Montana Health Information Technology
Strategic and Operational Plan Profile

Overview

HealthShare Montana (HSM), a non-profit organization, is Montana's State Designated Entity (SDE) for establishing a statewide health information exchange (HIE) infrastructure. Montana has 65 hospitals, including 46 Critical Access Hospitals (CAHs) and three Public Health Service (PHS) Indian Hospitals, supported by just over 1000 primary care physicians. There is one Rural Health Information Organization (RHIO), a rural consortium in northwestern Montana that consists of 5 hospitals and 2 community health centers. HSM plans to deploy secure messaging to enable providers to meet Stage 1 Meaningful Use.
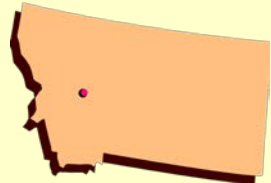
HSM will collaborate with its vendor, Covisint/Docsite, to provide technical assistance to all stakeholders, as well as to identify gaps in HIE connectivity among rural hospitals, pharmacies, and independent labs.

Model and Services

HSM has negotiated a contract with Covisint/Docsite to design a web-based portal infrastructure to provide secure messaging capabilities through Covisint's Exchange Link Messaging hub. Covisint is participating in the Nationwide Health Information Network (NwHIN) Direct pilots in Conneticut and Texas, and will build out and fully integrate Direct requirements into their core infrastructure. HSM will monitor the development of Direct, and plans to build out infrastructure for both Individual-level and Enterprise-level provider directories once they are fully specified. Once Direct is successfully integrated into HSM's exchange, HSM will allow query functionality within the provider directory. HSM also plans to utilize the directory to transmit care-related patient information through provider-to-provider messaging systems.

HSM has built an infrastructure to enable robust HIE through interfaces with provider systems and existing RHIOs, and is normalizing data for storage within a Clinical Data Repository (CDR). HSM is transitioning providers to the more robust HIE, which is centered on a CCD-based clinical data repository (CDR), after they have the ability to exchange care summaries through the secure messgaing system. HSM is planning to work with Medicaid to incorporate data gathered from their systems into the repository. They will primarily use this data to enable analysis to reduce costs and improve the quality of healthcare.

Covisint is also providing identity management services, an Enterprise Master Patient Index (eMPI), CDR and data storage services, and provider directories. Covisint will also provide Covisint/Docsite HIE functionalities, decision support, patient outreach reporting, and care effectivess reporting.

State: Montana

HIT Coordinator: TBD

State Designated Entity:
HealthShare Montana

Award Amount: $5,767,926

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Website:
http://www.healthsharemontana.org/

Other Related ONC funding in Montana:
Mountain-Pacific Quality Health (MPQH) Regional Extension Center
$ 6,404,775

State HIE Challenge Grant:
$ 1,400,802

Highlights

- **Challenge Grant award:** HSM, in partnership with the University of Washington and Covisint, was awarded a Challenge Grant from ONC to use open-source architecture to build a technical platform. This platform will be able to interface with the CDR and enable secure access to de-identified clinical data to support a range of secondary uses, such as comparative effectiveness research, clinical research, and healthcare informatics research initiatives.

- **Alignment with REC and Flat Square State Consortia:** HSM will participate in biweekly calls with Montana Medicaid and the REC to coordinate and align HITECH efforts. Results from this coordination include: processes to share provider lists seeking Meaningful Use incentives, coordinated responses to Medicaid incentive funding threats, shared communication and outreach strategies, environmental scans, and strategic planning. In addition, Montana actively participates in the Flat Square States consortia with North Dakota, South Dakota, and Wyoming. The states work together to examine their common issues and opportunities, such as the importance of CAHs in their healthcare environments.

- **Uniquely positioned for pilots:** HSM is uniquely positioned to support patient portals and granular consent projects. A patient portal deployed through HSM's architecture could provide secure, web-based access to transfer a patient's information to a personal health record (PHR). Once the data is available in a PHR, the patient could send the information to a provider of their choice. This is a significant advance in the interstate transmission of health records for general care. HSM anticipates wide support among Montanans, particularly those referred out of state to the Mayo Clinic, Denver, Seattle, or Salt Lake City. Granular patient consent could allow for information identified as "sensitive" to be shielded from view during exchange, but still queryable, thus minimizing potential drug interactions and other negative effects of data sequestration. Combined with a patient portal, patients could gain increased control of their information. These statements are forward-looking pending additional funding through grants or program income.

