

Spotlight on: Arkansas – Moving the Direct Dial from 0 to 1,100 in 180 Days

What are the characteristics of a state HIE leader?

- Observable and measurable progress in developing health information exchange (HIE) capacity and activity statewide
- Strong leadership among peers and the general HIE community
- Interest and motivation to innovate

Arkansas's Office of Health Information Technology highlights at a glance:

- First State HIE grantee with a phased Strategic and Operational Plan to move from Phase I (enabling secure messaging services) to Phase II (supporting query services)
- Over 1,100 SHARE secure messaging sign-ups in six months and another 5,000 providers waiting to be fully onboarded
- Demonstration of strong stakeholder commitment and engagement
- Innovative use of infrastructure across multiple state agencies

As a rural state with no existing exchange infrastructure and limited broadband access, Arkansas's work under the State HIE Program represents its most significant coordinated effort to accelerate HIE development and adoption to date. Arkansas's Office of Health Information Technology (OHIT)—the state designated entity responsible for implementing the statewide HIE system (State Health Alliance for Records Exchange (SHARE))—has leveraged strategic partnerships and innovative thinking to make the most of its federal funding and rapidly advance toward its goals.

We sat down with State HIT Coordinator Ray Scott and his team to get OHIT's story...

Thoughtful Stakeholder Engagement

Ray Scott discussed having an inclusive approach that maintains diverse stakeholder support as critical for successful, widespread HIE adoption in Arkansas. In the beginning, he recounted, OHIT brought together stakeholders that were pro-HIE, as well as those it considered "skeptics." This was a challenge, as some stakeholders had scars from failed attempts to start regional or local HIE entities, while others had "turf paranoia,"—concern that the state government's HIE efforts might threaten their activities or initiatives. Upholding one of its founding principles to "be realistic about what government can do," OHIT messaged it was not building an empire, but rather constructing a public HIE utility "brick by brick" that would not be successful without the support of other public and private entities. In these conversations, OHIT placed an emphasis on what HIE could help stakeholders accomplish in order to gain buy-in.

As a result of OHIT's early stakeholder engagement activities, a wide variety of public and private stakeholders support OHIT's efforts through two large advisory groups. One advisory group, the HIE Council, provides stakeholder input and guidance on state-level HIE strategy and includes 19 representatives from different organizations appointed by the Governor. The HIT Task Force, a second advisory group, participates in SHARE planning and implementation and other HIT-related activities; this body consists of 43 different health care stakeholders and community organizations.

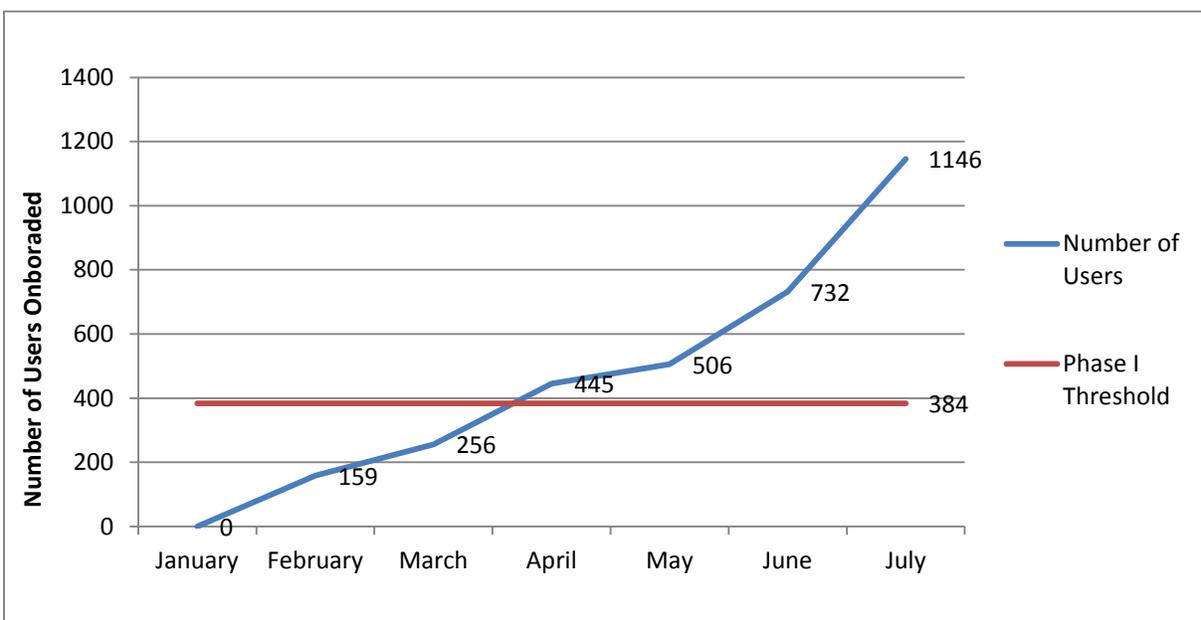
OHIT’s efforts seem to have paid off. Ray recalled how quickly some of the stakeholders agreed to adopt SHARE’s secure messaging service, **“Arkansas’s FQHCs were very involved in the planning process. When we rolled out Phase I, I contacted the lead of the state association of community health centers. In a matter of days, we had all 12 of the FQHCs verbally committed to signing up with SHARE, which led to the participation agreement and onboarding of each facility.”**

