

LEWIS AND CLARK INFORMATION EXCHANGE

Private Health Information Exchange – Overview/ Differentiators/ Benefits

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LACIE Collaborative Overview

- LACIE is an independent 501 (c)(3) with no owner, governed by a perpetual and collaborative Board of Directors
- Opt-out Exchange in both Kansas and Missouri
- LACIE has no debt – viable and sustainable
- Connected to Tiger Network Health Information Organization (HIO)
- One of 2 approved HIOs in Kansas
- Our primary commodity is participant trust
- LACIE is vendor agnostic and access to the HIO can be embedded into numerous certified EMRs, or accessed through a web based portal
- Cerner is technology partner for Public HIO
- **Health Metrics Solutions is technology partner for Private Exchange**

What Is A Private Exchange?

- Private Exchange is a more granular way of exchanging data/ enhancing participant control
- Must adhere to all HIPAA requirements for exchange, fully auditable data trail
- Organizations and Providers have full control over the data they choose to share/ PHIE has no rights to data
 - Contractual agreements regarding:
 - Type of data to be shared – patient cohorts/ alerts/ reporting
 - Who data will be shared with – clinics/ payers/ hospitals/ ACOs/ research
 - Frequency of sharing

Key Considerations

- Private Exchange is a service – no legal or technical requirements that an organization also has to be a member of public exchange
- **Data is accessed through a virtual cloud based machine we refer to as a HIPAA Control Unit (HCU) that is connected directly to the participating organizations database(s) through a VPN connection that participant has full control over.**
- Data can be filtered to a specific payer and plan level as well as filtering out patient information that was not submitted as a claim to insurance; information can be shared in bi-directional manner

Key Considerations Cont.

- Eliminates need of interfaces from EMR vendor (Pull versus Push data gathering)
- Data can be normalized prior to being shared with selected participant(s) and can be sent to Public Exchange if requested
- Data can be shared as identified, de-identified, aggregated
- Currently vast majority of HIOs do not share PT/OT, Dietary, Respiratory, Social Worker or Nursing notes limiting the value of the HIO for Long Term Care, Skilled Nursing Facilities, Outpatient Rehab, Home Health. **Private Exchange can share notes from anywhere within the EMR with permission.**
- Private Exchange can also be used to provide information from non-EMR sources such as registration systems.

Flexibility with Private Exchange

- Data can be provided to contracted receiving organization(s) in various methods
 - HL7
 - CCD
 - CCDA
 - PDF
 - Flat Files
- Primary Barrier to Exchange is permission, not technology do to the ability to normalize data prior to exchanging

HIPAA Control Unit (HCU)

HIPAA Control Unit



- The HCU is the basic unit upon which the exchange is built.
 - Implemented as a virtual machine.
 - Provides data normalization and quality assessment services on behalf of the legal owner of the data managed.
 - Maintains a refreshed Concepts Catalog of certified elements that are available. The catalog is extensible by the user.
 - Manages access for applications authorized to access information from the Concepts Catalog. Maintains audit logs used for accreditation.

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Use Case of Private Exchange - Standardization

- Consensus is that for HIOs to be sustainable and keep participants costs as low as possible payers need to be engaged and contribute to exchange, both financially and with data.
- To simply ensure that all participants in the current exchange were sending at least the same minimum amount of information in an Admission Discharge and Transfer (ADT) message it was estimated it would take 18-24 months for all participants to comply to standardize ADT and push to HIO. Approximately 20 different EMRs/ versions.
- With Private Exchange ADT standardization is approximately 1-2 weeks. (Pull versus push, not dependent on EMR vendor work queue/ priority)

