Best Practices in Sharing Behavioral Health Data & Chronic Care Management

eHI Webinar

April 30, 2019

Agenda

- **Welcome and Introductions**
  - Jennifer Covich Bordenick, CEO, eHealth Initiative
- **Congressional Insights to Opioid Crisis**
  - Audrey Smith, Legislative Assistant to Senator Joe Manchin
- **HIE Response to 42CFR Part 2**
  - Todd Rogow, President and CEO, Healthix
- **Business Case of HIT – eHI Workgroup Findings 2018**
  - Al Kinel, CEO, Strategic Interests, LLC
  - Morgan Honea, CEO, CORHIO
- **Next Steps: eHI Programs 2019 (a poll)**
- **Q&A**

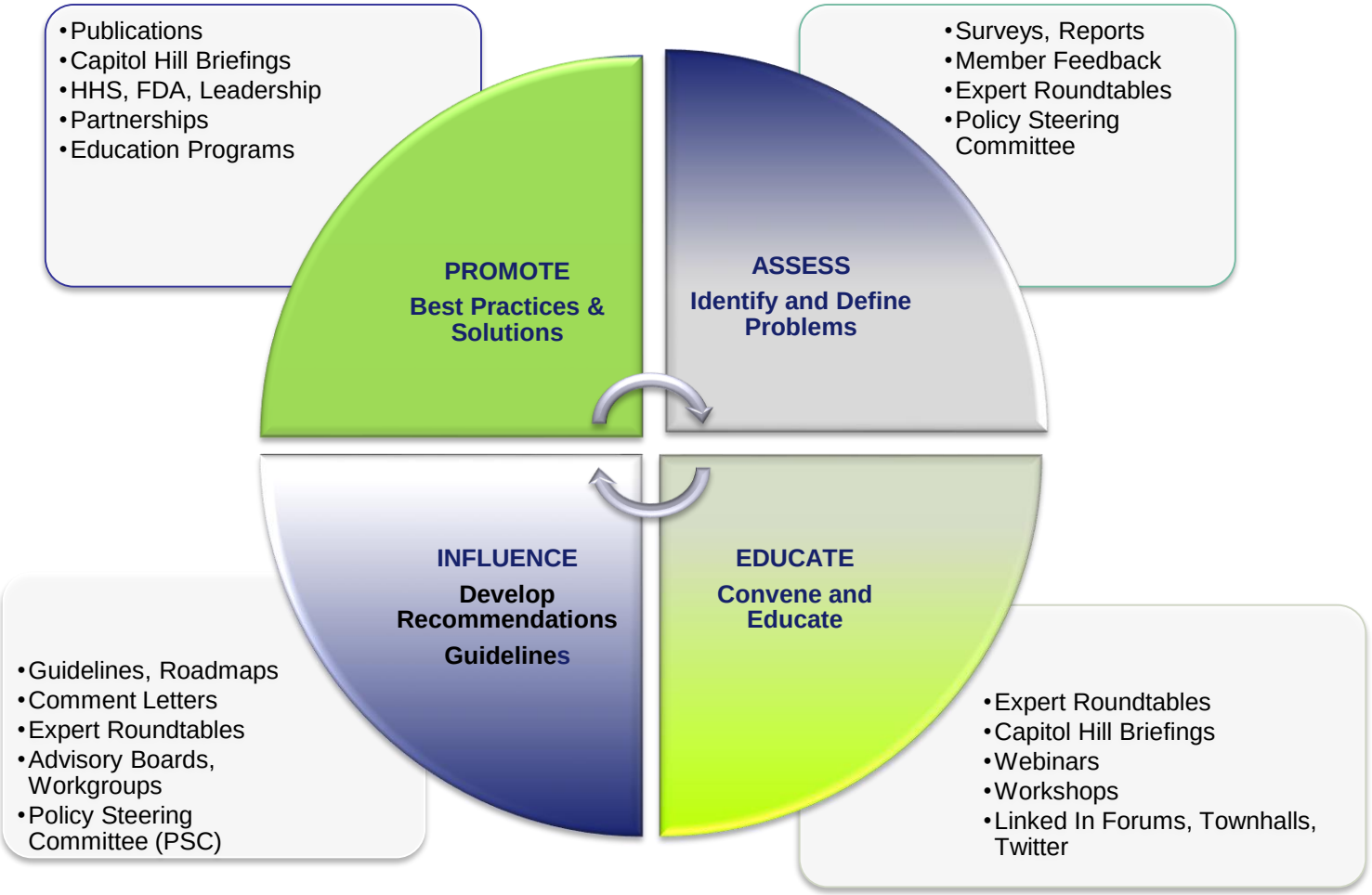
Housekeeping Issues

- All participants are muted
  - To ask a question or make a comment, please submit via the Q&A feature and we will address as many as possible after the presentations.
- Q&A and Technical difficulties:
  - Use the chat box for technical difficulties and we will respond as soon as possible
  - Use Q&A box for your speaker questions
- Today's slides will be available for download on eHI's Resource page www.ehidc.org/resources

Our Mission

Convening executives from every stakeholder group in healthcare to discuss, identify and share best practices to transform the delivery of healthcare using technology and innovation.

