

The Rising Trend of Multi-State Affiliations of Health Information Exchanges—What is the Best Model for Your HIE?

Health Innovation,
Policy, and Information
Technology (HIPIT)

Background

In 2022, one of the latest trends in health information exchange (HIE) development is multi-state affiliations. Some states have joined forces with other states, sharing HIE infrastructure, data, and strategies. With Connecticut becoming the 46th state to launch a statewide HIE in May 2021¹, the next frontier for many states may be affiliating with other states' HIEs. Some states have already seen their HIEs affiliate with other states, including Maryland, Arizona, and Alaska. As states look for ways to balance their HIE budgets with the expiration of Health Information for Economic and Clinical Health Act (HITECH) funds, cutting costs by affiliating with other states may become an attractive option. With the importance of HIE infrastructure and data sharing highlighted by the COVID-19 pandemic, could multi-state affiliations be the future of HIEs?

Multi-State HIEs Currently in Place

The oldest and most well-known multi-state HIE is the Chesapeake Regional Information System for our Patients (CRISP). CRISP was first developed in 2006 as Maryland's statewide HIE. In 2016, the West Virginia Health Information Network (WVHIN) partnered with CRISP, and they also expanded into the District of Columbia. In 2020 Connecticut's Connie, prior to their full launch, joined CRISP and in 2021 Alaska's healthConnect followed suit.² CRISP prides itself on sharing infrastructure, innovation, and data across its member states.

Even within the last two years, a number of states have established multi-state models. In 2020, Colorado's CORHIO and Arizona's Health Current announced they would form a new joint regional health data utility, Contexture.³ In 2020, the Iowa Health Information Network merged with the Nebraska Health Information Initiative, which shortly thereafter rebranded to CynchHealth.⁴ CRISP, CynchHealth, and Contexture, along with Indiana's statewide HIE and California's Manifest MedEx, are all also part of the Consortium for State and Regional Interoperability (CSRI).⁵ The CSRI is not a single entity, but rather a coalition of HIEs sharing data and processes while allowing its members to retain autonomy. Additionally in 2021, Utah's UHIN and Idaho's IHDE joined together to form BeyondHIE⁶ and the Michigan Health Information Network announced it will offer affiliation and integration opportunities to HIEs across the country, with Missouri's Midwest Health Connection joining as the first member.⁷

¹ <https://portal.ct.gov/OHS/Press-Room/Press-Releases/2021-Press-Releases/Connie-Commencement-Launch>

² https://www.einnews.com/pr_news/540875843/healthconnect-alaska-alaska-s-health-information-exchange-joins-multi-state-hie-affiliation

³ <https://healthcurrent.org/corhio-and-health-current-merger/>

⁴ <https://www.prnewswire.com/news-releases/nebraska-health-information-initiative-nehii-is-now-cynchhealth-301203580.html>

⁵ <https://theCSRI.org/about-us/>

⁶ <https://uhin.org/uhin-partners-on-new-joint-venture-beyondhie/>

⁷ <https://www.hcinnovationgroup.com/interoperability-hie/health-information-exchange-hie/news/21204896/midwest-health-connection-joins-forces-with-mihins-velatura-hie-subsiary>

Benefits of a Multi-State HIE

As many states deal with the fallout of the end of HITECH funding and look for new revenue streams, another option exists: to cut costs. In order for states to cut costs without impacting services to patients and providers, they might look to steps taken by Alaska. Alaska, the nation's 3rd least populated state, in May 2021 announced it would join CRISP. At first glance, it seems an unusual move, Alaska is highly unlikely to share patients with the other members of CRISP. However, what Alaska and CRISP will lack in patient overlap, they will have significant overlap in values and technology and infrastructure needs. Alaska, being the least densely populated state and one of the most rural states, has unique needs and a solid HIE foundation is critical for them. Alaska must do the same things for its patients and providers that the more populated and well-funded states are able to do. Joining CRISP allows Alaska to share the burden of technology and security costs with the other members. States don't differ too much in their HIE technology, security, data, and infrastructure needs. Looking upon the principle of economies of scale, it would be beneficial for states to share the costs with other states that have the same needs, rather than each state spending its own money to build 50 incredibly similar, siloed HIEs. In addition to the monetary benefits, health officials in Alaska have stated their excitement for the prospect of using innovations developed by other CRISP members.⁸

Sharing best practices and reporting strategies is an obvious additional benefit for establishing a multi-state model. However, this benefit becomes even more relevant and important today as the country continues to manage the COVID-19 pandemic while preparing for future public health crises. HIEs that were already operating on a statewide level—and had in place some kind of ongoing working relationship with their state health departments—found themselves well-positioned to play a key role in the pandemic. Additionally, members of CSRI were able to navigate the COVID-19 pandemic by sharing best practices and ideas to meet COVID-19 case reporting needs. Preparedness and ability to act quickly for the next public health challenges are a primary focus for all health organizations. Any HIE model that allows for improved sharing of practices, data, and reporting strategies will contribute to reaching this goal.

