



The Office of the National Coordinator for Health Information Technology

West Virginia Health Information Technology Strategic and Operational Plan Profile

Overview

West Virginia is a geographically diverse and rural state, with a high share of elderly and low income individuals among its 1.8 million residents. To serve this rural population, there are a relatively high number of hospitals with less than 100 beds and a large number of clinics treating the underserved. This environment makes access to care and care coordination both difficult and essential. In 2006, West Virginia’s legislature created the West Virginia Health Information Network (WVHIN) a public/private partnership intended “to promote the design, implementation, operation, and maintenance of a fully interoperable statewide network to facilitate public and private use of health care information in the state.” WVHIN enjoys a strong collaborative relationship with multiple stakeholders across the state including West Virginia’s Bureau for Medical Services (Medicaid), the Governor’s Office for Health Enhancement and Lifestyle Planning (GOHELP), and the West Virginia Health Improvement Institute.

Model and Services

WVHIN’s implementation strategy revolves around working with 10 identified Medical Referral Regions (MRRs) in the state. These MRRs are based on residents’ medical services utilization patterns and provide a foundation of understanding regarding patient flow and provider referral patterns. Four of the regions (Charleston, Huntington, Wheeling and Morgantown) have relatively high levels of electronic adoption among providers and have shown interest in participating in the WVHIN. Additionally, the State hospitals, and Federally Qualified Health Centers (FQHCs), have widely adopted electronic medical data and are interested in becoming early adopters of the WVHIN.

Phase I – WVHIN will emphasize the availability of secure messaging, enabling providers to push clinical documents to hospitals, labs, and other providers, as well as to the WV Bureau of Public Health, via standardized, encrypted messages. In order to ensure widespread adoption of the Nationwide Health Information Network (NwHIN) Direct standards among the state’s providers, WVHIN will assume the role of the HISP, with its vendor supplying technical infrastructure support. Although WVHIN will be taking on the HISP role initially, it is strongly committed to creating an environment that supports the development of secure messaging by other HISP’s across the state as well. The development of a provider directory is also part of WVHIN’s Phase I plan. Initially, the provider directory will be populated with entity level identifiers and will be strengthened by WVHIN’s established partnership with the state’s Medicaid office. WVHIN has identified e-prescribing as having the greatest opportunity for impact among possible HIE use cases.



State: West Virginia

HIT Coordinator: Edward Dolly

Statewide HIE:
West Virginia Health Information Network (WVHIN)

Award Amount:
\$7,819,000

Contact:
Edward Dolly
Ed.L.Dolly@wv.gov
304-558-5978

Website:
www.wvhin.org

Other Related ONC funding in West Virginia:
West Virginia Health Improvement Institute: \$6,000,000



The organization plans to leverage Medicaid's e-prescribing platform and extend it at no cost to all physicians in the state. WVHIN also plans to use their connection to Surescripts so that West Virginia can significantly increase the percentage of e-prescriptions.

Phase II – WVHIN will integrate secure messaging capabilities with an ongoing pilot project to enable bi-directional exchange between providers and others connected to WVHIN. WVHIN proposes to connect providers via edge servers, leveraging lessons learned through West Virginia's participation in NwHIN's CONNECT activities in 2007 through 2010. Implementation by medical referral region is planned, in accordance with provider readiness and available resources, in order to build more robust exchange capacity as rapidly as possible, as desired by stakeholders, and as needed to achieve population health improvement goals for the state. In order to support Stage 2 Meaningful Use requirements, consumer-facing technologies are being considered such as a Personal Health Record (PHR) and data analytics tools.



Highlights

- **Vendor Experience:** West Virginia has selected an HIE vendor that is capable of integrating existing systems and is closely aligned with Medicaid, the state employee benefits infrastructure, and VistA systems.
- **Dedicated Funding:** Administrative support services are provided through the West Virginia Health Care Authority (HCA), an autonomous agency of the West Virginia Department of Health and Human Resources (DHHR), through which WVHIN receives \$1.5M annually as a percentage of gross hospital revenue in the state.
- **Nationwide Health Information Network (NwHIN):** WVHIN has been an active participant in the development, testing, and demonstration of NwHIN CONNECT with an emphasis on consumer empowerment and population health improvement. Specifically, WVHIN partnered with CareSpark to demo a consumer empowerment use case that involved consumers using a PHR to select providers.
- **Open Provider Directory:** Lab results delivery and care summary exchange was enabled via clinical messaging and provider directory components, openly available to any provider before December 2011. In later phases, WVHIN will leverage prior work on NwHIN Connect to enable public health reporting, quality analytics and consumer-directed tools.



