Provider Listening Sessions

Answers submitted by Dr. Jonathan Kaufmann. I am the CMIO of the Queens Medical Center in Honolulu HI. We are a 500 bed trauma center. We also have several outpatient centers with multiple specialty clinics as well. We license our EMR (Epic) to roughly 30 independent providers in the community. Our system is in the process of opening a new hospital which will share our same EMR.

My background is in hospital medicine and I discovered informatics while I worked as a full time Hospitalist. I transitioned into this role over the past 3 years.

Please don't hesitate to contact me for more information if needed.

Jonathan Kaufmann D.O.

ToC Panel

- Has your vendor installed or upgraded you to their Stage 2 certified product for ToC or have they installed or upgraded you to parts of the requirements?

    – Create and transmit a care/referral summaries? Yes

    – Receive, display and incorporate transition of care/referral summaries? Receive and Display only

- If so, what has your experience been with the ToC tools? If not, when do you anticipate receiving the Stage 2 certified product? We are in the process of installing these features now.

- Have you tested your ability to use these tools to send and receive information with other healthcare organizations you frequently refer patients too? If so, what has your experience been? We have preliminarily tested with HPH (a large hospital system that we share patients with) and are prepping to test with HHIE (Hawaii Health Information Exchange) this week and next week. We hope to be live with our HISP by within 1-2 weeks and with HPH ASAP.

- How are providers/vendors collecting the numerator and denominator data for the ToC measure? Reports generated from Epic.

- What if any fees is your vendor charging you for sending and/or receiving ToC transactions? Unknown to me. Wasn't able to find out in time to submit this.

- How much staff training/workflow redesign has been required to implement and effectively use the exchange tools that support ToC? Any particular challenges or best practices from you're experience? This is the most challenging aspect of this whole project. The workflows for sending are essentially automated. Receiving them is the hard part. We worked through a number of scenarios and settled on the following

    - Our Hospital will be listed as one recipient. These messages will be reviewed by our admitting staff and sent to the appropriate provider or posting them to the chart

    - Our ER will be listed as one recipient. These messages will be reviewed by our admitting staff and sent to the appropriate provider or posting them to the chart

    - Our ambulatory departments/providers will be listed if they choose to. Each clinic/dept will be responsible for managing the messages. We have set up best practices for them, but it is up to them to adopt them

- What is your workflow when you send a transfer summary in your EHR?
  For the ED/Inpatient, as the provider and/or staff are entering in FOLLOW-UP information into the patient's chart – they are to indicate WHO the patient is to follow-up with. Once entered into the system, the system logic will determine the route to send the Transition of Care Document.
  Routing logic is: AFTER the provider or location is entered by the user – if we are connected electronically to the user – the system will send it electronically. If not – then we will send it via FAX. If a FAX number is not available – we will print it and mail it.

    – How do you get the recipients address to send the care summary to?
      Molla: For our electronic address – our IT Team will maintain an updated directory. For fax numbers and physical addresses – our existing processes require we maintain these fields

    – How do you attach or include the information you want to send?
      Molla: It is an automated process. Right now we are ONLY sending the required elements. The system is built to pull the appropriate data and send it out as appropriate.

- When your organization receives a transfer summary how are you:

    – Matching the summary to the correct patient? Matching algorithm based on demographic data. Does it happen automatically? A list of likely patients is generated but a user has to manually select the correct one. Is manual intervention required? Yes

    – Routing the transfer summary to the appropriate location (primary care provider, specialists, medical records department etc)? Admitting staff can send the message once it is reviewed.

    – How does a provider know they have received information to review? We are able to send inbasket notifications. Initially – our users want to OPT OUT of receiving proactive communication. We are training all our users to be aware that these messages could exist

- Are you able to send information other than a transfer summary (i.e. lab results etc) using your ToC tool? No and this is huge source of frustration

- Are you aware of unique issues that small or rural provider are facing meeting the ToC requirements?

- With regard to exchange across vendor platforms:

    - Is it happening? Slowly What is working? As of right now, No.

    - What challenges are slowing or inhibiting it? Our HIE is slow to implement the functionality of the HISP. The vendor doesn't seem to see this as a priority and is not financially incentivized. Providers don't see the value.

- With regard to exchange across unaffiliated providers:

    - Is it happening? Slowly What is working? Nothing

    - What challenges are slowing or inhibiting it? As above