



Ohio Health Information Partnership
Health Information in a Heartbeat

The Ohio Health Information Partnership

Dan Paoletti, CEO

What is The Partnership?

- ✧ Nonprofit partnership
- ✧ A grass roots organization where Board of Directors have vested interest in its success.
- ✧ The Board ensures representation from many of stakeholders throughout Ohio.

The Partnership's Founders

Ohio.gov





What is The Partnership?

- ✧ Federal funding through Office of National Coordinator of HIT, Department of Health & Human Services & the State of Ohio
- ✧ State-designated Regional Extension Center and Health Information Exchange charged with leading the implementation and support of health information technology throughout Ohio

OHIO IMPACT FROM THE HITECH FUNDING

Information developed as of 10.15.11

- Already dispersed funds as part of grant programs for HIT development
 - **Total: \$74,123,372**
- Medicaid Economic Impact figures for EHR Incentives:
 - **Ohio Medicaid \$32,504,929 total paid for EHR incentives through MPIP program (as of 10/7/11)**
- Federal Medicaid planning grant for the MPIP EHR incentive program
 - **Medicaid Planning Grant for MPIP: \$2,290,000 (announced September, 2010)**
- Medicare Economic Impact figures for EHR incentives:
 - **CMS total paid for Ohio Medicare EHR incentives: \$15,825,510. (as of 9.7.11)**
- Federal core administrative grant funds for OHIP for the REC grant:
 - **\$1,500,000**
- Federal Milestone payments for the Regional Extension Center grant for OHIP
 - **\$11,439,000**
- Federal Milestone payments for the Regional Extension Center grant for HealthBridge
 - **\$2,245,449 distributed (assume 1,000 in the Ohio region of HealthBridge)**
- Federal HIE Development funds under SDE grant
 - **\$999,225 distributed for HIE planning and start-up implementation**
- Workforce development grant for administration of Midwest region and 4 sites in Ohio
 - **\$2,719,259**
- Beacon Award to HealthBridge expended funds:
 - **\$4,600,000 (assume 1/3 of \$13.8M grant was drawn down in Yr 1 of 3-year grant)**

OHIO IMPACT FROM THE HITECH FUNDING

Federal HIT funds awarded but not yet dispersed in Ohio

Total: \$845,311,452 to \$1,245,311,452

- OHIP anticipated REC funding:
\$15,561,000
- OHIP/CliniSync anticipated HIE funding:
\$13,872,974
- Workforce development grant for administration of Midwest region and 4 sites in Ohio
\$2,561,937
- SAMHSA HIT Awards for BH providers:
\$1,359,990
- Medicare/Medicaid Incentive Payments to Providers and Hospitals
Estimated between 700 million to 1.2 billion dollars

ELECTRONIC HEALTH RECORDS: A STATE PRIORITY

Ohio Priorities

Problems / Issues

- Overall healthcare fragmentation
- Emergency department usage
- Avoidable admissions
- Lack of primary care coordination

Integrating Care

- Integrating Behavioral Health
- Integrating Nursing Home Care
- Coordinating Care with Chronic Patients
- Patient Centered Medical Homes

A GOAL FOR OHIO

By December 31, 2014, Ohio will reduce the rate of 30 day hospital re-admissions by 5% through the implementation of patient-centered medical homes utilizing the statewide health information exchange (CliniSync). Ohio will achieve this goal by focusing on enhanced coordination of patient care transitions among hospitals, long-term care facilities and providers. We will document a reduction in Medicaid claims achieved both by reduced re-admissions, and by the elimination of duplicate tests and procedures ordered by providers during the period of transition care.

ELECTRONIC HEALTH RECORDS: A NATIONAL PRIORITY

ARRA HITECH STIMULUS: Catalyst for Transformation

Paper records



Pre 2009

A system plagued by inefficiencies

HITECH Act



2009

EHR Incentive Program

EHRs & HIE



2013 & Beyond

Widespread adoption and meaningful use of EHRs



“ If you want to promote better coordination between doctors, you need to be able to quickly move health information wherever it’s needed. If you want to empower consumers to take charge of their health care, they need to be able to access their health information without calling up five different doctor’s offices.”