Drawbacks and Pitfalls

Joining a multi-state is not a certain prospect for every state. States with larger populations and more settled HIE infrastructure would not stand as much to gain from joining a group like CRISP as Alaska did.

As is the case of forming a coalition with another state for any reason, joining a multi-state HIE may lead to a lack of local governance and maintenance. There are many levels to a multi-state HIE, each with its own benefits and drawbacks. When Alaska joined CRISP, it was sure to join a consortium, rather than opting for a HIE merger or acquisition. This gives Alaska's health officials more control over their HIE; however, in order to reap CRISP's benefits Alaska must play by CRISP's rules. It also becomes trickier to juggle every priority with the introduction of a whole state's worth of new stakeholders. Coordination is key for multi-state HIEs to work; if a state joins up but then makes decisions contradictory to the group, the benefits of the economies scale will be lost.

While on a surface level, each state's HIE is designed to serve the same purpose—to improve the quality of patient care by allowing health care providers and patients to securely access and share medical information—there are countless avenues a state can take to develop and implement their HIE. That is why when Alaska was looking for a consortium to join, finding the right partner was critical. A significant overlap in technologies for Alaska and CRISP helped support a smooth transition that benefitted both parties. That will not always be the case, so it will be important as states consider this industry trend, they find a compatible partner.

⁸ <https://ehrintelligence.com/news/how-a-health-information-exchange-consortium-helped-cut-costs>

How to Know if a Multi-State Affiliation is Right for Your HIE

To find out, subject matter experts at Public Consulting Group (PCG) set out to speak with some of the organizations who have gone through this transformation firsthand. To that end, we reached out to Contexture, the newly formed entity between Arizona's Health Current and Colorado's CORHIO health information exchanges, respectively. Fortunately, we were able to have a dialogue with Melissa Kotrys, the CEO of Contexture, and the former CEO of Health Current, to get her unique perspective. We primarily focused on the decision-making factors behind the merger and asked for her recommendations to other states prospectively looking to join multi-state consortiums.

Regarding Health Current and CORHIO, Ms. Kotrys cited that both organizations were very much already aligned in their strategic visions and felt that in order to continue to grow, innovate, and lead in the post HITECH era, it had become increasingly important to reach economies of scale and consolidate operations. Ms. Kotrys also noted that a full merger may not be right for every state's unique situation, and that partnerships can and do work. That said, Contexture felt that the best way to operationalize their vision was to truly combine, and as such all employees were re-badged January 1, 2022. According to Ms. Kotrys, this opened up a number of exciting possibilities. For example, it gives the organization the ability to employ specialized subject matter experts by filling in full-time roles that might not have otherwise been economical in a solo operation. It also allows for operational efficiency and economies of scale through a combined HR system.

While savings are a start, Ms. Kotrys acknowledged that many State HIE operations find themselves in a tough financial position after the conclusion of HITECH funding. Ms. Kotrys mentioned that both Health Current and CORHIO were able to successfully petition their state government to match the existing 90/10 funding by way of available MMIS funds and other funding mechanisms. Additionally, Contexture continues to invest in innovative revenue streams to work to self-fund aspects of the HIE operation. Other streams of self-funding included hospitals, health plans, and providers looking for additional data insights. Going forward, Contexture is looking at a consolidated fee structure and shared services offering across and between states. Examples include a closed loop referrals system and an advance directives registry. As a longer-term objective, Contexture may look to expand into research with universities and beyond. Ms. Kotrys also acknowledged that it will be crucial to continue to collaborate with state legislators to navigate use of community data sets in a secure and mutually beneficial way.

Conclusion

While the notion of a multi-state HIE model is not necessarily a new concept, in today's landscape it can provide unique benefits. Ultimately, whether it makes sense for a state to join a multi-state model depends on a number of factors unique to the particular state and will require a detailed analysis.

PCG has provided HIE consulting services and effective, scalable solutions since HITECH was signed into law in 2009. Our subject matter experts continue to closely track current HIE trends to analyze their impact and find opportunities to meet the unique needs of our clients. Our experience supporting multiple state-based HIEs—from inception to system implementation to operations—gives us a unique perspective for what a state should further consider and include in their analysis when determining the feasibility of joining a multi-state model.

Contact us today for more information about HIEs and assistance to determine if a multi-state option is right for you.



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