



eHEALTH INITIATIVE

Real Solutions. Better Health.

Guiding CIOs Through a Changing Healthcare System with Health Information Exchange

Dial-in information:
1.800.940.2599

February 8, 2012

About eHealth Initiative (eHI)

- Since 2001, only national, non-partisan group that represents all the stakeholders in health care.
- Mission to promote use of information and technology in healthcare to improve quality, safety and efficiency.
- Focused on education and advocacy.
- Coalition of over 200 organizations is one of most influential groups in data issues, HIT and HIE.
- eHI is the only group tracking the progress of over 260 regional, state and local initiatives working on health information exchange for 8 years.



What Does eHI Do?

- Work with our members to influence policy
- Convene multi-stakeholders to build consensus
- Members contribute through virtual forums:
 - Meaningful Use and Health Reform Policy
 - Connecting Communities through Health Information Exchange
 - HIT Infrastructure for Accountable Care
 - Using Health IT to Coordinate Care
 - Data Analytics and Research
- Inform and mobilize through reports, weekly newsletters, educational events and policy alerts.



Housekeeping Issues

- All lines are muted
 - To ask a question or make a comment, please submit via the chat feature and we will address them in the order received at the appropriate time
- Today's webinar is being recorded. It will be available free of charge to both members and non-members.
 - Members can access slides and replays of any other webinar for free from eHI's store
 - Non-members can purchase access to any other webinar replay for \$25.00
 - eHI Store
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Webinar Co-Presenter



College of Healthcare
Information Management Executives



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Overview of Our Agenda

- **Introduction and Welcome (3:00 – 3:02 PM)**
 - Jason Goldwater, Vice President, Research and Programs, eHealth Initiative
- **Introduction (3:02 – 3:05 PM)**
 - Glenn Keet, President, Axolotl at OptumInsight, part of Optum
- **Overview of the Guide for CIOs (3:05 – 3:15 PM)**
 - William Sorrells, Executive Director, Alaska eHealth Network
- **CIO Experience (3:15 – 3:25 PM)**
 - George (Buddy) Hickman, Executive Vice President and CIO, Albany Medical Center
- **CIO Experience (3:25 – 3:35 PM)**
 - Joanne Sunquist, CIO, Hennepin County Medical Center
- **CIO Experience (3:35 – 3:45 PM)**
 - Forest Blanton, Senior Vice President and CIO, Memorial Healthcare System
- **Questions and Answers (3:45 – 3:55 PM)**
- **Closing (3:55 – 4:00 PM)**
 - Sharon Canner, Senior Director of Advocacy Programs, CHIME



Glenn Keet

President

Axlotl at OptumInsight, part of Optum



William Sorrells

Executive Director

Alaska eHealth Network



George (Buddy) Hickman

Executive Vice President and Chief Information Officer

Albany Medical Center





The State of New York State



Albany Medical Center

The State of New York State

- NY Department of Health funded first round of RHIOs in 2005
- New York's eHealth Collaborative was formed in 2006
- NYS is on HIT Plan 2.0

NYS HIE Participation

Rochester Region

RHIO: Rochester

21 of 26 hospitals

6 of 6 FQHCs

3 of 16 home care agencies

20 of 94 LTC

1,430 of 3,922 MD practices

Central NY

RHIO: Health eConnections

15 of 20 hospitals

0 of 4 FQHCs

0 of 22 home care agencies

0 of 85 LTC

195 of 3,223 MD practices

Capital Region

RHIO: HIXNY, ARCHIE

18 of 30 hospitals

1 of 4 FQHCs

0 of 22 home care agencies

0 of 94 LTC

1,215 of 4,081 MD practices

Hudson Valley

RHIO: THINC

7 of 36 hospitals

2 of 7 FQHCs

0 of 20 home care agencies

0 of 111 LTC

542 of 7,679 MD practices

Western NY

RHIO: HealtheLink

20 of 31 hospitals

3 of 3 FQHCs

3 of 13 home care agencies

3 of 93 LTC

1,500 of 3,638 MD practices

Southern Tier

RHIO: STHL

5 of 8 hospitals

0 of 0 FQHCs

0 of 5 home care agencies

3 of 26 LTC

603 of 737 MD practices

Downstate (NYC & LI)

