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Connecting Communities Workgroup

Utah & Washington HIE Use Cases

July 23, 2013

2:00 – 3:00 pm ET

Reminder

Please mute your line when not speaking

(6 to mute, *7 to unmute)*

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Reminder

This call is being recorded

Agenda

- Welcome and introduction
- Data Exchange Survey
- Utah Department of Health
  - Jeff Duncan, Public Health Informatics Program Manager, Utah Dept. of Health
  - Deepthi Rajeev, Medical Informaticist, HealthInsight
- OneHealthPort (WA State HIE)
  - Rick Rubin, CEO, OneHealthPort
  - Sue Merk, Vice President, Business Development, OneHealthPort
- Q&A
- Upcoming Events

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Data Exchange Survey

- Currently in the field
- HIEs can complete the survey via email link or https://www.surveymonkey.com/s/B85F6VH
- Other organizations should send the survey to any clients active in health data exchange

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Workgroup Update

- Whitepaper on HIE governance/interoperability consortiums is almost complete

- HIE Innovations Exchange – begin compiling examples of innovative data exchange use cases/functionalities to complement other materials on eHI website

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Design and Development of the Utah ePOLST: an Electronic End-of-Life Care Registry

Jeff Duncan, MS—Utah Department of Health

Deepthi Rajeev, PhD—HealthInsight

Outline

- Background on end-of-life care and POLST paradigm—Deepthi

- Software development process and current status—Jeff

- ePOLST video

- Questions

Background

- US Life expectancy is increasing (prediction for 2050: 79.4 and 83 years for men and women)

- Causes of death no longer infectious diseases
  - Heart disease and cancer

- Increased demand for palliative and end-of-life care services

Phases of Life

Conception
Gestation
Birth
Infancy
Toddlerhood
Terrible Twos
Preschool
Kindergarten
Grade School
Pre Teen
Middle School
Teenage
High School
Terrible Teens
Learning Driver
First Job
Graduate
Legal Drinking Age
College
Graduate School
Real Job
First Love
First Heartbreak
Adulthood
Parenthood
Relapse to Childhood
Adulthood Phase II
Parent of Teenagers
Mid Life Crisis
Sandwich Phase
Second Childhood
Empty Nesting
Grandchildren
Golden Years
Third Childhood
Platinum Years
Old Age
Infirmity
Senility
Death

Discussing Death

- Immortal
- Denial
- Distant Acceptance
- Acceptance
- Planning
- Preparation

- People die
- Where they die
- What happens before they die
- How can people get the death they want
- Resources

closure
Changing expectations for end-of-life

leaving well
living well through the end of life
http://leaving-well.org/

POLST Paradigm

- Proposed by Oregon in 1991

- Translates patient's EOL care wishes into medical orders

- Endorsed by 15 states

  ➢ In Utah: POLST forms are authorized under the Life with Dignity Orders under Utah Law § 75-2a-106

  ➢ 32 states are in process of developing POLST programs

  ➢ A tool to initiate the EOL care conversation between providers and patients (and families)

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POLST vs. Advance Directives

POLST	Advance Directives
Patients with life-threatening conditions or who are frail	For anyone 18 years or older
Requires the authorization from a healthcare provider to be considered a legal document	Does **not** require authorization from a healthcare provider
Specific orders for current treatment	General preferences for future treatment

Paper POLST Form-1

This is a physician order sheet based on patient wishes and medical indications for life-sustaining treatment. Place this order in a prominently visible part of the patient's record. Both the patient and the physician must sign this order (two physicians must sign if the patient is a minor child). When the patient's condition makes this order applicable, first follow this order, and then, if necessary, contact the signing physician. **Physician's Name:** **Physician's Phone:**	**Last Name of Patient:** **First Name/Middle Initial:** **Date of Birth:** **Effective Date of this Order:**

