Problem Statement

Health information exchange (HIE) organizations, the noun, can provide an effective and efficient way to tackle many of the interoperability challenges faced by the healthcare industry. However, HIEs still face several challenges today. From politics and competition to privacy and security, HIE organizations are fighting a battle on many fronts. Adding to this challenge, many HIEs were formed with public money and many of those programs have now run their course. HIEs must quickly establish themselves as self-sustaining organizations so that they have the opportunity to continue working to deliver the services that the healthcare industry so desperately needs.

The good news is that there are many strong self-sustaining HIEs that have created a way to deliver continuous value to their communities; other HIEs have the opportunity to look to them for guidance and best practices. The goal of the HIE Sustainability Models Survey was to aggregate the collective wisdom of HIE organizations that have achieved sustainability and distill it into a set of guidelines for the HIMSS HIE Community. With the goal of identifying high-value services and conveying guidance on how to implement those services, drive their adoption and quantify return on investment (ROI).

Approach

The HIMSS HIE inPractice Task Force surveyed HIEs across the country to better understand current exchange activity. The survey was designed to capture three things:

1. Organizational demographics and history
2. Current services and pricing model – What is working and what is not?
3. Future plans – What is the market asking for? What are you planning to do about it?
Objectives

The HIMSS HIE inPractice Task Force aimed to use the results of the HIE Sustainability Models Survey to:

- Identify the base set of services that most or all HIE organizations offer to their stakeholders.
- Identify a set of services that are commonly asked for by users of HIEs, but not routinely implemented.
- Measure the ROI for each service.
- Provide guidance on pricing models that work based on real-world experience.

Finally, demographics would be used to qualify the “guidelines” for different types of HIEs (i.e. small vs. large, opt-in vs opt out, state-designated entity vs. community-based).

Results

The survey received 14 responses from executives at HIE organizations across the country. Overall, the respondents were thorough with their responses.

Demographically speaking, the responding organizations:

- Were broad in terms of size of the organization (based on the number of participants and staff size).
- Came from a mixed background of State-designated vs. Community-based exchanges (6 state, 8 non-state)
- Indicated they were open to collaboration with their peers.
- Were inclusive of their communities in their decision making process.
- Operated with opt-out consent models (1 opt-in, 13 opt-out).

The HIMSS HIE inPractice Task Force concluded that the survey captured a reasonable cross-section of the broader HIE Community. The major exception is in the consent model (nationally it’s about 50/50 opt-in vs. opt-out). While 14 responses do not lend statistical power, there were several interesting anecdotal observations from the data.

In terms of current services, almost all of the respondents offered:

- Community Health Record (14/14)
In all but one case that is currently 100% state funded, the responding organizations were being funded by the communities that they serve. In terms of pricing models, there was some variation in responses. The majority (12/14) reported at least partially operating on a subscription-based pricing model:

- Monthly Fee/Annual Subscription (9/14)
- Combination of subscription and fee for service (3/14)
- Fee for service (1/14)
- Public good (1/14)

Analysis

Demographics
Demographically, there was no apparent correlation between the HIEs and their future sustainability plans. This suggests that the approach to creating a sustainable HIE is the same regardless of whether or not the HIE is a state designated entity or is a community-based exchange.

Achieving Critical Mass
Size did not seem to correlate to whether or not an HIE was going to be successful. However, approximately half the respondents noted the importance of getting to a “critical mass” as an organization where the value of being part of the HIE exceeds the value of not participating in the HIE, resulting in increased demand to connect to the HIE. As such, HIEs should strongly consider what the ‘critical mass’ threshold is within their community (respondents suggested that 50% adoption was a key inflection point) and to identify a strategy to achieve it.

Some services bring value, but not enough to drive sustainability
The mix of services from responding HIE organizations contained several common areas of functionality. However, there were three additional areas of functionality that were frequently requested of HIEs, but not always implemented:

- Image Exchange
- Reporting and Analytics
• Clinical Quality Measure (CQM) support

While these features were desirable, implementing them would not necessarily improve the sustainability of the HIE organization. These features often provided value to smaller subsets of the entire HIE community but would still increase costs across the board. This highlights an important consideration in determining the sustainability of an HIE. Arbitrary growth, or implementing all requested functionality, has the potential for continuous complexity and cost while producing increasingly smaller returns for the participants. As such, services that are being provided by HIEs need to be connected to a clear value proposition that is demonstrable and measurable to its members.

An HIE as a Business, Not a Government Service
This principle of treating an HIE organization like a business entity was consistently re-enforced in the survey responses and follow-up. Another common point was the need to review and assess the long-term viability of each service and recognize that some services may not be viable and therefore should not be implemented. However, it was also noted that viability cannot be judged solely from a financial perspective. The successful HIE will strive to avoid a project that’s a financial winner on paper, but off-mission for the organization as a whole. Similarly, an HIE may pursue a financial loser as a loss-leader if it carries political value or stands to grow the network and strengthen other investments.

No Silver Bullet
The respondents’ plans for the future varied greatly. This may indicate that one of the most important things that an HIE can do is engage their community to better understand the specific gaps and needs that exist and how new services will translate into value for members. Furthermore, the HIE organization needs to understand the cost of implementing each service, along with identifying the revenue streams that will support the work. Keeping all these factors in balance and being able to demonstrate the value of services to the HIE members is paramount. This will help identify the future roadmap, and inform HIE stakeholders on the timing and/or financial requirements of new services.
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FY16 HIMSS HIE inPractice Task Force
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