

An Independent Chapter of



# ACHE Central Illinois Chapter

## Upcoming Webinar Program

Earn 1.5 Qualified Education Credits

### Health Information Exchange: Implementation in the Real World

#### Speakers

**Greg Wahlstrom, MBA, HCM**, Immediate Past Education Chair, Central IL Chapter of ACHE  
**Douglas Garland Jr., MS, PharmD**, HIE Policy Board Member, Washington D.C HIE Policy Board  
**Carla Smith, MA, CNM, FHIMSS**, Executive Vice President, HIMMS North America  
**Jack Malloy, VP of IT Service Integration & Quality** Corporate IT, Henry Ford Health System  
**Lauren Wiseman, MSN**, Clinical Services Manager, Central Illinois Health Information Exchange

#### Date

**Wednesday, March 11, 2015 - 12:00PM – 1:30 PM CST**

#### Description

The Office of the National Coordinator (ONC), part of the Department for Health and Human Services, has awarded funds as part of its State Health Information Exchange (State HIE) Corporative Agreement Program. The goal of this program is to support efforts to rapidly build capacity for exchanging health information across the health care system both within and across states.

The program moderator and panelists will discuss the expansion and development of new HIEs which are bringing together local communities and which then are connecting to the state network, including the challenges and lessons learned from a technical, governance, engagement, and sustainability point-of-view. The panelists will also discuss related offerings available to Health Care Systems through the HIE including strategies to meet the Centers for Medicare and Medicaid Meaningful Use requirements and how the HIE can be employed to share data for Transitions of Care.

#### Register Here:

[anymeeting.com/PIID=EB54D98988483B](http://anymeeting.com/PIID=EB54D98988483B)

Please join Central Illinois American College of Healthcare Executives and Greg Wahlstrom, Dr. Douglas Garland Jr., Carla Smith, Jack Malloy and Lauren Wiseman for this 90-minute panel discussion via webinar. This event will include an opportunity for Q&A.

#### With this panel discussion, you will gain insight and tactics to:

- Present current status of the implementation of the state or territory's HIE
- Discuss the successes, challenges, and lessons learned during the founding of the HIE and when on-boarding to the state network
- Examine Strategies to use HIE to meet Meaningful Use requirements at the Health System level
- How does the Admit, Discharge or Transfer (ADT) data assist the Health Plans?
- What are the incentives and penalties around meeting Meaningful Use Stage 2?
- Is the benefit of being able to exchange data electronically worth the cost?

#### For More Information Contact:

Greg Wahlstrom, MBA, HCM  
Immediate Past EDU Chair -  
Central IL Chapter of ACHE  
Tel : (424) 256-3556

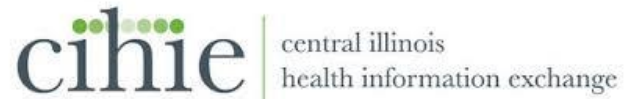
Email : [GregWahlstrom@hotmail.com](mailto:GregWahlstrom@hotmail.com)

*As an independent chartered Chapter of the American College of Healthcare Executives Central Illinois Chapter of ACHE is authorized to award 1.5 hours of Qualified Continuing Education Credit toward advancement or recertification in the American College of Healthcare Executives.*

*Participants in this program who wish to have it considered for Qualified Education (non-ACHE) credit should list their attendance when they apply to the American College of Healthcare Executives for advancement or recertification.*



<http://centralilache.blogspot.com>



# Health Information Exchange: Implementation in the Real World

Wednesday March 11, 2015

12:00PM – 1:30 PM Central Standard Time

**Central Illinois  
Chapter of  
ACHE**

CHAPTERS

**COME AND GET IT**

Leadership  
Education  
Advancement  
Networking

# Program Description

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# Topics

- Present current status of the implementation of the state or territory's HIE
- Discuss the successes, challenges, and lessons learned during the founding of the HIE and when on-boarding to the state network
- Examine strategies to use HIE to meet Meaningful Use requirements at the Health System level
- Understand how HIE can be used to facilitate transitions of care  
What elements of cost are included in creating an HIE?
- How do you make the decision on whom to solicit for membership in the HIE?

# Topics (cont.)

- How does the Admit, Discharge or Transfer (ADT) data assist the Health Plans?
- How does the Health System benefit from providing this data? Can the ADT data be used for other purposes?
- What are the incentives and penalties around meeting Meaningful Use Stage 2? How do you plan for sustainability?
- Is the benefit of being able to exchange data electronically worth the cost?
- What role can HIE play in facilitating the exchange of health data in order to meet Meaningful Use Stage 2?



