

**HPM Institute Live National Podcast:  
"Public Sector Strategies for Reducing Healthcare Costs While Improving Outcomes:  
The Critical Role of Technology-Enabled Collaboration in Healthcare Performance Management"**

*Co-Moderated by **GEORGE PANTOS**, Executive Director, Healthcare Performance Management Institute and **HENRY CHA**, President of Healthcare Interactive*

**PANTOS:** Welcome to the HPM Institute live webcast on Public Sector Strategies for Reducing Healthcare Costs While Improving Outcomes. My name is George Pantos, and I am Executive Director of the Healthcare Performance Management Institute, a think tank dedicated to research and education on strategies to reduce healthcare costs and improve workforce health outcomes through the use of technology in both the public and private sectors.

I would also like to introduce today's co-host for this webcast, Henry Cha, a Founder of the Institute and President of Healthcare Interactive, a software development company based in Glenwood, Maryland. Henry and I will co-moderate today's panel discussion. Welcome, Henry.

**CHA:** Glad to be here, George. Thank you.

**PANTOS:** This webcast is the second in a series on how new cloud-based computing approaches are transforming the delivery of healthcare in America. Our first webcast examined how technology is impacting the private sector, and our final webcast in this series will take a closer look at a unique software engine that's driving this technological revolution in healthcare delivery and management.

We all know that healthcare reform legislation is having a major impact on the healthcare landscape and how the public sector delivers healthcare. Major challenges and barriers confront public sector agencies in meeting looming deadlines under health reform legislation.

Today we will look at how the public sector, Federal, State, and local governments, are coping with the challenges and how they're leveraging new technology in healthcare to deliver healthcare benefits more efficiently and effectively. This is critically important, particularly as related to regulatory and implementation issues within the changing political landscape. And I would like to add, in looking at these issues, recognizing that whether whatever the political outcome, both the House and Senate versions of healthcare reform contain many similarities. It's just a matter of degree in most cases.

So, before going further, however, just let me make a brief housekeeping note. This webcast is meant to be interactive, a discussion, an interactive discussion. To that end, if you have any questions that you would like us to address, please enter your comments or queries in the Question Box on your screen and click Send. When we're finished with the panel discussion at roughly the bottom of the hour, we'll address your questions and comments. We promise you will learn a lot from our panelists who will share insights about technologically advanced health management and administration in the public center.

Let's turn now to our panelists. Our panelists bring three different perspectives to today's discussion. Liddy Garcia-Bunuel is Executive Director of Healthy Howard, a unique community-based health program for the uninsured in Howard County, Maryland. Liddy has extensive experience implementing a public program for the uninsured at the county level.

Alice Burton is President and Founder of Burton Policy, a Maryland firm that works closely with State-level and private sector clients to help navigate issues arising from health reform. She's actively involved with the State of Maryland and planning for health reform implementation.

And Gene Walker, our third panelist, formerly with Lockheed Martin, is the President of HCI Federal, a provider of broad-based technology solutions in the public sector. Gene's extensive experience in the Federal Government contracting sector gives him unique insight into today's subject.

So let's get started. I'll start the ball rolling with Gene Walker. Gene, could you provide a little background about your firm and the types of services you provide to clients?

**WALKER:** Sure, George. Thanks.

Healthcare Interactive Federal is a service, disabled veteran-owned small business, providing a breadth of cloud-based services within the healthcare sector. Our team's experience includes running very large data centers across DOD, Federal and State agencies. We leverage our experience and proven practices to help our customers build a successful strategic plan and migration strategy for meeting some of the most demanding business drivers, be it budget, legislation, or technology.

In terms of services, we provide a wide range of services to include actual data service, cloud-hosting solutions, applications, and migrations, and disruptive technologies that are revolutionizing the service delivery model. Our solutions and services are extensible to existing data sets and analytic engines as well as business processes with your company's capabilities as a catalyst in helping our customers meet some of their most demanding needs.

**PANTOS:** Henry?

**CHA:** Let me bring Alice Burton in here for just a moment. Alice, what are some challenges being faced by State agencies in coping with issues and problems today that you're seeing?