6 RHIOs

• BHIX

• Bronx

• EHNLI

• Interboro

• LIPIX

• NYCLIX

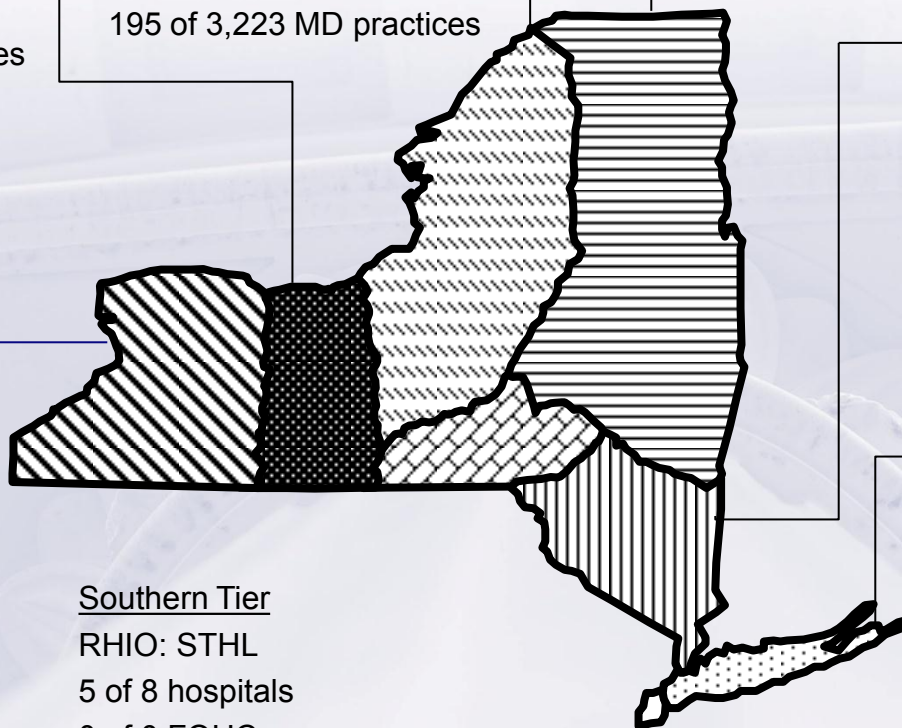
53 of 89 hospitals

13 of 32 FQHCs

18 of 46 home care agencies

31 of 316 LTC

2,765 of 43,514 MD practices



Source: NYDOH, November 2011

NYS Overall HIE Participation

12 RHIOs

139 of 236 hospitals – 59%

25 of 56 FQHCs – 45%

24 of 297 home care agencies – 8%

57 of 640 LTC – 9%

963 of 20,000 MD practices – 5%

6 of 62 public health agencies – 10%

21 health plans

16 free standing labs

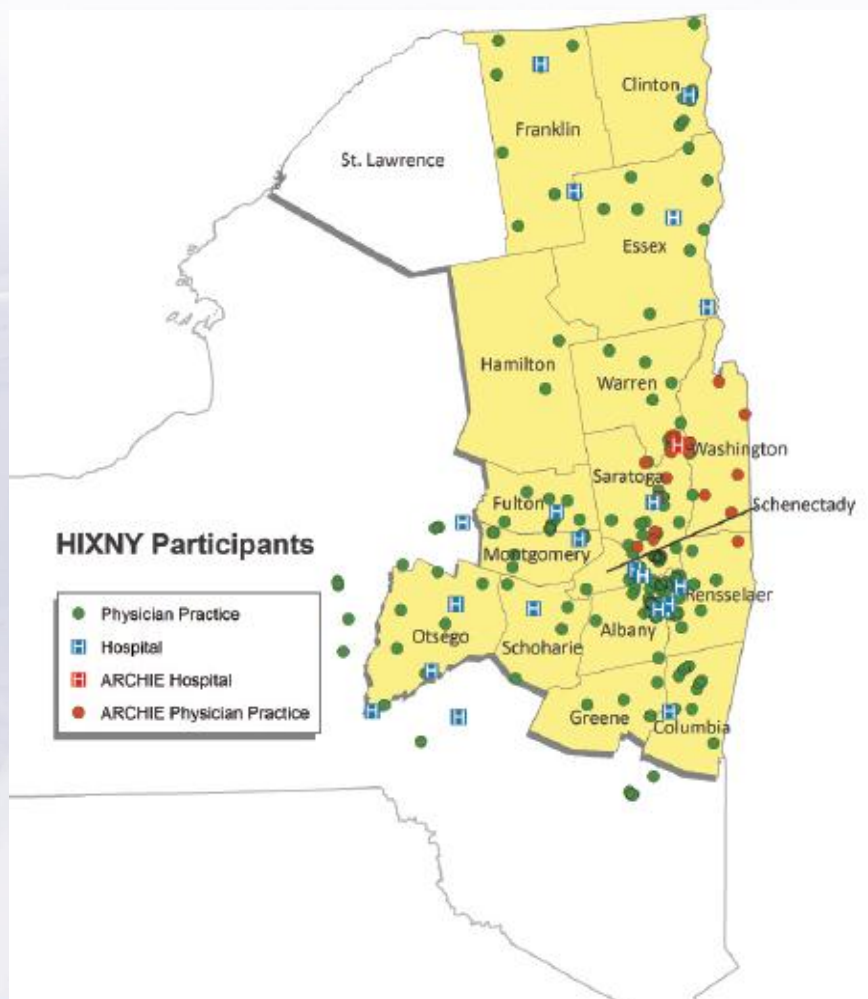
4 EMS agencies

Health Information Exchange of New York (HIXNY)

