

ASET QUARTERLY MEETING

Arizona's HIE Cooperative Agreement Update

June 2012



ADOA-ASET

Arizona Strategic Enterprise Technology

Agenda

Welcome & Introductions (1:00 – 1:05pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator, AHCCCS

AHCCCS EHR Incentive Program Update (1:05 – 1:15pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator, AHCCCS

Health Information Exchange Marketplace (1:15 – 1:35pm)

- Travis Shank, Senior Manager, Operations & Development, Arizona Health-e Connection

ADHS Meaningful Use Preparation (1:35 – 1:55pm)

- Paula Mattingly, Chief Information Officer, ADHS
- Shoana Anderson, Office Chief, Office of Infectious Disease Services, ADHS

Health Information Network of Arizona Update (1:55 – 2:25pm)

- Kalyanraman Bharathan, PhD, Executive Director, Health Information Network of Arizona

Questions & Wrap Up (2:25 – 2:30pm)

ASET Projects Support Meaningful Use, ONC Priorities, and Arizona Stakeholder Priorities

Strategic Partnerships

Arizona Department of Health Services

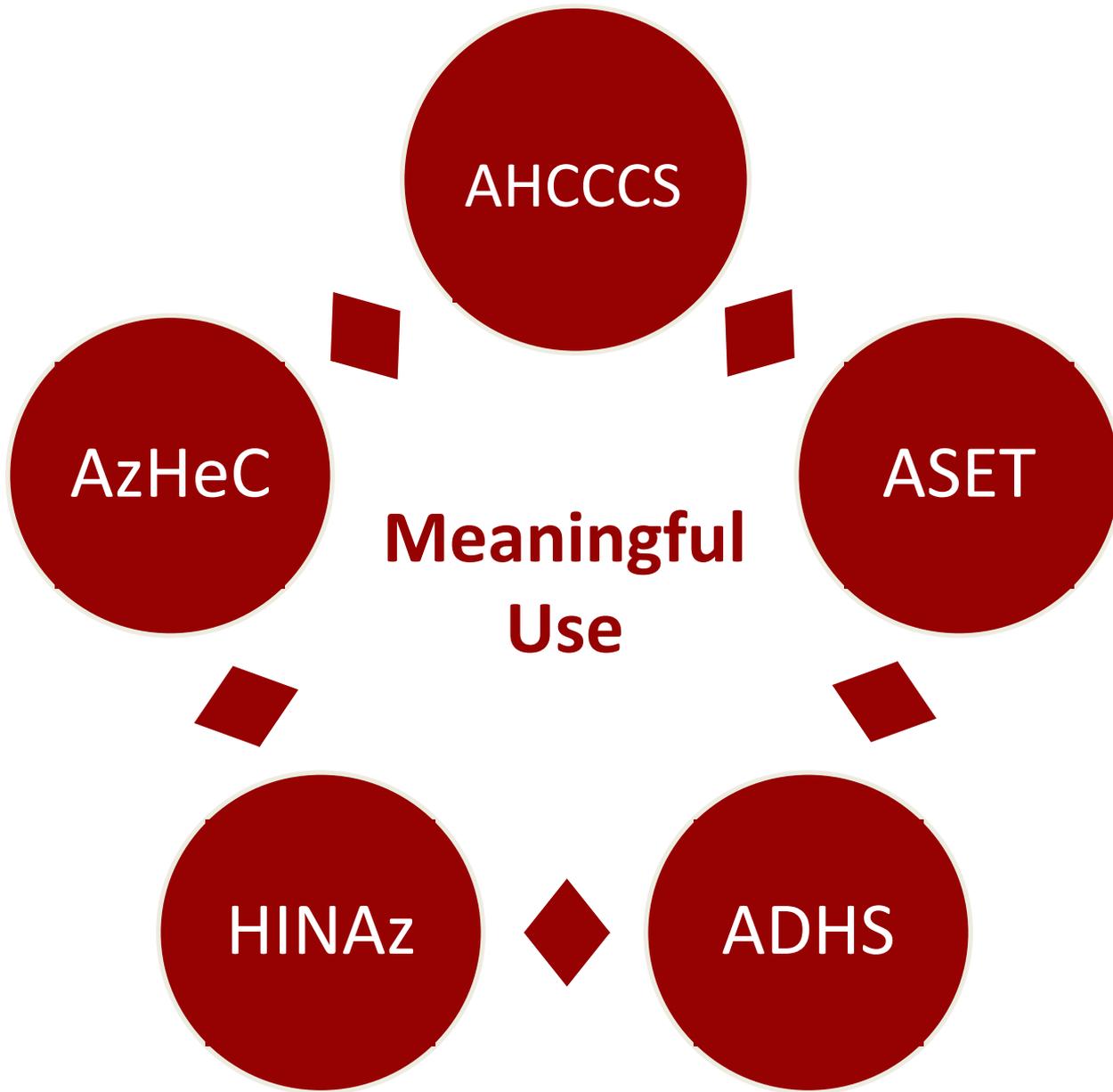
Immunizations
Syndromic
Surveillance
Labs

Arizona Health-e Connection

Transitions of Care
Patient Care
Summary
Exchange
E-Prescribing

Health Information Network of Arizona

State-Level
Directory Services
Robust HIE (MPI &
RLS)



