



Expanding Participation to  
Behavioral Health Providers



*Alaska eHealth*  
*Network*



*DBH Change Agent Conference*  
*November 2016*



# Presentation Outline

1. **DHSS Update**, Beth Davidson, State Health Information Technology Coordinator
2. **Overview of Behavioral Health Onboarding Efforts**, Rebecca Madison, Executive Director of the Alaska eHealth Network (AeHN)
3. **Opportunity from the Perspective of a Behavioral Health Provider (and AeHN Board Member)**, Jerry Jenkins, CEO Anchorage and Fairbanks Community Mental Health Services





# Health Information Technology

Systems working together: to reduce health care costs & improve the quality of care

## Department of Health & Social Services Update

- Introduction
  - Health Information Exchange and Behavioral Health
- Centers for Medicare & Medicare Services (CMS) HITECH Funding
- Medicaid Redesign Initiatives
  - Health Information Infrastructure Plan
  - Initiatives that involve Behavioral Health





# Health Information Technology

Systems working together: to reduce health care costs & improve the quality of care

## Introduction

- DHSS has been funding a significant portion of the Health Information Exchange (HIE) design, development, implementation and operation costs. DHSS has funded, through a combination of state and federal funding, over \$10,000,000 to Alaska eHealth Network in support of the Health Information Exchange. DHSS is anticipating an additional contract amendment with Alaska eHealth Network for additional design, development and implementation work; including onboarding support for providers.
- DHSS believes the statewide Health Information Exchange is a foundational, technology necessary for the health information infrastructure for Alaska's system of care.





# Health Information Technology

Systems working together: to reduce health care costs & improve the quality of care

## Activities/Projects Supported by HITECH Funding

- Alaska received funding from the Centers for Medicare & Medicaid Services (CMS) :
  - Modifications to the State Level Registry (SLR) to support the Medicaid EHR Incentive Payment Program
  - EHR Incentive Program Onboarding Initiative
  - HITECH Medicaid Information Technical Architecture 3.0 State Self-Assessment
  - Environmental Scan and Health Information Technology Roadmap Development
  - Medicaid Claims Data Feed to the Health Information Exchange (HIE)
  - Medicaid Personal Health Record (PHR) within the HIE
  - Clinical Quality Measure Reporting via the HIE
  - Behavioral Health Connection to the HIE
    - Includes monetary support to connect behavioral health providers to the HIE
    - Includes funding to connect HIE to DHSS behavioral health system
  - Prescription Drug Monitoring Program Connection to the HIE
  - Division of Public Health PRISM/Lab System Development
  - Division of Public Health System Modernization
  - Medicaid Redesign Support
  - Master Client Index Enhancement
  - myAlaska Authentication





# Health Information Technology

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## Medicaid Redesign

- Health Information Infrastructure Plan is one of several Medicaid Redesign initiatives. This specific initiative outlines that existing technology, such as the statewide Health Information Exchange (HIE) will be used to support Alaska's system of care.
- The HIE along with other technology will connect disparate technology systems to improve care coordination and reduce costs to all stakeholders.
- Medicaid Redesign Update emails bulletins on a regular basis. To sign up for these bulletins please visit:  
[https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?topic\\_id=12](https://public.govdelivery.com/accounts/AKDHSS/subscriber/new?topic_id=12)
- Numerous meetings and webinars related to Medicaid Redesign have been scheduled. Please check the Public Notices website:  
<https://aws.state.ak.us/OnlinePublicNotices/default.aspx> for details about meetings.





# Health Information Technology

Systems working together: to reduce health care costs & improve the quality of care

## List of Medicaid Redesign Initiatives where Behavioral Health is involved

Initiative
Privatization Studies
Primary Care Initiative (PCCM & 1945 HHs)
Behavioral Health System Reform
Coordinated Care Demo Projects
Emergency Care Improvement
1915(i) & 1915(k) Options
Federal Tribal FMAP Policy
Fraud & Abuse Prevention Enhancement
"Medicaid Reform Program"
Eligibility Verification System; Work/Social Supports
Prescription Drug Monitoring Program
Telemedicine Workgroup
Health Information Infrastructure Plan
Corrections Enrollment



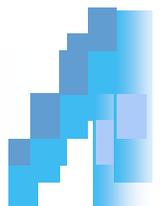
# What is health information exchange?

