

Nebraska Medicine HIE

Ron Carson

Director, Clinical and Business Applications



SERIOUS MEDICINE. EXTRAORDINARY CARE.™

Introduction



Ron Carson

Director, Clinical and Business Applications

- 3 years EHR implementation
- 10 years in Emergency Department Information Systems
- 2 years enterprise business applications



Nebraska Medicine

- 8,000 employees
- More than 1,000 affiliated physicians
- Primary clinical partner of University of Nebraska Medical Center
- Two hospitals, anchored by tertiary/quaternary academic medical center, Nebraska Medical Center
- 39 specialty and primary care clinics, offering 50 specialties and subspecialties
- 809 licensed beds in Omaha and Bellevue
- 31,004 discharges
- 426,923 outpatient visits (primary and specialty)
- 91,800 ER visits



himss Analytics[®] **STAGE 7**



himss Analytics[®] **STAGE 6**

O-EMRAM



Health Information Exchange

Enabled Care Everywhere 2013

International HIE exchange 2016

Joined the eHealth Exchange 2016

Joined the Carequality 2016

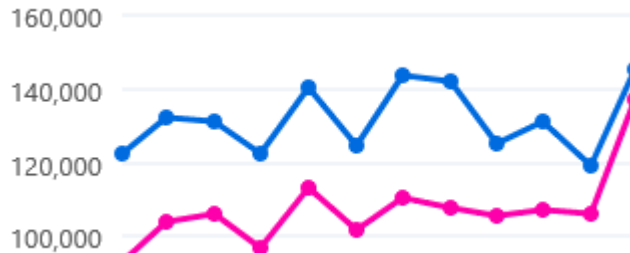
Enabled HIE with the VA 2017

Enabled HIE with the SSA to aid disability determination 2018



Care Coordination Wins

- 526 Organizations – All time



Care Everywhere All Time Statistics



4.4
Million

Records Sent

3.6
Million

Records
Received

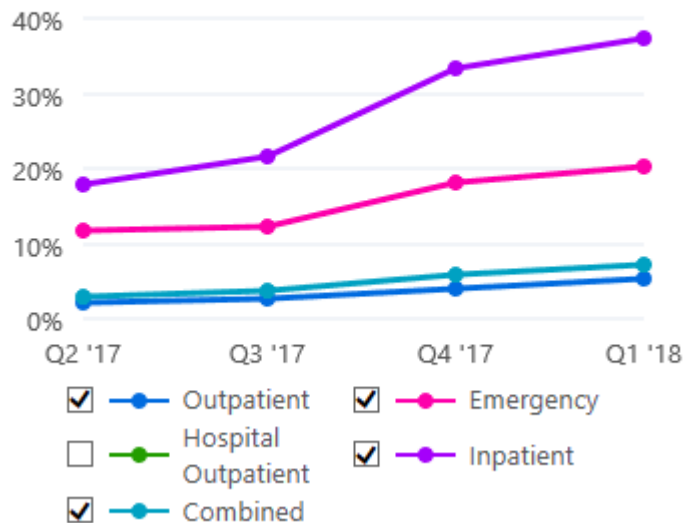
633,668

Patient Links
Established



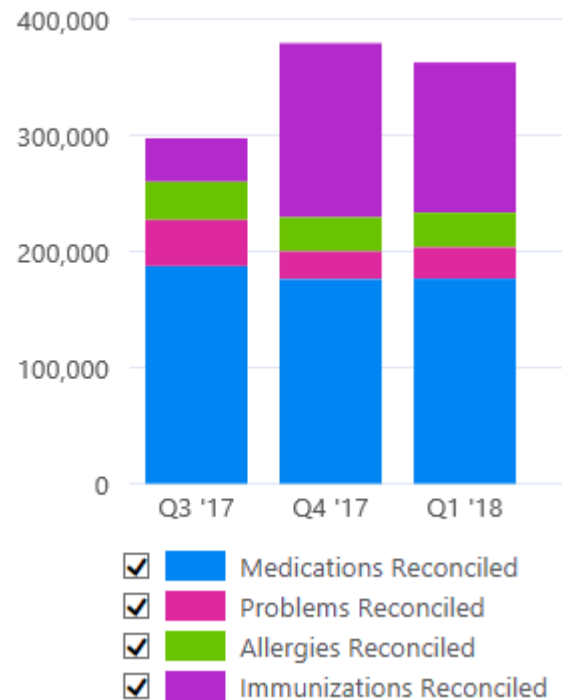
Care Everywhere Documents Viewed During Encounter

