Jefferson Health Information Exchange

Connecting Healthcare for Better Coordination

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Gina E. Bianco
Acting Director

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What we do…

Better information at the time and place of care that follows the patient

About JHIE

- Community Driven and Governed Nonprofit

- Live in February 2013

- Region
  - Jackson, Josephine, Klamath Counties
  - Expanding to Columbia Gorge Region

- Health Systems
  - Asante Health System, Providence Health & Services, Sky Lakes Medical Center, Mid-Columbia Medical Center (2015)

- Coordinated Care Orgs
  - All Care, Cascade Health Alliance, Jackson Care Connect, Primary Health, Pacific Source (2015)

- Enrolled Providers
  - 469 providers at 95 clinics/practices (as of 11/26)

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Here's the Problem...

- The individual EHRs are the center of the data (provider centric model)

- Only includes information received via EHR interface with outside sources (lab/hospital) or input into the record (scan, data entry)

- Still requires significant amount of human intervention
  - Phone, fax, printer, scanner, etc…

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Payers

Hospitals
- Epic
- Meditech
- Cerner
- Others

Diagnostics

Pharmacies

Home Care

First Responders

Creates a community view of the patient where all providers with a need to know can access a patient's history to support the triple aim.

Providers

- All ONC Certified Electronic Health Records
- Those using Paper Records

Clinics

Public Health Registries
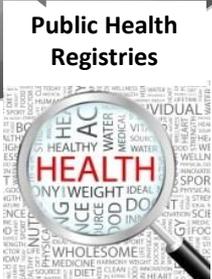
Focus on patient centered care where information follows the patient

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JHIE Services & Phasing

Electronic Referrals

Secure Messaging

Point to Point Behavioral Health – Primary Care Exchange

EHR Integration
Clinical Results
EHR Summary Exchange
Alerts
Community Health Record
CareAccord Connection

Public Health Reporting

Data Analytics

Pop Health Management

Integrated BH/PH Exchange

Healtheway (VA)

Phase 1
2013

Phase II
2014

Phase III
2015+

Phase II Data Exchange Types

- Labs and Pathology
- Radiology Reports (images later)
- Transcribed Reports
  - Discharge Summaries
  - H & Ps
  - Operative Notes
  - Etc...
- Cardiology Studies
- Patient Demographics
- Care Team List
- Admission, Discharge, Transfer alerts
- Care Summaries (Continuity of Care Docs (CCD))

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Phase II Transaction Volume*

- 134,407 patients in the Master Patient Index

- Nearly 1.8 million clinical data transactions processed per month (average since August 2014)
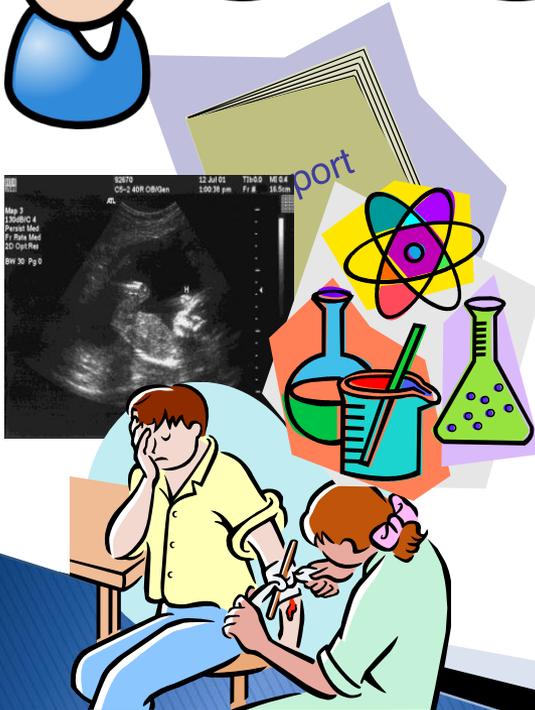
*Reporting period: August 15 to October 31, 2014