The Capital Region's HIE

HIXNY Service Area

The HIXNY Coverage Area includes 17 counties: Albany, Clinton, Columbia, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schoharie, St. Lawrence, Warren, and Washington

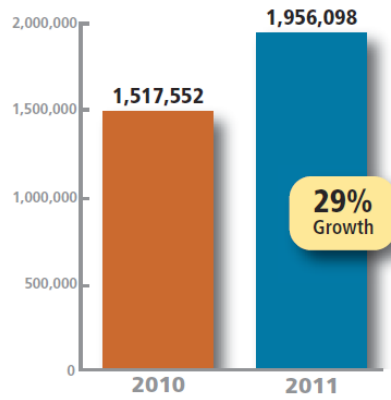


HIXNY Member Organization

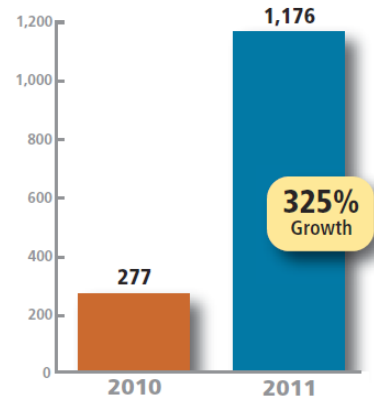
- Adirondack Health
- Albany College of Pharmacy and Health Sciences
- Albany Medical Center
- Alice Hyde Medical Center
- Bassett Healthcare Network
- Blue Shield of Northeastern NY
- Capital Care Medical Group
- CDPHP
- Center for Economic Growth
- Columbia Memorial Hospital
- Community Care Physicians, PC
- Community Providers, Inc.
 - Elizabeth Town Hospital
 - CVPH Medical Center
- County of Albany
- Ellis Medicine
- Hometown Health Centers
- Hudson Headwaters Health Network
- Inter-Lakes Health
- Iroquois Healthcare Alliance
- Medical Society of the County of Albany
- Medical Society of the County of Rensselaer
- MVP Healthcare
- Nathan Littauer Hospital and Nursing Home
- Northeast Health
- New York Health Plan Association
- Prime Care Physicians, PLLC
- Saratoga Hospital
- Schuyler Center for Analysis & Advocacy
- Seton Health System
- St. Mary's Healthcare
- St. Peter's Health Care Services
- State University at Albany, School of Public Health
- Whitney M. Young, Jr. Health Services

HIXNY Data, Access and Use

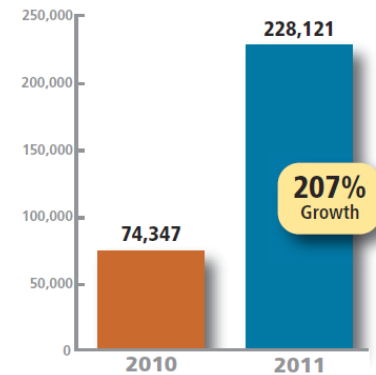
Patient Records



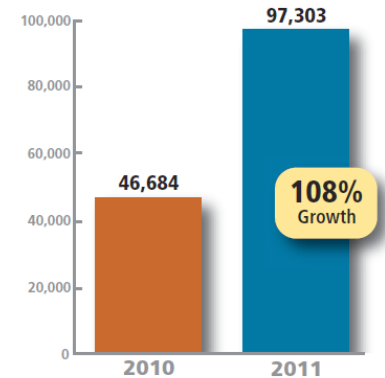
HIXNY Users



Patient Consents



Log-ons to the HIE



366,513 ePrescriptions
665 ePrescribing users

91.4 patient consent rate

HIXNY Capabilities

- Meds routing from RxHub, Surescripts, and HIXNY members
- Patient demographic and allergy data
- NYS Medicaid patient data
- Progress notes
- Diagnostic results
- Eligibility/benefits information
- Discharge or episode of care summaries
- Eprescribing solution
- Hosted REC EHRs

“Traditional” Intersystems edge server approach (second generation for HIXNY)

Building CCD exchange capabilities

Intending SSO/CCOW access – workflow improvement

Intending direct EHR-EHR exchange – workflow improvement

Intending payer data exchange

HIXNY “Bigs”

Biggest Success

2011 growth in participation and data contribution

Biggest Opportunity

Physician workflow

Biggest Challenge

Sustainability

Meanwhile, back at the ranch...

Albany Med

- sits on governance and on the executive committee of HIXNY's board
- provider technology architecture advice
- provides patient data
- “consents” its patients
- has begun use in the ED

And

- has built Direct capabilities for its Soarian Clinicals and Allscripts Enterprise EHRs for CCD exchange between itself and its referring practices and other hospitals who are Direct-capable.