**BURTON:** Yes. Thanks, Henry. I'm glad to join the conversation.

I think from the State perspective, as well as many other perspectives, health reform is, I think, best described as overwhelming in its size and its breadth. It covers so, so many aspects. It's in a world of the health insurance exchange, and it's standing up new functionality, so really many, really daunting tasks that are described and unexpected as part of that, with its seamlessness in terms of eligibility, the expectation, its real-time connection several portals will have then are all really large tasks and expected in a time frame that's a little bit outside the norm for a State government.

I think the next, sort of biggest challenge is in the area of health insurance exchange and the reality that the exchange exists in a competitive marketplace, and that's very different for State policy-makers implementing a new program, a new initiative. Really, it's just one of a series of options in the marketplace, and that policy has to always be remembered as implementation decisions are made.

I think as part of that, at least for the next challenge, which is in a short period of time, there is so much focus on operational excellence, and that's appropriately placed, because the exchange does exist in this competitive marketplace. And we need to hit the ground running. People are going to come to the exchange for the first time and expect a really excellent consumer experience. There's rightfully a really keen focus on operational excellence in getting the exchange up and running. The challenge with that is it's hard to see the forest for the trees and hard to see the longer-term potentials and opportunities in health reform.

And I think there are lots, and I could just give an example of a couple. We spend a lot of time taking that seamless eligibility and what the IT persons need to create or achieve that. There's really more of an opportunity to think about what that seamless consumer experience is, and that takes you into a lot of other areas, like planning a network and transitional issues that I think are opportunities for State policy-makers. Again, I think it's important just to try and keep a big-picture view of the implementation and to deal with the operational tasks.

**CHA:** Thank you, Alice. Turning now to our next panelist, Liddy, could you weigh in a little bit in terms of your program, the Healthy Howard program for the uninsured?

**GARCIA-BUNUEL:** Sure. Thanks. It's really good to be on as well.

So Healthy Howard Health Plan was a program created at the county level for the uninsured, sort of under the leadership of the County Executive Ken Ulman and Health Officer Peter Beilenson, and it's specifically created for those that were not eligible for any State assistance programs but just couldn't afford the private insurance market.

The services that it covers are primary care visits, free or discounted prescriptions, diagnostics and lab tests, urgent care, ER care, inpatient hospital care, mental health, substance abuse, specialty care, dental, vision, rehab services, physical and occupational therapy, and similarly, what's unique to Healthy Howard other than, I guess, besides being a safety net is the fact that we have compulsory health coaching, which makes us really quite different, because we always thought that healthcare was both a right and a responsibility. And this is where the responsibility piece comes in, is through our health coaching, and every person enrolled in the health plan actually must work with a health coach.

**CHA:** Gene, from your perspective, what do you see as a major problem facing the Federal agencies?

**WALKER:** Thanks, Henry. We don't really see it as one major problem. Our customers are facing major issues related to a number of factors, such as timing, budget challenges, and technical options.

I'd like to focus on an area where I believe Federal agencies face significant challenges. Specifically, a number of those agencies have systems and software that have been in place for a long time that have been cobbled together just to meet some of the legislative changes over the past 30 to 40 years, and those business drivers changed. So many of those systems, be it they are mainframe-based or legacy COBOL codes, have lots of data that's continuing to grow and becoming somewhat unmanageable. Their applications sometimes are fragile, and in terms of their legacy development and interconnectivity, there are dependencies there that make moving to meet those new legislative mandates somewhat of a challenge.

Changing or implementing new services within these legacy environments is problematic at best, and legislative timelines make the implementation of these new services almost impossible without considering a different approach to meeting those business drivers.

What we have seen in many of these environments is a lot of these solutions are being driven from a technical approach and not enough from a business process approach; for example, business process work flows, engagement of the people, collaboration between those entities, and not necessarily bringing more power, horsepower to the table in terms of mainframes and so forth. So we look at it as an opportunity to meet business challenges through changing work flow processes and so forth.

**PANTOS:** This is George again. Alice, could you give some examples of some strategies in Maryland that the State is addressing to achieve a timely implementation?

**BURTON:** I think the first and most important thing is that Maryland got started right away, right away with addressing the big-picture implementation of health reform and what it was going to take.

