HIE & Interoperability: Roadmap to Continuum of Care

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MU Coordinator
KDHE
Agenda

- Kansas HIE Governance Structure
- National Interoperability Roadmap
- Interoperability in Kansas
- Update KDHE Meaningful Use measures
Public Health

MU Public Health Measures

HIO Regulation

Environment

Health Care Finance

Medicaid

MU Attestations
KS HIE Governance Structure

• Policies and procedures define HIO participation
  – Establishes interoperability and required services
• Leverage existing HIOs (i.e. KHIN & LACIE)
• De-centralized approved HIE
  – Challenges
    • Interoperability
    • Interstate exchange
National Interoperability Roadmap

• Patchwork of state and federal laws
• Complex standards that are not constrained
  – Consolidated Clinical Document Architecture (C-CDA)
    • NIH study found wide interpretation
      – E.g. 12 different ways to represent a phone number
• Document vs. element sharing
  – Promotes the exchange of structured data
  – Fast Healthcare Interoperability Resources (FHIR)

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4215060/
http://www.chilmarkresearch.com/2015/02/04/onc-catalyzing-a-national-interoperability-plan
http://www.hl7.org/implement/standards/fhir/summary.html
National Interoperability Roadmap

Five building blocks
1. Governance
2. Support existing business, clinical environments
3. Privacy and security
4. Certification/testing of HIT products
5. Establish core technical standards and functions

http://www.healthit.gov/sites/default/files/Advisory_Fact_Sheet.pdf
Kansas HIE Interoperability

- Opt-out patient consent
- DIRECT
  - Facilitates Transitions of Care (ToC)
  - DIRECTTrust.org
- Query-based exchange
  - Ability to query KHIN patient from LACIE
    - Full-interoperability (element-level) yet to be realized
- Level of interoperability better than most state HIEs
<table>
<thead>
<tr>
<th>Objective</th>
<th>Ambulatory Measure</th>
<th>Hospital measure</th>
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<tr>
<td>Immunization Registries</td>
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<td>Ongoing Submission to Public Health Authority (Core)</td>
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<td>Reportable Lab Results (ELR)</td>
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<td>Ongoing Submission to Public Health Authority (Core)</td>
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<td>Syndromic Surveillance</td>
<td>Ongoing Submission to Public Health Authority (Menu)</td>
<td>Ongoing Submission to Public Health Authority (Core)</td>
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<td>Cancer Registries</td>
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<td>Infectious Disease Registry: Specialized Registry</td>
<td>Ongoing Submission to Public Health Authority or National Specialty Society (Menu)</td>
<td>N/A</td>
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</tbody>
</table>
Thank you!

Michael McPherson
Deputy HI Coordinator
Office of Health IT
Kansas Department of Health and Environment
Michelle McGuire

Value of HIE across continuum of care

DISCLAIMER: The views and opinions expressed in this presentation are those of the author and do not necessarily represent official policy or position of HIMSS.
Kansas Health Information Network, Inc.

Founding members
Not for Profit Organization
KHIN Key Statistics

1. Over 1.2 Million + Unique Patients in KHIN
2. Access to 5 Million + Patients
3. 996+ KHIN Members
4. 128 Health Care Organizations in Production—124 testing
5. Public Health Transmissions
   1. Syndromic Surveillance—1,500,000 +
   2. Immunizations 130,000+

CLINICAL INFORMATICS INSTITUTE
Providers are using KHIN
Use HIE to meet Meaningful Use

1. Transitions of Care
   - KHIN DIRECT
   - eHealth Exchange Certified

2. Transport of Public Health Measures
   - Significant # send data through KHIN to KDHE
   - EHR vendor creates the message – HIE transports

3. Patient Engagement
   - Single location for patient data
   - Providers can work together to achieve MU % requirements
Patient Engagement (VDT)

KHIN provides an ONC certified personal health record called myKSH eRecord.

1. Securely email patients
2. Electronically provide a summary of care document to patients that they can view, download or transfer.
3. Patient Education by HealthWise
A view of MyKsHealth eRecords

Viewing Member: Test, Alex  Age: 65  Sex: M

- **Member Access Center [Edit]**
  - **Edit Member Summary Layout**
    Change what sections appear on this member's summary screen.
  - **Member Review**
    Go through a step-by-step medical review for Alex.
  - **Access Privileges**
    Manage access to your PHR information.
  - **Import data from pickup code**
    Click here to use a pickup code from a provider or other institution to import documents into your profile.
  - **Alex's Registration Information [Edit]**
    - **Alex Test**
      - Email: ewall@nomoreclipboard.com
      - Age: 65, Birthdate: 01-01-1950

- **Print Summary**
  View and print a summary of this member.

- **Share my PHR information with others**
  Share your PHR information with your physicians and other providers.

- **Print NMC911 Card**
  View and print an NMC911.com card for this member.

- **KHIN Sponsored Savings**
  MyKsHealth eRecord Sponsored Savings
  Click here for access to valuable savings and offers sponsored by KHIN

- **MyKsHealth eRecord User Guide**
  Click here view/download the MyKsHealth eRecords User Guide

- **Current Medications [Edit]**
  - **lisinopril 20mg**

- **Previously taken medications:**
  - None entered.