— **Kathleen Sebelius**
Secretary of Health and
Human Services

The Partnership's Twofold Purpose

Health Information Exchange

Create a sustainable, secure, statewide health information exchange (HIE), offering interoperability between regional and national health information networks to provide access to clinical data and improved, measurable health outcomes for the citizens of Ohio.

Regional Extension Centers

Assemble, analyze and widely disseminate through regional partners and other appropriate means both evidence and experience related to the adoption, implementation, and effective use of health IT that allows for the electronic exchange and use of health information, including in medically underserved communities.

Current Customer Base: REC

- **The Partnership stands at the top of the Nation in the number of priority primary care physicians recruited to help achieve meaningful use.**
 - **5404 PPCPs have signed up for REC services out of a goal of 6000 PPCPs.**
 - **This accounts for approximately 70-75% of the PPCPs in the Partnerships catchment area.**
 - **5404 accounts 90% of our target.**
 - **Along with HealthBridge, Ohio will have approximately 7000 PPCPs enrolled**



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The Ohio Health Information Partnership HIE Platform

HIE Vendor Relationship

Selected Through Formal Procurement Process

- Stakeholder group issued RFI/RFP
- Concluded in Apr 2011
- Received ONC sub-recipient designation in Jul 2011

Revenue Sharing Agreement

- Subscription fees split with Medicity; used to sustain ongoing implementation



HIE Vendor Relationship



of Employees

- **Expected by 2014**
 - 26 Partnership staff doing most of the support and managing the CliniSync platform
 - 7 living in communities throughout Ohio
 - 2-3 Medicity Ohio based employees
 - A large number of community based jobs will and have been created as a result of this work.

Job Seekers

[Register/Login](#)
[Hospital Profiles](#)
[Find Your Job](#)
[Browse All Jobs](#)
[Licensing Boards](#)
[Ohio Medical Board](#)
[Contact Us](#)

Hospital Employers

[Hospital Login](#)
[Subscription Information](#)

Nurses

[Ohio Nursing Jobs](#)
[Nursing Education](#)

IT Opportunities

[Health IT Education](#)
[Health IT Jobs](#)

Life in Ohio

[About Ohio](#)
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Hospital Spotlight



Ohio Information Technology Jobs

Hospitals in Ohio are continually searching for IT Professionals.

The IT jobs listed below are posted by hospitals throughout Ohio.

Last Updated	Job Title	Location
10/20/2011	Clinical Information Analyst	Gallipolis
10/20/2011	Clinical Information Analyst	Gallipolis
10/20/2011	Lead Systems Analyst	Gallipolis
10/20/2011	Systems Administrator	Gallipolis
10/20/2011	Lead Systems Analyst	Gallipolis
10/20/2011	Programmer Analyst	Concord
10/20/2011	Clinical Analyst (RN/Respiratory Therapist)	Lancaster
10/20/2011	MGR STAFF DEVELOPMENT -SOIN	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR II	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR	Kettering
10/20/2011	EPIC APPLICATION ANALYST	Kettering
10/20/2011	EPIC CLAIMS AND REMITTANCES ANALYST	Kettering
10/20/2011	NETWORK DEVELOPMENT PROJECT MGR	Kettering
10/20/2011	SUNQUEST LAB SYSTEM ADMIN/ANALYST	Kettering
10/20/2011	ANALYST	Kettering
10/20/2011	KBMC OUTREACH DEV COORD - 119490	Kettering
10/20/2011	EPIC APPLICATION ANALYST	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR II	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR II	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR II	Kettering
10/20/2011	SYSTEMS ANALYST - KMC	Kettering
10/20/2011	EPIC AMB CLINICAL BUILD&SUPPORT ANALYST	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR II	Kettering
10/20/2011	CLINICAL DATA ABSTRACTOR	Kettering
10/20/2011	SYSTEMS ANALYST - KMC	Kettering
10/20/2011	SR EPIC APPLICATION ANALYST	Kettering
10/20/2011	Senior Administrator &#8211; Information Systems (FT)	Mount Vernon
10/20/2011	Interface Analyst, Information Systems (FT)	Mount Vernon
10/20/2011	Help Desk Technician &#8211; Information Systems (FT)	Mount Vernon
10/20/2011	Database Administrator, Information Systems (FT)	Mount Vernon
10/14/2011	LEAD SYSTEMS ANALYST Job	Cleveland
10/14/2011	DIV FINANCIAL ANALYST Job	Cleveland
10/14/2011	Aspect Telecomm System Engineer Job	Cleveland
10/14/2011	Senior Director of Development - Digestive Disease Institute Job	Cleveland
10/14/2011	Senior Director, Foundation Relations & Proposal Development Job	Cleveland
10/14/2011	SYSTEM ANALYST II Job	Cleveland
10/14/2011	Systems Analyst III - HIM Front End Job	Cleveland
10/14/2011	Data Analyst II Job	Cleveland

