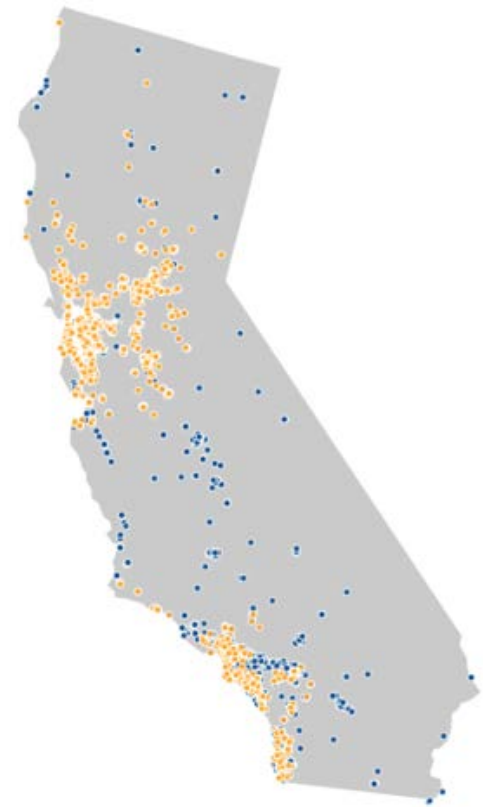# California Successes

- Engagement & Collaboration
  - Regional HIEs functioning and expanding for 25 years
  - 25 organizations using Epic's HIE solutions, many for > 5 years
  - eHealth Exchange:
    - Dignity Health, 12 Epic organizations, 3 regional HIEs, VA, DoD SSA, dialysis centers, pharmacy and employer-based clinics
  - HIE as a Team Sport
    - Collaborate – meetings, newsletters, networking
    - Remove authorization requirements
    - Automate patient queries
    - Share configurations, performance data, and best practices
  - Collaboration between vendors
    - Epic, Cerner, AthenaHealth, VA
      - Patient matching, duplicated data, novel use of CCD to transmit encounter-specific data to payers, Carequality pilots

- Sutter Health's Experience
  - 1.9 of 3 million active patients with outside chart linkages
    - 5M patient queries / month => 100K new
  - 17M records exchanged since 2010; 12M in 2015 alone
    - Currently receiving > 1M records and sending >500K records / month
  - Majority of encounters have outside data available for review
  - Direct messaging: 10K Sutter Health providers enabled with access to 250K addresses
    - 15K messages sent, 25K received / month; >95% automated for MU2 ToC

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Meaningful Use of Available Data

- Challenge:
  - Drowning in data – *TMI*
    - Transitions of care, event notifications
    - Discrete data from CCDs - must be reviewed, reconciled with curated record
    - Duplicate, outdated information from different or same organization limits clinicians ability to identify important data at point of care
  - External data kept separated until reconciled or copied into local chart
    - New available external data viewed in 14% (3-48) of encounters (24 CA organizations)
  - Information Reconciliation – problems, medications, allergies, immunizations
    - Reportable Measure in *Advancing Care Information* NPRM
    - Inefficient manual processes – duplicated data, multiple sources
    - Reconciliation rates for 22 California organizations:
      - Meds 45% (3-65), Allergies 12% (1-85), Problems 10% (1-23)

- Needs:
  - *5 Rights of HIE* – Data, User, Time, Format, Functionality
  - Discrete Data Access - Standards and technology to support more data types
    - Lab results, Procedures, Immunizations, Care gaps
  - Data Preparation – "collecting, cleaning, and consolidating data for analysis"
  - Data Reconciliation – Automate processes

Clinical Messaging

- Challenge:
  - Care Coordination requires multi-directional ad hoc communication
    - When it works it is transformative
    - Current capability of integrated systems utilizing a common EHR
    - New secure texting apps – not integrated into EHR systems
  - Continued use of paper/fax processes due to inconsistent adoption of Direct
    - NOT efficient, secure or integrated
  - Variable implementation by healthcare organizations
    - 19 of 25 California organizations on Epic have published directories
  - Many stakeholders unengaged - pharmacists, therapists, home care, care managers
  - Functional limitations of existing vendor solutions

- Needs:
  - Vendor certification standards
    - Directories: Standard data elements, Maintenance & updates; Exchange
    - Functionality: Message priority; feedback re failed transmissions, read receipt, unread messages, reply, auto-reply, forwarding, cross-coverage, pools
    - Attachments: Multiple document formats
  - Operational standards for providers, hospitals, and other users
    - Message delivery: Intended recipient, cross-covering provider, pools/groups
    - Management of multiple message types: ToC, care coordination, curbside consults

Take Aways

- Specific/actionable recommendations for ONC:
  1. Vendor certification requirements
     - Send, receive, and prepare discrete data
     - Streamline data reconciliation workflows
     - Support robust bidirectional clinical messaging
  2. User operational standards
     - Send, receive, route, and manage clinical messages