



Testimony of Kate E. Horle, Chief Operating Officer, CORHIO

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HB 18-1032

Good morning, my name is Kate Horle. I am the Chief Operating Officer of CORHIO, a digital health exchange organization whose mission is to empower people, providers and communities by providing the information they need to improve health.

CORHIO was founded in 2008 out of a private entity called COHIE. The original purpose of the organization was to allow hospital and providers to share clinical data on patients across hospital system. Today, we have taken that original purpose and expanded to enabling clinical care staff to understand the clinical and soon, social, details of the patients they provide care for by collecting the data of 63 hospitals and hundreds of ambulatory practices across the front range, eastern plains, southwest and northern parts of the state. In addition, we exchange data with our partner on the western slope, Quality Health Network, known as QHN, in Grand Junction. QHN serves 13 counties on the western slope, and is supportive of this bill along with CORHIO.

So, why does this bill matter to us?

CORHIO and QHN provide a longitudinal record to our subscribers to enable a comprehensive look at a patient's previous record of care. For clarification, our providers notify their patients of the relationship between CORHIO and the provider, and offer their patients the opportunity to opt out of our service. If a patient chooses to do so, CORHIO hides their data from use and it cannot be viewed under any, including emergency, circumstances.

The longitudinal record contains hospital and ambulatory visits, medications, allergies and other information about a person's care. What isn't in this record today is emergency transport data. This bill would allow this information to be added to the record so, at a glance, a provider can understand how and when a patient was transported, and what the outcome of that transport was. This EMS information will help emergency service providers understand a patient's recent ambulance and hospital history, so they can make a decision about what might be happening with a given individual. For instance, if a patient has been transported several times in the last month, it might indicate they aren't filling a prescription, or don't



understand the instructions for care they are given. This requires a different need to be filled, and possibly not another ambulance trip. This data is incredibly valuable for cardiologists, primary care physicians, EMS, behavioral health specialists, long term care and skilled nursing facilities. Further, EMS and fire agencies use this data to do quality assurance. As an example, EMS might transport a patient and treat for a cardiovascular issue. They leave the patient in the care of the ED staff but can only retrieve the actual final diagnosis of the patient by calling the hospital back and asking for a staff person to look that patient up and let them know. You can imagine that this doesn't happen as frequently as it should. With the CORHIO longitudinal record, EMS can discover if the hospital determined it was cardiovascular, or something else, such as stroke without calling the hospital. EMS can learn if they are correctly identifying emergency conditions and provide targeted training for staff. Lastly, hospitals need this data for their recertification process, commonly known as JHACO, and sometimes, the trip sheet isn't entered into the hospital record at the time of patient admittance to the emergency department.

CORHIO and QHN are aware that the total cost of care continues to be a price driver for health care costs in Colorado and across the country. This bill presents an opportunity to make use of data that isn't being used today to drive that cost down and providing more clinically accurate care to those with chronic conditions and ongoing health challenges. I respectfully request your yes vote on House bill 1032. I'm happy to answer questions at the Chair's discretion.