ESSENTIALS FOR HEALTH REFORM: Using Networks to Implement and Improve EHRs and other HIT
Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.
Topics include:

- Overview of the CMS Rule on Medicare and Medicaid Incentive Payments
- Practice Management Systems vs EHRs
- Benefits & Economies of Scale when working with a Network
- HIT Planning and Assessment Process
- HIT Workflow Redesign
- Due Diligence and Vendor Negotiations
- EHR Selection and Implementation
- Disaster Recovery and Business Continuity Planning
- Data Warehousing
- Use of Telemedicine
- Health Information Exchange and Behavioral Health
Health Information Exchange & Behavioral Health
What is Health Information Exchange (HIE)?

Health information exchange (HIE) is the transmission of healthcare-related data among facilities, health information organizations (HIO) and government agencies according to national standards.

HIE is an integral component of the health information technology (HIT) infrastructure under development in the United States and the associated National Health Information Network (NHIN).
What is Health Information Exchange (HIE)?

To meet requirements, HIE technology must enable reliable and secure transfer of data among diverse systems and also facilitate access and retrieval data. The purpose of HIE development is to improve healthcare delivery and information gathering.
Health Information Exchange is computer-based clinical communications for care coordination.

Clinical records are accessed through queries to the HIE, or sent directly to another physician through secure messaging.

HIE integrates records from a wide variety of health care sources and presents them in a longitudinal, integrated view for the treating physician.
A service that exchanges secure information which occurs across institutional and business boundaries. Information follows the patient; appropriate information is available to improve coordination, efficiency, and quality of care. (ONC)

A system clinicians use to input, communicate, retrieve, analyze clinical data and care for the patient.

Used within provider settings; a source of patient data to the HIE.

The EMR may be populated by data from a HIE.
South Florida Regional Extension Center - Composed of Community Stakeholders
Implementing a Health Information Exchange in South Florida

The South Florida Regional Extension Center (REC) is taking the lead in developing a Health Information Exchange in South Florida to connect hospitals, clinics and doctor’s offices in a regional health information network.

The HIE for South Florida will be rolled out in several stages beginning with secure e-mail, followed by record query services to facilitate locating patient records from the network.
Stage 1: Secure Messaging

In Stage 1, secure messaging will replace the fax machine, enabling physicians to send a secure, encrypted e-mail to other physicians directly.

Source: State Medicaid HIT Plan Environmental Scan, 2010
Nationwide Health Information Network (NwHIN) Direct Secure Messaging Platform

NHIN Direct – Endpoint to Endpoint (Routed Messages)

Dr. D. Source
- Send Patient Information
- Edge Interactions Unspecified

NHIN Direct HISP Routing Directory
- Route Patient Information

HISP A
- Conversion: transport, trust, metadata
- Edge Interactions Unspecified

HISP B
- Submit Documents
- Edge Interactions Unspecified

NHIN Gateway A
- Deliver Patient Information

NHIN Gateway B
- Edge Interactions Unspecified

NHIN Exchange - Node to Node (Targeted Messages)

Clinical Data Source

Clinical Data Repository

NHIN Exchange Service Registry & Managed PKI

http://wiki.directproject.org/Intersection+with+Exchange
Secure Messaging

The NwHIN Direct secure messaging platform was developed by the Office of the National Coordinator for HIT and is available from Harris Healthcare Solutions, the state HIE technology vendor, at no cost to the physician.

Many EHRs offer secure messaging applications but these vendor-based applications cannot communicate with the other EHR systems.

South Florida REC is planning to develop a secure messaging hub to create interoperability among EHR systems, based on the Direct standards.
The next stage of developing the HIE for South Florida will be to develop a Regional HIE that serves as a network of networks to connect hospitals that have their own hospital-based HIEs.

The South Florida REC plans to leverage the Atlantic Coast HIE infrastructure to develop connectivity across the hospital HIEs and other networked entities such as the Federally Qualified Health Centers to make data exchange possible.

The Regional HIE will provide connectivity across the eight counties of the SFREC.
Regional Health Information Exchange

The Atlantic Coast Health Information Exchange will provide connectivity and data exchange capability across the eight counties in the South Florida REC and to the Florida state HIE Infrastructure.

