



State of New Hampshire

Health Information Exchange Planning and Implementation Project

Summit 1 Discussion Document –
Business & Technical Operations Workgroup

June 28, 2010

Agenda

Building upon areas of consensus

Overall planning approach going forward (all workgroups)

Guided Planning exercises (Business and Technical Operations workgroup)

Wrap-up and next steps

NH Citizens Health Initiative HIT HIE Vision

(Ratified September 6, 2007)

Vision - For Health Information Technology (HIT) and Health Information Exchange (HIE) to be successful in New Hampshire, there is a need to recognize the interrelationships and importance of patient privacy, patient safety, and public health. The NH Citizens Health Initiative holds the following vision for health care information technology and exchange for 2014:

1. **Private and Secure.** A patient's personal health information will be secure, private, and accessed only with patient consent or as otherwise authorized or required by law.
2. **Promotes Quality, Safety, and Efficiency.** HIT and HIE will serve as vehicles to promote quality and patient safety, increase efficiencies in health care delivery, and improve public health;
3. **Electronic.** All health care providers will use a secure, electronic record for their patients' personal health information;
4. **Accessible.** All patients will have access to a secure, electronic, and portable health record;
5. **Equitable.** HIT will be a vehicle to support equitable access to health care services.

NHHA Vision for Adoption of HIT and HIE in New Hampshire

Vision - The vision, which the New Hampshire Hospital Association and its member hospitals support, continues to be a national system of exchangeable health information to improve patient care, develop health policy, improve public health and to base hospital and physician payment for services on value and quality. A national system is an important long term goal but it should not slow down the current deployment of local HIE.

