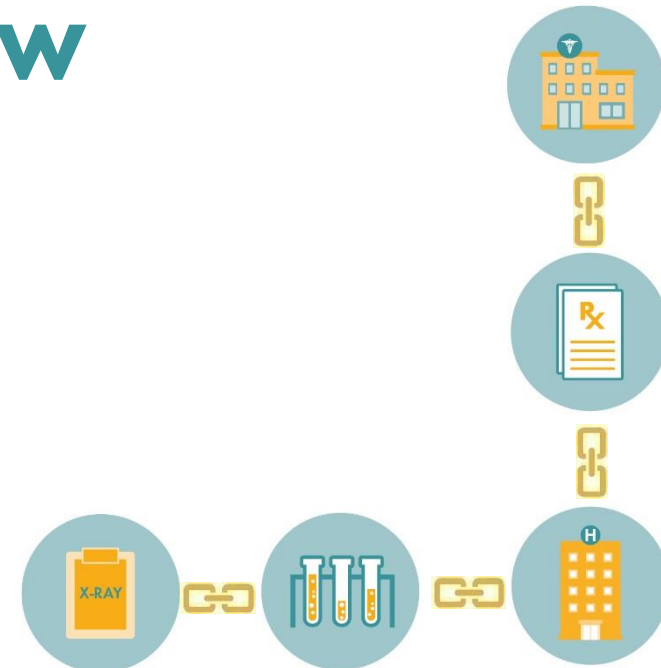




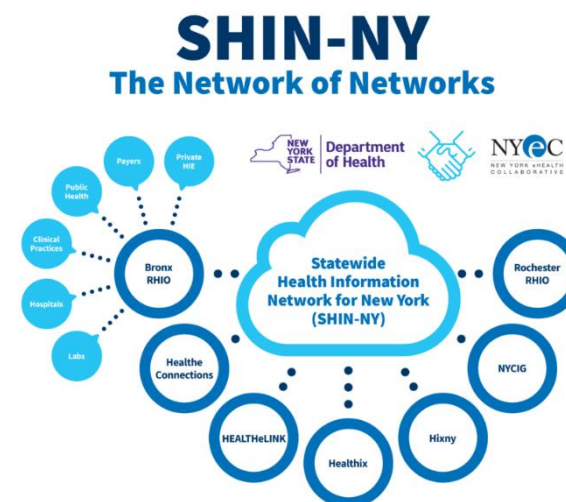
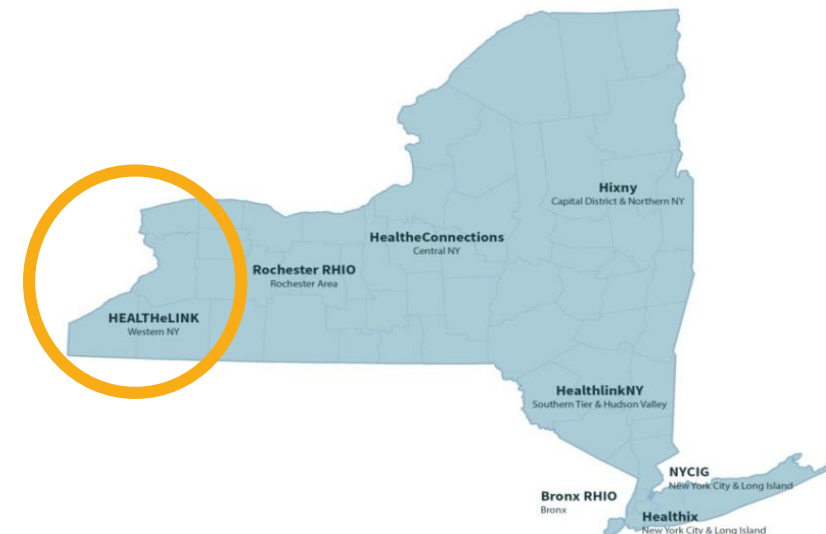
New England HIMSS HEALTHeLINK Overview