NEBRASKA MEDICINE ONE CHART

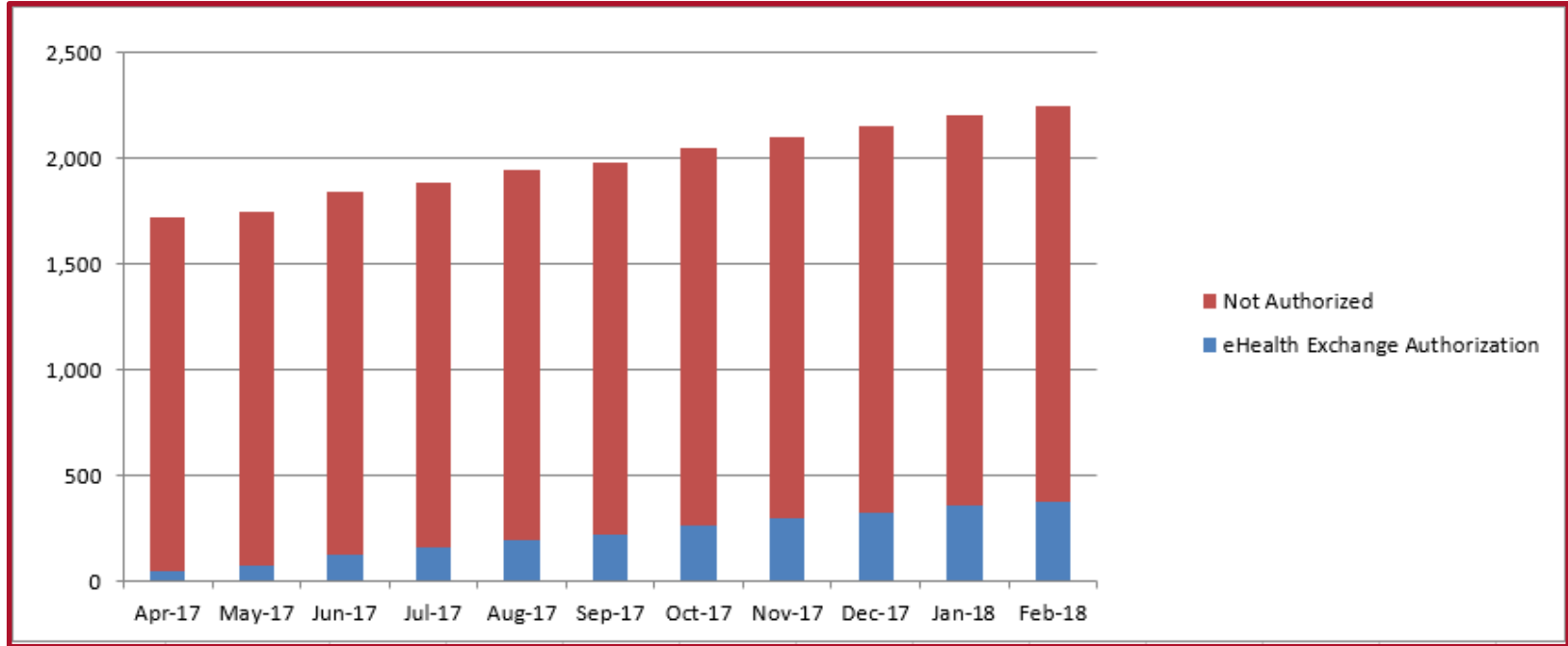


Outside Information Reconciled

NEBRASKA MEDICINE ONE CHART



Veterans Administration



Disability Determination Social Security Administration

- Very early
- 90% response rate



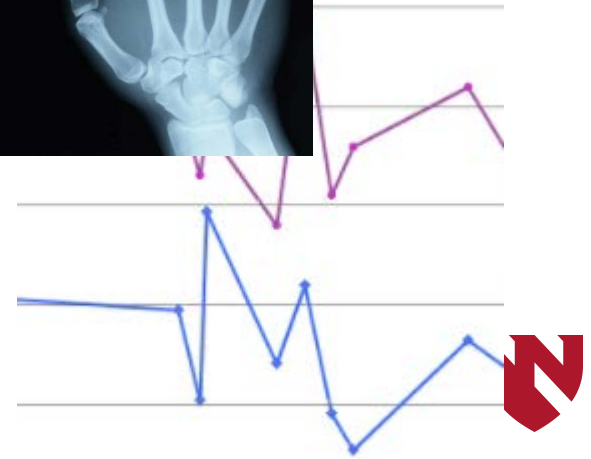
Challenges

- Opt in/out
 - VA improving every month
 - Opt in standards
- Information availability
 - Pathology slides
 - Imaging
- Information “feels” non-native
- Mapping data



Future Opportunities

- Specialty C-CDA summary reports
- Reference quality images