Our Work


•Publications
•Capitol Hill Briefings
•HHS, FDA, Leadership
•Partnerships
•Education Programs
PROMOTE
Best Practices & Solutions
•Surveys, Reports
•Member Feedback
•Expert Roundtables
•Policy Steering Committee
ASSESS
Identify and Define Problems
INFLUENCE
Develop Recommendations
Guidelines
•Guidelines, Roadmaps
•Comment Letters
•Expert Roundtables
•Advisory Boards, Workgroups
•Policy Steering Committee (PSC)
EDUCATE
Convene and Educate
•Expert Roundtables
•Capitol Hill Briefings
•Webinars
•Workshops
•Linked In Forums, Townhalls, Twitter

Current Areas of Focus

Value Based Care	Interoperability	Privacy/Security	Analytics/SDOH
Cost Transparency	Understanding FHIR/ APIs/DaVinci	Protection Vs Access	Non-Traditional Sources of Data for Health (SDOH, PGHD)
Prior Authorization	Policy Issues/Burden, Workflow, Info Blocking	HIPAA Part 2	EHR data for clinical trials (Doublejump)
		Cybersecurity Med Devices	

eHI Policy and Advocacy Activities

- eHI Policy Steering Committee
  - Input to ONC re TEFCA Draft 2
  - ONC and CMS Information Blocking and Interoperability – Proposed Regulations
- eHI visits to Capitol Hill
- eHI's Policy Guy - Mark Segal (https://www.ehidc.org/resources/interoperability-time-now)

Our Members

eHealth Resource Center www.ehidc.org/resources

- eHealth Resource Center Available With Best Practices & Findings Identifying and Disseminating Best Practices
- Online Resource Center: Over 600 new pieces content, 125 best practices added this year
- Most recent released eHI Reports: Cybersecurity, Predicting Risk through AI, Patient Generated Health Data

Audrey Smith

Legislative Assistant

The Honorable Joe Manchin, D-West Virginia,

U.S. State Senate

CONGRESSIONAL INSIGHTS TO OPIOID CRISIS

eHealth Initiative:
Best Practices for Data Exchange

Todd Rogow, CHCIO, President & CEO

April 30, 2019

Largest Public HIE in the Nation

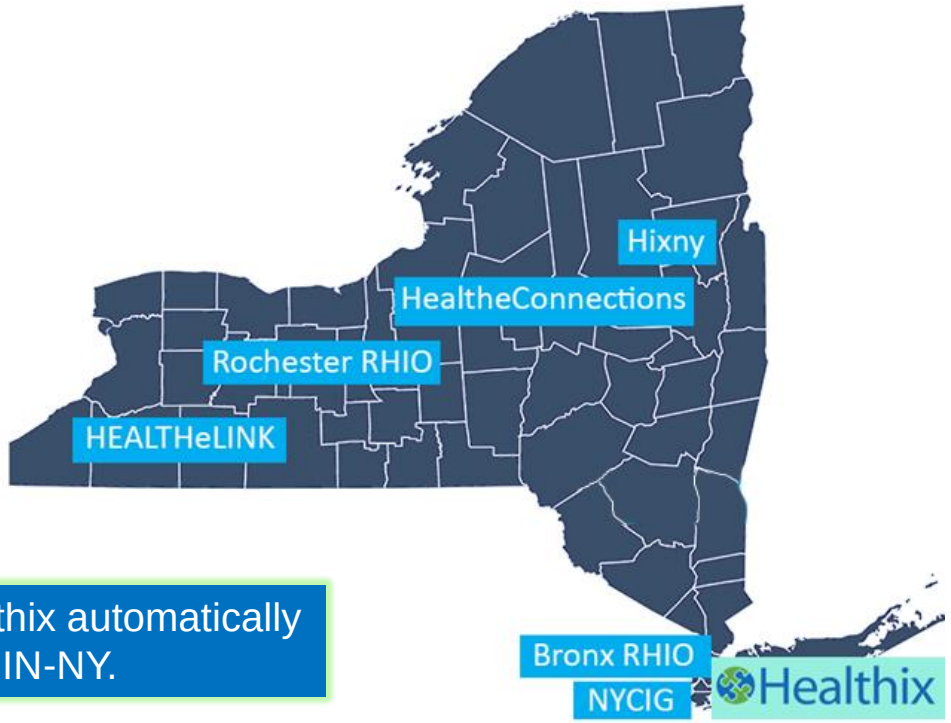
More than 17,000,000 patients

Healthix contains data from healthcare organizations throughout New York City and Long Island. Healthix uses sophisticated software to reconcile data of over 81.7 million provider Medical Record Numbers (MRNs) to create composite profiles of over 17 million patients.

Healthix

SHIN-NY "Network of Networks"

The State Health Information Network – New York (SHIN-NY) is comprised of 7 HIEs or Qualified Entities (QEs)



When a user queries for patient data, Healthix automatically returns data from both Healthix and the SHIN-NY.

