Coordination of Care in the Age of the Health Information
Exchange: Opportunities, Risks, and Member Choice
Arizona Summer Institute
July 16, 2014

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Presenter: Robert Hess III

Robert is the founder and Chief Executive Officer for Hess III Consulting; an Arizona based firm targeting community, organizational and individual empowerment initiatives. Robert started his career as an adolescent 15 years ago and has spanned the system of care working in child welfare, education, corrections, faith-based, behavioral health and primary care. Robert has implemented billion-dollar healthcare systems, managed acquisitions, secured multi-millions in funding, developed nationally recognized best practices, facilitated needs assessments spearheaded performance improvement projects, instituted business intelligence strategy, program evaluation and risk controls. Robert's work has been solicited nationally and internationally as a consultant, author, researcher and conference presenter after successfully executing initiatives in Mexico, India, Costa Rica and most recently working in conjunction with the United Nations and World Health Organization in the Philippines.

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Presenter: David Sayen

David Saÿen is the Regional Administrator at the Centers for Medicare & Medicaid Services San Francisco office. CMS Region IX includes California, Arizona, Nevada, Hawaii, and the Pacific Territories. David and his immediate staff are focused on external and intergovernmental affairs for the San Francisco region that serves over 14 million Medicare, Medicaid, and Children's Health Insurance Program beneficiaries. He has more than 30 years of federal service and experience in health and human services programs, from leading all Medicare private health plan contract operations for Medicare Advantage and the Medicare Prescription Drug benefits in the San Francisco region to directing Medicare Contractor Financial Management and Program Integrity functions. Before coming to California, he held posts in the CMS headquarters Office of Information Services and the Philadelphia region. He is a Senior Fellow of the Council on Excellence in Government. He received the HHS Secretary's Distinguished Service Award on two occasions. He earned his Bachelor's degree in Philosophy and an MBA in Health Administration from Temple University in Philadelphia.

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Learning Objectives

1. Participants will be able to define what health information exchanges are.

2. Participants will be able to identify the pros and cons of such exchanges in coordinating care across multiple systems.

3. Participants will identify strategies to ensure member's voice/choice and privacy are assured through the utilization of health information exchanges.

Health Information Exchange (HIE) Defined:

Health Information Exchange is [a technology tool that] allows health care professionals and patients to appropriately access and securely share a patient's vital medical information electronically – improving speed, quality, safety and cost of patient care (HHS, 2014)

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Health Information Exchange (HIE) Defined:

NOTE:

Providers must have compatible electronic medical records

Health Information Exchange (H.I.E.) Arizona Landscape

Arizona Health-e Connection (AzHeC)
- non-profit, public-private partnership
- Federal EHR adoption grant - $12 M
- Assisting health care entities with adopting EHRs and HIE
- Promote adoption of e-prescribing
- Lead consumer engagement and education activities
- Lead legislative development, promotion

Arizona Strategic Enterprise Technology (ASET)
- Received Federal HIE grant – $9.4 Million
- Contracting with AzHeC – HIE Marketplace, e-prescribing
- Coordinating state agency activities in health IT
- Funding HINAz to develop statewide HIE infrastructure
- Support consumer education and awareness building
- http://hie.az.gov

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Health Information Exchange (HIE) Arizona Landscape:

Health Information Network of Arizona (HINAz)
www.hinaz.org

- Non-profit State-wide HIE with representation from:
    - Hospitals (65% of all beds in the State)
    - FQHCs
    - Health Plans (65% of all covered lived)
    - A Reference Lab
    - Consumer Advocates
    - Local and State Government Agencies
    - Business Leadership

Health Information Exchange (H.I.E.) Arizona Landscape:

Behavioral Health Information Network of Arizona (BINAz) http://www.bhinaz.com

- Shares demographics, labs, medications, allergies, diagnosis, psychiatric evaluations, assessments, crisis & safety plans, discharge/ transition plans, individual service plans, progress notes
  - Jewish Family and Children's Services, Partners in Recovery, People of Color Network, Marc Community Resources, Quality Care Network, Lifewell, A New Leaf
  - 10+ additions planned in 2014

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HIE Implementation Risks

- Member consent

- Member-driven processes

- Communication between providers and stakeholders

- Trust across HIE participants

- Shared language, tools, scales of measurement (i.e. acuity)

- Continuous collaboration for quality improvement

What other member – based or provider-based efforts are salient to HIE implementation and effectiveness?