EMPI/RLS
OptumInsight HIE Interface
Community-based HIE

A final stage will be to create a Community HIE designed to leverage the adoption of EHRs in physicians’ offices and to connect them to the HIE network to access patient records.

A significant use case is in the Emergency Department (ED) where a patient comes in without records.

The ability to send a record request to the Community HIE allows the ED physician to find vital, time sensitive information on the patient, and provide more informed care.
Emergency Department physicians need to obtain accurate, timely information on a patient to deliver the most appropriate care and treatment.

Patient presents with past medical history, treatment from other physicians or disease states that are not be available to the treating physician.
Governance from the Health Information Exchange Workgroup

The South Florida REC has initiated an HIE Workgroup to help guide the development of a Health Information Exchange in South Florida.

The HIE Workgroup brings together health care leaders from across the South Florida REC region to build consensus on the best way to integrate Community and local Hospital HIEs into the Regional HIE for South Florida.
South Florida Health Information Exchange

Regional Health Information Exchange

Enterprise Master Patient Index

Record Locator Service

Local Health Information Exchange

Hospital Health Information Exchange

Physician EHR System

Physician EHR System

Clinic EHR Systems

Clinic EHR Systems

Physician Practice EHR System
**Why HIE?**

- **Efficiencies & quality of care improvements for physicians:**
  - Faster delivery of results = quicker attention to patient problems
  - Keep Mental Health Centers ahead of curve in EHR adoption
  - Less time spent by staff looking for results = lower admin costs
  - Fewer missed results = fewer medical errors
  - Standard format for all results

- **Value Components for Hospitals**
  - Hospitals do not have to establish separate connections for physicians to log on to hospital information systems.
  - Hospitals do not have to develop and maintain interfaces from hospital to physician office to mental health center
  - Hospitals do not have to maintain as many fax servers and lines.
Challenges with HIE

- State regulations & requirements across various sections of statute (State Mental Health Programs, Substance Abuse Treatment etc.)
- Many behavioral health providers not eligible for Meaningful Use
- Small and financially vulnerable rural providers may tend to feel threatened by provider organizations large enough to have the resources necessary to be helpful.
- Tracking specified consent difficult in hub-and-spoke HIE
- Concerns about the privacy and confidentiality of patients' Mental Health information.
- Ability to identify patients reliably across multiple information systems.
- Financial incentives do not encourage information sharing.
- Who OWNS the data?
- How do we pay for this? Access to capital limited for behavioral healthcare providers.
Lessons Learned Thus Far

• Small hospitals have a difficult time providing even minimal time to efforts outside their immediate domain.

• The need to share information for care and respect patients’ privacy is an ongoing challenge.

• Use of any system must be integral to the care process.

• Leadership and commitment are key.
HIT Today - Behavioral Health and Substance Abuse Providers

- Of 175 substance abuse treatment programs surveyed, 20 percent had no information systems, e-mail, or even voicemail.
- On average, information technology (IT) spending in behavioral health care and human services organizations represents 1.8 percent of total operating budgets—compared with 3.5 percent of the total operating budgets for general health care services.
- Fewer than half of behavioral health and human services providers possess fully implemented clinical electronic record systems.
- State and Territorial laws vary on the extent that providers can share medically sensitive information, such as HIV status and treatment for psychiatric conditions.
- A study of 56 mental health clinicians in an academic medical center revealed that their concerns about privacy and data security were significant and may contribute to the reluctance to adopt electronic records.