Agenda

Building upon areas of consensus

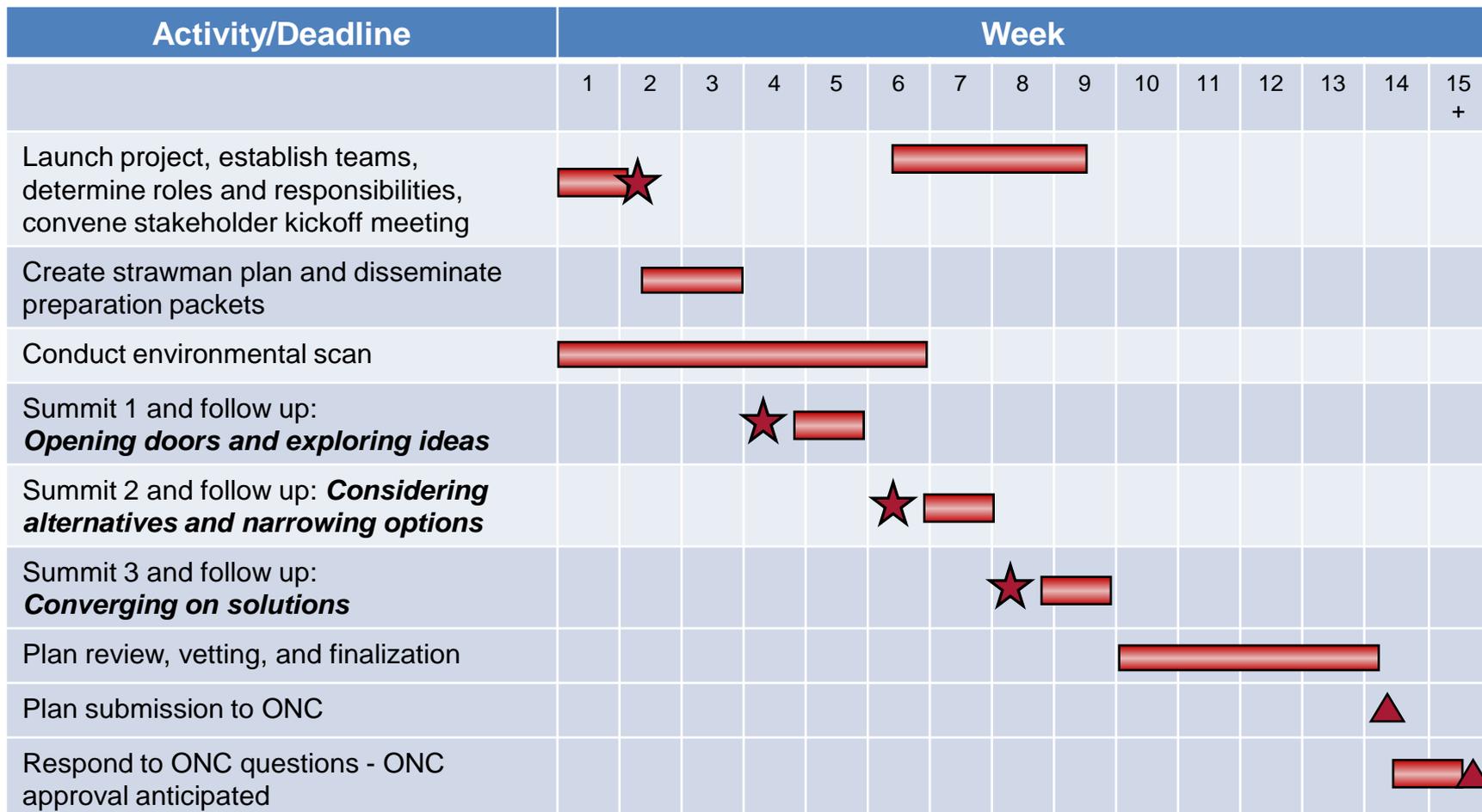
