NMHIC Webinar Series

September 17, 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

April Salisbury, MBA-HCM
Agenda

• News and Information – Thomas East, PhD, CEO/CIO
• Featured Presentation: ‘SHIEC: The Power of Pulling Together’ – Thomas East, PhD, CEO/CIO
• User Tips - April Salisbury, MBA-HCM, Director of Education and Training

NMHIC News and Information

Thomas East, PhD, CEO/CIO
Genesis ADT for 25 facilities is now live
CCDA parsing designed/tested

- Parse available sections of CCD/CCDA and create outbound structured HL7 messages
- Multiple HL7 messages
- Designed and tested

Live on the eHealth Exchange Hub

• We have passed our testing and we were moved live 9/18. We will respond to queries via the ehealth exchange hub.
Introducing: The Hub

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)

Live 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

Live now
- Active Duty, their family members, and Retirees are automatically opted-in.
- Active Duty cannot opt out - others can

MOST and Advanced Care Planning

And NMHIC serving up the state registry

Medical Orders for Scope of Treatment

Contract will be signed shortly
NM DoH Funded Prescription Monitoring Program
Link from the NMHIC HIE Clinical Portal

Very successful!
All the available 2 year licenses for HIE with PMP integration were assigned

NMHIC has signed an agreement with Navajo Area IHS to provide the NMHIC HIE portal with integrated PDMP for 419 providers for the next two years
Recent Outreach

- Meetings with UNMH and SRMC Hospitalists
- Exhibit at the NM Assisted Living | NM Health Care Assn.
- Outreach to Independent Practice Associations and Physician Hospital Organizations
- Cold calls in Las Cruces and Metro Albuquerque
- Discussions with Corizon – Dona Ana County Detention Center
- Santa Fe Fire Department

OptStat Data-Driven Training Program

OpStat: a FREE data-driven training program sponsored by NMHIC and the New Mexico Department of Health

2 Level I Classes – 52 students
2 Level II Classes – 10 students

Mr. Eugene Hill, BBA, MA
Data Manager / Reporting Analyst
Strategic Health Information Collaborative (SHIEC) 2019 Meeting

A recap of the recent annual conference

Thomas East, PhD, CEO/CIO

1500 Attendees
Majority were vendors
Seema Verma CMS Administrator

• CMS pushing to make more data available. Medicare data available now. Medicaid data soon.
• CMS would like to rank hospitals on patient access to data
• Methods of access to clinical/claims data:
  o EHR API
  o Blue Button API- 2K developers
  o Data at point of care- Provider FHIR access to claims data
• CMS to mandate claims sharing
Seema Verma CMS Administrator…

• HIE role is to work with providers and vendors to align the business model.
• HIE to evolve to put patients front and center.
• HIT and HIE should work on:
  o APIs to create seamless access to data
  o Link SDOH to patient records
  o Provide access to clinical data for providers of social support services.
  o Develop ways for patients to provide data for specific research projects
  o Use data to drive towards personalized medicine

ONC and CMS listening session with HIE executives

• Burden of documentation removing the “joy of medicine.”
  o CMS working on reducing provider burden
    • ONC/CMS Burden Reduction Report
    • Working on usability- recommendations in draft now
    • NLP may help

• Social Determinants of Health Suggestions/Questions-
  o “Gravity Project” FHIR implementation guide for SDOH
  o 90/10 money should be available to connect social service providers
  o There are lots of different regulations that inhibit sharing of SDOH data (i.e. OCR guidance).… These regulations will clash with federal/state regulations to eliminate information blocking.
ONC and CMS listening session with HIE executives

