How to Exchange Health Information to Improve Care Transitions

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- Over 25 years in health care IT
- Masters in Healthcare Administration
- Adjunct Professor at Baker College
- Over 25 years working with Big Brothers
- Education Committee for the Michigan Association of Home Care
Ben Garvin

- CEO, Global Home Care
- 13 years in Home Health Industry
- BSEE
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Mike Deck

- Home Health Care Management for 15 years
- State Licensed Assisted Living Facility creation
- Consultant to Physician group for 5 years
- Husband of 1, Father of 2.
- Nationally ranked 302SSH Driver
Agenda:

- History of the push of EMR, EHR and incentives
- Explanation of a Health Information Exchange
- Real World Examples of use
- Questions and Answers

2009 Legislation

- SEC. 13001. SHORT TITLE; TABLE OF CONTENTS OF TITLE.
(a) SHORT TITLE.—This title (and title IV of division B) maybe cited as the “Health Information Technology for Economic and Clinical Health Act” or the “HITECH Act”

"SEC. 3000. DEFINITIONS"

“In this title

“(3) HEALTH CARE PROVIDER.—The term ‘health care provider’ includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center (as defined in section 1913(b)(1))."
HITECH PAYMENTS

- "(o) INCENTIVES FOR ADOPTION AND MEANINGFUL USE OF CERTIFIED EHR TECHNOLOGY.—
- "(1) INCENTIVE PAYMENTS.—
- "(A) IN GENERAL.—
- "(i) IN GENERAL.—Subject to the succeeding subparagraphs of this paragraph, with respect to covered professional services furnished by an eligible professional during a payment year (as defined in subparagraph (E)), if the eligible professional is a meaningful EHR user (as determined under paragraph (2)) for the EHR reporting period with respect to such year, in addition to the amount otherwise paid under this part, there also shall be paid to the eligible professional (or to an employer or facility in the cases described in clause (A) of section 1842(b)(6)), from the Federal Supplementary Medical Insurance Trust Fund established under section 1841 an amount equal to 75 percent of the Secretary's estimate (based on claims submitted not later than 2 months after the end of the payment year) of the allowed charges under this part for all such covered professional services furnished by the eligible professional during such year.

Did someone say $? Did someone say $?
Someone say money?

How about Home Health

“(A) The term ‘certified EHR technology’ means a qualified electronic health record (as defined in 3000(13) of the Public Health Service Act) that is certified pursuant to section 3001(c)(5) of such Act as meeting standards adopted under section 3004 of such Act that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).
How about Home Health

• ‘(B) The term ‘eligible professional’ means a—
  • “(i) physician;
  • “(ii) dentist;
  • “(iii) certified nurse mid-wife;
  • “(iv) nurse practitioner; and
  • “(v) physician assistant insofar as the assistant is practicing
in a rural health clinic that is led by a physician
  • assistant or is practicing in a Federally qualified health
center that is so led.

What’s Meaningful Use?

• CMS recently released meaningful use Stage 2 which intends to increase health information exchange between providers and promote patient engagement by giving patients secure online access to their health information.

• Meaningful Use Stage 3 is still on the drawing board
Interoperability is key

• Current legislation
  ◦ Improving Medicare Post Acute Care Transformation Act of 2014 (IMPACT)
    • Calls for standardized assessment across all post acute care providers.
    • “Requirements…..(B) require data described in subparagraph(a) to be standardized and interoperable so as to allow for the exchange of data among such post acute care providers and other providers and the use of such providers of such data that has been exchanged”

Proposed Conditions of Participation revamp

• Concept of Care Team across providers
• Use of HL7 CCDA standard (summary document)
• “electronically exchange health information with health care providers in other health care settings”
So how are we going to talk?

