Three Keys to Success in Deploying a Large-Scale, Five-State HISP/HIE

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Three Keys to Success in Deploying a Large-Scale, Five-State HISP/HIE

Learning Objectives:

• Discuss the importance of planning and designing HISP/HIE systems to work with existing workflows to avoid costly and delayed rework

• Discover the importance of identifying referral patterns up-front and building them into the design

• Explain how to operationalize functionality once the HISP/HIE goes live, examining ways to address any unexpected errors that occur
Avera Health System

• Integrated Delivery Network
• 35 Hospitals
• 160 Provider Practices
• 700 Employed Physicians
• 18 Long Term Care Facilities
• 20 Home Health and Hospice Agencies
• eCARE (Telehealth)
• Across 5 States
Planning: Define a Strategy

• Interpretation of The Office of the National Coordinator for Health IT and Center for Medicare and Medicaid Services rules and regulations

• Survey the Health Information Exchange (HIE) landscape
  – Pull/Query – HIE
    • eHealth Exchange
  – Push – Direct transport
Planning: Define a Strategy

• Survey the landscape continued.....
  – Gather Health Care Organizations level of HIE participation
  – DirectTrust

• Strategy: Direct Transport
Planning: Select HISP(s)

- 5 states = 5 HIPSs?
- Identify and Interview the 5 state exchanges
  - Minnesota with upwards of 13 State-Certified HIEs
- All but Nebraska DirectTrust certified
- Learn from our EMR vendor’s, MEDITECH, experience
- No silver bullet, pick the HISP that is committed to a partnership
- South Dakota Health Link powered by Medicity
Implementation: Establish EMR to HISP Connectivity

• MEDITECH is HISP agnostic
  – Certified for SMIME/SMTP transactions
  – Certified for XDR/SOAP transactions
• Not plug and play despite governing standards
• 3-4 months to establish EMR to HISP connectivity
• Numerous *working* meetings between Avera, Medicity, and MEDITECH
Implementation: Establish Connectivity with other Organizations

- Define address schema – 1 address/hospital, 1 address/clinic provider, 1 address/clinic
- Identify referral patterns
- South Dakota Health link brokered conversations to:
  - Identify Direct addresses outside Avera
  - Establish Direct addresses outside Avera
  - Establish connectivity with other HISPs
- Avera launched marketing campaign
<table>
<thead>
<tr>
<th>Priority</th>
<th>Facility or Physician</th>
<th>Contact Information for Facility or Physician</th>
<th>City and State</th>
<th>Status</th>
<th>Notes</th>
<th>Who is making the request</th>
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</thead>
<tbody>
<tr>
<td>1-High</td>
<td>Bryan Health</td>
<td>Kimberly Rusel 402.481.1111</td>
<td>Lincoln, Nebraska</td>
<td></td>
<td></td>
<td>Amber Fritz - Aw Creighton Hosppt</td>
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<tr>
<td>2-Medium</td>
<td>Cardiovascular Institute</td>
<td>402.844-8284</td>
<td>Norfolk, NE</td>
<td></td>
<td></td>
<td>Tricia Gall</td>
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</table>
|          | Center Neuroscence Ortho and Spine | (605)217-2667                                                    | Dakota Dunes        |        | PROVIDERS: WELDO; HOLMAIM6; ALL. JEB; AM. LAM; IMR. NA; KAL. RA; KAU. CE; LEE. BR; MEA. FIM. 
|          |                              |                                                        |                     |        | = DD-CNOS; several providers                                         | Avera Holy Famili          |
|          | Children’s Hospital         | Gary Perkins 402.955.3400                                | Omaha, IA           |        |                                                                       | Linda Adams RN            |
|          | DAKOTA COUNSELING INSTITUTE | (605)906-9486                                             | Mitchell, SD        |        |                                                                       | Avera Holy Famili          |
|          | 1-High Dr Daniel Hafner     | see note below                                            |                     |        |                                                                       | Winner Clinic             |
|          | 1-High Dr Richard Howard    | see note below                                            |                     |        |                                                                       | Winner Clinic             |
### Transition of Care Communication SharePoint Site

**Request a facility or physician be setup with DIRECT: Dr Bassell Salem**

<table>
<thead>
<tr>
<th>Priority</th>
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<tbody>
<tr>
<td>Facility or Physician</td>
<td>Dr Bassell Salem</td>
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<tr>
<td>Contact Information for Facility or Physician</td>
<td>see below notes</td>
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<tr>
<td>City and State</td>
<td>Sioux Falls SD</td>
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<td>Complete</td>
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</table>
| Notes          | Sanford Neurology  
                 1210 W 18th St #101  
                 Sioux Falls SD 57104  
                 Phone 605-328-8130  
                 12/8: bsalem12768@direct.sanfordhealth.org |
| Who is making the request | Miller Clinic |
| Requester Contact Information | Yoni 951-5003 |
| Vendor         |        |
Transition of Care Communication SharePoint Site

