



Health Information Exchange Strategic and Operational Plan Profile

Overview

The Idaho Health Data Exchange (IHDE) is the Qualified State Designated Entity appointed by the State of ID to be the recipient of the Cooperative Agreement. IHDE is a functional HIE that has been operational since 2009; current participants include six hospitals, payers including Blue Cross, Medicaid and Regence BlueShield, three large laboratories, and providers.

ID is unique in that there are several major hospitals systems that serve the majority of the population; IHDE is focusing on connecting these major systems (which may encompass more than one hospital in each connection). The rest of the hospitals are rural and critical access hospitals. 77% of pharmacies are capable of receiving e-prescriptions and refill requests; the barrier to the remaining 23%, predominantly small, independent pharmacies mostly in rural areas, may be more need- rather than cost-based on the ID research.

ID has 10 independent reference labs. PAML (Treasure Valley Lab and Alpha Lab, Interpath Laboratory, Pathologists Regional Laboratory, and LabCorp) are currently connected and delivering results through IHDE. Quest is targeted for 2012. Only two independent reference labs are not able to deliver lab results electronically—ID Cytogenetics (fertility testing is not covered by Medicaid) and Snake River Pathology, which is for sale.

Model and Services

IHDE is a federated hybrid model utilizing Axolotl's technology, allowing both the "push" and "pull" of data by authorized users. IHDE's deployed architecture includes an eMPI, provider directory, and security, authentication, and auditing modules. Gateways provide the ability to communicate and access data systems within and outside the IHDE. Data may be queried across a variety of sources including data submitted to the HIE from EMR systems, and other interface sources such as Surescripts. For 2011, IHDE has a target of 12 hospitals connected to IHDE and 500 providers, which includes 8 critical access hospitals. IHDE is also negotiating with critical access hospitals (CAH) to utilize the Cooperative Agreement funding to pay for the initial licensing fees for the first year in order to connect that community. Additionally, most of ID's CAHs participate in purchasing networks (i.e. North ID Rural Health Consortium) that allow them to pursue a group purchase strategy that reduces some of the cost and risk associated with IT purchases.

IHDE estimates current connections to account for 60% of the volume of electronically delivered lab results and to reach 75% with the connection of 12 more hospital labs in 2011 (includes 8 CAHs). The IHDE enables the push of messages (e.g. lab results) to EMRs from other Elysium Exchange connected sources including hospitals, reference labs, and other EMR users. IHDE has asked ID Medicaid to include a requirement to share electronic results delivery as part of its provider agreements; IHDE will request a similar strategy with Blue Cross and Regence. To ensure providers have options to receive structured lab results, IHDE will work with Medicaid and Qualis to identify priority providers who need lab connectivity. IHDE will work with the provider

Office of the National Coordinator for Health Information Technology
State Health Information Exchange Cooperative Agreement Program
<http://HealthIT.hhs.gov>



State: Idaho

HIT Coordinator:

LaDonna Larson

Award Amount: \$5.9M

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Other Related ONC funding in Idaho:

REC: Washington & Idaho Regional Extension Center (WIREC): \$12.8M

Community College Consortia Region
A Funding: Yr1 \$3.4M, Yr2 \$2.8M



office to achieve connectivity based on the available options to the practice. PAML labs provide lab services for the majority of critical access hospitals in southeastern ID. The North ID Rural Health Consortium (5 CAHs) can already deliver structured lab results through their shared IT infrastructure. IHDE's assessment of critical access hospitals in the Plan provides a tentative schedule for connection based on the current IT planning in each hospital; the first year of participation for CAHs will be funded by IHDE.

IHDE provides multiple ways for a physician to share a clinical care summary for a participating patient with another authorized physician. The push and pull nature of the IHDE platform enables the direct point-to-point delivery of clinical summary information (and discrete clinical results) from one physician to another via secure messaging through the I-Hub, but also enables the secure storage of that information on the HIE (in the Virtual Health Record) as well so that they can be looked up at a later date by authorized physicians. If the physician uses an ambulatory EHR to create electronic encounters and is participating in the HIE, a copy of those encounters are configured to be saved to the HIE in a standard format and tagged to the patient. Other authorized physicians with or without EHRs can log into the HIE and view those encounters and other clinical data. If the participating ambulatory physician EHR can produce a clinical summary (CCR, CCD or other document), that also will be configured to be pushed HIE based on a trigger event (e.g. patient visit completed).

Authorized users of the HIE have access to the provider directory, and can use the clinical messaging tools inherent in the IHDE HIE to make a CCD available to another provider or the HIE. The provider can generate a CCD and route it to another provider using the provider directory in the exchange. IHDE will populate and maintain an open, statewide provider directory for the purposes of secure routing of messages between providers. The goal is to comply with national standards consistent among other SDEs and ONC (NwHIN Direct). The State Plan discusses the ongoing planning for the provider directory and sets benchmarks for 2011 to identify the minimum data set, populate and deploy the resource.

To address the gap in e-prescribing, IHDE is working with the REC on provider outreach and education to encourage providers to facilitate e-Rx adoption in their communities. In addition, as providers sign up for the Medicaid incentive program, IHDE will review the practice pharmacy list. Where there are pharmacies frequently used by practices that cannot e-prescribe, IHDE will contact and work with the pharmacy to address the barriers and gain adoption of e-prescribing. For providers intending to qualify for Medicare incentives, IHDE will work with the REC to follow the same process.