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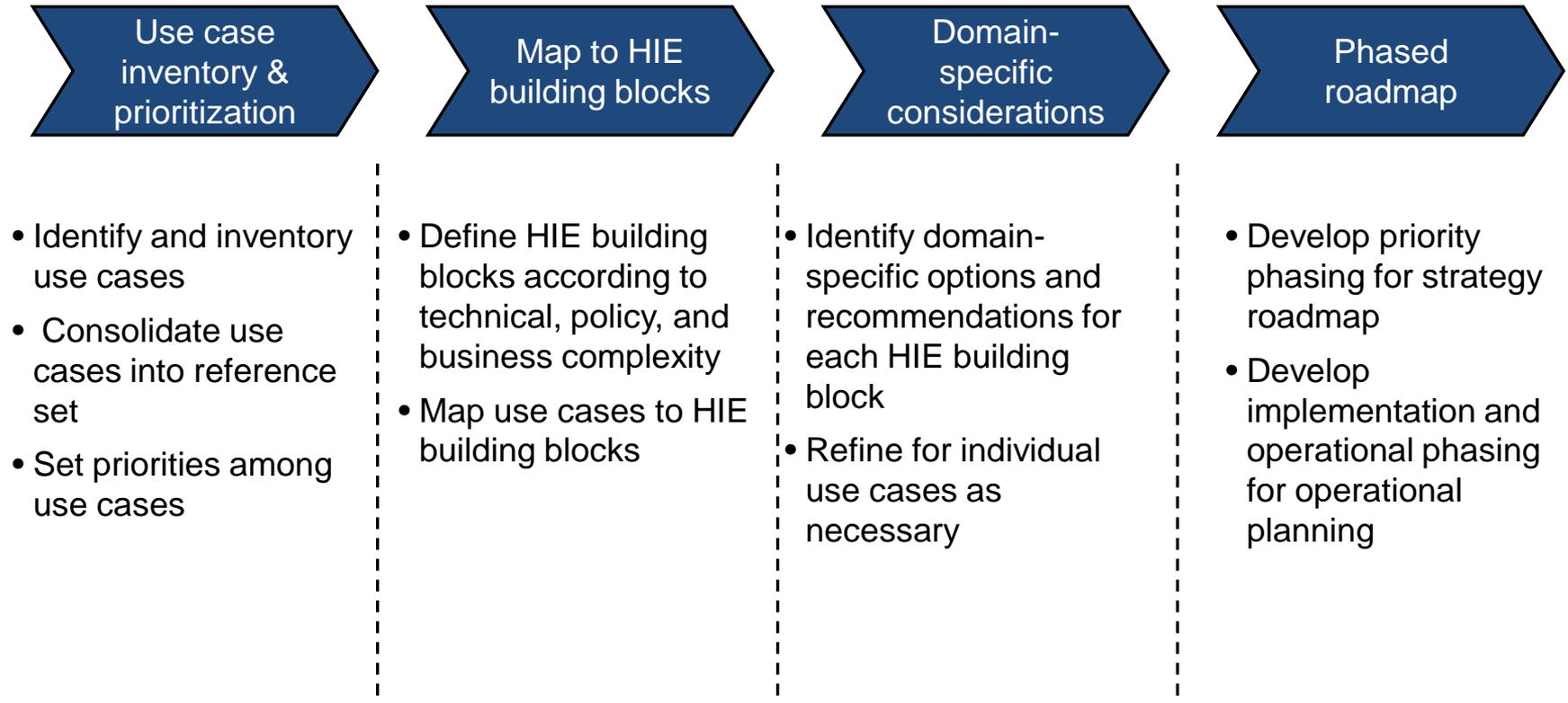
Wrap-up and next steps

