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# *Integrating Health Information Exchange (HIE) into your practice*

**Lori Hack & Natalie Martin, Object Health**  
**June 22, 2014**  
**6:00 pm to 7:30 pm**





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# Agenda

- ① Defining Health Information Exchange
- ① Understand the relevance of HIE to your practice
- ① HIE Scenarios for your practice
- ① Preparing for HIE integration, workflow and staffing implications
- ① Privacy and Security Workflow enhancements
- ① Contact Information and Questions



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# PURPOSE OF HIE?

*Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, other health care providers and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.*

-HealthIT.gov



# SCENARIOS FOR HIE

- ⊙ Need to access patient clinical information across various healthcare organizations
- ⊙ Meaningful Use requirement to facilitate coordination of care
- ⊙ Maintain and access metrics to show outcomes of patient care
- ⊙ Leverage electronic transmission of member data to payers / insurers
- ⊙ Improve communication between referring PCPs and specialists, reduction of faxing
- ⊙ Engage consumers with services to accelerate services such as scheduling, physician communication, request for records, etc.



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# WHICH SCENARIOS ARE MOST IMPORTANT TO YOUR PRACTICE?

- ⊙ Enable Improved Practice Management
- ⊙ To Meet Meaningful Use for Engaging Patients:
  - ⊙ Provide clinical info (discharge / visit)
  - ⊙ Communicate / Message with specialist/Hospitals
  - ⊙ Patient Access to their Records
  - ⊙ Immunization Reporting
  - ⊙ Syndromic Surveillance Reporting
- ⊙ Improve Care Coordination for Quality Improvement
  - ⊙ Emergency Room access to patient data
  - ⊙ Alerts to primary care providers from Hospital ED, Admission and/or discharge
  - ⊙ Results Distribution (Lab, Rad, Transcription)
  - ⊙ Medication Reconciliation
  - ⊙ Transmission of Clinical Orders/Discharge Summaries

# HOW HIE ENABLES IMPROVED PRACTICE MANAGEMENT

- ① Provides comparative performance by condition/measure – community level, provider level, patient level
- ① Understands referral and practice patterns for improved care coordination
- ① Reduction/elimination of faxing
- ① Analyze efficient use of care resources for practice improvements
- ① Identifies duplicative services throughout community
- ① Provides data for Population management

# HOW HIE ENABLES MEANINGFUL USE CORE 7: PATIENT ELECTRONIC ACCESS

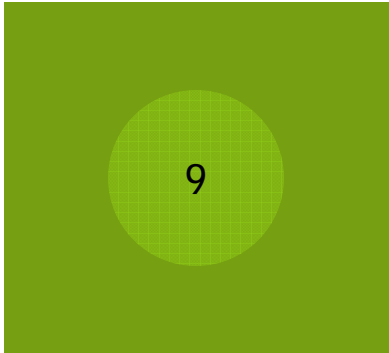
More than 50% of all unique patients seen by the EP are provided timely (within 4 business days after the information is available to the EP) **online** access to their health information.

AND

More than 5% of all unique patients seen by the EP during the reporting period (or their authorized representatives) view, download, or transmit to a third party their health information.

- Some exclusions apply





# HOW HIE ENABLES MEANINGFUL USE CORE 15: SUMMARY OF CARE RECORD

Provide summary of care document for more than 50% of transitions of care and referrals with 10% sent electronically and at least one sent to a recipient with a different EHR vendor or successful test with CMS test EHR



# HOW HIE ENABLES MEANINGFUL USE CORE 17: SECURE ELECTRONIC MESSAGING



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More than 5% of all unique patients seen by the EP during the reporting period (or their authorized representatives) must send a secure electronic message using the electronic messaging function of the CEHRT.

Secure  
Messaging



Communicate Securely With  
Your Health Care Team

# HOW DOES HIE IMPROVE CARE COORDINATION?

- ⊙ Emergency Room access to patient data
- ⊙ Alerts to primary care providers from Hospital ED, Admission and/or discharge
- ⊙ Results Distribution (Lab, Rad, Transcription)
- ⊙ Medication Reconciliation with
- ⊙ Transmission of Orders/Discharge Summaries



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Client HIE Details [Terryman, Peter - 634]

**Disclaimer: [Hide]**  
This record is an aggregate summary of medical information obtained from multiple participating healthcare providers. This clinical summary is intended to support optimal patient care. It is not intended to replace the patient's medical record nor is it guaranteed to encompass all historical information on this patient. It is provided to you in conformation with patient privacy requirements.

