

HITECH: Health Information Technology for Economic and Clinical Health Act THE HITECH ACT What is HITECH?

- Enacted as part of the American Recovery and Reinvestment Act of 2009
- Expansive changes to HIPAA aimed at encouraging the sharing of electronic health information
- Provides funding assistance and incentives to encourage implementation of electronic health records (EHRs)



What is Health Information Exchange?

Improved Collaboration:

 Allows transparency for treatment, care coordination, quality assessment and improvement activities, such as case management, outcome evaluations, development of clinical guidelines.





Top-Ten Things You Should Know About Health Information Exchange

- 10. Critical mass of health care organizations participating is key for consumers/patients and their families to manage their health and information with their providers.
- 9. Stakeholders (need to) expand beyond traditional healthcare providers of Doctors & Hospitals to include Labs... Home Care... and LTPAC.
- 8. There is value and ROI in exchanging health information.
- 7. Core function is around the care plan and clinical workflow.
- 6. Participation involves EMR use, interoperability standards, privacy and security, and end-user engagement.

Top-Ten Things You Should Know About Health Information Exchange

- 5. It's not if, but when, organizations need to participate in HIE. Cannot meet <u>Meaningful Use</u> criteria by 2015, without it.
- 4. HIE, Meaningful Use, Regional Extension Centers and Workforce Development are highly interdependent.
- 3. Secure information exchange needs to occur across institutional and business boundaries.
- 2. Focus is on health outcomes, not technology.



Top-Ten Things You Should Know About Health Information Exchange

1. It's all about the patient!

"By focusing on meaningful use....better healthcare does not come solely from the adoption of technology itself, but through the exchange and use of health information to best inform clinical decisions at the point of care"



Making the Case for Health Information Exchange in the LTPAC Setting

Long-Term and Post-Acute Care providers are faced with enormous challenges when coordinating care for patients transitioning to and from multiple and diverse care settings.



Making the Case for Health Information Exchange in the LTPAC Setting

80% of serious medical errors involve miscommunication between caregivers during the transfer of patients...

Joint Commission Center for Transforming Healthcare.



Making the Case for Health Information Exchange in the LTPAC Setting

Nearly 20% of Medicare patients are hospitalized – again – within one month of going home...

Centers for Medicare & Medicaid Services



Making the Case for Health Information Exchange in the LTPAC Setting

- Without the ability to participate in an HIE, LTPAC providers often admit patients with incomplete information about their medical status.
- Over a third of all Medicare patients discharged from acute hospitals receive LTPAC services, with almost 80 percent of those patients receiving skilled nursing or home care.
- Not only are resources strained as staff members spend time calling to request faxed copies of documentation, but the overall patient experience is diminished.



History & Background

- <u>February 2009</u>: ARRA HITECH Act
 \$546 million in competitive state grants for Health Information Exchanges through ONC
- <u>August 2009</u>: North / Central NJ CIO group meets to discuss the possibility of building an information sharing network
- <u>September 2009</u>: NJ State requests HIE proposals Northern & Central New Jersey Health Information Exchange Collaborative submits proposal as part of overall state plan
- ◆ October 2009: NJ State HIE plan submitted to ONC

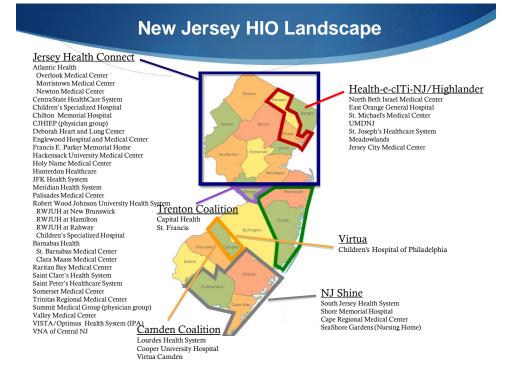


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History & Background

- ▶ <u>Ianuary 2010</u>: ONC awards State of NJ \$11.4 million
- ♦ <u>July 2010</u>: NJ State HIT Coordinator named Colleen Woods
- August 2010: NJ HIN plan and budget revised
- ♦ <u>Ianuary 2011</u>: NJ HIN State plan and budget approved by ONC
- ♦ June 2011: ONC funds made available by NJ State to regional HIEs





The Jersey Health Connect Model: A Shared Vision for New Jersey

Electronic access to aggregated health information available whenever and wherever it is needed at the point of care.

- Improve care coordination, access, outcomes and efficiencies through the use of technologies facilitating to real-time clinical exchange
- Comply with national standards related to privacy and security considerations
- Allow organizations to maintain individual technology strategies
- Provide consumers a consolidated view of their health information to encourage active and informed participation









The State's Largest Health Information Exchange

Expanded Coverage...

