## Health Information Exchange Update

Lorie Mayer

**AHCCCS HIT Coordinator** 





## Health Information Exchange (HIE) Opportunity

- IHS and Tribally operated facilities have not been participating in Arizona's Health Information Exchange to the same extent as other providers
- Providers are not benefitting from the ability to incorporate more "real time" patient data into their care delivery
- More complete patient health information leads to more opportunities to better care and patient outcomes



### **Additional Information**

As a National Organization, IHS has to develop strategy and solutions that takes into account:

- Costs to building interfaces
- Different state Health Information Exchanges with different operating policies
- Different technologies or exchange platforms
- Different HIE organizations Payment and Governance Models
- Different HIE Participants/ stakeholders state to state



## AHCCCS has 3 different financial programs to encourage EHR Adoption and HIE Use

- **Program 1**: Medicaid EHR Incentive Program encouraging Electronic Health Record (EHR) Adoption for Eligible Hospitals and Eligible Professionals
- 75 Hospitals in Arizona are Participating
- Below is a Partial List of Hospitals that have received at least one Arizona Medicaid EHR Incentive Program Payment
  - Phoenix Indian Medial Center
  - Whiteriver Indian Hospital
  - Hopi Health Center
  - Parker Indian Hospital
  - Sells Indian Hospital
  - Chinle Comprehensive Health Care Facility
  - Gila River Hu Hu Kam Memorial Hospital
  - San Carlos Indian Hospital
  - Fort Defiance Indian Hospital (Tse Hootsoi Medical Center)
  - Tuba City Indian Medical Center



## AHCCCS HIE Onboarding Program

- **Program 2:** AHCCCS HIE Onboarding Program with Health Current
- Open to any Medicaid Provider who has received an EHR Incentive Payment OR supports a Medicaid MU Participant to reach MU
  - AHCCCS funds an HIE onboarding infrastructure and team at Health Current to do outreach and educate providers about HIT/HIE,
  - Funds the creation of an organizational HIT plan that address needs or resources for problems you want to solve
  - Supports project managers and technical experts to assist you with meeting technical requirements and interface builds
- Long Term Goal is Bi-directional Exchange of Clinical Patient Data
- Federal Funds are available until 2021 to support this connectivity

## Descriptions of AHCCCS HIE Onboarding Program Milestones

- M1- Organization signs a Health Current participation Agreement
- M2- or M3- Organization either sends or receives data from or to Health Current
- M4- Organization is sending and receiving health information; achieved Bi-Directional exchange; receives small offset payment
  - Hospitals –\$20,000
  - Community Providers/Ambulatory \$5,000 \$10,000



## HIE Onboarding Milestone Status of IHS and Tribal Providers

Name of Health Current	Milestone 1	Milestone 2	Milestone 3	Milestone 4
Participant	Participation Agreement	One way participant Data	One way interface	Bi-directional Exchange
	Signed	to the HIE	development from the HIE	completed; Participant can
			to the Participant	receive Off set payment
Tuba City Regional Health	X			
Care	7.			
Chinle Health Care Facility	Х			
Gila River Health Care	X			
Pascua Yaqui Tribe Health Service Division	х			
Winslow Community	X	X	X	X
Health	Λ	Λ	^	A



## American Indian Medical Home

- Program 3: AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)
- American Indian Medical Home (Division of Fee for Service Management)
  - Tier 3 HIE Bi- directional exchange is required
  - Participants can receive \$21.71 PMPM



## **AIMH Service Tier Levels**

#### First Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team

#### Second Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

#### **Third Tier Level AIMH**

- PCCM services
- -24 hour telephonic access to the care team
- Participates in State HIE

#### Fourth Tier Level AIMH

- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Participates in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.



## Health Information Exchange enables providers to:

- Receive Arizona Hospital Admissions, Discharges and Transfers (ADTs) from over 95% of the Hospitals in Arizona;
  - More real time clinical data like ADTs can assist with care intervention and care coordination
- Track, connect, and intervene with HN/HC members with services in a more timely way
  - AHCCCS DFSM is using HIE to track and coordinate care for 200 HN/HC AI members
  - Allows DFSM to identify if services are being accessed
  - Coordinate information sharing across a range of clinical environments so when member moves across the system, there is information available



## **Contact Information**

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## Thank You.