**Douglas Garland, PharmD**  
HIE Policy Board Member  
District of Columbia's HIE Policy Board

Douglas M. Garland Jr., MS, PharmD is an independent consultant based in Washington, DC. Through DMG Scientific since 2007, he serves organizations in both the public and private sectors, domestically and internationally.

In the US public sector, he is a Mayoral appointed Board member on the DCHIE - District of Columbia Health Information Exchange Policy Board. He also advises the District's Department of Health executives on eliminating disparities in infant mortality, working in partnership with the Clinton Global Initiative. In the past 12 months, Dr. Garland has also consulted HHS' SAMHSA in a policy advisory role on prescription drug abuse, and HHS' CMS as a Chairperson evaluating recipients for the \$1B Health Care Innovation Awards.

In the private sector, Dr. Garland serves in project management and advisory roles both pre-award and post-award to state and federal consulting companies and grantees, helping them to increase their customers' return-on-investment on health and human services related engagements to include biomedical research, clinical services, organizational and operational improvement, and health media/communications projects. In the past 12 months, his clients were awarded over \$32M in competitive bid contracts from federal and state agencies.

Prior to DMG Scientific, Dr. Garland was a GlaxoSmithKline scientist, a genetic engineer and health disparities researcher in academia, and NIH extramural research scientist with a focus on liver physiology.





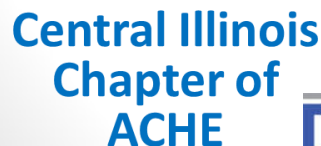
**Lauren Wiseman, MSN**  
Clinical Service Manager  
Central Illinois Health Information Exchange

Lauren Wiseman has been involved with the Health Information Exchange efforts in Illinois since 2009, participating in the planning grant workgroups and then joining the staff of Central Illinois Health Information Exchange in 2011. Lauren is a registered nurse with more than 30 years of healthcare experience in several clinical settings. This diverse experience has fueled her passion for Health Information Technology and Health Information Exchange.

As the Clinical Services Manager, Lauren works with participating healthcare organizations providing clinical project management, promoting effective adoption of HIE and supporting Meaningful Use efforts. Successful implementations include large IDNs, community and critical access hospitals and independent practices. Prior to joining CIHIE, Lauren was a Clinical Informatics Specialist for the Rural Health Center in Clinton, Illinois, leading the EHR implementation and the HRSA Small Rural Health Quality Grant.

Lauren is an active member of HIMSS, serving as the Vice Chair Midwest Region of the Chapter Advocacy Roundtable and the Chapter Advocacy Chair for the Illinois Greater Chicago Chapter. As a member of the American Nurses Association, she serves as a peer reviewer for continuing education. In 2012, she was appointed to the Care Coordination Quality Measurement Panel Advisory Committee.

She holds a Bachelor of Science in Nursing from Maryville College and a Master of Science in Nursing from Duke University. Lauren is board certified in Nursing Informatics.





## Jack Malloy

Vice President, IT Service Integration & Quality, Corporate IT  
Henry Ford Health System

Jack Malloy is a senior technology executive reporting to the CIO of Henry Ford Health System. With over 35 years of experience in application software systems for healthcare providers, Jack's areas of expertise are strategic planning, system selection and integration, applications portfolio management, and solutions architecture.

Jack was the chief architect for Henry Ford's internally-developed, enterprise-wide Revenue Cycle and Electronic Medical Record systems. These legacy systems were recently replaced by Epic applications. As part of the Epic implementation, Jack established the strategy and plan for Henry Ford's Health Information Exchange (HIE). Also, in partnership with the VP of Performance Management, Jack co-led the development of an Enterprise Data Warehouse program.

In his current role, Jack is responsible for aligning, centralizing and consolidating IT services across the Henry Ford Health System enterprise to improve service levels and to reduce cost.





## Carla Smith, MA, CNM, FHIMSS

Executive Vice President  
HIMSS North America

Carla Smith is Executive Vice President of HIMSS, a global, cause-based, not-for-profit organization focused on better health through information technology (IT). HIMSS leads efforts to optimize health engagements and care outcomes using information technology.

Within HIMSS, Smith leads HIMSS's North American business unit. In this capacity, Smith leverages her extensive experience in nonprofit management to ensure HIMSS's ability to achieve its mission and maintain its financial health, primarily within the United States and Canada.

Smith has 27 years of experience in the information technology field, two-thirds of it focused on healthcare. She champions transformational ideas that positively affect the quality, safety, cost-effectiveness of, and access to, health and healthcare.

In addition to her responsibilities at HIMSS, Smith holds an appointment to CMS's Outreach and Education Federal Advisory Committee, serves on the Boards of Directors for both National Stroke Association and the Commission for the Accreditation of Health Management Education, and as an advisor to the University of Michigan's Health Informatics and Learning Health System programs.

