

Coordination of Care: The Tide is HIE but We're Moving On!



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Conflicts of Interest

Scott Mash – Has no real or apparent conflicts of interest to report.

Adam Rossbach – Has no real or apparent conflicts of interest to report.

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Learning Objectives

1. Identify how Health IT regulations have shaped the evolution of Care Coordination.
2. Explain why HIE is a key tool in supporting Care Coordination and the advantages of this approach.
3. Understand the technical protocols and interfacing used by Health Information Exchanges.



Definitions: Coordination of Care

1. The deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.
2. A function that helps ensure that the patient's needs and preferences for health services and information sharing across people, functions, and sites that are met over time.
3. A patient- and family-centered, assessment-driven, team-based activity designed to meet the needs of children and youth while enhancing the caregiving capabilities of families. Care coordination addresses interrelated medical, social, developmental, behavioral, educational, and financial needs to achieve optimal health and wellness outcomes.

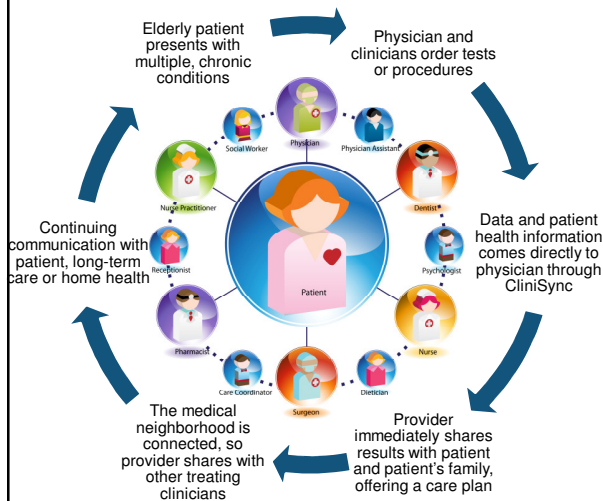


Practical Definition: Coordination of Care

Having everyone on the same page about a patient's care or treatment with the entire patient data story available to all those involved, including the patient.



It's All About the Patient



Coordination of care ensures that patients and their families have more seamless, coordinated care between office visits, procedures, hospitalizations, lab and radiology testing as well as community, home-based and long-term care.



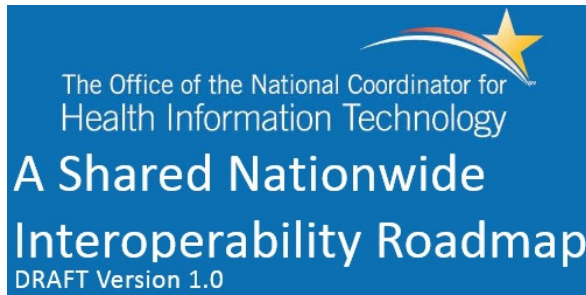
***Now I understand Coordination of Care.
Now make everybody do it!***

