



JEFFERSON
HEALTH
INFORMATION
EXCHANGE

Supporting Coordinated Care across Oregon Communities

Oregon Coordinated Care Summit
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The Overall Problem...

- ▶ Individual EHRs are the center of the data (provider centric model)
- ▶ Only include information received via interface with outside sources (lab/hospital) or input into the record (scan, data entry)
- ▶ Still requires significant amount of human interaction involved in obtaining records
 - Phone, fax, printer, scanner, etc...
- ▶ Payers are left out of the loop and must rely on claims to glean information about members health status
- ▶ State and Federal regulations limit options for sharing specially protected data, including substance abuse data and some mental health.



Past, Present and Future

2013

2015

2016

Point-to-Point
Exchange

eReferrals &
Direct Secure
Messaging

Query-Based
Exchange

Community
Health Record
(Patient Search)

EHR / CCD
Integration

CCO Data
Delivery

Analytics

Data for Care
Management
& Population
Health



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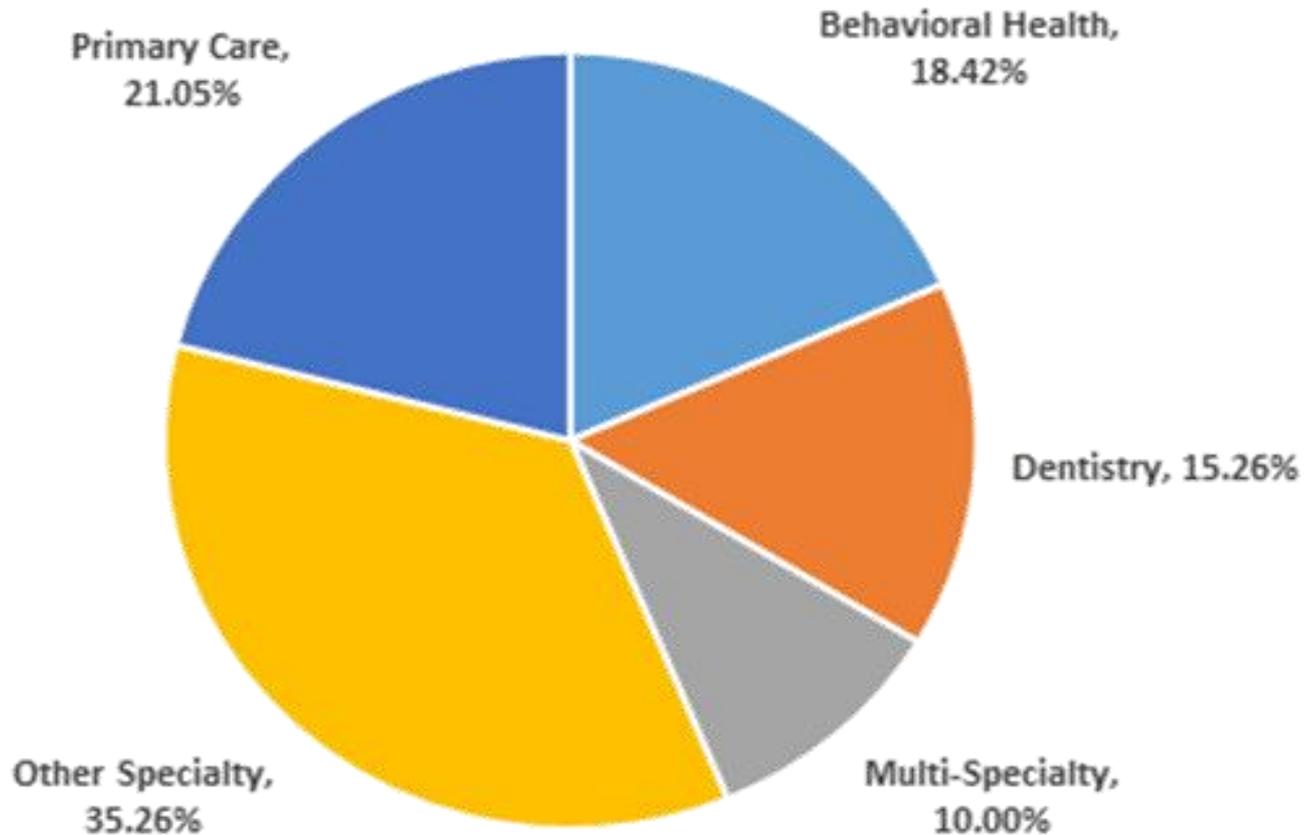
JHIE By the Numbers