Before joining HIMSS in 2001, Ms. Smith served for seven years as the Chief Executive Officer of the Center for Healthcare Information Management (CHIM), and worked on IT-related initiatives within the manufacturing and banking industries. She holds a Master's degree, and has earned a Nonprofit Management Certification from Case Western Reserve University, and as well as her HIMSS Fellow status.

# Illinois HIE Progress



Central Illinois  
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ACHE



# Central Illinois Health Information Exchange (CIHIE)

- Regional network of participating healthcare organizations
- Data contributions since June 2012
- Current participants
  - 45+ Hospitals
  - 350+ Primary and Specialty Care Physician Offices
  - 35+ Long Term Care Facilities
- 2.5 million+ patient records currently available
- Alpha partner of the State of Illinois HIE

# The Journey to Success

## *2009-2010: Planning*

- Diverse Stakeholder participation
- 6 topic-specific workgroups
- Focus groups
- Executive leadership committee

## *2011: Charter investments*

- 501(c)3 establishment
- Vendor selection
- Legal agreements
- Pricing, policies, procedures

## *2012: Launch*

- “Grand Opening”
- First Live Connections
- Showcase uses explored

## *2013 - 2015: Expansion*

- Full-time staffing
- Additional data sources
- HIE-to-HIE connections
- Direct Trust Connectivity

# Challenges make HIE interesting

- **Privacy and Security**
- **Data Integrity**
- **Standards**
- **Metrics**
- **Competing priorities**
- **State – Regional Alignment**

# Lessons Learned

- Early design (and consensus) of privacy and security measures
- It takes time to build a foundational data infrastructure
- Technology continues to evolve
  - Connections are an ongoing process
  - Rapid development continues

It's only a  
**failure**  
if you don't  
**learn**  
something



# HIE Strategies for Meeting Meaningful Use Requirements

- Public Health Reporting
  - ELR
  - Immunizations
  - Syndromic surveillance
- Quality reporting
- Registries
- Orders/results
- Patient Engagement - PHRs

# Multiple point of care = Fragmented Care



Specialty Care



Home healthcare



Primary Care



Long Term Care

# Facilitating Transitions of Care with HIE

- Integrated CCD sharing via XDR
- Connecting sharing partners
- Outreach and education
- Neutral table for collaboration

# Elements of Cost

Technical	+	Operational	+	Legal
Hardware		Staffing		Contracts
Software		Accounting		Compliance
Hosting		Outreach		
		Insurance		

# Henry Ford Health System Facts



- Based in Detroit, MI
- 5 Hospitals and 29 Medical Centers in Metro area
- Physicians:
  - 1,200+ in Henry Ford Medical Group
  - 1,700+ in Henry Ford Physician Network
  - 1,900+ Medical Students, Residents, Fellows trained annually
- 23,000+ Workforce
- Health Alliance Plan
- 2011 Malcolm Baldrige National Quality Award Recipient



