

# **BRIEFING FROM THE BELTWAY**

**Health Information Exchange**  
Moving From Policy to Action

April 18, 2013



# Reminder

***This call is being recorded.***



# Reminder

*Please press mute when not speaking*

*(\* 6 to mute, \*7 to unmute)*



# Agenda

**4:00 – 4:05 PM** Welcome and Introductions

**4:05 – 4:20 PM** Trudi Matthews, Director of Policy and Public Relations, HealthBridge

**4:20 – 4:35 PM** Hannah King, Marketing and Research Program Manager, Michiana Health Information Network (MHIN)

**4:35 – 4:50 PM** Kelly Cronin, Health Reform Coordinator, Office of the National Coordinator for Health IT (ONC)

**4:50 – 5:00 PM** Discussion and Announcements

**5:00 PM** Adjourn



**eHEALTH INITIATIVE**

Real Solutions. Better Health.

# Trudi Matthews



HealthBridge



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# Transforming Care Through Connectivity and Collaboration:

## Opportunities and Challenges in HIE

Trudi Matthews

April 18, 2013



HealthBridge

# Why Connectivity Matters

“Our work with asthma is just the beginning. As each patient...has contact with a health care provider, regardless of location or institution, that information could then be sent to the medical home and captured for disease surveillance, pay for performance and quality improvement. **This can be done with minimal staff requirements and a high level of sustainability in an electronic environment.**”

- Scott Callahan, M.D., Pediatrician, Children's Health Care, Batesville IN - *REC and Beacon Practice*

***Provides optimal care to 93% of its kids with asthma.***



# Why Connectivity Matters

## High Performing Independent Practice –

- **EHR & HIE Connectivity**
- **70% Optimal Care for Diabetes, Heart Disease and**
- **95% Colorectal Screening Rates**

Practice set up by HB to receive data from a variety of external sources directly into the EHR

Dr. called a patient regarding test result.

Patient exclaimed -

“How were you able to get my test so fast?  
I haven’t even left the hospital yet.  
I am just walking out to my car.”



# Overview

## Background & History of Connectivity and Collaboration in Greater Cincinnati

# HealthBridge Overview

- **One of the nation's largest, most advanced health information exchange (HIE) organizations**
- In operation since 1997 as a 501c3 Not for Profit
- Provide HIE services for Greater Cincinnati and four other HIEs around the country
- Also operates the **Tri-State REC and Cincinnati Beacon**

## **Network Size =**

- **30+ hospitals,**
- **7500 Drs,**
- **800 practices,**
- **3+M patients**

## **Data Connections:**

- Sends 3-4 million messages PER MONTH
- **Projected 60 million messages for 2012**
- Connectivity with 40+ hospital information systems
- Interfaces to 30+ different ambulatory EHR systems

# Summary of Services

## Three Major HIT & HIE Service Areas:

1. IT Adoption & Meaningful Use (*REC*)
2. Connection & Exchange (*HIE*)
3. Innovation & Improvement Tools (*Beacon*)

# Accelerating Practice Transformation

- *Summit Family Physicians was a paper-based practice in mid-2011.*
- *Tri-State REC helped with EHR adoption, EHR live Sept. & attested in December 2011.*
- *Collaborative helped them receive PCMH Level 3 NCQA recognition.*
- *Practice was selected for the CMS Comprehensive Primary Care Initiative*

*Dr. Mark Fraser  
and  
Leah Brunie, ANP  
of Summit Family  
Physicians*



*“Having an EHR and all the capabilities that it provides has revolutionized our practice. We now run reports that can identify patients who are due for such things as flu shots or mammograms.”*

*- Leah Brunie*

# Overview

**How are we preparing for meaningful use and accountable care ?**



# Cincinnati Regional Health Transformation

Better Care. Better Health. Lower Cost.

the Health  Collaborative  
where collaboration creates transformation



**GREATER  
CINCINNATI  
HEALTH  
COUNCIL**

*Creating connections. Improving care.*

 **HealthBridge**

Better information. Better care. Better outcomes.

