NMHIC Webinar Series

May 21, 2019

Welcome and Housekeeping

• All stakeholders in New Mexico’s healthcare community are welcome
• We will record today’s webinar
• Lines will be muted as we begin
• To comment or to ask a question, please ‘raise your hand’ and unmute your line, or
• Direct your question or comment (to everyone, to the presenter, or to the host) in the chat box
Agenda

- News and Information – Thomas East, PhD, CEO/CIO
- Outreach and Communications Update – Jennifer Klass, Director of Outreach and Communications
- Featured Presentation: ‘Emergency Services and Health Information Exchange: Current and Future States’ – Mr. Ezekiel Peters, Esq., NRP, Director of Emergency Medical Services, CORHIO - Colorado Regional Health Information Organization
- Tips - April Salisbury, Director of Education and Training

NMHIC News and Information

Thomas East, PhD, CEO/CIO
New Hospitals

Interfaces Built — Waiting for signed contracts

DoD Bidirectional Health Exchange

CCD/CCDA exchange

- Appointments (56446-8)
- Admissions (21869-3)
- Allergies (52472-8)
- Medications (10160-0)
- Immunizations (39235-7)
- Problems (11450-4)
- Procedures/Surgeries (47519-4)
- Vitals (8716-3)
- Diagnostics & Lab Results (26439-0 11502-2, 18725-2)
- Insurance provider/payer (48768-6)
- Demographics (45970-1)
- Encounters (46240-8)

In testing now

- Active Duty, their family members, and Retirees are automatically opted-in.
- Active Duty cannot opt out - others can
### DoD Bidirectional Health Exchange

**Notes (C62)**
- Consult notes
- Discharge summaries
- History and physical reports
- Procedure notes
- Progress notes
- Radiology reports
- Pathology reports
- Surgery/Op reports

**In testing now**

- Active Duty, their family members, and Retirees are automatically opted-in.
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### NMHIC is now a SHIEC Member

The Strategic Health Information Collaborative (SHIEC) is a national collaborative representing health information exchanges (HIEs). The organization already represents 70+ HIEs, and these HIEs collectively cover more than 200 million people across the U.S., well over half of the American population. They also have the national Patient Centered Data Home Network to share between HIEs.
New Contract—Department of Health Prescription Monitoring Program

- Deploy HIE clinical portal with PMP integration (Two-year licenses for both)
- Add surrogate functionality to PMP integration
- Outreach, education, implementation and support
- Must be complete by 8/31/19

NMHIC HIE—Emergency Preparedness

We have interviewed HIEs in CO, AL, NC
We’re getting in touch with NM Emergency Management and Regional healthcare coalitions

Calling All Emergency Preparedness and Disaster Recovery Contacts!
Introducing Jennifer Klass, MBA, our new Director of Outreach and Communications

- Introducing Jennifer Klass, MBA, our new Director of Outreach and Communications
- e-mail Jennifer@nmhic.org or call 505.938.9909

Outreach & Communications Update

Jennifer Klass, MBA, Director of Outreach & Communications
NMHIC HIE Participants
(Includes Public Health Reporting)

- 39 Hospitals (28 Rural; 26 Providing Data)
- 26 Provider Groups
- 8 Laboratories (6 Regional/National; 2 Rural)
- 1 EMS
- NM Medicaid

- 7 Payers (3 MCOs; 4 Commercial Payers)
- 5 Home Health and/or Hospice
- 3 Diagnostic Imaging Organizations
- NM Primary Care Assoc. representing FQHCs

*Additional hospitals are signed up and in the queue.

NMHIC welcomes additional stakeholders including: skilled nursing facilities, behavioral health, professional healthcare associations and ancillary service providers.