Review of Approach and High Level Timeline – Segment 1

Segment 1 Timeline: June 1 – October 31

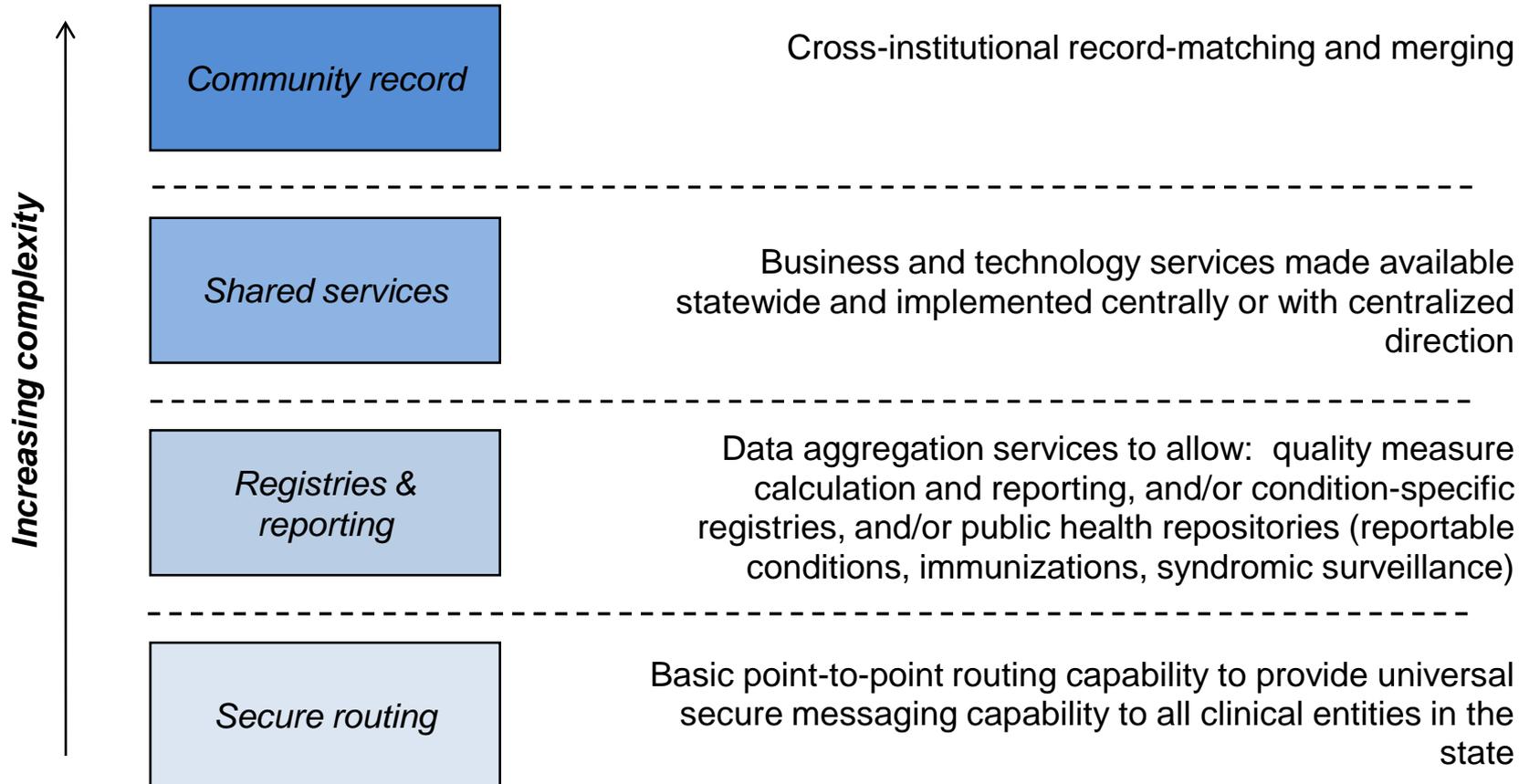


Overall approach



4 HIE Building Blocks (strategic options) will anchor the efforts of the workgroups as they “cast the net widely” in week 4 and 5

Description



The BizOps WG will define HIE transactions for consideration while the Legal & Policy WG identifies legal alignment and constraints

Business and Technical Infrastructure Workgroup

- ❑ Assemble list of health information exchange transactions for consideration (pull from AHIC Use Cases, NHIN User Stories, NHAHA Use Cases, Workgroup Ideas, other)
- ❑ Package these transactions into the 4 building blocks; Secure routing, Registries and Reporting, Shared Services, Community Record
- ❑ Communicate detailed descriptions of each building block to the other workgroups so they may use the building blocks for planning

Legal & Policy Workgroup

- ❑ Determine which transactions within the building blocks are allowable under current law and which are not allowable under current law
- ❑ Communicate the alignments and conflicts to the other workgroups

The Governance and Finance WGs will consider implications for each option and begin to craft a range of models for each

Governance Workgroup

- ❑ Consider the governance implications for each building block; Secure routing, Registries and Reporting, Shared Services, Community Record
- ❑ Prepare a range of high level governance models that may be applied to each building block. Consider: what is being governed, who is accountable for oversight, which stakeholders need to be represented, etc...

Finance Workgroup

- ❑ Consider the finance implications for each building block; Secure routing, Registries and Reporting, Shared Services, Community Record
- ❑ Begin to prepare financial models for each of the building blocks, identify the general categories for revenue and cost, and begin gathering data and assumptions to inform the model
- ❑ Identify potential revenue models that may sustain an HIE capability

The Technical Infrastructure WG will consider the capabilities required for each building block and define a range of solutions

Technical Infrastructure Workgroup

- ❑ Consider the infrastructure implications and required capabilities for each building block; Secure routing, Registries and Reporting, Shared Services, Community Record
- ❑ Introduce a “Build, Buy, Borrow” framework for these capabilities

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Consolidated Use Case Transactions

Patient access to information	Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, allergies) within 96 hours of the information being available to the eligible professional
Community Record	Capability to exchange key clinical information among providers of care and patient-authorized entities electronically (query capability)
Quality measure reporting	Report quality measures to CMS or the States – manual in 2011, electronic in 2012
Public health reporting	Capability to submit electronic data for syndromic surveillance and immunization registries, and actual submission where required and accepted
Lab/Rad ordering	Use of CPOE – electronic transmission not required until Stage 2
Referrals/consults (CCD push)	Provide summary of care record for each transition in care
Hospital documents (CCD push)	Provide summary of care record for each transition in care
Lab/Rad results (HL7 push)	Structured lab results
Claims/eligibility checking	Electronic claims and insurance eligibility checking
eRX	Electronic prescribing transactions and medication history lookup

