Exchange
Submitted by Beth Giesting, CEO
March 20, 2009, 3:00 p.m. agenda, Room 016

The Hawaii Primary Care Association agrees with the premise of this bill: that exchange of critical health information among providers needs to be actively and thoughtfully nurtured in Hawaii. However, we do not believe that creating an office to oversee health information exchange practices at the State Department of Health is a good strategy.

The Hawaii Primary Care Association is a member of the Hawaii Health Information Exchange (HHIE), which is in the process of incorporating as a charitable nonprofit organization. HHIE is a forum that brings together individuals and organizations which have the most to contribute toward and gain from successful health data exchange. Its vision includes ensuring that technology supports the exchange of crucial clinical information across institutions and providers to improve health care outcomes, reduce duplication of services, increase the accuracy and timeliness of transitional care between provider institutions, and eliminate errors. Its work focuses on addressing privacy and security concerns, appropriate system and technology solutions, and provider engagement.

Because HHIE is already well underway and has the commitment of health care leaders knowledgeable about data exchange issues, we support this bill only if DOH or the Department of Accounting and General Services contracts health information exchange activities to an entity, such as HHIE, experienced in addressing these complex and dynamic issues.

Thank you for the opportunity to support this bill.

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

March 20, 2009

The Honorable David Ige, Chair
The Honorable Josh Green M.D., Vice Chair

Senate Committee on Health

Re: HB 1782 HD2 – Relating to Health Information Exchange

Dear Chair Ige, Vice Chair Green and Members of the Committee:

The Hawaii Medical Service Association (HMSA) appreciates the opportunity to testify on HB 1782 HD2. HMSA supports the intent of this measure.

A health information exchange (HIE) is defined as the mobilization of health care information electronically across organizations within a region or community. An HIE provides the capability to electronically move clinical information among different health care information systems while maintaining the meaning of the information being exchanged. The goal of an HIE is to provide safer, more timely, efficient, effective, equitable, patient-centered care. This goal is one that works in concert with those which HMSA is currently promoting including e-prescribing and increased use of electronic medical records.

As you are aware, Hawaii is on its way to becoming a national leader in the field of health care technology. Earlier this year, HMSA launched its Online Care program, aimed at improving access to care throughout the Islands. Residents can speak with a local physician from HMSA's network of credentialed participating physicians 24 hours-a-day, 7 days-a-week. In conjunction with this project HMSA is talking with other community entities to examine how an initiative such as an HIE could be developed in Hawaii.

It is also important to note that the American Recovery and Reinvestment Act of 2009 (ARRA) contains language encouraging the increased use of health information technology (HIT) through the awarding of grant monies to states. We appreciate changes being proposed to this measure to mirror the federal legislation. It does seem however that language in the measure is actually more restrictive by requiring that designated entities interested in these projects engage in a procurement process. We believe that this will create additional burdens for organizations wishing to develop HIT and could hinder the entire process. This requirement is not required in the federal law and we are unsure that its inclusion is necessary.

We believe that the best option to obtain funding under the ARRA is through a public-private partnership between all interested health care stakeholders to build a statewide network. This public-private partnership would ideally consist of the Legislature and the appropriate state agency which would be responsible for designating an entity as a "state designated entity" as required under ARRA. This would allow for rapid response and action. It is important to note that stakeholders are already mobilizing in the community so that Hawaii can be one of the first states to qualify to receive funding.

We would also take the opportunity to cite a study performed by the University of Massachusetts Medical School for Health Policy and Research conducted for the State Alliance for e-Health. The State Alliance was created by the National Governors Association Center as an initiative designed to improve the nation's health care system through the formation of a collaborative body that enables states to increase the efficiency and effectiveness of the HIT initiatives they develop. This study examines and reports comments from individuals involved in effective HIEs currently operating across the nation with a focus on governance, funding, and operating systems. The study discusses three models of governance of HIEs:

- Government Led Electronic HIE
- Electronic HIE Public Utility with Strong Government Oversight
- Private-Sector Led Electronic HIE with Government Collaboration

As included in the report, comments from individuals seem to indicate that the private sector led model offers the most flexibility and ability for sustained funding:

This model was seen as the most flexible and easiest to respond to changing technology and other market pressures. It also is less likely to be influenced by political change and public financing challenges. Government still has a role, but on equal footing to other purchasers and stakeholders. It also allows for a balanced approach to financing structures so that benefits and costs can be aligned.