The day after the President signed the Affordable Care Act, Governor O'Malley signed an executive order and created an interagency group in Maryland to assure a coordinated approach across government, to really move away from the silos that may have existed in the past and really wanted to embrace reform with an opportunity to eliminate those silos and achieve reform from a broad perspective.

That experience went on for about 9 months, the frameworks which could help reform, one of which was to create an ongoing Office of Health Reform. So it is going to have a newly created office that guides health reform.

**PANTOS:** Looking to the country level, Liddy, what challenges did you face on implementation of the Healthy Howard program, and what are you all doing that's really different to overcome these challenges from a healthcare perspective and cost reduction standpoint?

**GARCIA-BUNUEL:** So the first challenge is when we launched the health plan, we had many more people come out thinking they were eligible for the health plan that were actually eligible for already-existing programs, and that was a challenge for us initially, because we could only refer them to a different silo, if you will. So we were referring them down the street to the Department of Social Services or even in the same building but a different unit, to the Medicaid unit, and in doing so, we realized we weren't really performing a great benefit to the customers because, basically, we were saying, "Great. You're uninsured. You're not eligible for our program, you're eligible for another program, but we can't help you."

So we decided just in January of 2011. We opened our door to healthcare, which is a no-wrong-door approach, and we brought together the Medicaid workers, et cetera, so now we're using an electronic application that can literally put the people in the right program, and so instead of sending them on their way and telling them what they need to do, we're actually engaging, enrolling them right there on the site. So we're really happy about that, and we've been able to overcome that first challenge.

The second challenge is we realized Johns Hopkins Bloomberg School of Public Health did a look and took a careful look at the numbers that we had enrolled in the health plan and realized that this population didn't have a greater incidence of chronic disease, but they were a population at risk, so they were smoking, they had higher incidence of smoking, they were more likely to be overweight or obese, they had higher levels of hypertension, et cetera. And so we really felt that what was really important in this challenge was to really intervene at this time with our health coaching model, which is one-on-one, and we felt that if we can change behavior at this level, it's really important so that in 5, 10 years, this same group of people aren't going to be developing these chronic illnesses that are costing themselves and society so much money.

And then the last challenge was this group of people that we had enrolled in the health plan were people that have been uninsured for quite a while and had been folks that were in and out of the emergency rooms, and so to use the primary care home model was really important, to be able to have established care with their provider. Indeed, we did find that we were able to through this model, were able to reduce the emergency room visits by quite a lot. As a matter of fact, it was down to 8.5 percent, which was really quite impressive when compared to the national average.

So those are the challenges, and I think we've done a fairly good job of being able to overcome them.

**CHA:** Gene, back to you for a second. In terms of the Federal Government, how can programs be deployed through the cloud to help Federal officials provide more efficient services under healthcare reform? Can you give some examples as well?

**WALKER:** Well, I think the Affordability Care Act certainly gives us some great examples in terms of the many functions that now have to be implemented at the various healthcare agencies and the fact that a number of Federal agencies now have to be connected together to share information, but some of the larger advantages of the cloud services certainly include the platform of the service and softwares of service and the flexibility to leverage data in ways that the traditional systems and applications and business processes can't. The result is a more efficient data center consolidation and the ability to meet business process changes more rapidly.

As an example, I hear a lot about unified messaging as a problem to solve, but the real question might be what's the business problem that's trying to be solved. We're seeing competitors focused on solving IT problems rather than the business drivers at hand. Our customers are significantly benefitting from leveraging disruptive technologies that actually translate business processes into configurable work flows, which are built on configurable data. This provides a little more flexibility and agility and speed in terms of delivery and implementation to meet these changing requirements.

Work flows that are designed to leverage cloud services do not always have the limitations that the traditional client server applications or mainframes will have on the cloud, and those applications, those traditional applications, can't even be moved to the cloud at all. Some of the things that we'll see is that they're just not conducive to running in those environments.

But healthcare can now benefit from the integration of things like activity management, knowledge management, and application management that's integrated with an operating system kernel providing some extensibility and agility and manageability for those business processes.