- **Current Illnesses [Edit] [Conditions Review]**
  - Hypertensive Disorder Status: Active

- **Past Illnesses [Edit]**
  - None entered
Patient Education in English and Spanish

hydrochlorothiazide and lisinopril

Pronunciation: HYE droe KLOH er THYE a zide and lye SIN oh pril
Brand: Prinzide, Zestoretic

What is the most important information I should know about hydrochlorothiazide and lisinopril?

Do not use if you are pregnant. Stop using this medication and tell your doctor right away if you become pregnant.

You should not use this medication if you have hereditary angioedema, if you are unable to urinate, if you are allergic to sulfa drugs, or if you have ever had a severe allergic reaction to any ACE inhibitor.

If you have diabetes, do not use hydrochlorothiazide and lisinopril together with any medication that contains aliskiren (Amturnide, Tekturna, Tekamlo, Valturna).

What is hydrochlorothiazide and lisinopril?

Hydrochlorothiazide is a thiazide diuretic (water pill) that helps prevent your body from absorbing too much salt, which can cause fluid retention.
Lisinopril is in a group of drugs called ACE inhibitors. ACE stands for angiotensin converting enzyme. Lisinopril lowers blood pressure and also relieves symptoms of fluid retention.
Hydrochlorothiazide and lisinopril is a combination medicine used to treat hypertension (high blood pressure).
Hydrochlorothiazide and lisinopril may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking hydrochlorothiazide and lisinopril?

You should not use this medication if you are allergic to hydrochlorothiazide or lisinopril, or if you have:
- hereditary angioedema;
- if you are unable to urinate;
¿Cuál es la información más importante que debo saber sobre hydrochlorothiazide and lisinopril?

No use si usted está embarazada. Deje de usar este medicamento y digale de inmediato a su médico si queda embarazada.

Usted no debe usar este medicamento si usted tiene angioedema hereditario, si usted no puede orinar, si usted tiene alergia a sulfas, o si alguna vez ha tenido una reacción alérgica grave a algún inhibidor ECA.

Si usted tiene diabetes, no use hydrochlorothiazide and lisinopril junto con ningún medicamento que contenga aliskiren (Amturnide, Tekturna, Tekamlo, Valturna).

¿Qué es hydrochlorothiazide and lisinopril?

Hydrochlorothiazide es un diurético (pastilla para eliminar el agua) tiazida que ayuda a su cuerpo a que no absorba demasiada sal, lo que causa retención de líquidos.

Lisinopril pertenece al grupo de drogas denominadas inhibidores de la ECA (enzima convertidora de la angiotensina). Lisinopril baja la presión arterial y también alivia los síntomas de retención de líquidos.

Hydrochlorothiazide and lisinopril es una medicina combinada se usa para el tratamiento de la hipertensión (presión arterial elevada).

Hydrochlorothiazide and lisinopril puede también usarse para fines no mencionados en esta guía del medicamento.

¿Qué debería discutir con el profesional del cuidado de la salud antes de usar hydrochlorothiazide and lisinopril?

Usted no debe usar este medicamento si es alérgico a hydrochlorothiazide o lisinopril, o si tiene:

- angioedema hereditario;
- si usted no puede orinar;
Care Summaries automatically sent to patients

1. When a care summary is sent to KHIN it will also be sent to the patient.
2. Each KHIN member can choose to participate.
3. Patients will have their health information in one location. Saving patients from having to manage multiple portal user IDs and passwords.
CMS FAQs for EHR Incentive Programs

If multiple eligible professionals or eligible hospitals contribute information to a shared portal or to a patient's online personal health record (PHR), how is it counted for meaningful use when the patient accesses the information on the portal or PHR?

This answer is relevant to the following meaningful use measure:
For Eligible Professionals (EPs):
“More than 5 percent of all unique patients seen by the EP during the EHR reporting period (or their authorized representatives) view, download or transmit to a third party their health information.”

For Eligible Hospital and Critical Access Hospital:

If the patient was seen by an EP or discharged from a hospital during the EHR reporting period, the patient would be counted in the numerator for this measure if the patient (or his/her authorized representatives) views online, downloads, or transmits to a third party any of the health information from the shared portal or online PHR. This is regardless of whether the EP or hospital contributed the particular information that was viewed, downloaded, or transmitted by the patient. However, the EP or hospital must have contributed at least some of the information identified in the Stage 2 final rule to the shared portal or online PHR for the patient.