We concur with the report's finding that regardless of the structure chosen to oversee HIE efforts, it must be ensured that any proposed HIE system promotes interstate interoperability and is compatible with national networking efforts. We are excited by the opportunities presented by the ARRA funding for Hawaii and hope that any legislation passed by the state does not hinder the community's process to move forward and receive federal funding.

Thank you for the opportunity to testify today.

Sincerely,



Jennifer Diesman
Assistant Vice President
Government Relations

HMSA



An Independent Licensee of the Blue Cross and Blue Shield Association

Pacific Health Information Exchange

Mission

In five years, connect consumers and providers to a single source of real-time health information in the Pacific, enabling personal responsibility and professional excellence in healthcare.

The cost of healthcare in the United States is crippling the national economy and increasingly becoming a barrier to access. In 5 years given the current 8.8% rate of increase, medical and drug coverage for a family in Hawaii will be about \$2,000 per month or \$24,000 per year.

There is growing consensus that the real-time sharing of comprehensive patient centered medical information between consumers and providers will lead to greater personal responsibility in caring for one's health, a significant decrease in medical errors, and improved adherence to best practice guidelines. These developments must be part of any meaningful effort to solve the healthcare cost crisis.

The Virtually Integrated Vision

1. Create 24/7 access to healthcare by removing barriers of geography and information through Internet and information technology.
2. Everyone is connected, consumers with personal health records and personal remote monitoring devices as needed; and providers, with electronic medical records.
3. Everyone has a primary care physician.
4. Algorithms sift through demographic and clinical data to identify lifestyle and medical best practices for the individual.

A health information exchange is the basis for this vision.

The Hawaii Opportunity: Small enough, big enough, and ready enough

Approximately 1.3 million people live in Hawaii on six islands. Most of the population and most of the providers reside on Oahu, and the rest of the State is technically a rural community with many underserved areas. Healthcare is provided by 3,200 physicians, 30 hospitals, and 20 labs. An integrated information system coupled with online healthcare will improve access and quality, especially in rural areas. As an isolated State, Hawaii's size is small enough to reduce implementation risk but big enough to surface the complexities inherent in a scalable model.

Hawaii is also technologically ready enough. Healthcare organizations have made significant investments in health information technology. Three major delivery systems, Kaiser, Queens, and Hawaii Pacific Health, have

implemented the EPIC electronic medical records which can connect with an information exchange using national standards. HMSA has funded approximately 2.5 million dollars in grants to 160 physicians to install electronic medical records and 2 million dollars to the Maui Medical Group to create a local health information exchange working with Wellogic. The major clinical laboratories in Hawaii also are connected to electronic medical records. Most recently, HMSA working with American Well and Microsoft has created an online healthcare marketplace allowing care, informed by personal health records or clinical summaries, to be delivered online 24x7.

The Hilo Medical Community: Proof of Concept

Hilo's population of 41,000 (2000 census) and limited number of providers make creating a virtually integrated medical system, a medical community, possible. Each resident would be in a medical home led by a primary care physician. These medical homes would be part of a medical community created by integrating Hilo physicians' electronic medical records, the Hilo Hospital, Hilo labs and pharmacies, and specialists and tertiary hospitals on Oahu. To further improve accessibility to specialist care, the capacity for virtual visits using Cisco HealthPresence would be developed. A space, a POD (Patient Online Diagnostics) will be created in Hilo where a patient can be examined through high definition television and other sensors by specialists on Oahu.

The Hilo Medical Community would be a compelling case demonstration of the full potential of a health information exchange. This model can then be expanded to the rest of the Big Island, then perhaps to Maui, and the rest of Hawaii. This phased approach would minimize the technical risk of a state wide implementation and allow the community outreach essential to make the system work.

Connecting Hawaii and the South Pacific

Many South Pacific Islanders come to Hawaii to receive major or complex medical services. Connecting their providers to the health information exchange would enhance continuity and quality of care. After the model has been developed in Hawaii, U.S. Trust Territories including Samoa, Guam, and Marianas will be connected to the Pacific Health Information Exchange.