- HIE general suggestions/questions to CMS/ONC:
  - Focus on “Primary Care First” require all primary care providers to use HIE/interoperability.
  - Consider provider incentives to participation in HIEs.
  - Make it possible for HIEs to access all pharmacy claims (for fill data).
  - Allow HIEs or others to contribute towards the 10% match.
  - ONC/CMS is working now on how to make Blue Button useful for providers at the point of care.
  - Move rapidly to make FHIR the standard for interoperability.
  - Vendors like Carequality and Common Well do not ask for as much data as HIEs do. So why join an HIE? Will they be required to collect the ONC standard clinical data set?
  - Include others (i.e. SNAP, CDC, other HHS divisions) in healthcare interoperability.
  - Tough Question: If a patient pays cash, the expectation is that the payer will have no access to that encounter. Should we be blocking this type of sharing?
CMS Interoperability and Patient Access Proposed Rule

Creating Value for the Government, Providers and Patients with Health Registries
Dr. Denise Hines, Executive Director, GaHIN
Georgia Health Registries

- Georgia Registry of Immunization Transactions and Services (GRITS)
- Syndromic Surveillance
- eLabs Submission (SendSS Gateway)
- Georgia Comprehensive Cancer Registry
- Birth Defects Registry
- Alzheimer’s Registry (Georgia Alzheimer’s Project)
  - Newborn & Newborn Screening Registry
  - EMS/Trauma Database
  - Prescription Drug Monitoring Program
  - Public Health District Offices/Labs Connectivity
  - Stroke Registry – Awareness Campaign (Providers & Patients)

Catching “FHIR” in Delaware: The First State’s Move To FHIR-Based HIE Infrastructure
### DHIN’s CHR Best of Breed Summary

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<th>Vendor</th>
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<tr>
<td>A2i</td>
<td>• Event Notifications Service (ENS)</td>
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<td>• MDM Services (supporting IBM MPI)</td>
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<td>• Hosting/Support for Mirth Infrastructure, IBM MPI</td>
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<td>MedicaSoft</td>
<td>• HL7 FHIR Platform</td>
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<td>• Clinical Data Repository</td>
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<td>• All Payer Claims Database</td>
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<td>• Personal Health Record</td>
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<td>IBM</td>
<td>• Mirth Connect interface engine</td>
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<td>• Results Delivery using Mirth Results</td>
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<td>• MPI for patient matching</td>
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<td>• Unified Landing Page (ULP) for CHR</td>
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<td>• Results Delivery using ENS engine</td>
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<td>• Data Normalization</td>
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<td>• Analytics Platform</td>
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<td>• Prior Authorization Service</td>
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### Step 3: Deploy Parallel FHIR Platform

- **Source**
  - Hospital
  - Claims

- **HL7 FHIR Platform**
  - MedicaSoft

- **Interface Engine**
  - IBM mirth

- **Infosphere MPI**
  - IBM

- **Event Notification Service**
  - A2i

- **Results Delivery**
  - Query

- **Consumers**
  - Hospital

#### Migration steps
1. Implement All Payer Claims Database
Aligning State and Community Efforts

Colorado’s Health IT Roadmap
SHIEC 2019
August 19, 2019

HEALTH IT


Health IT Infrastructure: HIEs, Identity, Data Standards, Architecture, ESB
What is the eHealth Exchange?

Incubated by the U.S. Department of Health and Human Services as an ONC initiative in 2006

**Diverse Use Cases**
The longest-standing nationwide network supporting diverse use cases

**Federal Connectivity**
The only network enabling providers & regional networks direct exchange with federal agencies

**Vendor Agnostic**
The only vendor-independent nationwide network

**Out of Network Exchange**
Provides exchange not only among eHealth Exchange Participants, but also soon with Carequality-enabled networks
Bring Value to your HIE and Patients Through a Statewide Advance Care Planning Registry

August 21, 2019

Components of Vynca’s Advance Care Planning Technology

CAPTURE
- Web & Mobile Provider
- EHR Integration

STORE
- Machine Learning Patient Matching
- Analytics & Storage
- Data Verification & Error Checking

