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## HITPAC and Health Information Exchange: Bringing It All Together

Presented by Candy Hanson and Greg Linden, Stratis Health - 30-minute Webinar  
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**Good morning, ladies and gentlemen, and thank you for waiting. Welcome to the HITPAC conference call. All lines have been placed on listen-only mode and the floor will be open for your questions and comments following the presentation. Without further ado, it is my pleasure to turn the floor over to your host, Ms. Candy Hanson.**

Ms. Hanson, the floor is yours.

Good morning, everyone. Welcome to our webinar, Health Information Exchange: Bringing it Together. Before I introduce our speaker for the day, I just wanted to remind everyone that I sent out the link this morning for the evaluation in a communication in a HITPAC communication. I would ask that you please take a minute to complete it as soon as you can, hopefully right after the webinar today.

I'd like to introduce Greg Linden. Greg Linden is currently the Chief Information Officer for Stratis Health. He has been active in Minnesota's e-Health initiative and is currently involved in helping communities move forward with electronic health information exchange. He is the HIE subject matter expert for ONC's Regional Extension Center for Minnesota and North Dakota. He is also the Chairman of the National Broadband for Rural Health Care Committees.

Prior to coming to Stratis Health, Greg was in executive roles with the United Health Group, Medtronic, and Health Systems Integration. He also worked at IBM for 13 years. He holds a BSEE and an MBA from the University of Minnesota and is a certified professional in both EHR and HIT. He has spoken nationally on HIE and has been a regular guest lecturer on the e-Health at the Wharton School of Business. He has also been a guest lecturer on IT Strategy and e-Health at the Carlson School of Management at the University of Minnesota.

Please welcome Greg Linden.

Thanks, Candy.

Hi, folks. I'm looking forward to the presentation today. It's going to be a pretty quick presentation. We have 30 minutes scheduled for the whole thing. I know the clock is running, and I will be moving through these slides pretty quickly. But we're talking about an exciting project here today. It's the HIT Proposed Acute Care and the HIE Bringing it Together project. Again, this is a CMS special innovation project; and we would areally all the support we have from the folks at Fairview on the (inaudible) care facilities that are participating with us.

Our objectives today are to understand Minnesota's Health Information Exchange objectives for the state and their progress towards HIE. We want to learn about the data elements that are important to support transitions of care; and we want to learn the basic methods of transport, which is moving electronic data, that are currently available to support HIE.

A quick grounding on the HITPAC projects in Minnesota – again, it's a CMS special innovation project; and it's effectively a collaboration between three Fairview hospitals and ten skilled nursing facilities. There are really two main focus areas for this project. It's transitions of care and improving medication management. The plan is to leverage the good work that everyone on this project has done already with electronic health records, but then we add to it the use of health information exchange and move some of this key patient data out to support transitions of care.

So why transitions of care? Well, we know that by improving transitions of care or continuity of care, we can positively impact patient safety, quality of care and system efficiency.

The health information exchange specific objectives for this project are as follows. First, the overarching objective of the initiative is to focus on collecting data that will demonstrate the impact of exchanging health information in a continuity of care scenario. This is about understanding the impact of data sharing. It's not supposed to be about simply building a technical solution. We're going to be doing that as part of this project, but the data here is key; and we want to see how we can impact patient safety and quality of care by moving patient data around with the patient.

So we want to focus on making sure that the right data is being exchanged, that we're using the proper fields to produce meaningful patient assessment and discharge summary documents, as well as other data. We want to try to use an acceptable container or document -- and I'll talk more about this later – but we want to store this information in a very specialized file and the ideal being using a standards-based continuity of care document, or CCD, that can be used to exchange this information system to system. Now, reality may be that we have to look at what we possibly can exchange this data in during the course of the project; and then we'll make adjustments as necessary.

We also want to focus on an acceptable means of secure transport, and that's making sure that health information is exchanged securely. Exchange may already be happening in this environment, although I think we've had enough experience to see that we're probably not seeing a lot of health information exchange yet; and it's probably not being done system to system. What we're trying to do then is to follow up with a standards-based solution, such as something called Direct, which I'll define later; and we'll bring this into the project and potentially use this as a way to move data between providers.

Another major focus is to look at both the source and the target system and assess their ability to natively send or receive data. And in the highly likely event that it's not able to automatically enable data sharing between systems, we'll look at alternatives that help us meet the objectives for the initiative.