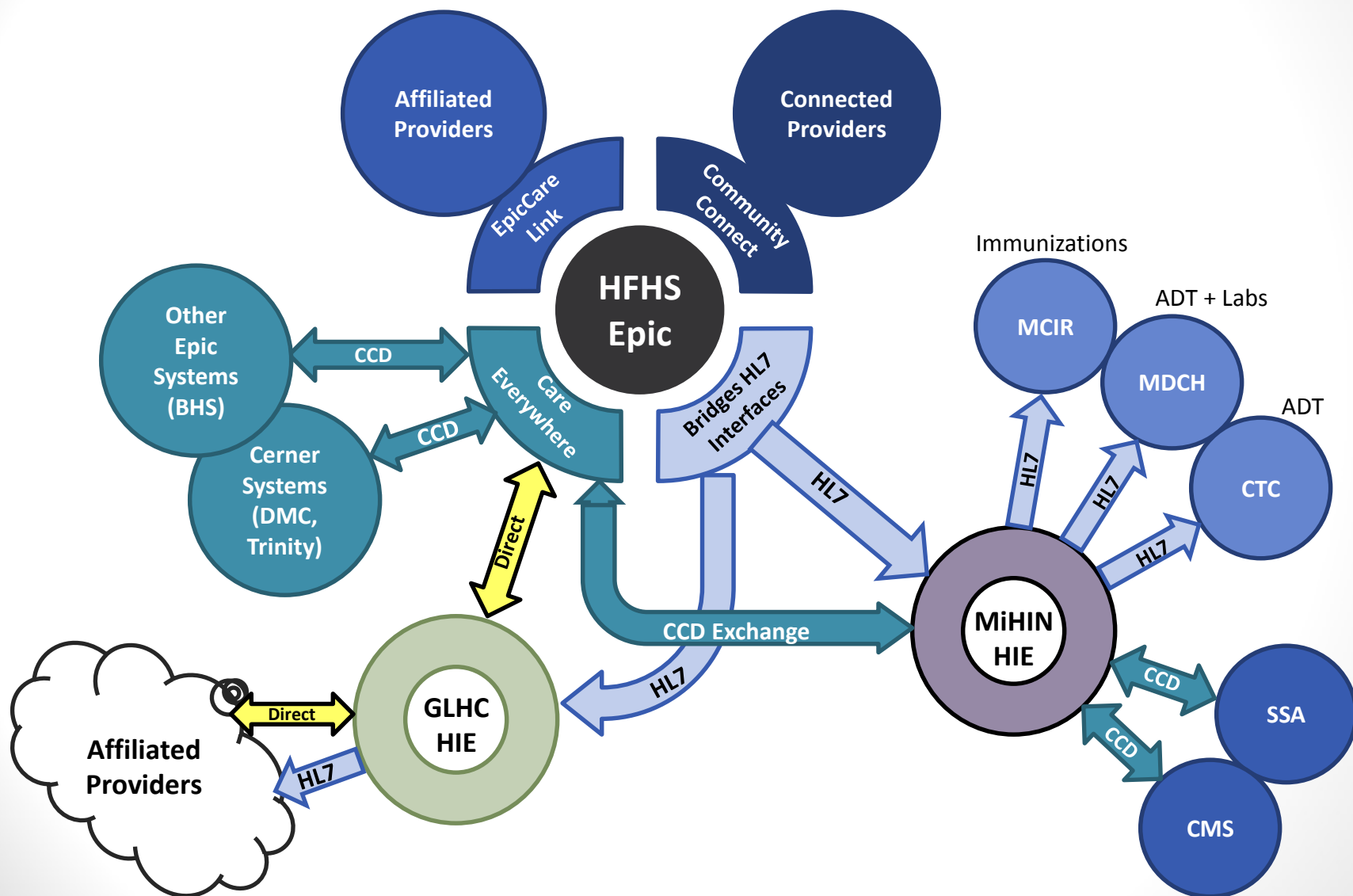
# Henry Ford Health System Annual Volumes

- 3.2 million Outpatient Visits
- 88,000 Surgical Procedures
- 95,000 Admissions
- 8,000 Births
- 285,000 Home Health Visits
- Health Alliance Plan enrollment 670,000+ members
- \$60-70M Research Funding
- 2013 Revenue, \$4.52 billion; Net income, \$0.5 million; Uncompensated care, \$314 million





# Epic-enabled Data Sharing at Henry Ford



# History of ADT Notifications at Henry Ford

- Patient Story
- Simple Solution – Physician Inbox
- Enhanced Solution – Care Team Inbox
- Unexpected Patient Behavior
- MiHIN to the Rescue – Statewide ADT Notification



# MI Statewide ADT Notification System



- Patient presents in the ED or is admitted to the Hospital
- Hospital registration system sends an HL-7 ADT message to its HIE, either sub-state or MiHIN
- Message is routed to MiHIN, if sub-state HIE
- MiHIN checks Patient against its Active Care Relationship database to find her Providers
- Notifications are sent to the identified Providers based on their delivery preference

# How do you make the decision of whom to solicit for membership in the HIE?

- Start with Patient Flow patterns
  - Ideally, Data Flow should follow the Patient Flow
  - Analyze Inbound and Outbound Referrals
- Prioritize around Constraints
  - Technical and Operational capabilities of Healthcare Partners
  - Willingness to change
- Align on Incentives
  - Financial; e.g., Meaningful Use and Payor-based programs
  - Strategic; e.g., ACO

# How does the Admit, Discharge or Transfer (ADT) data assist the Health Plan?

- *In a BCBSM presentation to Michigan Hospital Association on Feb 10, 2014, Ellen Ward identified:*
  - Population Health Management
  - Improved Care Transitions and reduced Readmissions
  - Meeting key Customer Expectations for Pre-authorization

# How does the Health System benefit from providing this data?

- Minimal cost to Send and Receive for Henry Ford
  - ADT interfaces are easy
  - Care Management infrastructure was already in place
  - Legal framework already in place
- Benefit: improved Continuity of Care
  - Nurtures patient engagement
  - Improves outcomes
  - Reduces unnecessary readmissions