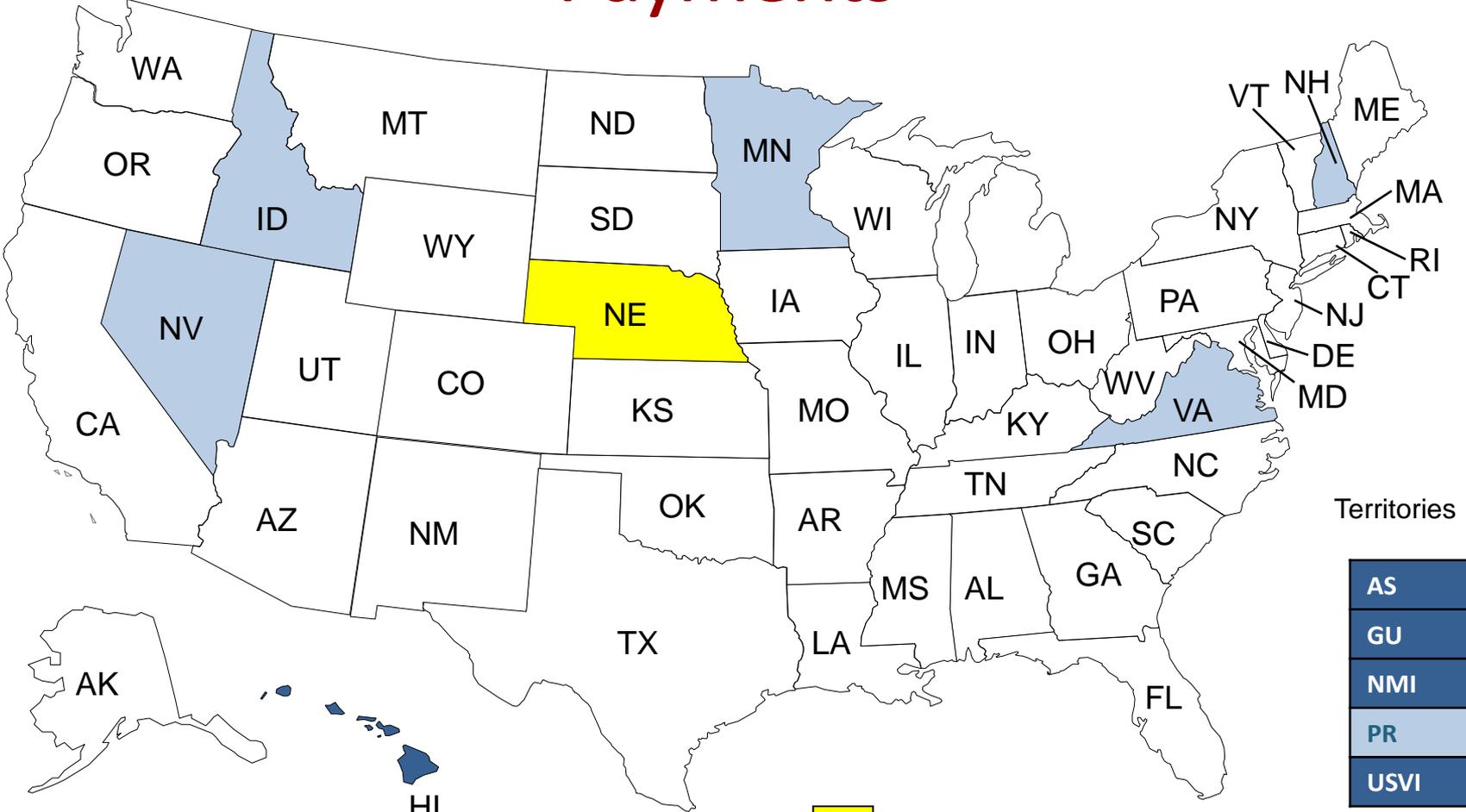
AHCCCS EHR Incentive Program Update

- National View
- Arizona EHR Incentive Program Progress
- Issues- Challenges-Next Steps

National CMS Enrollment and trends

- As of the end of May 2012:
- Over \$5.7 billion in EHR Incentive Program payments were made.
- More than \$3 billion in Medicare EHR Incentive Program payments were made between May 2011 (when the first payments were released) and the end of May 2012.
- More than \$2.6 billion in Medicaid EHR Incentive Program payments were made between January 2011 (when the first states launched their programs) and the end of May 2012.
- More than 110,000 eligible professionals and over 2,400 eligible hospitals have been paid by the Medicare and Medicaid EHR Incentive Programs.
- Approximately 48 percent of all eligible hospitals and critical access hospitals in the U.S. have received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR.
- One out of every 5 Medicare and Medicaid eligible professionals in the U.S. has received an incentive payment for adopting, implementing, upgrading, or meaningfully using an EHR.

43 States Have Disbursed EHR Incentive Payments



Approved SMHP & HIT IAPD, Launched & Disbursed

 Not yet launched, plus DC

Launched, not yet disbursed

 Not yet submitted SMHP or IAPD

Purpose: Triple Aim



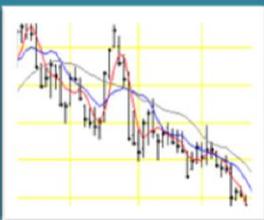
Better Care

- Improving patients' experience of care
- IOM Quality domains – Safety, Effectiveness, Person-Centered, Timeliness, Efficiency & Equity



Better Health

- Keeping person healthy so they can do what they want
- Improve population health – address behavioral risk factors & focus on prevention



Lower Costs

- Reduce total cost of care while improving quality
- Reduce monthly expenditures for persons covered by Medicare, Medicaid & CHIP

AHCCCS Overall EHR Program

Eligible Hospitals

- Total Hospitals Paid since Oct. 2011 = 46
- Total Hospital Payments = \$56,002,964.82

Eligible Professionals

- Total Eligible Professionals Paid since Jan. 2012 = 958
- Total Eligible Professional Payments = \$20,180,425.00
- Total AZ Payments = \$76,183,389.82

AHCCCS EHR Incentive Program Eligible Hospitals (EHs)

As of June 2012

- 68 EHs registered with CMS
- 64 EHs registered with e-PIP
- 56 Attested
- 47 Validated
- 46 Paid
- 9 hospitals not paid=problems with data validation
- 2 Payments this month = \$1,447,514.47

Summary of Payment by EH Provider Type (June 2012)

- Total 46 Eligible Hospitals (EH) Paid
- Acute Care Hospitals 45
- Children's Hospital 1

AHCCCS EHRS Incentive Program Eligible Professionals (EPs)

As of June 2012

- 2,952 EPs Registered with CMS
- 2,631 EPs Registered with e-PIP
 - 1,634 Attestations
 - 973 Validated
 - 958 Payments
 - Monthly payments processed= 315
 - Monthly payment total = \$6,693,750.00

Grand Total all EP Payments = \$20,180,425.00

Summary of Payment by EP Provider Type (June 2012)

Total EPS Paid 958

- 32 Certified Nurse Midwives
- 26 Dentists
- 122 Nurse Practitioners
- 0 Physician Assistants (PA) Led in FQHC/RHC
- 510 Physicians (Non-Pediatricians)
- 268 Physicians (Pediatricians)

Issues/Challenges/Next Steps

- Working through 2011 EHR Incentive Program attestations; accepted through end of April 2012, but created backlog
- Approximately 100 EPs per month can not receive payment due to problems with not submitting appropriate documentation to pass pre-payment audit
- AHCCCS MU plans underway for 4th Quarter 2012

Arizona Health Information Exchange (HIE) Marketplace

Travis Shank
Senior Manager, Operations and Development
Arizona Health-e Connection

- Direct Exchange Overview
 - What is Direct?
 - Why is it important?
 - How does it impact you
- HIE Marketplace
 - Structure
 - Governance
 - Offerings

Direct Exchange Overview

What is Direct Exchange?



b.wells@direct.aclinic.org

Direct Exchange specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.

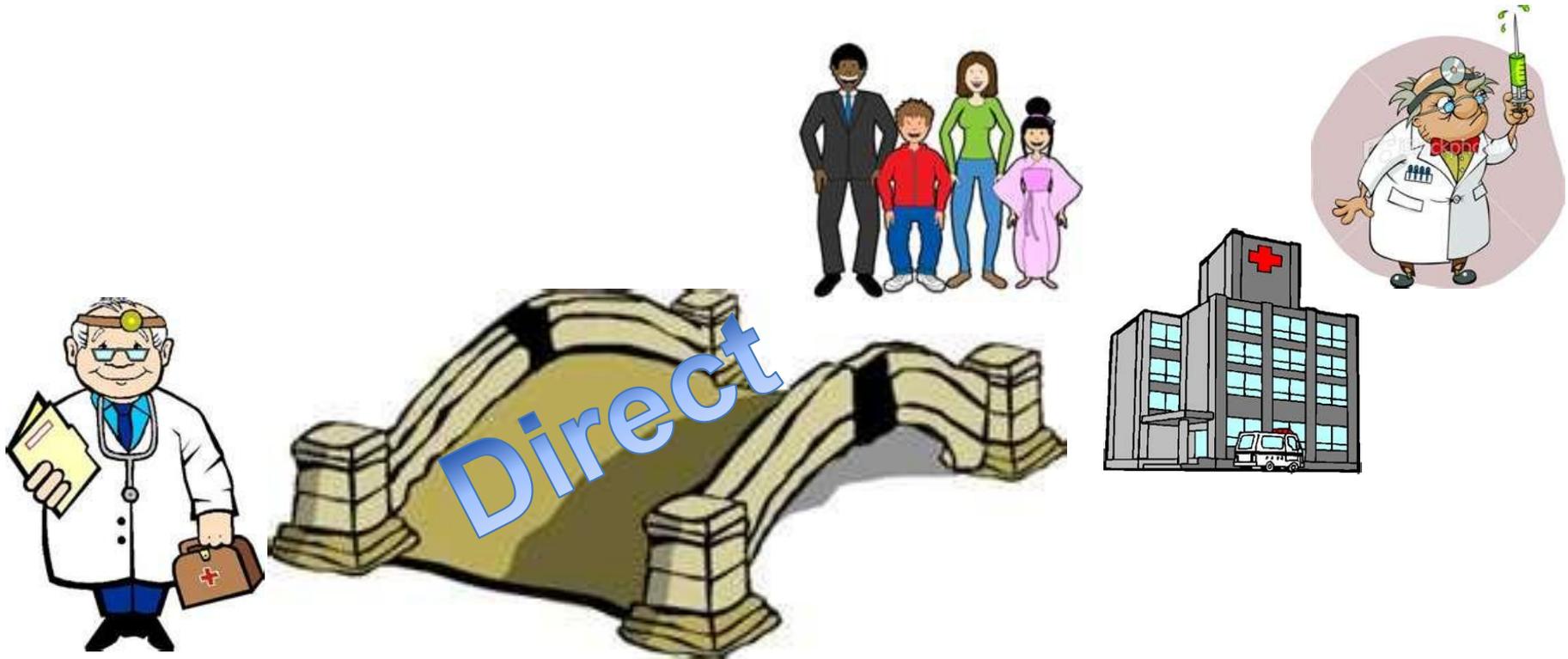


h.elthie@direct.ahospital.org

Simple. Secure. Scalable. Standards-based.