(IF NOTHING IN A SECTION IS CHECKED, CAREGIVERS SHOULD PROVIDE THE FULLEST TREATMENT DESCRIBED IN THAT SECTION UNLESS THAT TREATMENT DIRECTLY CONFLICTS WITH A TREATMENT CHECKED IN ANOTHER SECTION)

Section A Check one	Treatment options when the patient <u>has no pulse and is not breathing</u>: ___ Attempt to resuscitate ____ Do not attempt or continue any resuscitation (DNR) Other instructions or clarification:_____ _____ _____

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Paper POLST Form-2

Section B Check one	**Treatment options when the patient <u>has a pulse and is breathing</u>:** ___ **Comfort measures only:** Oral and body hygiene; reasonable efforts to offer food and fluids orally; medication, oxygen, positioning, warmth, and other measures to relieve pain and suffering. Provide privacy and respect for the dignity and humanity of the patient. **Transfer to hospital only if comfort measures can no longer be effectively managed at current setting.** ___ **Limited additional interventions:** Includes care above. May also include suction, treatment of airway obstruction, bag/valve/mask ventilation, monitoring of cardiac rhythm, medications, IV fluids. **Transfer to hospital if indicated, but no endotracheal intubation or long-term life support measures.** Other instructions or clarification:_____ _____ ___ **Full treatment:** Includes all care above plus endotracheal intubation, defibrillation/cardioversion, and any other life sustaining care required. If necessary, transfer to (hospital name): _____ Other Instructions or clarification:_____ _____ _____
Section C Check all that apply	**Antibiotics:** **(Comfort measures are always provided)** ___ No antibiotics ___ Antibiotics may be administered Other Instructions or clarification:_____ _____

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Paper POLST Form-3

Section D Check all that apply	Artificially administered fluid and nutrition: (Comfort measures are always provided) **Feeding Tube:** **IV Fluids:** ___ No feeding tube ___ No IV fluids ___ Defined trial period of feeding tube ___ Defined trial period of IV fluids ___ Long-term feeding tube ___ IV Fluids Other Instructions or Clarification:_____ _____
Section E Check all that apply	**Discussed with:** ___ Patient / Parent(s) of Minor Child ___ Surrogate (source of legal authority, name, and phone number): _____ ___ Other (name and phone number): _____

Patient preferences to guide physician in ordering life-sustaining treatment

Section F	I have given significant thought to life-sustaining treatment. Please see the following for more information about my preferences: Advance Directive ___ no ___ yes Other: _____ I have expressed my preferences to my physician or health care provider(s) and agree with the treatment order on this document. Please review these orders if there is a substantial permanent change in my health status, such as: Close to death Advance progressive illness Improved condition Permanently unconscious Extraordinary suffering Surgical procedures

Brief summary of medical condition and brief explanation of treatment choice:
_____
_____
_____

Signature of person preparing form (if not patient's physician)	Print name and phone number	Date prepared:
Signature of physician or other licensed practitioner	Print name and license number	Date signed:
Signature of second physician or other licensed practitioner (required for minor patients only)	Print name and license number	Date signed:
Patient, Parent, or Surrogate signature	Print name and phone number	Date signed:

Paper POLST form: Disadvantages

- No systematic processes for version control
  - Paper form at home may not be most current

- May be inaccessible at time of need or lost

- Cannot be accessed by multiple users at the same time (EMTs, ED providers, etc.)

Electronic POLST

- Utah Improving Care through Connectivity, and Collaboration (IC^3) Beacon grant awarded by ONC
  - Funded in 2010
  - Collaboration between UDOH and HealthInsight to:
    - o Improve consistency between patient wishes and care provided during the last six months of life
    - o Create an electronic POLST registry for use in Utah

ePOLST Development
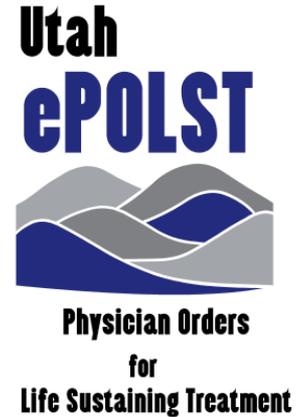
- Why Vital Records?
  - Electronic Death Entry Network (EDEN)
  - ~300 physicians certify 70% of all deaths

