

**TESTIMONY BEFORE THE INTERIM
HEALTH CARE REFORM REVIEW COMMITTEE
NOVEMBER 12, 2013**

Mr. Chairman, members of the committee, I am Sheldon Wolf, the ND Health Information Technology Director. I am here today to provide a status update of 2011 and 2013 legislation relating to health information technology funding on behalf of the Health information Technology (HIT) Office and the Health Information Technology Advisory Committee (HITAC).

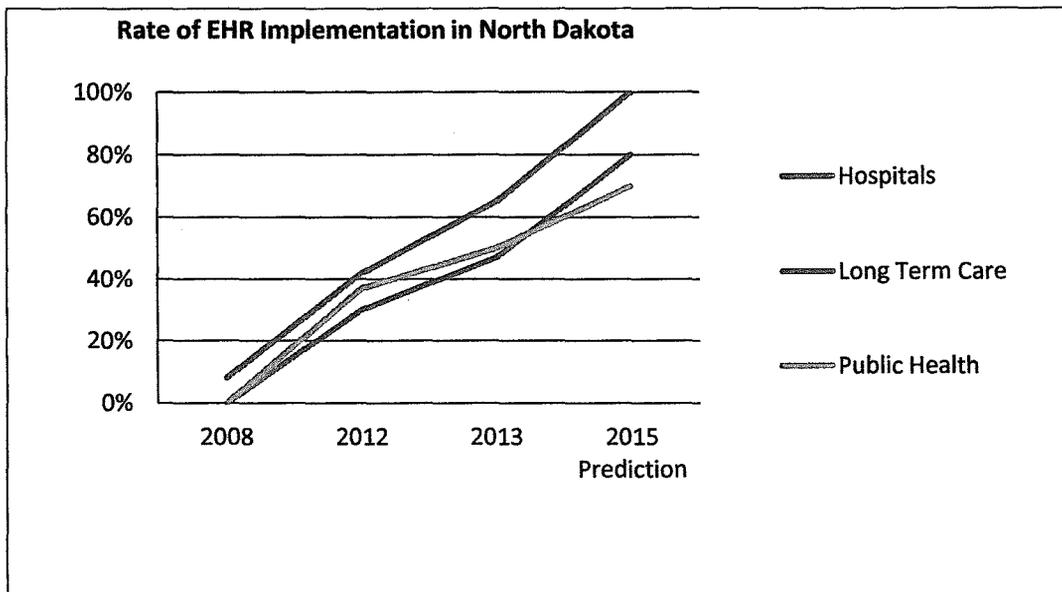
During the 2011-2013 and 2013-2015 biennium's, funds were provided for health information technology for two major areas.

- Revolving loan funds for electronic health record (EHR) system implementations
- Health Information Technology Infrastructure

Revolving Loan Funds

In each of the 2009-2011 and 2011-2013 bienniums, 5 million dollars was made available for a health information technology loan fund for a total of 10 million dollars. Utilizing interest and principal repayments, we have committed a total of \$11.5 million dollars for loans to 24 entities. Loans are for the purchase of electronic health record systems and are set up with a ten year term at 1% (.5% to BND for expenses.)

Below is a graph developed by the Center for Rural Health based upon their studies. As you can see, the Rate of EHR implementation has increased dramatically since the start of the loan program.



Another sign of adoption of EHR technology in North Dakota is electronic prescription usage. Utilizing data from Surescripts studies, North Dakota ranked 49th with 2010 data, 18th based upon 2011 statistics and 15th with 2012 statics. Additionally, statistics for physician routing prescriptions electronically provided by Surescripts, show a change from 49% in 2010 to 98% in 2012.

Another example is the growth of entities meeting meaningful use as tracked by REACH (a program of Key Health Alliance, a partnership of Stratis Health, National Rural Health Resource Center and the College of St. Scholastica which collaborates with North Dakota Health Care Review and the Center for Rural Health at UND.) Fifteen of thirty three critical access hospitals participating in the REACH program have met Stage 1 Meaningful Use Milestone 3. Twenty one of the thirty three have met Milestone 2.

Finally, 986 entities (hospitals and eligible providers) have been paid by Medicare and/or Medicaid for meeting meaningful use criteria

(adopt/implement/upgrade or have met meaningful use) resulting in payments to North Dakota providers totaling \$38,006,610.

Health Information Technology Infrastructure

During the 2011-2013 biennium federal funds of \$1,985,737 and special funds of \$319,375 were spent for planning and starting the implementation of the health information technology infrastructure in North Dakota. For the 2013-2015 biennium, \$9 million in federal funds and special funds are appropriated for implementing the HIT infrastructure known as the North Dakota Health Information Network (NDHIN).