**PETER TERRYMAN** Male 13 Years DOB:01/01/2000 HIE ID:0000429000 Home Phone:405-000-0000

Page Search:  Search Reset

**Conditions (Problems) - [Default: All Historical] - [No Results]**

**Diagnosis - [Default: All Historical]** Details Print +/-

Diagnosis	Code	Status	Date	Source
Cyclothymic disorder	301.13 (19)	Active	10/04/2013	HOPE Community Services
Presenile dementia	290.11 (19)	Active	10/04/2013	HOPE Community Services
Chronic hypomanic personality disorder	301.11 (19)	Active	10/01/2013	HOPE Community Services
Presenile dementia with delirium	290.11 (19)	Active	09/27/2013	2.16.840.1.113883.3.3203.1
Senile dementia with delusional features	290.20 (19)	Active	09/27/2013	HOPE Community Services
Presenile dementia	290.13			

**Vital Signs / Clinical Results (Last 4 Results) - [Default: All Historical] - [No Results]**

**Radiology - [Default: All Historical] - [No Results]**

**History & Physical - [Default: All Historical] - [No Results]**

**Discharge Summary - [Default: All Historical] - [No Results]**

**Recommendations - [Default: All Historical] - [No Results]**

**Provider Reports - [Default: All Historical] - [No Results]**

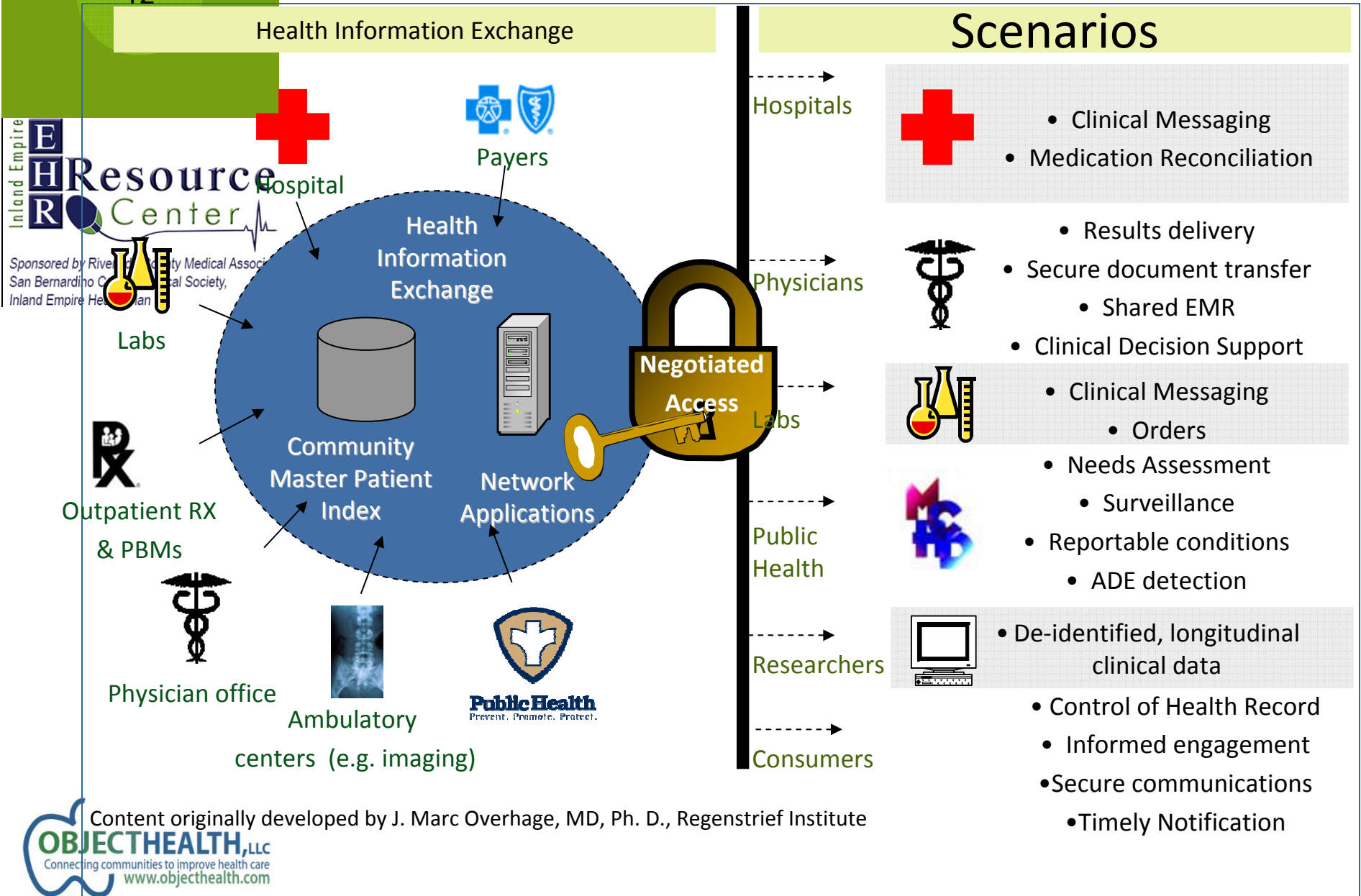
**Social History - [Default: Years] - [No Results]**

