Thank You For Joining This Discussion About The Statewide Health Information Exchange

Stakeholder Webinar
March 2017
Introductions

- Nancy Merriman, AeHN President and Executive Director, Alaska Primary Care Association

- Heidi Wailand, Data Analysis and Policy Planning Officer, Alaska Mental Health Trust Authority

- George Beckett, Chief Business Development Officer, CedarBridge Group LLC

Please use the chat box to introduce yourselves!
Select send to everyone.
The Alaska eHealth Network (AeHN) is a non-profit organization led by a diverse board representing many facets of Alaska’s health care industry that operates Alaska’s health information exchange (HIE).

http://www.ak-ehealth.org
Alaska eHealth Network

Key Milestones

- **June 2009**: SB133 signed into law requiring DHSS to establish an HIE with a community governing board.
- **April 2010**: DHSS contracts with the Alaska eHealth Network to manage Alaska’s HIE.
- **December 2010**: Alaska becomes the first state to implement Direct Secure Messaging.
- **March 2011**: AeHN and DHSS launch HIE pilot.
- **August 2013**: Alaska’s statewide HIE goes live.
- **April 2014**: DHSS issues final regulations for SB133.

We have a small team of staff devoted to the goal of creating a statewide health information exchange.
Webinar Objectives

1. **Update stakeholders** on the status of AeHN and the health information exchange (HIE)

2. **Describe options** being analyzed as part of AeHN’s process to develop a strategic roadmap

3. **Answer your questions**

4. **Request your input!**
What is health information exchange?

- Electronic health information exchange (HIE) refers to the sending, receiving, finding and using of electronic health information by individuals, their families and health care providers in a manner that is appropriate, secure, timely and reliable to support informed, shared decision-making.

- Health information exchange is both a noun and a verb.
AeHN Roadmap Development

Prompted by:

- Medicaid Redesign and SB 74 underscored importance of HIE
- Federal approval for $5.3M in HITECH funds to build interfaces for 150 provider organizations
- Expansion to behavioral health
- Sustainability and value concerns from hospitals
- Organizational capacity and financial uncertainty
Stakeholder Engagement

Dr. Mandsager, CEO, Providence Alaska Medical Center
Dr. Johnston, CEO, Providence Alaska Medical Group
Jessica Oswald, Providence IS Strategic Partner
Rachel Lieber, Providence Enterprise HIE SME
Mark Williams, Providence Director Telehealth and Outreach
Phil Miller, Providence Regional Director Nursing/ Clinical Informatics
Nancy Merriman, Executive Director, Alaska Primary Care Association
Patti Linduska, Training & TA Director, Alaska Primary Care Association
Beth Davidson, HIT Coordinator, DHSS
Monique Martin, Health Care Policy Advisor, DHSS
Deb Erickson, Project Coordinator, Medicaid Redesign Initiative, DHSS
Shaun Wilhelm, Chief of Risk and Research, Div. of Behavioral Health
Carol Voegler, Premera Statistician, Health Care Quality Analytics
Roald Helgesen, CEO and Hospital Administrator, Alaska Native Tribal Health Consortium
Stewart Ferguson, CTO, Alaska Native Tribal Health Consortium
Garvin Federenko, CFO, Alaska Native Tribal Health Consortium
Denis McCarville, President and CEO, AK Child & Family
Dr. Timothy Ballard, CEO, Veterans Administration
Leila Keller, Executive Director, Alaska Federal Health Care Partnership
Ryan Mitchell-Colgan, Deputy Commissioner, Dept. of Administration
Michelle Michaud, Deputy Director, AK Dept. of Administration
Emily Ricci, Health Care Policy Administrator, AK Dept. of Administration
Natasha Pineda, Health Project Coordinator, AK Dept. of Administration
Jennifer Bercier, Alaska Urology
Dr. Jenny Love, CMO, Anchorage Neighborhood Health Center
Mike Lane, IT, Anchorage Neighborhood Health Center
John Bartholomew, CIO, Anchorage Neighborhood Health Center
Lisa Root, Quality Improvement, Anchorage Neighborhood Health Center
John Lee, CEO, Mat-Su Regional Hospital
Jarom Schmidt, COO, Mat-Su Regional Hospital
Emily Stevens, CNO, Mat-Su Regional Hospital
Julie Taylor, CEO, Alaska Regional Hospital
Dr. Constanzo, CMO, Alaska Regional Hospital
Kristi Davis, Administrator, Alaska Innovative Medicine
Gigi Rygh, Social Worker, Alaska Innovative Medicine
Julie, Premera BC/BS Case Manager at Alaska Innovative Medicine
Cheryl Becker, Nurse Care Manager, Alaska Innovative Medicine
Emily Splinter-Felton, Social Worker, Alaska Innovative Medicine
Ray Michaelson, Program Officer, Mat-Su Health Foundation

“One of the biggest challenges we face at the Veteran’s Administration is timely access to patient clinical data after a referral is made. The ability to easily and instantly access data from specialists, as well as emergency departments would literally produce millions of dollars of savings annually for the VA and Department of Defense. I’ve seen other states do it – HIE’s work.”