## Health Current Update

Keith Parker, MBA Chief Information Officer April 3, 2018





Connecting the
Healthcare Community:
The State of HIE in Arizona

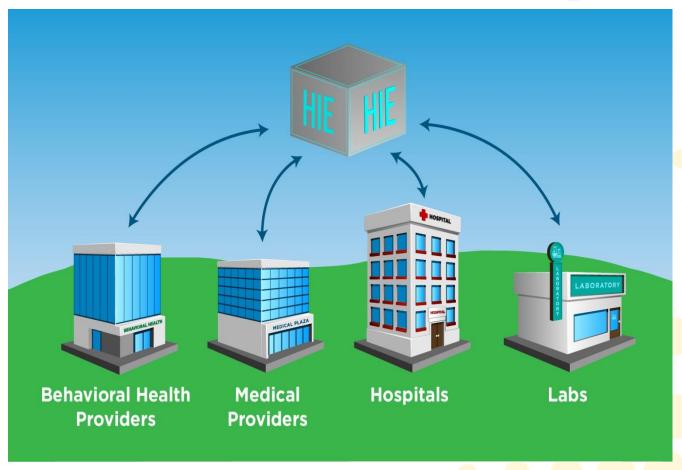


## Agenda

- Introduction
- HIE Stats, Services & Programs
- Permitted Use & Other Policies
- Example Use Cases
- Tying HIE & Data to Value-Based Healthcare
- How to Get started in receiving and sharing clinical information
- Health Current's "Other" Role

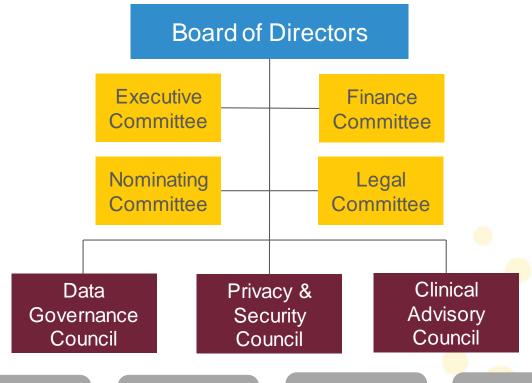


## Health Information Exchange





## Health Current Governance



Medication Fill
History
Workgroup

Electronic Image Sharing Workgroup

Public Health Workgroup Social Determinants of Health Workgroup\*

\* Under development



### HIE Participants (as of March 29, 2018)

#### Current participants include 475 entities:

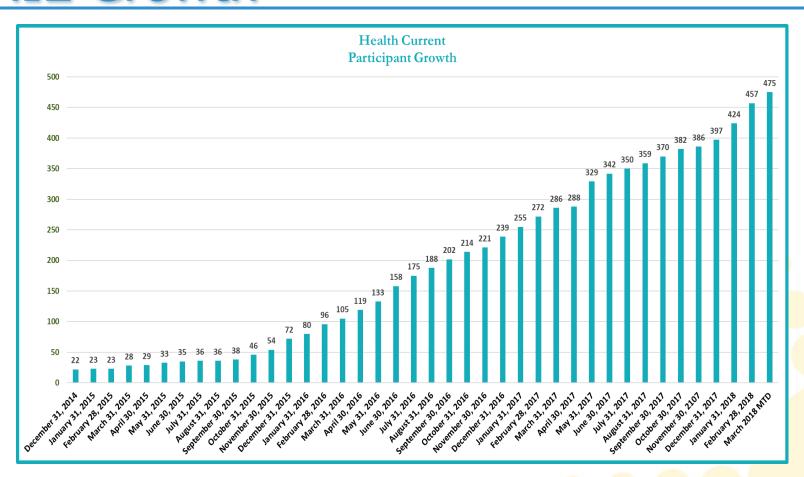
- 209 Community Provider Organizations
  - 83 Long-Term & Post-Acute Care Organizations
  - 76 Behavioral Health Organizations
  - 33 Hospitals & Health Systems (95% of inpatient discharges)
  - 22 State & Local Government Organizations
  - 21 FQHCs & Community Health Centers
  - 14 Health Plans
  - 14 Accountable Care Organizations (includes Clinically Integrated Networks)
    - 3 Reference Labs & Imaging Centers

Medicaid providers may be eligible to receive financial incentives for HIE participation.

Note: An HIE Participant is an organization that has signed a Participation Agreement. These organizations are either already connected to the HIE or are in the process of connecting.

