



Alaska Health Information Exchange 2021 Progress & Recommendations Report



Prepared by the
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Health Information Technology Office
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Introduction

In 2010, SB 133 was enacted into law, creating Alaska’s Health Information Exchange (HIE) system with the intent “to improve the safety, cost effectiveness, and quality of healthcare in Alaska”¹ by connecting electronic health records (EHRs), public health registries, and auxiliary health systems. The goals of the HIE are to allow patients and their information to move freely within Alaska’s health care system, providers to effectively manage patient care, and the State of Alaska to effectively manage population health. Ultimately, health information exchange is meant to address the triple aim of healthcare:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.²

This report is prepared each December for the Alaska State Legislature as required by AS 18.23.315. This statute requires that this report contains an update of Alaska’s health information exchange system, and a specific set of recommendations for long-term participation and financial support by the state. The following report summarize the status of health information exchange system in Alaska, during the calendar year 2021, and recommendations for 2022.

State Activities and Recommendations

In Spring of 2021, the Department of Health and Social Services and Department of Administration Chief Procurement Officer concluded that there was insufficient justification for a sole source health information exchange (HIE) contract and informed the current HIE vendor the Department would issue a Request for Proposal (RFP) under a competitive bid process for HIE services.

¹ Paskvan, Sen. Joe. (2009). Sponsor Statement SB 133. *26th Alaskan Legislature*. Retrieved December 26, 2019, from: http://www.akleg.gov/basis/get_documents.asp?session=26&docid=3310.

² Institute for Healthcare Improvement. (2012). IHI Triple Aim. *IHI Triple Aim Initiative*. Retrieved December 26, 2019 from: <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>

The state received approval from the Centers for Medicare & Medicaid Services (CMS) on this approach, and to procure a contractor to assist in the development of an RFP for the HIE. The Department of Health and Social Services' RFP and approach in 2022 is focused on procuring health information exchange services and systems that meet the needs of the department's health priorities aimed to improve health and reduce costs for Alaskans. This approach aligns with recommendations and requirements from CMS aimed at supporting and financing the use of health information exchange to support state Medicaid business priorities and operational needs. In 2022, the State of Alaska will be soliciting proposals from qualified and experienced entities to provide HIE services that support the secure exchange of health information with an end goal of delivering coordinated and timely care, improving patient outcomes, and increasing well-being for all Alaskans.

It is important to note that previous CMS financing through the American Recovery and Reinvestment (ARRA) Health Information Technology for Economics and Clinical Act (HITECH) ended on September 30, 2021. Under HITECH funding for enhanced federal financial participation (FFP) was 90% with a 10% state match. Although previously available federal funding ended in September 2021, continued CMS funding for HIE activities is a possibility through other CMS financing programs such as the Medicaid Enterprise System (MES). However, there are significant differences between HITECH and MES funding requirements. Continued CMS funding for HIE services is available for activities that improve the efficient administration of the Medicaid Program. FFP is only available for the portion of costs that benefit the Medicaid Program. The level of FFP varies by activity:

- 90% for projects in Design, Development, and Implementation (DDI);
- 75% for projects in Operations (Ops); and
- 50% for Administration (Admin).

Despite these challenges with federal financing, the state and contracted vendor continue to make progress with advancing the exchange of health information to support state priorities such as COVID-19 response and quality measure reporting.

Progress Made in 2021

As of December 2021, there are a total of 764,941 patients in the Health Information Exchange (HIE). The HIE is comprised of 68 participant providers in Alaska, which includes hospitals, clinics, behavioral health services, labs, payors, and facilities reporting to public health³. The HIE assisted with the COVID-19 response by establishing interfaces to receive information and enhance public health reporting. Support for COVID-19 results reporting expanded dramatically

³ *healtheConnect Alaska. Our Network*. Retrieved January 5, 2022, from: <https://www.healthconnectak.org/index.php/our-network>

to include over one hundred testing sites meeting public health reporting obligations via the HIE's secure file transfer.

In the Fall and Winter of 2021, the department conducted an environmental scan to meet the requirements of the of the Electronic Health Records (EHR) program. The survey opened on August 11, 2021 and closed on October 8, 2021. While 1,018 providers and hospitals received the survey, a concurrent COVID-19 spike impacted the number of respondents available to take the survey. Despite an abbreviated deployment effort and low survey response rate, the environmental scan garnered meaningful qualitative insights. The survey response rate was fifteen percent, with 140 providers and 8 hospitals completing the survey. Fifty-nine percent of providers who responded to the survey indicated they use the HIE. Below is a quick glance at some of the participating providers and functions of the HIE for year 2021:

- 12,466 notifications and alerts delivered to providers- These notifications and alerts, known as *Event Notifications* and *SmartAlerts* are triggered by specific hospital events such as an emergency room admission or specific diagnosis code;
- To date the HIE network includes 331 behavioral health providers; and
- 26 Federally Qualified Health Care Centers are part of the network.