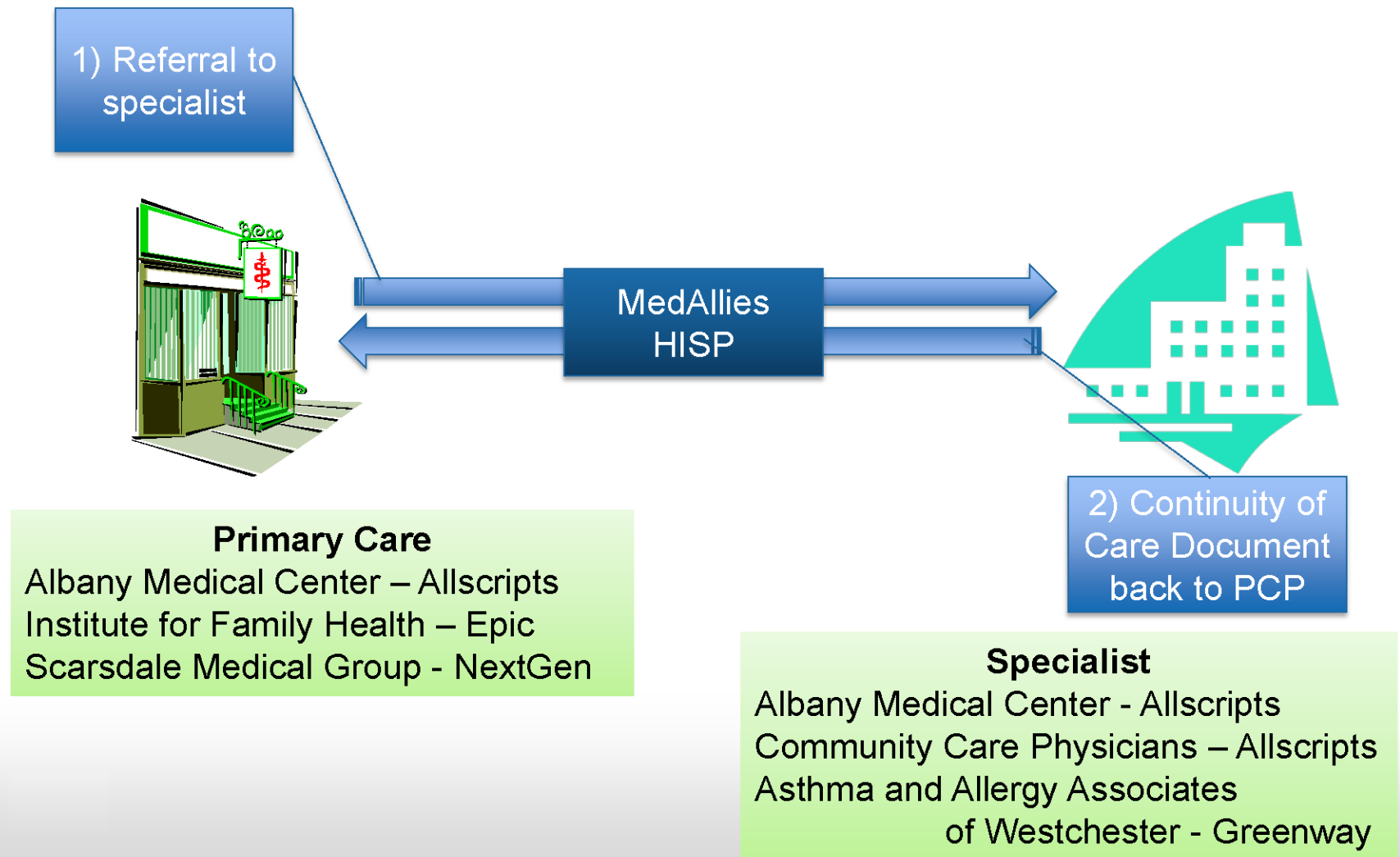
Down on the Valley...