October 10, 2019



About HEALTHeLINK

- Collaborative partnership since 2001 (HEALTHeNET)
 - Univera, HealthNow, Independent Health, Catholic Health, ECMC, Kaleida, Roswell
- Supports 8 western counties of NYS
- Supports multiple DSRIP PPS efforts
- Part of the Statewide Health Information Network for New York (SHIN-NY) – certified by NYS DOH as a Qualified Entity
- One of the founding members of Strategic Health Information Exchange Collaborative (SHIEC) – national collaborative for HIE's – 120+ members





Our Mission

To create and maintain a secure and reliable infrastructure for the timely and accurate electronic exchange of clinical information among health care providers and others involved in the delivery of health care services in Western New York and who are connected via the Statewide Health Information Network for New York ([SHIN-NY](#)). HEALTHeLINK will limit duplication, control health care costs and improve the delivery of services, clinical outcomes and patient safety.

Better Health



Better Care



Lower Costs





HEALTHeLINK Services

Require Patient Consent	No Patient Consent Needed
Patient Record Look-Up <ul style="list-style-type: none">• Clinical records from local data sources• Practice data collected via CCDs• Radiology images• Medication history via Surescripts• Additional data from statewide (SHIN-NY) and national (VA) patient record look-ups• Single sign-on access to I-STOP, eMOLST	Interoperability <ul style="list-style-type: none">• Results delivery (including IERD)• EHR patient data (C-CDA) sent to HEALTHeLINK at the close of an encounter• Secure messaging
Alert Notifications <ul style="list-style-type: none">• Subscribe to patients• Configure event profile• Receive event notification	Data Repository/Analytics <ul style="list-style-type: none">• Community data aggregation• Data standardization/content validation• Specific data extracts (ACO, PPS)• Population analytics and metric reporting