Planning Exercise – Review and grouping of use case transactions

	From whom	To whom	What	When	How	Building Block
1	Hospital	Referring physician and/or PCP	Discharge summary	Post encounter	CCD or CCR	
2	Hospital	Hospital	Discharge summary	Post encounter	CCD or CCR	
3	Hospital	Other care settings	Discharge summary	Post encounter	CCD or CCR	
4	Hospital	Referring physician and/or PCP	Departmental reports	Post encounter	No standard specified	
5	Hospital	Public health	Immunization record	Post encounter	HL7 2.3.1 or 2.5.1	
6	Hospital	Public health	Syndromic surveillance data	Post encounter	HL7 2.3.1 or 2.5.1	
7	Hospital	Public health	Reportable lab results	Post encounter	HL7 2.5.1 & LOINC	
8	Hospital	CMS and/or NH Medicaid	Quality measures	Periodic, scheduled	CMS PQRI 2008 XML	
9	Hospital	Health plan	Claims submission & eligibility checking	Post encounter	HIPAA security standards	
10	Hospital	Patient	Discharge summary	Post encounter	CCD or CCR	
11	Imaging center	PCP or specialist	Imaging reports	Post encounter	No standard specified	
12	Imaging center	PCP or specialist	Images	Post encounter	No standard specified	
13	Lab	PCP or specialist	Lab results	Post encounter	No standard specified	
14	PCP	Specialist	Referral -- Summary of care record	Post encounter	CCD or CCR	
15	PCP or specialist	Hospital	Referral -- Summary of care record	Post encounter	CCD or CCR	
16	PCP or specialist	Public health	Immunization record	Post encounter	HL7 2.3.1 or 2.5.1	
17	PCP or specialist	Public health	Syndromic surveillance data	Post encounter	HL7 2.3.1 or 2.5.1	
18	PCP or specialist	Pharmacy	eRX	During encounter	NCPDP Script & RxNorm	
19	PCP or specialist	Lab	Lab order	During encounter	No standard specified	
20	PCP or specialist	Imaging center	Imaging order	During encounter	No standard specified	
21	PCP or specialist	Health plan	Claims submission & eligibility checking	Post encounter	HIPAA security standards	
22	PCP or specialist	Patient	Post-visit summary	Post encounter	CCD or CCR	
23	PCP or specialist	Patient	Access to health information	Within 96 hours	CCD or CCR	
24	Specialist	PCP	Consult note -- Summary of care record	Post encounter	CCD or CCR	
25	Pharmacy	Hospital	Medication history	Pre prescription	NCPDP Script & RxNorm	
26	Pharmacy	PCP or specialist	Medication history	Pre prescription	NCPDP Script & RxNorm	
27	Multiple sources	Hospital	Community record	On demand	CCD or CCR	
28	Multiple sources	PCP or specialist	Community record	On demand	CCD or CCR	

Detailed Use Case Transactions – Mapped to Current (Draft) Priorities

	From whom	To whom	What	NHHA	MU	Other means
1	Hospital	Referring physician and/or PCP	Discharge summary	High	Stage 1	
2	Hospital	Hospital	Discharge summary	High	Stage 1	
3	Hospital	Other care settings	Discharge summary	High	Stage 1	
4	Hospital	Referring physician and/or PCP	Departmental reports			
5	Hospital	Public health	Immunization record	Low	Stage 1	
6	Hospital	Public health	Syndromic surveillance data	Low	Stage 1	
7	Hospital	Public health	Reportable lab results	Low	Stage 1	
8	Hospital	CMS and/or NH Medicaid	Quality measures		Stage 2	
9	Hospital	Health plan	Claims submission & eligibility checking		Stage 1	X
10	Hospital	Patient	Discharge summary		Stage 1	X
11	Imaging center	PCP or specialist	Imaging reports			
12	Imaging center	PCP or specialist	Images	Low		
13	Lab	PCP or specialist	Lab results	High	Stage 1	
14	PCP	Specialist	Referral -- Summary of care record	Stretch	Stage 1	
15	PCP or specialist	Hospital	Referral -- Summary of care record	Stretch	Stage 1	
16	PCP or specialist	Public health	Immunization record	Low	Stage 1	
17	PCP or specialist	Public health	Syndromic surveillance data	Low	Stage 1	
18	PCP or specialist	Pharmacy	eRX		Stage 1	X
19	PCP or specialist	Lab	Lab order		Stage 2	
20	PCP or specialist	Imaging center	Imaging order			
21	PCP or specialist	Health plan	Claims submission & eligibility checking		Stage 1	
22	PCP or specialist	Patient	Post-visit summary		Stage 1	X
23	PCP or specialist	Patient	Access to health information	Low	Stage 1	X
24	Specialist	PCP	Consult note -- Summary of care record	Stretch	Stage 1	
25	Pharmacy	Hospital	Medication history		Stage 2	X
26	Pharmacy	PCP or specialist	Medication history		Stage 2	X
27	Multiple sources	Hospital	Community record		Stage 1	X
28	Multiple sources	PCP or specialist	Community record		Stage 1	X