Dr. Timothy Ballard, AeHN Board Member and Alaska VA Health Care System Director
What We Heard

- Current HIE participation and tools are insufficient and usage is low
  - Pace of onboarding has been slow, many remain unfamiliar with AeHN
  - Data from community providers and specialists is notably absent
  - Centralized referral, care management, and analytics tools needed
  - Medications data critical
  - Reporting to state remains cumbersome
What We Heard, continued

- Need to examine HIE within the context of statewide interoperability
- Some networks have made great strides, while others remain siloed
- Concerns about AeHN’s capacity and performance
- Sustainability plan and pricing flawed
- Fee for Service does not sufficiently incentivize HIE usage
Look to Other States to Increase Capacity

- Alaska Native Health Board encouraged AeHN to explore potential partnerships with other states.
- In all options under consideration, opportunities to partner with other states are likely to exist; partnering will require breaking new ground, time, and local presence.
Current Reality

- Onboarding by Provider Organizations^
  - 63 organizations have signed contracts
  - 19 organizations are actively contributing data to the HIE portal; 16 organizations are in the onboarding process
  - 82 provider organizations are in outreach status; delays/barriers include interface costs, EHR flux, waiting for hub, lacking specialist data

- Provider and patient portals (past 30 days)*
  - 730 user accounts, 298 unique user logins
  - 35 patient portal invites; 12 patient logins

^ As of March 27, 2017
* For month of February 2017
Active / Pending Participants

Hospitals
- Bristol Bay Area Health Corporation
- Central Peninsula General Hospital
- Fairbanks Memorial Hospital
- MatSu Regional Medical Center
- Petersburg Medical Center
- Providence Alaska Medical Center
- Providence Kodiak Island Medical Center
- Providence Seward Medical Center
- Providence Valdez Medical Center
- South Peninsula Hospital
- Wrangell Medical Center
- Alaska Native Medical Center
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Cordova Community Medical Center
- Norton Sound Health Corporation
- PeaceHealth Ketchikan Medical Center
- Samuel Simmonds Memorial Hospital
- Sitka Community Hospital
- Yukon Kuskokwim Health Center

Provider Organizations
- Alaska Family Care Associates
- Alaska Island Community Services
- Fairbanks Cancer Care
- LaTouche Pediatrics
- Ninilchik Traditional Council
- Peninsula Internal Medicine
- Seldovia Village Tribe
- Tanana Valley Medical Surgical Group
- Bethel Family Clinic
- Chena Obstetrics & Gynecology
- Dahl Memorial Clinic
- Homer Medical Clinic
- Interior Community Health Center
- Southcentral Foundation
- Tanana Chiefs Conference

Payers
- Premera
A New Plan Is Needed

These inputs have informed a 6 month effort to enhance board and stakeholder engagement, assess AeHN’s operational and financial capacity, review national trends and opportunities, weigh future options and roles for AeHN, and fundamentally rethink both HIE services and sustainability.
Many Strengths to Build On

- Engaged and informed board, strategic mindset, and strong governance model
  - Diverse board of directors appointed by health care system
  - Positioned to serve as a neutral convener
- HIE technology in place, data from 19 organizations feeding a longitudinal health record
- Data sharing policies and protocols in place
- Evidence that community readiness has shifted; behavioral health, first payer at the table
- Federal HITECH funds offer a pathway to needed resources
Future Options – What Guidance Would You Offer?