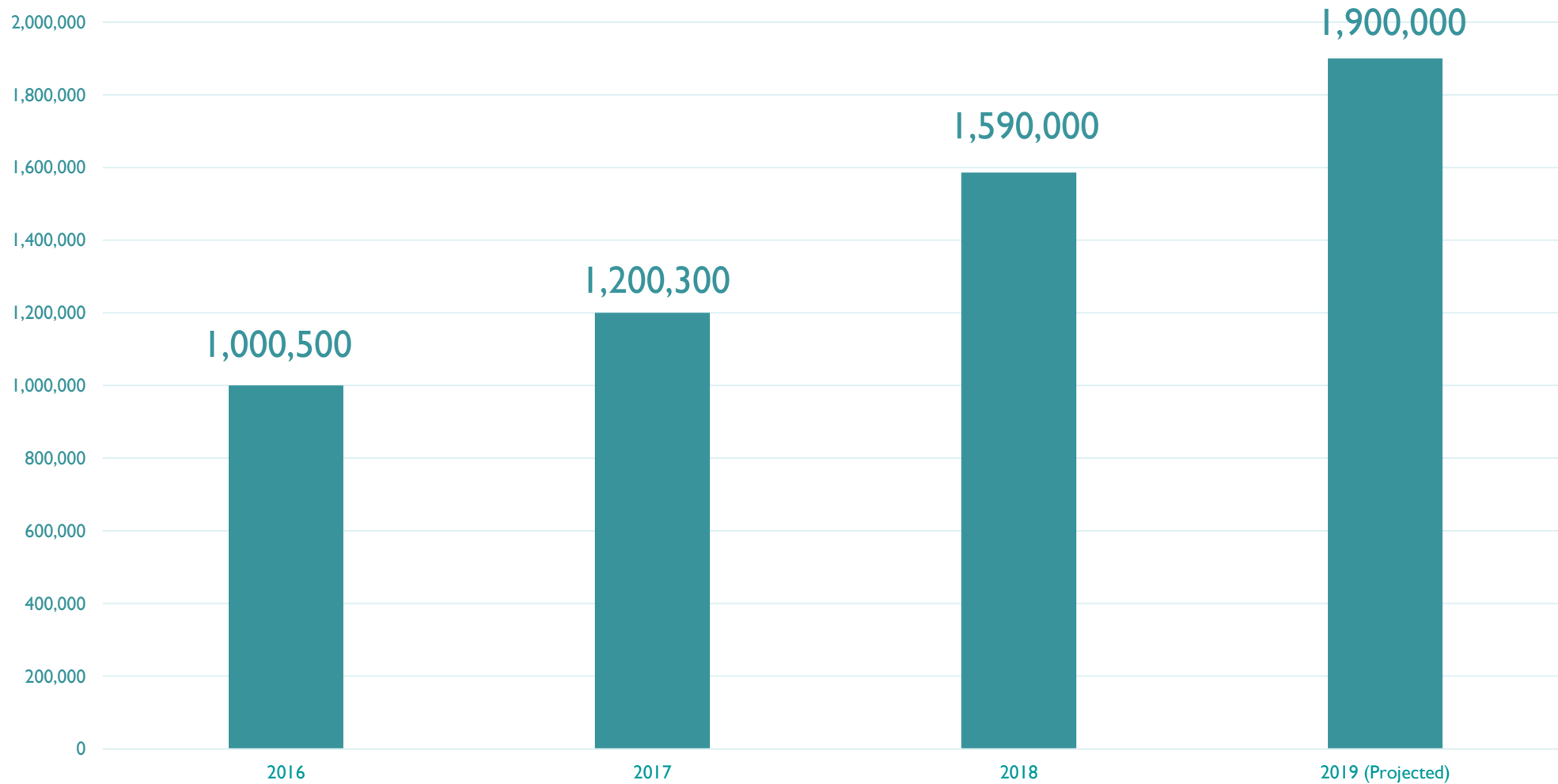


By the Numbers

- **100%** of WNY hospitals participating
- **More than 85%** of WNY practices participating
- **Approximately 5,100** participating providers
- **87%** of WNY population consented
- **Nearly 100%** of laboratory results available
- **More than 90%** of radiology reports available
- Images from **20** radiology facilities available
- **More than 400** data sources
- A query of HEALTHeLINK occurs every **5 seconds**.