- Electronic health information exchange (HIE) allows doctors, nurses, pharmacists, behavioral health providers, other health care providers, and patients to appropriately access and securely share a patient's vital medical information electronically—improving the speed, quality, safety, and cost of patient care.



# What is the Alaska eHealth Network?

- Alaska's health information exchange is operated by the Alaska eHealth Network (AeHN), a non-profit organization led by a diverse board representing many facets of Alaska's health care industry.
- AeHN's purpose is to promote the use of electronic health records and provide Alaskans with a secure health information exchange.



# AeHN Board of Directors

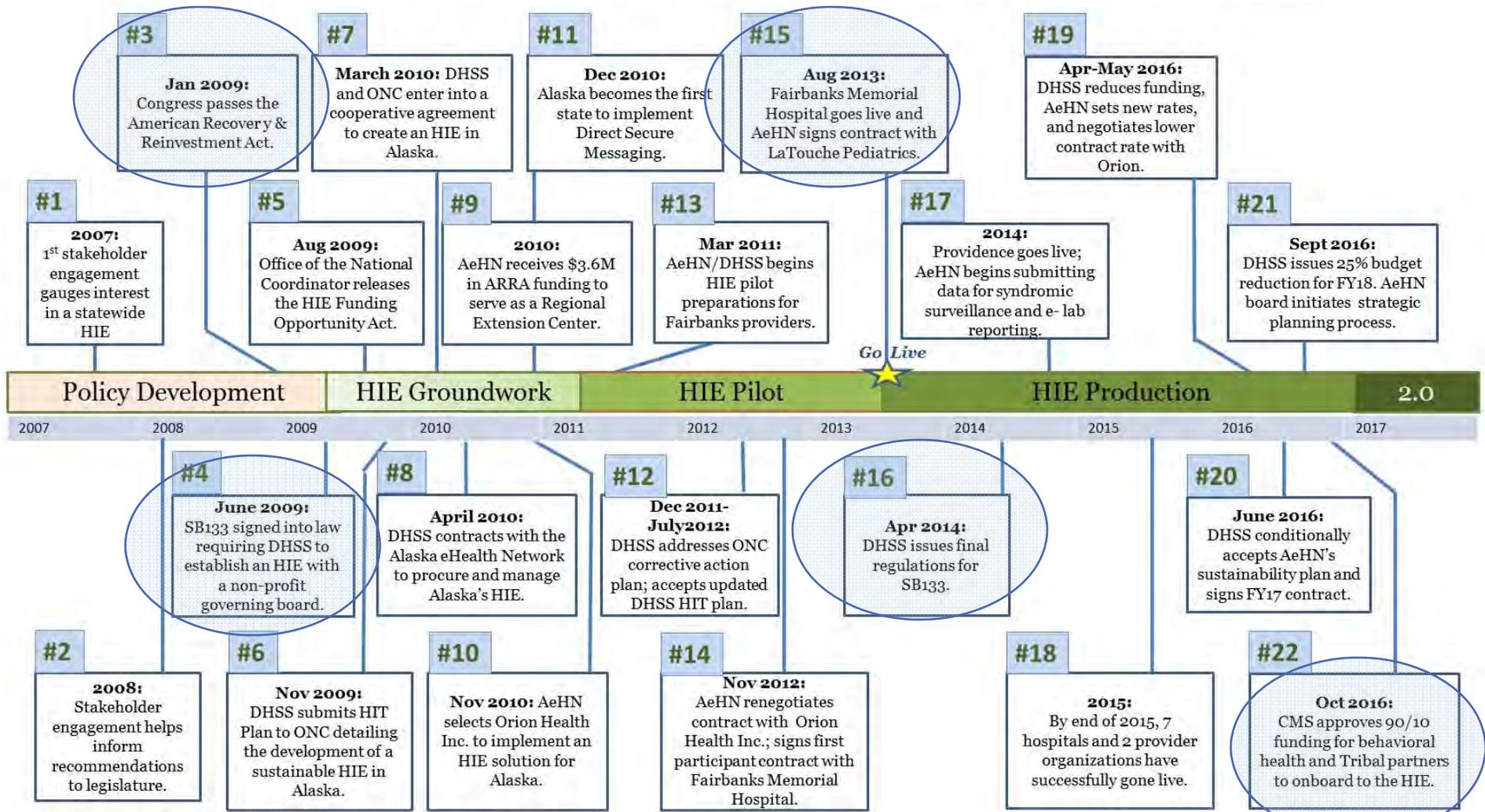
- Carl Kegley, Fairbanks Memorial Hospital
- Nancy Merriman, Alaska Primary Care Association
- Chris Emond, Matsu Health Foundation
- Becky Hultberg, ASHNHA
- Mark Williams, Providence
- Stewart Ferguson, ANTHC
- Jerry Jenkins, Anchorage and Fairbanks Community Mental Health Services
- Commissioner Valerie Davidson, DHSS
- Timothy Ballard, MD, Veterans Administration
- Melinda Rathkopf, MD, Allergy Center of Alaska
- Erin McArthur, MD, LaTouche Pediatrics
- Jennifer Dahline, Blue Cross Blue Shield
- Jan Harris, University of Alaska