Healthix

Healthix Core Services

PATIENT RECORD SEARCH

Access to a more comprehensive patient profile Statewide

CLINICAL ALERTS

24/7 Custom alerts provide real-time updates for patients in care

CLINICAL INFORMATION DELIVERY

Ability to push clinical summaries (CCD, C-CDA) and lab results

PREDICATIVE ANALYTICS

Assessing risk and managing patients to optimize care

Healthix

Healthix: Sources, Types and Uses of Data

Sources of Data

- Hospitals & Health Systems
- Physician & Ambulatory Practices
- Long Term, Post Acute and Home Care
- Diagnostic Treatment Center
- Federally Qualified Health Centers
- Behavior Health Organizations
- Community Based Organizations
- IPAs, ACOs, Health Plans
- And More

Types of Data

- Demographics
- Encounters and Problem Lists
- Diagnoses and Procedures
- Medications & Allergies
- Lab Tests, Values, Results
- Radiology Reports & Images
- Discharge and Care Plans
- Health Plan Claims Data
- Medicaid Claims Data
- Pharmacy Fill Data
- 42CFR Part 2 Data and More

Uses of Data

- Fuller picture of patient's data
- Access to data in an emergency
- Managing chronic conditions
- Facilitating transition of care
- Supporting value-based care
- Public Health Initiatives: HIV/AIDs linkage to care, Emergency patient search, public health emergencies, organ transplant matching, opioid prescribing database, identification of homelessness

Healthix

42 CFR Part 2 Regulations

Regulations designed to:

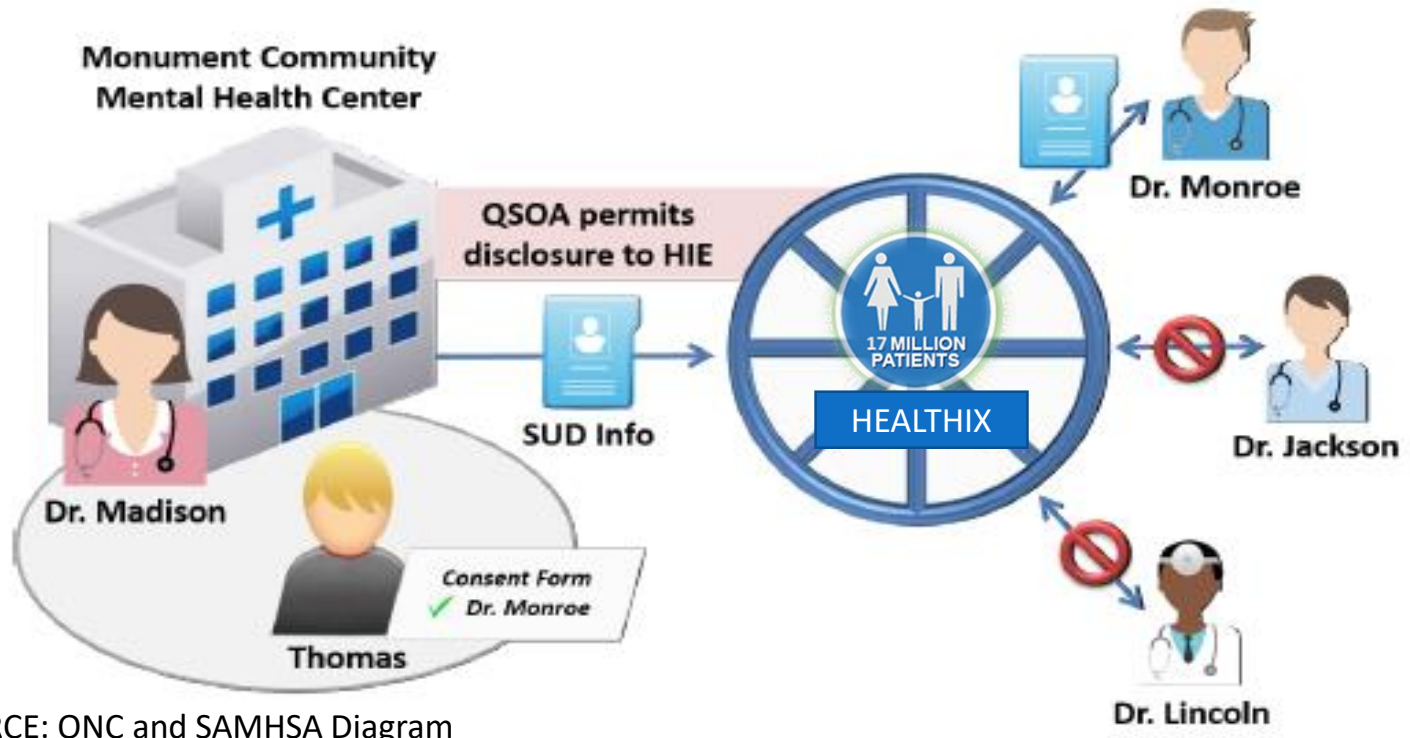
- Address concerns about the potential misuse of information
- Ensure that patients receiving treatment in a Part 2 Program don't face adverse consequences (criminal, domestic, employment)
- Protect the confidentiality of patient records by restricting disclosure – **require patient's written consent**

39 Part 2 Programs in Healthix

Healthix facilitates data sharing:

- Participant completes Business Agreement and a Qualified Service Organization Agreement (QSOA)
- Emergency access without consent results in a disclosure warning and an automated report routed to the 42 CFR Part 2 Program
- Statewide most QEs support clinical alerts that carry 42 CFR Part 2 Program triggered data

Query-Based Exchange from HIE



SOURCE: ONC and SAMHSA Diagram

Healthix

Healthix Compliance Plan Intake

Onboarding Process:

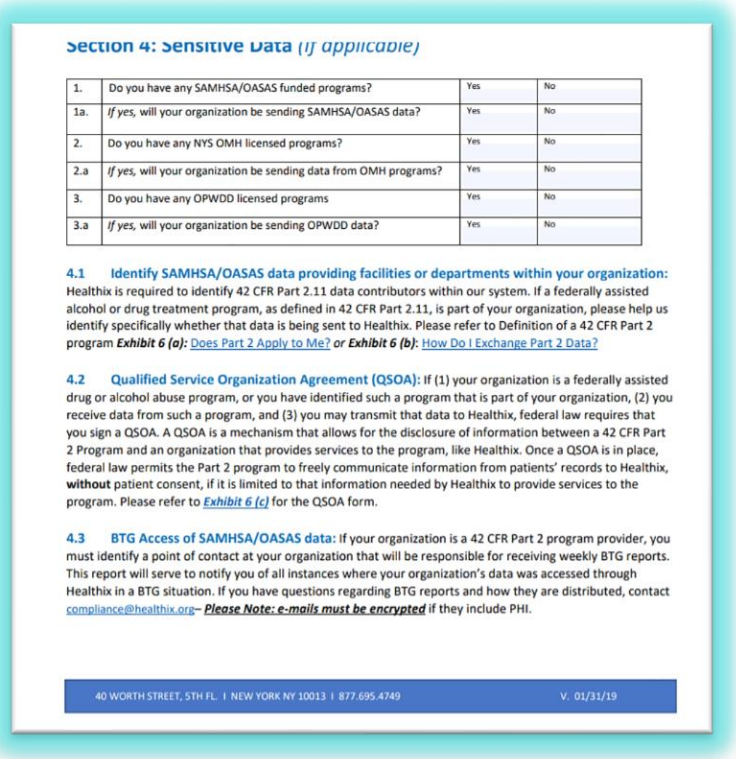
Healthix determines if the prospective organization is a funded Part 2 Program and will be contributing 42CFR Part 2 data

SAMHSA/OASAS Funded Program:

Healthix obtains a QSOA; identifies specifically where the data is coming from within the organization (program, department, facility); "tagged" in the Healthix system

Identify Point of Contact:

Healthix automatically sends reports for "break the glass" emergency access to patient's 42 CFR Part 2 data



Section 4: Sensitive Data *(if applicable)*

1.	Do you have any SAMHSA/OASAS funded programs?	Yes	No
1a.	*If yes,* will your organization be sending SAMHSA/OASAS data?	Yes	No
2.	Do you have any NYS OMH licensed programs?	Yes	No
2.a	*If yes,* will your organization be sending data from OMH programs?	Yes	No
3.	Do you have any OPWDD licensed programs	Yes	No
3.a	*If yes,* will your organization be sending OPWDD data?	Yes	No

4.1 Identify SAMHSA/OASAS data providing facilities or departments within your organization: Healthix is required to identify 42 CFR Part 2.11 data contributors within our system. If a federally assisted alcohol or drug treatment program, as defined in 42 CFR Part 2.11, is part of your organization, please help us identify specifically whether that data is being sent to Healthix. Please refer to Definition of a 42 CFR Part 2 program ***Exhibit 6 (a):*** Does Part 2 Apply to Me? ***or Exhibit 6 (b):*** How Do I Exchange Part 2 Data?

4.2 Qualified Service Organization Agreement (QSOA): If (1) your organization is a federally assisted drug or alcohol abuse program, or you have identified such a program that is part of your organization, (2) you receive data from such a program, and (3) you may transmit that data to Healthix, federal law requires that you sign a QSOA. A QSOA is a mechanism that allows for the disclosure of information between a 42 CFR Part 2 Program and an organization that provides services to the program, like Healthix. Once a QSOA is in place, federal law permits the Part 2 program to freely communicate information from patients' records to Healthix, **without** patient consent, if it is limited to that information needed by Healthix to provide services to the program. Please refer to ***Exhibit 6 (c)*** for the QSOA form.

4.3 BTG Access of SAMHSA/OASAS data: If your organization is a 42 CFR Part 2 program provider, you must identify a point of contact at your organization that will be responsible for receiving weekly BTG reports. This report will serve to notify you of all instances where your organization's data was accessed through Healthix in a BTG situation. If you have questions regarding BTG reports and how they are distributed, contact compliance@healthix.org– ***Please Note: e-mails must be encrypted*** if they include PHI.