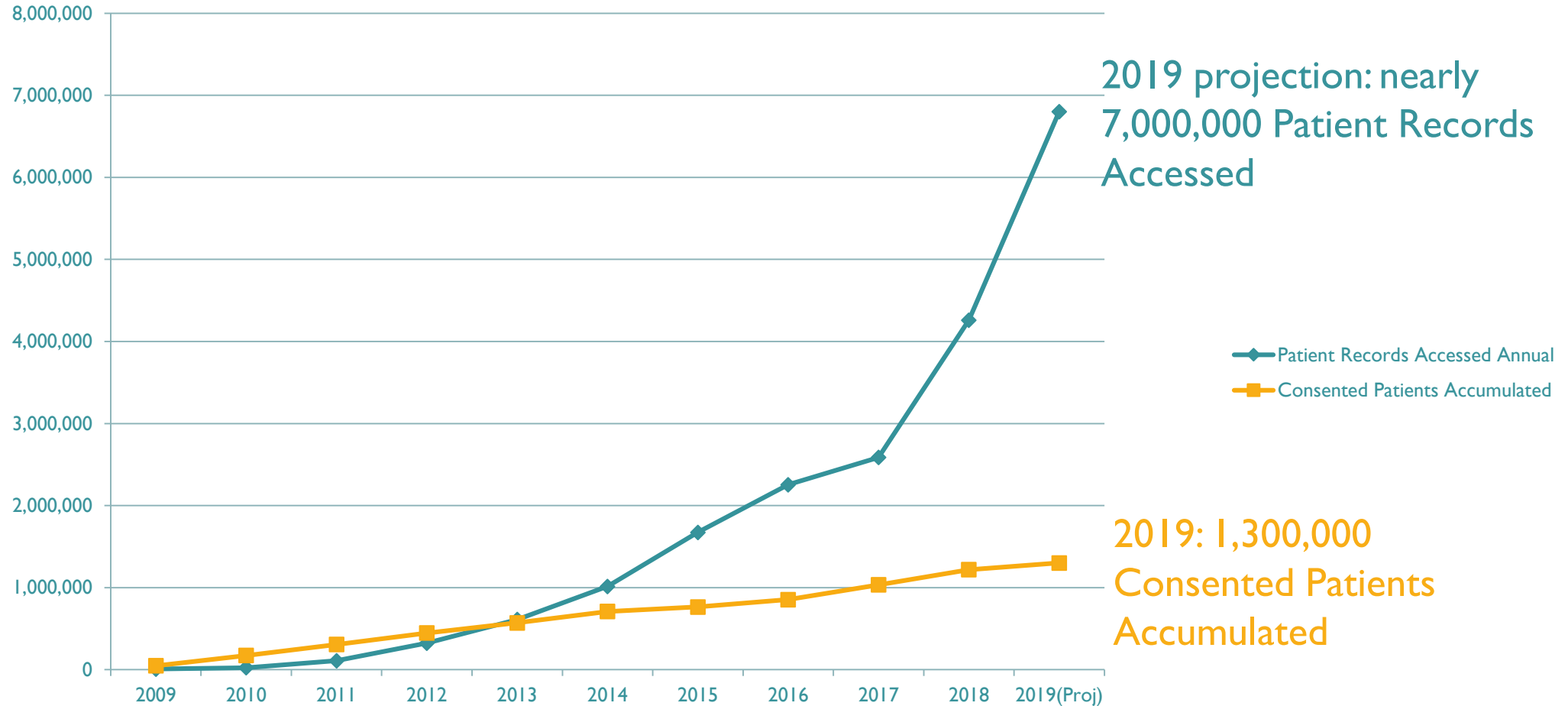


Patient Summaries Viewed





Annual Queries vs. Patient Consent





Impact of HEALTHeLINK usage

- Support during times of crisis
- Four major studies over past 6 years
- Each focused on different clinical settings
- Goal was to assess impact and benefit of HIE usage on:
 - Clinical quality
 - Administrative expense/revenue
 - Patient experience of care





Erie County Department of Health (2012)

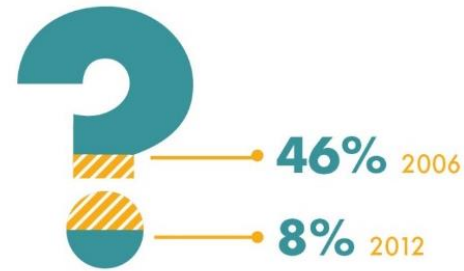
- Leveraged HEALTHeLINK for epidemiology and disease surveillance
- Significant improvements in tracking, specifically STD surveillance, identification, treatment and reduction in spread of disease
- Time savings = Improved productivity



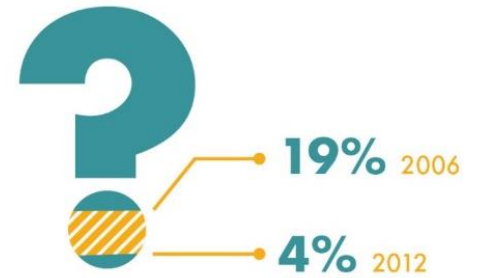
Erie County Department of Health (2013)



- HIE usage resulted in more STD contacts brought into care to prevent spread of disease
- Timely information on where to focus attention in providing resources and education
- ECDOH also utilizes to investigate cases of hepatitis B, tuberculosis and rabies