Bridging the Gap

Direct bridges the communication gap between providers, patients, and other health care entities with secure electronic messaging.



Key Direct Components

- Health Information Service Provider (HISP)
 - Assign domains and addresses
 - Manage identity credentials
 - Store and maintain digital certificate
 - Encrypt/decrypt secure messages
- Direct Addresses
 - Security certificates

Direct Addresses



Dr. Wells

b.wells@acclinic.com

Unsecure
Address

b.wells@direct.acclinic.com

Endpoint

Domain

Direct
Address

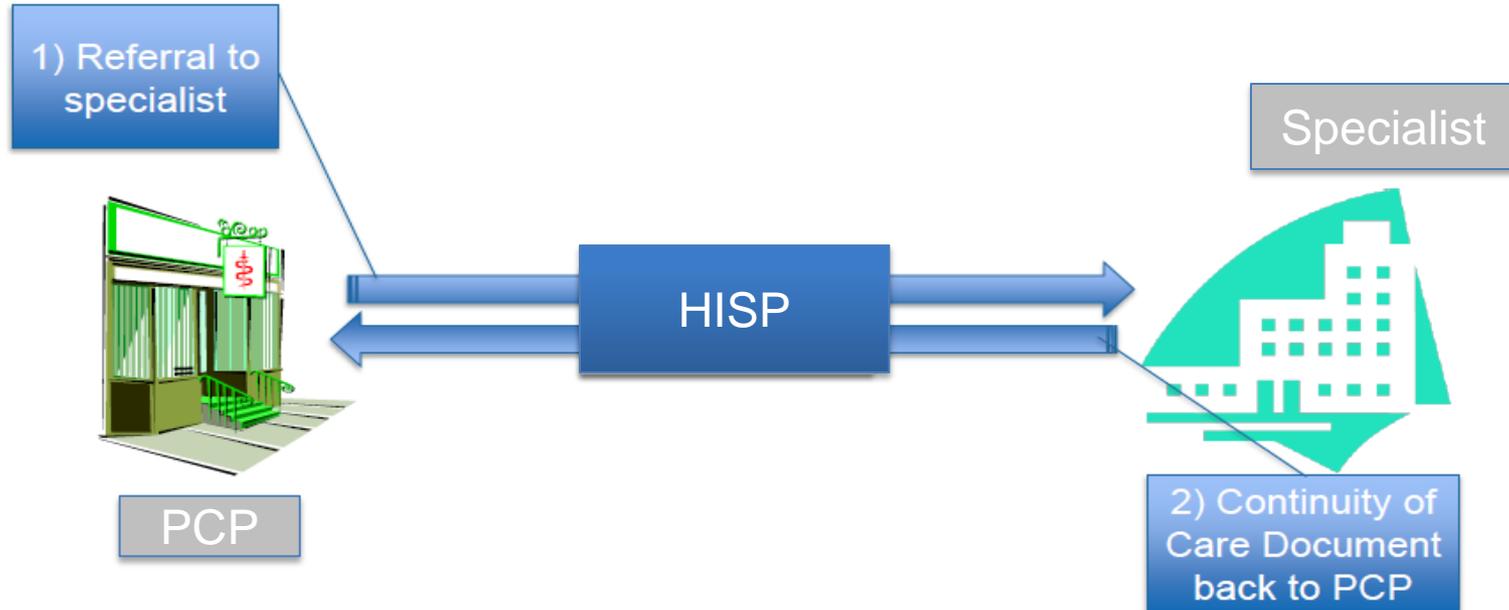
Implementation Options

Three options for Direct implementation:

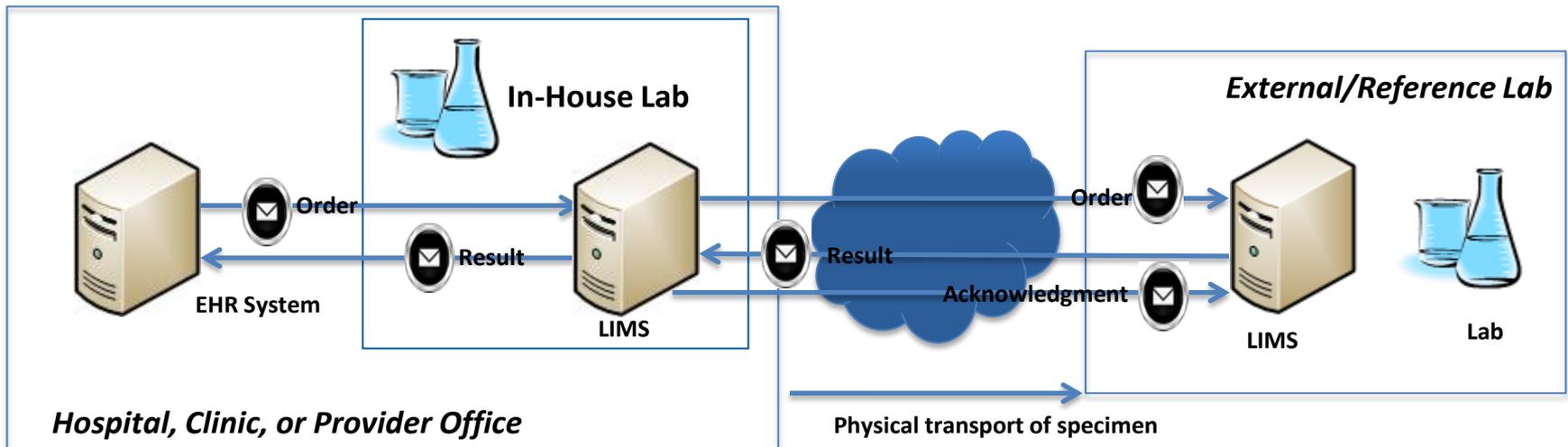
- Web portal
- Email client (i.e. Outlook)
- EHR integration



Example #1: Referrals & Patient Summaries



Example #2: Lab Results Delivery



Example #3: Public Health Reporting



The Arizona HIE Marketplace

HIE Marketplace

Goal: To connect Arizona providers with viable options for health information exchange

**Partnership
between ASET and
AzHeC**

**Develop technical
specs, standards and
operation requirements
for HISPs**

**Health Information
Exchange Marketplace**

**Collaborate with HISP
vendors who are
interested in
participating**

**Provide
education to
consumers and
providers**

HIE Marketplace Benefits



Variety of exchange options to meet the health care providers needs.



Trusted source where health care providers can review viable health information exchange options.



Marketing and outreach activities promoting marketplace HISP vendors and HIOs

HIE Marketplace Phases

State-Level Directory Services



HIE
Marketplace

Phase 1

Direct
Exchange

Phase 2

Robust Health
Information
Exchange

Arizona Approved Direct HISP Vendor

GSI Health



*Coordinating Care
Data, Apps, Workflow*

www.gsihealth.com

**More approved HISP vendors coming soon...
stay tuned!**

What does Direct cost?