# SECURELY CONNECTING ALASKANS TO HEALTHCARE DATA



# Alaska Health's Information Exchange: A Timeline of Key Milestones and Setbacks

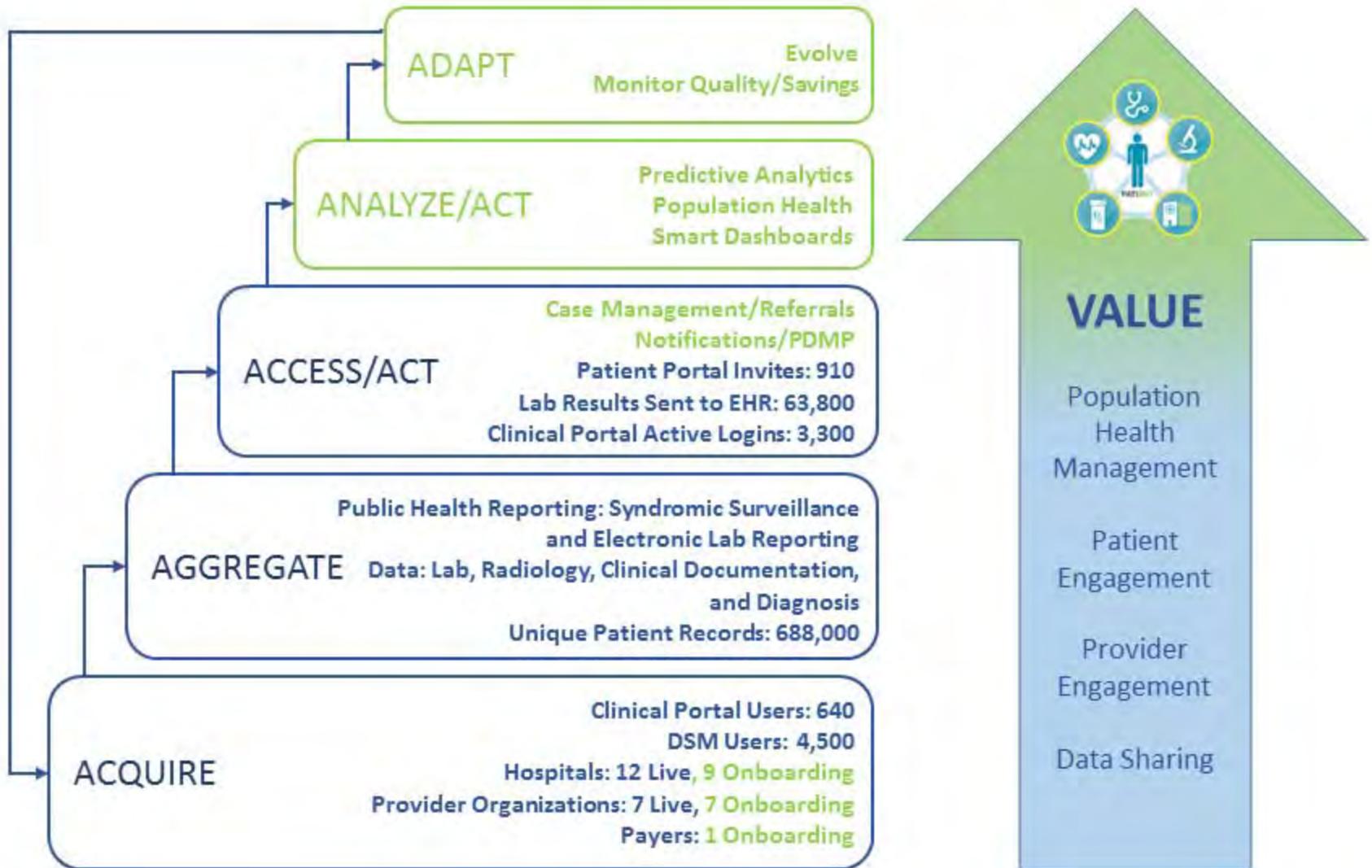


Note: The purpose of this timeline is to tell the story of Alaska's HIE by highlighting key events over time. Dates are approximate.

Version Created 11-1-16



# AeHN Maturity Model (11/2016)



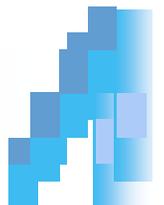
\*Adapted from Orion Health 2016 slide

# AeHN Active Services

- Patient Identity Reconciliation
- Care Coordination/Case Management
  - Clinical Portal
  - Smart Notifications
  - Patient Portal
  - Direct Secure Messaging (DSM/Direct)
  - Lab Results to EHR
- National eHealth Exchange Query
- Certified Solutions to Meet Meaningful Use
- Public Health and Registry Reporting
- Coming soon: Minimum Data Set Reporting to DBH

# What data is available?

- Patient Demographics
- Encounter History
- Labs Results, Radiology Reports
- Diagnosis and Procedures
- Transcriptions (H&P, DC Summary)
- Progress Notes
- C-CDA/CCD



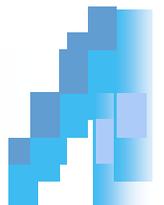
# What can the HIE do?

- Clinical Summary View
- Provider to Provider Referral
- Results Lookup
- Care Coordination
- Notifications
- Public Health Query
- Advanced Directives



# Rules of Engagement

- Patient Rights