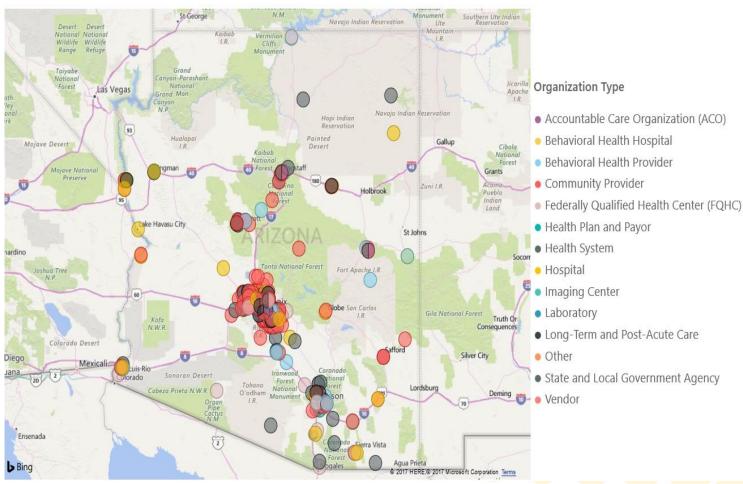


## Participation Statistics – Monthly HIE Growth





## Statewide Participation





## **Road to Participation**

- Sign Participation Agreement
  - ✓ Beth Scully <u>beth.scully@healthcurrent.org</u>
- Cost / Fees for joining
- Health Current staffing and IT use case support
  - Client services workflow support
  - ✓ Technical support



## HIE Stats, Services & Programs





## Core HIE Services Currently Operating

#### Data Exchange

Push/pull and query/response functionality

#### **HIE Portal**

Secure online access to patient data, a summary view

#### Alerts

- ADT alerts and other clinical results notifications in human & machine readable formats
- Batch Reports

#### **Direct Secure Email**

Secure email for clinical information exchange; DirectTrust certified and HIPAA compliant

#### Clinical Summary

The delivery of a continuity of care document (CCD) based on an electronic request



## New HIE Services & Opportunities

Alerts – Additional Batch Reporting Functionality

Accumulate ADTs for patient panel & deliver at regular frequency

#### PDMP/HIE Integration

 Access to HIE portal can also show PDMP data to meet prescriber mandate for registered providers

Patient Centered Data Home™ (PCDH)

 ADT alerts and follow-up information exchange available in Western Region and soon nationally

Behavioral Health Portal & Crisis Summary Tab

- Access to protected substance use treatment information & some behavioral health data
- Emergency access to key pieces of information (currently rolling out)

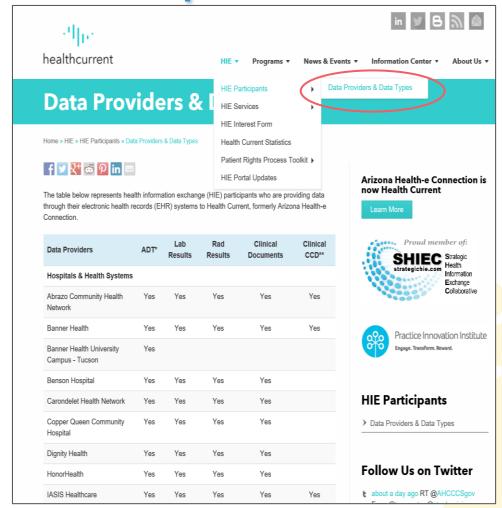
#### Other Value-Added Services

Medication fill history and electronic image sharing under consideration



## **Health Current Participants**

Data Providers & Data Types (updated monthly)



Example of How Health
Current is Helping Providers
Share and Exchange Data

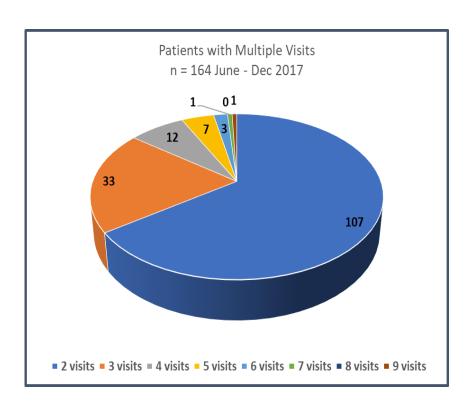


## Provider Examples

- 1. ED and Inpatient Alerts driven by patient panel plus HIE Portal access is most common
  - Subset of population typically tracked by disease state, by high cost/high needs, etc.
  - b) Support to build daily worklists for care coordinators
  - c) Checking HIE Portal for more detailed information
- Batch Alert Reports with aggregated information over period of time used for easier organization and sorting
- 3. Query-response functionality supported by some EHRs
- 4. Utilization of health plan applications fed with HIE data
- 5. Crisis network and ED use of crisis summary information via HIE Portal