# Can the ADT data be used for other purposes?

- Statewide Operational and Strategic Analytics
  - Daily Census reports on Admissions and ER Visits (real-time)
  - Historical Admission trends (all payor, including self-pay)
- Foundation for Additional Capabilities
  - Medication Reconciliation
  - Death notifications
  - Community Health Record, either Centralized or Federated
  - These are challenged by the lack of a Single Patient Identifier

# What will be covered...

- Incentives and penalties around meeting Meaningful Use Stage 2
- Highlight the cost/benefit of electronic data exchange (HIE)
- Discuss the role HIE can play in facilitating the exchange of health data & meet MU Stage 2
- Planning for HIE sustainability

# Stages of Meaningful Use

## Stage 1

### Data Capture and Sharing

- Capture health information in a standardized format
- Track key clinical conditions
- Communicate info for care coordination processes
- Report clinical quality measures & public health information
- Engage patients and family

## Stage 2

### Advanced Clinical Processes

- Health information exchange (HIE)
- Improve care via clinical decision support, care coordination and patient engagement
- eTransmit care summaries
- More patient-controlled data

## Stage 3

### Improved Outcomes

- Improve quality, safety, and efficiency
- Decision support for national high-priority conditions
- Patient access to self-management tools
- Access to comprehensive data via patient-centered HIE
- Improve population health

# Stage 2 Meaningful Use At a Glance

17 Core Measures  
3 of 6 Menu Measures



9 Total Clinical Quality  
Measures

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29 Total Measures

# Stage 2 Core Objectives – Measure Increases

EP Objective	Stage 1 Measure	Stage 2 Measure
E-Prescribing	40%	50%
Record Demographics	50%	80%
CPOE*	30%	60% / 30% / 30%
Record Vitals	80%	80%
Record Smoking Status	50%	80%
Clinical Decision Rule(s)	1	5
Clinical Summaries	50% / 3 days	50% / 1 day
Secure Electronic Messages	N/A	5%

New!

\* CPOE = 60% medication, 30% laboratory, and 30% radiology orders

# Stage 2 Core Objectives – Menu to Core

EP Objective	Stage 1 Measure	Stage 2 Measure
Patient Lists	Yes	Yes – Menu to Core
Patient-Specific Education Resources	10%	10% - Menu to Core
Medication Reconciliation	50%	50% - Menu to Core
Clinical Lab-Test Results	40%	55% - Menu to Core
Patient Reminders* / Preventive Care**	20%	10% - Menu to Core

\* Patient Reminders (Stage 1) – 20% off all patients 65+ or 1-5 yrs. sent reminder

\*\* Preventive Care (Stage 2) – 10% of all patients with 2+ office visits within 24 months prior to EHR reporting period

