



HealthShare
Montana

December 10, 2007

Pat Murdo
Legislative Services
Staff for SJR 15 Study

Dear Ms. Murdo:

It is our privilege to provide you with information about the use of a Continuity of Care Record (CCR) for information exchange in other states and about HSM's timeline for its development of this project in Montana.

Please allow us to first present the following brief CCR descriptive information from the American Academy of Family Practice's (AAFP), Center for Health Information Technology (CHIT).

“The American Society for Testing and Materials (ASTM), CCR standard is a patient health summary standard, a way to create flexible documents that contain the most relevant and timely core health information about a patient, and to send these electronically from one care giver to another. It contains various sections -- such as patient demographics, insurance information, diagnosis and problem list, medications, allergies, care plan, etc. – that represent a “snapshot” of a patient’s health data that can be useful, even lifesaving, if available when patients have their next clinical encounter. The ASTM CCR standard is designed to permit easy creation by a physician using an electronic health record software program (EHR) at the end of an encounter.

“Because it is expressed in the World Wide Web standard language known as XML, the CCR can be created, read and interpreted by various EHRs from various software companies. The ability to share information across different software is known as “interoperability.” The CCR can also be printed out in user-friendly paper formats, such as PDF and as a Microsoft Word document.

“The main benefit of the widespread use of the ASTM CCR standard will be the improvement in the quality of care that results from more, and more accurate, summary patient health information being accessible when treatment and diagnostic decisions need to be made. Safety of care will

also be improved, as patients and doctors benefit from immediate access to patients' lists of medications and dosages, allowing all parties to avoid the sometimes very dangerous duplication of medications and other kinds of errors associated with illegible or incomplete drug information. Additionally, the ASTM CCR standard will have a significant impact on efficiency, as errors due to missing or incomplete health information are very costly to patients, insurance companies, and other payers of medical care in the U.S.”¹ Finally, local access to the CCR records allows patients to receive appropriate care in their local communities.

It's important to know that even inexpensive EHR software products can generate the CCR and that information can actually be placed in a CCR “envelope” for exchange without having an EHR at all.

We're providing two examples of health information exchanges that use the CCR standard. The first is from a small community health information exchange in Dayton, Ohio. It very closely approximates what we hope to implement statewide in Montana.

HealthLink Information Exchange (HIEx) - Dayton, Ohio²

“At the nexus of the HealthLink RHIO is HIEx™, a web-based system that was developed using federal (HRSA) funds to provide a central data repository for a shared community health record. The core data set for HIEx™ is built on the Continuity of Care Record (CCR), which is currently the only national standard for clinical health information exchange (ASTM E2369-05). The CCR provides accurate clinical, demographic and administrative data for a specific patient. HIEx™ currently houses demographics, contacts, referrals, notes, scanned documents, medications, immunizations, diagnoses, procedures, and eligibility data stored at both the individual and household levels.

“On August 1, 2006, HIEx™ contained data on approximately 25,000 individuals and 7,500 households.”

The Northern Illinois Physician for Connectivity (NIPFC) is a medium-size RHIO with an excellent website that received the 2007 TEPR*CCR Award³. An article in Bio-IT World following the award noted, “It could be that the CCR is the only business model that works for a RHIO,” suggested St. Charles, Ill., family physician Stasia Kahn at the 23rd annual Towards the Electronic Patient Record (TEPR) meeting here this week.”⁴