MedAllies in the Hudson Valley is a HISP that has built Direct routing services

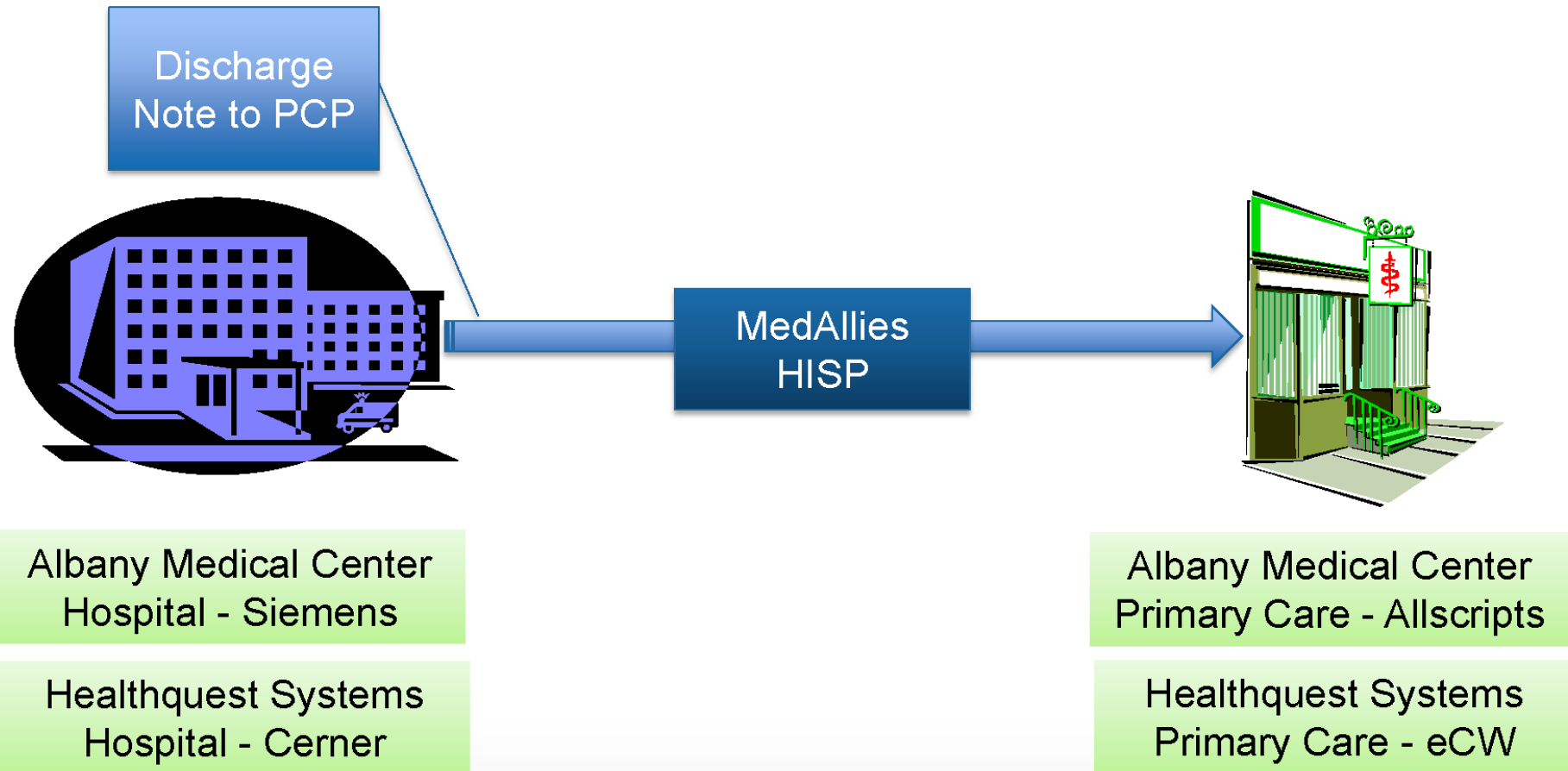
Direct Advantages

- Scalable
- Inexpensive
- EHR Vendors Ready
- Technology
- Workflow
- Practice
- Provider
- Meaningful Use
- Stage I
- Stage II

User Stories: Closed Loop Consultation



User Stories: Hospital Discharge



NYeC and DOH

- Currently reviewing vendor proposals and hearing oral presentation to support HIT 2.0
- Initial statewide services are to include:

Priority	Type	Service	Location
High	Core	Provider / HIE Directory	Statewide
		Message / Record Routing	Federated
		Record Locator Service / Master Person Index	Depends on approach
		Identity Management and Authentication	Federated
		Consent Management	Federated
	Value-Added	Medication Data Management	Statewide
		Lab Order / Result	Local / National
		E-Prescribing w/Formulary	National
		Public Health Reporting / Registry	Statewide
		Quality and Analytics Reporting / Feedback	Statewide
		Event Notification	Local

HIE Principles

- Participate at home to support our missions
- Participate in our broader geography to support our missions
- Expect sustainability
- Pay attention to federal and state activities and expect alignment
- Anticipate and lead

Joanne Sunquist

Chief Information Officer

Hennepin County Medical Center





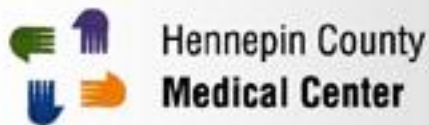
Hennepin County
Medical Center

Webinar

Guiding CIOs Through a Changing Healthcare System with Health Information Exchange

February 8, 2012

*Joanne Sunquist, Chief Information Officer
Hennepin County Medical Center
Minneapolis Minnesota*



About Hennepin County Medical Center (HCMC)