 **HealthBridge**

# Greater Cincinnati Tri-State Area: *Setting the Standard for Health Care in America*

**\$65 Million in funding - The only community in America with this unique array of programs, including**

- 1 of 7 **Comprehensive Primary Care Initiative** communities,
- 1 of 16 **Aligning Forces for Quality (AF4Q)** communities,
- 1 of 17 **Beacon Communities**,
- 1 of 62 **Health IT Regional Extension Centers**,
- Among first seven communities selected for **CMS Care Transitions**

**>80% of physicians and hospitals connected** through HealthBridge, one of the nation's largest and most advanced health information exchanges

**500 Physicians, 20+ Hospitals on YourHealthMatters.org**, a voluntary public transparency website with performance data from practices and hospitals for diabetes and other conditions

**109 Patient-Centered Medical Homes** –one of the highest concentrations of this highly respected primary care model anywhere in the nation

# Patient Centered Primary Care

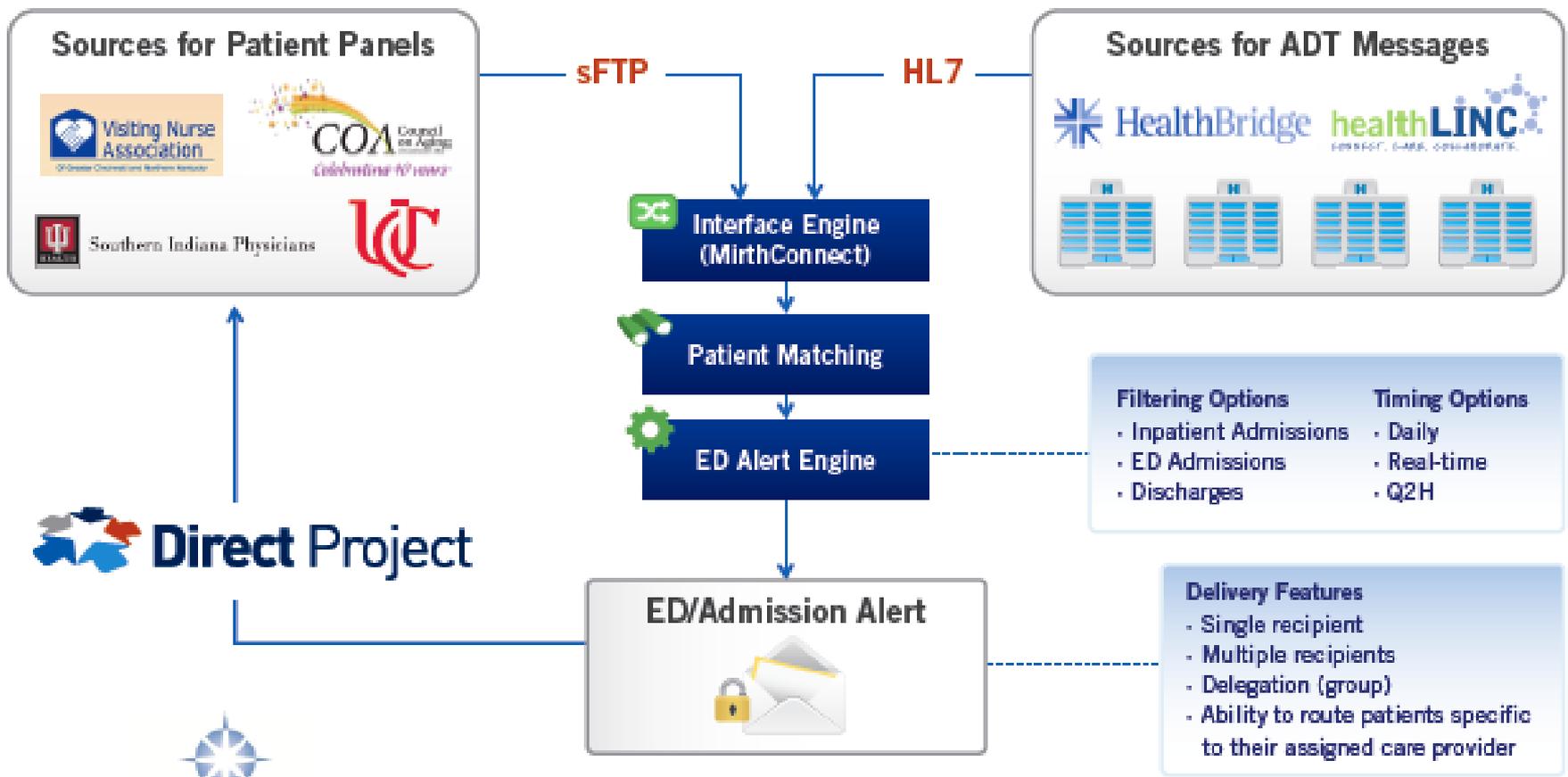
## *Extreme Makeover*



- Uncoordinated care
- Over-loaded schedule
- Physician & practice-centric
- Arbitrary quality improvement projects
- Lack of clear leadership & support

- Team-based approach
- Open access
- Patient engagement & empanelment
- Data directed quality improvement efforts
- Engaged leadership