¹ <http://www.centerforhit.org/x1750.xml#whatstandard>

² <http://www.med.wright.edu/healthlink/index.html>

³ <http://www.niphysiciansforconnectivity.org>

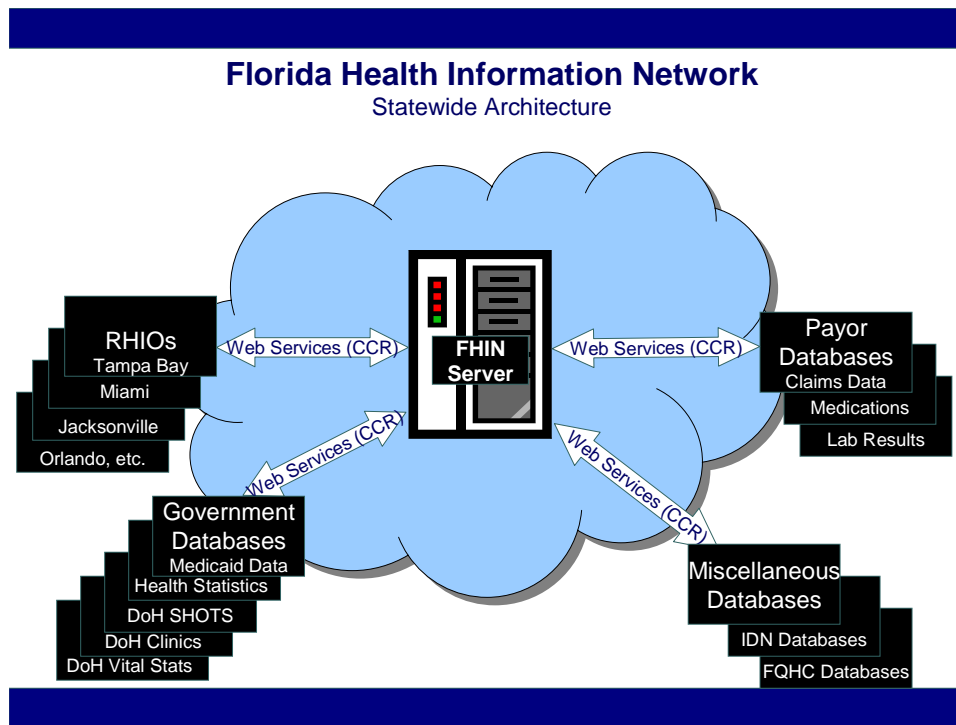
⁴ http://niphysiciansforconnectivity.org/Bio-IT_World_release.pdf

Coming from the opposite end of the size spectrum, a state-sponsored project, the Florida Health Information Network (FHIN), Architectural Considerations for State Infrastructure, Governor’s Health Information Infrastructure Advisory Board (GHIIAB), Florida Agency for Health Care Administration (AHCA), also recommends use of the CCR standard.⁵

“The mixed-mode architecture would call for a subset of clinical records defined in a harmonized Continuity of Care Record (CCR) and Clinical Data Architecture (CDA) standard.

“At the end of each clinical encounter the provider would update the patient’s health care record based on the latest encounter, and that data would be used to update the central harmonized CCR/CDA.”

“The FHIN should use the CCR as the starting point for a web services schema.”⁶



A CCR repository for data exchange can accomplish a far greater purpose than the already significant benefits outlined by the AAFP. The creation of a data repository that is also designed to analyze the data it contains transforms it into

⁵ http://ahca.myflorida.com/dhit/FHIN/FHIN_White_Paper_Ver6.2_03222007.pdf

⁶ http://ahca.myflorida.com/dhit/FHIN/FHIN_TechSummary_11132006.pdf

an electronic disease registry that can provide us with the disease management capability we so desperately need to improve treatment outcomes and lower costs. The HSM CCR repository plan, which can be designed to allow the repository to serve as a registry, provides all of the benefits of health information exchange, emergency health information availability, disaster preparedness for back-up access to essential medical information, chronic disease management capability and quality reporting capability.

HSM's Technology Workgroup plans to aggressively pursue further vendor evaluation and project design during the next three months. Thereafter, the project's timing would depend upon its funding.

The funding request is for \$1,200,000. Funds would be used to:

- Purchase and implementation of CCR system for Montana over two years: \$750,000
- Technical assistance to Montana small practices and critical access hospitals: \$200,000
- Management of technical support, contracts, training and technical assistance to small practices, and critical access hospitals by HealthShare Montana (not for profit public benefit corporation) \$250,000

Sincerely yours,

c: Board of Directors, HealthShare Montana, Inc.