Challenges: Amassing Social Capital and Making it Sustainable

As challenging as the technical aspects of this project may be, creating alliances among providers and educating the public might be even harder. The value of the system increases to the degree that information is captured and shared, but there may be competitive issues, liability and privacy concerns, and administrative costs which must be addressed. Amassing the social capital needed is critical and will be easier if the Pacific Health Information Exchange is administered by a private, non-profit entity whose independence is recognized by providers, health plans, and groups. At the same time a steering committee and advisory board must consist of key stakeholders and community leaders. A list of these organizations and individuals is attached.

After a successful implementation, a business model to sustain the operations of the health information exchange is needed. Whether it be transaction based fees, fees for services to users, grants, or any combination, the model must fairly distribute the costs of the system based on the value it creates for different users. Eventually a not-for profit business company, the Pacific Healthcare Innovation Center, would operate the Pacific Health Information Exchange with the goal of realizing its full value over decades.

Phases

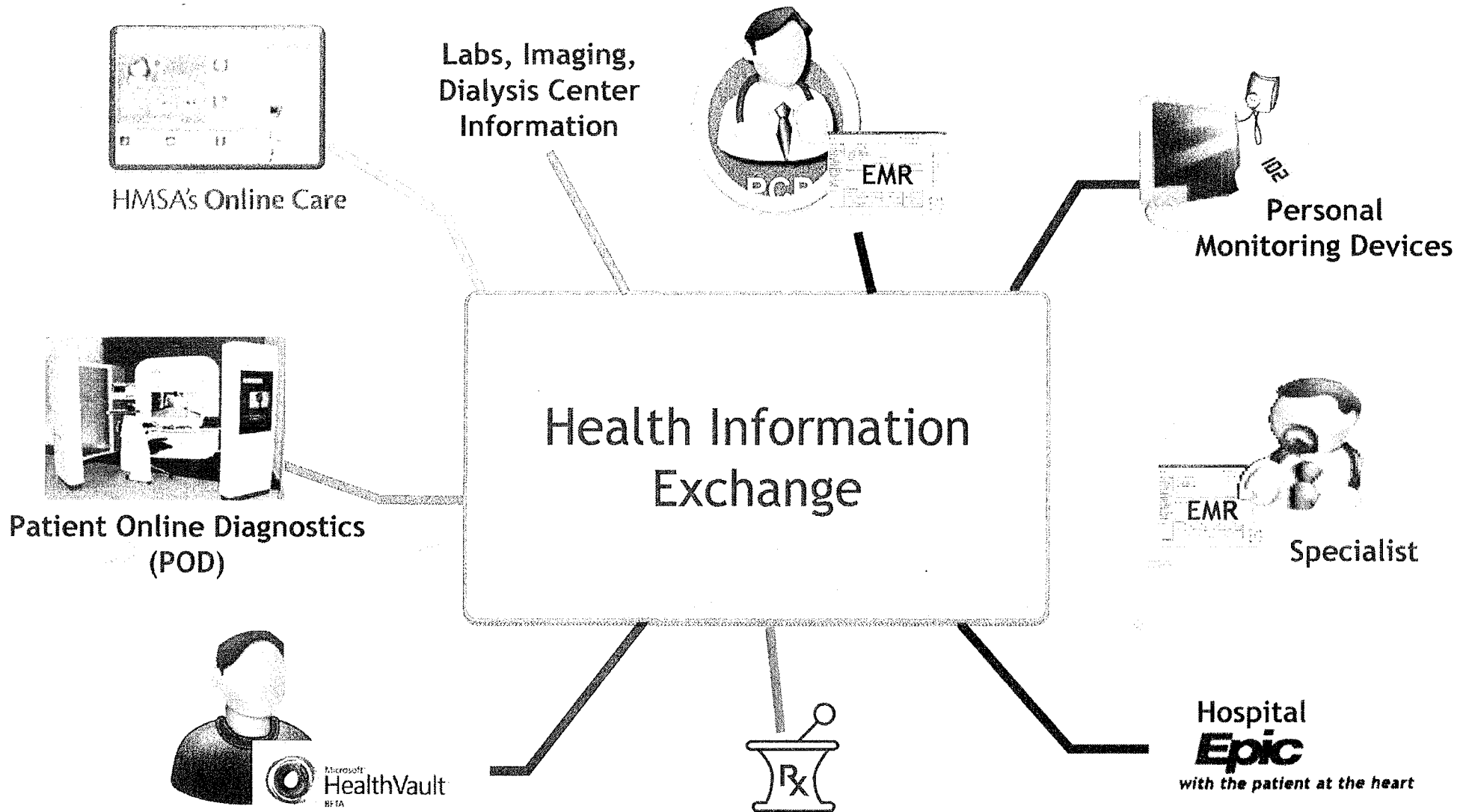
Phase 1: Implement the PHIE Pilot in Big Island of Hawaii 7/1/09 -10/1/2010