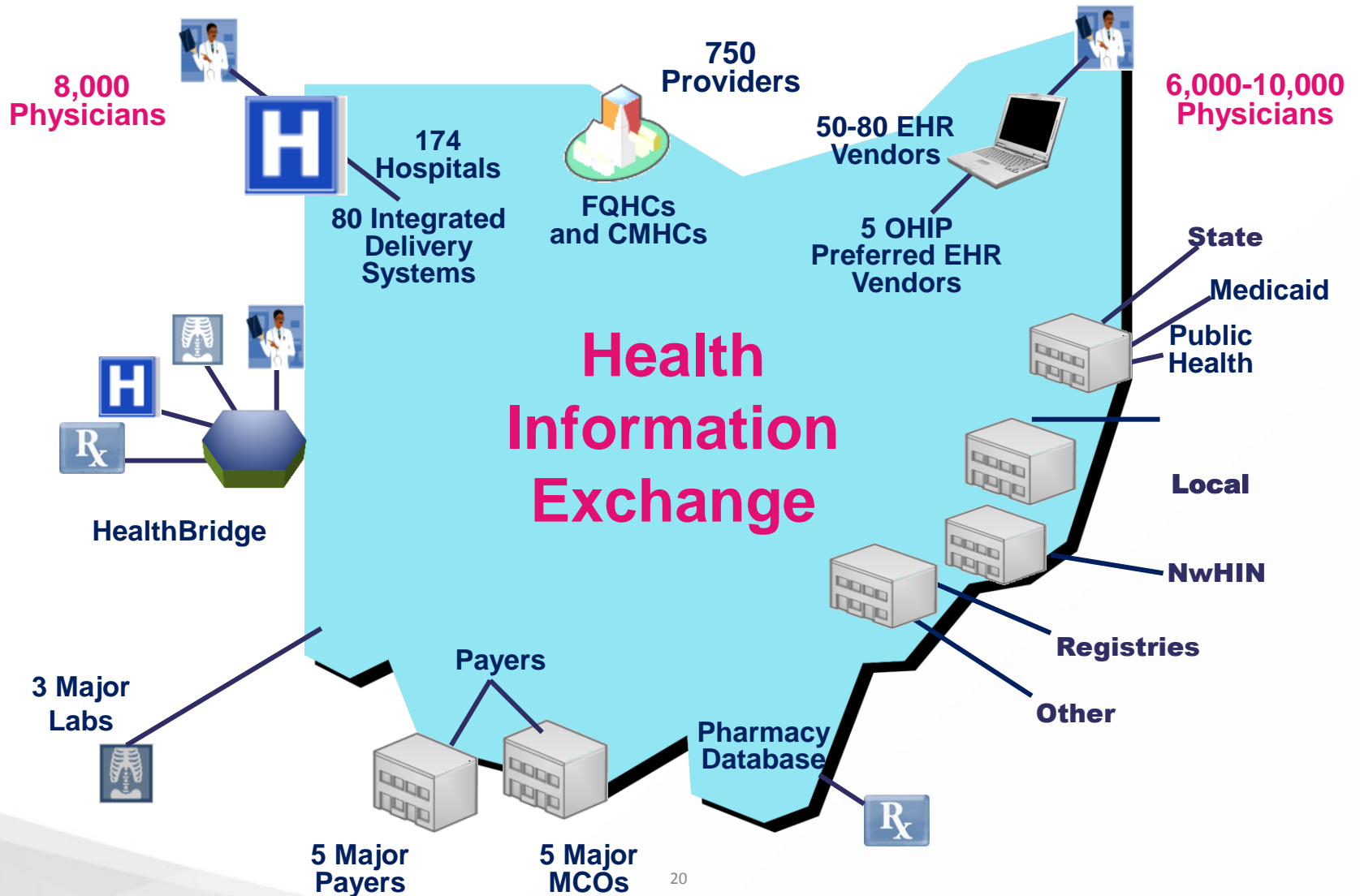
Create A Clinical Foundation



- ✧ Improve patient care
- ✧ Merging clinical data
- ✧ Improve the business of healthcare
- ✧ Improve clinical research
- ✧ A platform for innovation

200 Touch Points

80 percent of Ohio's population



One Interface/One Highway

Problem Today:

Multiple Interfaces with limited or no connectivity

Goal for Tomorrow:

Reduce the number of interfaces and ensure interconnectivity

