

Federal Telemedicine **NEWS**

State of Rhode Island Issues RFP on July 11th to Establish a RHIO

July 30, 2007

Christopher Koller, Rhode Island's Health Insurance Commissioner, speaking at the **Public Health Congress on July 16, 2007 in Washington D.C.**, said "the Governor's goal is to have health IT for the majority of individuals in the state by 2010." To help move health IT forward, the state issued a Request for Proposal on July 11th to form a RHIO to manage the contract with the State's health information exchange vendor. The RFP is due on August 28, 2007.

The RHIO will need to finance the health information exchange, develop RHIO policies, popularize the use of the Health Information Exchange (HIE) to improve the quality, safety, and value of healthcare, and keep the information secure and confidential. The RHIO will be governed by a board and will have representation from the community including public and private sector leaders, plus have a high level of transparency in the decision-making processes and operations. There is generally only one HIE in a given medical trading area, but in Rhode Island, the entire state is considered to be one medical trading area.

The state received a \$5 million grant from AHRQ to pay for the pilot to test a statewide health information exchange and see what works, lessons learned, and to evaluate the system's effectiveness. Funds from AHRQ have been awarded to a vendor for the HIE under the state's RFP #B05941.

According to the Commissioner, some of the lessons learned so far show a need to promote electronic health records in order to create the need for health information exchanges and RHIOs, simply providing free software for e-RX or electronic health records does not work, financing can be tough, liability issues need to be addressed, and it is essential to put the government and decision making structure in place.

Presently in the state, a pilot site has been established for e-prescribing that is available to doctors. Currently nearly all of retail pharmacies in the state are capable of accepting electronic prescriptions via networks that provide the systems for routing prescriptions from the practitioner to retail pharmacies. However, according to Koller, e-RX is a slow process with only 30% of the doctors using the system.

The state's near term initiatives now focus on improving pharmacy purchasing, developing a managed care model to use with adults that have disabilities and chronic conditions in all state populations. At this time, the state is working to prepare common contractual terms, data requirements, oversight structures, and outcome measures for the state's employees health insurance since contracts are due to go out to bid in 2008.