Stakeholder engagement is a critical and ongoing activity for OHIT. Despite the success the organization has already had in this area, Ray commented, **“We think about who is not at the table—but should be—on a daily basis.”**

Phase I Success – From 0 to 1,100 in Six Months

For its Phase I approach, OHIT deployed SHARE secure messaging services using the [Direct](#) standards and specifications. Six months after the kick-off of its secure messaging outreach efforts, OHIT has significantly exceeded its Phase I goal (384 providers signed up for Direct) with a total of 1,146 users onboarded. OHIT attributes its success to several promising strategies as detailed below.

FIGURE 1. SHARE SECURE MESSAGING USERS ONBOARDED AS OF JULY 27, 2012

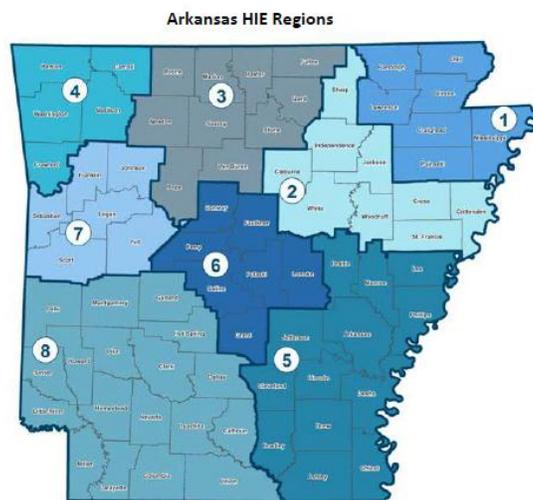


Building Strategic Partnerships

Similar to their stakeholder engagement philosophy, OHIT knew that it would need effective partners to help roll out its Phase I efforts. OHIT chose partners that had the experience and the existing relationships with targeted stakeholders to accelerate progress: Oleen Pinnacle (Oleen), a health care consulting firm, and the Arkansas Foundation for Medical Care (AFMC), the state’s Regional Extension Center (REC). Through subcontracts that OHIT’s vendor OptumInsight has with these two entities, Oleen and AFMC perform much of the outreach, education, and onboarding activities. This collaboration has enabled OHIT to reach a much broader provider community and build upon the trust its partners have already established. For example, OHIT used the REC’s database of providers as a starting point to identify where it should target its outreach efforts. OHIT chose to focus on providers that had already registered and attested for Stage 1 meaningful use, since these were providers who theoretically already had an inclination to adopt health IT.

Creating Network Effects

OHIT has several strategies to help ensure that SHARE secure messaging is highly useful and meaningful to the provider community. Taking a regional and population-based approach, OHIT segmented the state into eight medical trading areas (MTAs) based on where health care stakeholders share patient populations. Recognizing that the value of secure messaging depends in large part on the number of other providers using it, OHIT and its partners then focused outreach and onboarding efforts on the providers in a given MTA at or near the same time so that all derive benefit from the ability to exchange information via secure messaging.