ACCESS
- Individual (view, void, download, print)
- EHR Integration
- HIE Integration
- Registry Functionality
Leveraging the Infrastructure of the HIE

- 76% of Hospital EDs
- 95 of 121 Hospitals Committed
- 83 of 121 Hospital Currently Connected
- 87 Clinics Connected
- 5 Payors
- 3422 User Accounts
- 6.9M Patient Lives

Vynca Impact Across Multiple Health Systems

BACKGROUND:
- Review of all health systems using Vynca
- 5,711 ED visits analyzed from April 2015 – July 2017

ADMISSIONS:
- Hospital admission rate
  - 40% when Vynca was not accessed
  - 25% when Vynca was accessed
- ICU admission rate
  - 9% when Vynca was not accessed
  - 3.7% when Vynca was accessed

IMPACT (April 2015 – July 2017)
- 37% reduction in hospital admissions when Vynca was accessed
- 59% reduction in ICU admissions when Vynca was accessed

5,711 ED visits in patients who had POLST forms in Vynca
ETHAN (Emergency TeleHealth And Navigation)

Houston Fire Department Leverages HIE Connection to Optimize Emergency Response

Nick Bonvino  |  Chief Executive Officer  |  Greater Houston Healthconnect
Lou LaRocca  |  Chief Executive Officer  |  J2 Interactive

Emergency Medical Services in Houston

Rapid growth – on track to become 3rd largest city in the US
- Healthcare access decreasing as population grows outward

Houston Emergency Center handles 9,000 calls per day
- Only 2,500 to 3,000 (less than 30%) are true emergencies

Low-acuity 911 calls strain system capacity and performance
- Inefficient use of first responder time and resources
- Overcrowded EDs due to unnecessary ED visits
- Longer wait times for patients with real emergencies
- Increased costs and wasted resources
- Diminished quality of care across the community
ETHAN Program Goals

**EFFICIENCY**
- Reduce unnecessary transports
- Improve unit availability
- Reduce scene time

**SAFETY**
- Match patients
- Increase access
- Improve patient health and well-being

**FOCUS**
- Direct resources to patients who need it most
- Focus on the EMERGENCIES

How ETHAN Works

1. 911 Call
2. Field Assessment
3. ETHAN Call
4. Triage / Disposition
5. Patient Care
How ETHAN Leverages HealthConnect

GREATER HOUSTON HEALTHCONNECT SERVES AS THE BACKBONE OF THE ETHAN PROJECT

**Operationally**
- Managing and administering the program itself
- Maintaining partnerships with care centers, transport companies, etc.

**Technically**
- Providing the HIE infrastructure that makes triage and care coordination possible
- Delivering patient history seamlessly within the consulting physician’s native EHR
- Developing and hosting the application software that drives the ETHAN workflow
ETHAN’s Impact: EMS Unit Productivity

“Median time from EMS notification to unit back in service was 44 minutes [53%] faster for the ETHAN group.”

Source: Western Journal of Emergency Medicine

Without ETHAN: 83 mins.
With ETHAN: 39 mins.
The Problem

Individuals within the criminal justice system are frequently transferred between community treatment providers and criminal justice settings resulting in:

- Lack of standardized screening
- Inadequate access to medications and other clinical history
- Potential for gaps in medication consistency and treatment coordination upon community release
- No standardized medication formulary for this population

Starting With Legislation

In 2017, The Colorado State General Assembly passed Senate Bill (SB) 17-019 calling for enhanced medication consistency solutions in county and municipal jails and a partnership with health information exchange.

Strengthening the medication practices of jail staff is a key priority for Colorado, and this legislation has the potential to positively impact the quality of care provided to individuals within Colorado’s jail system.
With the goal of improving behavioral and physical health outcomes for individuals in the criminal justice system, the Office of Behavioral Health has engaged with CORHIO and Quality Health Network to improve data sharing.