- ▶ **Users:** Over 701 providers in more than 192 clinics
- ▶ **EHR Interfaces:** 3 connected, 18 in progress, 12 in planning stages
- ▶ **Data Contributors:** 8 live, 21 in progress, 19 planned (includes ambulatory EHRs)
- ▶ **CCOs:** 4 live; 1 in progress
- ▶ **Patients:** Nearly 413,000 in the master patient index
- ▶ **Transactions:** More than 30 million clinical transactions processed (avg < 2 mil/month)
- ▶ **Searches:** Nearly 22,000 patient searches in October



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JHIE Enrollment by Specialty



Federal Funding Overview

- ▶ Through Office of National Coordinator for Health Information Technology and In Collaboration with Oregon Health Authority
 - One of 12 selected out of 37 who applied
- ▶ Focus: Integrating Physical and Behavioral Health
- ▶ Target Populations:
 - Behavioral Health, Primary Care & FQHCs, Emergency & Disabilities Services
- ▶ Projects:
 - Common Consent Model for BH Data Exchange
 - New Data Sources: Critical Access Hospitals & EHRs
 - Hospital/Clinical Event Notifications
 - National Connectivity (e.g. VA, SSA, etc...)
 - OR Prescription Drug Monitoring Program Connectivity



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Behavioral Health Goal & Objectives

- ▶ Enable the electronic exchange of behavioral health data in a secure and private manner in compliance with law, that:
 - Supports a holistic and coordinated approach to health care
 - Promotes coordination among behavioral and physical health providers
 - Primary care, critical access hospitals, emergency services, aging and disabilities services
 - Supports Trauma Informed Care



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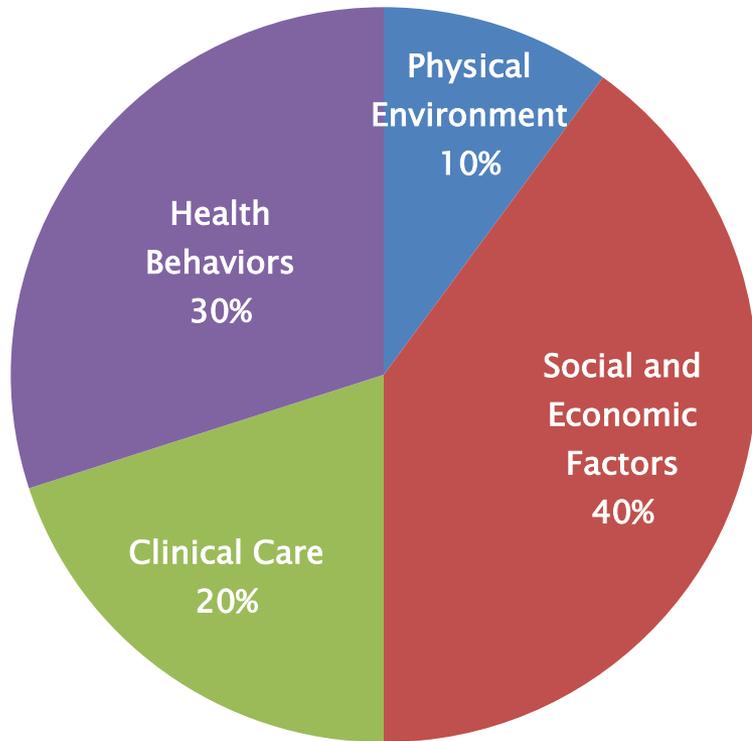


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A View from the Field

Columbia Gorge CCO

Health Information Exchange – beyond the clinical setting



- ▶ Services outside PCP clinics
 - ASQ's are completed for children in Early HeadStart programs
 - WIC, Food Banks and Meals on Wheels adjust food based on dietary needs
 - Health Dept Home visiting programs via CACOON and Maternity Case Management check on high risk children and pregnant women



Connecting services to benefit the client

- ▶ Referrals from PCP offices to regional Home Visiting Connection hub
 - Management and distribution of referrals
 - Close the loop with digital care plans to PCPs
- ▶ Assist Health Plan to identify high risk members
- ▶ Share enrollment paperwork
- ▶ Regional Jail – gather critical medical data for new arrivals
- ▶ Early HeadStart sending positive ASQ's to PCP
- ▶ Future: First responders update PCP on non-transported clients



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