Last updated 2/28/2013

CMS.gov
### MyKsHealth MU report

#### HIE ONC MU2 Reporting

- **Reporting Period (Doc DOS):**
  - From: 10-01-2014
  - To: 12-31-2015

- **Provider Organization:** NEOSHO MEMORIAL REGIONAL MEDICAL CENTER

- **Patient:**
  - Name: ALEX
  - DOB: 01/01/1950

- **Delivery Type:**
  - HIE

- **TTT <= X Hours:** 54

- **MU2 314.e.1 Login:**
  - Checked

- **MU2 314.e.1 VDT:**
  - Checked

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#### HIE ONC MU2 Reporting Table

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<tr>
<th>PO</th>
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<th>Pt First</th>
<th>Pt DOB</th>
<th>Doc DOS</th>
<th>NMC Arrival</th>
<th>TTIH</th>
<th>MU2-314.e.1 - Last Login</th>
<th>MU2-314.e.1 - Last VDT</th>
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<td>ALEX</td>
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Displaying 1-3
Transport Public Health Data to KDHE

- Immunization
- Syndromic Surveillance
- Reportable Diseases
- Cancer Registry
- Infectious Disease Registry

- Project management
- Significant % choose to go through KHIN to KDHE
- EHR vendor creates the message – HIE transports.
- HIE can add necessary facility codes for Kansas
- Certificates of Accomplishment
Support EPs/EHs/CAH in Meeting MU2
Data Transport
Provider DIRECTory
www.khinonline.org

- Lists all providers Direct addresses with preferred addresses marked
- Lists multiple practice locations
- Direct addresses can be downloaded
- Ability for an admin to update their own providers
Search Provider

Provider Name

Specialties (one or more)
- Addiction Medicine
- Administration
- Allergist / Immunologist
- Anesthesiologist
- Bariatrician
- Behavioral Health Provider

State

City

Zip Code

Within radius
- 5 miles

Search
Clear
Focus in on Transitions of Care Measure 2:

• Measure 2: The eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either.

• (a) electronically transmitted using CEHRT to a recipient (Direct push).

• (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a eHealth Exchange participant.
If you Direct push (secure message)

- Figure out who you will transition the patient to and find out their direct address.


- What if you need to transition to someone who has no direct address?
Example Letter:

Please be advised that Via Christi Hospitals Wichita (VCHW) will begin sending patient information electronically starting July 1, 2014. We are doing this to comply with new federal regulations as well as to ensure the highest degree of patient safety in the sharing of personal health information. This is a requirement of Meaningful Use Stage 2.

VCHW will use a secure electronic messaging system called DIRECT messaging. DIRECT is a public-private sector initiative sponsored and run by the Office of National Coordinator for Health Information Technology (ONC). The goal of DIRECT is to establish a simple, secure, and open standard for the sharing of messages and attachments between health care participants over the Internet.

In order to receive VCHW secure electronic messages your organization will need to purchase a DIRECT messaging system if you do not already have one. This is a simple and inexpensive process. It can be through the Kansas Health Information Network (KHIN) www.khinonline.org for $100 per year/per provider purchased. We encourage you to contact KHIN for more information. In addition to KHIN, there are other approved vendors of secure messaging.

A membership with KHIN will also allow licensed health care providers in your organization to access longitudinal health information for patients with whom they have a treatment relationship. This information is provided to KHIN by hospitals, physician practices, community health centers, community mental health centers and other health care organizations. Equipped with this important health information, your organization can improve patient safety and the overall quality of care.

Once your organization has a secure messaging system in place, VCHW will need to be informed of your designated email address for this new system. We will include your organization in our secure address book to receive electronic patient information communications.

Via Christi looks forward to working with you in this next phase of health information access and communication. If you have any questions about this, please contact me. My information is included below.

Senior Director, Case Management
The EP who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the NwHIN.
If you send to a eHealth exchange participant

- KHIN is a certified eHealth exchange member
- You must have a working XDS.b interface to send us care summaries.
- Send communication to other providers to confirm they have access to KHIN and notifying them to use KHIN to access care summaries.
- Optional – search by patient to find what care summaries other providers did access.
Insert Date

Insert Person Name and Address

Dear (Insert Name), please be advised that (insert Facility Name) will make summary of care documents available to your health care organization through the Kansas Health Information Network, Inc. (KHIN) beginning on (insert date).

This will ensure that you have the most recent and up to date information on all patients that (insert name of sending facility) refers or transitions to your health care organization.

If you do not have access to KHIN please contact KHIN www.khinonline.org for a Participation Agreement. There is a nominal annual fee of $100 per year/per prescribing/licensed provider. Please feel free to contact the KHIN Executive Director, Dr. Laura McCrary lmccrary@khinonline.org if you need more information about KHIN.

If for some reason you do not have access to KHIN please contact me.

Sincerely,
Audit

- There are no requirements from ONC regarding documentation.
- With that said, if you Direct push you want to keep a report showing who you sent a message to with date and time stamp.
- If you send Care summaries to a eHealth exchange participant you want to keep a list of all the summaries sent to the exchange.
- Keep copy of letters you send.
Review how HIE is helping meet MU

1. MyKsHealth eRecord - personal health record
2. Transport of Public Health Data to KDHE to meet public health reporting measures
3. Direct Secure Messaging – Transitions of Care
4. KHIN is eHealth Exchange certified - Transitions of Care
5. Provider DIRECTory
Looking forward for HIE

• Next phase is to pull Immunization records into our personal health record. The vision is that a parent can print off a certified copy of a child's immunization record.

• Image sharing

• Connections to neighboring states

• Connection to the VA done in four months – nationwide access

• Data extracts
Thank you
Michelle McGuire, CPHIMS
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