Additionally, the HIE expanded the breadth of patient information to support the coordination of whole person care known as social determinants of health (SDOH) which includes not just physical and mental health information but also social health information. The type of information now being collected in the HIE includes financial, education, insurance, marital status, and other social health information to improve coordinated care.

In addition to the environmental survey findings, the department worked with the contracted HIE vendor, healthConnect, to understand and highlight key successes in 2021. This includes:

- Enabling lab connections between clinical providers and the Alaska State Public Health Laboratory for integrated COVID-19 electronic test ordering and reporting;
- Continued onboarding of providers to existing data exchange feeds and public health reporting;
- Development, expansion, and automation of public health reporting of COVID-19 lab results;
- Completion of a bi-directional interfaces between the State of Alaska's immunization system vaccination repository, VacTrAK, and Bartlett Regional Hospital's Electronic Medical Record (EMR);
- Integration of the HIE with Labcorp and Quest Lab results;
- Configuration of the HIE to the industry standard for health care data exchange- Health Level Seven(HL7) Fast Healthcare Interoperability Resources (FHIR);⁴
- Enabled *Smart Alerts* within the *Event Notification System*. This enhancement allows physicians and care managers from different specialties and care settings to customize the

⁴ Orion Health. 'What is HL7 and why does healthcare need it?'. Retrieved January 5, 2022, from: <https://blog.orionhealth.com/what-is-hl7-and-why-does-healthcare-need-it/>

alerts they receive to more closely meet their needs, resulting in rapid care coordination for networked clinical decision-making at the point-of-care.⁵

- Continued engagement with stakeholders.

During 2021, the Alaska HIE entered an affiliation with the Chesapeake Regional Information System for our Patients (CRISP), a non-profit organization providing health information exchange services for over ten million lives in five jurisdictions. Expected benefits of this affiliation include significant cost savings while enhancing technology and data security with a focus on best practices. Additional development for the Alaska HIE will come at a much smaller cost as technology and development costs are shared by affiliated members.

The affiliation with CRISP Shared Services provided the following data sharing improvements for Alaska's patients and providers in 2021:

- Migration to a new identity resolution system, providing better patient matching at a lower cost;
- Migration to a new Virtual Private Network (VPN) platform with faster support and decreased configuration times;
- Migration to a new provider platform and clinical repository focused on high data availability and seamless integration with provider workflows;
- Access to the InContext application which displays patient information from the HIE directly within a provider's electronic health record;
- Increased interoperability by using industry and web standards interfaces such as HL7 FHIR; and
- Increased data security.

The HIE made additional key affiliations in 2021, aside from that with CRISP Shared Services. This added to the significant increase in the use and availability of HIE services and information to providers across Alaska. Note two of the most significant affiliations increasing the availability of data available within the HIE were:

- Connectivity with Collective Medical Technologies, providing the ability to receive *Admit, Discharge, Transfer* (ADT) messages from hospitals outside the State of Alaska any time an Alaska resident is seen.
- Connectivity with Envoy Integrated Health, a 100% Alaska physician-owned, locally based clinically integrated network providing connectivity with many Alaska-based independent practices.

In 2021, the department modified the prior contract with healthConnect from July 1, 2019, through May 31, 2022, to include an additional three amendments to enhance services provided. Completed deliverables from prior amendments include:

⁵ healthConnect Alaska. 'What We Do'. Retrieved January 5, 2022, from: <https://www.healthconnectak.org/index.php/services/what-we-do>

1. Direct Secure Messaging (DSM) services;
2. Expansion of public health reporting for electronic lab reporting capabilities;
3. Bidirectional capabilities, and vaccine reporting functionality; and
4. Supporting providers with COVID-19 reporting.

For calendar year 2022, the HIE will continue working with stakeholders and making enhancements to the HIE. The following is a list of activities planned for 2022:

- Further expansion of the HIE network;
- Extending *Smart Alerts* to Alaska behavioral health providers;
- Expanding COVID-19 test reporting capabilities;
- Integration with the Alaska immunization registry;
- Planning for patient access to health information; and
- Outcome based certification to support Medicaid business needs and enable enhanced federal financial participation (FFP) through the Centers for Medicare and Medicaid Services (CMS).
- Engage in a comprehensive review of AS 18.23.300 – AS 18.23.325 and provide recommendations to the Alaska Legislature regarding necessary updates and changes.