OHIT also identified anchor institutions or “critical nodes” in the MTAs, such as an area hospital or health care system: as those anchor institutions were onboarded to SHARE, their referring physicians were also approached for onboarding. In taking this approach, OHIT has been able to secure many signups at one time and increase the utility and value of secure messaging for all participants. For example, the largest health system in the state, Baptist Health System, has five campuses in four different MTAs. Through one participation agreement with Baptist Health, OHIT expects to issue 1,500-2,000 individual SHARE secure messaging accounts. In another example, OHIT worked with the University of Arkansas for Medical Sciences (UAMS), which requested that every referring physician in the medical community use secure messaging to exchange referral information with them. UAMS has approximately 1,000 users on their main campus alone. By working with their referring physician base, OHIT can leverage the UAMS relationship to target additional physician practices.

OHIT is also targeting specific organization types. The state’s Federally Qualified Health Centers (FQHCs) are one such critical node, as these organizations need an inexpensive way to communicate within their network to improve care coordination.

Determining Stakeholder Needs & Priorities

OHIT has learned that if SHARE secure messaging is not integrated into a provider’s workflow, they are less likely to adopt and utilize the tool. When the onboarding team starts the secure messaging implementation process, they analyze a stakeholder’s current work processes; examine how to incorporate SHARE secure messaging into existing workflow; and look at any potential workflow issues and how they can be addressed. OHIT views its workflow analysis process as one of the beneficial components of its onboarding process.

OHIT also works with providers and other stakeholders to identify use cases where secure messaging may help solve day-to-day headaches. OHIT takes a very open and flexible approach to use case development and tailors use cases to each stakeholder as a natural outgrowth of its workflow analyses, taking into account each stakeholder’s capabilities and needs. Users are encouraged to start with simple use cases at the beginning stages of adoption and layer on more robust use cases as their HIE needs grow. OHIT is not limiting these use cases to the communication and exchange of patient health information: it is also working with non-traditional data trading partners such as the Arkansas Employee Benefits Division to enhance previously paper-heavy processes such as prior authorization.

Arkansas Employee Benefits Division's Use of SHARE Secure Messaging

The Arkansas Employee Benefits Division (EBD) manages the group health and life insurance plans for 145,000 state and public school employees. A large portion of medical services require prior authorization from medical providers before EBD will pay for them. As a result, EBD's intake coordinators spend a great deal of time communicating with health care providers via phone, fax, or paper. EBD plans on using SHARE's secure messaging services to streamline their current prior-authorization process for medical and pharmacy services. Instead of the general back and forth communication via paper and phone, EBD hopes to change this process to an electronic one using SHARE's secure messaging. Jason Lee, Executive Director of EBD, looks forward to the day when SHARE secure messaging will help provide his organization new efficiencies and relieve some staff frustration: ***Twenty years ago, we asked people, "Do you have a fax machine? What's your fax number?" Now we are going to ask, "What is your SHARE address? Can you send me that electronically?"***

On to Phase II

As OHIT continues its efforts to expand the SHARE secure messaging user base, it is also turning attention to Phase II of SHARE. Phase II includes building out technical components—including a master person index (MPI), record locator service (RLS), and web-based portal—required for more robust HIE functionality in Arkansas. Those providers and other end users who choose not to participate in Phase II can still use the SHARE secure messaging feature.

Arkansas's OHIT is developing the SHARE Phase II components as a shared service that will be used to support state HIE efforts and other state systems such as the state Medicaid Management Information System (MMIS) and the Health Benefits Exchange (HBX). Rather than building similar systems across different agencies, the MMIS and HBX will each tap into the SHARE infrastructure. Each is expected to contribute funding to the initial development of these core functions through a cost-allocation method.

A Vision for the Future

When asked where he thought SHARE might be in five years, Ray smiled through the phone and said that OHIT didn't expect to experience success with SHARE secure messaging adoption so quickly. Though excited about the progress OHIT has made, Ray and his team acknowledged the challenges along the way and that they expect to encounter more in the future. In five years, he imagines that Arkansas stakeholders will be utilizing a full array of HIE services (including point-to-point and robust exchange options). Optimistic for the future, he said that health care stakeholders have and will continue to buy into the state's health IT mission: ***"Arkansas is not trying to sell a product. We envision SHARE as a service that will help entities exchange medical data to enable better patient care. We have fully embraced this as a public utility."***

References and links

To learn more, please contact Ray Scott at ray.scott@hit.arkansas.gov.

And for more information please visit:

- [OHIT website](#)