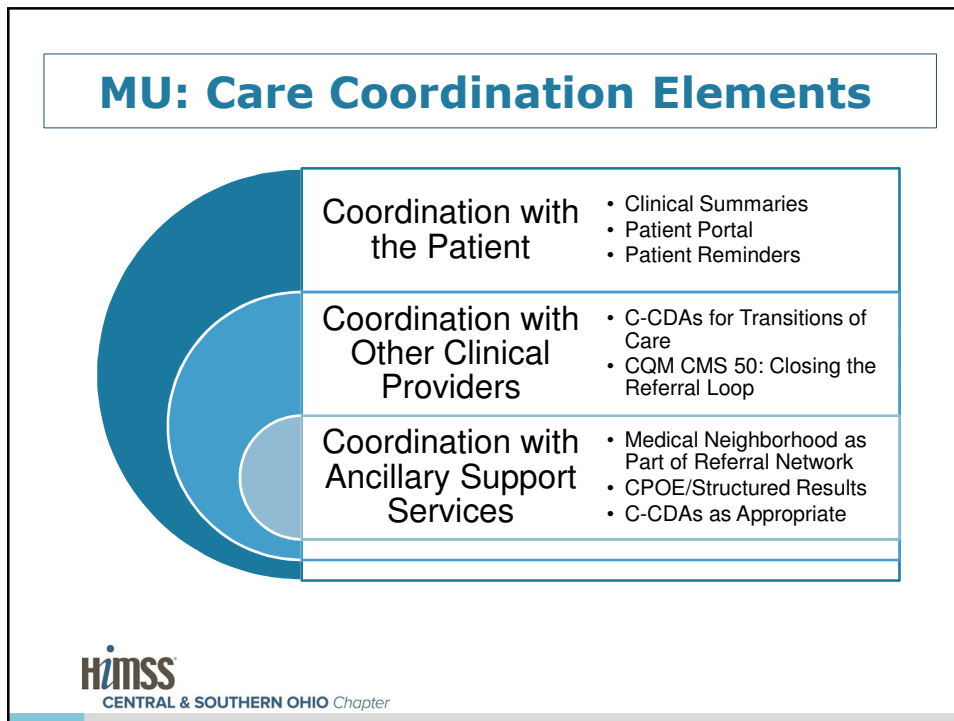
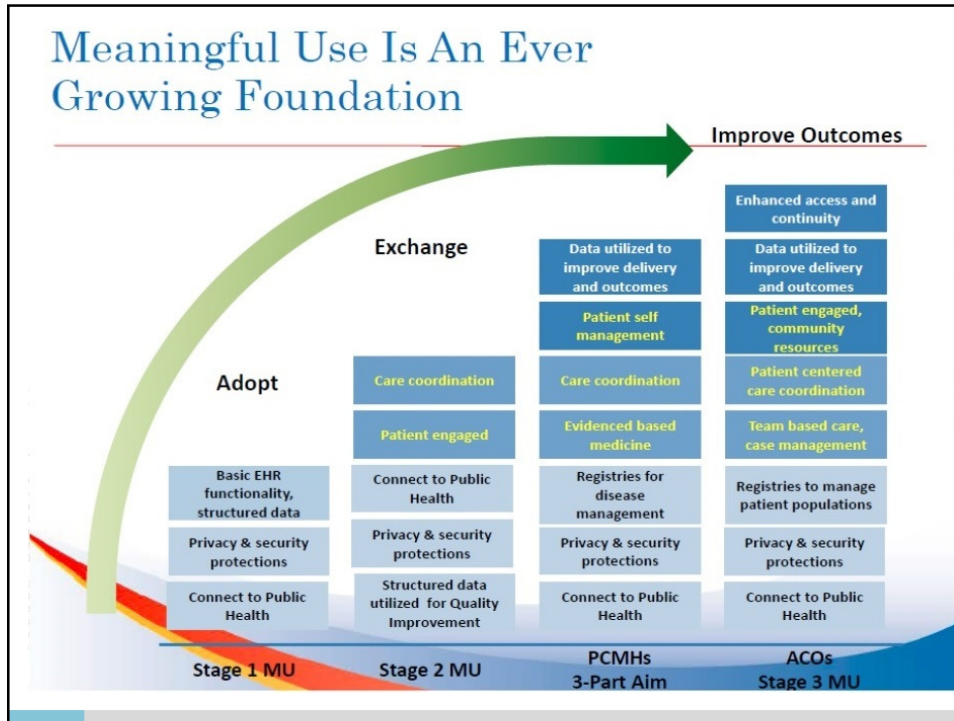
**Regulations/Programs
requiring electronic care
coordination**



Care Coordination Regulations

Meaningful Use





Patient Centered Medical Home

- **PCMH Status Requirements:**
 - Implementation of procedures to improve transition of care
 - Tracking referrals & tests
 - Utilization of outside resources and overall care coordination of the patient.
- **Tracking Across Various Sites in Medical Home Network:** Ability to track the care patients receive across the various components of the medical home
 - Care coordinators
 - Technology



