Health Information Exchange Update

Lorie Mayer
AHCCCS HIT Coordinator
Health Information Exchange (HIE) Opportunity

- IHS and Tribally operated facilities have not been participating in Arizona’s Health Information Exchange to the same extent as other providers.
- Providers are not benefitting from the ability to incorporate more “real time” patient data into their care delivery.
- More complete patient health information leads to more opportunities to better care and patient outcomes.
As a National Organization, IHS has to develop strategy and solutions that takes into account:

- Costs to building interfaces
- Different state Health Information Exchanges with different operating policies
- Different technologies or exchange platforms
- Different HIE organizations Payment and Governance Models
- Different HIE Participants/stakeholders state to state
AHCCCS has 3 different financial programs to encourage EHR Adoption and HIE Use

- **Program 1**: Medicaid EHR Incentive Program encouraging Electronic Health Record (EHR) Adoption for Eligible Hospitals and Eligible Professionals
- 75 Hospitals in Arizona are Participating
- Below is a Partial List of Hospitals that have received at least one Arizona Medicaid EHR Incentive Program Payment
  - Phoenix Indian Medical Center
  - Whiteriver Indian Hospital
  - Hopi Health Center
  - Parker Indian Hospital
  - Sells Indian Hospital
  - Chinle Comprehensive Health Care Facility
  - Gila River – Hu Hu Kam Memorial Hospital
  - San Carlos Indian Hospital
  - Fort Defiance Indian Hospital (Tse Hootsoi Medical Center)
  - Tuba City Indian Medical Center
AHCCCS HIE Onboarding Program

• **Program 2:** AHCCCS HIE Onboarding Program with Health Current
  • Open to any Medicaid Provider who has received an EHR Incentive Payment OR supports a Medicaid MU Participant to reach MU
    o AHCCCS funds an HIE onboarding infrastructure and team at Health Current to do outreach and educate providers about HIT/HIE,
    o Funds the creation of an organizational HIT plan that address needs or resources for problems you want to solve
    o Supports project managers and technical experts to assist you with meeting technical requirements and interface builds
  • **Long Term Goal is Bi-directional Exchange of Clinical Patient Data**

Federal Funds are available until 2021 to support this connectivity
Descriptions of AHCCCSS HIE Onboarding Program Milestones

• M1- Organization signs a Health Current participation Agreement
• M2- or M3- Organization either sends or receives data from or to Health Current
• M4- Organization is sending and receiving health information; achieved Bi-Directional exchange; receives small offset payment
  o Hospitals –$20,000
  o Community Providers/Ambulatory - $5,000 - $10,000
## HIE Onboarding Milestone Status of IHS and Tribal Providers

<table>
<thead>
<tr>
<th>Name of Health Current Participant</th>
<th>Milestone 1 Participation Agreement Signed</th>
<th>Milestone 2 One way participant Data to the HIE</th>
<th>Milestone 3 One way interface development from the HIE to the Participant</th>
<th>Milestone 4 Bi-directional Exchange completed; Participant can receive Offset payment</th>
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</thead>
<tbody>
<tr>
<td>Tuba City Regional Health Care</td>
<td>X</td>
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<tr>
<td>Chinle Health Care Facility</td>
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<td>Gila River Health Care</td>
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<td>Pascua Yaqui Tribe Health Service Division</td>
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<tr>
<td>Winslow Community Health</td>
<td>X</td>
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American Indian Medical Home

- **Program 3**: AHCCCS State Plan Amendment (SPA) for the AIMH Program was approved by Centers for Medicare and Medicaid Services (CMS) June 2017
- Aims to help address health disparities between American Indians and other populations in Arizona by enhancing case management and care coordination
- Program for American Indians/Alaskan Natives (AI/AN) members enrolled in the American Indian Health Program (AIHP)
- American Indian Medical Home (Division of Fee for Service Management)
  - Tier 3 HIE Bi-directional exchange is required
  - Participants can receive $21.71 PMPM
AIMH Service Tier Levels

First Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team

Second Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education

Third Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Participates in State HIE

Fourth Tier Level AIMH
- PCCM services
- 24 hour telephonic access to the care team
- Diabetes Education
- Participates in State HIE