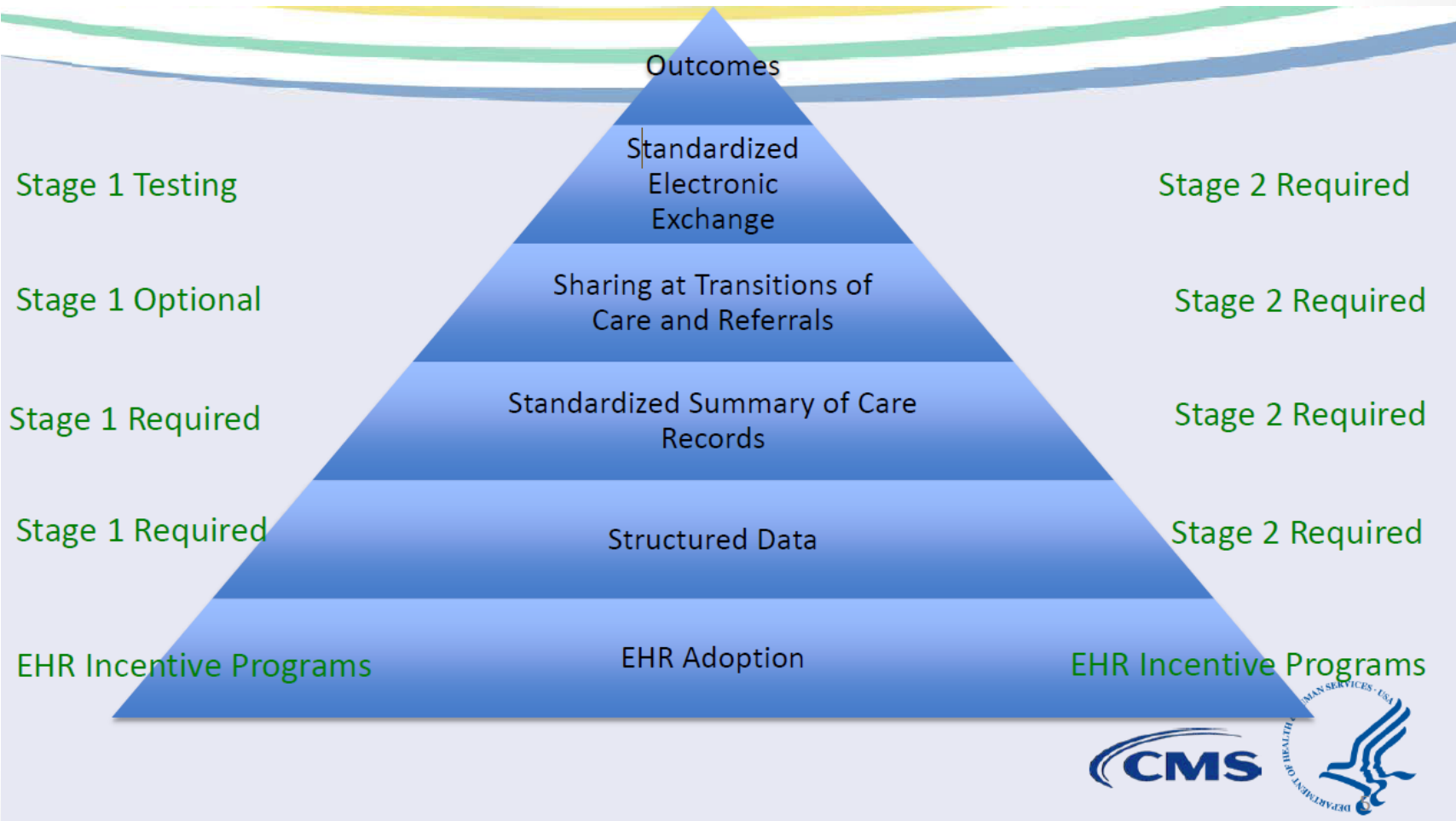


# MU2 Menu Set Objectives

## Stage 2 has a total of 6 Menu Set Objectives:

- EPs must report on 3 of 6
  - 5 are **new** objectives
- 3 address capturing information as structured data
  - Electronic Notes – **New!**
    - 30% / Record electronic notes in patient records (created, edited and signed by EP)
  - Imaging Results – **New!**
    - 10% / Imaging results consisting of the image and any explanation or other accompanying information are accessible through CEHRT
  - Family Health History – **New!**
    - 20% / Record patient family health history as structured data; first-degree relatives
- 3 are public health focused

# Meaningful Use and Interoperability



# What is the Value of Interoperable Data in Improving Health Outcomes

- Enables timely patient interventions using the right resources based on patient acuity (resource maximization)
- Supports the practice of communicating and representing patient data in standard formats so it is secure and reusable
- Promotes safety and improved outcomes via electronically captured complete clinical information
- Enables better outcomes via secure e-sharing of data as patients transition from one care setting to another or home: “Continuity of Care”

# What is the Value of Interoperable Data in Improving Health Outcomes (cont'd)

- Decreases the risk of error at care transfer points
  - Data re-entry can increase chance of error
- Enables increasingly efficient use of staffing and acuity tools
- Improves a patient's quality and timeliness of care
- Achieves cost reductions by eliminating (or at least reducing) redundancy
- Improves work flow thanks to having the right information at the right time
- Enables clinician collaboration and early intervention

# HIE & MU2: 3 Focus Areas

1. Transitions of Care
2. Transport of Public Health Measures & Public Health Transmissions
3. Patient Engagement

# Intersection of HITECH and HIE

## Meaningful Use Objectives requiring Health Information Exchange

2011

- Lab Results Delivery
- E-prescribing
- Case Summaries
- Claims and Eligibility Checking
- Quality and Immunization Reporting, if available

Increases volume of transactions that are commonly happening today:

- Laboratory to Provider
- Provider to Pharmacy

2013

- Registry reporting/Reporting to Public Health
- Electronic Ordering
- Health Summaries for Continuity of Care (COC)
- Receive Public Health Reports
- Home Monitoring
- Population Personal Health Records (PHRs)

Substantially Steps Up Exchange for:

- Provider to Laboratory
- Pharmacy to Provider
- Office to Hospital / vice versa
- Office to Office
- Office to Patient / vice versa
- Hospital/Office to Public Health
- Hospital/Office to Reporting Entities
- Hospital to Patient

2015

- Access Comprehensive Data From All Available Sources
- Experience of Care Reporting
- Medical Device Interoperability

Starts to Envision Routine Availability of Relatively Rich Exchange Transactions:

- “Anyone to Anyone”
- Patient to Reporting Entities

[http://www.himss.org/files/HIMSSorg/content/files/MU2\\_HIE\\_Matrix\\_FINAL.pdf](http://www.himss.org/files/HIMSSorg/content/files/MU2_HIE_Matrix_FINAL.pdf)