And then finally, we want to stir up the discussion about terminologies necessary for data exchange. And I won't spend a lot more time talking about this; but I want to point out that as we begin to move towards the day that data can be exchanged system to system, it's really critical that everyone is using the same definitions and the same descriptions and units of measure and the like for their data in their system so that when we exchange this information someday, and it goes directly into systems, we're all speaking the same language. And that data can be exchanged safely and effectively out of one system and imported into the other.

The Health Information Exchange solutions that we're recommending – we'll always shoot for the highest level of standards, compliance and interoperability possible. Interoperability being kind of a big, long word that describes connecting systems and EHRs together, but we'll also be pragmatic about it and we'll find a way to share the data needed to accomplish the mission of this project.

So those are the major focus areas for the HITPAC project. Let me kind of start the discussion about health information exchange broadly speaking by kind of taking us through where HIE in Minnesota is at. This is a fabulous chart that I remember starting back in 2005, where we were just pushing the adoption of EHRs back then in Minnesota. And we really had developed kind of a left side of this chart, encouraging providers to assess their clinical practice for using the EHR, plan for an EHR, select an EHR is probably adopt portion of the continuum. And then we wanted to move into utilization – ultimately towards effective use, which sounds a lot like meaningful use, which in fact that's what it referenced.

Ultimately, it builds the case now for the fact that we are now at a new stage in this continuum, which is we're ready to start exchanging information. So, we're talking to folks about the readiness to do exchange; and we're beginning to have discussions about how are EHRs going to be interoperating. And there are several technical solutions that the state has been working on and making available. And I'll define these further in a second here; but it includes health information organizations, or HIOS, and health-dated intermediaries, or HDIs.

A quick point I want to make here is health information exchange is more than just the technology and the boxes and the wires connecting everything. There are issues that everyone needs to look at as they explore HIE; and it concerns the different parts of organizations. That can include the governance for the health information exchange and who's running it and who's responsible for it; how do you finance an HIE; how do you pay for the services that are necessary for health information exchange? Of course there is technical infrastructure. I think a lot of people assume that that's the biggest issue, but I would suggest that actually some of these other issues are as big because we've gone a long way towards solving the technical infrastructure issue.

There's the business and technical operations side, and that's kind of where you get into changes to your workflow, changes to clinic practice, and how do you leverage HIE to make your care pathway more effective for your patients and for your organization.

And last but not least, we have the legal policy issues that attorneys have to get involved in to make sure that everything is square from a privacy standpoint, from a legal compliance standpoint. There's been a lot of good work done here too, and it's templated so that people don't have to go out and invent this out of (inaudible); we are able to leverage a lot of prior good work.

So Minnesota has done a good job of building a foundation that's consistent with the national vision for exchange, that it builds upon the work that the Minnesota e-Health initiative has been building for years. We're really focused on making it work for patients, and it's based on good public principles.

And I want to make one quick point and not spend a lot of time on it, but the Minnesota model for HIE – and a lot of states have had different models – includes oversight of health information exchange, so you have the comfort of knowing that there are regulatory bodies that are overseeing the health information exchange. That should give you a lot of comfort that any solution that you're looking at in Minnesota has been looked at by responsible authorities.

Don't want to spend a lot of time on this slide; this is kind of an eyeful. But it's the national e-Health exchange. It's a representative of something that had been referred to as the NWHIN or Nationwide Health Information Network. It's now referred to as the e-Health Exchange. And in the future, there's a very high level interconnectivity that can happen between communities of care, state and local government, integrated delivery systems, pharmacies and labs. And we can put them all on the Internet and connect all of these providers.

This is not a dominant reality today. I would say the key point here though is that the work being done at the national level has been to set the standards, specifications and agreements for secure connections. So that is no small thing. By having these standards and specs established at the national level, we get to benefit from that at the state and regional local level. So even if we're not using the National e-Health Exchange today, we are benefitting from having this work done; and that's enabling a lot of what we're talking about today.

So back to Minnesota – you'll notice that it's kind of a busy chart. But both sides are the same. We have providers and consumers and all of the same entities on either side, and this is to demonstrate that exchange can be facilitated between any of these parties through a number of means. And this chart kind of talks to some of the three major exchange types.

The one at the top is the most robust and also the most complex. It's the Health Information Organization. It facilitates health information exchange in a query-based manner. So in other words, this is kind of what a lot of people think of when they think of exchange. A patient presents in the emergency department. Maybe they're not able to communicate what their drug allergies might be. So the ED will then hop online and do a query and find that patient using record locator services. They will sign onto a system because they're authorized and they're authenticated users of the system, and they will go and find out what information exists for that patient across the other providers that are participating in this query-based exchange. And so they'll get a return back to their screen with the patient's information, and they'll be able to find out if there are any medication allergies or any other information that's pertinent to that particular patient. That's a "pull." That's a query into the system.