Phase 2: Extend the PHIE on second Hawaiian Island (Maui or Kauai) and Pilot PHIE in U.S. Trust Territory 10/1/2010 -10/1/2011

Phase 3: Extend the PHIE on the remaining Hawaiian Islands and U.S. Territory Pacific Islands 10/1/2011 -1/1/2013

Phase 4: Create Pacific Healthcare Innovation Center, as a sustainable not-for-profit healthcare service organization 1/1/2013 -1/1/2014

Virtually Integrated Healthcare Delivery





Friday March 20, 2009, 3:00 pm, Conference Room 016

To: COMMITTEE ON HEALTH
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

From: Hawaii Medical Association
Gary A. Okamoto, MD, President
Philip Hellreich, MD, Legislative Co-Chair
Linda Rasmussen, MD, Legislative Co-Chair
April Donahue, Executive Director
Richard C. Botti, Government Affairs
Lauren Zirbel, Government Affairs

Re: HB 1782 RELATING TO HEALTH INFORMATION EXCHANGE.

Chairs & Committee Members:

Hawaii Medical Association supports this measure because it will help physicians obtain more advanced technology.

Thank you for the opportunity to provide this testimony.

OFFICERS

Gary Okamoto, MD
President

Robert Marvit, MD
President Elect

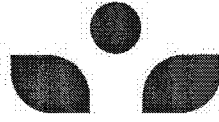
Cynthia Jean Goto, MD
Immediate Past President

Thomas Kosasa, MD
Secretary

Jonathan Cho, MD
Treasurer

April Donahue
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HO'OKELE

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To: **The Senate Committee on Health**
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

**Testimony on House Bill 1782 (Support the Intent with Reservations)
Relating to Health Information Exchange
Submitted by: Dew-Anne Langaon, Ho'okele Personal Health Planners, LLC
March 20, 2009, 3:00 p.m. agenda, Room 016**

Dear Honorable Chair, Vice Chair and Committee Members,

I support the intent of this bill but believe that the coordination of statewide Health Information Exchange efforts should include healthcare providers in its leadership and be designated to an entity such as the HHIE, experienced in addressing these complex and dynamic issues.

My name is Dew-Anne Langaon, and I am a co-founder of Ho'okele, a personal health navigation services company. Ho'okele navigators are RNs, social workers and retired physicians who help individuals navigate the complicated healthcare and eldercare systems. The very first step in our care coordination process is the gathering and compiling of medical records for individuals who often are in a crisis and need help quickly. Presently, this is an arduous and inefficient task that can delay our ability to respond to a family's needs. The timely electronic compilation of critical medical information via an information exchange is critical in improving care coordination, improving quality, reducing cost and empowering individuals to actively participate in their health care especially when faced with a crisis.

As such, I also serve as a Board member and the Treasurer of the Hawaii Health Information Exchange (HHIE), which is in process of incorporating as a charitable nonprofit organization. HHIE is a forum that brings together key providers, individuals and organizations which are committed to developing a health data exchange that can safely and securely allow data to flow smoothly and accurately between providers for all citizens in the state of Hawaii. Our volunteer members have been working diligently for the last four years to develop a model that can serve the needs of patients for coordinated care while at the same time respects the concerns of providers over the ownership of medical records used in treatment decisions. It is a testament to the dedication of the members of the Board who have persisted through hours of discussion to this point today when consensus has been reached amongst some of the largest providers of

healthcare in the state on an overarching structure, data standardization process and a sustainable financial model for a nonprofit health information exchange.