- Lab values native display
- Patient portal integration
- Referrals
- ADT Alert Notifications



Summary

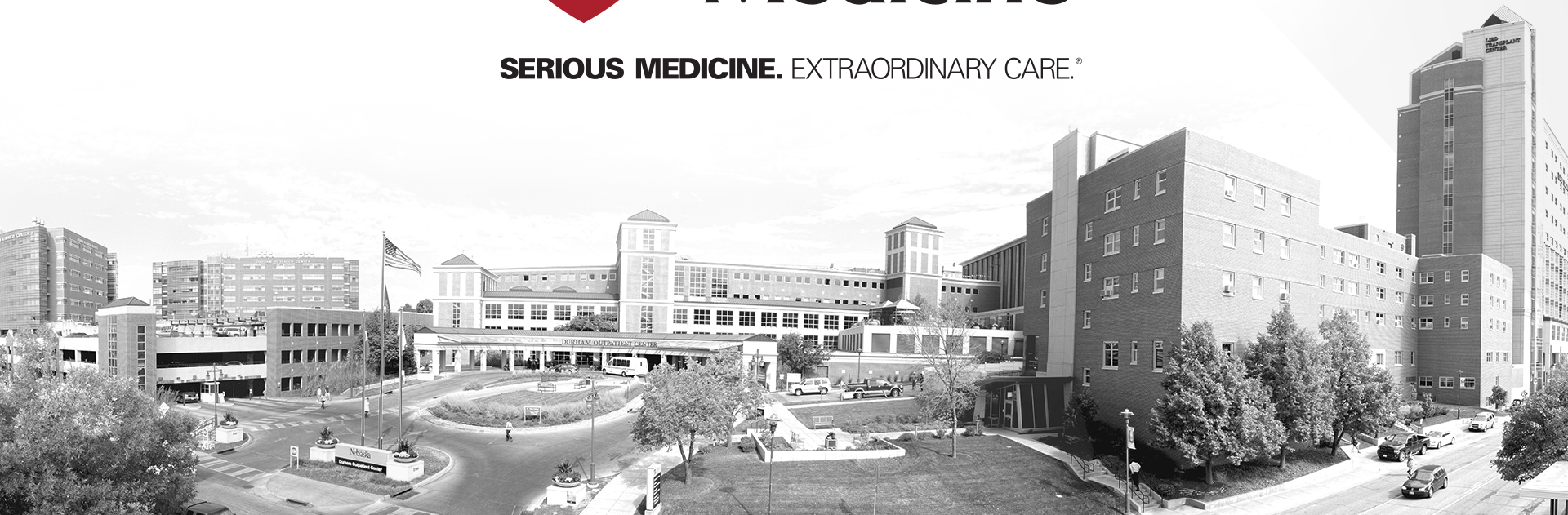
1. Focus on data aggregation
 - Collect data from as many sources as possible
2. Data presentation
 - Put it in the workflow clinicians are using
3. Review
 - Make it meaningful





Nebraska Medicine

SERIOUS MEDICINE. EXTRAORDINARY CARE.®





Nebraska Health Information Initiative

HIE Informational Session

STEFANIE FINK, CMDB, PMP, CSM
DIRECTOR, PMO/SECURITY OFFICER

NeHII Background & Stats

Mission:

Provide Nebraska a system for the secure exchange and use of health information

Vision:

Be a leader in the secure exchange of health information enabling a healthier Nebraska

Non-Profit 501(c)3 NE Corporation

Designated statewide information exchange & integrator

Neutral collaborator

NE hospital beds connected – 68%

CAH beds connected – 53%

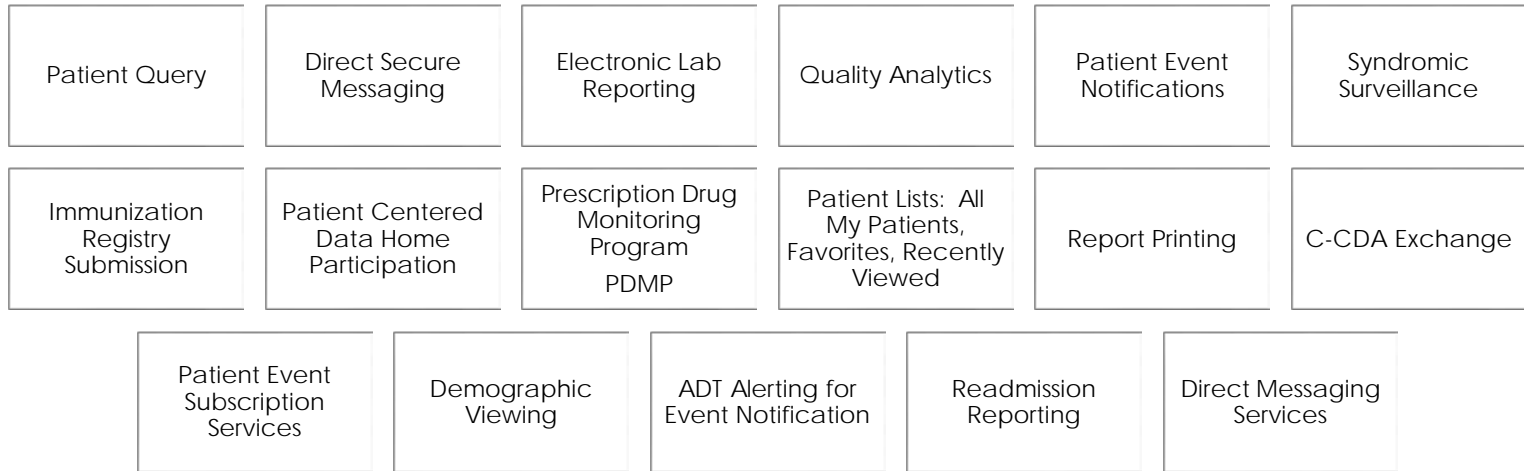
10,000 + clinician users

3.5M patient lives

2.3% Patient Opt Out Rate

This is not just a data exchange, this is a community resource for healthier Nebraskans

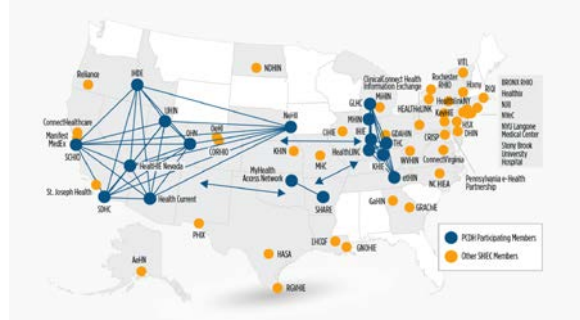
Services At A Glance



Nebraska's Unique Approach

▶ HIE (Health Information Exchange)

- ▶ Statewide system that allows medical information to be viewed and shared by providers for treatment or payment purposes
- ▶ CMS: Approved NeHII as a Qualified Clinical Data Registry (QCDR) for 2018. This enables NeHII to provide low cost solutions for clinicians in Nebraska to meet 2018 requirements under the Merit Based Incentive Payment Systems (MIPS)
- ▶ eHealth Exchange: Connecting to NeHII will improve patient care, provide visibility into disability benefit claims and public health reporting across state boundaries. VA, South Dakota and others currently in testing phases with NeHII.
- ▶ Strategic Health Information Exchange Collaborative (SHIEC) collaboration: NeHII supports integration to SHIEC Patient Centered Data Home (PCDH), allowing for alerting capabilities between states.