- Oregon ePOLST experience
  - Paper POLST forms
  - 24/7 call center

Steering Committee

- Representatives from
  - Office of Vital Records and Statistics (UDOH)
  - Bureau of Emergency Medical Services (UDOH)
  - Utah Commission on Aging
  - Physicians and staff (palliative care, EMS, hospice care, geriatrics)
- Meetings between 2010-present to develop requirements

System Development

- Contextual Interviews
  - Nursing homes, palliative care, hospice care, hospital ER, fire station

- Agile, iterative development process
  - Prototypes to test ideas, usability

ePOLST Architecture
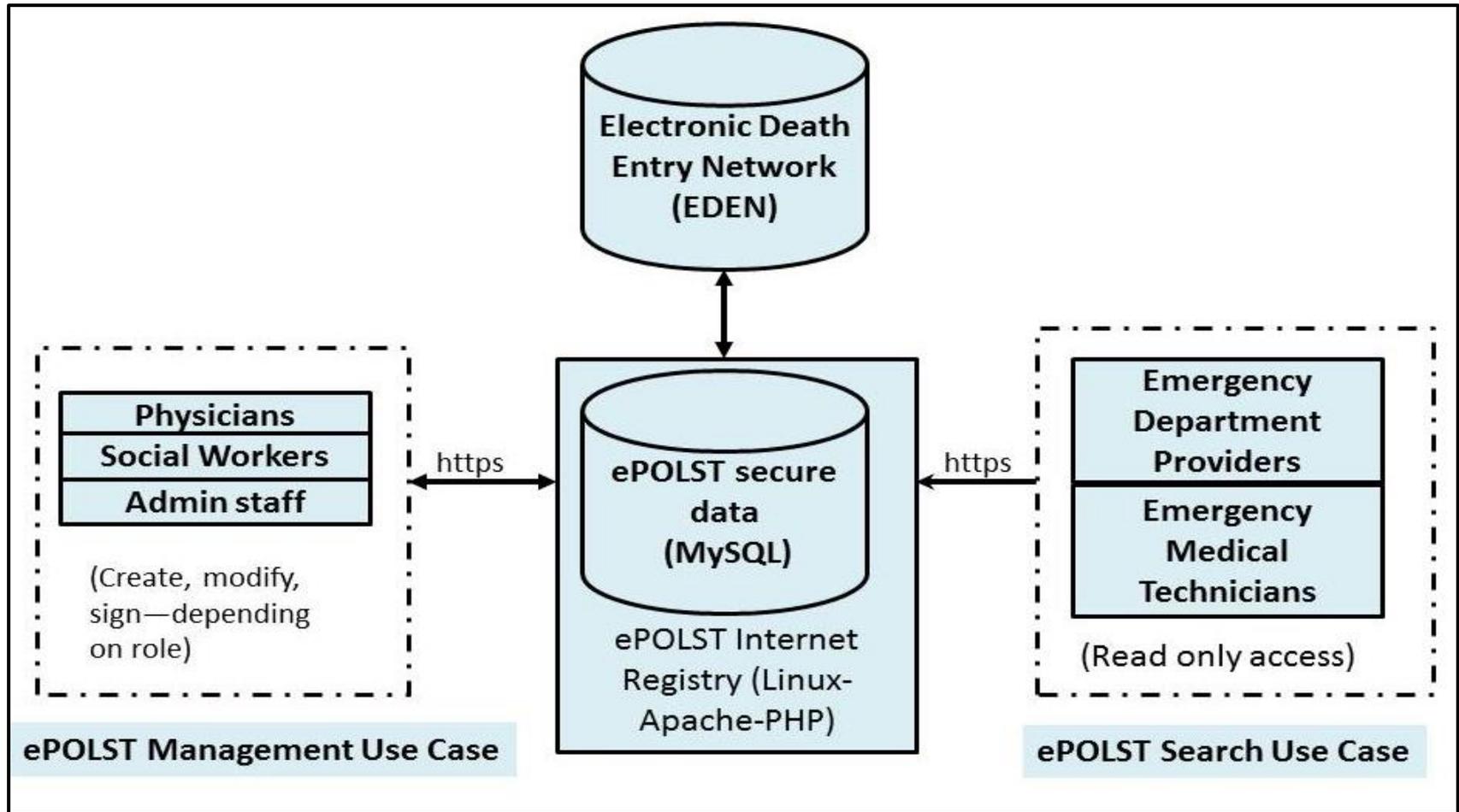
Current Status and Next Steps