With proper governance and resources, the benefits of a health information exchange in improving care coordination for Hawaii's patients are numerous and include: improved health care outcomes, reduced duplication of services, increased accuracy and timeliness of transitional care between provider institutions, and elimination of errors due to discontinuity. The Hawaii Health Information Exchange is an organization dedicated to addressing these issues in Hawaii and is in a position to provide the leadership required to address the myriad of political, social, legal, as well as technical issues involved with a functioning health information exchange.

The composition of the Task Force in HB 1782 does not include representation of the providers in the community. We recommend that any statewide HIE taskforce include in its leadership the healthcare providers directly responsible for managing and maintaining patient's clinical information. It is imperative to have these providers, ultimately the primary users of a health information exchange, involved from the beginning.

Additionally, the bill contains terms which limit the ability to create a sustainable financial model by precluding the health information exchange from having any relationships with for profit organizations. Such a provision is short sighted and limiting as any successful health information exchange must be a partnership between the public and private sectors including for profit organizations. Many health care providers are for profits such as labs, pharmacies, physicians, diagnostic imaging centers as well as key information technology vendors who would be needed to provide the technical solutions. Developing a funding stream between healthcare stakeholders and the health information exchange is a common model for successful data exchange organizations both within and outside of healthcare and a business model based on such relationships will be required to create a sustainable organization indefinitely.

Thank you for the opportunity to support this bill with reservations.

Hawai'i Health Information Exchange

345 Queen Street | Suite 601 | Honolulu, HI 96813-4718 | Tel: 808.536.8442 | Fax: 808.524.0347

To: **The Senate Committee on Health**
Senator David Y. Ige, Chair
Senator Josh Green, M.D., Vice Chair

**Testimony on House Bill 1782 (Support the Intent with Reservations)
Relating to Health Information Exchange
Submitted by: Christine Maii Sakuda, President Hawaii Health Information Exchange
March 20, 2009, 3:00 p.m. agenda, Room 016**

Dear Honorable Chair, Vice Chair and committee members,

I am submitting testimony on House Bill 1782 to you today on behalf of the Hawaii Health Information Exchange (HHIE); a non-profit established in 2006 by leading healthcare providers in Hawaii who are committed to facilitating statewide health information exchange. The HHIE agrees with the premise of this bill: that exchange of critical health information among providers needs to be actively and thoughtfully nurtured in Hawaii through a strong public-private partnership. However, due to the complexity needed to manage a statewide health information exchange effort and due to the recent fiscal constraints of the State, the HHIE recommends contracting the coordination of health information exchange efforts to an entity with experience, neutrality, community involvement and a track record in coordinating health information exchange activities.

With proper governance and resources, the benefits of a health information exchange to improve care coordination for Hawaii's patients are numerous and include: improved health care outcomes, reduced duplication of services, increased accuracy and timeliness of transitional care between provider institutions, and elimination of errors due to discontinuity.

The Hawaii Health Information Exchange is an organization dedicated to addressing these issues in Hawaii. Board members include the state's two leading laboratories, two of the largest hospital systems, the largest health care insurer, one of the largest health care databases providing administrative data for analysis and reporting, industry experts, providers and community organizations. A list of Board members is attached.

We recommend that any statewide HIE taskforce include in its leadership the healthcare providers directly responsible for managing and maintaining patient's clinical information. It is imperative to have these providers, ultimately the primary users of a health information exchange, involved from the beginning.

Additionally, the bill contains terms which limit the ability to create a sustainable financial model by precluding the health information exchange from having any relationships with for profit organizations. Such a provision is short sighted and limiting as any successful health information exchange must be a partnership between the public and private sectors including for profit organizations. Many health care

providers are for profits such as labs, pharmacies, physicians, diagnostic imaging centers as well as key information technology vendors who would be needed to provide the technical solutions. Developing a funding stream between healthcare stakeholders and the health information exchange is a common model for successful data exchange organizations both within and outside of healthcare and a business model based on such relationships will be required to create a sustainable organization indefinitely.

As President of the HHIE, I am proud to tell you that since inception, the HHIE Board members have met diligently to define a health information exchange model that serves the needs of patients for coordination of care while at the same time respects the concerns of providers over the ownership of medical records used in treatment decisions and of the privacy and security policies and procedures of patient health information.

