

HealthShare Exchange of Southeastern Pennsylvania -- Examples of Successful Interoperability

Automated Care Team Finder		
Profile Element	Description	
Responsible Entity	The owner of the project	HealthShare Exchange of Southeastern Pennsylvania
Participating Entities	Types of organizations participating, e.g., hospital, provider	39 acute care hospitals 6 hospitals are using this service 17 competing health systems with multiple EHR vendors
Description	Short description of the project	<p>Automated care team finder that allows a hospital to find the patient’s primary care doctor using a directory of Direct addresses. Uses the patient’s member identification with his or her healthcare insurer to identify providers involved in the patient’s recent medical care and uses this information to route continuity of care (C-CDA) documents, containing discharge information, to the patient’s identified primary care provider using Direct secure messaging.</p> <p>Automated Care Team Finder</p> <p>Hospital provides and ADT feed Have Direct address for the feature. Hospital sends the patient information to the FindCareTeam Direct Address This goes to the HIE Using the insurance information in the ADT message they identify the patient’s insurance company Send ToC CCD to the insurer who identifies the PCP The HIE queries the provider directory HIE sends CCD to PCP</p>

Standards Implemented	What standards were implemented in the project	Direct messaging CCDs ADT messages
Policies Adopted	What policies were implemented/adopted to support the implementation	
Timeframe	Start date, key milestones	Took 18 months to deploy and get results Each new hospital takes a month to deploy
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	
Impacts	Quantitative results, e.g., reduction in delays, cost savings	
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	<p>I've been glad to take advantage of discharge information provided to me and facilitated by the HSX system. It just makes total sense — and is extremely helpful — to receive a post-hospitalization report that includes not just diagnosis and recommendations but also results from lab tests, imaging studies, and other diagnostics, all together.</p> <p>I like to review these as soon as I receive them, because I want to know what's going on with my patients. We can't wait for days or weeks for this kind of information, because that can affect the window of transitional care and recovery.</p> <p>The discharge information comes straight into our EHR system's inbox.</p> <p>We can then copy it electronically into the patient's online chart where it is very accessible. It immediately spares us the time lag we had in scanning reports sent to us previously. This is needed information that in the past we had to download and print, or receive by fax, and then import into the medical record as a document image. With all the hospital results now coming to us quickly in one place and then transferred into my own notes, I am much more in command of the case.</p> <p>As a direct recipient of discharge information, I can better adjust the transitional and follow-up schedule and regimen with patients when we contact them post-discharge. This helps me, for example, to adjust a schedule of follow-up visits, based</p>

		<p>on the patient's condition and needs. And, it permits us to be more responsive to any abnormal status that needs continuity of intervention. All this helps me uncover any barriers to recovery, as we communicate with and manage the patient.</p> <p>John S. Potts, DO PennCare West Chester Family Medicine Clinical Assistant Professor of Family Medicine and Community Health, University of Pennsylvania Health System</p>
References	Links or attached documents	
Contacts	Point of contact for further information	<p>Yolanda Greene Project Manager HealthShare Exchange of Southeastern Pennsylvania</p>

Hospital Discharge Summary		
Profile Element	Description	
Responsible Entity	The owner of the project	HealthShare Exchange of Southeastern Pennsylvania
Participating Entities	Types of organizations participating, e.g., hospital, provider	HIE, hospital/health systems, primary care practitioner offices
Description	Short description of the project	<p>Regional provider directory used for routing continuity of care document from hospital/health system to EHR of PCP in same hospital/health system (intrasystem exchange) and to EHR of PCP in different hospital/health system (intersystem exchange)</p> <p>HSX went through detailed efforts to ensure that this interoperability effort would have real practical value at the point of patient care. HSX is the only HIE in a major metro U.S. area (greater Philadelphia/Delaware Valley region) built from the ground up by competing providers AND payers (hospital health systems and insurers). The exchange pursued extensive groundwork with its</p>