## Using Direct for Beacon Community ED/Admission Alerts



# Greater Cincinnati Beacon Collaboration – Real Improvement

Using intensive care coordination and health IT, the Cincinnati Children's primary care clinic team has increased the time between utilizations **from 173 days** (baseline) **to 311 days** (as of 8/2012) for its high-risk Medicaid pediatric asthma population.

During an August 2012 visit to Cincinnati Children's, Secretary Kathleen Sebelius talks with patients and parents from Cincinnati Children's primary care clinics that have received better care due to the interventions used under the Greater Cincinnati Beacon Program



# What would accelerate transformation faster?

- **Alignment across MU, PCMH, and accountable care requirements to support collaborative data exchange and analytics.** Enterprise approach is too often the default option in a competitive, changing, risk averse marketplace.
- **A truly portable summary record.** Providers need to be able to send and receive CCD/CDA easily as interoperable, structured data.
- **Richer electronic data standards and semantic interoperability.** EHR encounter data is like an uncharted frontier. We need explorers to build maps and developers to build bridges.

# Questions?



Trudi Matthews

Director of Policy and Public Relations

HealthBridge

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# Hannah King



**mhin**



# Michiana Health Information Network

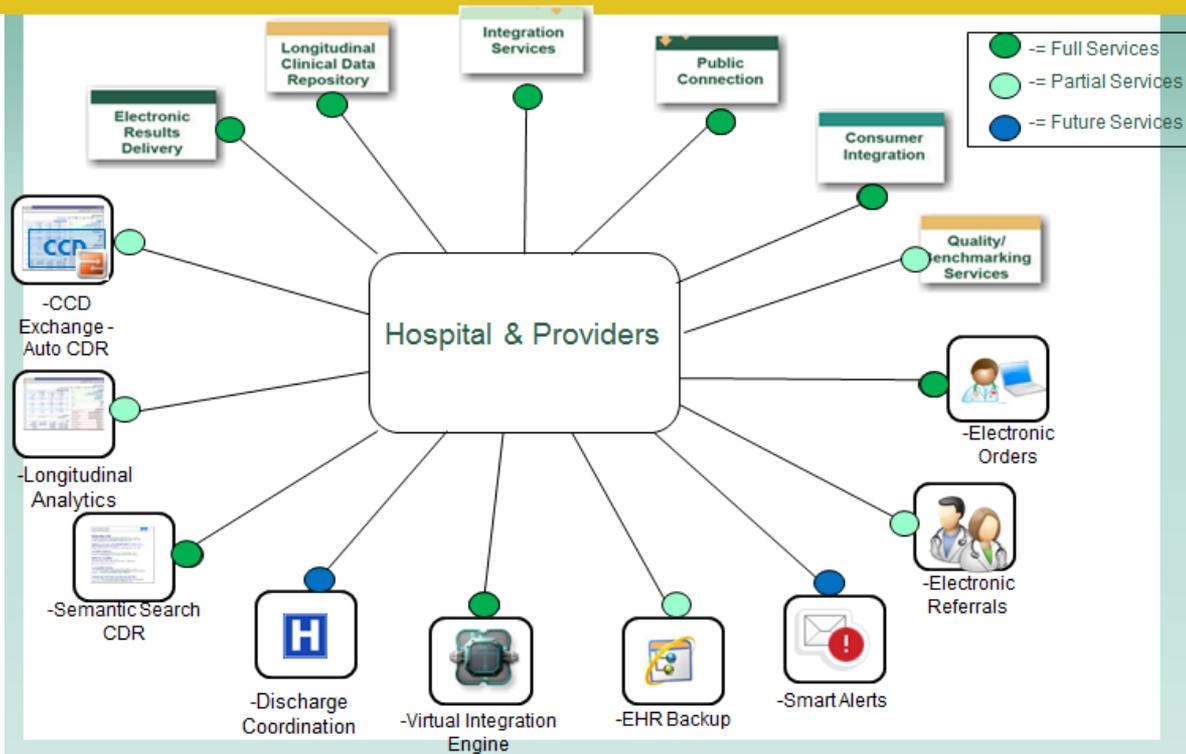
HIE Sustainability, Interoperability, and Adaptability