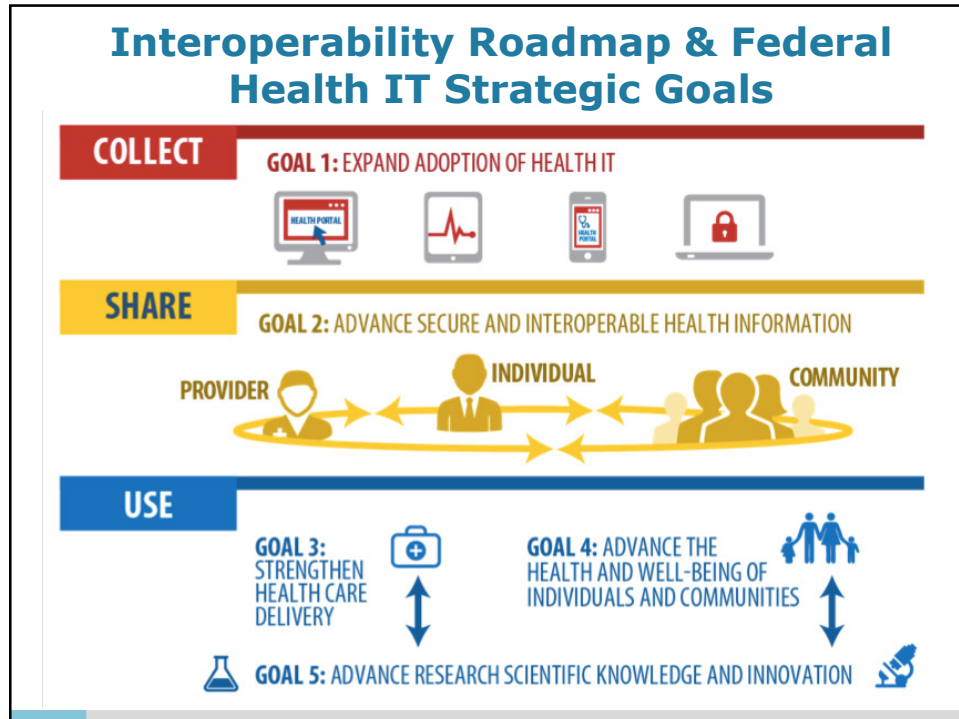
Interoperability Roadmap

Governing Principle

Data holders and entities facilitating interoperability of health information shall, in accordance with applicable law and individual preferences, exchange information, including with the individual to support patient care, care coordination and other permitted purposes. Specifically:

- **No policy, business, operational, or technical barriers that are not required by law** should be built to prevent information from appropriately flowing across geographic, health IT developer and organizational boundaries in support of patient care.
- **Data holders and entities that facilitate interoperability should not compete** on the availability of patient health data.
- **Promote collaboration** and avoid instances where (even when permitted by law) differences in fees, policies, services, operations or contracts would prevent individuals' personal health information from being electronically exchanged.






Interoperability Roadmap 3 Critical Pathways

1. Requiring standards
2. Use of incentives and regulations to increase adoption and use of standards
3. Creating a trusted environment for the collecting, sharing and using of electronic health information.

Primary HIT Tool for Care Coordination?

Health Information Exchange (HIE)



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What is an HIE?

- The mobilization of healthcare information electronically across organizations within a region, community or state.
- Allows doctors, nurses, pharmacists & other health care providers to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety and cost of patient care.
- The transmission of healthcare-related data among facilities, health information organizations and government agencies, according to national standards for interoperability, security and confidentiality

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Health Information Exchange

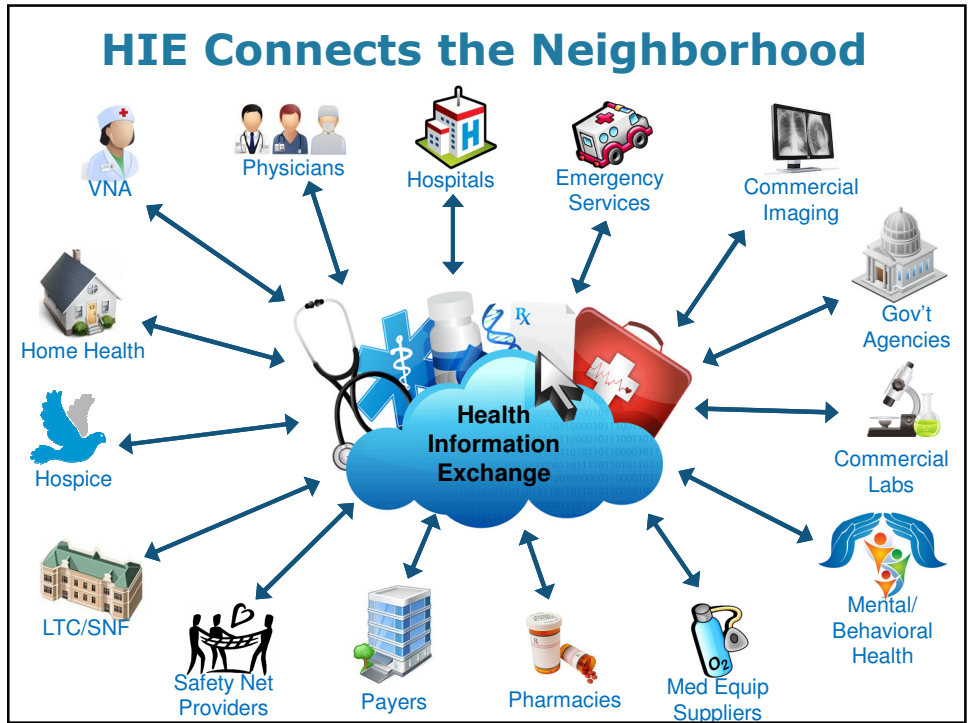
Health information exchange isn't just about technology, it's about community and trust.



