

# 2008 eHealth Summit

## Break-Out Session Report Out

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- Developing State and Regional-Level Health Information Exchange (Hugh Zettel)
- Privacy and Patient Consent (Catherine Hanson)
- Provider and Consumer Education and Engagement (Betsy Abramson)
- Linking Public Health and Clinical Care (Kathy Blair)

# Report Out: Developing State and Regional-Level HIE

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- Appropriate role of the State
- Recognizing the assets available in the state
- What are the right financial incentives and how are they created?
  - To whom?
  - How much?
- Various models of HIE
  - Mandate vs. experimentation
  - Alignment with National Efforts
- Value Opportunities

# Report Out: Privacy and Patient Consent

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- 11 states in one of seven collaboratives are developing a template on consent and disclosure
- We asked about utility of the tool
- Findings from discussion:
  - Day-to-day limited value
  - From policy perspective very valuable
  - Continued issues with 42 CFR part 2

# Report Out: Provider and Consumer Education and Engagement (1 of 2)

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- Website
  - What is eHealth?
  - Use demo/tutorial
  - FAQ's (definitions, benefits, security)
- Communication Methods
  - Logo/Branding
  - Multi-formats, sites, messages
- Key Messages
  - Patient safety/quality and continuity of care
  - Benefits not features
  - Secure



# Report Out: Provider and Consumer Education and Engagement (2 of 2)

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## □ Concerns

- Impact on insurability and employment
- Privacy
- Costs

## □ Benefits

- Quality
- Accuracy
- Portability

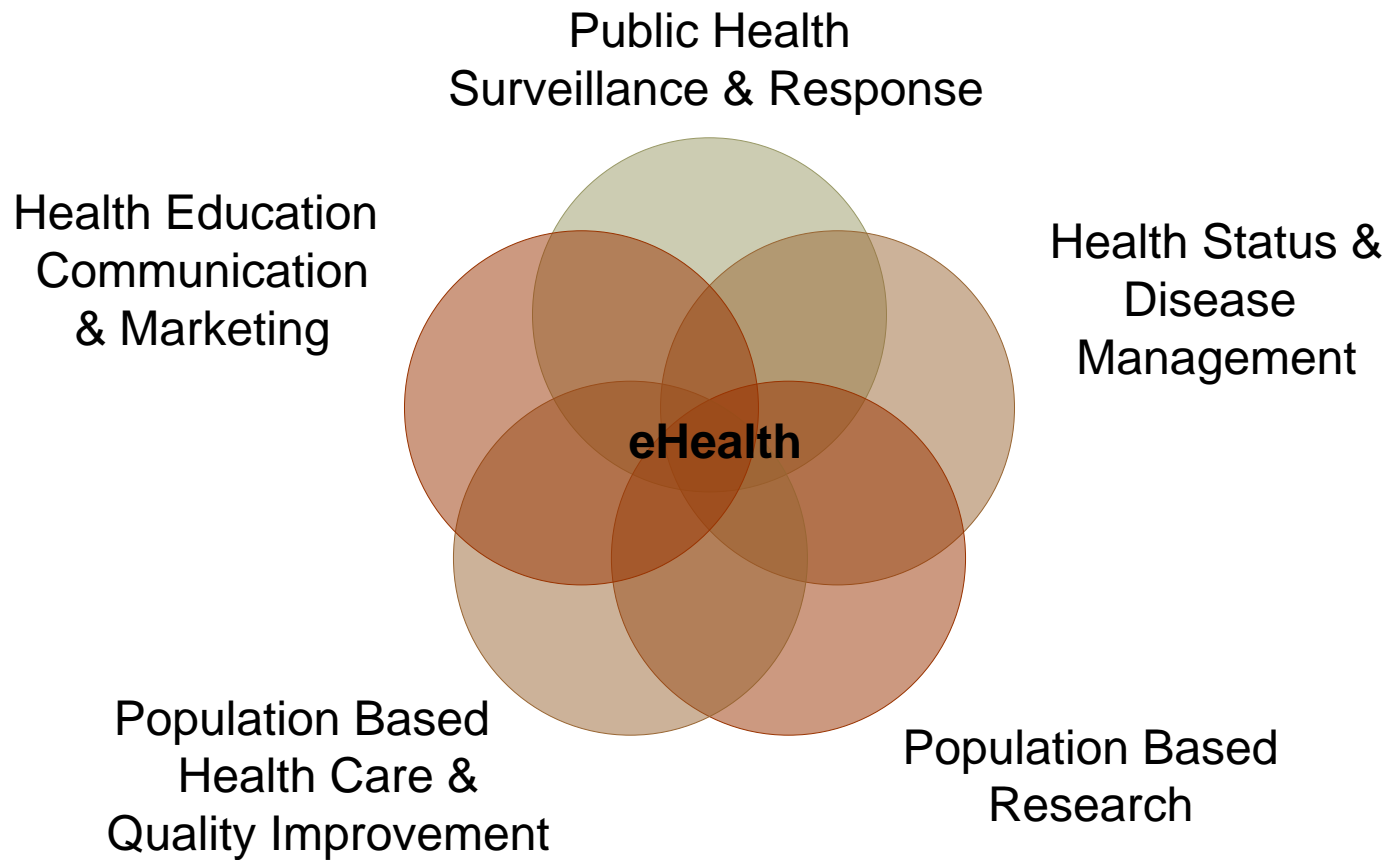
# Report Out: Linking Public Health and Clinical Care (1 of 2)

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- ❑ Define what is PH data
- ❑ eHealth only captures data on those receiving care (uninsured?)
- ❑ eHealth may push small, poor clinics out of business
- ❑ Holistic approach – PH must be part of all sectors of e-HC
- ❑ PH has perpetuated silos and separate reporting –need to look at all transactions b/w clinical partners, registries, screenings...
- ❑ Explore eHealth platforms that support continuum of care -acute through LTC
- ❑ eHealth should address factors that contribute to disparities
- ❑ PH must merge eHealth data with other data sources (ie. census), analyze, then intervene
- ❑ Healthcare claims data is not the same as clinical data
- ❑ If eHealth expands PH responsibility, PH funding must also expand

# Report Out: Linking Public Health and Clinical Care (2 of 2)

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Based on Sources: MN eHealth & AHIC