- Set-up costs: \$0-100 per Direct account
 - Annual security certificate
- Monthly charge: \$5-15 per Direct account
- Other services/discounts may be available
 - Volume discounts
 - Bundling of services
 - Customization

GSI Health Direct Costs

	Ambulatory Practice	Hospital
Digital Certificate	\$45 per Direct address per year	\$45 per Direct address per year
Software-as-a-Service (SaaS)	\$15 per Direct address per month	\$12.75 per Direct address per month \$1000 per month minimum fee per hospital
Online Registration and Training	Included	Included

Next Steps for Interested Providers

- Fill out a Provider Interest Form
- Schedule education webinar
- Sign up for Direct account
- Complete exchange verification form
- Begin exchanging information with providers in your network!

More information at www.azhec.org.

Conclusion



b.wells@direct.aclinic.org

Direct Project specifies a simple, secure, scalable, standards-based way for participants to send encrypted health information directly to known, trusted recipients over the Internet.



h.elthie@direct.ahospital.org

Simple. Secure. Scalable. Standards-based.

Questions?

Travis Shank

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April Bills

april.bills@azhec.org

602-688-7200

www.azhec.org

Arizona Department of Health Services (ADHS)

&

Meaningful Use

June 21, 2012

Shoana Anderson
Office Chief, Office of
Infectious Disease Services

Paula Mattingly
Chief Information Officer



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Public Health Objectives – Stage 1 MU

	Electronic Laboratory Reporting (ELR) *	Immunization Registry (ASIIS)	Syndromic Surveillance
Objective for:	EH	EH, EP	EH, EP
ADHS Status	Currently Accepting	Currently Accepting	Planning to accept from hospitals first
Standards	HL7 2.5.1	HL7 2.3.1 or 2.5.1	HL7 2.3.1 or 2.5.1
Message Vocabulary	LOINC (SNOMED)	CVX	None cited

MU - Syndromic Surveillance



- Not currently accepting syndromic surveillance submissions for MU
- In syndromic surveillance Public Health receives reports of symptoms of patients
- This information is used to identify outbreaks or health events and monitor the health status of a community
- Syndromic surveillance is fast – Public Health can see what’s happening in a community before the patients have a confirmed diagnosis or laboratory results

ADHS Projects with ASET

Syndromic Surveillance

- Work to get CDC's BioSense 2.0 up and running as the MU Syndromic Surveillance system in AZ
- Create AZ implementation guide, user manual, training documents
- Plan to start accepting submissions from hospitals in Q1 2013
- Assist 10 hospitals in implementing MU Syndromic Surveillance
 - 2 should be rural or critical access hospitals

MU - Electronic Laboratory Reporting

- ADHS is currently accepting ELR submissions for MU
- Hospital laboratories submit HL7 v.2.5.1 messages to ADHS
- Electronic reports are integrated into electronic disease surveillance systems based on LOINC and SNOMED codes

Additional Interoperability – Electronic Laboratory Orders and Results



- The AZ State Public Health Laboratory (ASPHL) conducts infectious disease testing to assist in public health surveillance and investigations.
- This testing information is used to control the spread of disease and inform public health recommendations and policies.
- The current ASPHL process for sending results to clients is US mail

ADHS Projects with ASET

Laboratory Orders and Results

- ASPHL will develop the capacity to
 - accept electronic test orders
 - send electronic test results
- Using national standards
 - HL7 (message format)
 - LOINC (test ordered/performed)
 - SNOMED (test results)
- Goal is to identify 5 partners for electronic test order & result exchange

MU--Immunizations

Current ASIIS Publish/Transport Mechanisms

1. Web Services/HTTP-POST—transport between 2 electronic devices over the Internet (HL7)
2. Manual HTTP-POST—upload of file (HL7)
3. Secure email (HL7 or Text)
4. Secure CD/Flash Drive (HL7 or Text)
5. Direct Gateway (HL7) - **New**

Stage 1 Meaningful Use Attestation

- Step 1: Submit test messages to the Attestation tab on our Interoperability site.
 - <https://app.azdhs.gov/phs/asiis/ehrinteroperability/Attestation.aspx>
- Step 2: Print the test results as proof of attestation

Stage 1 EHR Meaningful Use Attestation

Organization

Provider Name

Street

City Zip

Contact

Name

Phone

Email

Do you currently submit vaccination information to ASIIS?
 Yes
 No

HL7 Message(s) (2.3.1 or 2.5.1). Please include five or less messages to get an immediate response.

Proof of Attestation

Close

Arizona Immunization Information System - Stage 1 EHR Meaningful Use Attestation

Test Date:Tue Oct 04 2011

Provider:ABC PEDIATRIC CARE

Address:150 HAYDEN RD SUITE 520

City:SCOTTSDALE

Zipcode:85040

Original Message:

MSH|^~\&|TESTCLIENT|TESTCLIENT_SITE1||MA0000|199705221605||VXQ^V01|0000000000027851AZ00|T|2.3.1|||NE
QRD|199705221605|R|I|19970522GA05|||25^RD|^KENNEDY^JOHN^FITZGERALD^JR|VXI^VACCINE INFORMATION^HL70048|^SIIS
QRF|MA0000|||256946789~19900607~MA~MA99999999~88888888~KENNEDY^JACQUELINE^LEE~BOUVIER~898666725~KENNEDY^JOHN^FITZGERALD~82254

Response:

MSH|^~\&|ASIIS|AZ00|TESTCLIENT|TESTCLIENT_SITE1|20111004085430||ACK^V01^ACK|0ZA1587200000000000|T|2.3.1|||NE|NE
MSA|AE|0000000000027851AZ00
ERR|QRF_OriginalStyleQueryFilterSegment^1^5^102&Data type error&HL7nnnn
ERR|QRF_OriginalStyleQueryFilterSegment^1^5^102&Data type error&HL7nnnn



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azdhs.gov



Current Interoperable Vendors

Allscripts

Allegiance (initiated)

EClinical Works (Direct Pilot)

EPIC

Greenway Medical

Nextgen (initiated)

RPMS

SuccessEHS

Athena

Cerner

e-MD

GE Centricity (initiated)

Ingenix

Office Practicum

Sage/Vitera (Direct Pilot)

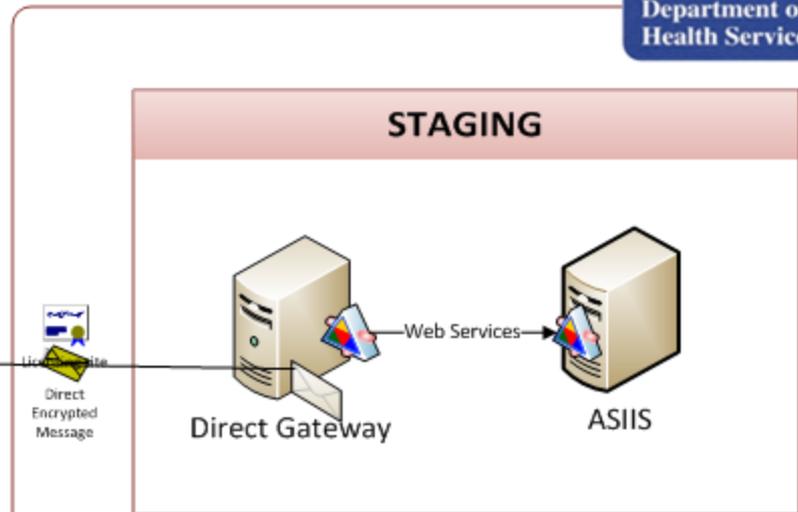
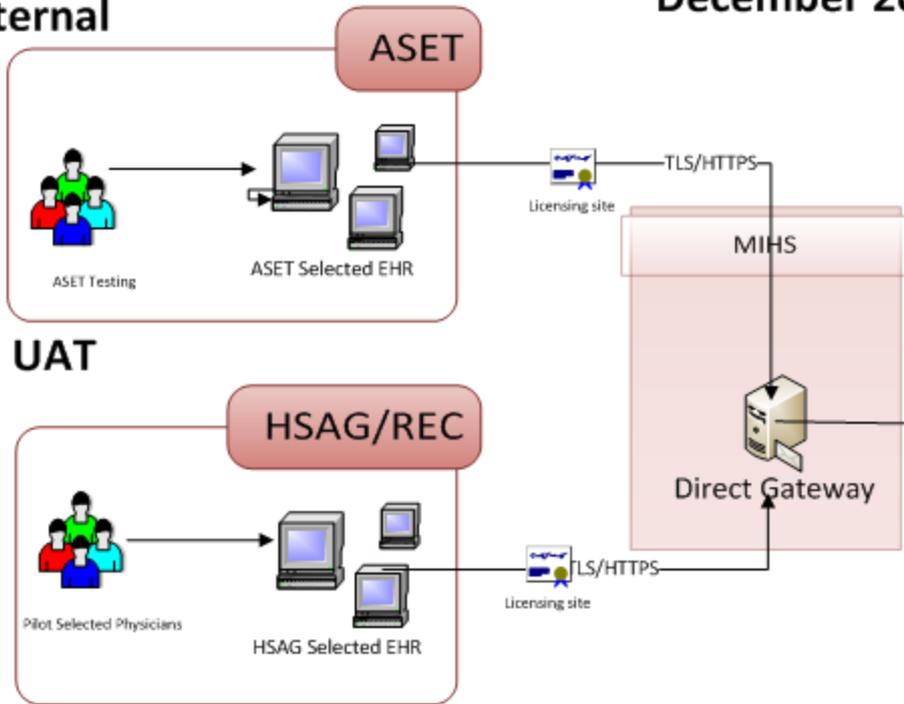
SuiteMed