  - Clinical/Mental Health – Opt Out
  - Substance Abuse – Opt In
- Provider Rights
  - EHR establishes relationship
  - “Break the Seal”
- Privacy Oversight
  - Privacy and Security Officer
  - AeHN Board of Directors
  - Privacy, Security and Compliance Workgroup



# Query Access via Web Browser

**EMPI Patient Search**

EMR (Local) Identifier

System Name

Date of Birth

Sex  Male  Female  All

Last Name

First Name

Middle Name

Aux Id

Aux ID Definition

**Search** **Reset**

Enter search criteria above and hit 'Search'

**Access Sealed patient**

A reason is required to view information about this patient.

Reason

I understand that this will be recorded and may be audited.

**Break Privacy Seal** **Cancel**

# Single Sign On from EHR

MENU ? Rebecca Madison | Family Medicine

Patient lists John Q Cardinal

**John Q Cardinal** PRN: CJ171217 66 yrs M Invite to Patient Portal Actions

Summary Timeline Profile 10/28/2016

5:21 PM Go to... Search Print Save Sign

Refresh to update clinical decision support (CDS) notifications below. 5 total notifications

### Encounter details

ENCOUNTER TYPE: Office Visit  
NOTE TYPE: Case Review  
DATE: 10/28/2016 Today  
AGE AT ENCOUNTER: 66 yrs

SEEN BY: Dawn Madison FACILITY: Family Medicine STATUS: Unsigned

### Chief complaint

Record  
No chief complaint recorded.