Some of the other benefits include future ubiquitous service enforcements, or FUSE as it's been referred to, for business processes where collaboration and change can happen instantly, accelerating the establishment of major initiatives like the health insurance exchanges and the State Medicaid initiatives.

In terms of key needs, our customers understand that a solid cloud hosting environment is imperative, along with a sound migration strategy, away from those legacy data center environments. These migration strategies will be based on their unique business drivers and will probably be one of the tipping points for their success.

**CHA:** Terrific. And, Alice, if you could also weigh in, perhaps, on the State perspective. What more efficiently -- how can they more efficiently manage your healthcare reform implementation activities and catch up with these deadlines?

**BURTON:** Yeah. Well, there are a lot of looming deadlines, and anyone that's looked at the milestones that are required by States to achieve will recognize how much is happening very quickly, so there's a lot, a lot to do.

I think the first is to be aware of the options that are available under the Federal proposed rulemaking, the Notice of Proposed Rulemaking, that really the Federal Government is envisioning a very collaborative process with States in implementation, so it's not an all-or-nothing, you certify your exchange. There can be shared technologies and then breaking them out and thinking what it is you are going to work with, with the Federal Government on. What you can build yourself, I think is important.

I think not reinventing the wheel is important, an important part of this, particularly on the policy as well as the IT side. Some of these States are doing so many similar things, and really sharing, sharing the experiences and learning from one another is really very much an option. And there are a lot of great avenues to do that, and not many States are taking advantage of that.

I think the real need, as I alluded to earlier, in the earlier slide, is to really maintain a focus on the strategic direction through the operational challenges, to really keep a focus on the direction that you're going as you tackle how you are going to structure your exchange, know where it's going.

I think through many, looking at sort of health reforms for a number of years, I think it's important to recognize that really comprehensive reform happens over a period of time. They really build on higher-reaching work, so I think we should manage our expectations and realize that really achieving comprehensive reform is going to take time, and it's likely to evolve as we implement the first steps in health reform and we change and move in a direction and we fill out the plans that we had. That's why it's important to keep the big picture on the vision and direction we're going.

**CHA:** Liddy, from your perspective, how would you see the future of Healthy Howard needing help in terms of making a smooth transition to the exchange?

**GARCIA-BUNUEL:** Sure. I think that the first thing that we've learned, probably our greatest lessons learned, is affordability, and even our members paying \$50 to \$85 a month, depending on their income, we've learned that it's hard if there's conflicting priorities, and there are times that are -- it's actually what we call "seasonal." We know that in September back to school and in December during the holidays that people don't prioritize healthcare, and a lot of people dis-enroll during that period of time.

And I think it's going to be a real challenge for people in the exchange to figure out the payments and if someone misses a payment, how that's going to happen, but again, going forward, our blue sky is that we hope that there will be affordable options within the exchange, so that we can seamlessly transition our members over into something that would be affordable for them in the exchange.

And the second piece is what we've learned in the Door to Healthcare since we launched in January is that we think it's probably more like half of the people that are coming in are going to need quite a lot of assistance, assistance with figuring out what they're eligible for and how to effectively enroll. And we've learned even from the past with every State with even the Children's Health Insurance Programs, all the MCHIP programs, and we've learned even when you expand how hard it is to communicate that message out and to tell people directly sort of how to do it and where to go to get assistance. So we think there's going to be a tremendous need for outreach, communication, and then this navigator role to really help people who want to get insured know where to go and how to get the right assistance.

And then the last piece is really sort of trying to figure out -- and I know the State is doing the best they can to move along quickly, but for local programs, how do we fit in, how do we get our systems talking to their systems, and I think that that's an important piece, is to make sure that we're all talking, we're all on the same page, so that when 2014 comes along, that our systems are talking and well integrated.

**CHA:** Thank you so much, Liddy.

Before I turn to the audience for questions, I do have one more question, and by the way, there are some terrific questions coming in from the audience.

Gene, from your perspective, I mean, you've heard a lot of these activities and needs coming from the State as well as local level. Do you have a comment in terms of how new technologies could help out what's happening today from a Federal standpoint?