- ✧ Creation of a fluid exchange
- ✧ Improve current interface efficiencies
 - ✧ Better profitability

WHAT DOES SUCCESS LOOK LIKE?

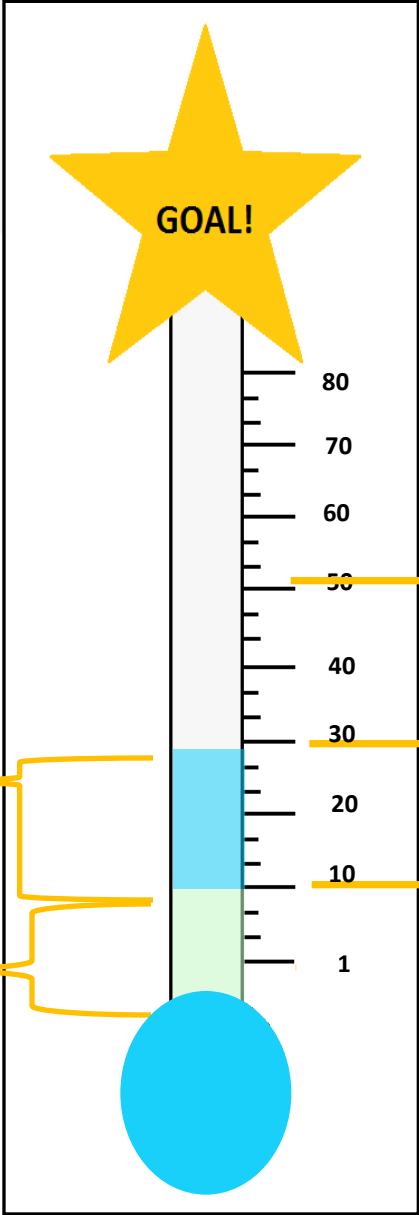
ROI for Stakeholders:

- **Providers**
 - Hospitals
 - Physicians
 - LTC, Home Health, Behavioral Health
- **Payers & Employers**
- **State Organizations**
 - Medicaid
 - Public Health
 - Office of Health Care Transformation
- **Consumers & Patients**