Source: SAMHSA Leading Change: A Plan for SAMHSA’s Roles and Actions

H. Westley Clark, M.D., Director, Center for Substance Abuse Treatment
Patient Consent – Data Exchange

Opt In – obtain advance consent from consumers to include their health information in an HIE

Opt Out – patients are automatically considered part of the data exchange unless they request not to have their health information in an HIE

The Patient Consent Model is state specific.
Health Information Exchange Funding

• HIEs have historically had significant challenges with sustainability due to funding.
  – Options:
    • Federal / State Funding
      – Initial start-up costs covered
      – Feasibility of funds remaining available
    • Private Investors
      – Fiscal stability of investors is key
    • Insurance Payers
      – Strong concerns with use of collected data
    • Transaction or Subscription based
      – Dependent on provider acceptance and compliance
Frequently Asked Questions Applying the Substance Abuse Confidentiality Regulations to Health Information Exchange (HIE)

http://www.samhsa.gov/healthprivacy/docs/EHR-FAQs.pdf
Questions?
Original Content Developed for SAMHSA by
Our Footprint

- **HCCN - Member Center CEOs** serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients

- **Covering Priority Primary Care Providers (PPCP)** in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- **Provider Goal = 2,500**

![Map showing the footprint of HCCN](image-url)
HCN Health Information Technology Services

- **Electronic Health Record**
  - Medical / Dental / Behavioral
  - Custom Provider Templates
  - School Based Dental
  - School Based Medical
  - Document Imagining
  - Voice Recognition
  - CCD

- **Network Administration**
  - Hosting Services
  - Back office / Email Support
  - Disaster Preparedness
  - Infrastructure Design (LAN/WAN)
  - Web Design/Mgmt

- **Implementations and Training**
  - Project/Change Management
  - Training and Staff Development
  - Best Practices Matrix
  - Reimbursement Coordination

- **Support Services**
  - 24hr Service Desk (Hardware/Software)
  - Project Management
  - Vendor Escalation
  - BETA Testing

- **Business Intelligence**
  - Meaningful Use Reporting
  - Clinical Reporting
  - Fiscal Reports (Black Book)
  - Web based Reporting Tools
  - Practice Management Support
Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.

[www.ochin.org](http://www.ochin.org)
Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits
OCHIN PRODUCTS AND SERVICES

**Practice Management**
- Scanning solutions
- FQHC customizations
- Special and community Library Reports
- Flexible build and configuration
- Automated patient notifications
- Revenue cycle management

**Electronic Health Record**
- Integrated community health record - medical, dental, behavioral health, school-based clinics
- E-prescribing
- Decision support tools
- Case/care management tools
- Integrated lab interfaces
- Advanced role based security
- Voice recognition
- Reporting and benchmarking tools
- Document management
- Continuity of Care Record (CCD)
- Patient Personal Health Record (PHR)

**Implementation, Training and Products**
- Project management
- Information systems implementation
- Network design
- HIT integration & interoperability
- Billing and revenue cycle management
- Staff PM/EHR training
- Web-based training modules

**Support**
- Project Management
- 24/7 service desk
- Advisory and consulting services
- Meaningful Use reporting tools
- Clinical reporting tools
- Specialty build for grant
- Vendor escalation

**Practice Based Research Network**
- Safety Net clinical research & clinical collaboration opportunities
Community Health Centers

ALLIANCE

www.CHCAliance.org
Health Center Controlled Network
Est. 1999

www.AdvanceHealthIT.org
Regional Extension Center
Est. 2010
Core Health Information Technology Offerings

- Practice Management System (including Practice Analytics)
- Electronic Health Records (240,000+ Patient Records)
  - ePrescribe
  - Lab Orders / Results
  - Specialty Provider Referrals
  - Quality Reporting
- Electronic Oral Health Records (including Digital Imaging)

“Meaningful” Users of EHR Since 2005

Professional Services

- Project Management / Implementation Support
  - Leadership and task level monitoring
  - End to end project / system design
  - Workflow / Process Consideration
  - On-site Go-Live Choreography
- Training
  - Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
  - Competency exams
- Report Writing / Administration
  - Custom QA/QI, Peer Review, and Operations reporting
  - Meaningful Use – Workflows, Provider-level detail, and gap analysis
- EHR Development / Enhancement
  - Clinical Committee directed
  - Interface management to support HIE and other functionality to the provider desktop
- Technical Assistance & Support
  - Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
  - 24x7 System Availability
- Tier 1 Data Center Partner
  - Server Redundancy
  - Privacy / Security Monitoring & Management
  - 24x7 Server Monitoring / Network Administration
Service Area Counties: 41
Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign

- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (*Designed to help overcome the financial barrier to EHR adoption*)