Other forms of exchange include using health data intermediaries, or HDI's. These are transactions – specific exchanges and in particular examples include public health reporting, electronic prescribing, immunization data exchange, laboratory results reporting. These are all known public health requirements of reporting, especially in meaningful use; and those are very transactional in nature. You know that you're sending it to the Immunization Registry, and they are set up to receive your message.

The last form is direct exchange, and direct is a national standard. So when I say "direct," it's actually referring to a protocol and a standard out there. Effectively what this allows you to do is it allows you to send information from one provider organization to another. And it's analogous to a fax in that you know who you're trying to send it to, and the recipient is expecting information from you. And so it's really a push. So where this is referred to as a pull, this is kind of a push. You're sending it off to a referral physician for example.

So I'm going to talk to about these two in a little more detail here. So here's the example of the pull transaction using the Health Information Organization. So a primary care provider recommends a procedure for their patient, a resident of a long-term care facility. The hospital wants to pull the patient record information on admission; the provider wants to pull the results of the procedure; and finally, the long-term care facility wants to pull an updated med list on their return. So you see the three major players – the hospital, the provider, long-term care – and in the middle are a lot of the complex services that make a query-based exchange system work. And I really don't want to get into a whole lot of detail on this, but just to point out that a system like this is the kind of system that can connect public agencies, prescribing firms with integrated delivery systems or large hospital systems – and then ultimately, the national e-Health Exchange.

So by taking advantage of record locator services, ID management security, and then consent management – we need to track has the patient signed off on this. Are they willing to contribute their information, have it located and looked up within Health Information Exchange? All of this machinery can work and deliver some very powerful services.

Direct is e-mail with a trusted security layer. Trust means you may only correspond with addresses with whom you've established mutual trust, so you know who you're sending it to; and security is taken care of by protecting confidentiality, the integrity of the data that's being sent, and ensuring that it's an authentic message that was signed by the person sending it.

Directives and standards compliance secure directed clinical messaging standards -- so that means if you use this to send information and patient information of someone else, that it's a standard that's made for e-Health information. It's HIPAA-compliant; it's meaningful use-compliant; it's a very simple protocol. There's a lot of complexity behind it, but using it is very simple. It's very low-cost; and it has some benefits

in that it's a smaller hurdle to get over from a legal framework or consent management perspective, and we have a number of health data intermediaries and HIOs in Minnesota that can offer this service.

So this actually fits in pretty well into a lot of scenarios. Here's an example of communication from a clinic to a lab and the lab back to the clinic. You can barely see the zeros here, but let's say it's a provider asking for a lab to be done. The lab performs the test and then sends that information back to the provider – so very simplistic but powerful use of the direct technology.

And here are some other example use cases. You can look at this and maybe recognize a lot of the things you're doing. The thing that this all has in common is that it's point-to-point exchange. And if you think about almost anything that you might use e-mail for or a fax machine for, you can probably leverage direct to accomplish it.

So back to our scenario where we're sending a patient in for surgery from a long-term care facility, we could use direct to do that as well. Remember the last time we talked about it, we were using a query-based exchange. We can use direct as well because we know all the players in the scenario. So the hospital can push information about the patient to the long-term care facility; the long-term care facility can push information back to the hospital to support the admission; and then the hospital can push the results of the procedure back to the primary care physician and the long-term care facility – so another way that we can use direct to accomplish the same scenario.

I don't want this to be an intimidating diagram; it's just meant to point out that when you put all these pieces together, you've got the national e-Health exchange here; you've got health information organizations connecting the national e-Health exchange to the statewide HIE; and then we have direct down here -- it's a push technology. We have shared HIE services at the state level – like provider directors and tracking consumer preference management. When you've got this piece in place, you can facilitate a lot of communication between hospitals, private practices and other settings through this machinery based on what tool adds the most value.

So when we talk about supporting transitions of care or continuing of care, these are the categories of information that we want to collect data for. And we're not going to get into a lot of the specifics of the data, but this is the sort of thing that can be supported in the standardized file format, such as the Continuity of Care document or CCD. So we're going to focus in this project for sure on tracking things like plan of care, results, medications, functional status, maybe even advanced directives; and we're going to look to you guys to help us define what information is important to you because frankly, sometimes the hospital has a different list of things they care about than the long-term care facility. And we want to listen to all the providers and try to deliver as much information that's relevant at the right time for the right patient at the point of care.