**WALKER:** Sure, Henry. First, I'd like to say that I do agree with the comments from Alice and Liddy in terms of timelines and affordability. I think those are going to be critical to the actual implementation of technology to help solve these problems.

Cloud computing is a disruptive technology that offers some significant opportunities to meet those challenges, challenges associated with shrinking budgets, legislative mandates, and rapidly changing business requirements. Hosting environments alone are not going to be the solution. Managing the information content and business processes within those environments is a challenge. We believe that our customers under their business objectives and are looking for solutions and strategies that will help them achieve those objectives. The result will be a migration strategy that's able to leverage the existing data and more selectively move some of those complex business processes to the cloud and moving legacy operations to those hosted environments that are flexible and innovative and that have an overall positive impact on the business operations, both from an operations and a financial position.

**CHA:** Alice, do you want to weigh in on any other comments as well?

**BURTON:** Sure. You know, as I'm listening to Liddy and Gene speak and the whole discussion of this call, it really strikes me how much health reform is really bringing together the implementation, the IT pieces of it, the policy pieces, both at the Federal, the State, and the local level. I'm listening to Liddy's comment of needing to know where the State is going and kind of needing that guidance and direction, even asking the Federal Government, and then all needing to work in terms of the implementation and an IT framework, so really you really need to have all of those disciplines at the table at the same time. You need to have those disciplines at the table at the same time.

**CHA:** Thank you, Alice. Liddy, do you also have any last comments?

**GARCIA-BUNUEL:** No, I'm okay. Thanks.

**CHA:** All right, terrific.

**PANTOS:** Okay. It's now time to turn to the questions, and as Henry said, some terrific questions are coming in, which we're going to address in the remaining time. If you have any questions, please just enter your comments or queries in the Question Box and click Send. For unanswered questions that come in, we'll ask the panelists to reply writing and include the Q&A in our post-webcast report, which will be sent to you after the webcast.

Henry, do you want to handle the questions?

**CHA:** Absolutely. Let me start with the first one. Libby, this is directed to you. How is the health coaching mandate being received by your members, and how has the success been defined; in other words, what are your metrics that you are using to track success or progress?

**GARCIA-BUNUEL:** That is an excellent question. It's a very good question. We made the health coaching part compulsory, and if someone was not adhering to the coaching component, they were effectively being dis-enrolled from the health plan. And they had a chance to go through the dis-enrollment period, and then they would appeal, and they appealed to me as the Executive Director. Usually, at that time, I accepted everyone's appeal, and therefore, they would be able to remain in the program, but it was based on having them make sure that they contact their coach and continue to work with their coach.

So what we've done, though, is based upon -- we think that about a third of people -- well, let's put it on more of the positive side. We think that two-thirds or more of the folks actually are really benefitting from coaching. We feel they are fully engaged, and as a matter of fact, there will be some that actually graduate from coaching.

So what we're doing is we're actually going to start changing our model where we're going to be increasing member fees by just a small amount starting in January, and those that adhere to health coaching will get a member discount. And those that decide that they don't want to go to health coaching, they're not adhering to it, will not be eligible for the member discount and will be paying \$10 per month more than the other person. So we're trying to provide incentives to those that are engaged with a health coach and are engaged in trying to live a healthier lifestyle, and those that choose not to, for whatever reason, will pay more -- get a small amount, but will pay more, and we hope eventually will be open, maybe in 6 months' time will be open to actually engaging again with their health coach to try to really live a healthier lifestyle.

In terms of success of health coaching, the verdict is still out. We're in the midst of a fairly expansive evaluation with Bloomberg School of Public Health, and even though we've gotten some preliminary data that suggests that members are more activated in coaching, the evaluation will be published probably in the next 6 months. So, at that point in time, we'll have a lot more to say about coaching and its success.

**CHA:** Terrific. George, you're going to have to pick up on that one.

**WALKER:** Okay.

**CHA:** Alice, this question is directed to you. How difficult is it to reconcile the various governing regulations, such as HIPAA, to sharing information securely across multiple organizations that need to collaborate and serve the community?