### Flowsheets

Edit US Customary Show growth charts

### Vitals

Add column Last 5 encounters or labs Print Edit Refresh

Vitals	
Height	
Weight	
BMI	
BMI Percentile	

106532R (AEHN) 84568-4564 (NGXTVC)

Rebecca Madison LOGOUT

Patient Summary Timeline External Record More

Document View Showing: All Mark All As Read Group By: Category Sort By: Date

### Patient Summary

- Dynamic Documents (1)
- Laboratory (35 / 48)
  - Blood Gases (2 / 2)
  - Chemistry (11 / 11)
  - Hematology (20 / 32)
    - 01-Aug-2012 \* Lipid Panel (2)
    - 01-May-2012 HBA1C (7 / 7) D
    - 01-May-2012 \* CBC (11 / 22) D
  - Immunology (2 / 2)
  - Serology (1)
- Microbiology (5 / 7)
- Radiology (3 / 7)
  - CAT Scan (1 / 4)
  - Radiology (2 / 3)

### Encounter History

Admission	Discharge	Admit Reason
16-Nov-2002	-	Infection of cut to arm
16-Nov-2002	-	Infection of cut to arm

### Medication History

No Results Found

### Problem List

No Results Found

### Procedures

Procedure Code	Procedure Description	Date
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# Current Participants

## Hospitals

- Alaska Native Medical Center (Partial)
- 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
- South Peninsula Hospital
- Valdez Community Hospital
- Wrangell Medical Center
- Yukon Kuskokwim Health Center

## Under Contract

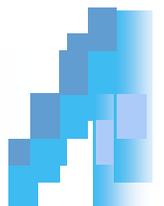
- Bartlett Regional Hospital
- Alaska Regional Hospital