THE DECREASE IN THE PERCENTAGE OF REPORTED CHLAMYDIA CASES WITH UNKNOWN TREATMENT IN ERIE COUNTY

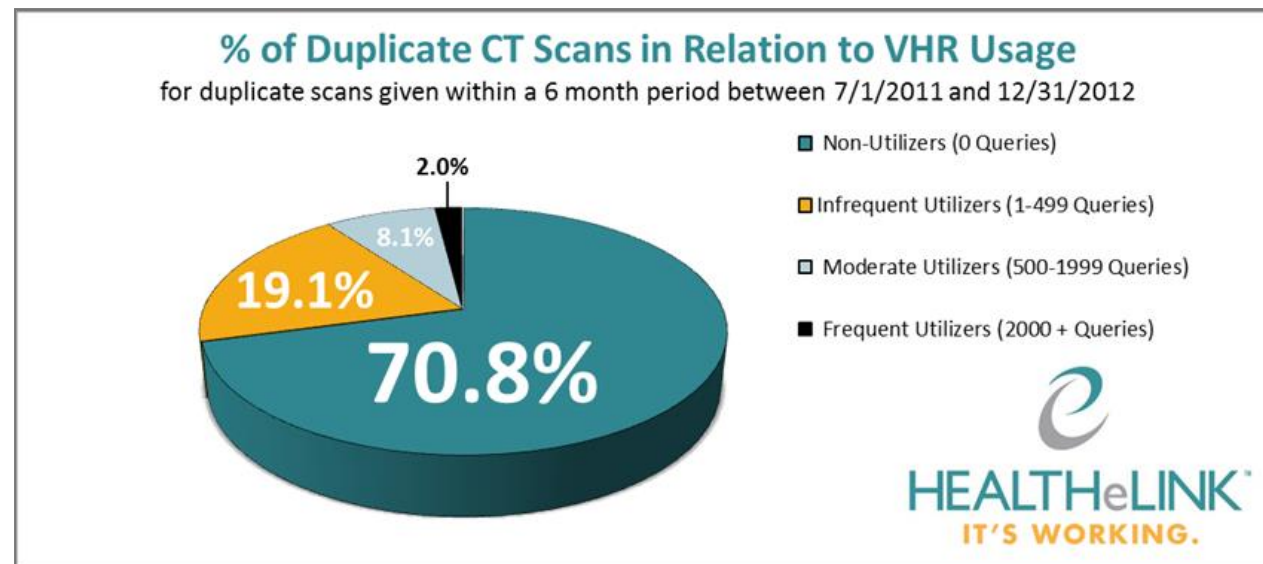


THE DECREASE IN THE PERCENTAGE OF REPORTED GONORRHEA CASES WITH UNKNOWN TREATMENT IN ERIE COUNTY

CT Scan Study (2013)



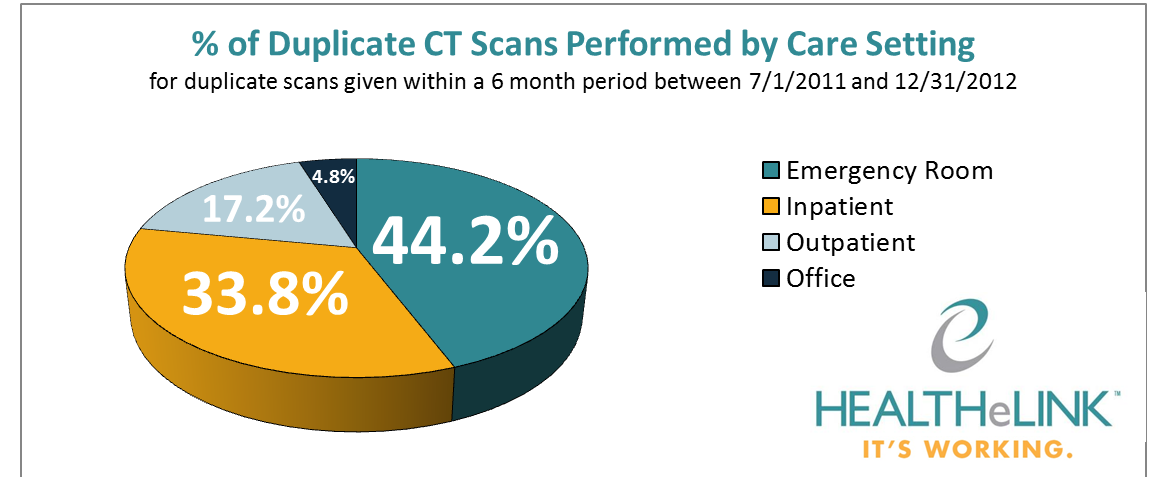
- **Key findings:**
 - Approx. 90% of 2,763 potentially unnecessary duplicative CT scans ordered by physicians who either never or infrequently used HEALTHeLINK
 - About 50% of patients with duplicative scan had already consented to HEALTHeLINK



