

Friday November 8, 2019 8:30-10:00 am
Health Information Technology for Economic and Clinical Health Act—10 Years In

Panelists:

Anne Santifer, State Health Alliance for Records Exchange (SHARE), Arkansas Department of Health

Phil Beckett, CEO, Texas HASA

Jan Lee, CEO, Delaware Health Information Network

Suzanne Condon, Centers for Disease Control and Prevention

Michael Lundberg, Executive Director Virginia Health Information/ConnectVirginia

Goals of Today's Session

The audience will have:

- A clear vision of what HIEs are and how they vary.
- Learned about the panelist's HIEs including historical federal, state, private and local involvement and structure.
- A greater understanding of Information collected how and with whom it is shared. Efforts to include outside data sources including claims data.
- Heard and understand the challenges in setting up an HIE, in implementation, and past and current funding models.

ConnectVirginia Program

Pharmacist
Nurse
Dentist
First Aid
Surgeon
Emergency

1. CVHIE History & Current Efforts –
2. EDCCP implementation and adoption chart
3. EDCCP notifications
4. Sept 2018-2019 High ED Utilization in Virginia

ConnectVirginia Services

- [Public Health Reporting](#) – **electronic reporting** of public health data to VDH to meet Meaningful Use (Promoting Interoperability) measures, which includes syndromic surveillance, electronic lab reporting, **cancer**, and bi-directional **immunizations**.
 - [Newborn Screening](#) – secure and electronic exchange of laboratory orders and results of **newborn dried-blood spot** screening in partnership with VDH, DGS, and DCLS.
- [Virginia Advance Health Care Directives Registry](#) - secure tool for Virginia residents to store important documents protecting their legal rights and ensure their **medical wishes** are honored if they are incapacitated and unable to manage their own care.
- [EXCHANGE](#) – providing the governance and trust framework for participants to onboard to **eHealth Exchange**, the national Health Information Exchange.
- [Emergency Department Care Coordination Program](#)

Emergency Department Care Coordination (EDCC) Program

Common priorities among stakeholders included:

- Interoperability and collaboration amongst all key stakeholders is a top principle – strong governance
 - data **exchange contracts** with participants to ensure privacy and security
- Balanced and **broad array of stakeholders** and significant stakeholder involvement in ongoing planning, defining and updating objectives, implementation, etc.
- Technology and functionality that adapts and works for all various stakeholders
 - enabling integration with hospitals' **electronic health records (EHR)** systems
- **Real-time** data for quick action/follow up
- Information must connect with **Primary Care Provider (PCP)**
- Prioritized **care coordination** plans
- Focus on identified **high-utilizers**
- Integration with:
 - **Virginia's Prescription Monitoring Program (PMP)**
 - Virginia **Advance Health Care Directive Registry (V.A.H.C.D.R.)**

The legislation contained a second enactment clause that stated that this act shall only become effective if and when the Commonwealth receives federal Health Information Technology for Economic and Clinical Health (**HITECH**) Act funds to implement its provisions.



2018 - 2019

Virginia hospitals operating
All (106) EDs
&
All (~16) health plans

3,7 M+ VA ED visits/year
3.4M+ insured lives



TODAY

- 30+ states with facilities
- 5 FQHCs
- 2 CSBs
- 2 downstream providers
- 20+ in progress in Va

70M+ unique individuals



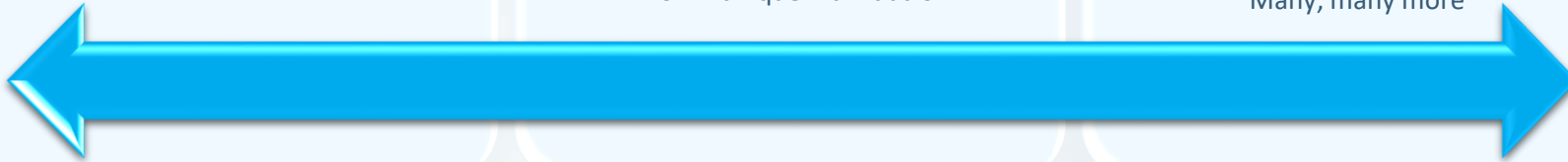
Ongoing Onboarding

Including

Downstream providers, e.g.:

- primary care
- Care/case management
- long-term care (e.g. nursing homes)
- CSBs
- FQHCs

Many, many more



When Does the ED Receive Notifications?

EDIE ALERT 05/27/2016 05:04 AM Cruz, Oswaldo (DOB: 05/02/1993)

This patient has registered at the **Henry Medical Center Emergency Department**. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Carolina Esposito MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Sheila Patterson MSW	Case Manager	(206) 231-3125	(206) 231-3126	Current
Lucien Fried MD	Psychiatry	(206) 782-2342	(206) 782-2343	Current

ED Care Guidelines from Alliance Health Plan Last Updated: Fri May 3 11:13:30 MDT 2016

Care Recommendation:
Patient is Spanish speaking only.
Patient is under psychiatric care, with a new diagnosis of Bipolar Disorder Type I, with Psychotic features. Recommend the following treatment cascade for acute mania and/or psychosis:

1. Valproic Acid 250 mg PO
2. then Olanzapine, 10 mg IM

Additional Information:

1. Patient has been physically abuse to caregivers in the past when not on medication. Recommend protective measures, restraints may be necessary.
2. Spanish speaking Psychiatrist is available on call at number above.
3. History of Lithium toxicity.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral
4/18/2016 Henry Medical Center
• New Diagnosis, Bipolar Disorder, Type I

Security Events

Date	Location	Type	Specifics
5/24/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.
5/03/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/25/2016	Henry Medical Center	Physical	• Patient needed restraints due to agitation.
4/20/2016	Henry Medical Center	Verbal	• Patient needed sedatives due to agitation.