Hospital Participant Agreements Signed Since September 15, 2011

Agreements Reviewed
By 44 Health Systems

Signed Agreements
13 Hospitals



2011 Stretch Goal
50 Signed Hospitals

2011 Goal
30 Signed Hospitals

2011 Goal
Integrate 10 Hospitals

Community Effort

- ✧ Prioritize coordination of care
- ✧ Everyone pays a little
- ✧ No one pays a lot
- ✧ Everyone helps enroll/implement physicians

HIE Services

Phase 1

Meaningful Use

- “Push” Technology using Direct protocols
- Trust Management
- Hospital/Large Practice Integration
- Begin to build Master Patient Index

Phase 2

Longitudinal Patient Record

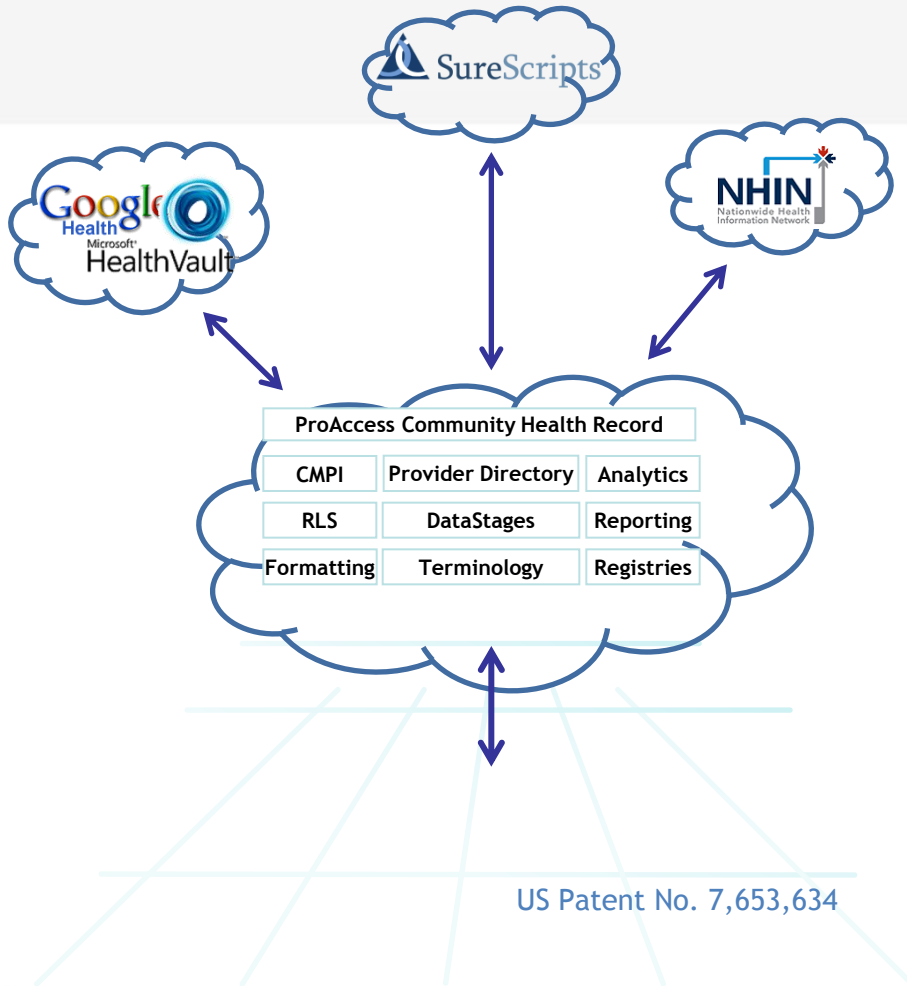
- “Pull” Technology
- Master Patient Index
- Record Locator
- Federated Publishing

Phase 3

System Optimization

- Clinical and administrative data convergence
- Patient Care Medical Home/Accountable Care Organization Support
- More!