Note: There will be an annual renewal process every October at which time the medical home can select a new tier level. The medical home provider will be required to include the appropriate supporting documents with their application.
Health Information Exchange enables providers to:

• Receive Arizona Hospital Admissions, Discharges and Transfers (ADTs) from over 95% of the Hospitals in Arizona;
  o More real time clinical data like ADTs can assist with care intervention and care coordination

• Track, connect, and intervene with HN/HC members with services in a more timely way
  o AHCCCS DFSM is using HIE to track and coordinate care for 200 HN/HC AI members
  o Allows DFSM to identify if services are being accessed
  o Coordinate information sharing across a range of clinical environments so when member moves across the system, there is information available
Contact Information

Lorie.Mayer@azahcccs.gov

602-417-4420
Thank You.
Health Current Update

Keith Parker, MBA
Chief Information Officer
April 3, 2018
Connecting the Healthcare Community: The State of HIE in Arizona
Agenda

• Introduction
• HIE Stats, Services & Programs
• Permitted Use & Other Policies
• Example Use Cases
• Tying HIE & Data to Value-Based Healthcare
• How to Get started in receiving and sharing clinical information
• Health Current’s “Other” Role
Health Information Exchange

- Behavioral Health Providers
- Medical Providers
- Hospitals
- Labs
HIE Participants (as of March 29, 2018)

Current participants include 475 entities:

209  Community Provider Organizations
83   Long-Term & Post-Acute Care Organizations
76   Behavioral Health Organizations
33   Hospitals & Health Systems (95% of inpatient discharges)
22   State & Local Government Organizations
21   FQHCs & Community Health Centers
14   Health Plans
14   Accountable Care Organizations (includes Clinically Integrated Networks)
14   Reference Labs & Imaging Centers

Medicaid providers may be eligible to receive financial incentives for HIE participation.

Note: An HIE Participant is an organization that has signed a Participation Agreement. These organizations are either already connected to the HIE or are in the process of connecting.
Participation Statistics – Monthly HIE Growth

Health Current Participant Growth

AHCCCS
Arizona Health Care Cost Containment System
Statewide Participation

Organization Type
- Accountable Care Organization (ACO)
- Behavioral Health Hospital
- Behavioral Health Provider
- Community Provider
- Federally Qualified Health Center (FQHC)
- Health Plan and Payor
- Health System
- Hospital
- Imaging Center
- Laboratory
- Long-Term and Post-Acute Care
- Other
- State and Local Government Agency
- Vendor
Road to Participation

• Sign Participation Agreement
  ✓ Beth Scully beth.scully@healthcurrent.org

• Cost / Fees for joining

• Health Current staffing and IT use case support
  ✓ Client services workflow support
  ✓ Technical support
HIE Stats, Services & Programs
Core HIE Services Currently Operating

Data Exchange
- Push/pull and query/response functionality

HIE Portal
- Secure online access to patient data, a summary view

Alerts
- ADT alerts and other clinical results notifications in human & machine readable formats
- Batch Reports

Direct Secure Email
- Secure email for clinical information exchange; DirectTrust certified and HIPAA compliant

Clinical Summary
- The delivery of a continuity of care document (CCD) based on an electronic request
New HIE Services & Opportunities

Alerts – Additional Batch Reporting Functionality
  • Accumulate ADTs for patient panel & deliver at regular frequency

PDMP/HIE Integration
  • Access to HIE portal can also show PDMP data to meet prescriber mandate for registered providers

Patient Centered Data Home™ (PCDH)
  • ADT alerts and follow-up information exchange available in Western Region and soon nationally

Behavioral Health Portal & Crisis Summary Tab
  • Access to protected substance use treatment information & some behavioral health data
  • Emergency access to key pieces of information (currently rolling out)

Other Value-Added Services
  • Medication fill history and electronic image sharing under consideration
Health Current Participants

Data Providers & Data Types (updated monthly)

Example of How Health Current is Helping Providers Share and Exchange Data
Provider Examples

1. ED and Inpatient Alerts driven by patient panel plus HIE Portal access is most common
   a) Subset of population typically tracked – by disease state, by high cost/high needs, etc.
   b) Support to build daily worklists for care coordinators
   c) Checking HIE Portal for more detailed information

