# The Office of the National Coordinator for
# Health Information Technology

## Health Information Exchange
## Strategic and Operational Plan Profile

### Overview

On August 9, 2005, Hurricane Katrina struck the Louisiana coast and City of New Orleans. It was the nation's costliest natural disaster, as well as one of the five deadliest hurricanes in the history of the United States. At least 1,836 people lost their lives in the hurricane and subsequent floods, making it the deadliest U.S. hurricane since 1928. Total property damage was estimated at $81 billion. This disaster emphasized the importance of health information technology as a tool. On September 22, 2005, KatrinaHealth.org was launched. The website was developed in the immediate aftermath of the storm and allowed record linking, authentication of identity and access to medication histories.

In post-Katrina, funding and contracts were awarded to develop health information technology and health information exchange. Health Information Exchange (HIE) activity in Louisiana is led by the Louisiana Health Information Exchange (LaHIE), managed by the Louisiana Health Care Quality Forum (LHCQF), whose mission is to be the neutral entity for facilitating authorized sharing of information among all stakeholders to improve the health of Louisiana's citizens. LaHIE seeks to employ health information technology to enable improvements in health, to minimize variations in care and to address disparities in health care delivery. Louisiana has no existing organization facilitating exchange in the state. As a result Louisiana will be developing exchange in a phased approach with a short term focus on enabling point-to-point exchange with a long-term vision for robust exchange through LaHIE, with outcomes of achieving meaningful use, coordination of patient-centered care, public health management, and the support of clinical quality improvement.

The LHCQF will work with multiple stakeholder organizations through LaHIE to ensure that the white spaces for clinical care summary delivery and labs are filled and all providers trying to meet Meaningful Use Stage 1 requirements will be given the means to do so through LaHIE.

### Model and Services

In phase I, Louisiana LaHIE will enable exchange via secure messaging, utilizing Direct, with a provider directory. Phase I will support: the exchange of structured lab results and clinical care summaries using secure messaging through Direct, with the LHCQF serving as the Health Information Service Provider (HISP) for Louisiana. To enable the ED use case discussed below certain core infrastructure including a Record Locator Service (RLS) and Master Patient Index (MPI) will be built incrementally in Phase I.

**State**:
Louisiana

**HIT Coordinator:**
Zachery Jiwa

**Award Amount:** $10,600,000

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**Website:**
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**Other Related ONC funding in Louisiana:**

Louisiana Health Care Quality Forum Regional Extension Center (REC) $6,207,802

Crescent City Beacon Community Grant: $13,525,434

In Phase II, LaHIE will develop more robust exchange through the development of a central data storage that will consist of core master data management elements necessary to implement exchange (e.g., record locator service and master person index) and the visit registry established in Phase I. All other data will reside in the federated organization's home system or edge server and will be transferred upon request.  In this Phase, LaHIE will begin connecting with providers in the state and will support connecting providers who choose to use edge servers or not.

In Phase III, the LaHIE will move to a 'hybrid' architectural model (federated and centralized) with the addition of a centralized data storage component containing a continuity of care document (CCD) for sharing clinical care summary information. Central storage of the CCD in Phase III will support both care coordination and disaster preparedness.

Phase IV will move LaHIE to support consumer facing technologies, such as Personal Health Records (PHRs) and work to ensure that all providers in Louisiana have achieve Stages 3 of Meaningful Use.

# Highlights

## Program Alignment

LHCQF is also the Regional Extension Center for Louisiana (Louisiana Health Information Technology (LHIT) Resource Center). LaHIE and the LHIT Resource Center work together to ensure that HIT needs of providers are met. The two programs present alongside each other at educational workshops and seminars to show the natural progression of HIT and HIE for improved care coordination and population health. Additionally, one of 17 Beacon Communities across the country is also in Louisiana. The Crescent City Beacon Community (CCBC) in New Orleans and LaHIE work together to reduce duplicative resources and efforts. CCBC will serve as the LaHIE Community Organizer for the New Orleans area.