## Provider Organizations

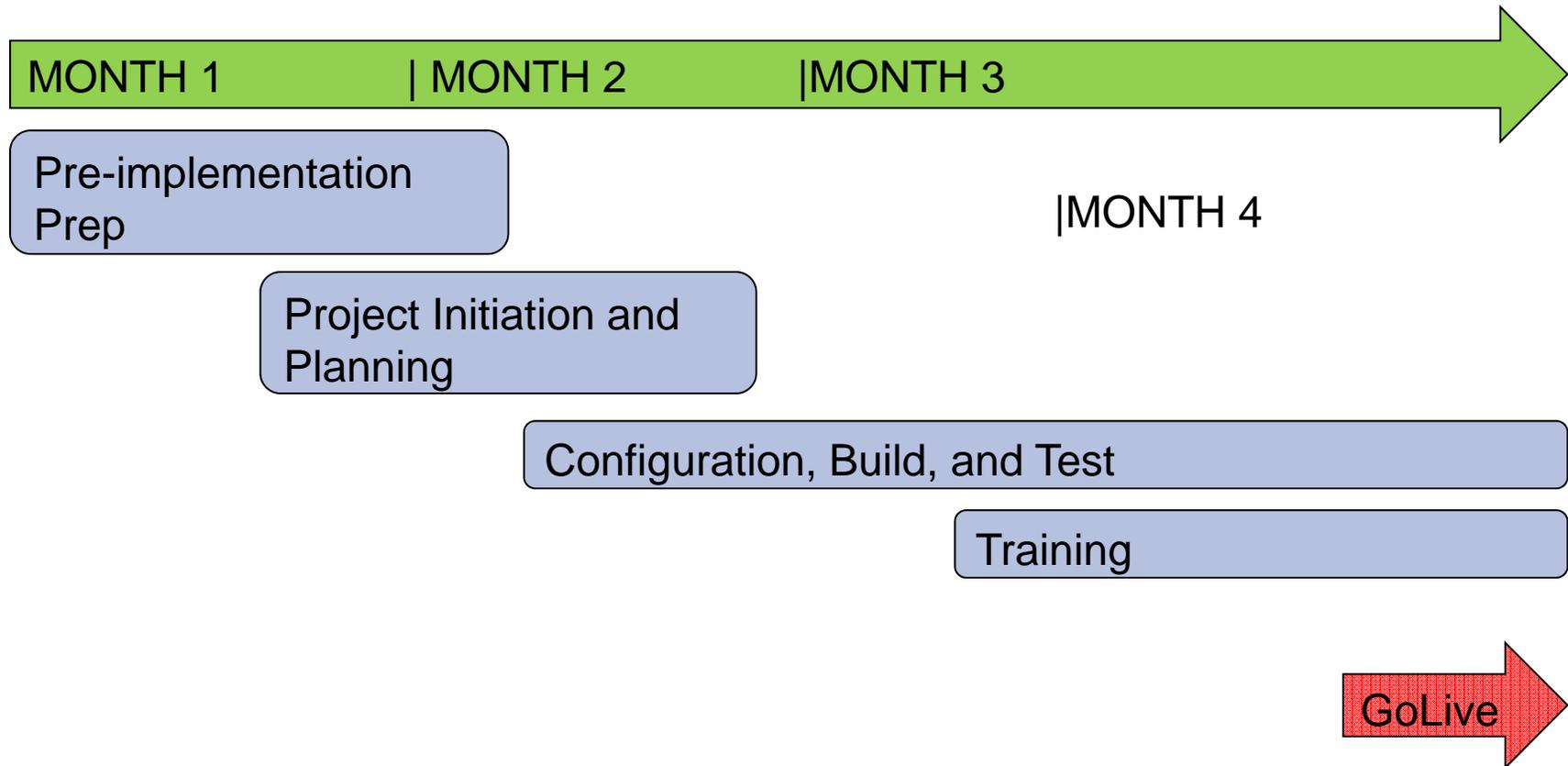
- Fairbanks Cancer Care
- Homer Medical Clinic
- LaTouche Pediatrics
- Ninilchik Traditional Council
- Peninsula Internal Medicine
- Seldovia Village Tribe
- Southcentral Foundation (Partial)
- Tenana Valley Medical Surgical Group

## Future Outreach Efforts will Target

- North Star Behavioral Health
- Alaska Psychiatric Institute
- Pharmacies



# Timeline for Typical Onboarding Project



# Steps to Go-Live

- Sign the agreement
- Complete onboarding document, VPN and HCO forms, readiness assessment
- Connect and test VPN
- Send test messages
- Validate the messages
- User acceptance testing (UAT)
- Live messages

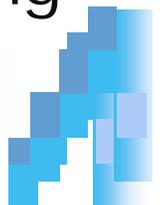
# Participants' Role

## Participant Responsibilities

- Signed Participation Agreement
- Security, Privacy – internal & external policies
- Patient Notification
- Data Integrity/Quality
- EHR Vendor Coordination

## Participant Resources

- Project Management
- Legal – Participation Agreements
- Technical – Network (VPN) and Interfaces
- Privacy and Security Policies and Procedures
- Patient Communications and Outreach
- Staff Education, Training