Security Events (18 Mo.)	Count
Verbal	2
Physical	2
Total	4

Prescription Monitoring Program

Narcotic Use Score: 410 -All Scores range from 000-999 with 75% of the population scoring < 200 and only 1% scoring above 650

Sedative Use Score: 240 -The last digit of the narcotic, sedative, & stimulant score indicates the number of active prescriptions of that type

Stimulant Use Score: 000 -Higher Use Scores correlate with increased prescribers, pharmacies, mg equiv,& overlapping prescriptions

Overdose Risk Score: 700 -Higher Overdose Risk Scores correlate with increased risk of unintentional overdose death

Concerning or unexpectedly high scores should prompt a review of the PDMP record; this does not constitute checking the PDMP for prescribing purposes.

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
05/24/2016	Henry Medical Center	Inpatient	- Bipolar, Manic episode
05/03/2016	Henry Medical Center	Inpatient	- Psychosis

ED Visit Dates

Location	Type	Diagnoses
05/24/2016 Henry Medical Center	Emergency	- Agitation
05/03/2016 Henry Medical Center	Emergency	- Pressured Speech
04/25/2015 Henry Medical Center	Emergency	- Agitation
04/20/2015 Henry Medical Center	Emergency	- Shortness of Breath
04/20/2015 Henry Medical Center	Emergency	- Agitation

E.D. Visit Count (1 Yr.)

Location	Visits
Sisters of Mercy Centralia Hospital	4
St. Patrick's	6
Henry Medical Center	4
Total	14

Note: Visits indicate total known visits.

The above information is provided for the sole purpose of patient treatment. Use of this information beyond the terms of Data Sharing Memorandum of Understanding and License Agreement is prohibited. In certain cases not all visits may be represented. Consult the aforementioned facilities for additional information.
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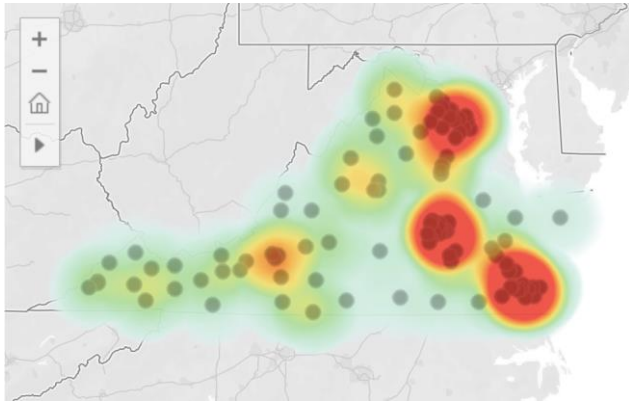
Standard* ED Notification Criteria

1. High-Utilizers
Standard: 5 ED visits within 12 months
2. Traveling Patients
Standard: 3 Different EDs within 90 days
3. Patients with ED Care Guidelines (Insights) entered into the network
4. History of Security Events entered into the network
5. Advance Directives from the V.A.H.C.D.R
6. Prescription Monitoring Program Information**
(Narx Score >= 500 for either sedatives, narcotics or stimulants)
7. Previous Opioid Overdose Diagnosis (12 months)

*Standard for most Virginia hospitals, **Health Systems contracted with PMP vendor Appriss

Patients with Persistent Patterns of Emergency Department Utilization

- 20,727 people with 321,036 total emergency Visits



Collective Utilization Category	Visit Count in 12 Months	Number of Patients with Visits in Virginia	Total ED Visits	Median ED Visits	Total Inpatient Admissions	Median Inpatient Admissions	Average Length of Stay (Days)	Percent with a Behavioral Health Diagnosis	Percent that are Suspected Homeless	Percent with Care Insight
Rising Risk	10 - 14	13,955	159,103	11	19,680	0	4.0	57.7%	0.2%	0.6%
	15 - 19	3,563	59,031	16	6,723	1	3.8	68.3%	0.3%	1.7%
High Utilization	20 - 29	2,056	47,927	23	4,780	1	3.2	76.7%	0.3%	3.7%
	30 - 49	847	31,100	36	2,633	1	3.1	85.0%	0.8%	5.2%
Super Utilization	50 - 74	200	11,867	58	766	2	3.7	89.5%	1.0%	4.5%
	75 - 99	53	4,583	87	156	1	3.4	88.7%	1.9%	13.2%
Extreme Utilization	100 +	53	7,425	135	295	2	2.5	98.1%	0.0%	11.3%
Grand Total		20,727	321,036	12	35,033	1	3.8	63.0%	0.3%	1.4%

Thank you