

HIT/HIE Community and Organizational Panel: Member Initiatives Overview

Project Name	HCOP Panelist Name	Organization	Project Type	Region	Vendor	Financing/ Governance	Incorporated Data Types	Users	Identified Use Cases
Jefferson HIE	Gina Bianco	Jefferson Health Information Exchange	HIE	Southern Oregon, Columbia Gorge	Medicity	501c3, broad stakeholder representation on Board, hospitals vetted the vendor	Labs & Pathology, Radiology reports, transcribed reports, cardiology studies, care team list, automated HL7 Admit Discharge Transfer (ADT) feeds, care summaries	Live: Providers, Hospitals, Clinics/FQHCS, CCOs; Future: Other Labs/Diagnostics, First Responders, Pharmacies, Registries, Other Health Plans	Closed Loop Clinical Referrals, Direct Secure Messaging, Community Health Record, Hospital notifications, Transitions of Care
Community Connected (C2) Network	Stephanie Mendenhall	Jackson County Health and Human Services	HIE	Jackson County	VistaLogic	CCOs put in costs, matched by HHS	Behavioral health, Social service data, Court data, School district data, employment	HHS – Mental Health, DHS, Medical Providers, CBOs, other HIEs	Central contact registry/referral service, auto-populated forms, access & utilization notifications, data aggregation & reporting
Regional Health Information Collaborative (RHIC)	Klint Peterson	InterCommunity Health Network CCO (IHNCCO)	HIE	Lincoln, Benton, Linn Counties	Intersystems Product - HealthShare	CCO funded (IHNCCO)	EMR encounter data, claims data, pharmacy	IHNCCO affiliates	Care history for coordination, Hospital notifications, order tracking (closed loop prescriptions), Emergency Preparedness
CareAccord	Susan Otter/ TBD	Oregon Health Authority	Direct Secure Messaging Provider (HISP)	Statewide	Harris, Mirth Mail	Medicaid and state funded, currently offered for free	N/A – Direct is a transport mechanism, allows for sharing of a broad range of data	Oregon health care entities, providers and care team members, state agencies (OHA/DHS)	Direct secure messaging use for care coordination across organizational and geographical boundaries; EMR-integration pilots will support Meaningful Use requirements for sending Transitions of Care summaries

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Care Management, Analytics & Reporting Tool (CMART)	Deborah Rumsey	Children's Health Alliance (CHA)	Population Management Tool	Portland Metro Area	Wellcentive	Provider-Purchased, providers vetted the vendor	EMR data (varies by vendor), EDIE, payer claims data	CHA member Pediatricians (100+)	Robust data aggregation, analytics, and reporting, pay for performance analytics, care management supports, shared care plans.
Central Oregon Health Connect	Michael Thomas	St. Charles Health System	HIE	Central Oregon	N/A	Governance and financing structure created – currently considering next steps for technology efforts	TBD	CCO, St. Charles Health System, community providers, etc.	TBD
Emergency Department Information Exchange (EDIE)	Susan Kirchoff	Oregon Health Leadership Council	Hospital Event Notification System	Statewide (for Hospitals)	Collective Medical Technologies	Costs shared: half by hospitals and half by commercial plans/OHA on behalf of CCOs. Representative Governance Committee	Automated HL7 Admit Discharge Transfer (ADT) Information, supplemented by manual entry of care guidelines/ history	<u>EDIE</u> : Oregon and WA Hospitals <u>PreManage</u> : Medical groups, health plans, CCOs, other care coordinators	Hospital notifications, shared care guideline/history
Advance Dental Information Network (ADIN)	Chuck Fisher	Advantage Dental	Dental HIE	Statewide	Advantage Dental Proprietary System	Privately funded by Advantage Professional Management, LLC. Governed by Board of Managers.	Supports dental specific practice management systems. Currently supports Dentrax 4/5, Dentrax Enterprise 5/6/8, Daisy 4, Dental Vision 9, Eaglesoft 15/16/17, Dolphin 6/7, Open Dental 5/7, and Practice Works 7.	All Advantage clinics, 65 Advantage contracted primary care dentists and state-wide 24 hour ER on-call dentists.	Transfers medical records between systems including pharmacy, xrays, claims, and demographics. Shares data using open query. Provider directory and referrals.