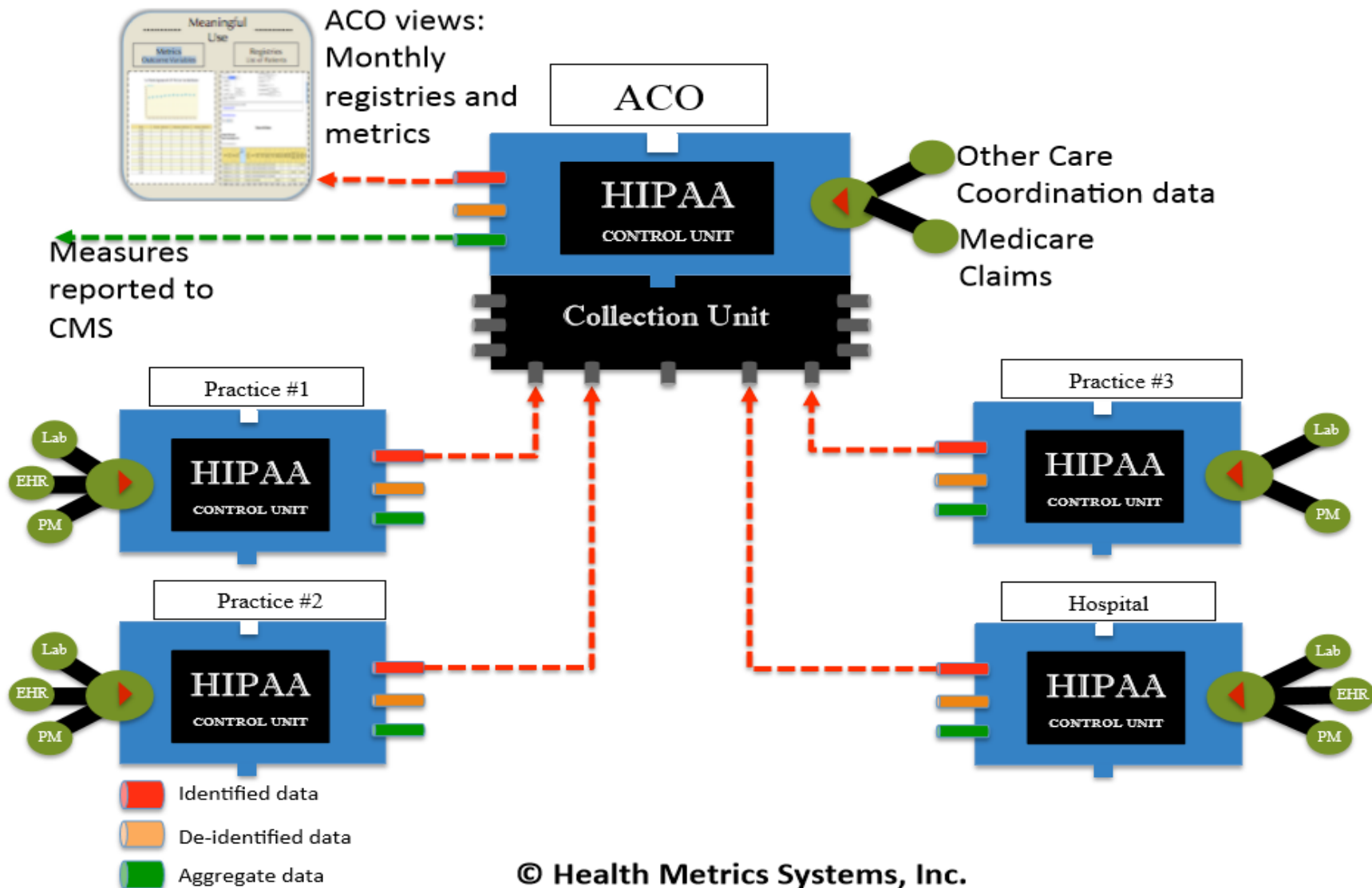
Use Case of Private Exchange - Alerts

- Community Mental Health Centers (CMHC) not aware when patients in their care present to local acute care hospitals.
- Master Patient Index (MPI) created by Private Exchange regarding CMHC patients
- Acute Hospitals “listen” for ADT activity on CMHC MPI through their HIPAA Control Unit
- Alerts are provided to applicable CMHC/ Crisis Center
- Ability to direct patient to more suitable care if applicable/ keep CMHC providers updated while maintaining confidentiality
- Ability to provide same type of service between ACOs/ hospitals, providers and hospitals

Use Case of Private Exchange - Analytics

- Private Exchange has capacity to provide analytics at individual organizational level, or between multiple organizations providing data to centralized HCU.
- Independent hospitals able to share information on patients both have treatment relationship with to assist in reducing 30 day readmissions
- Care gaps can more easily be uncovered – Private Exchange can has ability to identify patient cohort based on diagnosis and or problem. Diabetes/ CHF/ etc. Then review data to see if applicable care has been documented and alert if not. Also aid to ensure physician agreement with assigned patients.
- Analytics can be broken down to Organizational/ Group/ Provider/ Support Staff level and assignments made

ACO View



In Summary

Not dependent on what Electronic Medical Record can “PUSH” to the exchange.

Ability to “Pull” permissioned/ contractual information from participants database.

Organizations have full control over the data they share, with whom, frequency and length of time sharing will take place, as well as how they disseminate data internally.

Information exchanged can be very specific/ granular compared to Public Exchange where information is “all in” or “all out”.

Information can be exchanged in a variety of different formats based on what is best for the receiving organization.

A variety of use cases have been identified for Private Exchange/ “Granular Exchange”:

Data Liquidity/ Exchange between contracted organizations based on permission

Analytics- Ability to perform in-depth analysis internal to one organization or between organization to identify care gaps/ opportunities. Can also be used to provide reporting measures such as HEDIS/ STARS.

Payers – Information can be provided to payers in electronic format including alerts/ payers can also share information back to provider. Multiple payers can receive information from and provide information back through organizations HCU

Thank You For The Opportunity!

Questions?

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