HIE Technology Risks

- Provider technology sophistication
- Compatible Technology
    - Implementation of (compatible) Electronic Medical Records
    - Inter-operability
        - Standardized data structure (HL7 messages)
        - Security protocols (Email, NIST encryption standards)
        - Application programming interfaces (APIs)

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Why Use a Health Information Exchange?
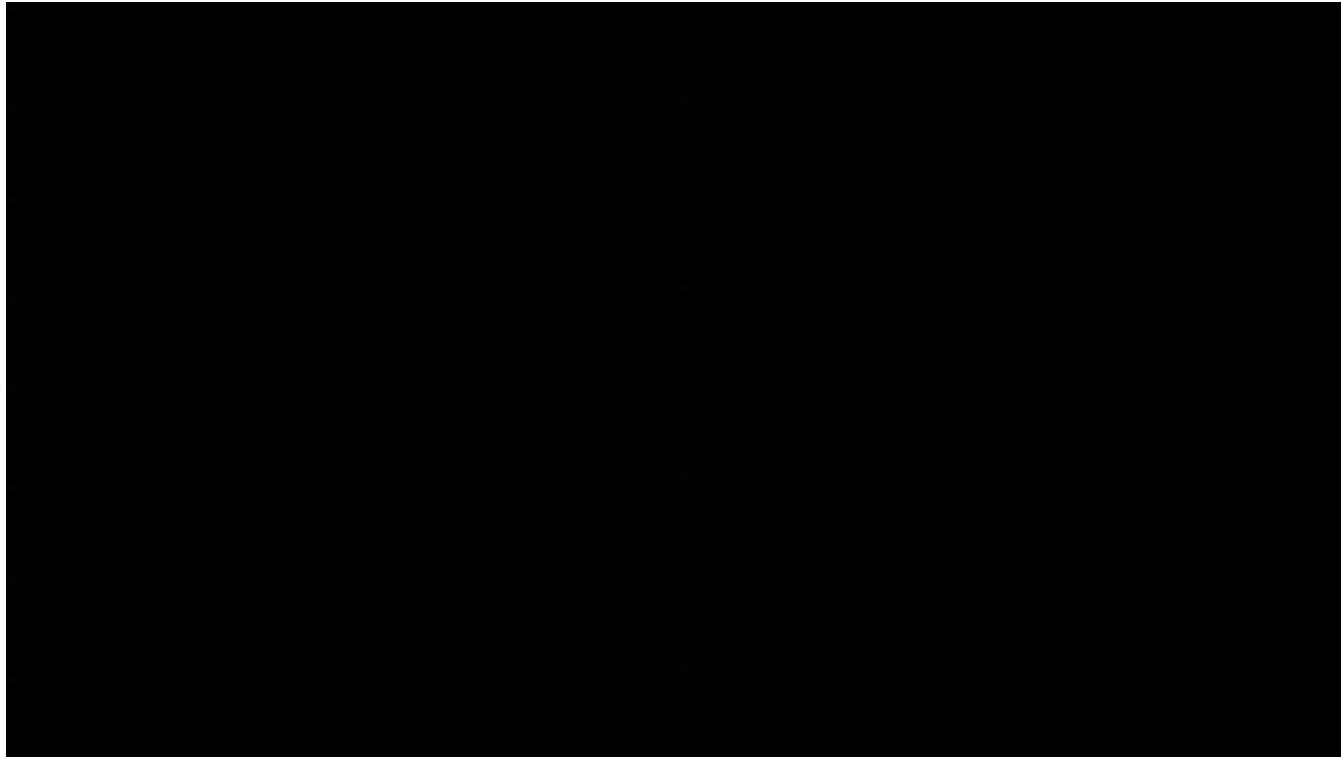
Discussion:

What would the benefit of having an H.I.E. have been?