# AeHN's Role

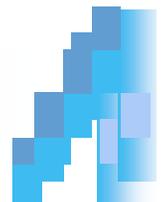
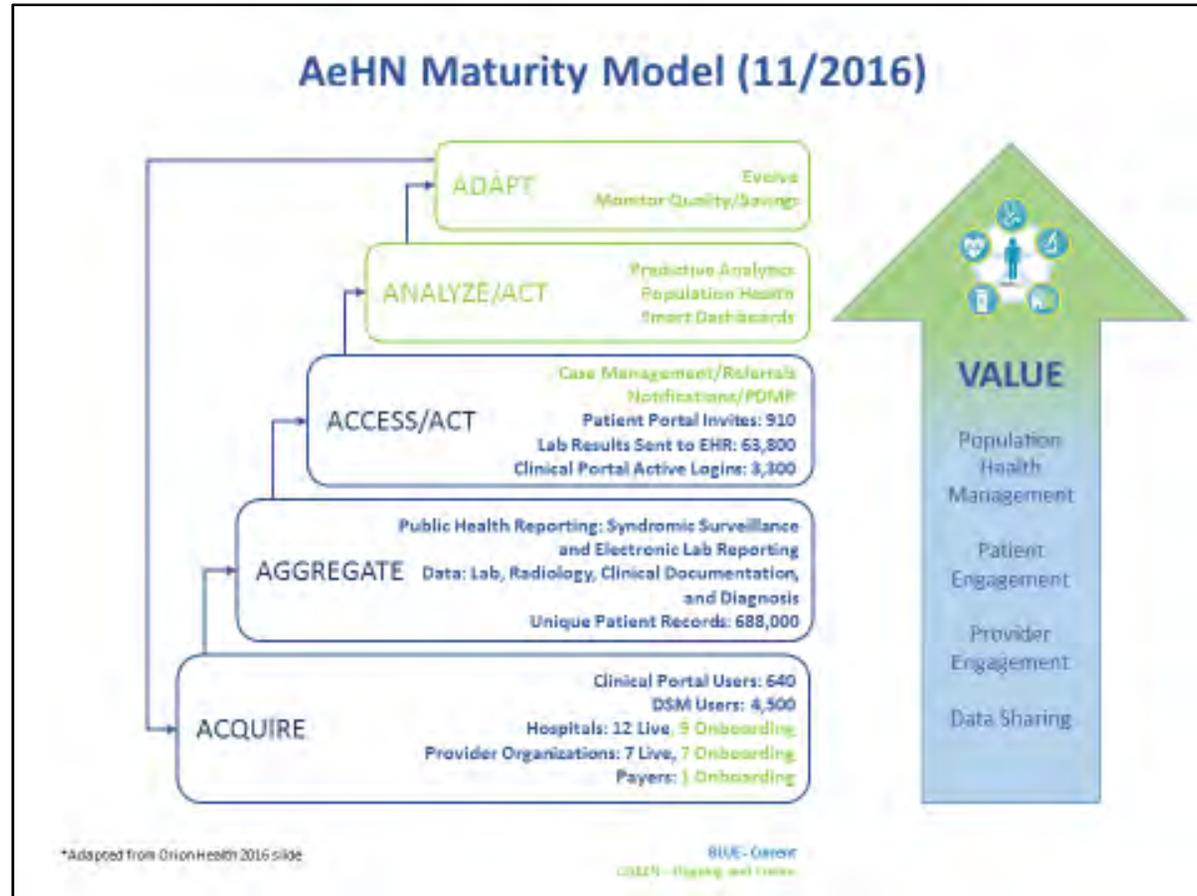
- Overall project management and assistance with compiling documents
- Coordinate activities with EHR and HIE vendors and participant
- Data quality analysis
- Coordinated DSM/HIE/CP/PP services
- Training and use cases
- Ensure administrative, physical and technical safeguards
- Perform security audits and risk assessments
- Breach reporting
- Sustainability



# FY17/18 and Beyond

*AeHN is working aggressively to increase value and advance the maturity of Alaska's health information exchange*

*Supporting participation by behavioral health providers is a key strategy*



# FY17/18 and Beyond

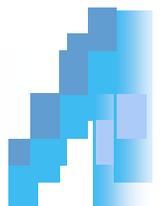
## Increasing Participation

CMS Funding FY17:

- 140 Organizations
  - Behavioral Health
  - Tribal Partners
  - Tribal Referrals

## Comprehensive Patient Record

- Pharmacies
- Dental
- Long Term Care
- Home Care
- Public Health Nursing
- Department of Corrections