NMHIC New Participants

- Direct Secure Messaging:
  - Gila Regional
  - La Clinica de Familia
- HIE:
  - Western Sky
- HIE and DSM:
  - Legacy Home Health
New Participants in Last Year

- Active Life Orthotics and Prosthetics
- Go Private MD
- Active Solutions Therapy
- Albuquerque Heading Home
- Albuquerque Fire Department
- Kindred At Home (Gentiva)
- Anthem-Medicare Advantage
- La Clinica de Familia, Inc.
- Armada Hospice
- Legacy Healthcare, Inc.
- Armada Skilled Homecare
- Memorial Medical Center
- Assured Imaging
- Mountain View RMC (CHS)

- Carlsbad Medical Center (CHS)
- PCI Clinic & Vein
- Cibola General Hospital
- Quality Sleep Solutions
- DaVita Medical Group
- Radiology Associates of Albuquerque
- Distinctly Derm
- Sandia Neurology PC
- Gila Regional Medical Center
- True Health New Mexico
- Women's Specialists of NM
- X-Ray Associates of New Mexico

Genesis Contract Ready to Sign
Will Start Onboarding Soon

New Long-term Care Participant

Genesis

“The nation's leading provider of healthcare services from short-term to long-term and a wide variety of living options and professional clinical services.” 24 facilities in New Mexico.
NMHIC HIE – Outreach to Long-term Care

Other Long-term Care expected soon

ONPOINTE

SIERRA HEALTH CARE, INC.

NMHIC New Participant

Western Sky Community Care

Centennial Care
Managed Care Organization 2.0
PARTICIPANT
Direct Secure Messaging Services are Growing Rapidly

- Very valuable tool for organizations that don’t have direct secure messaging but work with hospitals/providers that utilize it for referrals and transitions of care.
- **Win-Win!** Hospitals/providers get to count these electronic transitions of care for M.U., and the organization continues to receive referrals or transfers.

261 Mailboxes
Send about 1,200 messages/month & Receive about 1,700 messages/month
About 35,000 total messages/year

Communicate DIRECT Secure Messaging

NEW Direct Secure Messaging PARTICIPANT

Active Life Orthotics and Prosthetics Corp.
would like to announce that they have adopted DSM and are ready to securely receive referrals and other patient information at:

NM.Referrals@direct.goactivelife.nmhic.org
Communicate DIRECT Secure Messaging

NEW Direct Secure Messaging Participant
PARADIGM PHYSICAL THERAPY & WELLNESS

Paradigm.SouthValley@direct.paradigmnm.nmhic.org

Communicate DIRECT Secure Messaging

NEW Direct Secure Messaging Participant
Legacy Home Health

Legacy.Referrals@direct.legacyhealthcare.nmhic.org
Communicate DIRECT Secure Messaging

Other organizations with DSM through NMHIC:

- Active Solutions
- Albuquerque Fire Rescue (HEART program)
- Armada Physical Therapy
- Armada Skilled Home Care
- Assured Imaging
- Distinctly Derm
- First Choice Community Healthcare
- Gila Regional Medical Center
- Kindred at Home
- La Clinica de Familia
- Las Cruces Physician Practices
- Legacy Home Health
- Lovelace Health System
- Memorial Medical Center
- Mountain View P.T.
- Pain Consultants
- Paradigm Physical Therapy
- Quality Sleep Solutions
- Radiology Assoc. of Albuquerque
- Rehoboth McKinley Christian Healthcare System
- Tender Care Home Health

Advisory Committee Member Retiring

Renee Sussman, RN, MA, MSN
Project Director of HIT

Congratulations and Thank you!
New Advisory Committee Member

Ryan Harmon, MHA
Project Manager

2019 Conference Planning Underway

Planning Committee Members:

- **Robert Abrams**, CFO, NMHIC
- **Dale Alverson**, MD, CMIO, NMHIC
- **Thomas East**, PhD, CEO/CIO, NMHIC
- **Ryan Harmon**, Project Manager, Comagine
- **Jennifer Klass**, MBA, Director of Outreach & Communications, NMHIC
- **Stephen Stoddard**, Executive Director, New Mexico Rural Hospital Network
- **Timothy Washburn**, RN, BSN, MBAHCM, Executive Director of Health Technology Integration, Life Support Medical
- **April Salisbury**, MBAHCM, Director of Education and Training, NMHIC
Lovelace Clinic Foundation, dba LCF Research and NMHIC turns 30 next year!