40 WORTH STREET, 5TH FL. I NEW YORK NY 10013 I 877.695.4749 V. 01/31/19

Healthix

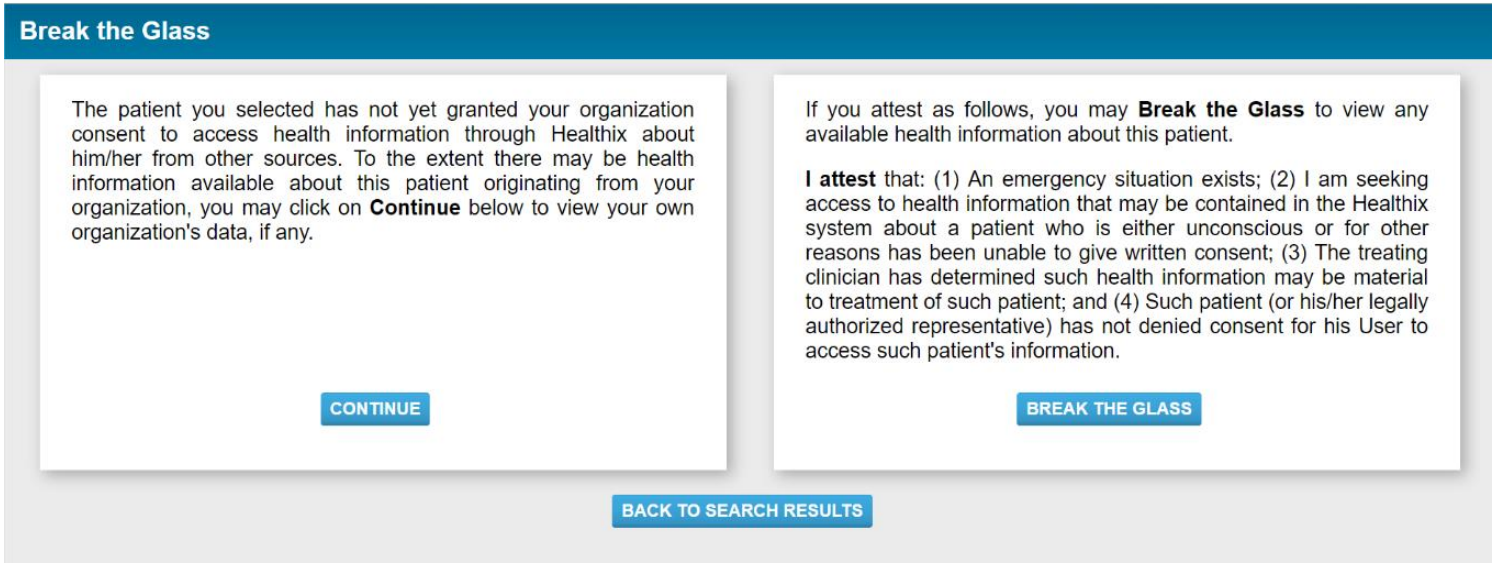
Healthix Consent Models

Participant's Authorized User	Grant	Emergency Only	Deny	Undecided	Deny All
Consent Decision	**Yes**	**Only in Emergency**	**No**	**Only in Emergency**	**No**
User Role	**Authorized User**	**BTG provider**	**None**	**BTG provider**	**None**
Data Available	**ALL INCLUDES OMH, OPWDD, 42 CFR Part 2**	**ALL INCLUDES OMH, OPWDD, 42 CFR Part 2**	**None**	**ALL INCLUDES OMH, OPWDD, 42 CFR Part 2**	**None**
Public Health and Organ Procurement	**Yes EXCLUDES 42CFR Part 2 data**				

Healthix

Emergency Break the Glass Access

Emergency access without consent results in a disclosure warning and an automated report routed to the 42 CFR Part 2 Program



Healthix

Frequently Asked Questions

What are some examples of new consent models that aim to address barriers?	**What are the technical, business, and trust barriers that HIEs have faced in exchanging behavioral health data?**	**How does being CSF certified further protect the security of this sensitive data?**

Contact Us

If you have questions,
would like to see a demonstration or
are interested in connecting with

Healthix

Todd Rogow, CHCIO

President and CEO
trogow@healthix.org

Healthix

APPENDIX

Alerts

Availability to receive **Alerts** by a Participant depends on the type of the facility/program which **triggered** the Alert **AND** the type of the receiving Participant

Receiving Provider Type	Grant	Emergency Only	Deny	Undecided	Deny All
Non OMH, OPWDD, MCO, HEALTH HOME, DOH APPROVED ENTITY (e.g. PPS)	**Yes** Includes OMH, OPWDD, 42 CFR Part 2	**No**	**No**	**Yes** Excludes OMH, OPWDD, 42 CFR Part 2	**No**
OMH, OPWDD, MCO, HEALTH HOME, DOH APPROVED ENTITY (e.g. PPS)	**Yes** Includes OMH, OPWDD, 42 CFR Part 2	**No**	**No**	**Yes** Includes OMH, OPWDD, Excludes 42 CFR Part 2	**No**

C-CDA & Clinical Information Updates

Participant Type	Grant	Emergency Only	Deny	Undecided	Deny All
All	**Yes** Includes OMH, OPWDD, 42 CFR Part 2	**None**	**None**	**None**	**None**

1:1 Agreements

Participant Type	Grant	Emergency Only	Deny	Undecided	Deny All
All	**Yes** **Includes** 42CFR part 2, OMH, OPWDD	**None**	**None**	**Yes** **Excludes** 42CFR part 2, OMH, OPWDD	**None**