**Clinical Document Report - [Default: Years] - [No Results]**

**Visits - [Default: All Historical] - [No Results]**

# Care Coordination Activities

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Content originally developed by J. Marc Overhage, MD, Ph. D., Regenstrief Institute

# Preparing for HIE Integration: Staffing, Workflow and Next Steps



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## Integration Planning:

- ✓ Determine most important Scenarios for using HIE in your practice and community
- ✓ Understand how your clinical data is captured and sent to the HIE from your EHR
- ✓ Determine which providers you would like to obtain clinical information from in your community
- ✓ Contact your EHR vendor to determine the HIE integration process
- ✓ Contact your internet/network provider
- ✓ Prepare workflow analysis
- ✓ Prepare staffing plan

# Preparing for HIE Integration: Workflow Analysis

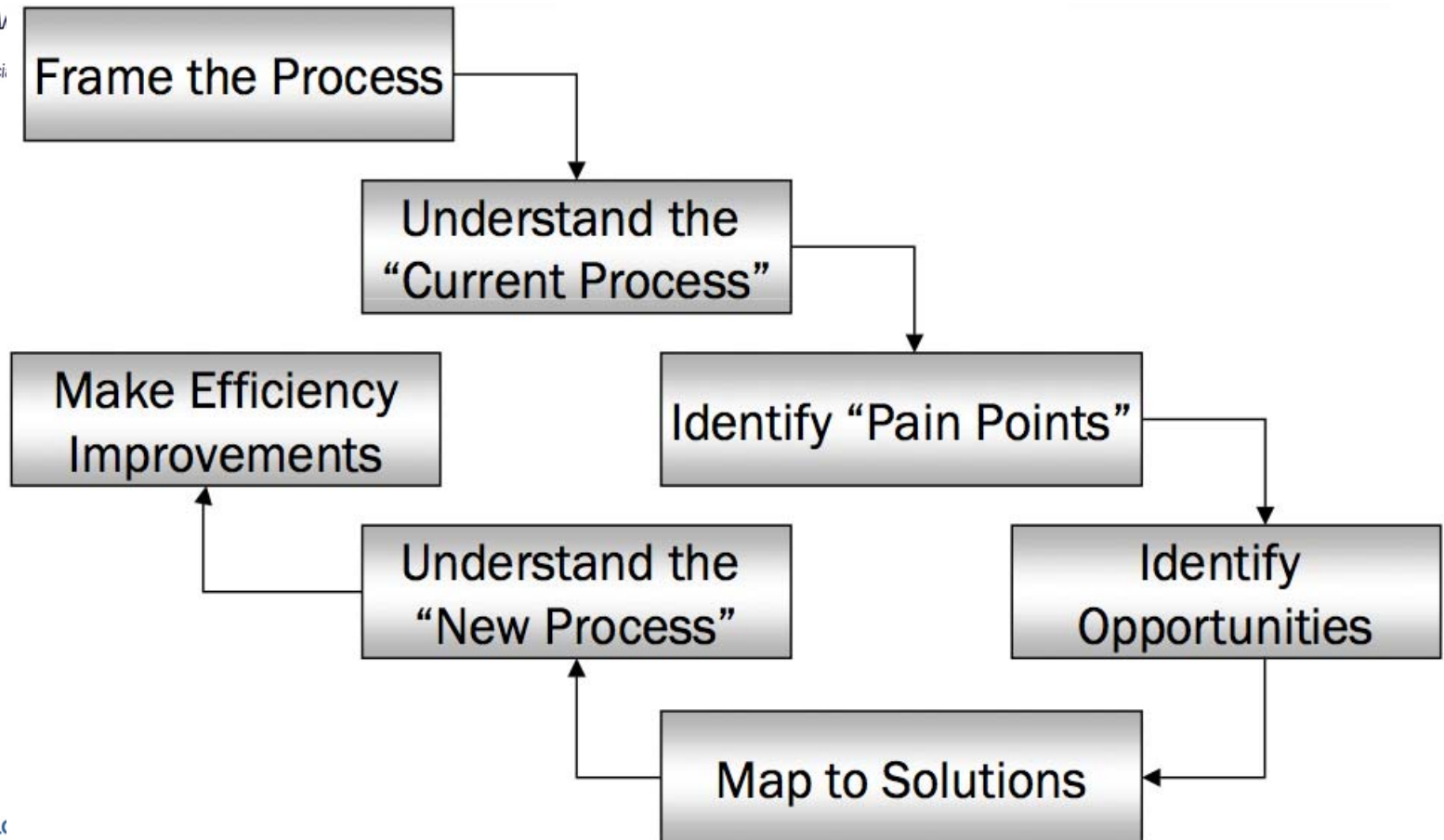


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- Identify a Clinic Implementation Team
  - Include Key clinic staff
- Use a Documentation Tool such as Excel and Visio
- Document the Current State of Scenario in your practice
- Need for Change – What do you want to improve using the HIE?
  - What needs to change?