Urban Safety Net Teaching Hospital in Minneapolis

- 15 Years in a row on US News and World Report “Best Hospitals”
- Level 1 Trauma Center with 100,000 annual ED visits
- 477 operating beds
- 365,268 clinic visits
- HIMSS Level VI
- Epic “Enterprise” Customer Live Since 2007
- Connected the “Safety Net” by also implementing Epic in Public Health, Homeless Shelter Clinics, Jail and Affiliated FQHCs
- Recipient of Meaningful Use Full Payment for Medicare Stage I in 2011



Achieving Stage I Meaningful Use

- Minnesota has a unique environment in that over 80% of the state residents have a record in Epic
- HCMC and many of the large providers in the state achieved Stage I HIE requirements through the use of Epic's Care Everywhere
- This direct exchange requires patient authorization and can be easily done with any other Epic customer who is live on Care Everywhere. Information provided includes:
 - patient level historical information such as allergies, immunizations, family history, problem list, surgical history
 - information specific to a particular visit or hospitalization such as diagnosis, prescriptions at discharge, vital signs and lab, radiology and other results
- In 2011 HCMC exchanged records with other providers 9671 times using Care Everywhere
- HCMC, working with Ability (HISP), was also one of the first Direct Projects in the nation, exchanging immunization data with the Minnesota Department of Health