Phase I - PILOT

December 2011 – June 2012

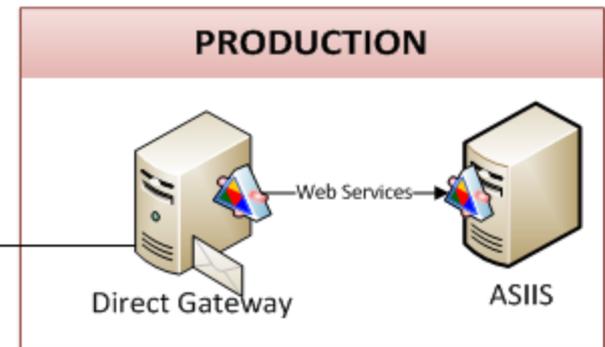
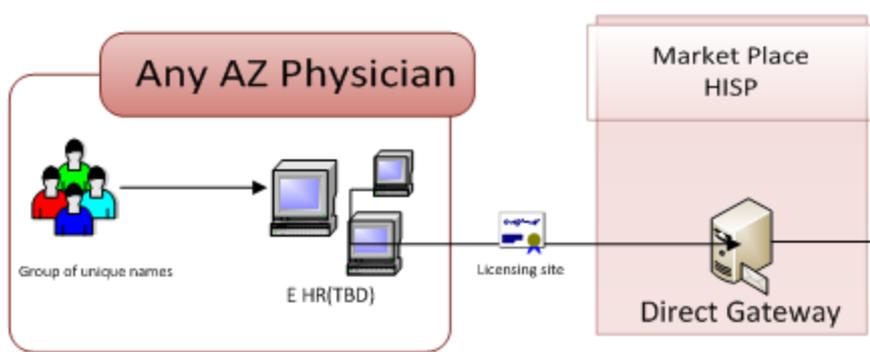


Internal



Phase II – Production

July 2012 – November 2012



Direct Project Production Scope

In-Scope

- Providers can send administered immunizations for individuals
- Providers send and receive demographic information about the individuals
- Acknowledgement of receipt of demographic and vaccination updates from providers

Out of Scope

- Requesting immunization histories for individuals
- Responding to requests for immunization histories by returning immunization histories
- Real time access to patient immunization history

Questions?

MeaningfulUse@azdhs.gov

www.azdhs.gov/Meaningful-Use



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azdhs.gov





HINAz: June Update

K Bharathan

26 June 2012

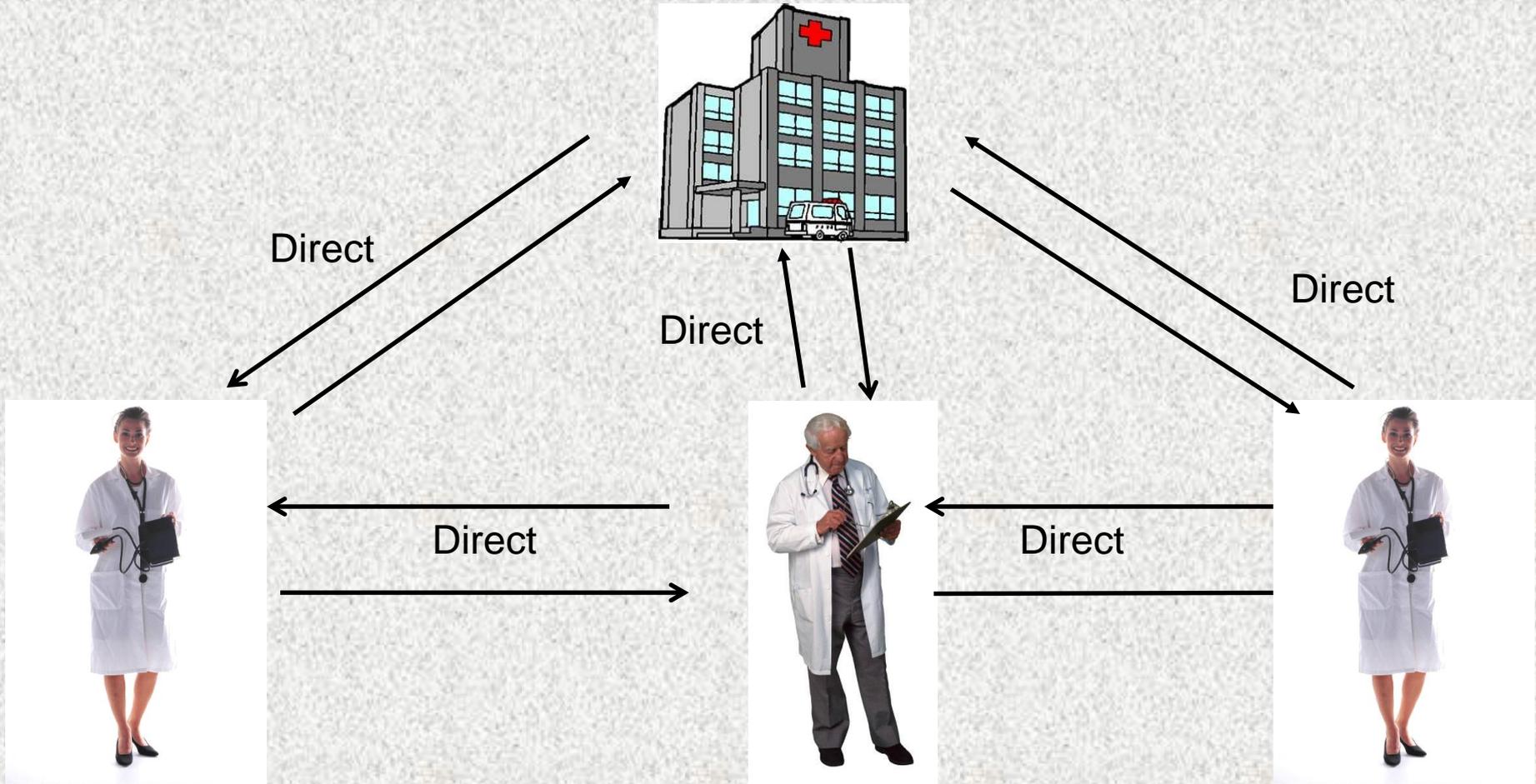
Agenda

- Summary of developments in the last quarter
- ASET-HINAz contract
 - Highlights
 - Components
- Provider Directory

Phased HIE Integration

- **Assumption** – *Bi-directional, robust exchange is the ultimate goal and will bring the most value.*
- Phase 1
 - Community providers, hospital and other health care entities adopt Direct to begin exchanging information electronically
- Phase 2
 - Transition to a combination of Direct, HINAz viewer and HINAz bi-directional exchange
- Phase 3
 - Move towards 100% adoption of robust, bi-directional health information exchange via HINAz