# Planning for Sustainability

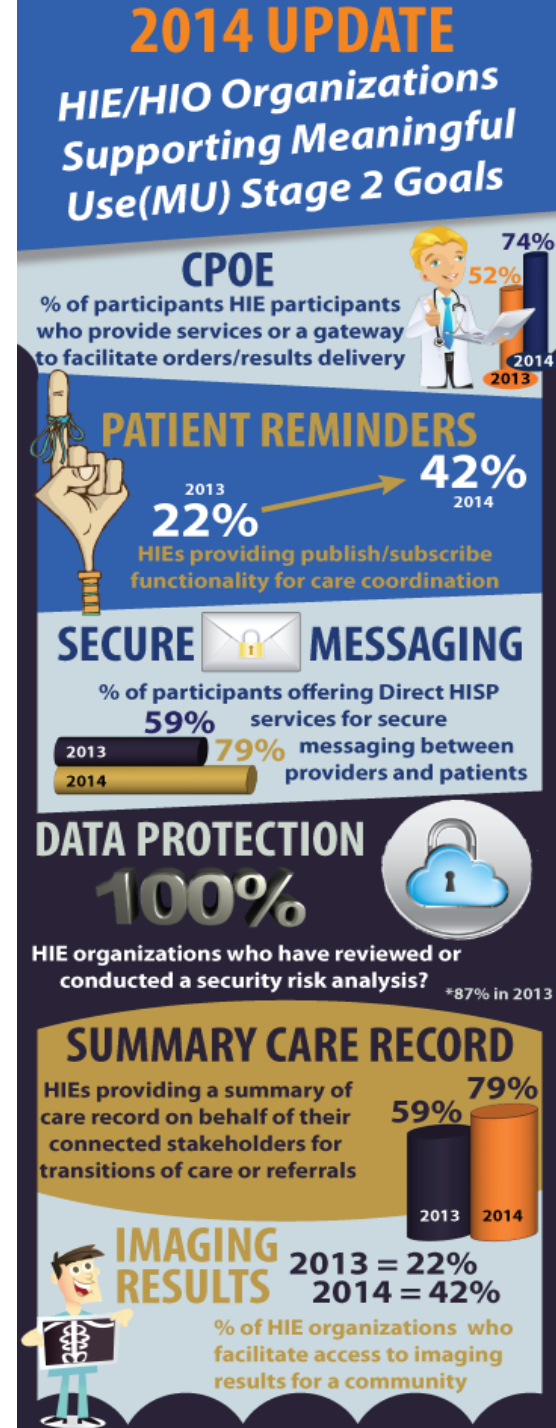
- Write a Sustainability Plan – then use it !
  - Identify market needs and a sound business case
  - Identify use cases that align with immediate needs\*
- Consider the appropriate revenue model\*
- Leverage opportunities at three levels:
  - Intrastate HIEs, Interstate Exchange, and Organizational Infrastructure Sharing
- Utilize policy levers when applicable
- Work towards engaging payers\*

\*[http://healthit.gov/sites/default/files/CaseStudySynthesisGranteeExperienceFinal\\_121014.pdf](http://healthit.gov/sites/default/files/CaseStudySynthesisGranteeExperienceFinal_121014.pdf)