eHealth Initiative, Briefings from the Beltway

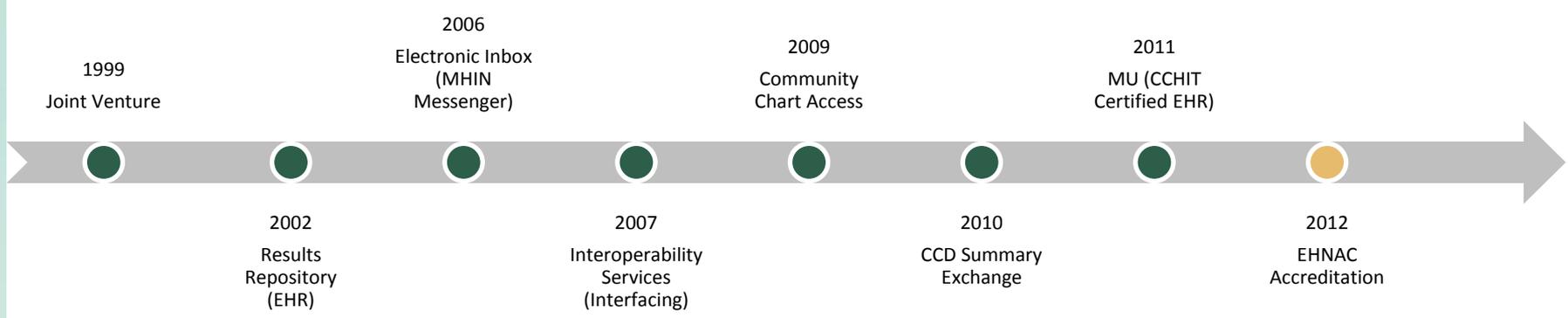
4/18/2013



# HIE Success: Sustainable. Measurable.



- ### Key HIE Measures
- 12 Years of Exchange
  - EHNAC Accredited
  - Over 200 Data Sources
  - 10 million Transactions/Month
  - Over 1 million online charts
  - Over 4,000 users connected
  - XDS, Direct, and CDR enabled