Benefits of Health Information Exchange

- Allows providers of care to have information where they need it, when they need it.
- Improves the coordination of care for a patient among various care providers.
- Establishes an electronic transition of care process between care settings.
- Assists providers in meeting federal requirements, such as Meaningful Use.
- Assists emergency room personnel with information about incoming patients.
- Serves as a mechanism to expand ancillary services and strategic partnerships.
- Assists with reduction in repetitive tests and unnecessary procedures.
- Provides a coordination process to help reduce re-admission rates.
- Strives to improve the overall coordination of care in Ohio by allowing the data to follow the patient.





HIE & Care Coordination

It is no longer an issue of technology to enable care coordination, but the desire of a community to enable it and putting the policies in place to drive it's use and to pay for it.

How does all the magic happen?

The HIE Standards and Protocols



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Point-to-Point Publishing

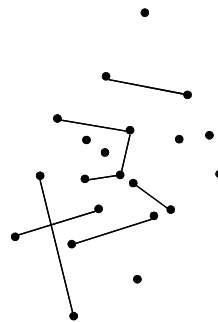
Single Agreement between Two Entities

This type of exchange is typically done using a site-to-site VPN and consists of HL7 v2.x

Effective means to exchange specific data between two specific entities

Heavy resource requirement and maintenance expectations

Limited scope of data able to be exchanged



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State/Regional HIEs

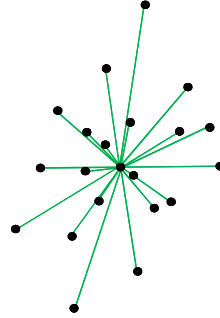
Disparate Healthcare Entities Centralized by Agreement or Contract

Leveraging a coordinating or funding entity, signing up multiple locations to coordinate through a central pivot point using contracts and exchanging PDFs or HL7 v2.x

Providing access to the group provides much more data than would have been feasible with point-to-point connections

Begins to create more of a longitudinal record for patients through multiple publishing points

Still limited in overall data types and the addition of new sources



eHealth Exchange

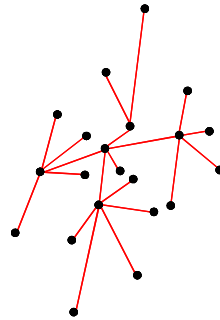
Decentralized Network of eHealth Certified HIEs

Leverages a national agreement (DURSA) and allows participating orgs to query and retrieve information from each other as needed

The use of agreed upon IHE profiles limit connection headaches and streamlines connectivity (XCA/XCPD)

While improving the ability to add data sources and increase the possibility for more available data, data is limited to document type again (CDA/CCDA)

Depending on Consent Models and other state/entity specific constraints, not everything may be available.



DirectTrust

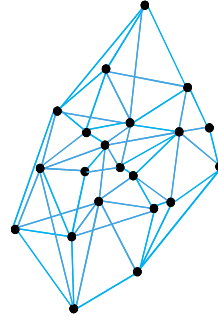
Distributed Network of Health Information Service Providers (HISPs)

Direct Messaging was established as the de facto standard to exchange patient information between two providers

DirectTrust established a trusted framework (trust anchor) to more quickly allow individual HISPs to connect with each other

Multiple formats are allowed: RFC 5322 + MIME, RFC 5322 + XDM or SOAP + XDR

This type of exchange does have limits, both by format and by individual implementation and does not provide a strict framework for what data may be exchanged