- Operational in pilot testing (2 nursing homes, > 100 POLST forms)

- Training nursing home and EMS personnel

- Expanding use to Salt Lake metropolitan area and beyond…

Next Steps

- Interoperability with EHRs, HIE
  – Need to develop standards

Acknowledgements

- IC^3 Beacon Community, grant #90BC00006

- HealthInsight
  - Christie North
  - Heidi Smith

- Utah Commission on Aging
  - Maureen Henry

- Utah Department of Health
  - Peter Taillac
  - Barry Nangle
  - Wu Xu
  - Leisa Finch
  - Janice Houston

- Physician Advisory Group
  - Cherie Brunker, MD
  - Carole Baraldi, MD
  - Shaida Talebreza, MD

Questions?

- Jeff Duncan—jduncan@utah.gov
- Deepthi Rajeev—drajeev@healthinsight.org

OneHealthPort | HIE

Presented to:

eHI

July 23, 2013

Rick Rubin, Sue Merk

http://www.onehealthport.com/hieindex.php

It's Not Really About Us…

"The work we are about is improvement of <u>patient and population health</u>…the key players in bringing this change about are those who <u>deliver, receive and pay for health services</u>…HIE is a necessary-but-not-sufficient condition to bring about this desired future state."

Washington State HIE Strategic Plan

OneHealthPort HIE

- OneHealthPort is a health information technology management company based in Seattle
  - Founded in 2002 by leading NW health care companies
- OneHealthPort operates the WA Statewide HIE
  - Partnership with State HCA under SSB 5501, ARRA/HITECH
  - Run it like a business in the public interest
- An Exchange: transform data, secure messaging, routing
  - No repository or EHR
  - Lower cost
- Strategic objective: ***Fill the Gaps***
  - "An" HIE not "the" HIE

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Filling the Gaps Today

- Transacting admission/discharge notices between health plans and providers

- Exchanging ADT information between hospitals and other trading partners

- Moving very limited amounts of lab data

- In process
  - Public health gateway for reportable labs
  - Epic to non-Epic CCDs using web services
  - Providing access to Prescription Monitoring Program