Additionally, LaHIE and the LHIT Resource Center work with Delgado Community College as part of Consortia efforts to increase HIT education. Information about the HIT programs at DCC is distributed at all LHIT Resource Center and LaHIE presentations. LHCQF and LaHIE have also worked with ARRA funded broadband initiatives through the Louisiana Broadband Alliance to ensure that rural health care facilities are included in projects and grant applications.

LaHIE is also part of Southeast Regional HIT-HIE Collaboration group that shares information and discusses best practices. Finally, LaHIE is part of Gulf and Southeast States Consortium – HIE Disaster Preparedness Proposal.

Finally, LaHIE coordinates with the Louisiana Department of Health and Hospitals on multiple levels. LaHIE staff members work directly with Zac Jiwa, the State HIT Coordinator, in order to plan and execute the exchange. LaHIE also coordinates with Louisiana Medicaid and the Office of Public Health in order to line up priorities and areas of cooperation.

## ED Visit Registry

Louisiana has identified the exchange of emergency department (ED) HL7 Admit Discharge and Transfer messages, which are used in most ED admission systems today, as an innovative approach that can enable several key use cases, including real time identification of patient care history and drug seeking behavior in order to reduce redundant tests and improve patient safety. Louisiana also plans to include primary care providers in the initiative which will enable the coordination of care between the ED and primary care and to support patient centered medical homes. A visit registry will be established within the central repository to store ADT messages sent from the ED, and the ADT strategy will serve as a part of the initial mechanism for populating the MPI and provider directory.

LHCQF envisions that the ED Visit Registry and Provider Exchange implementation will happen simultaneously. For the ED Use Case LHCQF envisions a consent model in which patients will be given the opportunity to consent to their record being shared through LaHIE upon presenting to the ED. They recognize the need to define a policy framework and the privacy and security requirements of the ED Visit Registry and LHCQF will work with stakeholders and vendors to do so before rolling out the implementation.

# Meaningful Use

| | Landscape | Strategy |
|---|---|---|
| **E-Prescribing** | LHCQF has been working with the Louisiana Independent Pharmacy Association, the Louisiana Pharmacists Association and the Chain Pharmacy Association (licensing body) to assess the capabilities of the pharmacies.<br><br>Based on the information available from the Louisiana State Board of Pharmacy and SureScripts:<br><br>• 70 % of pharmacies accepting electronic prescribing and refill requests<br>• 592 Independent Pharmacies have active eRx permits<br>• 545 Retail Chain Pharmacies have active eRx permits<br><br>785 Pharmacies are enabled for E-Prescribing | The LHCQF is working with the State Board of Pharmacy, Louisiana Independent Pharmacy Association, and the Chain Pharmacy Association to distribute surveys to chain and independent pharmacies in Louisiana. LaHIE will work with the Louisianan Independent Pharmacy Association to encourage the adoption of e-prescribing among independent pharmacies.<br><br>Once the additional gap analysis is completed, LaHIE will use the data to develop strategies to address the identified gaps. These strategies will include:<br><br>• Direct provisions of services by LaHIE and direction through its multiple stakeholder structure.<br>• Use of various policy and purchasing options which will be leveraged through the state.<br>• LaHIE will utilize services of the Louisiana REC, stakeholder groups, and existing organizations such as LaRHIX to identify gaps and implement strategies to help providers achieve Meaningful Use. |