# Behavioral Health Timeline

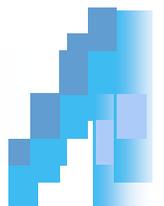
- AeHN privacy, security and compliance workgroup begins to develop Behavioral Health access and consent policies [Fall 2015]
- The Trust commits funds for CMS 90/10 request for behavioral health interfaces [Spring 2016]
- CMS approves DHSS funding request [Sept 2016]
- DHSS contracts with AeHN to onboard behavioral health providers [~ Jan 2017]
- Onboarding process [~Jan 2017 to Jan 2018]
- AeHN and DBH partner to transmit minimum data set for participating providers [~ July 2017]



# An Important Opportunity for Behavioral Health

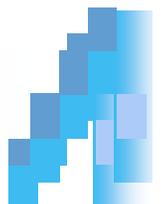
## ■ Client A

- Client is admitted for mental health issues to Fairbanks Memorial Hospital
- The hospital calls Fairbanks Community Mental Health Services (FCMHS) seeking same day services
- Client A arrives at FMCHS with no patient record
- Eventually, patient record is faxed, must be processed and reconciled with FMCHS assessment



# HIE Participation Changes the Paradigm

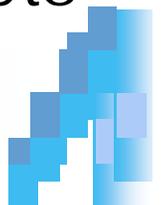
- **Providers using the HIE are able to provide continuous care to Client A**
  - Fairbanks Memorial Hospital data is fed real time into the HIE (all day, everyday) - An Emergency Department (ED) admission typically appears within 5 minutes of presentation
  - With appropriate permissions, FCMHS can access the patient record directly through AeHN's query module today
  - When FCMHS is connected to the HIE with an interface, the ED physician will be able to access FCMHS records to inform future care



# An Important Opportunity for Behavioral Health

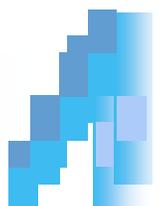
## ■ Client B

- Client B is enrolled in Medicaid and a client of Anchorage Community Mental Health Services (ACMHS)
- Client B receives 4 services in one day, including 2 ED admissions at separate EDs – no one realizes it
- Client B is treated in EDs more than 100 times in one year – no one realizes it
- Client B attempts suicide 3 times, audit finds that increase in services pre-dates all 3 attempts



# HIE Participation Changes the Paradigm

- **Providers using the HIE are able to intervene early to support Client B**
  - Today, ED physicians can see ED utilization and records from other hospitals
  - Today, ACMHS providers can connect to the query module and view client records
  - When ACMHS is connected to the HIE with an interface, an ED physician will be able to access ACMHS records to inform care



# How much does it cost participate in the HIE?

## Two Categories of Costs

1. Development of interfaces for data exchange (typically a one-time cost)
2. Annual participation fees

# 1. Interface Development

- Costs vary based on the EHR provider; costs are often a major barrier for participation in data exchange
- ★ CMS / Trust funding is now available for interfaces for approximately 40 behavioral health providers (~Jan 2017 to Jan 2018) ★
- Opportunity specific to behavioral health providers with EHRs

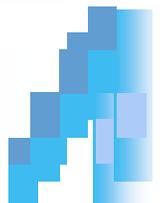
# 2. Annual Participation Fees are Key to Sustainability

Rates for Behavioral Health providers will be examined and set in early 2017

Participation does not require interface / data exchange

## Current Rates

	Providers	Hospitals	Payors
Basic	\$22/user/year	\$22/user/year	\$22/user/year
Silver	\$250 per provider/year	As per hospital fee schedule	TBD
Gold	\$1350/provider/year	NA	TBD
<b>POTENTIAL ADD ON FEES:</b>			
Imaging	\$100/provider/year	\$100/provider/year	NA
Population Health	\$250/user/year	\$250/user/year	NA
Disease Management	\$250/user/year	\$250/user/year	NA
Notifications	Included in Silver or Gold	Included in Silver	TBD



# Next Steps

- Providers interested in HIE query access can reach out to AeHN to begin participating immediately
- DHSS to contract with AeHN for interface development
- Onboarding begins ~January 2017
- Providers will be asked to submit letters of interest soon
- Hear more about DBH's data strategy and the Minimum Data Set this afternoon



# Questions?

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