Northern, Central & Southern New Jersey

Growing List of Providers...

- Twenty-Nine Health Systems & Hospitals
- Two Large Multi-Specialty Physician Group Practices
- Two Long-Term Care Facilities
- State-Wide Home Care Agency Serving Over 6 million Patients





Jersey Health Connect... By The Numbers



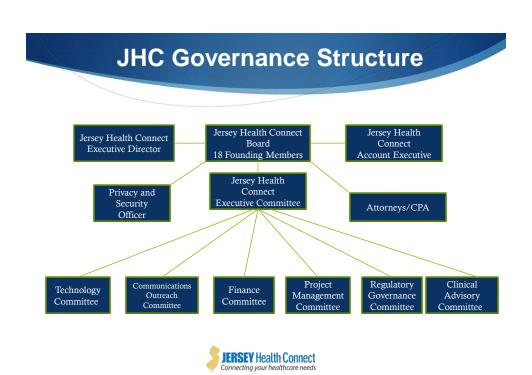




751	Connected Practices
1,623	Connected Physicians
23,185	Patient Queries
130,000	Connected Patient
4,200,000	Patient Records (6 Million JHC Service Area)
1,800,000	Results & Messages
115	EMR Endpoint Connections







JHC Vision & Mission

VISION:

◆ Jersey Health Connect will be the leading Health Information Organization providing Health Information Exchange services to all members, healthcare providers, and patients within the regions we serve.

MISSION:

We aggregate and deliver the right health information to the right provider and the right patient though the right technology to improve healthcare outcomes and reduce overall costs.



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JHC Values

VALUES (HIE-TO-U):

- ◆ <u>H</u>ealth We are passionate about improving health
- ◆ Integrity We deliver protected information at the point of care
- ◆ Empowerment We empower patients to manage their healthcare
- ◆ <u>Teamwork</u> We foster collaborative participation
- ◆ Outcomes We provide data to enable positive outcomes
- ◆ <u>U</u>nderstanding We educate the community on the benefits of data sharing



Types of JHC HIE Participants

- Founding Member
- Non-founding Member
- Data SupplierLabCorp
- Data viewer
 - CareOne
- Data Exchanger
 - Member Organizations
- ♦ End user Provider
- End user Patient





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JHC Strategic Plan

- ♦ Strategies 2014 2016 (C.S.I.²):
 - ◆ Connect and Share
 - Patients and Family Care Givers
 - Direct Healthcare Providers
 - Hospitals, Physicians, Long Term Care, Home Health, Rehabilitation, FQHCs
 - Ancillary providers
 - Labs, Diagnostic Imaging Centers, Pharmacies
 - NJ HealthNet
 - Regional and National HIEs
 - Payers, Regulatory bodies





JHC Strategic Plan

- Strategies 2014 2016 (C.S.I.²):
 - ◆ Improve process of healthcare for the Individual Population
 - Engage Patients and Physicians in the use of the information and on line tools
 - Expand the knowledge available at the level of the individual encounter
 - Reduce duplicative information provision and reduce duplicative testing





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JHC Strategic Plan

- ♦ Strategies 2014 2016 (C.S.I.²):
 - ◆ <u>Improve process of healthcare for</u> the Individual Population
 - Provide standard Accountable Care Organization offerings
 - Define enhanced functionality and reporting to compliment Care Coordination strategies
 - Embed functionality and reporting into base system offering
 - Provide mechanism to support custom ACO requests



JERSEY Health Connect

Benefits of JHC Membership

- Collaborative model (working together) to improve patient care
- Opportunity for physician alignment via JHC offering
- Opportunity for patient engagement with Personal Health Record
- Ability to share and retrieve patient care data across healthcare systems and electronic records platforms





Benefits of JHC Membership

- Negotiate Better Technology Pricing
- Meet Meaningful Use Requirements:
 - Data exchange (of key clinical information)
 - ◆ Patient Engagement
- Reduced Interoperability Costs (for EMR integration - pre-negotiated)





Expanded Connection with Multiple EMR Vendors

- AllScripts
- Greenway
- Misys
- ♦ NextGen
- eCW
- ♦ Aprima
- eMD's
- **♦** OTTR
- Meridian
- Varian
- Practice Partner



- ◆ EHI (MDNet)
- MTBC
- **♦** GE Centricity
- HAC
- MEDAZ
- ADS
- MTBC
- **MDClick**
- Vitera
- MedEnt
- CureMD