NDHIN is made up of two types of services.

- Push Services
 - NDHIN Direct Secure Messaging (DSM)
 - In production, over 500 accounts set up.
 - ND will be a testing entity for DSM 2.0
- Pull Services
 - NDHIN Query based services
 - Transactional Services
 - Lab request and report
 - Department of Health
 - Syndromic Surveillance
 - Electronic Lab Reporting
 - Immunization Registry (Bi-directional exchange)

Data Feeds to the NDHIN

- Admission, Discharge, Transfer (ADT)
 - Patient Demographics
 - Encounter History
 - Allergies
 - Diagnosis
 - Procedures
- Observation Results (ORU)
 - Lab Results
 - Imaging Studies
 - Radiology Reports/Documents
- Medical Document Management (MDM) (Clinical Documents)
 - Work Types
 - Discharge Summaries
 - History and Physicals
 - Emergency Department Visit Notes
 - Consult Reports
 - Operative Notes
- Immunizations (VXU)
- Continuity of Care Document (CCD) /Consolidated Clinical Document Architecture (C-CDA) Exchange
- Future Feeds
 - Medications
 - Prescription Drug Monitoring Program
 - Image Viewers (PAC Systems)
 - Eligibility Data

Connection Status to Query Based Services

We are currently working on connecting providers to the NDHIN. Below is just an update on the status of the connections:

- Jamestown Regional Medical Center – Validation Testing complete for ADT and ORU, Production switchover in progress
- Sanford Fargo – ADT testing complete, preparing for Validation testing, sending immunizations via pass-through in Production, Labs will wait until they implement Beaker next year
- Sanford Bismarck – ADT testing complete, Lab ORU testing almost complete, preparing for Validation testing
- St. Alexius – ADT testing complete, Lab ORU testing almost complete, preparing for Validation testing
- Altru – ADT testing complete, Lab ORU testing underway, preparing for Validation testing
- Essentia –working on VPN connection, focus on syndromic reporting
- Trinity Health –ADT and Lab ORU message analysis underway
- Catholic Health Initiative – VPN connected, waiting on signed participation agreements
- Others in the midst of onboarding;
 - Midgarden
 - Great Plains Clinic
 - Local Public Health Units (CHAMP Software)
 - Great Plains Women’s Clinic
 - Wishek
 - Family Healthcare

- St. Aloisius
- Linton Hospital
- Jacobson Memorial
- Mid Dakota Clinic

To date, we have enrolled over 100 entities in the North Dakota Health Information Network and have set up over 500 secure email accounts.

Thank you for the opportunity to appear before you today, I would be happy to address any questions.



News Feature | October 18, 2013

HIE Access Saves Thousands Per Patient

By Katie Wike (/author/katie-wike), contributing writer

Study finds financial savings, better quality of care when emergency department doctors have access to HIE records



A study presented at the *American College of Emergency Physicians* (<http://newsroom.acep.org/2013-10-14-health-information-exchange-saves-1-million-in-emergency-care-costs-for-medicare>) annual meeting revealed, "Having access to data from a health information exchange (HIE) improved the quality of emergency care and saved more than \$1 million in patient charges." The savings equated to nearly \$2,000 per patient.

The study, conducted by the Medical University of South Carolina, took place over a one-year period and examined "325,740 patient encounters and 7,525 log-ons to the HIE by 231 eligible clinicians at 11 emergency departments in South Carolina." The study also found within the sample of 532 patients "who had information available in the HIE and for whom the clinicians caring for the patients completed a survey" the following savings from avoiding the following types of services:

- Laboratory/microbiology: (187 patients) \$2,073
- Radiology: (298 patients) \$476,840
- Consultations: (61 patients) \$6,461
- Hospital admissions: (56 patients) \$551,282."

In addition to saving dollars, "Nearly 90 percent of participants [89 percent] said that quality of patient care was improved, and 82 percent of participants said that valuable time was saved, reporting a mean time savings of 105 minutes per patient," according to study author Dr. Christine Carr of the Medical University of South Carolina.

"Our research suggests that a Health Information Exchange can improve quality and save money in an emergency care setting," said study author Dr. Steven Saef, also of the Medical University of South Carolina. "As emergency physicians, we are dedicated to improving care for our patients and also to reducing healthcare costs. This study shows we can do both. Furthermore, when one considers that we are only scratching the surface of what this new resource can do, the implications are staggering."

Like what you are reading?

Sign up for our free newsletter

SIGN ME UP