## Sources



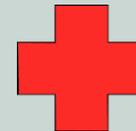
Hospitals



Laboratories



Imaging Centers



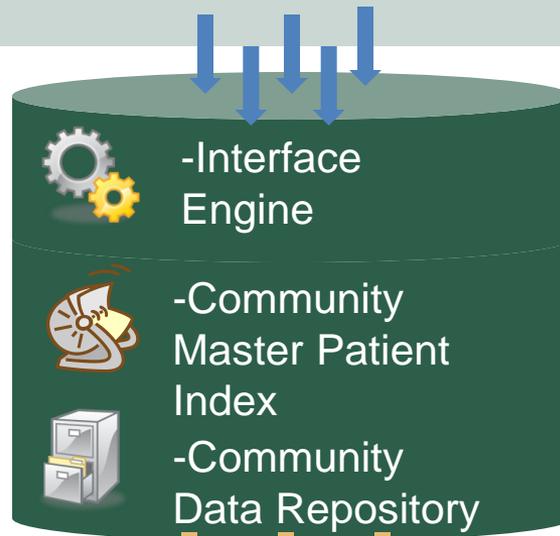
Physician Offices / Other



Extended Care and Hospice

### Technical Environment

- 32 way HP Server
- 600 User Citrix Farm
- 30 Wintel Servers
- 16 TB SAN
- Dual Fiber Connectivity (Metronet)
- Colocation Facilities



### Transaction Statistics

- Dual Integration Engines
- 175+ Active Interfaces
- 150+ Data Sources
- 2 Million Transactions Received Monthly
- 7 Million+ Transactions Routed Monthly

## Services

Electronic Results Delivery

Longitudinal Clinical Data Repository

Integration Services

Public Connection

Consumer Integration

Quality/ Benchmarking Services

## Current Services

## Opportunities

Clinical Data  
Repository

- Smart Alerts
- Condition Management
- Quality Analytics

Integration

- Discover next industry wave of real time data transfer
- Investigate Meaningful Use 2 and 3 needs

EHR

- Meaningful Use 2 Support
- Regional Extension Center Collaboration

Public Health  
Connections

- Public health management opportunities

### Registration



Healthcare Organization



ADTs

-Using NWHIN Direct Protocols

Notification with web link (and/or CCD) back to sending system

**1** Wake Up

MHIN

Automated processes recognize registrations, query the database, and prepare clinical summaries for viewing via the web.

**2** Prepare Summary

**3** Send Back

### Providers



Providers view the prepared summary via a web link



Goal: Enable the Health Exchange inside your applications and organization

SAMPLE\_ED2  
Michiana Health Information Network Patient Summary

Page: 1 Report Date: 04/29/2011 14:19

Name: XXXXXXXXXXXXXXXXXXXX -- SSN: XXXXXXXXXXXX  
 Address: XXXXXXXXXXXXXXXXXXXX -- D.O.B.: 01/01/1900  
 -- Sex: F  
 -- Race:  
 -- Marital Status:  
 -- Language:  
 Home Phone: SOUTH BEND, IN 466141536 -- MRN: 00000000  
 Mobile Phone: XXX-XXX-XXXX -- MHIN ID: 00000000

Problems  
 POSITIVE PPD; Hyponatremia; Tendonitis R TRICEPS; L-spine Herniated Disc  
 Mixed hyperlipidemia; Anxiety state, unspecified; DEPRESSION;  
 ATYPICAL HYPERPLASIA - BREAST; Benign hypertension