1. Continue operating as is
2. Expand onboarding efforts
3. Expand onboarding and services
Option 1. Continue As Is

- Keep staffing and technology largely the same, grow participation steadily
- Continue to use approximately the same level of funds
- Place more attention on engagement of key participants and communities of practice to encourage onboarding
Current Health Information Exchange Services

- Direct Secure Messaging and Provider Directory
- Longitudinal Health Record
  - Active Patient Identity Reconciliation
  - Provider Portal (with Configurable Alerts)
  - Patient Portal
- National eHealth Exchange Query (*VA live again soon, Department of Defense in testing*)
- Lab Results to EHR (deployed to 2 sites to date)
- Public Health Reporting
- Certified Solutions to Meet Meaningful Use
- Outbound Clinical Data Feed Based on Eligibility
### Diagnoses

- **Congestive Heart Failure**
  - Medical Diagnosis, Date 15-Jun-2015
- **Major Depressive Disorder**
  - Medical Diagnosis, Age 68 years
- **Type 2 Diabetes**
  - Medical Diagnosis, Age 58 years

### Allergies and Adverse Reactions

- **Broad spectrum penicillins**
  - Substance, Allergic Reaction, Age 25 years

### Alerts

- **Non-Adherence to Medication Regimen**
  - Clinical Since Date 14-Sep-2016

### Encounter History

<table>
<thead>
<tr>
<th>Admission</th>
<th>Discharge</th>
<th>Admit Reason</th>
<th>Discharge Diagnosis</th>
<th>Visit Type</th>
<th>Specialty</th>
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<td>02-Mar-2016</td>
<td>-</td>
<td>Acute Exacerbation of CHF; Hyperglycemia</td>
<td>T2DM; CHF</td>
<td>Inpatient</td>
<td>ED</td>
<td>Banner Health</td>
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<td>Routine Exam</td>
<td>Seasonal Influenza</td>
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<td>15-Nov-2015</td>
<td>Fever; Chills</td>
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<td>MED</td>
<td>NextCare Urgent Care</td>
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<td>Annual Physical</td>
<td>CHF</td>
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<td>10-Jan-2014</td>
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<td>Outpatient</td>
<td>Endocrinology</td>
<td>Arizona Endocrinology</td>
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### Medications List

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<tr>
<th>Status</th>
<th>Updated</th>
<th>Medication</th>
<th>Route</th>
<th>Dose</th>
<th>Start</th>
<th>Stop (Intended)</th>
<th>Provenance</th>
<th>Added</th>
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<tbody>
<tr>
<td>ACTIVE</td>
<td>01-Jun-2016</td>
<td>Aspirin 300mg gastro-resistant tablets</td>
<td>Oral</td>
<td>pain prn</td>
<td>01-Jun-2016</td>
<td></td>
<td>Patient Reported</td>
<td>Julia St</td>
</tr>
</tbody>
</table>
Health Record that Span organizations

- Patient Demographics
- Encounter History
- Labs Results, Radiology Reports
- Diagnosis and Procedures
- Transcriptions (History & Physical, Discharge Summary)
- Progress Notes
- Continuity of Care Document
Option 1 Considerations

- Will not cost more to operate
- Focuses on existing / core HIE functionality
- Slow roll out; does not make federal funds available for interface costs
- Low risk, low return
- May not be sustainable if existing organizations do not see value
Option 2: Expand Onboarding Efforts

- Leverage $5.3M in federal funding secured by DHSS in October 2016 to build interfaces for 150 organizations including behavioral health providers.
- Develop interface with the Division of Behavioral Health to transfer minimum dataset.
- 2-3 year plan.
American Reinvestment and Recovery Act HITECH Act

- States can receive 90% Federal Financial Participation through the Medicaid EHR Incentive Program to build health IT infrastructure in support of eligible providers meeting Meaningful Use.

- HITECH Act funds are available through September 30, 2021.

In February 2016, the Centers for Medicare and Medicaid Services issued a letter expanding the use of HITECH funds to include building interfaces to health information exchanges for providers not eligible for meaningful use, such as Correctional facilities and behavioral health organizations. Alaska was one of the first states to request and receive approval under this expanded guidance.
Option 2 Considerations

- Dramatically increases HIE participation
- Improves ability to integrate behavioral health and primary care
- Removes the need for behavioral health organizations to enter minimum dataset into AKAIMS
- May support reconciliation for DHSS’s increased Tribal FMAP efforts
Option 2 Considerations

- Does not increase cost to existing participants
- Allows AeHN to resolve staffing challenges to increase onboarding capacity
- Increases value by adding data, but does not add new services
- AeHN’s financial health remains uncertain
Option 3: Expand Onboarding and Services

- Pursue enhanced onboarding efforts described in option 2 and
- Pursue additional federal funding to cover existing operational expenses (staffing and technology) and deploy new services that increase value
- Embrace role of convener
- 5 year plan
American Reinvestment and Recovery Act HITECH Act

- States can receive 90% Federal Financial Participation through the Medicaid EHR Incentive Program to build health IT infrastructure in support of eligible providers meeting Meaningful Use.

- HITECH Act funds are available through September 30, 2021.