CT Scan Study (2013)



- More than 95% of potentially unnecessary CT scans done in hospital setting
- Opportunity for enhanced patient safety by reducing unnecessary radiation exposure
- Potential cost savings of \$1.3 million to local health system





Emergency Dept. Pilot Study (2014)

- Clinical liaison was retrieving any potential clinically relevant information 100% of the time for consented patients
- Study illustrated importance of efficient workflows to enable providers to routinely access HEALTHeLINK for their patients
- Post-study, participating hospitals saw increase in HEALTHeLINK usage from where they were pre-study





Emergency Dept. Pilot Study (2014)

- Examine impact of HIE usage on reducing lab tests and radiology exams in 3 emergency departments
- Validated assumption that there was clinical relevance and value in using HEALTHeLINK in this setting
- 4x growth in use in ED's across WNY since the study



Up to **52%**
reduction in lab
testing



Up to **47%**
reduction in
radiology exams



Practice Workflow Pilot (2017)

- Assess impact of incorporating HIE into practice workflow
- 6 low utilizing practices of HEALTHeLINK
- Explore opportunity for deeper adoption and HIE usage to solve “pain points” for practice in obtaining patient information and proactively supporting office visit

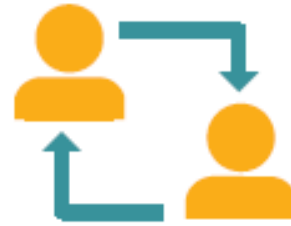




Practice Workflow Pilot (2017)



Pre-visit planning
saved **1.5 – 7 hours**
searching for patient
information



Reduced patient
cycle time **18 –
40 minutes**

- Development of practice workflow toolkit to assist with increased integration of HEALTHeLINK into practice resulted in sustained utilization once pilot completed



Practice Workflow Pilot (2017)

- Brookings Institute fellow analysis on participating practice:
 - 10.2% less readmissions
 - 13.3% less emergency room visits
- Journal report is pending.