It is a testament to the dedication of the Board when consensus on how to address the complex and myriad issues governing health information exchange is reached. As such, the goals of the HHIE are to:

- Coordinate complex technical, political, financial and social issues of HIE
- Build privacy and security standards into the business and technical infrastructures so legal requirements and public expectations related to privacy and security are met
- Build trust and goodwill among members and with the community
- Create a platform for shared investment and financial sustainability
- Create a sustainable non-profit organization

HHIE is committed to developing data sharing technology and standards for broad community benefit and great strides are taken to ensure that this is met without bias towards industry or company. An example of this is the coordination of a statewide Master Patient Index (MPI), which identifies what types of services the patient has had in the past, who provided it, and where it was provided using a matching patient algorithm. Another example of this is centralized access to laboratory and visit encounter information that provides a care provider with a list of the patient's medical history across institutions. These types of technologies help to facilitate care coordination between health care providers which decreases the time and cost expended by patients and providers managing care coordination issues.

HHIE will continue to invite other organizations and individuals essential to this important cause, to participate with or become members of HHIE as it further develops health information exchange policies and procedures in the State of Hawaii.

We support the intent of this bill but believe that the coordination of statewide Health Information Exchange efforts should include healthcare providers in its leadership and be designated to an entity such as the HHIE, experienced in addressing these complex and dynamic issues.

Thank you for the opportunity to support this bill.

HAWAII HEALTH INFORMATION EXCHANGE
MEMBERS OF THE BOARD
February 11, 2009

1. *Christine Sakuda* - Hawaii Primary Care Association
2. *Susan Forbes* - Hawaii Health Information Corporation
3. *Bruce "Skip" Keane* – Community Member
4. *Dew-Anne Langcaon* – Ho`okele Personal Health Planners, LLC
5. *Creighton Arita* - Team Praxis
6. *Francis Chan*- Clinical Laboratories of Hawaii, LLC
7. *William Donahue* - Hawaii Independent Physicians Association
8. *Georgiana Fujita* – Community Member
9. *Ron Haranda* – Health Information Exchange Advocate/Community Member
10. *Steve Hurlbut* - Phoenix Health Systems
11. *Kelly Roberson* - Hawaii Health Systems Corporation
12. *Steve Robertson* - Hawaii Pacific Health
13. *Brian Rothe* – Castle Medical Center
14. *Allan Shiraishi* - Queens Medical Center
15. *Raymond Yeung* – Diagnostic Laboratory Services, Inc

Hawaii Pacific Health

55 Merchant Street • Honolulu, Hawaii 96813 • hawaiiapacifichhealth.org

Friday – March 20, 2009

Conference Room 016 - 3:00pm

The Senate Committee on Health

To: Senator David Ige, Chair and
Senator, Josh Green, MD Vice Chair

From: Steve Robertson, Executive Vice President - Revenue Management & Information Technology

RE: **Testimony in Support of HB1782 HD2 – with Suggested Amendments**

My name is Steve Robertson, Executive Vice President of Revenue Management & Information Technology at Hawaii Pacific Health (HPH), which is the four-hospital system of Kapi'olani Medical Center for Women & Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic & Hospital, and Wilcox Hospital/Kauai Medical Clinic. In addition, HPH has 23 clinics and numerous outreach programs.

Hawaii Pacific Health agrees with the premise of this bill: that exchange of critical health information among providers needs to be actively and thoughtfully nurtured in Hawaii through a strong public-private partnership. We are therefore writing in support of the intent of this bill but have concerns regarding the composition of the Health Information Technology Task Force (Page 11, Line 4 -7). If the purpose of this legislation is to (a) provide a solution to the problem of fragmented patient care; (b) allow clinical information to be exchanged and shared within a central data repository - then representation from hospital providers will be necessary for this Task Force to be effective. However, as the bill is currently written, the Health Information Technology Task Force membership does not have adequate representation from among healthcare providers.

Since healthcare providers would ultimately be the primary users of a health information exchange, it is important that they are involved from the beginning and would be able to contribute expertise that would be instrumental in the efforts of the Task Force. For example, having integrated health information systems across two islands for four hospitals and more than a dozen clinics, Hawaii Pacific Health has direct understanding and experience with health information exchange. We can attest to the complexity, cost, and partnerships that are required to make HIE successful and we can unequivocally state that success is only possible through the closest collaboration with physicians, hospital systems, clinics, and patients. Therefore we ask that the following language be added to Page 11, Line 8 to ensure adequate healthcare provider representation:

"A representative from every participating Health care system and Hospital providing care in the State of Hawaii"

Thank you for the opportunity to testify.