Nebraska's Unique Approach

- ▶ First state to operate Prescription Drug Monitoring Program (PDMP) through HIE platform
 - ▶ MedQuery access at patient level through the CPP
 - ▶ 100% of Nebraska pharmacies have registered to report or are exempted from reporting
 - ▶ Nebraska is the first state to have pharmacies report all **dispensed** prescriptions in effort to improve patient safety
 - ▶ 2017 Average 10,638 Rx/day
 - ▶ 2018 Average 86,671 Rx/day
 - ▶ Several states introducing or exploring legislation to report all prescription drugs



Source: Nebraska statute 71-2454(1)

Successes of the HIE

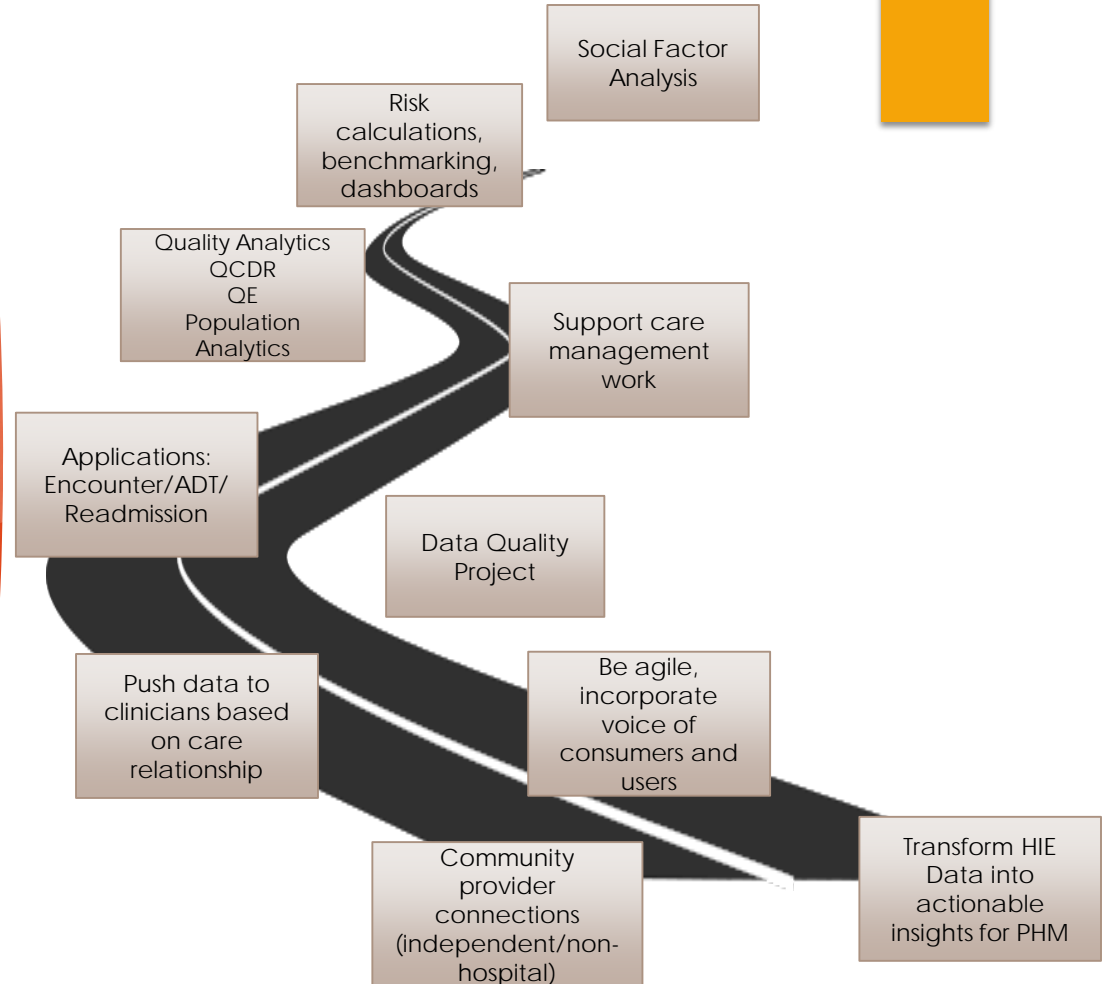
- ▶ Preventing over utilization of narcotics and medication errors
 - ▶ Utilizing the MedQuery functionality in the patient records
- ▶ Timely access to records for physicians
- ▶ Improved care coordination across multiple organizations with different EHRs
- ▶ Improved Clinical outcomes: Avoid readmissions, Decrease duplicate testing
- ▶ Supports Disaster Recovery Plan for EHR
 - ▶ Leveraging an HIE is crucial in ensuring that normal operations can continue in the face of disruption.
 - ▶ Prepared for natural disasters or manmade cybersecurity issues