Crisis Support – Ransomware Attack



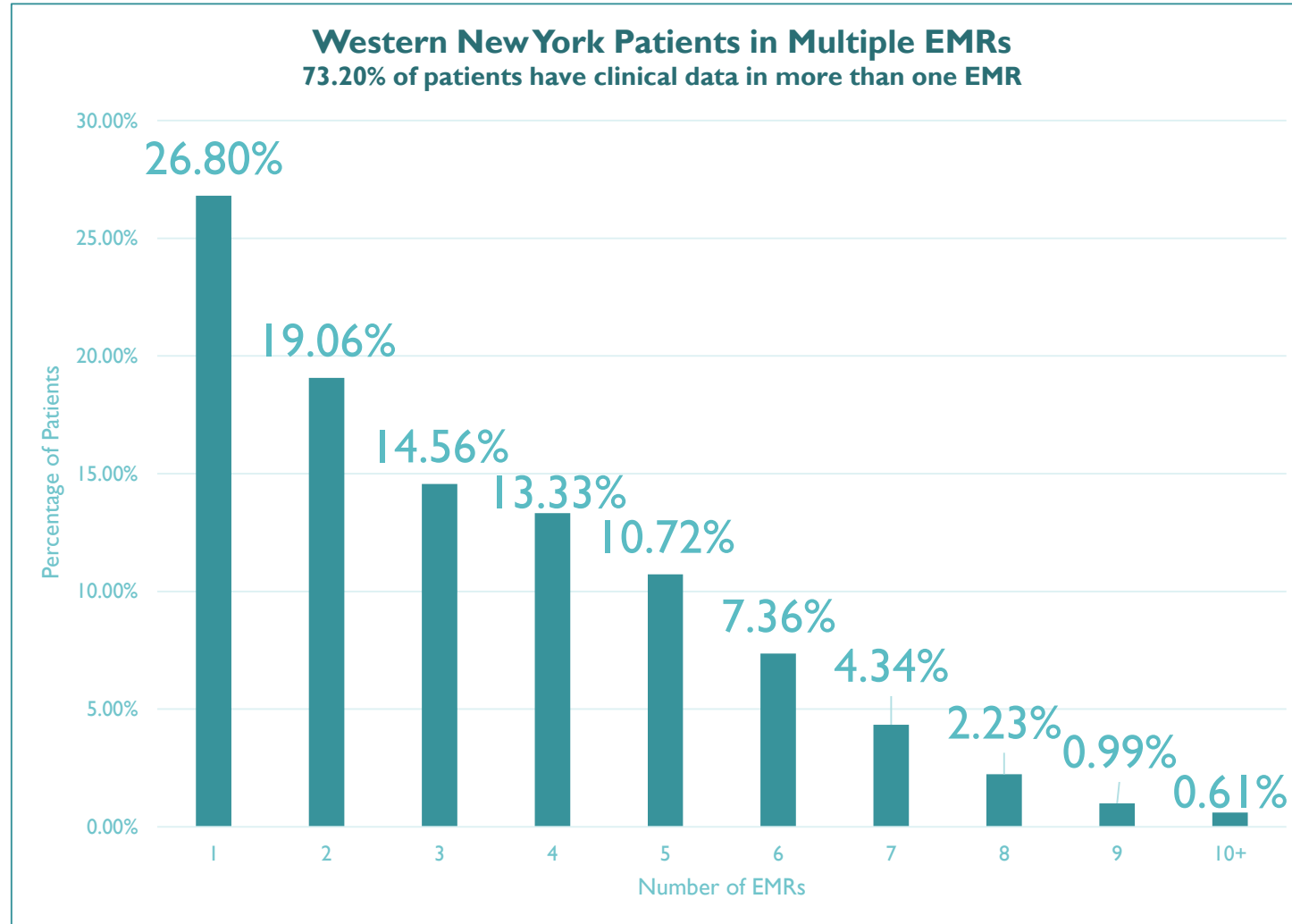


Population Health Focus

- Change of strategy started with CPC+ designation for Buffalo region
- Value Based Care support
 - Leverage the unique position we are to support the community for patient quality of care measure calculation
- HIE's in a unique position to support these efforts with most comprehensive and complete set of data!



Patient Data Fragmentation





Measure Calculation Challenge We Address

Claims: Medicaid		Claims: Commercial		Claims: Commercial		Claims: Commercial		Claims: Commercial		Claims: Commercial		Patient Medicare Commercial	
Patient A		Patient B		Patient C		Patient D		Patient E		Patient F		Patient G	
EHR 1	EHR 2	Public Health Department	EHR 3	EHR 4	SureScripts	EHR 5	EHR 6	Independent Pharmacies	EHR 7	Federal Source (VA/DoD/IHS)	EHR 8	EHR 9	EHR 10
		Patient B											