Phase 1: Direct Exchange



Phase 2: Hybrid Approach



Bi-directional exchange



HINAz Viewer

HINAz Viewer

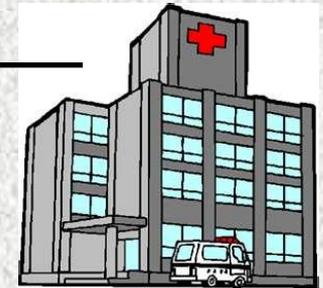
Bi-directional exchange



Direct



Direct



Phase 3: Robust, Bi-directional Exchange



Bi-directional exchange



Bi-directional exchange

Bi-directional exchange

Bi-directional exchange



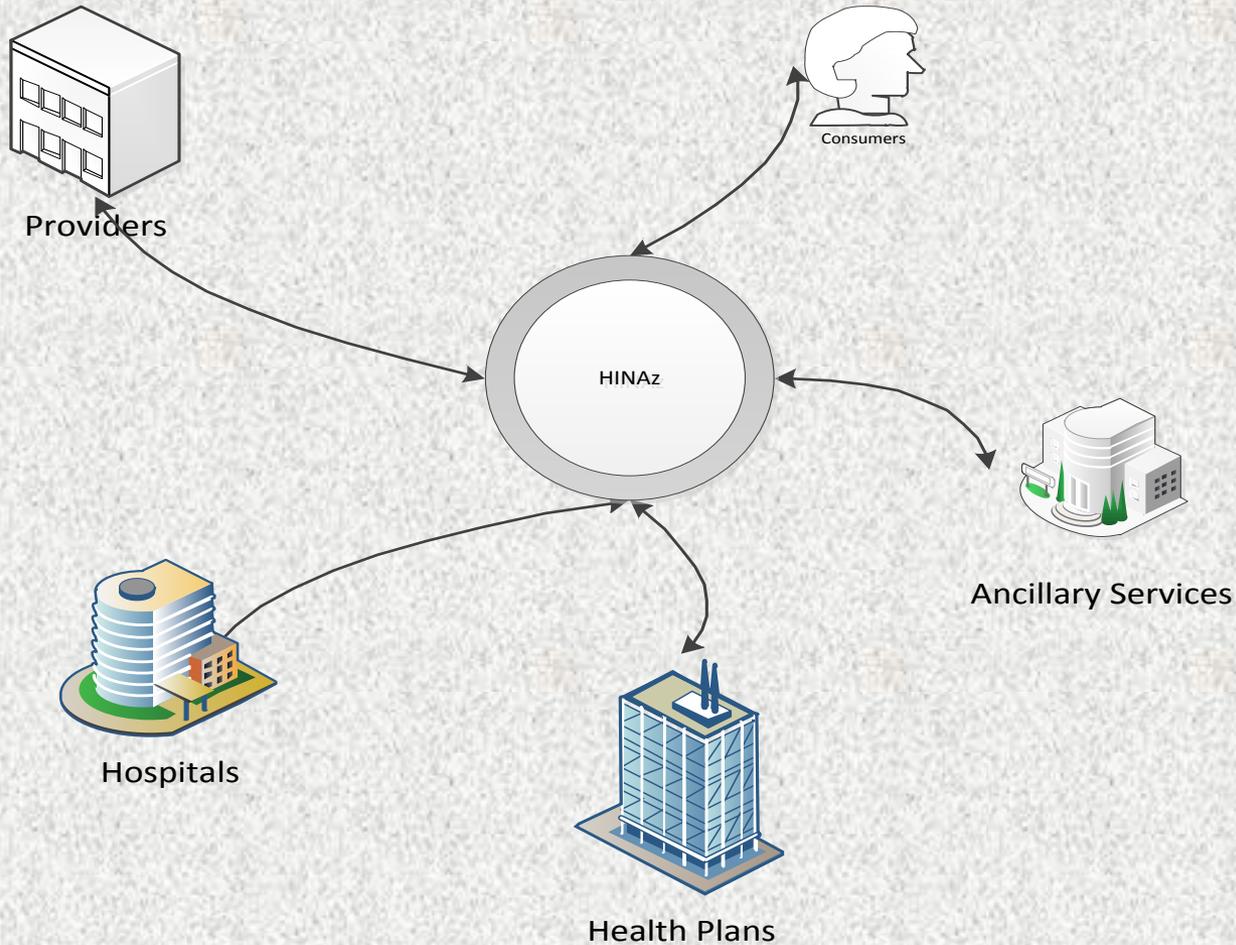
Since the last quarter

- We now have 24 signed Participants
 - 8 hospitals 5 Health Plans 3 CHC's
 - 1 reference lab 7 Community Physicians
- Data flow from the hospitals has increased
 - Quantity - Data type

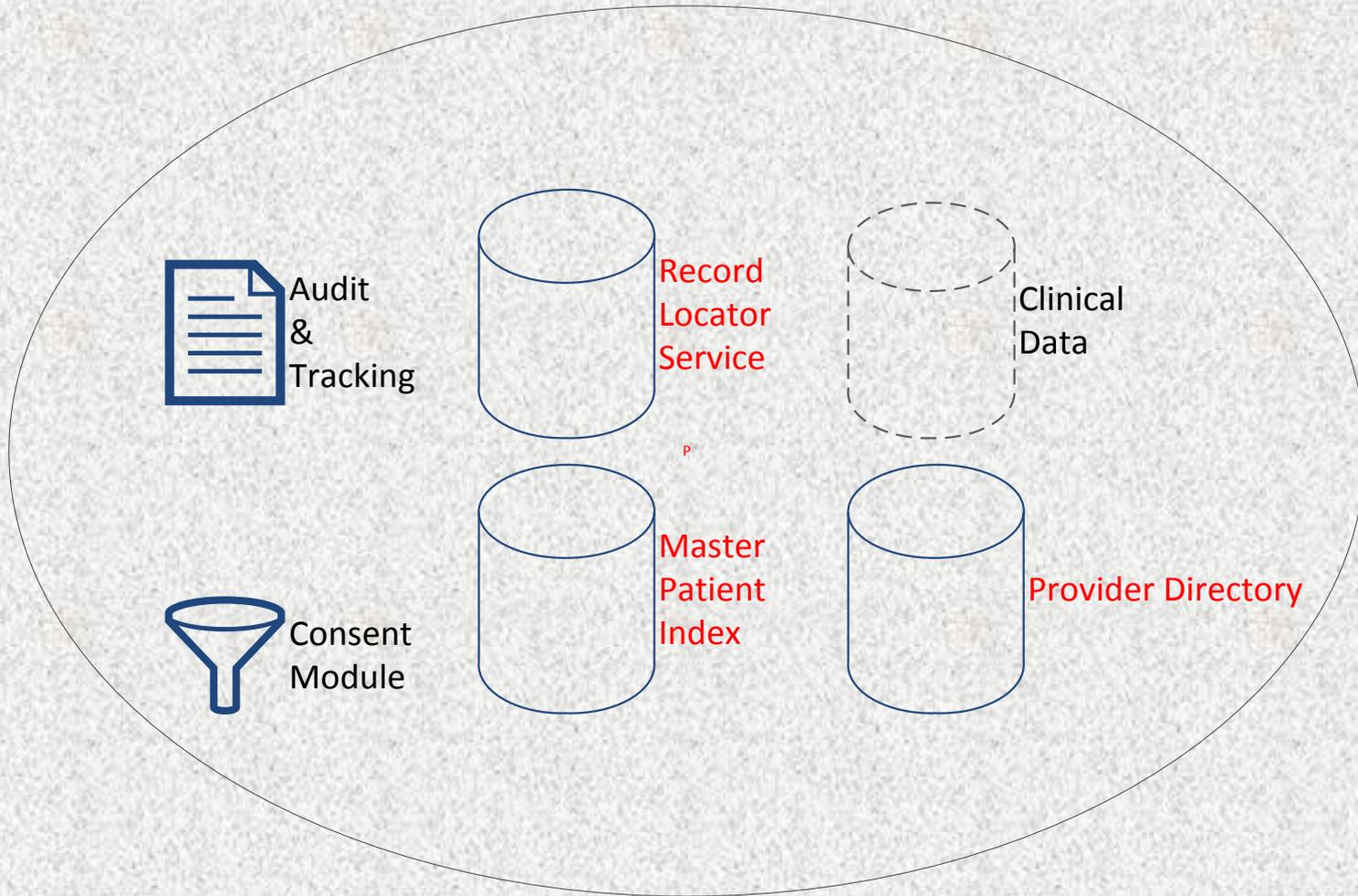
ASET HINAz Contract

- Provision of core HIE components across the State of Arizona
 - Provider Directory
 - Record Locator Service
 - Master Patient Index