KAPI'OLANI
MEDICAL CENTER
AT PALI MOMI



KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN



Straub
CLINIC & HOSPITAL

 *Wilcox Health*

State of Hawaii
Senate Committee on Health

HB 1362, HD1 RELATING TO GENETIC COUNSELORS
Friday, March 20th, 2009 at 3:00 pm
State Capitol Building Conference Room 016

To the Honorable Senator David Y. Ige, Chair; Josh Green, Vice-Chair; and members of the Committee on Health:

I am writing to urge your consideration of HB 1362, a bill promoting guidelines for licensure of genetic counselors in the state of Hawaii. It is my professional as well as my personal belief, that genetic counselors are a group of allied health providers who are extremely valuable to the healthcare community. Therefore, their services should be held to the highest standards of professional conduct and service.

Genetic counselors are highly appreciated by physicians in many specialties, including maternal fetal medicine, obstetrics, neonatology, pediatrics, surgery, cardiology and neurology. A genetic counselor has the capability to enhance the care of a patient when a physician is not able to. We appreciate the fact that physicians, especially those in sub-specialty areas, are in high demand and therefore, extremely busy on a regular basis. As a genetic counselor, I feel appreciated by physicians when I am able to provide support by taking over certain details of a patient's care and follow-up. As a genetic counselor, I believe I help to ensure our patients receive comprehensive care throughout their pregnancy.

A typical day for me, as well as for many genetic counselors in a prenatal setting, involves multitasking. When I arrive to work in the morning, I return phone calls regarding laboratory results, ensure that a patient is scheduled for the appropriate appointments and follow up with the previous day's patients. I tend to see 6 patients a day on average, but always make sure to keep myself available for emergency add-ons. Throughout the day, I write consultation letters make follow-up phone calls to patients with questions and concerns, research new testing and treatments for disease and answer questions from physicians, nurses and other office staff in the community. Besides direct patient care, I maintain an anomaly database so that we can keep track of patients with fetal anomalies. I also work closely with the physicians and administration to enhance the quality of patient care. My work week is not typically 40 hours, as we are trained to be flexible and empathetic to a patient in need.

I became a genetic counselor after learning about the field while doing research about a genetic condition that two paternal uncles have died from. In the last

1980's, while researching the genetic disease common in Northern European Caucasians called alpha-1-antitrypsin deficiency, the majority of research articles made reference to genetic counselors. After learning more about genetic counseling I decided that's what I wanted to do. That was 19 years ago. Despite the professional frustrations your committee has heard from genetic counselors in person, to this day, I have no regrets with the path I chose to follow.

The most important aspect of my job as a genetic counselor is not what I have learned through my graduate work, but more of what I am able to provide to the patient on a personal level. Providing empathy is what a genetic counselor is known for best. You may even say that it is in our genes. We are able to spend a lot of quality time with our patients when they are in need of emotional support. Receiving "Thank you" cards or letters from patients expressing their appreciation illustrates how important our job truly is.

Unfortunately, there are individuals in the state and in the country, who believe they are capable of providing genetic counseling services to patients without being trained by an accredited program. Licensing genetic counseling will limit those who provide services to protect the welfare and safety of our public. With genetic testing becoming more popular for various conditions, including predictive genetic testing for breast cancer and Huntington's disease, people can shop for genetic testing services on the internet and seek consultation from incompetent professionals in their community. By requiring licensing in this state, we can limit these scenarios and assure the highest degree of professional conduct in the field of genetic counseling.

Licensing will also provide genetic counselors with the structure it needs for growing into a stronger profession. Once we achieve licensure, we can continue to climb the ladder for professional development, including the ability to obtain reimbursement for our services which are currently free. With licensure comes more respect and awareness, and that is what our profession needs after decades of invaluable service.

Please consider HB 1362, the bill to license genetic counselors in the state of Hawaii. I firmly believe that it is in the best interest of the profession, our hospitals, our patients and the state of Hawaii.

With much regards,

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