Source – David Kendrick, MD MyHealth Access Network



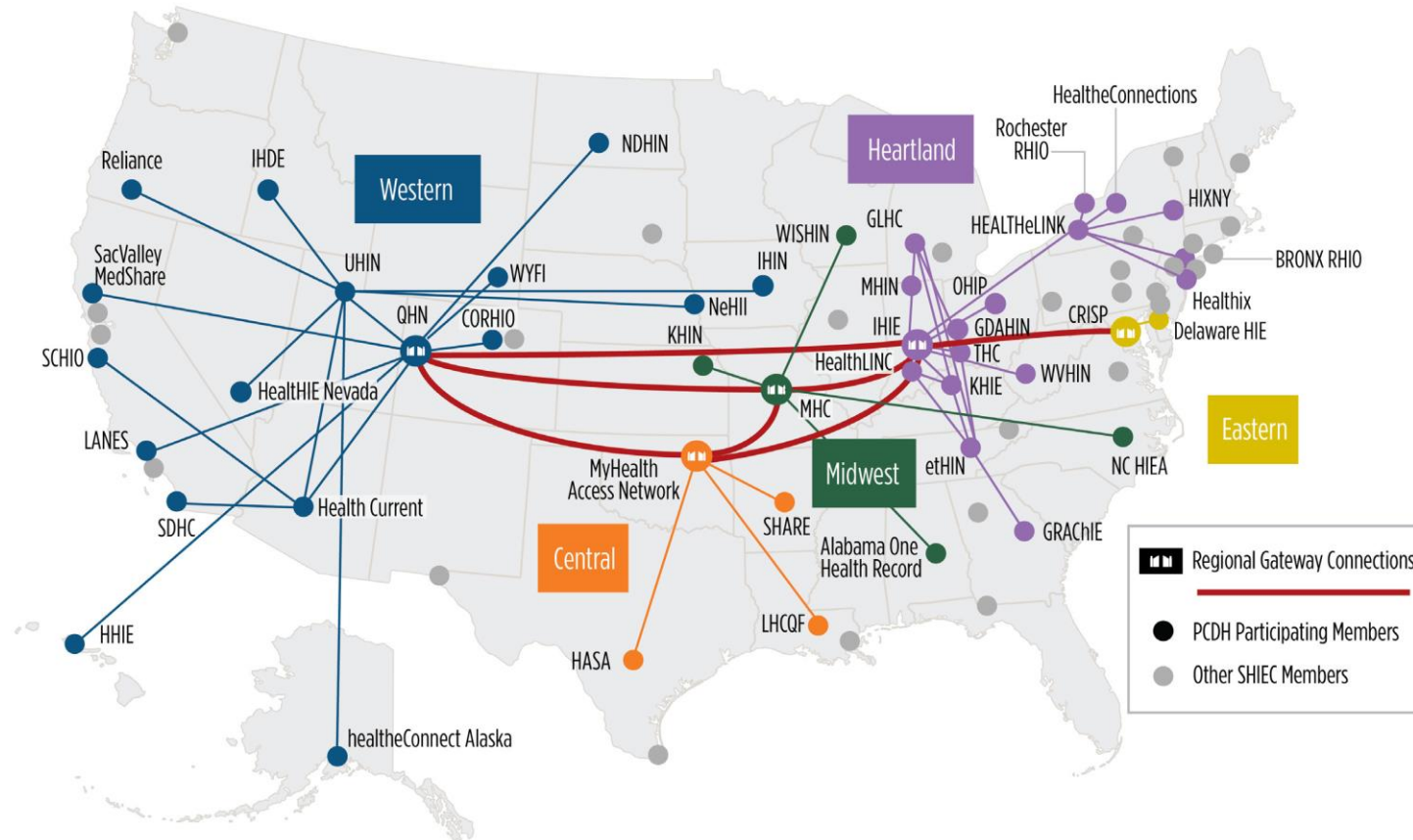
What's On the Horizon....

- Continue what we are doing
- Support for Social Determinants of Health
- Support for Advanced Directives
- Predictive Analytics



National HIE Perspective

- Strategic Health Information Exchange Collaborative (SHIEC)
- Patient Centered Data Home (PCDH) – national connections





National Interoperability – SHIEC Survey Results

- Confirmation that Health Information Exchange organization's are a critical part of the national HIT infrastructure
- Proof....:
 - 92% of US population serviced by SHIEC HIE's
 - 1 billion alerts delivered by SHIEC HIE's – local alerts and through PCDH
 - The number of messages exchanged (CCD, ADT, ORU, etc.) and alerts delivered are SIGNIFICANT!
 - Results being proposed for publication
 - Nearly all responding HIE's have partnered with one or more of the following: Public Health, Correctional Health, Social Services agencies, drug and alcohol treatment programs, first responders, school nurses, or blood banks – all members of the healthcare ecosystem.



Questions?

Studies can be found at the HEALTHeLINK website:
<http://wnyhealthelink.com/studies/>





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