# Preparing for HIE Integration: Workflow Sample



# Preparing for HIE Integration: Staffing Requirements



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- ① Set up HIE Integration Project Group and Lead
- ① Prepare Project Plan
- ① Prepare HIE Requirements analysis
- ① Determine additional EHR Integration Hardware and Software procurement needs
- ① Prepare Data requirements and assign analyst
- ① Conduct Pre-deployment use testing
- ① Issue tracking, resolution, and escalation
- ① Training coordination for implementation
- ① Go Live Implementation and ongoing maintenance



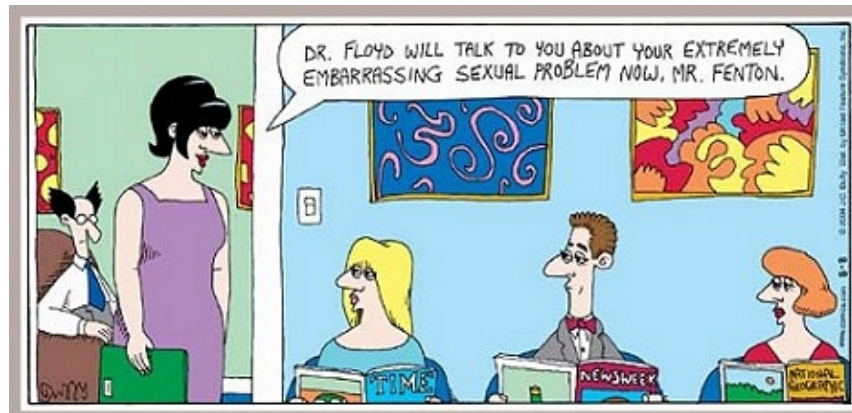
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# PRIVACY AND SECURITY FOR HIE



# PATIENT PRIVACY IN GENERAL

- ◎ The primary regulatory schemes protect the privacy and security of personal health information are:
  - ◎ The HIPAA Privacy and Security Rule (45 CFR Part 160 and Part 164 Subparts A, C & E)
  - ◎ California's Confidentiality of Medical Information Act (CMIA—Cal. Civ. Code §§ 56–56.37)
  - ◎ Mental Health and Substance Abuse 42 CFR

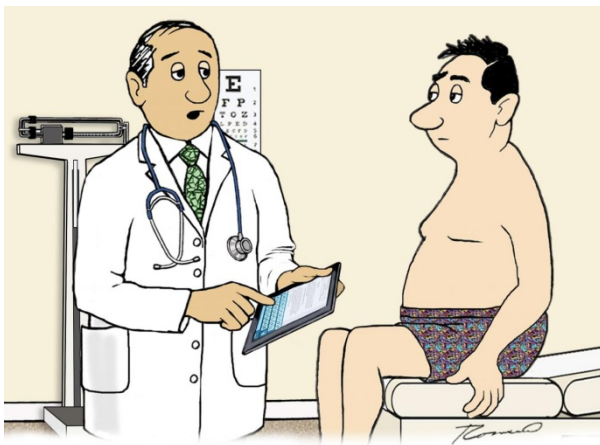


# HIECONSENT IN CALIFORNIA

- ⊙ Providers who share health information through an HIE are not required to ask patients to consent.

The two most common types of consent are:

- ⊙ “Opt In” – patient is asked to sign a written paper or electronic permission form. Patient consent is required, and patients may specify what information may be sent, to whom, and for what purposes.
- ⊙ “Opt-Out” – patient should receive information about the HIE and have the opportunity to decline to share information electronically through the HIE. Patient PHI is included automatically in the HIE unless the patient opts out completely, although Information may be exchanged where mandated (i.e., for health surveillance activities) unless it was never included in the exchange.



"According to your HIPAA release form I can't share anything with you."

# NEXT STEPS

- ❑ Consider your pain points in coordinating patients care and establish your business case for HIE:
  - ❑ Cost effective solution to MU Stage 2 requirements?
  - ❑ Patient care pain point?
  - ❑ Care coordination pain point?
  - ❑ Administrative pain point?
- ❑ Contact your local HIE and receive a demo
  - ❑ Confirm technology can address your pain points
- ❑ Consider the overall benefits to the community when all providers participate





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# Questions?





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## Contact Us:

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