Meaningful Use

	<u>Landscape</u>	<u>Strategy</u>
<u>E-Prescribing</u>	<p>946 (34%) of West Virginia’s physicians and 436 pharmacies (88%) use e-prescribing, filing 1.05M prescriptions (8% of eligible transactions) electronically.</p> <p>WVHIN works with West Virginia Board of Pharmacy and with the regional extension center WV RHITEC to identify and contact providers and pharmacists gather and maintain up-to-date information.</p>	<p>WVHIN is in the process of contracting with Surescripts to receive monthly reports about participating pharmacies, and follow-up contacts by WVHIN and WV Board of Pharmacy to non-participating pharmacies are planned.</p> <p>WV Department of Health and Human Resources is using funds from Medicaid Transformation grants to offer WVeScript (Surescripts-certified) at no cost to Medicaid providers, and is working with WVHIN to expand this and make it available to any West Virginia physician.</p> <p>WVHIN’s RFP for HIE infrastructure included separately-priced, add-on e-prescribing functionality, which could be offered as a shared service to providers throughout the state.</p> <p>Working with the West Virginia Board of Pharmacy to contact the 178 pharmacies that do not accept e-prescriptions or electronic refills in order to eliminate any possible obstacles. Discussions with Medicaid have occurred regarding possible subsidies to small independent pharmacies to help reduce the cost of Surescripts transaction fees.</p>
<u>Structured Lab Results</u>	<p>WVHIN surveyed West Virginia’s 1,829 CLIA-certified labs via telephone Sept. – Oct. 2010. Of the 169 respondents (9% response rate), the following was reported:</p> <ul style="list-style-type: none"> • 30% were LabCorp facilities • 24% are able to deliver results electronically • 30% of total results volume delivered electronically • 41% are able to receive orders electronically <p>WVHIN collaborated with WV Medicaid to survey eligible hospitals regarding the exchange of any medical information (ex. E-prescriptions or electronic lab results) with medical professionals outside their own hospitals. Seventeen hospitals responded to the question with 14 (82.4%) responding in the affirmative.</p>	<p>WVHIN’s HIE is developing functionality to access lab reports from various systems, as well as to receive lab results directly into an EHR which is connected to the HIE. WVHIN has contractual requirements for its vendor to ensure sufficient expertise is available locally to support both providers and labs to use secure messaging capabilities. WVHIN offers translation services to labs which cannot send data in a standardized format, but intends to increase awareness of market drivers influencing the move to standards in the next two years.</p> <p>WVHIN is working with the WV Office of Laboratory Services to understand barriers for exchange, and is considering changes to state regulations that might require labs to leverage national standards (such as LOINC) as a licensure requirement.</p> <p>WVHIN is collaborating with WV RHITEC to ensure that providers are aware of requirements and incentives to select systems and vendors that enable them to achieve Meaningful Use.</p>



<u>Patient Care Summary</u>	<u>Landscape</u>	<u>Strategy</u>
	<p>A 2009 survey revealed that 44% of physicians use an EMR, with a significant percentage using RPMS. A high percentage of care is delivered by federally-qualified health centers serving rural communities.</p> <p>WV Medicaid surveyed hospitals (of which 17 are classified as Critical Access Hospitals) in Oct. – Nov. 2010 to determine the ability to exchange clinical records electronically. A prior survey revealed that less than 50% of hospitals use an EMR, and only 54% report having broadband access.</p> <p>WV has participated in development, testing and demonstration of NwHIN CONNECT infrastructure.</p> <p>WVHIN requires its HIE vendor to comply with both NwHIN CONNECT and NwHIN Direct specifications</p>	<p>WVHIN has defined requirements for “qualified organizations” which will be able to exchange through connections to WVHIN.</p> <p>WV RHITEC is targeting 1,000 eligible providers to assist with implementation of EHR and connectivity to WVHIN.</p> <p>Using an open RFP process, WVHIN selected a vendor to offer an HIE solution that will be openly available to any willing provider in the state. HIE services will be implemented in stages, as follows:</p> <p>Phase 1 (2011): Provider directory (populated by Medicaid, Department of Health and Human Resources); Secure messaging (clinical messaging, “in-box” functionality, encryption, and user authentication), including working with REC’s to encourage provider adoption of EHRs with Direct services enabled.</p> <p>Phase 2 (April 2011 – Dec. 2012): Connectivity to HIE via edge servers (provided at no cost to the provider) that enable bi-directional exchange, as an interim step until providers have exchange-capable EHRs. Enabling exchange interstate and with WV’s VA facilities which serve a large percentage of WV citizens, and participating in the NwHIN CONNECT effort.</p>



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		Translation services	
Syndromic surveillance		EHR interface	X
Immunization data to an immunization registry	X	Policy strategy	X
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)	Opt Out	Plan for controlled substance	
Authentication Services	X	Set goal for 100% participation	
Audit Log	X	Controlled substance strategy	
Administrative Simplification			
Electronic eligibility verification	X	Care Summaries	
Electronic claims transactions	X	Translation services	
Vendor		CCD/CCR Repository	X
Planning	Thomson Reuters	Directories	
Core Services	Thomson Reuters	Provider Directory	X
Plan Model		Master Patient Index	X
Identified model(s)	TBD	Record Locator Services	X
		Health Plan Directory	X
		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/>



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