Healthix

The Business Case for HIT

eHI Workgroups 2018

Thank you to Leadership

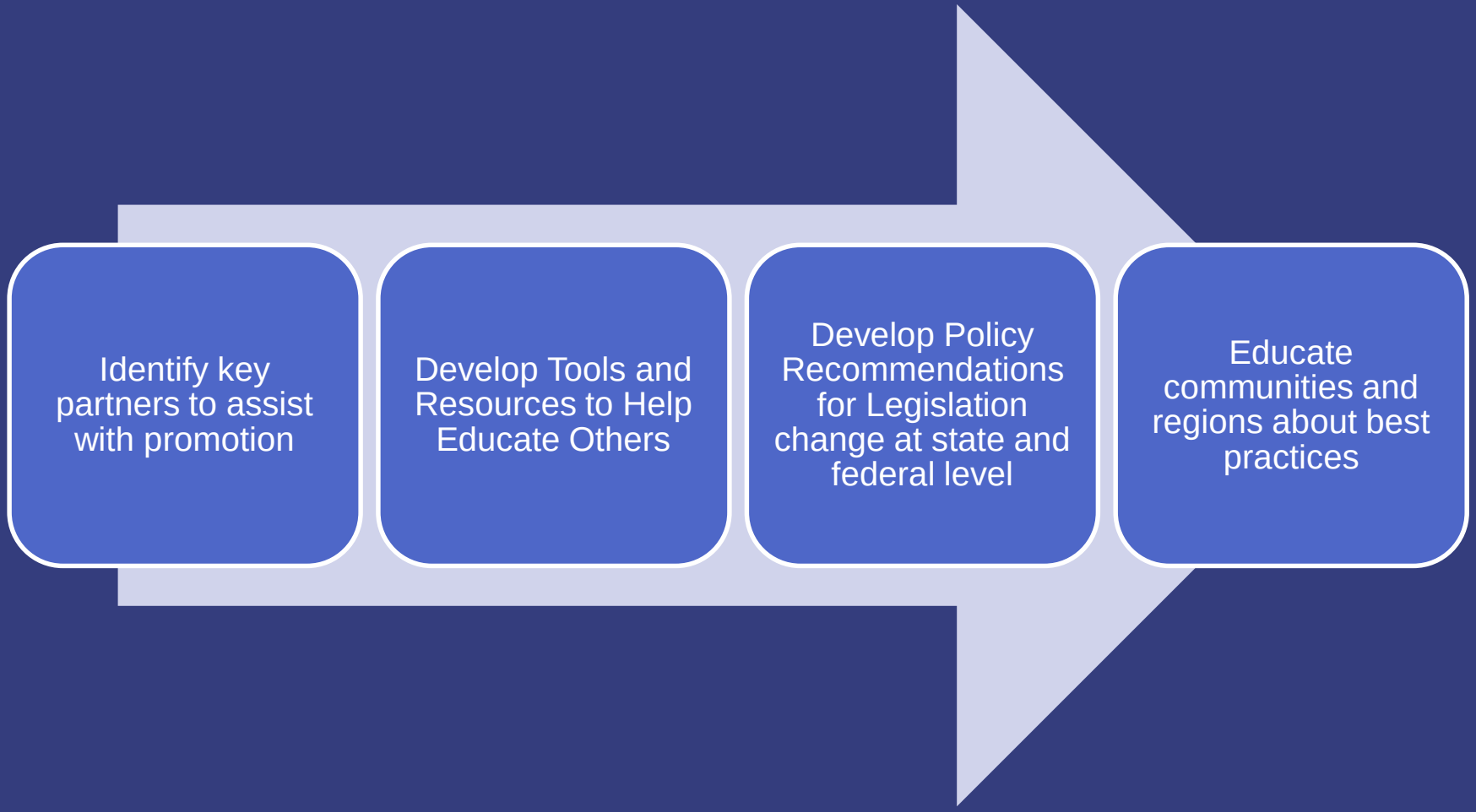
- Technology & Analytics
  - Al Kinel, President, Strategic Interests, LLC
  - Theresa Wilkes, Medical Informatics Strategist, Alliance for eHealth Innovation, American Academy of Family Physicians
- Value & Reimbursement
  - Morgan Honea, CEO, CORHIO
  - J. Leonard Lichtenfeld, MD, Deputy Chief Medical Officer, American Cancer Society, Inc.
- Workflow
  - Leslie Kelly Hall, Vice President, LifeWIRE
  - Holly Miller, MD, Chief Medical Officer, MedAllies

eHI 2018 Workgroups and Programs

- Goal of workgroups and other programs to enable eHI to take actionable steps to impact the transformation of healthcare
- 2018 Workgroups:
  - Workflow to Support Patients and Providers
  - Technology and Analytics
  - Value and Reimbursement