- Focus for today, National Renal Administrators Association (NRAA) HIE

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OneHealthPort HIE

NRAA HIE Background

1 NRAA represents national renal dialysis providers

2 CROWNWeb is the Quality Reporting dataset for CMS End Stage Renal Disease providers

3 NRAA and CMS agreed to use the HIE to exchange CROWNWeb data

4 OneHealthPort operates the HIE for NRAA

How the NRAA HIE Works
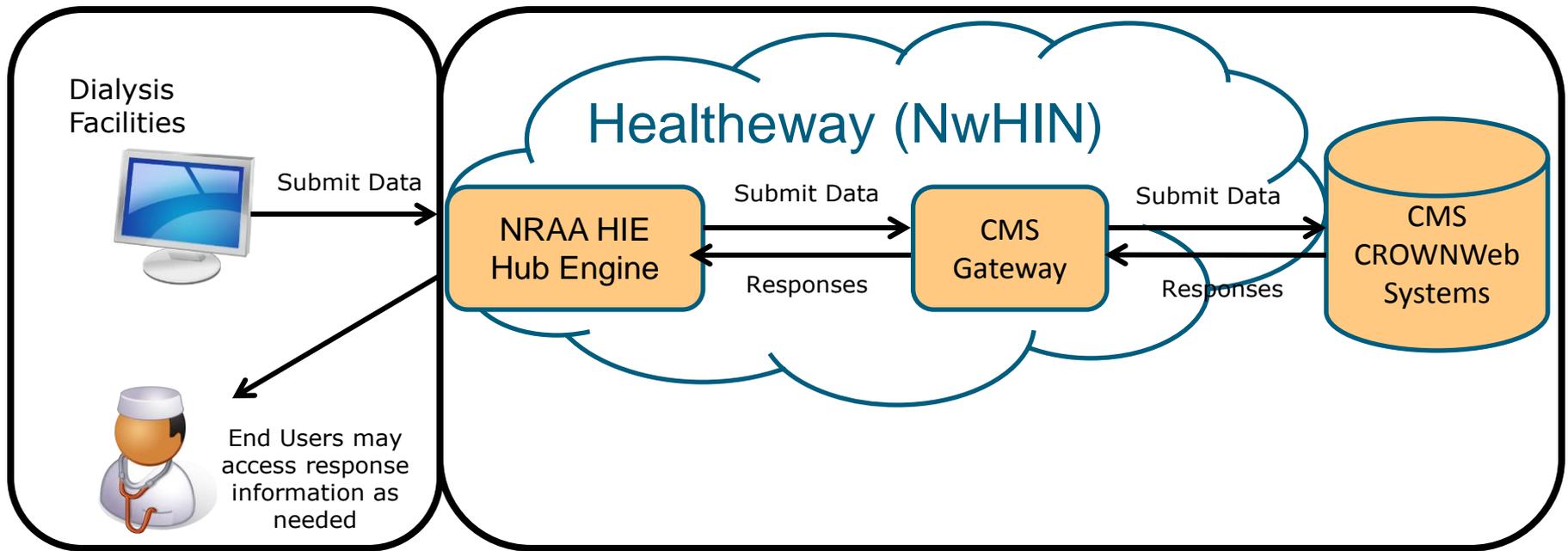
- NRAA HIE serves as the intermediary to electronically submit data to CMS for the ESRD Program
- NRAA HIE certifies EHR vendors for CROWNWeb with CMS
- Bi-directional exchange of data
- HIE does not store or aggregate data

Key NRAA HIE Features

NRAA HIE

Validates files conform with CROWNWeb schema

Adds SOAP and SAML to CROWNWeb files

Uses xds.b Message Protocol

Meters and manages data flow to CROWNWeb

Distributes responses and reports from CMS

NRAA HIE Volume: Jan '13 – June '13

Metrics	Results
Connected Organizations	179
Registered Facilities	794
Patient Lives Served	70,319
Total Transactions	17,975,706

*One*HealthPort HIE

Q&A

2013

HEALTH DATA EXCHANGE SUMMIT

OCTOBER 30-31, 2013

Grand Hyatt Washington DC

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ehidc.org/2013-data-exchange-summit.html
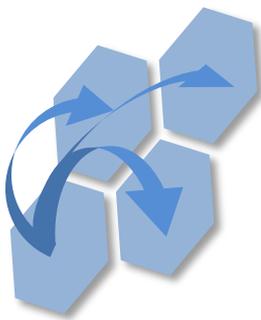
2013

HEALTH DATA EXCHANGE SUMMIT

OCTOBER 30-31, 2013
Grand Hyatt Washington DC

Save the Date!
Click and add it to your calendar

Sponsorship opportunities available, If you are interested please contact Amy Eckenroth or at (202) 624-3265.

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Thank you!

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