Data & Services

JERSEY Health Connect

- Centralized clinical data repository
- Core Offering
 - ◆ Data from Hospitals Lab Results/Radiology Results/Transcribed Documents/Consolidated-Clinical Document Architecture (C-CDA) documents
 - ◆ LabCorp lab results
 - CVS Immunizations (NJ pilot)
 - ◆ Personal Health Record
 - Secure Messaging
 - ◆ ED Notification to primary care
- ♦ Integration with ambulatory EMRs
- ♦ Integration with ED systems
- ♦ HIE level patient merging



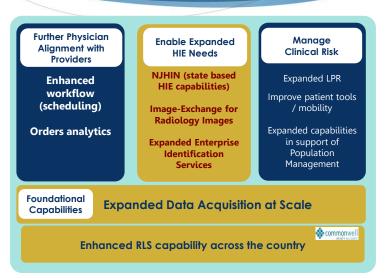
Data & Services

- Emergency Department Connectivity
 - ◆ Single Sign On/Patient Context
 - ForeRun/EmergiSoft, Picis/OptumInsight (test), Cerner
- Clinical Systems
 - ◆ Single Sign On/Patient Context
 - Allscripts, Horizon Physician Portal, Mobile MD
- EMR integration
 - ◆ Over 110 endpoint connections
 - ◆ Standardization effort with "top 11" EMR vendors



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Strategic Considerations



*Includes improved workflow and stata management

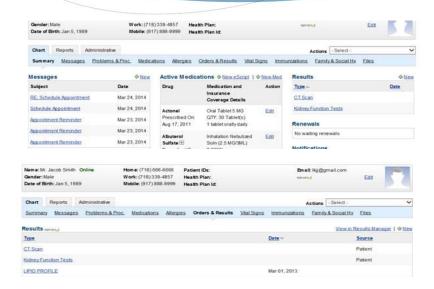
Connecting & Search the Network

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Wood Johnson University Hos Medical Center, Trinitas Regio		ohnson University Hospital-Hamilton, Saint Clare's Healt g Nurses Association).	h System, Saint Peter's University Hospital, Somerset	
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Connecting & Search the Network

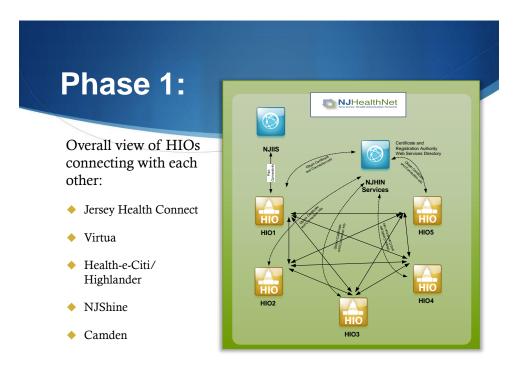


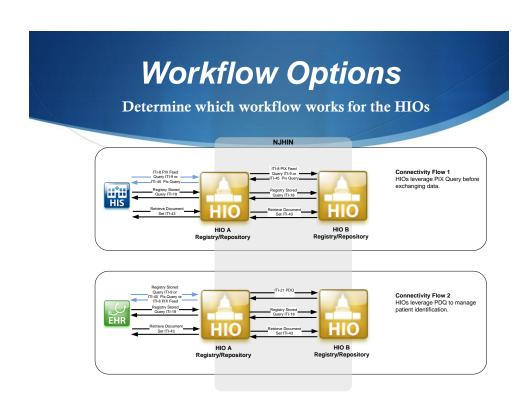
Connecting & Searching



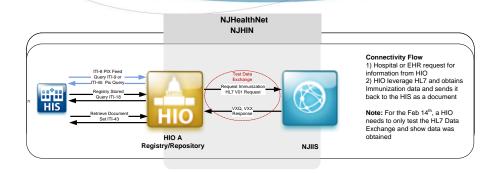


- Implement secure foundation for connectivity
 - Public key infrastructure with certificate and registration authorities
- Implementation of web services directory
- Query/Display patient data
 - ◆ Use Case = CCD/A
- NJIIS: Node on network, test data exchange
 - Exploratory pilot





Initial Approach Connection to NJIIS





NJHealthNet Lessons Learned

Through our first round of testing, we have learned more about HIE capabilities and better models for pt. identity:

- Some platforms have limitations on number of certificates they can or will support.
- Some HIEs are still developing CCD export capabilities.
- Different HIEs support different IHE protocols.
- NJIIS testing has let to better understanding of data sharing models for state registries.
- Moving toward a centralized PIX manager for patient identity strategy.
- · Data sharing across the stat is an obtainable goal!