		<p>membership to highlight, and create consensus around, the greatest clinical-information transmission challenges and points where exchange could be most successful in making a difference. An important part of the goal was to help providers reach the true intent of Meaningful Use, which is actual usage that alters patient care for the better.</p> <p>As a result of this planning, HSX has established secure routing of clinical information to providers' direct addresses using the national Direct Project standards — an email-based protocol for confidential transmission of patient health information between trusted entities. Members agreed that this was the simplest, most expeditious and cost-efficient way to gain an initial phase of clinically valuable exchange. In this case, the service involves acute inpatient facilities, including hospital emergency departments, sending continuity of care (C-CDA) documents with discharge information (and referrals for transitions of care) to a patient's family physician. In order to access addresses needed for sending to patients' PCPs, hospital/health systems in the medical service area have loaded the regional provider directory that HSX has built. With this capability, discharge documents are now flowing electronically from hospitals to primary practices, including between hospitals and practices representing traditionally rival health systems.</p> <p>HSX employs a sophisticated engagement and adoption (E&A) process supporting both sides of this use case, helping to assure that the sending side of the exchange is accomplished appropriately and that medical-practice receivers are incorporating the exchanged information into their workflow. The exchange has invested significant resources into establishing its interoperability matrix, helping to ensure that member EHR vendors are set up properly for the send and receive processes required in this example. HSX thus assists its members in negotiating and confirming that vendors support the exchange use case (including appropriate versioning) and in integrating</p>
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		<p>the received clinical information in the end-point patient-care work flows. This role for HSX includes brokering calls with members and their vendors to overcome compatibility/interoperability blockers and assisting health systems staff in configuring the sent information in their clinical systems.</p> <p>The outcome is an enabling of real clinical usage of health information exchange within large health systems and between hospital health systems that had little structure for communicating well in the past. Now, hospitals can not only “check the box” for MU, indicating that a message was sent, but know can know that primary care practitioners benefit from receiving such messages and using them to improve clinical care — a fact that participating practitioners are now standing witness to.</p>
Standards Implemented	What standards were implemented in the project	
Policies Adopted	What policies were implemented/adopted to support the implementation	<p>HSX Information Exchange Policy Opt Out and Opt Back In Policy HSX Direct Secure Messaging Data Exchange Policy HSX Direct Secure Messaging Operations Policy</p>
Timeframe	Start date, key milestones	<p>Start date — August 2013</p> <p>Intrasystem Direct — November 2013</p> <p>Intersystem Direct — December 2013</p> <p>Scale up – 2014</p> <p>PCP testimonials — 2015</p>
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	<p>Provider Directory — more than 6,000 physicians, nurse practitioners, other providers</p> <p>Total Direct secure message exchanged via HSX through July 1, 2015 — more</p>

		<p>than 70,000</p> <p>Current percent of received messages that are inter-health system — 51</p>
Impacts	Quantitative results, e.g., reduction in delays, cost savings	
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	<p>"I've been glad to take advantage of discharge information provided to me and facilitated by the HSX system. It just makes total sense — and is extremely helpful . . ."</p> <p>John S. Potts, DO PennCare West Chester Family Medicine Clinical Assistant Professor of Family Medicine and Community Health, University of Pennsylvania Health System</p> <p>"The patient felt better cared for and more confident that her care was coordinated. Likewise my staff and I felt we were able avoid the relentless inefficiencies that are a daily issue in the absence of electronic health information exchange. And instead, we were able to deliver much more informed, efficient, effective, satisfying care to this patient."</p> <p>Karen Scoles, MD, Crozer-Keystone Health Network physician</p>
References	Links or attached documents	<p>Full Testimony — John Potts, DO Suppl Testimony — John Potts, DO Full Testimony — Karen Scoles, MD HSX Information Exchange Policy Opt Out and Opt Back In Policy HSX Direct Secure Messaging Data Exchange Policy HSX Direct Secure Messaging Operations Policy</p>
Contacts	Point of contact for further information	<p>RUSS ALLEN Communications Coordinator HealthShare Exchange of Southeastern Pennsylvania, Inc.</p>

		c: 215-990-9628 MARTIN A. LUPINETTI Executive Director HealthShare Exchange of Southeastern Pennsylvania, Inc. Ten Penn Center 1801 Market Street Suite 750 Philadelphia, PA 19103 O: 215-391-4907 C: 609-792-3896
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Urgent Patient Activity Liaison		
Profile Element	Description	
Responsible Entity	The owner of the project	HealthShare Exchange of Southeastern Pennsylvania
Participating Entities	Types of organizations participating, e.g., hospital, provider	Hospitals
Description	Short description of the project	The HealthShare Exchange of Southeastern Pennsylvania (HSX) is currently implementing an Urgent Patient Activity Liaison (UPAL) program. The program is activated when an emergency event occurs in the region that impacts the healthcare services for a large number of citizens. HSX activates a UPAL call center where local hospitals can call on behalf of family members to inquire if a patient has been treated in an emergency department or admitted to a hospital.. The service uses the ADT messages that are routinely transmitted to HSX by hospitals in the region. Using this data the HSX staff can look up patients by last name and date of birth to identify the hospital where they are receiving treatment.

Standards Implemented	What standards were implemented in the project	HL7 ADT messages
Policies Adopted	What policies were implemented/adopted to support the implementation	<p>Access to the ADT data for emergency purposes must be authorized by HSX Senior Management and the HSX Executive Committee. This can only be done if there is a state of emergency or grave situation that requires multiple hospital systems to respond.</p> <p>Hospitals are responsible for validating a family member who requests a patient location.</p> <p>UPAL is available only to HSX staff who are contacted by providers to locate patients. HSX staff provide information only to hospital designated points of contact</p>
Timeframe	Start date, key milestones	September 2015
Volumes	Quantitative indicators, e.g., number of providers, number of records exchanged	
Impacts	Quantitative results, e.g., reduction in delays, cost savings	
	Qualitative results, e.g., provider satisfaction, perceptions, testimonies	
References	Links or attached documents	
Contacts	Point of contact for further information	<p>RUSS ALLEN Communications Coordinator HealthShare Exchange of Southeastern Pennsylvania, Inc. c: 215-990-9628</p> <p>MARTIN A. LUPINETTI Executive Director HealthShare Exchange of Southeastern Pennsylvania, Inc. Ten Penn Center 1801 Market Street</p>

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