Planning output – Detailed descriptions of building blocks

Secure routing

Description of service

x

Transactions & Information exchanged

x

Transaction timing

x

Stakeholders involved in Trx

Stakeholder	
Patient	
PCP	
Specialist	
Hospital	
Imaging Center	
Lab	
Pharmacy	
Public Health	
Health Plan	
Quality Org	
Other	

Planning output – Detailed descriptions of building blocks

Registries & reporting

Description of service

x

Transactions & Information exchanged

x

Transaction timing

x

Stakeholders involved in Trx

Stakeholder	
Patient	
PCP	
Specialist	
Hospital	
Imaging Center	
Lab	
Pharmacy	
Public Health	
Health Plan	
Quality Org	
Other	

Planning output – Detailed descriptions of building blocks

Shared services

Description of service

x

Transactions & Information exchanged

x

Transaction timing

x

Stakeholders involved in Trx

Stakeholder	
Patient	
PCP	
Specialist	
Hospital	
Imaging Center	
Lab	
Pharmacy	
Public Health	
Health Plan	
Quality Org	
Other	

Planning output – Detailed descriptions of building blocks

Community record

Description of service

x

Transactions & Information exchanged

x

Transaction timing

x

Stakeholders involved in Trx

Stakeholder	
Patient	
PCP	
Specialist	
Hospital	
Imaging Center	
Lab	
Pharmacy	
Public Health	
Health Plan	
Quality Org	
Other	

Planning discussion – Operational considerations for building blocks

Building block

Implications and Options for an HIE Operation

*Community
record*

*Shared
services*

*Registries &
reporting*

Secure routing

First order strategic question (today's exercise given time):

What capabilities are required for each building block and with each level of complexity?

Second order strategic questions (future exercise once other workgroups have weighed in and priorities are more clear):

Given these desired capabilities:

- Where can we build upon what is already in place?*
- What new capabilities need to be created?*
- Who should create them? (Existing organizations? New "HIE Organization?")*

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Wrap-up and next steps

Wrap up and next steps

- ❑ Next conference call – July 6, 1:00-3:00 (877) 449-6558 Code: 3957248160
- ❑ Next Summit – July 12, 9:00-1:00 Brown 460
- ❑ Meeting summary to be distributed to all workgroups
- ❑ Detailed description of HIE building blocks drafted and disseminated to all workgroups

- ❑ Upcoming discussions
 - Operational range of options for each HIE building block
 - Prioritization of use cases

Appendix - Summary of Medicare Meaningful Use Requirements

From CMS NPRM, Dec 2009

	Stage 1 2011-2012	Stage 2 (est) 2013-2014
Documentation	<ul style="list-style-type: none"> • Structured problem list • Active meds list • Active allergy list, Demographics • Vital signs • Smoking status 	
Patients	<ul style="list-style-type: none"> • Send reminders to patients per patient preference • Provide patients with electronic copy of health information upon request • Provide patients with timely electronic access to their health information within 96 hours of availability to EP 	<ul style="list-style-type: none"> • Make patient data available in PHRs
Decision support	<ul style="list-style-type: none"> • drug-drug, drug-allergy, drug-formulary checks; • order entry for diagnostic tests and prescribing • condition-specific registry reporting 	
Interoperability	<ul style="list-style-type: none"> • electronic claims submission and insurance eligibility-checking, • electronic lab results, • eRX, • immunization registry reporting, • summary-of-care record for each transition of care • Capability to exchange key clinical information (1 test) • Medication reconciliation at each transition of care • Capability to submit public health data to public health agencies (1 test) 	<ul style="list-style-type: none"> • Electronic transmission of key clinical information, quality measures, and public health data • Lab ordering • RX histories
Quality measurement	<ul style="list-style-type: none"> • Core plus specialty measures: attestation (2011); electronic report (2012) 	
Privacy & security	<ul style="list-style-type: none"> • Perform security audit 	

Appendix - Meaningful Use Trajectory

From CMS NPRM (2011) and MU Working Group Recommendations (2013-15)

Meaningful Use objectives requiring health exchange