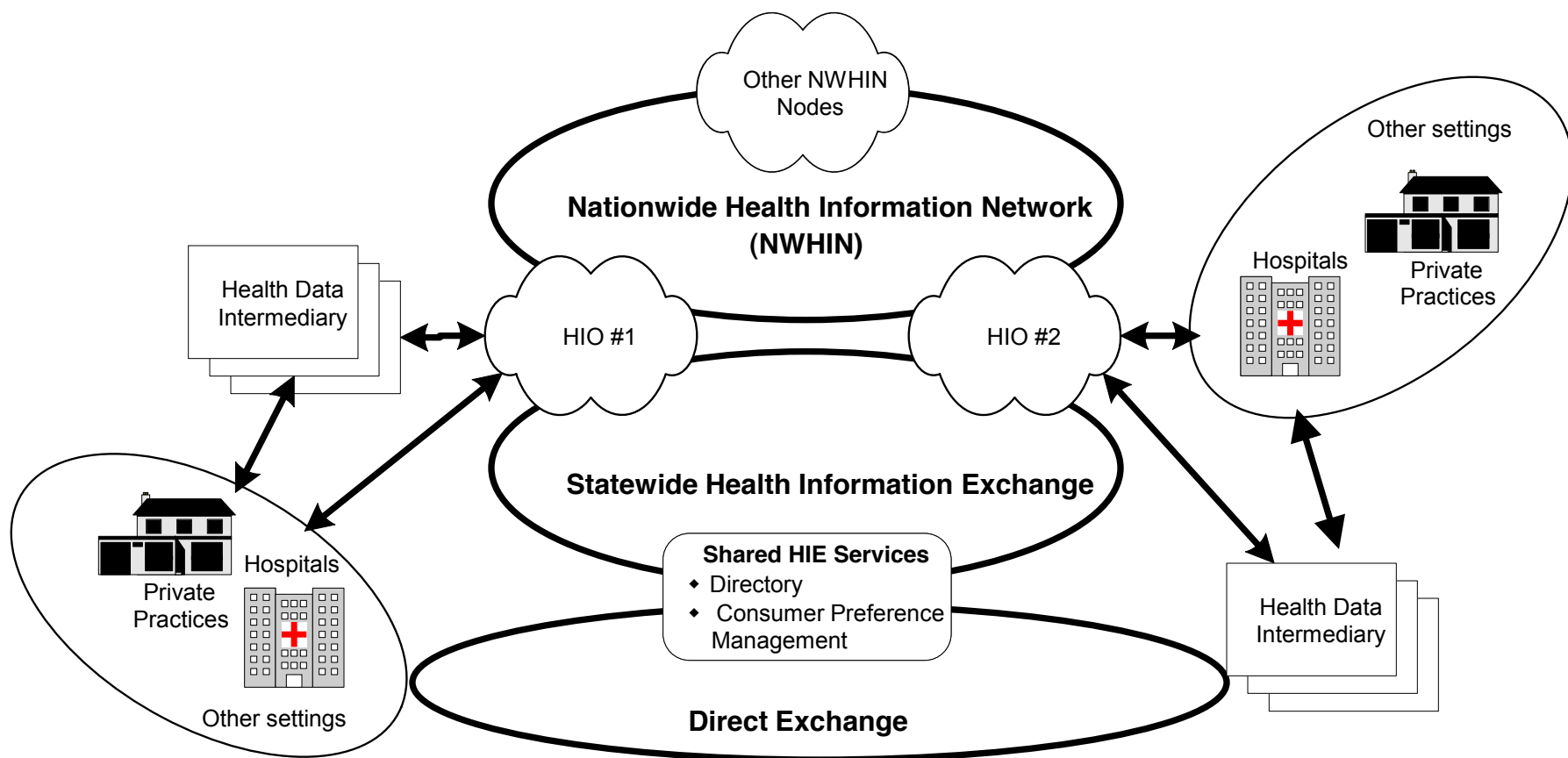


Moving Towards Stages 2 and 3

- HCMC will be determining the best approaches to meet the future HIE requirements, choosing between continued direct exchange, state and national options
- Our motivation for exchange is also being driven by changing models of care, particularly Accountable Care Organizations and Healthcare Homes
- In addition to Meaningful Use, Minnesota has two laws governing EHRs and data exchange:
 - *Minnesota's 2015 Interoperable Electronic Health Record (EHR) Mandate*: Requires that all hospitals and health care providers have an interoperable electronic health record (EHR) system by 2015
 - *HIE Oversight Law in Minnesota*: Establishes certification requirements and oversight for organizations providing clinical meaningful use HIE transactions within Minnesota



Minnesota Health Information Exchange Architecture





Health Information Exchange Definitions

- **Health Information Organization (HIO)**
Health information organization means an organization that oversees, governs, and/or facilitates the exchange of health-related information among organizations according to nationally recognized standards
- **Health Data Intermediary (HDI)**
Health data intermediaries are entities that provide the infrastructure necessary to connect computer systems or other electronic devices utilized by health care providers, laboratories, pharmacies, health plans, third-party administrators or pharmacy benefit managers in order to facilitate the secure transmission of health information, including:
 - Pharmaceutical electronic data intermediaries, and
 - Health Information Service Providers (HISP), as defined by the Nationwide Health Information Network (NwHIN) Direct Project
- HIOs and HDIs must apply for certificates of authority in the state
- Currently not a large number of providers are exchanging data through the Minnesota HIOs. Many are in a “wait and see” mode

State-Designated Provider of Statewide Shared HIE Services

Contractor (State-Certified HIE Service Provider) that offers existing infrastructure that can be expanded upon to provide short-term and long-term access to statewide shared services, and is willing to modify and expand on existing technical infrastructure according to specifications developed by the Statewide Shared Services Collaborative, and implement policies and financial sustainability plans for statewide shared services developed by the Statewide Shared Services Collaborative to meet the long-term needs of the state. Note that this contractor will be required to work cooperatively with the contractor in Part A to ensure that specifications and policies developed take into consideration existing architecture and funds available.

Short-Term / Interim Statewide Shared HIE Services: Portal access to (1) human readable directory format to support Direct point-to-point HIE, with option for other HIE service providers to contribute content (2) resources to assist with patient consent.

Core HIE Services to Address Gaps: Portal to Push/Receive Messages, Portal to Query, Laboratory Services

Long-Term Statewide Shared Services: Develop and implement technical infrastructure for Directory Solutions, Record Locator Service Interoperability, and Consumer Services consistent with specifications and policies developed by the Statewide Shared Services Collaborative.

Statewide HIE Shared Services Collaborative

Collaborative comprised of State-Certified HIE Service Providers, participating entities, consumers, and state agencies to establish long term governance & financial sustainability plans for statewide shared services, including development of specifications for long term statewide shared services and policies necessary to establish connectivity between HIE service providers. To be incorporated into the permanent governance structure of the State Designated Provider of Statewide Shared HIE Services at the conclusion of the cooperative agreement to provide on-going governance for statewide shared services. Contractor from Part B will be required to work with Contractor from Part A to ensure that specifications and policies developed take into consideration existing architecture and funds available.

Connectivity Programs & Performance Based Incentives

Contractor(s) to implement targeted programs to connect meaningful use eligible professionals and hospitals to health information exchange services; incentives payments will be made based on performance as demonstrated through connectivity agreements.

Health Information Organizations (HIO)

HIO facilitated exchange
Must offer full range of clinical transactions necessary for meaningful use.

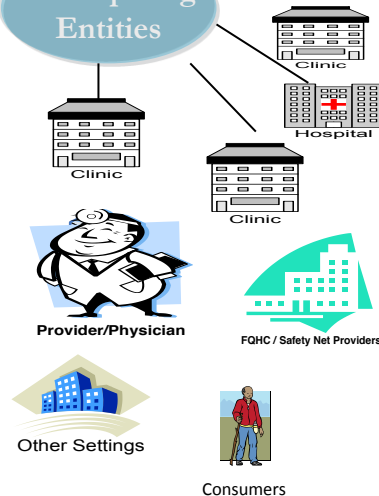
Health Data Intermediaries (HDI)

HDI facilitated exchange (e.g. HISP)
May offer subset of clinical transactions necessary for meaningful use.