Request a facility or physician be set up with DIRECT: Mayo Clinic

<table>
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<th>Priority</th>
<th>Mayo Clinic</th>
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<td>Mayo Clinic</td>
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<tr>
<td>Contact Information for Facility or Physician</td>
<td>Gerald Wolf - <a href="mailto:Wolf.Gerald@mayo.edu">Wolf.Gerald@mayo.edu</a></td>
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<tr>
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<td>Rochester</td>
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<tr>
<td>Notes</td>
<td>10/16: LIVE</td>
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**Direct Address:**

The address for Mayo Clinic Hospitals, Rochester MN (hospital transitions) is:

HIMSHHD@direct-rochester.mayoclinicmsg.org

The address for Mayo Clinic, Rochester MN (ambulatory transitions) is:

OAMSOC@direct-rochester.mayoclinicmsg.org

their vendors, SureScripts and GE.

I can provide a contact name for Mayo Health. That person would be Gerald Wolf and his email address is Wolf.Gerald@mayo.edu.

10/3: Mayo Clinic addresses obtained pending scripting into Meditech
Continuity of Care Documents and Avera

What is a CCD?
- A CCD is a Continuity of Care Document. This document is a summary of the patient's care and provided when a patient is being moved from one care setting to another.

Why exchange CCDs with Avera?
- The CCD plays an important role in improving care coordination.
- The CCD allows providers to supply key health information when transitioning patients to another setting of care.
- CCDs assist providers and health care organizations in ensuring that patient care decisions are based on recent and comprehensive patient information.
- The speed and accuracy of information being transferred is improved.
- The information can assist with reducing costs associated with repeat tests.
- Patients like the convenience of having their providers communicate with one another.

When will a CCD be sent from Avera?
- A CCD will generate when a referral is entered at discharge from the hospital and be sent if the referral (provider or provider group) has an attached DIRECT address.
- When a referral is entered upon discharge from a clinic visit, a CCD will generate and be sent if the referral has an attached DIRECT address.
- When a patient is being transferred to an acute care facility, a CCD will generate and be sent if the receiving facility has a DIRECT address.

What information will Avera include on the CCD?
- The patient's name and demographic information
- A list of procedures completed and encounter diagnosis
- Immunizations
- Laboratory results
- Recent vital signs, smoking status, functional and cognitive status
- Care team
- Plan of care – discharge plan
- Medical problems
- Current home medications list
- Current list of allergies/adverse reactions
Implementation: What about Workflow?

- Technology works but not engineered around optimal workflow
- Avera and MEDITECH worked together
  - Hardwired Direct messaging into the Discharge, Departure and Check Out routines
  - Referral field mandatory
  - Now automated and seamless to the provider
Post Implementation Success Metrics

May 2014 – September 2015

1,100 Providers
189 Facilities have sent or received Direct messages

356,900 Direct message transactions

34 HISPs

- 186,900 Direct messages sent
- 170,000 Direct messages received

- All Stage 2 Eligible Hospitals successfully attested
- 97% of Stage 2 Eligible Professionals successfully attested
Post Implementation: Benefits realized

• Reconciliation and consumption of discreet data elements; problems, medications, allergies
• Real time exchange – eliminated waste being on telephone or standing by fax machines
• Decrease in redundant tests (Lab, CT) and reduction in healthcare spend
• Receiving providers cite their appreciation for most recent med list to improve care coordination
• Patient engagement with a sense of security.
Post Implementation: Lessons Learned

• Operationalizing Transitions of Care
  – Who manages the receipt and consumption of the CCD to maintain EMR integrity?
  – Who is responsible for maintaining Direct addresses?
  – What do you do if the CCD is tied to the incorrect patient?
  – How do you ensure you are not erroneously accepting CCDs for the wrong patient?
  – How do you keep referrals working as providers come and go?
  – How do you handle a provider name change?

• Medicity unexpected downtime

• Interfaces go down, how does the end user know?

• Worked with MEDITECH to send fail-send and read-receipt alerts to end users
Future Opportunities

• Use DIRECT exchange to South Dakota Quit Line for smoking cessation referrals
• AveraNow visits (eVisits) to keep both platforms in sync
• Using Medicity’s “Notify” feature to support the South Dakota Health Home project
• Sending CCDs to Long Term Care facilities as patients are discharged to LTC
Future Opportunities

• Implement the full HIE solution (query) with South Dakota Health Link and Medicity, Point of Care

• Use Point of Care to:
  – Support Meaningful Use
  – Participate with Minnesota’s Southern Prairie Community Care
  – Keep Avera’s existing MEDITECH C/S platform in sync with MEDITECH 6.1 on our journey to 6.1
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Questions
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Thank you

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