Challenges of the HIE

- ▶ Perception that it is just another tool that won't get used
 - ▶ With advancements such as Single Sign On and redesign of the HIE 2.0 platform ease of use is being addressed making the system faster and easier to access.
- ▶ Adoption of the HIE data sharing, enabling data sharing helps the patient burden and also reduces risk in multiple areas
- ▶ Data Quality work will remain a constant and steady work for NeHII. Providing consistent view of comprehensive patient data is key for the data driven decisions that healthcare is slowly adopting to.
- ▶ Continued support for data governance, security and incorporation of new and constant changes (DURSA, TEFCA) is part of NeHII Strategic and Operating Plans to ensure that we are dedicated to these practices and ongoing developments and changes.

Moving Forward & Improving Outcomes

- NeHII is positioned as a Qualified Entity (QE) through CMS for reporting and can offer compelling services for providers and care teams.
- Continued focus on Data Quality
- Expanding participation and engagement
- Pilot of many Quality Analytics reporting with facilities
- Ongoing enhancements to systems for data quality and ease of use



Thank You

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*Serving the Columbus Community
Since 1879*

For over 150 years, the Columbus medical professionals have been committed to providing the best patient centered care. Our dedication to the community enables us to provide the highest quality care to area residents.

We are a 47 bed, acute care, non-profit organization.

The current facility was first occupied in August of 2002. In 2012 we expanded our Emergency Department.

In 2015 we collaborated with the YMCA to open the Columbus Wellness Center, which is located adjacent to CCH. Most of the rehabilitative Services department moved to the Columbus Wellness Center at that time.

The newest facility on campus is the CCH-owned Child Care Center which opened in August 2017. It can serve up to 105 children and gives CCH employees a convenient child care option

Spring of 2016 we signed a contract with Relay Health to create a community wide HIE and patient portal.

The hospital was already using Relay as the patient portal for our hospital EHR so the first step was to enhance that connection to allow more information to flow.

We then began working with each clinic in the community on an individual bases to build interfaces between them and the HIE. This has involved working with our staff, Relay Health, the clinic staff, their EHR vendor and in some cases a 3rd party service that acts as the clinics IT staff or EHR support staff.

We have 12 clinics in our pipeline for Phase 1

5 are completed based on abilities of their EHR

4 are in some state of implementation

3 are yet to be started

Functionality available depending on clinic EHR ability and clinic needs/preferences:

- Clinical Notify from hospital of patients admitted and/or discharged for ED or IP status
- ADTs
- CDAs
- Ordering of laboratory and radiology tests from within their EHR to be performed at hospital
- Receipt of laboratory and radiology results directly into clinic EHR
- Import of Transcribed reports
- Patient Portal invitations
- Patient Messaging options
- Patient Referrals
- Access to a patients information regardless of where that information was collected

Benefit to Patients was a driving force for the development of the HIE.

Patients LOVE being able to access all of their information on one site.

They are also able to maintain some information on their own such as medications, allergies and immunizations. (this information does not flow back to EHRs though but is available for viewing from the portal)

Challenges.....

There have been a few.