Non-Facilitated Exchange

Permissions granted between distinct covered entities for sharing/access to electronic records. (e.g. VPN)

Participating Entities





Health Information Exchange Overview

- Part A: Statewide Shared Services Collaborative
- Part B: State-Designated Provider of Statewide Shared Services and Core HIE Services
- Part C: Connectivity Programs and Performance-Based Incentives for State-Certified HIE Service Providers
- All three parts are being put in place pending the outcome of an RFP process just being completed in Minnesota



Challenges for the Future

- Supporting smaller and less traditional participants in our network to implement EHRs and exchange capabilities
 - Nursing Homes
 - Home Health
 - Public Health Agencies
- Defining the financial sustainability model for HIOs while keeping the services affordable for those who need to exchange data—especially once HITECH funding is used up
- Completing the build to support a broader HIE in Minnesota
- Working across state lines and dealing with different models and laws in every state
- Uncertainty regarding the specifications of Stages 2 and 3 and the ultimate availability of national capabilities in the exchange space

Forest Blanton

**Senior Vice President and Chief
Information Officer**

Memorial Healthcare System



Memorial Healthcare System

Atlantic Coast HIE
eHI/CHIME Webinar
February 8, 2012

Memorial Healthcare System

- Public, tax supported healthcare system in South Florida
- Located between Miami and Fort Lauderdale
- Operates 6 hospitals and numerous clinics
- Strong community health mission
- 1700 members of the medical staff
- Approximately 83,000 Inpatient discharges

The Atlantic Coast Health Information Exchange (ACHIE)

Memorial Healthcare System Strategic Plan

1. Plan completed in 2008 included the following recommendations:
 - a. Replace MHS's home-grown Accounts Receivable Management System with a commercial ARM system capable of supporting integrated inpatient and ambulatory clinical operations
 - b. Select and install a Health Information Exchange to connect MHS physicians

Background of ACHIE

2. RFP's completed in Spring of 2009 and selections made:
 - a. EPIC for an Integrated Clinical/Financial system
 - b. OptumInsight for HIE and "EMR Light"
3. Contract executed late 2009
4. Initial implementation March 17, 2010

Atlantic Coast HIE Overview

- Atlantic Coast HIE went live March 17, 2010 with the following feeds:
 - ADT/Demographics
 - Allergies
 - Lab Results
 - Microbiology Results
 - Pathology Results
 - Radiology Results
 - Cardiology Results
 - Transcriptions

Vendors

- Contracted:

- Allscripts MyWay (HDS)
- CompuGroup Medical
- eClinicalWorks
- eMD's
- Epic
- Greenway
- IOS
- Soren
- Suitemed
- Quest

- In Negotiation:

- GE
- Amazing Charts
- NextGen
- Sage
- CureMD
- First Medical

ACHIE Project Status

1. Currently 1 EHR interface complete – eMD's
2. Currently implementing to 9 EHRs, and 26 practices
3. Current signed practices (44 providers) should be implemented by end of Q2 2012

ACHIE ON-BOARDING TO THE FLHIE

1. ACHIE accepted as early adopter in Group 2 to connect to the Florida HIE
2. Kickoff Meeting January 19th
3. Policies being updated to comply with State guidelines
4. Consent policy being modified to conform with State standards

ACHIE GOVERNANCE MODEL

- MHS is offering membership in ACHIE to any provider who wishes to join
- Governance model is being revised to make it more participative and open

HIE Political Environment in Florida

- The State of Florida has contracted with Harris Corporation to establish a state HIE
- The FL HIE is a federated model
- A “network of networks”
- No state repository or RLS
- Some local initiatives are developing to establish local or regional HIE’s

Issues and Lessons Learned

1. Contractual issues
 1. Allow time
 2. Indemnification
 3. Liability
2. EHR Interface strategy
 1. Negotiate directly with EHR vendors
 2. Pay for interface once, use on all instances of EHR
3. EHR donation program
 1. Negotiate Interface cost into EHR vendor offerings
 2. Require connection to HIE as part of donation program

Allow for HIE Expansion Early

- Vendor pricing
 - Allow for reduction in incremental cost as HIE expands
 - Avoid sharp incremental “stair steps” as HIE expands
- Cost / revenue sharing
 - Develop strategy for cost allocation/sharing/“profit” early
 - Determine degree of desired transparency
 - Other organizations may be inherently suspicious
 - Transparency will reduce suspicion
- Policies and procedures
 - Determine how governance will be established
 - Determine which issues will be reserved to the “sponsor”
 - Determine what issues can be left to “popular vote”

Questions

Thank You to Our Speakers

- Glenn Keet, President, Axolotl at OptumInsight, part of Optum
- William Sorrells, Executive Director, Alaska eHealth Network
- George (Buddy) Hickman, Executive Vice President and CIO, Albany Medical Center
- Joanne Sunquist, CIO, Hennepin County Medical Center
- Forest Blanton, Senior Vice President and CIO, Memorial Healthcare System
- Sharon Canner, Senior Director of Advocacy Programs, CHIME



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- eHI Store
 - <http://www.ehealthinitiative.org/store.html>



Take Advantage of eHI Resources

■ Reports and Directories

- Vendor Report
- List of HIEs and Selected Vendors
- Sustainability Report



Contact Information

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