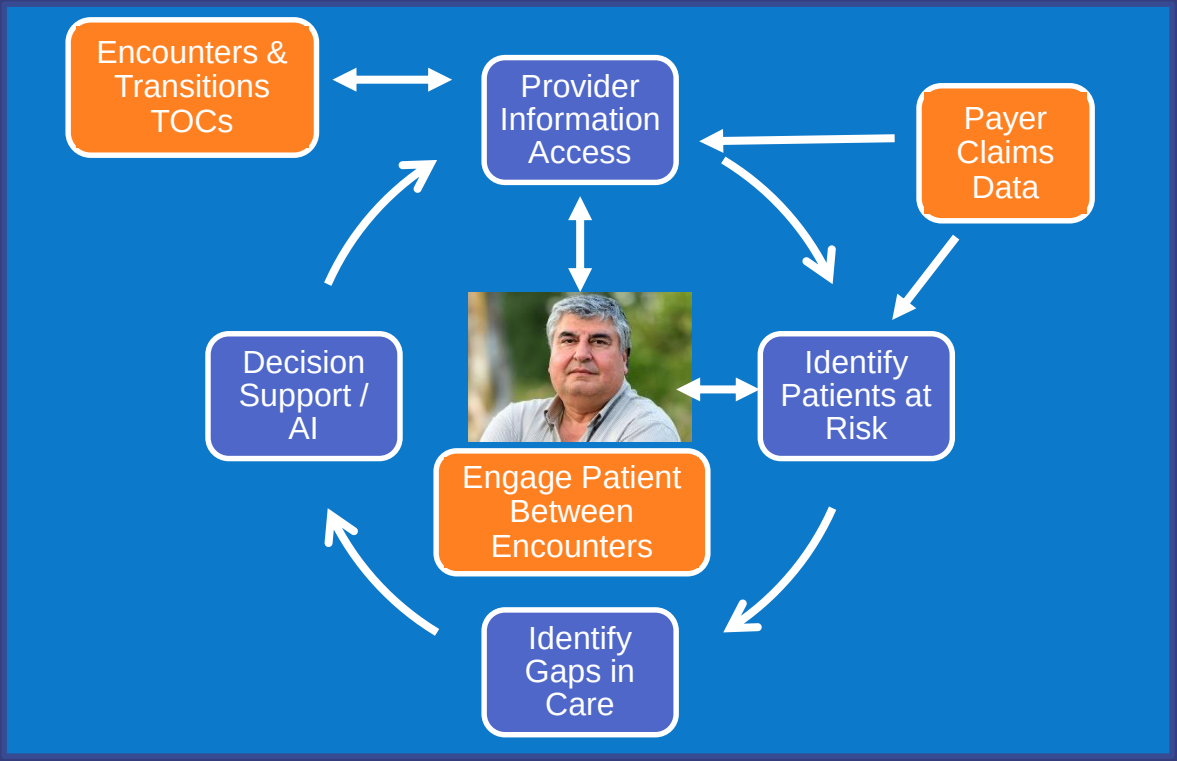
Focus: What is needed to effectively manage a patient's chronic condition

eHI Workgroups' Mission: Promote Best Practices Related to Chronic Conditions



Workgroup Deliverables

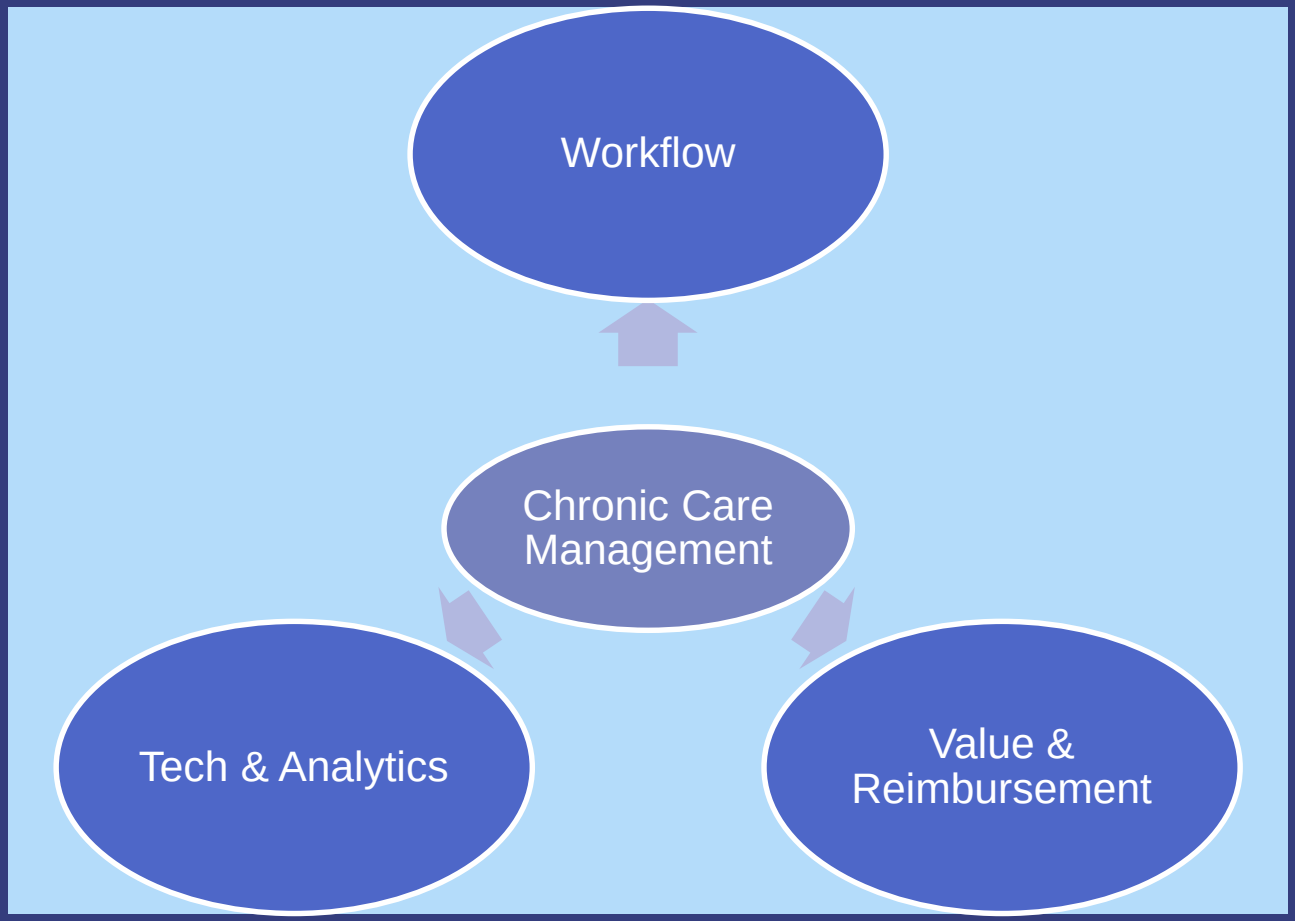
1. Conduct research and identify and highlight “best practices” of approach, workflow and technology to accomplish key objectives
2. Identify resources including economic and business models, legal and data sharing agreements, organizational models, and communications guides
3. Policies; barriers & recommendations to accelerate adoption of best practices
4. Widely disseminate results using a wide-range of mechanisms
   - Annual meeting, Webinars, eHI resource page, Targeted briefings, media