HINAz: The Basic Model



Inside the HIE



Core Component Users

- Regional Exchanges & Networks
- Enterprise-level HIE
- HISPs serving the DIRECT model
- Public agencies
- Source verification

Advantage

- The Core Components are also the most expensive parts of HIE infrastructure.
- Reducing their duplication across the State will be advantageous to all

Provider Directory

- Tim Breaux from Optum/Axolotl will be making the rest of the presentation.



Next Generation Provider Directory Overview for ASET

June 26, 2012

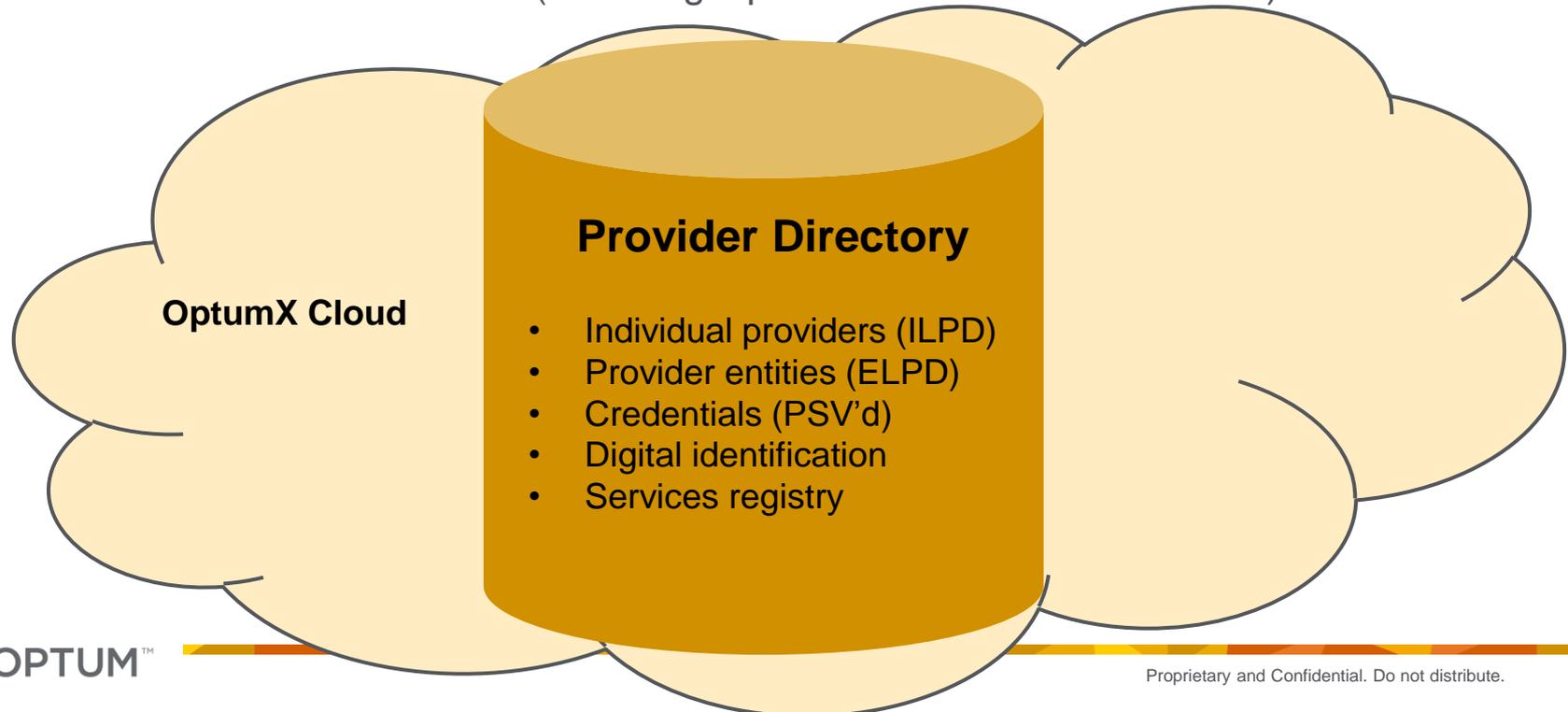
What is Different About the New Provider Directory?

- ❑ **The new directory serves other purposes than as a directory for Axolotl applications**
- ❑ **The intent of the new directory is to provide centralized collection, verification and redistribution of provider data, establishing a single source of truth that:**
 - Reduces administrative waste in provider data management for States and Payers
 - Reduces provider abrasion
 - Improves quality of provider data
 - Enables safe and secure electronic health information exchange between authorized and authenticated providers
 - Reduces fraud through assessing potential risk in providers
- ❑ **Is highly scalable and reusable**
- ❑ **Leverages existing Optum assets**

Provider Directory Key Components

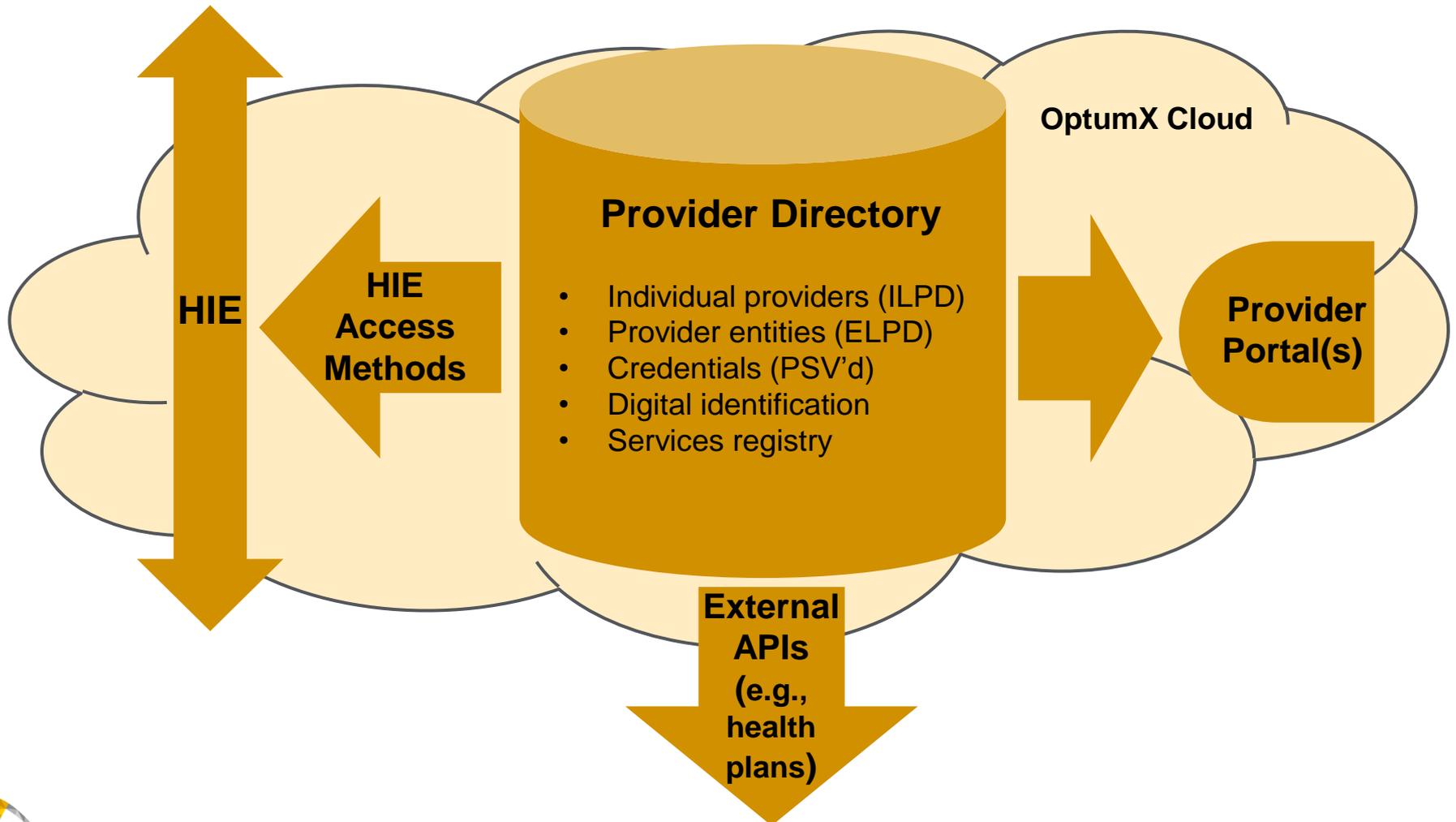
❑ Designed to provide a robust, resilient provider dataset to be broadly accessible to the constellation of healthcare stakeholders to decrease the costs associated with:

- ✓ Health plan provider credentialing
- ✓ Publishing health plan provider directories
- ✓ Payment to providers
- ✓ Inter-provider and plan-to-provider communication
- ✓ Care coordination (including Optum Care Suite coordination)



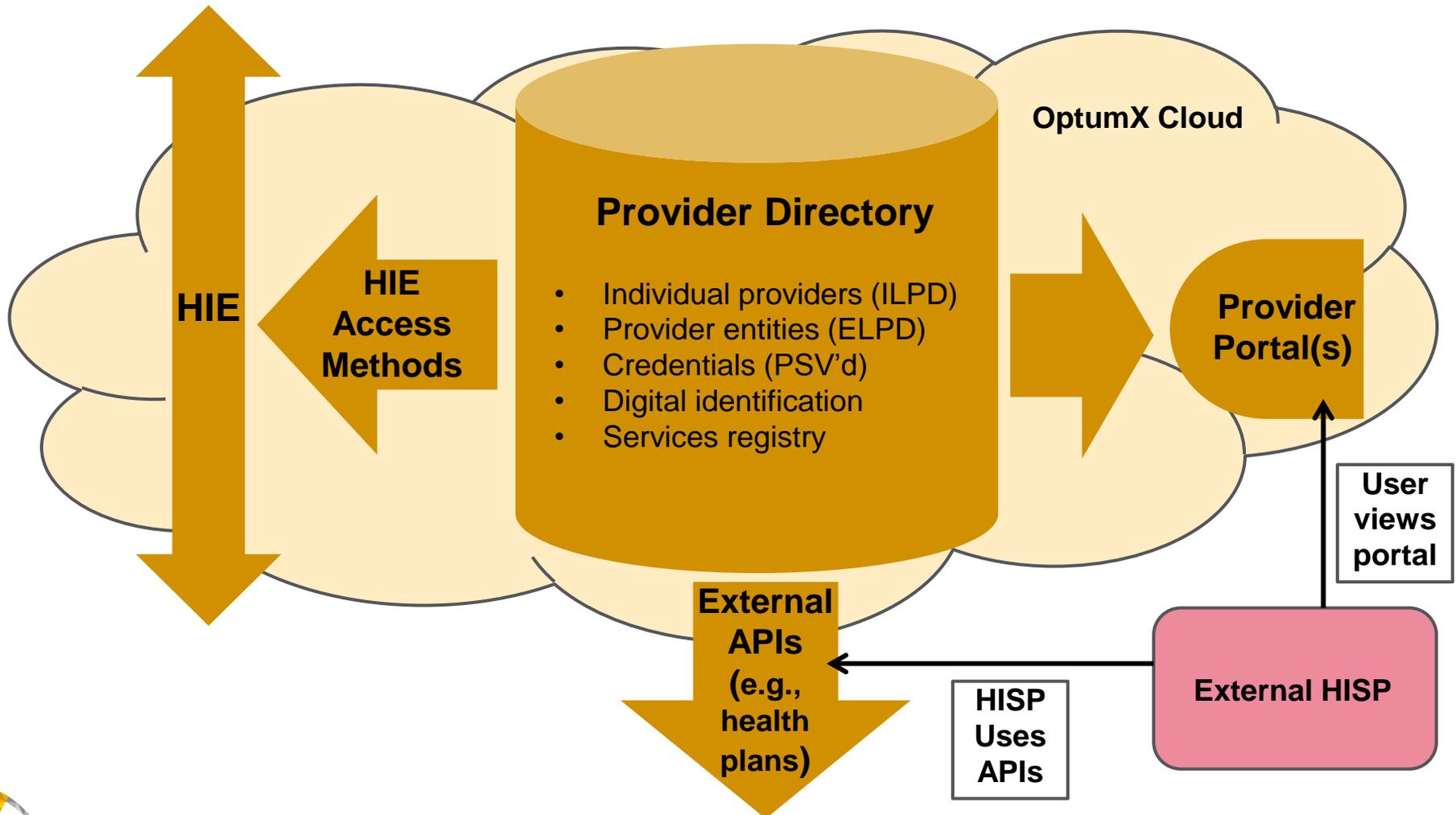
Provider Directory Key Components (Continued)

□ We anticipate three primary access methods:



Provider Directory Key Components (Continued)

External HISPs can be supported through several methods:



Cost Considerations

- ❑ **The directory will be offered to the market as a data service, including as a service to other applications such as the Optum HIE**
 - ✓ Other options are technically feasible as well
- ❑ **We expect that there are multiple buyers of the data service**
 - ✓ Pricing model is typically a per-physician-per-year subscription
 - ✓ We expect to offer the service to states who in turn may “resell” the service to health plans
- ❑ **The vast majority of the cost is data management**
 - ✓ 70% of operating cost is provider data management
 - ✓ 20% is technology operations
 - ✓ 10% is software and software maintenance
- ❑ **The largest data management cost component is Primary Source Verification**
 - ✓ PSV is optional, and is only performed when contracted by customers

How is the New Provider Directory Data Different?

- ❑ **The existing Optum Provider 360 (P360) data set is strong, and comparable to other industry provider data sources**
 - ✓ Information is mostly limited to individual providers, including non-physician providers
 - ✓ Limited capture of provider entities (e.g., hospitals, physician groups)
 - ✓ Data accuracy in the 85-90% range
- ❑ **The new directory includes and extends P360 data**
 - ✓ Increases individual provider roster to near-universal list
 - ✓ Adds comprehensive list of provider entities
 - ✓ Increases data accuracy to the the 90-95% accuracy range

Comparison of the New Provider Directory to P360

Provider 360	New Provider Directory
Primarily individual providers	Individual providers and provider entities
Delivered to customers in batch files	Delivered to “data” customers via batch, or via application APIs
No application program access	Application access via multiple APIs, including via web services and ESB access methods
No direct portal access by providers	Direct provider sign-on to update, verify and periodically re-attest to data accuracy
No application-gathering for provider credentialing	Individual provider portal supports application gathering for credentialing
No portal access by other stakeholders	Portals will be available for multiple user groups internal and external to Optum
Not available as Cloud service	Hosted in OptumX: Directory will support multiple internal and external applications



Questions?

K Bharathan

www.hinaz.org