Featured Presentation:
‘Emergency Services and Health Information Exchange: Current and Future States’

Mr. Ezekiel Peters, Esq., NRP
Director of Emergency Medical Services, CORHIO - Colorado Regional Health Information Organization
Ezekiel Peters, Esq., NRP, Director of Emergency Medical Services for CORHIO
Ezekiel Peters is a licensed attorney and paramedic with an academic background in public health and environmental policy. For over 25 years, he has worked in urban and rural EMS systems, as a responder and leader, with an emphasis on resilience-building activities. He is the Colorado Regional Health Information Organization's (CORHIO's) first director of emergency medical services, a new position created to develop and build support for new and existing EMS, public health, and emergency management uses of the Health Information Exchange. Prior to CORHIO, Peters was deputy chief paramedic for Clear Creek County, Colorado; managed the University of Colorado Natural Hazards Center's national information clearinghouse; and served with the Denver Paramedic Division. He is EMS Subcommittee co-chair for the Colorado North Central All-Hazards Region and Denver Urban Area Security Initiative; Advisory Council vice-president for ResponderStrong, a National Mental Health Innovation Center program to improve responder resiliency; and on the board of directors of the International Association of EMS Chiefs.

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HIE in Colorado

CORHIO empowers people providers and communities by providing them the information they need to improve health.

CORHIO By the Numbers

5.8 Million Unique Patients
16,700 HIE Users
6,100 Providers Participating

1.4 Million Total Patient Charts Accessed in PatientCare® 360
1.2 Million Notifications Sent/Week
121,000 Patient Result Messages Sent to EHRs/Week

66 Hospitals Sending Data
10 Labs Sending Data
829 Million HL7 Messages From Data Senders to Date (2 Million+/Week)
2.3 Million Ambulatory Care Summaries Available
Current EMS Participants

- Apex Paramedics
- Arvada Fire
- Clear Creek EMS
- Colorado Springs Fire
- Dispatch Health
- Eagle County Paramedics
- Falck Rocky Mountain
- Grand County EMS
- iCare Ambulance
- Larkspur Fire Department
- Longmont Fire
- Pueblo Fire Department
- South Metro Fire Rescue
- South Park Ambulance
- Stadium Medical
- Summit County Ambulance
- Tri-Lakes Monument Fire
- Ute Pass Ambulance
- West Metro Fire
- Westminster Fire

CORHIO’s First EMS Integration
EMS Data Integration to Optimize Patient Care

South Metro Fire Rescue contracted with Dispatch Health, a private entity, in 2014 to:
- Improve prehospital care by providing EMS providers with access to patient information available in CORHIO
- Follow-up and assess the appropriateness of the transport and the outcome of care
- Access the community health record (i.e., CORHIO’s longitudinal health record) to identify high utilizers for case management

The South Metro/Dispatch Health/CORHIO EMS model functions with the Search and Reconcile aspects of the SAFR model and acts as a unidirectional information access portal to obtain patient data at the time of care (Search) and to obtain patient outcome information afterward (Reconcile).
South Metro continued
EMS Data Integration to Optimize Patient Care

“South Metro conducted a claims analysis of 400 patients over a six to nine month period and identified a total estimated cost savings of $1 million through EMS partnership with a nurse practitioner related to the transport for non-acute cases.”

South Metro also accesses CORHIO to identify frequent users of ED services and assess the cause of their ED use. They implemented a program to follow up with this subset of patients to ask them questions about their ED experience from an individual patient satisfaction perspective all the way through actual utilization management and coordination with primary care physicians.

South Metro details

CORHIO worked with South Metro Fire Rescue and DispatchHealth to enable meaningful participation in the HIE
- HIPAA policies and unique-to-EMS details had to be worked out
- Both organizations adjusted operations to incorporate access to HIE

How South Metro Uses HIE:
- Post-encounter quality improvement and training
- Patient follow-up
- 9-1-1 call center protocol changes – patient name
- Working on querying patient in the HIE en route
- Future plans to sending data to the HIE
EMS Quality

HIE for Quality Improvement - Details
- Access to patient information during and after call
- Tracking loyalty customers helps case management
- Access to entire patient record
  - Regardless of which hospital they were transported to
  - Serial follow-ups if desired
  - Lab and Imaging reports included
- Tailored training reduced protocol violations by 26% (South Metro)
- Reduces staff hours for complaint resolution
- Detailed patient information for billing
- Future opportunity to replace post-encounter auto-faxing

EMS Billing
Send facsheets to EMS

The Inbox function within PatientCare 360 allows Data Senders (hospitals) to send a patient facesheet from an emergency department admission after an EMS agency has transported a patient to that location.
- Real-time access for agencies to access data
- Facesheets are updated real time as data is collected or added on the patients
State EMS Office Data

HB18-1032 opened individualized State EMS data specifically to Health Information Organization Networks on 8 August 2018.