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How We Support CCOs/Payers

- Facilitating dialogue with priority clinics/providers to contribute data

- Brokering data aggregation for clinical quality reporting measures

- Supporting care coordination
  - Hospital notifications
  - Discrete clinical results/reports
  - Access to community health record
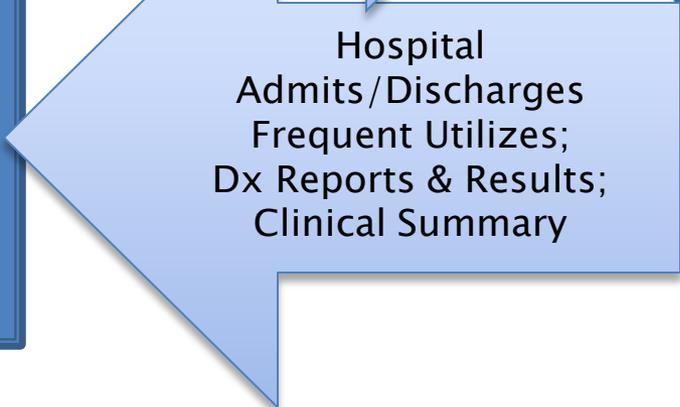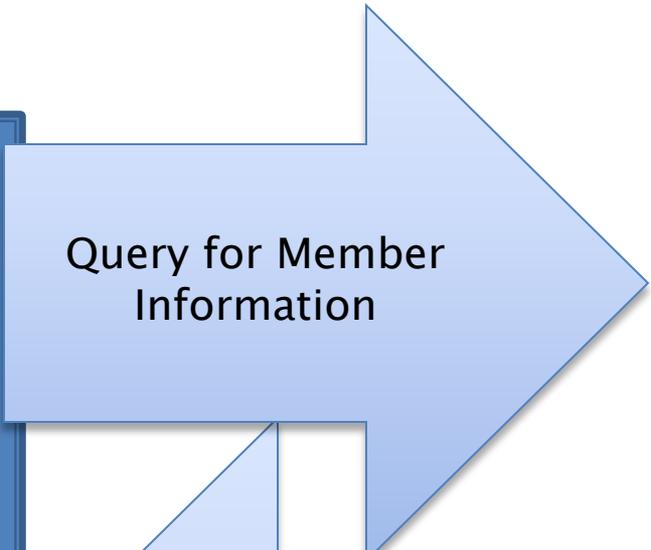
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Proven Return on HIE Investment

- **Improved Quality**
  - ◦ **Quality Reporting**– Nurses who perform chart reviews have a more cost effective method of collecting and analyzing information with less intrusion on the practice.
  - ◦ **Care Management** – Improves access to aggregated clinical data not otherwise available (consolidated patient–centric view)

- **Reduced Cost**
  - ◦ **Cost Avoidance** – 30% fewer radiology exams and 33% fewer lab results over 2 years attributed to patient search (community health record)
  - ◦ **EHR Interoperability** – Single EHR interface to HIE (rather than with each hospital/lab) realizes implementation cost savings of between $18,500 and $28,500 per practice

- **Increased Efficiency**
  - ◦ **Referral Loop** – Efficiencies result in specialty clinic savings between $150K and $250K per year; see patients up to 2 days faster
  - ◦ **Results Distribution** – More than $2 million realized on the average cost to send results using traditional methods of fax and mail

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Challenges

- HIE Means Workflow Change
- Connecting with Physician EHRs
- Environment is Constantly Changing
  - Federal Standards and Certification Criteria
  - Technology Capabilities
  - Affordable Care Act
- Behavioral Health Data Exchange
  - State law more strict than federal
- Obtaining Meaningful Data to Support Clinical Quality Measures

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Success Stories

- Behavioral Health
  - Information at intake process = better patient care
- Specialty Referrals
  - Complete referral and documentation
  - See patients faster than paper referrals
  - More efficient = cost savings
- Primary Care
  - Eliminates the referral black hole
  - Peace of mind
- Oral Health
  - Streamline referral process
  - Image exchange
- Overall, Faster, Better Patient Care!

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