Meaningful Use

	Landscape	Strategy
E-Prescribing	• HSM and Montana Medicaid jointly conducted an environmental scan, which found that 29% of providers had a system that allowed for e-prescribing. Another 22% of providers indicated that they intended to adopt in 2011. • Currently, 84% of community pharmacies have e-prescribing capabilities, with 210 out of 265 (79%) of community pharmacies' in the state actively e-prescribing, and 221 of community pharmacies on the Surescripts network.	• While there are large parts of the state without e-prescribing-enabled pharmacies, these counties are frontier and lack significant health infrastructure. HSM feels that the geographic dispersion between the pharmacies is considerable. HSM will work with the Montana Board of Pharmacy, the state, and other stakeholders to raise this number. • Through collaboration with the Regional Extension Center (REC) and Medicaid, HSM will monitor the access of Meaningful Use providers to pharmacies, and prioritize communities where providers are seeking e-prescribing and the pharmacy is not activated. Montana is exploring developing an outreach strategy with the Flat-Square States consortia as well. • As Montana currently has low EHR adoption rates, the Montana REC has required e-prescribing support through the EHR vendor contracts. • Data available from Surescripts indicates a 300% increase in provider e-prescribing each year since 2008; HSM is optimistic that these numbers will continue to rise.
Structured Lab Results	• 60% of Montana labs rely on fax as their primary delivery method for laboratory results. 36% of labs have 70% or more of their results reported electronically. • The state lab is unable to send electronic results. LabCorp, PAML, Quest, and Mayo are the largest lab providers and have the ability to send results electronically; however, those capabilities are not being utilized significantly. • There are 86 hospital, independent, and national commercial labs in the state. 35 of these labs currently do not have the ability to electronically report results.	• HSM's gap-filling approach is to focus on the labs predominantly used across the state first, and incorporate electronic delivery of those results. This could be supported through Covisint's messaging hub. By focusing next on the local hospitals (HSM is focusing on CAH and Prospective Payment System (PPS) hospitals for integration) and the top three reference labs, HSM can provide an electronic lab result delivery option for every provider. • HSM will provide technical assistance and support through 0.5 Full Time Equivalent (FTE) staff through Covisint to support development of lab interfaces for under-resourced CAHs. HSM will also provide technical assistance to independent labs and begin to assess the work required to establish ELR. HSM will then plan/design a project workflow to integrate the new technology in the lab, and the delivery of results to providers. Covisint already maintains interfaces with LabCorp and Quest, which will be leveraged in HSM's exchange. • Montana's Public Health Laboratory Interoperability Project (PHLIP) will implement HL7 messages of influenza lab test results; this will set the stage for future lab data exchange. The three largest hospital labs will serve as pilot sites: Billings Clinic, Missoula Community Medical Center, and Bozeman Deaconess Hospital.

Landscape	Strategy
Patient Care Summary	- There is little clinical care summary exchange between disparate systems outside of the RHIO (Health Information Exchange Montana - HIEM) and Federal health facilities. - HIEM will remain the primary tool for their participating entities to exchange clinical care summaries.	Covisint's secured messaging hub will be able to deliver CCD so that providers both with and without an operational EHR will be able to send secure messages. Covisint is committed to integrating the Direct specifications into its current platform, which will allow facilities using Direct to exchange messages through the HSM platform.

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	X	Behavioral Health Information Exchange	
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	X
Immunization data to an immunization registry	X	Policy strategy	
Patient Engagement		Order Compendium	
Patient Access/PHR	X	Bi-Directional	X
Blue Button		Alignment with CLIA	
Patient Outreach	X	**E-Prescribing**	
Privacy and Security		Medication History	X
Privacy and Security Framework based on FIPS		Incentive or grants to independents	
Individual choice (Opt In/Opt Out/hybrid)	X	Plan for controlled substance	X
Authentication Services	X	Set goal for 100% participation	X
Audit Log	X	Controlled substance strategy	
Administrative Simplification		**Care Summaries**	
Electronic eligibility verification		Translation services	
Electronic claims transactions		CCD/CCR Repository	X
Vendor		**Directories**	
Planning		Provider Directory	X
Core Services	**Covisint /**	Master Patient Index	X
Plan Model	**Docsite**	Record Locator Services	X
Identified model(s)	**CDR**	Health Plan Directory	X
		Directory of licensed clinical laboratories	X

Information for this profile was obtained from the approved Operational and Strategic Plan submitted to the National Coordinator for Health Information Technology as a condition of the Health Information Exchange Cooperative Agreement. The complete plan can be downloaded at: http://statehieresources.org/