Allergies  
 NKA+

Medications  
 Xanax 0.5 mg oral tablet (alprazolam)  
 Start: 11/29/2010 -- End: N/A  
 0.5 mg, 1 tab(s), PO, qday, x 90 day(s), # 90 tab(s), 3 Refill(s)  
 paroxetine (paroxetine)  
 Start: 07/08/2010 -- End: N/A -- PO, qday, 0  
 Paxil 20 mg oral tablet (paroxetine)  
 Start: 05/24/2010 -- End: 05/13/2012 -- 20 mg, 1 tab(s), PO, qday  
 # 90 tab(s), 3 Refill(s), faxed to pharmacy  
 Pravachol 10 mg oral tablet (pravastatin)  
 Start: 05/24/2010 -- End: 05/13/2012 -- 10 mg, 1 tab(s), PO, qHS,  
 90 tab(s), 3 Refill(s), faxed to pharmacy  
 Dyazide oral capsule (hydrochlorothiazide-triaterene)  
 Start: 05/24/2010 -- End: 05/13/2012  
 1 cap(s), PO, qday, # 90 cap(s), 3 Refill(s), faxed to pharmacy  
 benazepril 10 mg oral tablet (benazepril)  
 Start: 05/24/2010 -- End: 05/13/2012 -- 10 mg, 1 tab(s), PO, qday  
 # 90 tab(s), 3 Refill(s), faxed to pharmacy  
 Norvasc 5 mg oral tablet (amlodipine)  
 Start: 05/24/2010 -- End: 05/13/2012 -- 5 mg, 1 tab(s), PO, qday,  
 90 tab(s), 3 Refill(s), faxed to pharmacy  
 Chantix (varenicline)  
 Start: 05/27/2009 -- End: N/A -- See Instructions,  
 Instructions: one starter pak, and 3 continuing paks, # 4 box, 0  
 Zoster Vaccine (Misc Drug)  
 Start: 03/30/2009 -- End: N/A -- Zoster Vaccine, See  
 Instructions, 1, 0, 03/30/09 10:43:37, 0, Merrills: please  
 administer zoster vaccine., thanks, Dr Mokfi, Substitution Allowed  
 hormone cream (Misc Drug)  
 Start: 09/17/2007 -- End: N/A -- hormone cream, see  
 Instructions, 09/17/07 10:09:23, 0, marnain, for vaginal use,  
 Substitution Allowed  
 multivitamin (multivitamin)  
 Start: 05/20/2004 -- End: N/A --  
 FiberCon (polycarbophil)  
 Start: 05/20/2004 -- End: N/A --

SAMPLE\_ED2  
Michiana Health Information Network Patient Summary

Page: 2 Name: XXXXXXXXXXXXXXXXXXXX D.O.B.: 01/01/1900 SSN: XXXXXXXXXXXX

Discrete Lab Results (Most Recent 3)

LEGEND: \Hgb / Na | C1 | BUN | PT: PTT: INR:  
 /Hct \ K | CO2 | Cr

11/19/2010 10:49  
 55 \14.6 / 291 | 130 | 90 | 12 | PT: PTT: INR:  
 /42.1 \ 3.9 | 22 | 0.88 < 98

7/2010 09:35  
 > < | 132 | 94 | 16 | PT: PTT: INR:  
 > < | 4.5 | 25 | 0.79 < 101

Results (Most Recent 5)

H&P Operative Note 07/08/2010 ELKHART GENERAL HOSPITAL  
 07/08/2010 ELKHART GENERAL HOSPITAL

ounters since (Most Recent 5)  
 05/24/2010 -- Emergency -- MEMORIAL HOSPITAL  
 06/02/2010 -- Emergency -- SJRMC SOUTH BEND CAMPUS

Healthcare Providers  
 Ansari, Rafat H  
 BARBOUR, NINA  
 DEVEREAUX, JAMES M  
 Federspiel, Richard  
 Garcia, Juan C  
 Lacknan-Chuppe, Jennifer  
 Shaya Mokfi, MD  
 Christopher Norborg, MD  
 Peterson, Charles E  
 Tuthill, Linda  
 Kathleen M. Delnay, MD

Vitals  
 vitals on record

Page 2

**-CLINICAL**



Customized  
for any  
specialty or  
department

## Current Services

## Opportunities

Quality, Consumer,  
and Condition  
Mgmt

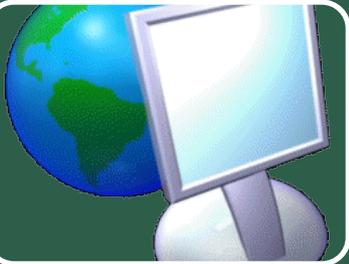
- FSSA Quality Improvement Projects
- CMS Quality Measuring and Reporting
- Diabetes management pilot program

Quality with  
Transitions in Care

- HIE-based communication solutions and tools
- Nursing home integration

Consumer  
Engagement

- Mobile disease management application development
- Mobile alerts/ appointment reminders
- Blue Button+ Lab Pilot



## Immunization Registries

- Cross connected with IN CHIRP registry and MI MICR registry to support immunization delivery for both states.
- Partnered with MiHIN to support cross-state exchange of immunizations for patients who receive care outside of residential border.