- National EMS Information System (NEMSIS) version 3.4 data format (since 1 January 2018)
- In Colorado, many different EMS field Patient-Care Reporting vendors report to a State ImageTrend repository.
- CORHIO and State EMS Office (Colorado Department of Public Health and Environment Emergency Medical and Trauma Services Branch) working to understand utility and feasibility of incorporating State EMS repository data into CORHIO HIE, especially for:
  1. Field Naloxone administration for narcotic OD
  2. Field Dextrose administration for hypoglycemia

Why EMS (data)?

Crosses Traditional Sectors and Disciplines
- Healthcare
- Public Safety
- Public Health (Emergency Preparedness)
- Emergency Management (Homeland Security)

EMS Data
- More precisely geospatially located
- More precisely temporally located
- More comprehensive (contacts the most people across the sectoral silos)

EMS Agencies
- Ambiguous mission, public and private actors
- Under-resourced but expected to scale to meet any event
- Regional ambulance and workforce resources interdependent
- Will innovate and try to build capacity to protect assets and complete mission; can lead to regional, all-hazards, and full-disaster-cycle solutions
Developing New Use Cases
EMS, Emergency Management, and Public Health Preparedness

EMS use cases that scale through daily to disaster operations ...
- Patient tracking, facility loading and decompression, and family reunification (could include role of ride sharing ...)
- Public health surveillance of EMS data in context of other “health” data (e.g., National Collaborative for Bio-Preparedness and Model Minimum Uniform Crash Criteria; Computer-Aided Dispatch data)
- Comprehensive responder health, wellness, and risk mitigation (on- and off-duty, behavioral and physical, individual- and population-level)

... to system planning
- Understand how changes in non-medical and medical transportation options and proximity to care change ambulance and other healthcare and transportation utilization

EMS Patient Care Reporting Technology

Mobile Data Connection
- Ambulance-based cellular to WiFi routing systems for high availability
- Allows real-time updates with Computer-Aided Dispatch and other data
- Can be configured to fail over to secondary and tertiary networks

Rugged Tablets
- Geo-aware and time synced by GPS even when no cellular connection
- Can attach time- and geo-tagged “events” and photos to patient record
- Intermittent data connection tolerant; sync records whenever connected
- BUT, patient data mostly siloed within EMS agency databases
Developing New Use Cases
EMS, Emergency Management, and Public Health Preparedness

Challenge
• Many uses require frequent sending of data directly between EMS patient care reporting systems and HIE, probably with nonstandard data elements or types

Opportunities
• CORHIO hired in-house EMS subject-matter expert
• Working with Healthcare Coalition to investigate using ADT data to track patients moved by EMS during hospital evacuation and decompression.
• Anticipate project starting later this year to
  1. Convene EMS, emergency management, healthcare, and public health communities for comprehensive use-case scoping;
  2. Write/adopt HIE–EMS PCR data exchange standards; and,
  3. Implement a proof-of-concept application programming interface to the HIE so any EMS PCR system may exchange some of the data elements as described in the data standards.

Questions?

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User Tip

There is a difference between **Consent** and **Opt-in / Opt-out**

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Patient’s HIE Consent Decision

- **Give Consent**
  - Full access to all information by that organization.

- **Do Not Give Consent**
  - Consent Not Granted
  - Decision Not Made, or
  - Consent Has Been Withdrawn

  Information is in NMHIC HIE, but no access is permitted unless “Break the Seal” conditions exist. Break the Seal is available for limited time and is audited.

- **Opt Out**
  - No access to any information by anyone, even in an emergency.
  - A search will return “Patient not found”
  - Overrides any previous consents given.
Miss a webinar?

Check out our events page for handouts and recordings, as well as upcoming events.

www.nmhic.org

Looking Ahead

Next month, please join us on
June 18, 2019, 11:30 am-12:30 pm
Kevin King,
EC Council
Contact Us

Not an HIE User yet?

(505) 938-9909 or info@nmhic.org

Look for us on LinkedIn and Twitter!