Attain VBP Outcomes

- Quality
- Cost
- Access
- Provider and Patient Sat

Collaboration Among Workgroups



Workgroup Discussions have included:

- **HL7 Da Vinci:** Unlocking VBP with Payer-Provider Use Cases to Address Interop
- **Health System Interop Best Practices:** RHIO, Private HIE, Carequality, Direct, FHIR
- **Medicaid ACO:** Improved Outcomes and Reduced cost with innovative IT
- **Disease Care:** Use of Quality Measurement for Chronic Care Management
- **Remote Monitoring:** Integration with Clinical Workflows + Advancements in Supporting Payment Models
- **Patient Engagement:** Education, OpenNotes, PGHD, Impact on Workflow
- **Artificial Intelligence for Chronic Disease:** Predicting Atrial Fibrillation
- **Behavioral Health & SDOH**: Support and Reimbursement of Care
- **Non Traditional Companies Emerging in Healthcare:** CRM Best Practices - Consumer Relationship Management Tools
- **Fundamentals to Move Oscar through Healthcare (TOCs):** Enhancing Care for Patients in Transition Between Providers with Access to Critical Data
- **Digital relationships:** helping to retain patients and grow the business

Lessons Learned

- As patients transition across care settings, it is critical to ensure that information flows along with the patient so that appropriate care is provided; also to always ensure that the patient stays engaged and understands and has elected to changes to the care plan at every step
- Each patient has their own goals and starting points – need to meet a patient where they are. This becomes part of the business case.
- Successful programs include a patient experience that is driven by high value care components to include care that is safe, high quality and affordable with patient engagement components.
- Effective interoperability enables:
  - the flow of critical patient information across care settings (TOCs)
  - comprehensive database for pop health, measures, gaps in care
  - innovative digital health solutions and explosion of AI apps

Lessons Learned – cont.

- Ideal approach to enable interop includes ***many solutions***, depending upon referral network, EMRs, public HIEs, etc.
- Patient matching & data quality are key to reliable data and *impactful* interventions
- Many are Getting Traction with:
  - new data sources: Claims, SDOH, PGHD
  - utilizing data for AI, care management, patient engagement, etc.
  - integration with payers and MCOs
- Learn from peers and other industries outside of healthcare who are successful and leading the way in data exchange
- Emerging regulatory & standards landscape changing
  - Proposed Rule / TEFCA v2
  - Shift from HL7 v2 to C-CDA to FHIR to FHIR 4 to ?

Lessons Learned – cont.

- VBP requires broader data and IT systems beyond the EHR;
- Technology can reduce burden of prior authorization when it is processed at the point of care
- It is critical to be able to deliver content that's required for value based care contracts to work (DaVinci)
- Collaboration and partnership are critical to success;
- Data on patient utilization needs to be translatable into actionable changes to service delivery i.e. referrals, chronic disease mgt, etc.;
- There is power in volume both in terms of populations and data;
- There needs to be a ramp-up period for providers to be successful.

TEFCA

- **Draft 2:** Common set of principles, terms, and conditions to support the development of a Common Agreement that would help enable nationwide exchange of electronic health information (EHI) across disparate health information networks (HINs**):**
  - Trusted exchange framework - single "on-ramp" for HIE
  - Minimum Required Terms & Conditions (MRTC)
  - Establishes "Qualified Health Information Networks" (QHINs) to help standardized HIE inter-connectivity

- **Principles:**
  - Standardization
  - Transparency
  - Cooperation & Non-Discriminatory
  - Maintain Patient Privacy and Ensure Patient Safety
  - Enable Access to EHI
  - Population Level Data

TEFCA

- **Exchange Purposes Updated:**
  - Payer Purpose: Reduced to Utilization Review, Quality & Planning
  - Patient: Expanded to include access to info from non-HIPAA entities
- **Push Added:** Included sending a patient's EHI to a specific QHIN for delivery, in addition to query (QHIN Message Delivery)
- **QHIN Technical Framework (QTF) Added:**
  - technical & functional requirements (C-CDA/IHE vs. FHIR)
  - privacy-security related considerations for exchange of EHI between QHINs
  - operational considerations that enable the exchange of EHI between QHINs
- **Eligibility Broadened:** Allows broader set of HINs to apply as QHIN
- **Timelines Extended:** 18 months to implement vs 12
- **Fees:** QHIN-QHIN charges now:
  - ***allowed*** for benefits query or pop health
  - ***not allowed*** for queries for treatment, payment, health care ops

Workgroup Best Practices

- eHI Resource Page
  - https://www.ehidc.org/resources

What's Next

eHI Programs 2019

Please take the poll


Q&A