HITOC Minimum Data Elements Survey Results

October 4, 2016

	Importance Rating (n = 9)				
	Low	Medium	High	Highest	High or Highest
Medications	0	0	4	5	9
Medication Allergies	0	1	2	6	8
Diagnoses	0	1	4	4	8
Discharge Summary	0	1	4	4	8
Allergies	0	1	5	3	8
Laboratory Value(s)/Result(s)	0	1	5	3	8
POLST Registry (Physician Orders for Life-Sustaining Treatment)	1	0	5	3	8
Advance Directives	1	1	4	3	7
Imaging results	1	1	5	2	7
Medication History	0	2	6	1	7
Prescription Drug Monitoring Program (PDMP) (i.e. opioid prescription history)	0	2	6	1	7
Hospital Event (ADT)	1	1	2	4	6
Social Determinants (e.g. food/housing instability, ACE score, income)	0	3	3	3	6
Problem list	1	2	3	3	6
Vital Signs	0	3	4	1	5
Care plan	0	4	4	1	5
Procedures	0	4	4	1	5
Behavioral Health Plan	0	3	5	0	5
Referrals	4	0	5	0	5
Assessment & Plan of Treatment	0	5	4	0	4
ePrescribing	2	3	1	2	3
Care Team Members	1	5	2	1	3
Immunizations (ALERT Registry)	1	5	2	1	3
Laboratory Test(s)	1	5	2	1	3
Psychosocial History/Assessment	0	6	3	0	3
Health Concerns	1	5	3	0	3
Smoking Status	4	2	2	1	3
Imaging tests ordered	3	4	1	1	2
Progress Notes	0	8	1	0	1
Goals	2	5	1	0	1
Goals: barriers/challenges	3	5	1	0	1

OHA-Identified Minimum Data Elements

- Patient Name
- Sex
- Date of Birth
- Race/Ethnicity
- Address
- Phone Number
- Preferred Language
- Admission/Encounter Date
- Basic Provider Information
- Service Location

	JHIE Service/Function	EDIE/EDIE Plus	PreManage	CareAccord	Provider Directory, Common Credentialing	Clinical Quality Metrics Registry (CQMR) and Other State-level Services
Overview						
Overall goal/value	Provide care team with access to patient-centered health information at time and place of care to improve timeliness, quality and coordination of care	Hospital notification of ED, hospital events, care guidelines for high-ED utilizers, and other patients	Hospital event notifications for CCOs, plans, providers	Direct secure messaging for any member of a care team	Foundational, state-level provider information for credentialing, HIE, analytics, operations, etc.	Collecting Meaningful Use clinical metrics for Medicaid purposes: CCO reporting analytics, and supporting quality improvement, etc.
Operating Organization	Jefferson Health Information Exchange	New utility sponsored by OHLC and OHA	EDIE Utility support, operated by Collective Medical Technologies	OHA with Harris Corp.	OHA with vendor(s)	OHA with vendor(s)
Key Users	Health Care Organizations: CCOs, Hospitals, physical, mental health/SUD providers, dental providers, therapists, etc.	All hospitals in the State, except VA	HIEs, CCOs, health plans, providers	Providers, CCOs and other members of the care team facing barriers to HIE (e.g., no EHR)	Health care organizations, HIEs, health plans, providers, OHA/DHS programs, etc.	OHA, CCOs
Timing	Currently implemented, phasing in services	EDIE in place 2014, EDIE Plus in place 2015	Available 2015	Currently implemented, expanding to EHR-integration services	Early 2016	Early 2016
Funding	Participation & Subscription Fees; 2-year Federal Cooperative Agreement in collaboration with OHA to support special projects	3-year commitment to utility model, jointly funded by hospitals, OHLC member plans, OHA on behalf of CCOs	Subscription model, federal/state funding possible for Medicaid organizations	Federal/state funding, potential for user fees in 2015	Credentialing: fees; Provider Directory: Federal/state funding, potential for user fees	Federal/State funding
Geographic Scope	Regional	Statewide	Statewide	Statewide	Statewide	Statewide
Data Scope						
Data Sources	Data from participating hospitals and ambulatory EHRs; others on roadmap	All hospitals in Oregon and Washington, except VA	All hospitals in the State, except VA	Any user of a HISP that is DirectTrust-accredited, participating in NATE, or otherwise trusted may send data derived from EHR or other clinical systems over Direct secure messaging to CareAccord.	Providers, health care regulatory boards, HIEs, EHRs, etc.	Provider EHRs (CCDA/QRDA I/III), CCOs, Data intermediaries such as HIEs

Jefferson Health Information Exchange (JHIE) and
Oregon Health Authority (OHA) HIE Phase 1.5
Functionality Comparison
August 5, 2014