**BURTON:** I may -- I'll try and answer this, but I may defer also to Gene, since I do more of the policy work. I will say that reconciling all of Federal standards is highly complex, and walking through even the grant announcements with all the different requirements is really a challenge. But I do think the IT partners really try to make sure they're achieving that. Gene might have a more key focus on that question.

**CHA:** Gene, do you want to comment?

**WALKER:** On a couple of things. Each one of these organizations have their own security mandates and policies in place, and to get them to leverage information between them is presenting challenges, but there are legislative activities out there that have mandated certain criteria, such as high tech and what needs to be in place to support security from that perspective.

But going forward, there will be implementations via cloud services and point-to-point cloud services that will facilitate some of those security challenges, and some of those solutions, we're already in discussions with a number of those agencies. So it's not that it will be impossible, but it will certainly be a challenge to get everyone to agree on the same set of principles and standards as it relates to security and data interchange.

**CHA:** Thank you, Gene.

Alice, I have another very interesting question. Do the key players working with exchanges have the skill sets they need to fulfill the goals? If so, what are these new skill sets that need to be in place to be successful? I mean, that's a very interesting, I think a very interesting question.

**BURTON:** That is. That is. So I think one of the challenges that States have in establishing exchanges is simply issues of governance and control, where is the exchange going to be, who is going to do it, and what are the core competencies that are needed to do that, and do they exist in a constant agency or are they really private sector, such that need to be brought in.

Maryland's approach was to create a governing structure and to create a general framework and then began to build out the staff. They hired an exchange director that comes from the commercial world. I think personally that's important. I again think this exchange has to exist in a competitive insurance marketplace, and understanding that is really, really critically important. That is that competency that I think is needed.

Maryland has also used early grant dollars to develop and build a program management bench to do the IT work, and I think that was very important. I suspect a lot of States will be challenged by the significant IT work that has to happen in a short period of time and other IT pressures in States that have typically not a deep bench to go to, to do multiple projects, so needing that competency and needing that in terms of a real focus, I think is probably another area which States will need to go.

**CHA:** Alice, I know your work is mostly in the State of Maryland. We have people on the webcast from all over the country. Do you have any insight or knowledge that you can share from where you sit what is happening in some of the other States?

**BURTON:** Sure. I think there's a range of activities. Maryland is a State at one end where we have a leadership, political leadership that has embraced reform and to report on it. There are other States that are taking a much more reluctant approach to health reform rehabilitation. Some are challenging core elements of it in the court system, so that broad framework I do think affects where States are and how they are moving on in terms of different implementation work.

I think having seen some of the work that other States are doing, there's a lot of excellent policy work happening in different States and a lot of excellent operational work, a lot of models that are out there that can be shared. I do think there is a range of embracing the reform and how quickly States are moving on this.

**CHA:** Terrific. Thank you.

Gene, can you give some examples of specific business processes that could help Liddy and Alice in what they're going? What are some things that could change the way we are doing business today in healthcare?

**WALKER:** Well, some of the things that we're doing is putting work flow processes in place and then adding additional technology to it, to allow not only the patients, doctors, and nurses to collaborate, coaches to collaborate, but even across the management and oversight of healthcare records, things like being able to visit a specialist and control access to that information for a specific period of time and then cut that permission off, so that you can maintain security of your healthcare record as a consumer. And pulling into it, I think a lot of things that we're bringing to the table really benefit the consumer in terms of giving them access through Web applications or devices, such as Droids an iPhones, to let them access their healthcare record and actually have an insight or visibility into their current state of health up to the minute. And what we're finding is, just like the Facebook phenomena, the more access and availability, we're tending to see a little more interest in the results of those healthcare initiatives.

**CHA:** Terrific. Liddy, a similar question: Do you see technology also helping your members as well?

**GARCIA-BUNUEL:** Sure. I mean, ultimately, the people that we have enrolled in our State program called PAC (Primary Adult Care), we're hoping that come 2014 when Medicaid expands that because technology will be in place and it will be so wonderful, we'll be able to push a button, and all those folks that have enrolled in PAC will now be in Medicaid.