121+ hospital facilities representing over 80% of Michigan’s acute care beds
3,000 other connected participants & providers of many types
95+% of the transaction volume flowing to the state through MIHIN
Combined 5+ million people in community health record MPIs
Unique HIE in U.S. relative to participation, financing, geography, and real solution breadth/activity
**Vision**

To significantly improve health outcomes and healthcare value for patients, providers, organizations and communities we serve.

**Mission**

To create and operate a digital information system to promote the secure access to health information for the advancement of the patient care delivery, coordination, and value of healthcare across the communities we serve.

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**Health Information Exchanges**

- Most are Non-profit, 501(c)3
- Community Collaborative
- Priorities/Goals
  - Patient health and safety
  - Quality improvement
  - Administrative efficiency
  - Cost Reduction
What is HIE?

Method to electronically move personal health information securely among health care providers, hospitals, long-term care facilities, urgent care centers, public health departments, community mental health, etc.
Why care about HIE?

- Patients seek care from many providers, in many different locations.
- We are terrible health historians.
- New reimbursement methodologies require knowledge of care provided outside our institutions/networks.
- Cheaper, more secure, and more reliable way to share information with other providers.

Information from the Indiana Public Health Emergency Surveillance System indicated that of the 7.4 million ED visits by 2.8 million patients, 40% of the visits were for patients with data at multiple institutions. They also found that nearly all EDs shared patients with more than 80 other EDs.

Why care about HIE?

- Survey of 3,436 adults with a PCP and at least one visit to a specialist within the last year reported that only 46% of respondents found their PCP always seemed informed about specialist care they received.
  

Current HIE Use Case Results

Administrative Efficiencies

- 2-person specialty practice saved 1.5 hours of staff time per week by using an HIE to receive laboratory results.
  
HIE Case Studies

- A significant portion of patients already known to be colonized or infected with MRSA are not identified as such at admission to neighboring hospitals. The 286 unique patients with 587 admissions and 4,335 inpatient days accounted for an additional 10% of MRSA admissions over one year with over 3,600 inpatient days without contact isolation.


How can HIE help?

- Supports efforts to reduce hospital readmissions
- Can help reduce duplicative testing – imaging and labs
- Administrative efficiencies
- Improve communication between all providers in the health care team
- Support Meaningful Use, Primary Care Medical Homes, ACOs, etc.
How does HIE Work?

Data Push Model

How does HIE Work?

Data Pull Model
Current HIE Use Cases

• Connect physicians and other health care providers electronically to facilitate clinical messaging and sharing encounter reports
• Results Delivery (Lab as discrete data, Radiology, Clinical Documentation such as discharge summaries and consultations, Cardiology Reports)
• Immunization Submission to MCIR – CDC standards compliant
• Notifications of inpatient admissions and discharges – real-time notifications are pushed into providers’ EMRs

Current HIE Use Cases (cont’d)

• Query patient’s community-wide longitudinal health record - Print or forward (with an interface) pertinent clinical docs to EMR
• Subscribe to a patient (push all available clinical data to practice EMR)
• Push practice EMR data to patient’s longitudinal health record and distribute to patient’s identified care team
• Clinical Messaging – both through interfaces, clinical inbox and Direct; No more gmail, yahoo mail, texting… Also useful for referral routing and consultative report routing.
Current HIE Use Case Results

- HIE used for 21.8% of ED patient visits for headache found a decreased odds of diagnostic neuroimaging and increased adherence with evidence-based guidelines.

…or maybe here

Changes
Changes

- Information in the Opening Packet
Changes

- Information in the Opening Packet
- Changes in Privacy Policy

Changes

- Information in the Opening Packet
- Changes in Privacy Policy
- Staff training
Importance for Home Care
Importance for Home Care

• We have the Best Patient Info

• Helps us prove our worth
Importance for Home Care

- We have the Best Patient Info
- Helps us prove our worth
- Snowball Effect
Benefits

- More Patient Information
Benefits

- More Patient Information
- Coordination with PCP

Benefits

- More Patient Information
- Coordination with PCP
- Hospital Admission Alerts
Some additional thoughts as a group