| **Structured Lab Results** | According to CLIA (Clinical Laboratory Improvement Amendments), there are 3,923 labs in the State of Louisiana. However, much is currently unknown about the electronic capabilities and usage other than with the major labs.<br><br>The Louisiana Department of Health and Hospitals (DHH) Office of Public Health (OPH) receives lab results on reportable diseases both electronically and on paper. Of the reports they received over a recent 12 month period, 84.4% came in electronically compared to only 15.6% that were delivered on paper.<br><br>OPH also lists which laboratories report to them electronically about reportable diseases. The main lab results come from Charity Hospital in New Orleans, the LSU Hospital System, Lab Corp, CPL (Clinical Pathology Laboratories) and Quest. | To gain additional insight into gaps the LHCQF and Louisiana Office of Public Health (OPH) are teaming up on a mail and electronic based survey to nearly 4,000 CLIA certified labs throughout the state to assess their availability, readiness, and use of electronic lab results.<br><br>In addition, the LHCQF will continue to open communications with LabCorp, Quest, and public labs about the percentages of orders being sent and received electronically. While the major labs submit their results electronically and the strong majority of reportable disease results are sent to OPH electronically, the number of labs that report electronically represents only around 26% of the total labs that report information.<br><br>Once the additional gap analysis is completed, LaHIE will use the data to develop strategies to address the identified gaps. These strategies will include:<br><br>• Direct provisions of services by LaHIE and direction through its multiple stakeholder structure.<br>• LHCQF will explore options to create incentives for smaller labs to order and receive lab results directly through a providers certified EHR.<br>• Coordinating activities with REC to highlight EHR vendors that support structured lab data exchange, have existing or are building interfaces that support electronic structured lab data exchange.<br>• Use of various policy and purchasing options which will be leveraged through the state.<br>• LaHIE will utilize services of the Louisiana REC, stakeholder groups, and existing organizations such as LaRHIX to identify gaps and implement strategies to help providers achieve MU. |
| **Patient Care Summary** | Electronic exchange of clinical summary information does not exist between providers now.<br><br>This is the primary focus of the Crescent City Beacon Project. Tulane, LSU, Ochsner, HCA, and a group of small clinics will be enabled to meet Beacon program goals. | The core gap filling strategy is to enable the exchange of patient care summaries through the use of Direct and the provider directory that will be built during Phase I.<br><br>Once the additional gap analysis is completed, LaHIE will use the data to develop strategies to address the identified gaps. These strategies will include:<br><br>• Direct provisions of services by LaHIE and direction through its multiple stakeholder structure.<br>• Use of various policy and purchasing options which will be leveraged through the state.<br><br>LaHIE will utilize services of the Louisiana REC, stakeholder groups, and existing organizations such as LaRHIX to identify gaps and implement strategies to help providers achieve MU. |

# HIE Inventory

| Standards | | | Quality Improvement | |
|---|:---:|---|---:|:---:|
| Nationwide Health Information Network Exchange Specifications | X | | Care Coordination | X |
| Nationwide Health Information Network CONNECT | | | Quality Reporting | X |
| Nationwide Health Information Network DIRECT | | | Behavioral Health Information Exchange | X |
| Plans to exchange with federal agencies or other states via Nationwide Health Information specifications | X | | | |
| **Public Health** | | | **Lab Strategy** | |
| Electronic lab reporting of notifiable conditions | X | | Translation services | |
| Syndromic surveillance | X | | EHR interface | |
| Immunization data to an immunization registry | X | | Policy strategy | |
| **Patient Engagement** | | | Order Compendium | |
| Patient Access/PHR | X | | Bi-Directional | |
| Blue Button | | | Alignment with CLIA | X |
| Patient Outreach | X | | **E-Prescribing** | |
| **Privacy and Security** | | | Medication History | X |
| Privacy and Security Framework based on FIPS | X | | Incentive or grants to independents | |
| Individual choice (Opt In/Opt Out/hybrid) | **Opt Out** | | Plan for controlled substance | |
| Authentication Services | X | | Set goal for 100% participation | |
| Audit Log | X | | Controlled substance strategy | |
| **Administrative Simplification** | | | **Care Summaries** | |
| Electronic eligibility verification | X | | Translation services | |
| Electronic claims transactions | | | CCD/CCR Repository | X |
| **Vendor** | | | **Directories** | |
| Planning | X | | Provider Directory | X |
| Core Services | X | | Master Patient Index | X |
| | | | Record Locator Services | X |
| | | | Health Plan Directory | |
| | | | Directory of licensed clinical laboratories | |