- EHR capabilities
- Competing projects for hospital IS time
- Clinic staff resource time
- Expectations versus reality

HIE for Independent Practice



Tara Higby, Clinic Manager
Quality Healthcare Clinic
Sutton, NE

About our practice

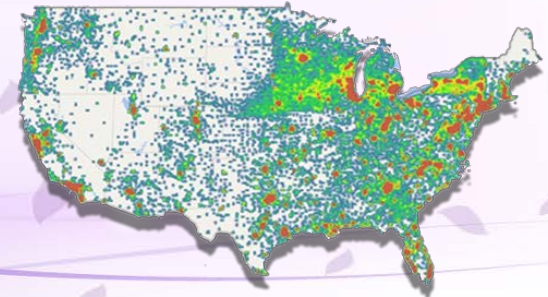


- Community size about 1500
- Patient Centered, Community Focused
- Business Est. December, 2012
- 4 Practitioners:
 - APRN, MD, PA and Mental health therapist
- Hospital owned/operated prior to becoming independent clinic
- EHR plays a vital role for our practice due to limited staffing and resources



HIE platform

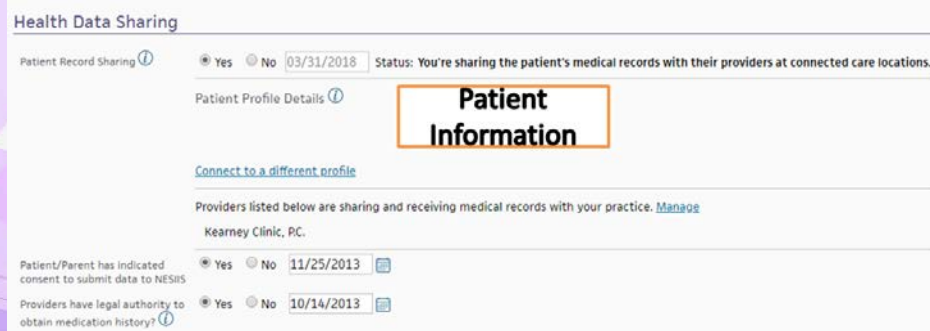
- Our EHR is part of CommonWell and Carequality alliances for HIE
- Connects us with a nationwide database of healthcare organizations
- Direct addresses are used to connect with outside networks. Each provider has their own “direct” messaging address that can be provided to other organizations
- “Non-Data Sharing” NeHII participating organization



Above information obtained from CommonWell and Carequality

HIE at work

- Real-time exchange of information
 - Ambulatory summary and encounter summary records from the past 90 days are automatically shared when the patient is checked in for their appointment or their chart is accessed by a member of our clinical staff.



The screenshot displays a 'Health Data Sharing' interface. At the top, it shows 'Patient Record Sharing' with radio buttons for 'Yes' (selected) and 'No', and a date field set to '03/31/2018'. A status message reads: 'Status: You're sharing the patient's medical records with their providers at connected care locations.' Below this is a section for 'Patient Profile Details' with a link to 'Connect to a different profile'. A box labeled 'Patient Information' is highlighted. Underneath, it lists 'Providers listed below are sharing and receiving medical records with your practice: Manage' and 'Kearney Clinic, PC.'. At the bottom, there are two more settings: 'Patient/Parent has indicated consent to submit data to NESIS' (Yes selected, date 11/25/2013) and 'Providers have legal authority to obtain medication history?' (Yes selected, date 10/14/2013).

- Psychotherapy notes are not shared even when chart sharing is “turned on”

HIE Benefits

- Ease of care coordination
- Provides practitioner with a clear picture of patient's condition and treatment plan
- Can prevent drug interactions and unnecessary testing
- Reduced staff efforts to obtain records
- Information is complete, no issues like we've had with faxed documents in the past



HIE and MIPS

Quality Healthcare Clinic MIPS Report for 2017

Program: MIPS: Advancing Care Information 2017 Health Information Exchange ⓘ ▾	Type	Goal	Satisfied 67% 126	Not Satisfied 33% 63	Total 189 transitions of care	Excluded 0	Status
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- Exchange of PHI via electronic means is a requirement under the MIPS program
- Base Measure worth up to 20% of ACI score
- “Satisfied” means that the patient had a referral in the reporting period and that their referral and documentation were sent via electronic means, or Direct Messaging
 - Electronic Faxes are not an acceptable method to send PHI for MIPS



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om

Resources

- <http://www.commonwellalliance.org/>
- <https://sequoiaproject.org/carequality/>
- <https://community.athenahealth.com/>
- <http://nehii.org/>