**Public Health**  
Prevent. Promote. Protect.

## INSPECT Data Integration

- Data will be integrated into MHIN's Community Data Repository and automated ED summaries based on an automated query performed when patient is in the care of the provider.



## Social Security Administration Disability Claims Processing

- MHIN will onboard the NwHIN (now eHealth Exchange) to participate in national HIE framework
- MHIN is working to establish a query-based connection with SSA where they will send patient authorization forms and we will send back a CCD on that patient

Thank you. Questions?

Hannah King  
kingh@mhin.com

# Kelly Cronin



ONC



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The Office of the National Coordinator for  
Health Information Technology



# Accelerating Health Information Exchange

Kelly Cronin  
ONC  
April 18, 2013



- Request for information (RFI) - seeking public input about a variety of policies that will strengthen the business case for electronic health information exchange (HIE) across providers to ensure patients' health information will follow them seamlessly and securely wherever they access care.

- The CMS Medicare and Medicaid EHR Incentive Programs and the ONC HIT Certification Programs are not enough to achieve the widespread interoperability and HIE necessary for delivery and payment reform.
- FFS reimbursement and other business motivations are the stronger influencer of provider behavior, still no business imperative for HIE across all providers and settings of care has developed.
- We want stakeholders to help inform our policies and programs and to take action quickly as delivery and payment reform is depending on this capability.

- The overarching goal is to develop and implement a set of policies and programs that would encourage providers to routinely exchange health information through interoperable systems in support of care coordination across health care settings.
- HHS intends to rely on all applicable and appropriate statutory authorities, regulations, policies, and programs to accelerate rapid adoption of HIE across the care continuum in support of delivery and payment reform.

1. What changes in payment policy would have the most impact on HIE, particularly those that are market competitors?
  
2. Which of the following programs are having the greatest impact on HIE?
  - Accountable care organizations (ACOs)
  - Hospital payment adjustments for high readmission rates
  - Value-based purchasing
  - Value -based Modifier under Physician Fee-for-Service Payment under Medicare Part B
  - Patient -centered medical homes (PCMHs)
  - Bundled Payments

Are there any aspects of the design or implementation of these programs that are limiting their potential impact on encouraging care coordination and quality improvement across settings of care and among organizations that are market competitors?

- Should CMS consider new ways of requiring or encouraging HIE among ACO providers in the Medicare Shared Savings Program?
- Should there be e-care transition measures incorporated in the CMS reporting programs and value-based purchasing?

3. To what extent do current CMS payment policies encourage or impede electronic information exchange across health care provider organizations, particularly those that may be market competitors?

## Discussion

4. What CMS and ONC policies and programs would most impact post acute and long-term care providers (institutional and NCBS) and behavioral health providers exchange of health information?

## Discussion

8. How can the new authorities under the ACA for CMS to test, evaluate, and scale innovative payment and service delivery models best accelerate standards-based electronic HIE across treating providers?
  - Should HIE strategies be included in their applications for new models of care and payment?
  - Should HIE be a part of program requirements or milestones?

## Discussion

9. What CMS and ONC policies and programs would most impact patient access and use of their electronic health information in the management of their care and health?
  - How could Blue Button be further promoted?
  - Should CMS test new incentives for consumer engagement in their care?

## Discussion

- Comments must be received no later than 5 p.m. on April 22, 2013
  - Federal eRulemaking Portal (Website)
  - Regular, Express, or Overnight Mail
  - Hand Delivery or Courier
- To access RFI announcement:  
<https://federalregister.gov/a/2013-05266>

- HHS is committed to realizing a patient-centered, value-driven health care system supported by the secure exchange of information across all providers of care.
- Please respond to this RFI to inform our policy actions necessary to achieve this vision we all share.

Health **IT**.gov 

SM

# DISCUSSION



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# Next Briefing from the Beltway

**Topic: 3M Healthcare Data Dictionary**

Thursday May 16, 2013

4:00 - 5:00 pm (ET)



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# Thank You



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