Platform Overview



MediTrust Gateway Services

Remotely-hosted services shared across many communities for streamlined access and exchange of data with NHIN participants, Medication networks, consumer health networks and payer organizations

MediTrust Cloud-based Services

Remotely-hosted services shared by all participants of the HIE, including those using iNexx and ProAccess Community Health Record application, for provider domain resolution, identity management, secure record location, terminology translation, public health reporting, and elective participation in quality programs

iNexx & Novo Grid

Light-weight, scalable securing messaging layer that acquires, integrates and exchanges clinical and administrative data between two trusted sources on the Grid using the iNexx platform

CliniSync Physician Services

Physicians can use both!

Direct Suite

Designed For

- Paper-based offices or those with less robust EMRs
- Practices who send/receive sensitive data routinely
- To replace fax/phone

Simple “Lift”

- No interface support required
- Minimal hardware/software requirements
- Quick Deployment

Does Not Include

- Integration with EMR
- Data exchanged directly with other physicians using the Direct Suite will not populate Community Health Record or MPI

Community Health Record Suite

Designed For

- Practices with systems capable of consuming data directly into EMR

Interface Required

- Must be able to receive and process standard HL7 messages

Includes

- Web-portal support for authorized and authenticated users to query (pull) patient information exchanged through the CliniSync platform to form a longitudinal community health record view.

CliniSync Direct Suite

iNexx Platform

- Secure software platform provides foundation for secure email messaging and other direct exchange features so physicians can securely exchange/store data, collaborate with known and trust providers.

Patient Core

- Create, edit, save and modify patient information for sharing with known and trusted providers.

Referrals

- Create, send and manage referrals to and from your practice. Can define required information for incoming referrals including sensitive data patient consent and send/receive related attachments.

Inbox

- Organizes received information

VCTR

- Virtual Care Team Record (VCTR) provides for notification and reconciliation between members of the patient's care team.

Secure Email

- Send and receive secure email messages including attachments between known and trust providers (SLATED FOR MID-OCTOBER)