And additionally, we hope that technology will be in place, and OS that we can transition all of our health plan members over to the exchange. I think technology is critical, too, in terms of even though if everything goes smoothly, we won't be operating at a health plan anymore, but we will be pursuing potentially a statewide co-op. I think to make sure that technology is working for providers, I think technology needs to work for the consumer, and that's what I'm mostly concerned about is the consumer. And I think that the coordinated care has to have technology.

One thing that I learned the first time as the Executive Director of the Healthy Howard Health Plan is how broken our system is and how providers don't talk to each other, and I don't think it's because they don't want to. I think it's almost impossible that they do, and so I think technology is critical in this time of where we are with healthcare reform.

**CHA:** Thank you. And I'm going to close with one more question. I know I have a couple more here in front of me, but this might be better directed to both Alice and Gene, so you might both want to comment on this. What's the difference between the healthcare insurance exchange and the healthcare information exchange?

**WALKER:** Henry, I'll give my insight on that, and I kind of touched on it earlier. What we're finding is that a lot of different agencies now are going to have to share information, and although they are charged certainly with executing their primary mission, they are now going to be dependent on sister organizations to be able to validate those processes, be it insurance plan enrollment or what the IRS is charged with in terms of validating that folks are actually engaged in insurance plans and those such things.

So the insurance information exchange is going to be extremely critical, and we are going to have to break down those barriers between those organizations and help them figure out how to share that information.

**BURTON:** Right. And now as we are moving forward on the health information exchange as well as a health insurance exchange, we struggle with the nomenclature and the similarities of the names and get our tongues tied quite a bit on describing them, but actually, fundamentally, their use case and their purpose is really different, related but pretty different.

The health information exchange is designed to share clinical information in a place where that can be shared amongst the partners about getting the information again for both healthcare providers and consumers at a point they can continue. The health insurance exchange is really about changing the marketplace and providing information to consumers about health plan choices and then making informed decisions about that. So they're two pretty different purposes, but as Gene mentioned, I think some similar architectural issues and some similar functionalities that I think there's probably an opportunity to talk to one another about.

I think down the road, there also may be similar use cases in both the insurance exchange and information exchange. To the extent that they can coordinate with one another and share information to help manage transitions of consumers between health plans is just an example, but there are probably many other examples of the way these two related, at least in their name, organizations can share and work with one another going forward.

**CHA:** Liddy, I have one last question for you, and this will be, I guess, our last question, George?

**PANTOS:** Yes.

**CHA:** Okay. The question is, How can the cost curve be bent with the healthcare insurance exchange, with your participation, with obviously Gene, Alice, and everybody else working from a Federal, State, and local level? How do you see that really working in the next 2 to 3 years?

**GARCIA-BUNUEL:** Well, you know, I think that -- I think that we're going to have to get it right. I think that -- I think everyone's greatest concern is there have been -- and there's going to be a lot of money and resources and time spent on all these, you know, the exchange, IT, et cetera, and I guess the concern would be, obviously, if we launch it and people are turned away and it doesn't work. And so a huge amount of money will be spent in reaching out to the community and finding, bringing them back and enroll, et cetera.

So I think that to save money, we're going to have to get it right the first time, and I think also in bending this cost curve is that everyone is going to have to look at prevention and wellness and not just waiting and counting on our system to just treat them when they are very ill. And I think we're all going to have to take responsibility and in choosing to live a healthier lifestyle.

**PANTOS:** Well, thank you very much to our panelists, our experts from the Federal, State, and county levels. I think we've had a very interesting discussion.

This webcast has been recorded, and for those of you who would like to delve more deeply into this once again, it will also be available on the Institute website in a few days. Just a reminder that the first post-webcast report, which was put together and has been distributed, it's also available on the Institute website. That's [www.HPMInstitute.org](http://www.HPMInstitute.org).

Our third and final webcast in this series on the cloud and the high-performance engines that's powering the technology will be announced near the end of the year; however, the Institute's newest white paper on this topic, "Why the Cloud Matters," has been completed, and it's posted on the Institute website.

Feel free to contact the panelists. You have their contact information on your screen. We hope that this webcast provided you with useful information about how cloud-based computing is being deployed by public agencies in the health space.

I want to thank our co-moderator, Henry Cha, for his help today and especially thank our expert panelists and our audience for their participation.

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