2. Batch Alert Reports with aggregated information over period of time used for easier organization and sorting

3. Query-response functionality supported by some EHRs

4. Utilization of health plan applications fed with HIE data

5. Crisis network and ED use of crisis summary information via HIE Portal
Emergency Patients with Multiple Visits June – Dec 2017

- 2 visits: 107
- 3 visits: 33
- 4 visits: 12
- 5 visits: 7
- 6 visits: 3
- 7 visits: 1
- 8 visits: 0
- 9 visits: 1

Total: 164
Health Current’s Role in Collaboration
Opportunities to Get Engaged

Councils & Workgroups
• Council nominations will be open in coming weeks, along with rolling basis applications accepted online
• Workgroup participation is based on volunteers and appropriate stakeholder representation – let our team know if you are interested

Share Your Story
• Share the ways in which HIE is bringing value to your organization

Provide Us Feedback
• Participate in these user group meetings – statewide & regional
• Provide feedback to your account manager
• Meet with our team to discuss new ideas, opportunities, challenges, etc.
A Safe Zone Where Ideas May be Brought Forward, Discussed & Developed

• Health Current is an HIE, but it was originally formed on the foundation of serving as a trusted, neutral community convener...
• Where ideas are shared and pursued
• Among a broad scope of organizations and agencies
• Openly, safely, in a trusted and respected space
• Where we are no longer silos, or competitors
• We are partners in pursuit of a better way of serving our communities
Questions?

Keith Parker, MBA
Chief Information Officer
keith.parker@healthcurrent.org
www.healthcurrent.org
602-688-7206

Follow Us:  

AHCCCS
Arizona Health Care Cost Containment System
HIE Experience at the Winslow Indian Health Care Center

Peter Vermilyea, PharmD.
Clinical Applications Coordinator
CAPT, U.S. Public Health Service
WIHCC

• Tribally managed outpatient clinic (638)
• 45 providers
• Services: cardiology, neurology, surgical, urgent care, wound care, mental health, optometry, dental, pharmacy
• 6 primary care teams with 18 providers
• Using the IHS EHR
  ○ Implemented 2007
Need for HIE

• Continuity
  o Patient Centered Medical Home (PCMH)
  o Patient empanelment
  o 10,000 patients divided between 18 providers

• Merit Based Incentive Payment System (MIPS)
  o Improvement activities
  o Medical Home gives facility full credit
3 Phase implementation

- Provided access to the HIE, with small, high-risk patient cohort manually uploaded to monitor
- Work with contractor to have visit data uploaded nightly
- Generate and upload entire empaneled patient population via automated process
Timeline

Email notifications begin for small group of hi-risk patients
Feb 14

Access given to HIE
Dec 15

Hi-risk patient lists
01/15 - 06/14

Interfacing ADT/lab/rad/med/imm
07/18 - 09/30

Nightly uploads begin!
Oct 1

10,000 patients linked to HIE for email notifications! Yay!
Jan 20

Creation of empaneled pts for uploading
Nov 8 - Jan 20

User training
Dec 15 - Apr 19

Monthly empaneled patient list update
Feb 1 - Apr 19

2016
Dec

2017
Apr

2018
Oct

2018
Dec

2019
Apr
Implementation

• Funding - $ interface for upload

• Training
  o Patient registration forms – opt in vs. opt out
  o RN care coordinator logins
  o Managing multiple Direct mail systems
  o Provider/staff buy-in
  o Need local project manager
Data Transmitted to Health Current

- ADT
- Labs
- Radiology
- Meds
- Immunizations
- Future additions (?)
Lessons Learned

• Recorded webinar
• Fine tuning of notifications
  o how much information is too much?
• End user buy-in
• Staff turnover
• Training is ongoing!
• Health Current team is great 😊
Outcomes

- RN Care coordinators, case managers
- Neurologist
- Cardiologist
- Discharge medication reconciliation
- Pharmacy monitoring
  - Non formulary meds
  - Anticoag patients
Contact

Email me:

• peter.vermilyea@wihcc.org