Overall Pilot Goals:

- Create positive health outcomes for this vulnerable population
- Reduce recidivism
- Create healthier communities
The Pilot
Utilization

- 200% increase # users
- 250% increase # logins

- Dependent on go-live timelines
- Expect huge spike as more jails are onboarded

The Pilot
Outcomes

Improve Efficiency
- Faster access to meaningful data - reduce staff time chasing down information (phone calls, faxing)
- Formulary - more standardized approach to prescribing psychotropic medications

Improve Health
- Better coordination of care
- Inmates transitioning to community in better health

Reduce Costs
- Reduced cost for psychotropic medications (bulk purchasing)
- Enhanced transparency through outcome and performance measures
- Process changes made in this pilot will hopefully have lasting effects
NCQA Certification: 
eMeasure

First: Health Information Exchange Earns eMeasure Certification

Posted on June 13, 2019 by Matt Broek

It’s a ironic twist. So, we thought it was worth sharing the news and some healthy accolades.

We are pleased to tell you a health information exchange organization has earned the NCQA eMeasure Certification. Earlier this year, the Nebraska Health Information Initiative (NEHII) submitted its electronic clinical quality measure software to us for the most rigorous tests available. And NEHII earned NCQA’s eMeasure Certification.

If proved—under tough, tough tests—that its software can produce accurate and reliable results.

“We applaud the Nebraska Health Information Initiative as the first HIE organization to hold itself to the highest standards of eMeasure testing the industry has to offer.”

- Rick Moore, Chief Information Officer, NCQA

New business models - How do we get to HIE 2.0?

August, 2019
Panelists and Moderator

Claudia Williams  
CEO  
Manifest MedEx

Lammot Dupont  
Senior Advisor  
Manatt Health

Gary Christensen  
General Manager, States  
InterSystems

Lynda Rowe  
Sr. Advisor, Value-based Markets  
InterSystems

Work towards HIE 2.0

• The HEDIS and Prior Authorization use case require comprehensive ADT that is high quality and dependable. Ambulatory data is essential; however, this has historically been a challenge.
• 90/10 funding is still available and focus is now on how to use these systems and data.
• Need for “managed care” for coordination of social services.
• Domestic Violence data would be very important; however, legal and privacy issues are big!
• Partner with practice transformation and care management.
• Work on connectivity between ED and Jail, Jail and community, and community to ED.
**Payer Panel Discussion**

- Da Vinci Project – FHIR claims use cases- good for value-based care program. Drive focus to outcomes. Promote adoption of FHIR use cases.
- Take advantage of the FHIR use case factory.
- Need to understand health plan definition of “value” ADT based notification is a valued service.
- Use Case: Acute Care Relationship Services (ACRS). Uses A FHIR “station” edge server at each organization.
- Argonaut was the precursor to the Da Vinci Project.
- Trust, Consent and Privacy processed important to HIE services.

**HIEs to detect and address social needs**

- HASA and Myhealth Access Network.
- Working with Methodist healthcare ministries.
- Used a Red Cap intake form to collect SDOH.
- 38% refusal rate.
- The more needs, the more interest in participation.
- Hesitant to ask for help with survey.
- Providers see value.
- >50% have no interest in assistance.
- Future- Add social services directory.
New Mexico Health Information Collaborative (NMHIC) Presents
The Fourth Annual HIE Users’ Conference

Sharing Health Information Success Stories:
Empowering Partners in Health Care

November 22, 2019
8:00 am – 5:00 pm

Join us in person at
University of New Mexico Cancer Center
1201 Camino de Salud, Education Wing
1 University of New Mexico
Albuquerque, NM 87131

Or ask your local hospital or association to host a simulcast in your area.

Contact Us

Not an HIE User yet?

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

Look for us on LinkedIn and Twitter!
Miss a webinar?

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

Looking Ahead

Updated information!

Next month, please join us on

October 22, 2019, 11:30 am-12:30 pm

Social Determinants of Health