This is a slide trying to bring it all together. While we walk through this project, we want to focus on these major components. These are kind of standard for almost any HIE project. But the good news is Fairview and the associated organizations already are demonstrating a tremendous vision of leadership with this by signing up for this project, and the workforce that we've worked with are very engaged on this. We are focusing on work flow issues to understand how HIE can improve the clinical workflow practice. Obviously, we need to pay attention to privacy and security issues. We're asking questions about HIPAA, and we're also squaring it up with Minnesota privacy laws.

Can't ignore the technical infrastructure. We are benefitting from a lot of the good work done in the last several years to implement EHRs. We're focusing on standards to help facilitate this exchange. And along the way, we're going to be building an estimate on costs; and hopefully you guys will work with us to figure out what the benefits to the organization are as well, looking at this as a long-term solution.

This all moves through a variety of provider settings; and through the use of protocols and standard specifications, we can take advantage of state-certified HIE service providers. And that's good news. In 2013, we don't have to create health information exchanges; we can take advantage of providers that are already out there doing this on your behalf. And then again, we can take advantage of other protocols and

specs to leverage statewide services eventually where the provider directory – the phonebook -- that you need to talk to is already built out. We're tracking the consumer preferences for opt in/opt out, and we can help facilitate record locator services to find patients for people that are participating in the statewide exchange.

Helpful reference documents you might want to look at – these are all available on the website at the bottom of the screen. The [www.health.state.min.us/e-health](http://www.health.state.min.us/e-health) -- we've produce five guides at this point. The last came out in June of 2012. So if you're looking for more information about health information exchange, especially in Minnesota, I recommend taking a look at these guides.

So that is the whole material we wanted to smoke through. I realize we went through it very quickly; but at this point, we are available for questions for just a few minutes if people have any.

Amanda, do you want to want to open up the floor for questions?

Certainly, the floor is now open for questions. If you do have a question, please press the number "7" on your telephone keypad. Questions will be taken in the order that they are received. If at any point your question has been answered, you may press "7" again to disable your request. If you are using a speaker phone, we do ask that while posting your question, you pick up your handset to provide favorable sound quality.

Our first question is from Sherry Bolander of Fairview. Go ahead, Sherry.

Hi, Greg, thank you very much for this presentation. I'm just wondering if we can have the slides available to us for further perusal.

You bet, Sherry, in fact we are recording this session for future playback. So if that's useful at all, we'll make that available to you guys. So if people couldn't have been on this call, they're going to be actually able to play that back in the future. Is that kind of what you're looking for?

Absolutely, thank you.

Perfect – anyone else?

Amanda, this is Candy. Could I ask a question?

Of course, your line is unmuted throughout the duration of the call.

Okay, my question is: When we talk about direct messaging, does direct messaging meet the privacy requirement of an encrypted e-mail message?

That's a really good question, Candy; and the answer is, "It does." This is a protocol that was established by the Office of the National Coordinator out East and in cooperation and conjunction with CMS. A lot of work went into this to make sure that this is a protocol and a solution that works really well for PHI – for protected health information. So it handles the privacy and security elements very well.

Any other questions out there?

Again, as a reminder, if you do have a question, please press the number "7" on your telephone keypad.

Well, if there aren't any more questions today – and I realize that we threw a lot at you really quick and you'll probably think of it five minutes after the call. Candy and I are on this project constantly, and you guys know how to reach us. We'd be more than happy to follow up with you on any question you can think of later because that is really our mission here on this project, is to make sure that you guys get questions addressed and you're as knowledgeable about this as you can be because that's only good news for the project and good news for Fairview and all the partners participating.

So we'll wrap up the question portion. I'm going to turn it over to Candy to do a kind of call wrap up here.

Thank you so much for joining us today. I also want to let you know that on our weekly consultation, either visits or calls, Julie Jacobs and myself will be addressing this webinar with you. We'll want to make sure that we go through it with you again and review any questions or any comments that you might have about it. And then also I just wanted to remind you again to please complete the evaluation that I sent in the HITPAC communication this morning.

The other thing I should let you know is that I know we did have difficulty with our first presentation in terms of getting the audio with the slides. We believe that we have solved that issue, and so this recording will come as a package deal.

So thank you for joining us.

Thank you, this does conclude today's teleconference. We thank you for your participation.

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