CliniSync

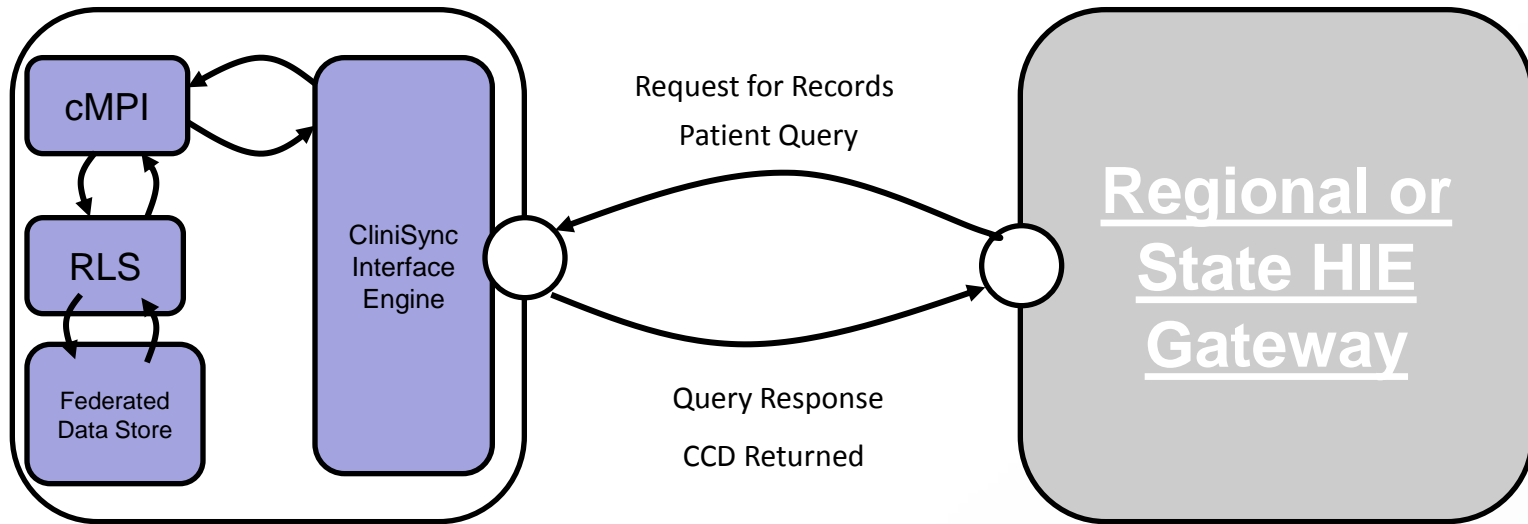
The True Expense

- MPI
- Managing Patient Consent
- Record Locator Service
- Coordination of Care
 - Ability to Build a Community Health Record
- Infrastructure, Support and Interfacing into the Physician Community

The Gateway Model

Transactional Based – 1st Qtr. 2012

If the Patient Query is successful in returning a match, the system will find all available records and post a list of found information



Request for Records

Patient Query

Query Response

CCD Returned

Regional or
State HIE
Gateway

Once the Requestor has identified the information desired, the interface engine compiles the information into a single continuity of care document (CCD)

CliniSync Direct Suite Pilot

Lima Area

- 7 physician practices
- 2 are PCMH pilots

Software Deployed

- As of 10.4.11

Piloting

- Secure email
- Referral management
- Virtual care team record



CliniSync Community Health Record Suite Status



Four Health Systems

- 10 Hospitals
- Lab, Rad, Trans, ADT

Status

- Received assessments
- Received production messages
- Analyzing messages
- Reviewing results
- Meeting weekly

Other Health Systems

- Pending return of assessment documents

Implementation Strategy

Implementing By Community

- Linking hospitals and affiliated practices

Implementation Status

- Weekly calls with Medicity and active clients

CliniSync Advisory Council

- Moving from HIE Committee to CliniSync Advisory Council

Implementation Guide

- Drafted, being reviewed



Patient Consent Summit

September
30, 2011

Conclusions from the Summit:

- Agreement that there is little clarity in OH law regarding patient consent (especially for HIE)
- Clarified rationale for CliniSync Consent Policy
 - All attendees felt consent process could be implemented at their facility as a matter of policy (not specifically required by law).
- Policy requires global tracking of a process most are already performing

Consent Policy Overview

Patient Consent is required to participate in CliniSync for advanced query and patient record retrieval

- Required one time
- Will be tracked universally after initial consent is granted
- Process can be folded into existing intake activities
- Can be revoked at any time
- Not required for direct exchange of lab results
- Not required for Public Health Reporting
- Consent for administrative transactions will be handled separately

Administrative Workgroup

- Members of this Workgroup represent approximately 12 major payer organizations.
 - Priorities:
 - Admission/Discharge Notifications
 - Patterns of Treatment
 - Community Based Validation
 - Medical Record Audits

Sustainability Model

1. The State has contributed through the matching funds
2. Hospital Subscription Fees
 - No fee for first six months and 50% off for second six months
 - Fees based upon previous years annual acute care discharges
 - Monthly fee = $\$.50 \times \text{Annual Discharges}$ (with system discounts)
 - Minimum fees of \$1500/month for CAHs and \$2000 for small and rural hospitals
3. Payer Subscription Fees
 - $\$.50 \times \text{covered lives}$
4. Physician
 - No fees for 1-2 years depending on community involvement.
 - Once ROI for physicians are proven and advanced functionality is turned on, \$5 to \$25 / month
5. Other revenue sources being considered around innovative solutions hooked onto the CliniSync platform

Potential Roadblocks

1. Robust adoption of electronic medical records by providers.
2. Opening up and truly becoming a community of healthcare.
3. Financial pressures on the provider community.
4. Transformation is hard.