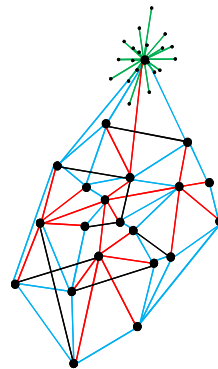
The Integrated Network

A Combination Approach

Each type of network has its strengths and weaknesses and while we are going through such a rapid transformation, each will be needed to fill the others gaps

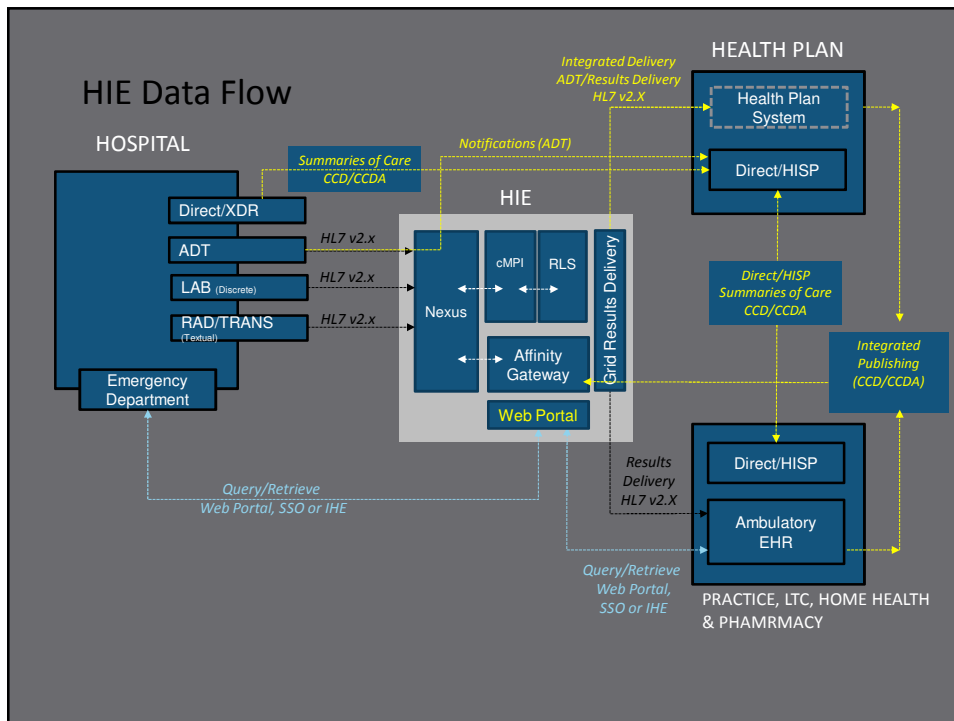
A coordinated infrastructure utilizing all tools available will be able to leverage what works best currently, while allowing newer ideas to be loaded in tandem without losing too much time in the transition.

What we see today will most likely be the wireframe for tomorrow's healthcare landscape



Setting the Stage for Payment Reform

- Electronic health records and health information exchange are providing access to better data, especially for the chronically ill.
- This patient information not only helps care teams coordinate care for a patient, it promotes the “Medical Neighborhood.”
- These team-based care models are key to Patient-Centered Medical Homes, Accountable Care Organizations, and other payment reform models that reduce Medicare and Medicaid spending (shared savings).
- Health Information Exchange is looking to create a model to assist in population health analyses and payment reform.



***Ok, electronic care coordination
improves care but what else is CMS
up to?***



Payment Reform



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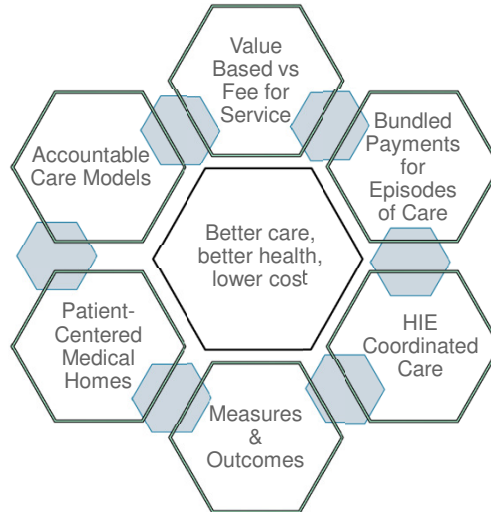
Setting the Stage for Payment Reform

- Several initiatives in Ohio are working towards payment reform (CPPI, SIM) Application for Practice Transformation Network grant.
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Payment Reform



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Questions?



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