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HIE Coordination of Care Opportunities

Appropriate, timely sharing of vital patient information can better inform decision making at the point of care and allow providers to:

- Increased quality
- Continuity of care
- Decreased costs
- Saving time
- Avoid readmissions
- Avoid medication errors
- Early identification and improved diagnoses
- Decrease duplicate services, testing, assessments and evaluations

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HIE Coordination of Care Opportunities

- Provides a vehicle for improving quality and safety of patient care by reducing medication and medical errors
- Stimulates consumer education and patients' involvement in their own health care
- Increases efficiency by eliminating unnecessary paperwork
- Provides caregivers with clinical decision support tools for more effective care and treatment
- Eliminates redundant or unnecessary testing

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HIE Coordination of Care Opportunities

- Improves public health reporting and monitoring
- Creates a potential loop for feedback between health-related research and actual practice
- Facilitates efficient deployment of emerging technology and health care services
- Provides the backbone of technical infrastructure for leverage by national and State-level initiatives
- Provides a basic level of interoperability among electronic health records (EHRs) maintained by individual physicians and organizations
- Reduces health related costs

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HIE Coordination of Care Opportunities with Multiple Systems

Discussion:

What percent of our members have multi-system involvement?

How might sharing information across multiple systems impact their health outcomes?

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HIE Coordination of Care Opportunities Impact on the Workflow

- Need to develop role specific workflows
- Understanding of end-users perspectives towards HIE technology is crucial to the long-term success of the HIE.

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HIE Coordination of Care Opportunities Impact on the Workflow SAMPLES

Crisis Worker/ EMT
- During dispatch, **check HIE** for known allergies, current medications, pre-existing conditions, emergency contacts, Advanced Directives/DNRs

Intake Worker
- **Check HIE** for language access, cultural preferences, special conditions, schedule appointment w/ most appropriate Physician and/or Behavioral Health Professional (BHP)

RN
- Prior to appointment, **check HIE** for pre-existing conditions. At appointment, conduct assessments to identify additional need, schedule preventative screening/tests & services. Document vitals and screening/test results. Notify Physician of concerns.

BHP
- **Check HIE** to identify pre-existing conditions, and services and to follow-up on treatment adherence. Conduct assessments & evaluations, identify needs, goals and develop treatment plans w/ team. Document clinical notes. Engage specialty team members (as needed).

Physician
- **Check HIE** to identify pre-existing medical and behavioral health conditions and follow-up on previously ordered labs, conduct preventative screening & follow-up care, diagnose medical conditions, identify needs, goals and treatment plans w/ team. Document medical notes, engage specialty team members (as needed).

Case Manager
- **Check HIE** for Physician and BHP notes. Work w/ Care Manager/Coordinator to engage member & family in care. Identify and overcome barriers to adherence and progress towards goals. Push information and tools to member portal. Document progress and alert team of concerns.

Care Manager
- **Check HIE** for Physician and BHP notes. Work w/ Case Manager to Coordinator to engage member & family in care. Identify and overcome barriers to adherence and progress towards goals. Push information and tools to member portal. Document progress and alert team of concerns.

What is the significance of "*engage specialty team members*" vs. "*refer for treatment?*"

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Member Choice in H.I.E.s

- Member Consent
  - Opt-in vs. Opt-out HIEs
  - Access privileges
- Adult vs. Kids
- Structured vs. Unstructured Data
  - Substance Use and HIV Treatment Information
  - Other sensitive information

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