	JHIE Service/Function	EDIE/EDIE Plus	PreManage	CareAccord	Provider Directory, Common Credentialing	Clinical Quality Metrics Registry (CQMR) and Other State-level Services
Data Types	Labs, Radiology Reports, Transcribed Reports, CCDs, Cardiology Studies, and ADTs	Emergency and inpatient ADTs from hospitals; discharge notes and care guidelines accessible by hospital ED and inpatient users	Leverages EDIE Plus to make hospital event data available to HIEs, health plans, CCOs, providers, care team for their members or patients	Any data can be sent via a Direct message, including but not limited to care summaries, clinical notes, test results, etc.	Provider data including credentialing information	Clinical quality metrics data
Services/Functions						
Direct Secure Messaging	Support Direct Trust certified secure messaging - capable of messaging with other Direct Trust HISPs, including CareAccord	NA	Can leverage Direct to send notifications	Full DirectTrust Certification in October 2013. Able to send/receive Direct secure messages from any fully accredited DirectTrust HISP (e.g., JHIE's HISP), as well as those that are part of NATE.	Can leverage Provider Directory services to make Direct addresses available to any fully accredited Direct Trust HISP user.	Can leverage Direct to collect and send CQMR data
Provider Directory	Provider directory is based on user participation. CareAccord provider directory flat file participation.	NA	NA	Direct Trust accredited organizations can send/ receive flat file PD data to/ from CareAccord and Care Accord subscribers can access Provider Directory Services(PDS) via CareAccord's PD. CareAccord's PD can be accessed by others via PDS.	Common credentialing and Provider Directory Services in 2016 to support HIE, referrals, operations, analytics.	CQMR will leverage state-level provider directory
Clinical Referrals	Electronic referrals network supports a closed loop referral process. Supports secure (42 CFR Part 2 compliant) referrals among behavioral, physical and dental health providers.	NA	NA	Care Accord users may send patient information in a Direct secure message to another provider to support a patient referral.	NA	NA

	JHIE Service/Function	EDIE/EDIE Plus	PreManage	CareAccord	Provider Directory, Common Credentialing	Clinical Quality Metrics Registry (CQMR) and Other State-level Services
Results Delivery	Discrete results distribution from all participating source systems (current and future) delivered to EHR or via web-enabled inbox.	Push ED and inpatient ADT, discharge notes and care guidelines to hospital ED and inpatient	Push ADT, discharge summary and care guidelines to plans, CCOs, HIEs and providers	Test results can be delivered to CareAccord users if sent by their associated labs or if sent by other sources as part of clinical documents such as summaries.	NA	NA
Integration with hospital and physician EHR systems for bidirectional health information exchange	Fully integrates with EHRs for results delivery, CCD exchange, community health record, and transitions of care	Integrated with HIE, and/or hospital EHR systems (at option of hospital, can also fax or send via Direct)	Can integrate with HIE to deliver data via HIE to EHR	Currently web-portal based. Expansion expected to enable send/receipt of Direct secure messages to/from EHR via XDR.	Provider Directory - leverage new HPD standards to integrate searchable provider directories that are part of EHRs and HIEs into a statewide network.	NA
Registry Reporting	Future: reporting to the CQMR database and public health registries. B22	NA	NA	Direct messaging may be used to report to State registries	NA	Clinical Quality Metrics Registry in 2016 - collecting electronically from CCOs, HIEs, other data intermediaries, or directly from providers
Other features						
Member File Management	Automated processing of CCO/payor member file to support results delivery to payor for active members.	NA	Upload of member file (patient list) for whom the payer/provider wants to receive hospital notifications	NA	NA	TBD
Reporting and Analytics	Future: reporting and analytics platform to support CCO clinical metrics monitoring and reporting	Automated delivery of care history/guidelines to hospitals for high ED utilizers, availability of ADT data to hospital inpatient	Web based viewer of notifications, or push to HIE, CCO, plan, providers for consumption	Point to point data exchange using Direct secure messaging and file attachments	NA	CQMR: Can make clinical metrics data available back to CCOs for their members potentially quarterly

	JHIE Service/Function	EDIE/EDIE Plus	PreManage	CareAccord	Provider Directory, Common Credentialing	Clinical Quality Metrics Registry (CQMR) and Other State-level Services
Meaningful Use	Hospitals and ambulatory EHR users send transitions of care through JHIE Direct HISP and eReferrals system; support discrete lab results delivery to EHR; meets HIE participation for MU.B26	NA	NA	Can support receipt of clinical data in support of MU, such as transition of care summaries for hospitals and providers.	NA	CQMR: Support Meaningful Use reporting for clinical quality metrics
Healthway National HIE	eHealth Exchange certified; VA connectivity in process	NA	NA	TBD	NA	NA
Patient Search	Query based exchange to JHIE Community Health Record for longitudinal history; user access based on role based controls.	NA	NA	NA	NA	(See below)
Patient Matching and Record Locator Service	Patented MPI and RLS systems ensure accuracy of patient matching to support for search capabilities. Supports patient/provider attribution for security and access controls	Patient matching capabilities	Patient matching capabilities	NA	NA	Anticipated in Phase 2.0 - supporting distributed queries from HIEs and health care organizations, including record location and patient provider attribution
Privacy/Security	Patient opt out system based on HIPAA and 42 CFR Part 2 requirement; user authentication; role-based access; self-pay indicators; user training; and comprehensive policies and procedures to manage patient privacy and system security (compliant with FIPS and NIST guidelines); SSAE No. 16 audited data center facility	Meets HIPAA provisions under hospital treatment relationship	Based on Patient/Member file	HIPAA-compliant. User authentication and role-based access to systems and functions. Strong policies for identity verification and certificate issuance and management. Systems, policies, and controls vetted by DTAAP accreditation.	TBD	TBD