Cedar Bridge analysis showed that leveraging HITECH funding and repurposing DHSS fees to serve as state match could bring $21 million in additional revenue to Alaska to develop the HIE between federal fiscal years 2017 and 2021.
HITECH & the Nationwide Interoperability Roadmap

- HITECH provides federal funds for interoperability.
- Interoperability is the ability of a system to exchange and use electronic health information from other systems without special effort on the part of the user.
- Interoperability is necessary for value-based care and enable a learning health system.
Top 5 Interoperability Issues Facing Alaska

- Ability of behavioral health and other specialty providers to exchange data with other segments of the health care system
- Centralized tools for care coordination, including referrals and panel management, access to clinical records across the system of care
- Coordination around statewide interoperability
- Data standardization and analytics
- Streamlining of state reporting
## Option 3 Aligns AeHN’s Priorities to Shared Interoperability Needs

<table>
<thead>
<tr>
<th>Shared Needs</th>
<th>Strategic HIE Priorities</th>
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<tbody>
<tr>
<td>Interoperability across providers</td>
<td>Onboard providers to HIE to strengthen longitudinal health record</td>
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<tr>
<td>Improved transitions of care</td>
<td>Offer tools to support closed loop referrals</td>
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<td>Avoidance of unnecessary or duplicative testing</td>
<td>Support diagnostic image exchange</td>
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<tr>
<td>Reduction in avoidable adverse drug events</td>
<td>Offer broad access to medications data</td>
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<tr>
<td>Prevention of unnecessary 30-day readmissions</td>
<td>Integrate with and expand EDIE initiative / alerting services to other settings</td>
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<tr>
<td>Chronic disease/complex case management</td>
<td>Offer enhanced care coordination tools, such as panel management</td>
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<tr>
<td>Data analytics for population health, quality reporting</td>
<td>Offer statewide data analytics tools and technical assistance</td>
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Option 3 Requires Changes to the Sustainability Plan

Drawbacks

1. Initial investment has been insufficient to propel value and adoption
2. Did not sufficiently take into account market forces or barriers to participation
3. Placed heavy burden on DHSS and hospitals
4. Overlooked the role of payers
Rethinking Sustainability

1. Leverage HITECH funds to subsidize interfaces and increase HIE value
2. Engage payers to provide the leadership and financial contribution necessary to promote adoption and sustainability of the HIE
3. Align AeHN’s strategic priorities to meet stakeholders’ shared needs
Option 3 Considerations

- Federal funding provides needed resources through FFY21 with no additional costs to participants.
- Estimated operational costs of AeHN in FFY22 are ~50-60% higher than current ($2M), with the anticipated increase covered by bringing more stakeholders to the table.
Option 3 Considerations

- Allows AeHN to acquire the staffing and technology necessary to deliver services that are of immediate value.
- AeHN must succeed in creating value that exceeds costs for sustainability.
- AeHN must embrace role as interoperability convener and adapt if/when emerging technologies supplant need for an HIE.
Next Steps

- AeHN board will be weighing these three options at their April 10 meeting.
- Board members hope to hear from you before then.
- AeHN will continue to update stakeholders as the path forward is selected.

http://www.ak-ehealth.org
Please reach out to your AeHN board representative!

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<tr>
<th>Community Providers</th>
<th>Tribal</th>
<th>Business Community</th>
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<tbody>
<tr>
<td>Nancy Merriman</td>
<td>Stewart Ferguson</td>
<td>Chris Emond</td>
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<td><a href="mailto:nancy@alaskapca.org">nancy@alaskapca.org</a></td>
<td><a href="mailto:sferguson@anthc.org">sferguson@anthc.org</a></td>
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<tr>
<td>Jerry Jenkins</td>
<td>Jan Harris</td>
<td>Jennifer Dahline</td>
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<td><a href="mailto:jennifer.dahline@premera.com">jennifer.dahline@premera.com</a></td>
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<tr>
<td>Dr. Erin McArthur</td>
<td>Connie Beemer</td>
<td>Beth Davidson</td>
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<td><a href="mailto:emcarthur@latouchepediatrics.net">emcarthur@latouchepediatrics.net</a></td>
<td><a href="mailto:connie@ashnha.com">connie@ashnha.com</a></td>
<td><a href="mailto:beth.davidson@alaska.gov">beth.davidson@alaska.gov</a></td>
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<tr>
<td>Dr. Sam Shirk</td>
<td>Jessica Oswald</td>
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<thead>
<tr>
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<tr>
<td>Dr. Timothy Ballard</td>
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<td><a href="mailto:Timothy.Ballard@va.gov">Timothy.Ballard@va.gov</a></td>
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