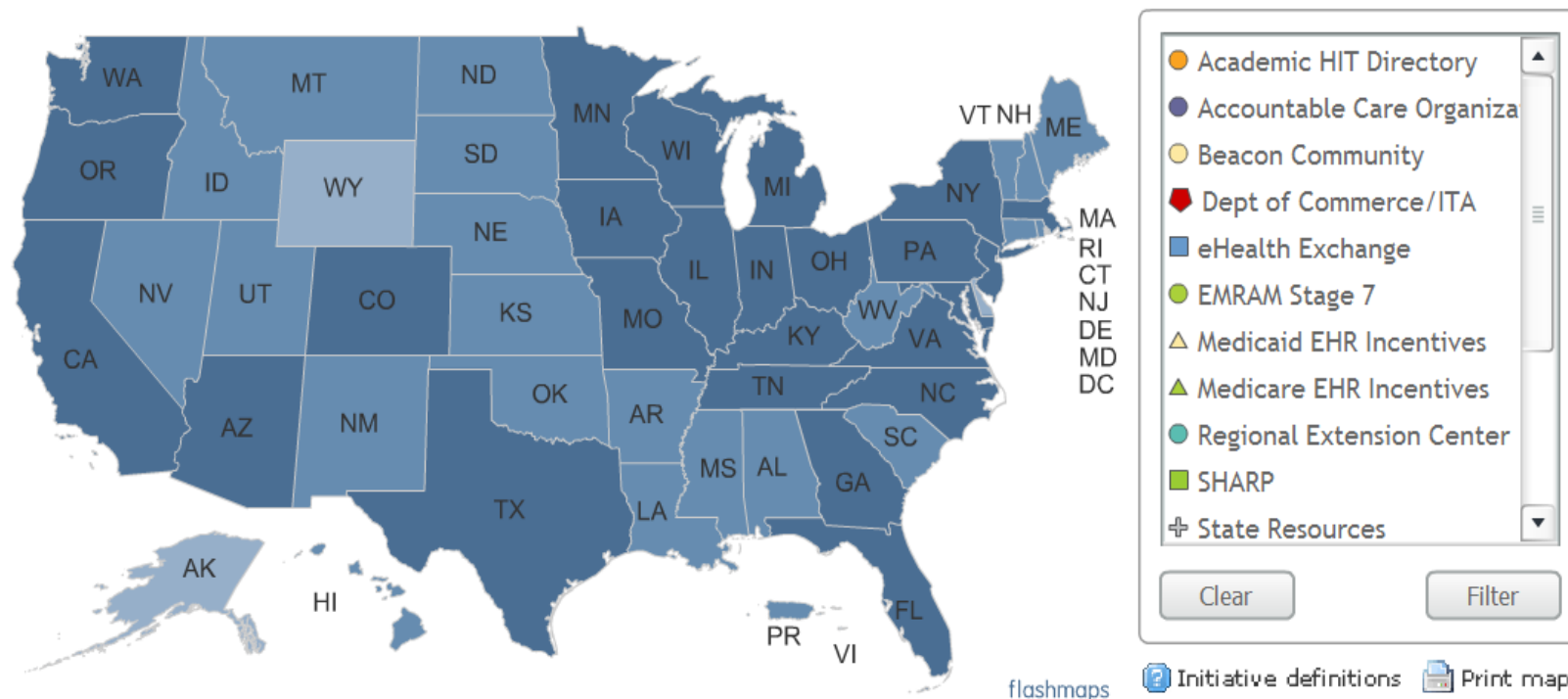
# HIMSS HIE/MU2 Survey Results & Infographic

- Recognize trends and progress
- Identify where HIMSS could support US HIEs/HIOs.
- Survey demographics:
  - 2013 – 23 HIOs; 8 SDEs (35%)
  - 2014 – 19 HIOs; 6 SDEs (31.5%)
- Access the 2014 HIE & MU2 Survey results:  
[http://himss.files.cms-plus.com/2015-01-09-HIEOrganizationsSupportingMU2\\_2014.pdf](http://himss.files.cms-plus.com/2015-01-09-HIEOrganizationsSupportingMU2_2014.pdf)
- Access the Infographic:  
<http://www.himss.org/ResourceLibrary/GenResourceDetail.aspx?ItemNumber=37840>



# HIMSS State HIT Dashboard

- Color-coded, easy-to-read snapshot of major health IT initiatives
- A free interactive tool
- One of the most comprehensive public resources available
- A powerful tool illustrating ongoing efforts towards HIE and interoperability



# Questions



# Comments



**Douglas Garland Jr., PharmD**  
HIE Policy Board Member  
District of Columbia  
Health Information  
Exchange



**Carla Smith, MA, CNM, FHIMSS**  
Executive Vice President  
HIMSS North America



**Jack Malloy**  
VP IT Service Integration  
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Henry Ford Health System



**Lauren Wiseman, MSN**  
Clinical Service Manager  
Central IL Health  
Information Exchange



**THANKS**  
for  
**ATTENDING**

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# References

## **Material for Distribution:**

- State Health Information Exchange Cooperative Agreement Program -  
<http://www.healthit.gov/policy-researchers-implementers/state-health-information-exchange>
- Get The Facts about State Health Information Exchange Program.  
<http://www.healthit.gov/sites/default/files/get-the-facts-about-state-hie-program-2.pdf>
- EHR Incentive Programs <http://www.cms.gov/Regulations-andGuidance/Legislation/EHRIncentivePrograms/index.html?redirect=/EHRIncentivePrograms>
- Meaningful Use Stage 2  
<http://www.healthit.gov/policy-researchers-implementers/meaningful-use-stage-2>

## **Additional Resources**

- Thielst, C. Guide to Establishing a Regional Health Information Organization: HIMMS, 2007.
- American Recovery and Reinvestment Act of 2009: State Health Information Exchange Cooperative Agreement Program. Office of the National Coordinator for Health Information Technology, Department of Health and Human Services; 2009