## Emergency Patients with Multiple Visits June –Dec 2017



Emergency	Patients
2 visits	107
3 visits	33
4 visits	12
5 visits	7
6 visits	3
7 visits	1
8 visits	0
9 visits	1
Total	164



## Health Current's Role in Collaboration





## Opportunities to Get Engaged

#### **Councils & Workgroups**

- Council nominations will be open in coming weeks, along with rolling basis applications accepted online
- Workgroup participation is based on volunteers and appropriate stakeholder representation – let our team know if you are interested

#### **Share Your Story**

Share the ways in which HIE is bringing value to your organization

#### **Provide Us Feedback**

- Participate in these user group meetings statewide & regional
- Provide feedback to your account manager
- Meet with our team to discuss new ideas, opportunities, challenges, etc.



## A Safe Zone Where Ideas May be Brought Forward, Discussed & Developed

- Health Current is an HIE, but it was originally formed on the foundation of serving as a trusted, neutral community convener...
- Where ideas are shared and pursued
- Among a broad scope of organizations and agencies
- Openly, safely, in a trusted and respected space
- Where we are no longer silos, or competitors
- We are partners in pursuit of a better way of serving our communities



## Questions?

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# HIE Experience at the Winslow Indian Health Care Center

Peter Vermilyea, PharmD.
Clinical Applications Coordinator
CAPT, U.S. Public Health Service



### WIHCC

- Tribally managed outpatient clinic (638)
- 45 providers
- Services: cardiology, neurology, surgical, urgent care, wound care, mental health, optometry, dental, pharmacy
- 6 primary care teams with 18 providers
- Using the IHS EHRImplemented 2007





### Need for HIE

- Continuity
  - Patient Centered Medical Home (PCMH)
  - Patient empanelment
  - 10,000 patients divided between 18 providers
- Merit Based Incentive Payment System (MIPS)
  - Improvement activities
  - Medical Home gives facility full credit

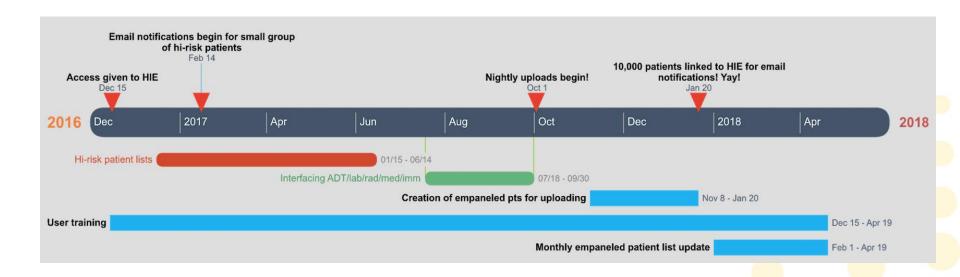


## 3 Phase implementation

- Provided access to the HIE, with small, hirisk patient cohort manually uploaded to monitor
- Work with contractor to have visit data uploaded nightly
- Generate and upload entire empaneled patient population via automated process



## **Timeline**





## **Implementation**

- Funding \$ interface for upload
- Training
  - Patient registration forms opt in vs. opt out
  - RN care coordinator logins
  - Managing multiple Direct mail systems
  - Provider/staff buy-in
  - Need local project manager



### Data Transmitted to Health Current

- ADT
- Labs
- Radiology
- Meds
- Immunizations
- Future additions (?)



### Lessons Learned

- Recorded webinar
- Fine tuning of notifications
  - o how much information is too much?
- End user buy-in
- Staff turnover
- Training is ongoing!
- Health Current team is great ©



### Outcomes

- RN Care coordinators, case managers
- Neurologist
- Cardiologist
- Discharge medication reconciliation
- Pharmacy monitoring
  - Non formulary meds
  - Anticoag patients



## Contact

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