Highlights

- **Early adopter:** IHDE is an early adopter of HIE, and the lessons learned are valuable to other states, including integrating lab data exchange and negotiating and interfacing with hospital systems. The strategic plan for IHDE was developed with public and private stakeholders in 2007 and 2008 and the funding from HITECH supplements the commitment from these stakeholders. The state has a clear vision to implement a sustainable, secure statewide HIE to ensure Idaho health care providers achieve meaningful use of electronic health records. The provider directory work is ongoing and will inform the national discussion.
- **Hospital CIO advisory council:** A hospital CIO advisory council will be created by ID's HIT Coordinator in conjunction with the ID Hospital Association. The purpose behind such a council is two-fold: one is to create a community of practice for hospital CIOs to share ideas, information, and innovations and leverage the knowledge of their peers. The second is to have a forum where the HIT Coordinator can get input from the hospital CIOs about issues facing them and regarding their IT priorities.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	77% of ID's pharmacies are capable of receiving e-prescriptions and refill requests	IHDE is working with the REC on provider outreach and education to encourage providers to facilitate e-Rx adoption in their communities. In addition, as providers sign up for the Medicaid incentive program, IHDE will review the practice pharmacy list. Where there are pharmacies frequently used by practices that cannot e-prescribe, IHDE will contact and work with the pharmacy to address the barriers and gain adoption of e-prescribing. For providers intending to qualify for Medicare incentives, IHDE will work with the REC to follow the same process.



**Structured
Lab
Results**

Of the 976 licensed labs, approximately one third are considered “Waived” labs. The next category is Provider Performed Microscopy (PPM) labs, which typically do more types of procedures but still not at the level where the results are used outside the facility or have an interest by other outside healthcare providers. PPM labs comprise approximately one third of the 976 total labs. Another 178 labs have received a Certificate of Compliance, meaning they meet the requirements required by CLIA. These labs are subject to on-site inspections under CLIA. These labs include larger physician practices with multiple providers, medical centers and clinics, smaller hospitals, and commercial labs such as LabCorp and Treasure Valley Lab. It is believed that most of the labs in this category are capable of providing structured electronic lab results through a point-to-point interface with a physician based EMR and hospital systems, or through the Idaho Health Data Exchange.

The last category contains 59 labs that are accredited by either the College of American Pathology, or the Joint Commission, formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). These labs include larger hospitals, physician practices, and clinics. It is believed that all the labs in this category are capable of providing structured electronic lab results.

Of the total 976 labs licensed in the State of Idaho, 237 are believed to be capable of providing structured electronic results, and will be the focus of effort in terms of meaningful use.

The Idaho Health Data Exchange is currently connected to 4 major hospital systems in the state and two commercial labs, Pathology Associates Medical Laboratory (PA ML), doing business as Alpha and Treasure Valley Labs and Interpath Laboratory.

Currently IHDE estimates current connections to account for 40% of the volume of electronically delivered lab results and estimates to reach 60% with the connection of 12 more hospital labs in 2011 (includes 8 critical access hospitals). The IHDE enables the push of messages (e.g. lab results) to EMRs from other Elysium Exchange connected sources including hospitals, reference labs, and other EMR users. IHDE has asked Idaho Medicaid to include a requirement to share electronic results delivery as part of its provider agreements; IHDE will request a similar strategy with Blue Cross and Regence. To ensure providers have options to receive structured lab results, IHDE will work with Medicaid and Qualis to identify priority providers who need lab connectivity. IHDE will work with the provider office to achieve connectivity based on the available options to the practice. PAML labs provide lab services for the majority of critical access hospitals in southeastern Idaho. The North Idaho Rural Health Consortium (5 CAHs) can already deliver structured lab results through their shared IT infrastructure. IHDE’s assessment of critical access hospitals in the Plan provides a tentative schedule for connection based on the current IT planning in each hospital; the first year of participation for CAHs will be funded by IHDE.



**Patient Care
Summary**

Outside of the IHDE HIE network, there is currently sharing of electronic patient care summaries across unaffiliated organizations. While two of ID's largest health systems are currently in the process of implementation of electronic health record systems that will allow this type of sharing within the systems, IHDE is envisioned to be the mechanism for this type of sharing across organizations.

Currently, the IHDE provides a virtual health record for patients. Authorized users can query patient records using the patient's last name and date of birth to view patient summary information, including basic patient demographics, insurance information, medication allergies, medication history, a problem list (populated using ICD-9 codes), and vaccination information as well as labs, radiology reports and transcribed reports such as hospital discharge summaries and progress notes. At the current time, this information is view-only and is being updated by ADT and data feeds from participating hospitals as well as practices using the EMR Lite.

IHDE is partnering with WIREC and State Medicaid to make sure that physicians who are looking for an EHR have enough information about meaningful use and the EHR vendor certification to make an informed choice when making a technology purchase.

Authorized users of the HIE have access to the Provider Directory, and can use the Clinical Messaging tools inherent in the IHDE HIE to push a CCD to another provider or the HIE. The provider would generate a CCD and route it to another provider using the Provider Directory in the exchange. Providers can also download a CCD from the exchange and push it to their own EMR. IHDE will populate and maintain an open, statewide provider directory for the purposes of secure routing of messages between providers. The goal is to comply with national standards consistent among other SDEs and ONC (NwHIN Direct). The State Plan discusses the ongoing planning for the provider directory and sets benchmarks for 2011 to identify the minimum data set, populate and deploy the resource.



HIE Inventory

Standards		Quality Improvement	
Nationwide Health Information Network Exchange Specifications	X	Care Coordination	X
Nationwide Health Information Network CONNECT		Quality Reporting	
Nationwide Health Information Network DIRECT	X	Behavioral Health Information Exchange	
Plans to exchange with federal agencies or other states via Nationwide Health Information specifications			
Public Health		Lab Strategy	
Electronic lab reporting of notifiable conditions		Translation services	X
Syndromic surveillance		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	X
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)	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	X	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	

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/>

