

On the Road to Interoperability

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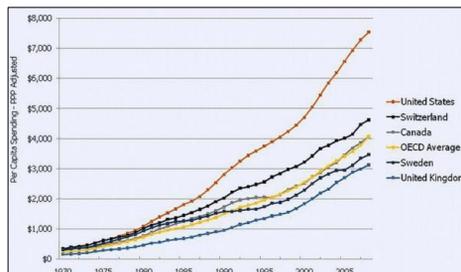
OUR NATIONAL BLIND SPOT

- 5% of Medicaid Recipients use 54% of Medicaid funds
- The US spends 17.6% of GDP on Healthcare: \$2.7 Trillion (5% in 1960)
- The US spends almost twice as much, per person, as the next country.

Why are these costs so high? And what can we do about them?

Simply put, unlike other countries, **we do not have a Healthcare “system.”** We have a balkanized mess of competing providers with no coordination.

When compared to countries with *better* health outcomes you get a chart like this:



OUR NATIONAL BLIND SPOT

No matter where you sit, if we are to address the long-term structural fiscal challenges we face in Healthcare, we have no choice but to encourage and enable the emergence of an actual system.

The Affordable Care Act takes two big steps forward to address these issues.

- 1) Get everyone into an insurance pool and
- 2) **Incentivize the integration of BH into mainstream medical care and mandate care coordination.**



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CHAOS + INTEROPERABILITY = SYSTEM

By integrating BH, the US can offer better care at lower cost. **Preventing unneeded ER admissions alone can save billions**, to say nothing of lifestyle-caused illnesses and death.

When you hear politicians talk about “bending the cost curve” of healthcare, **our clients are the benders of the cost curve.**

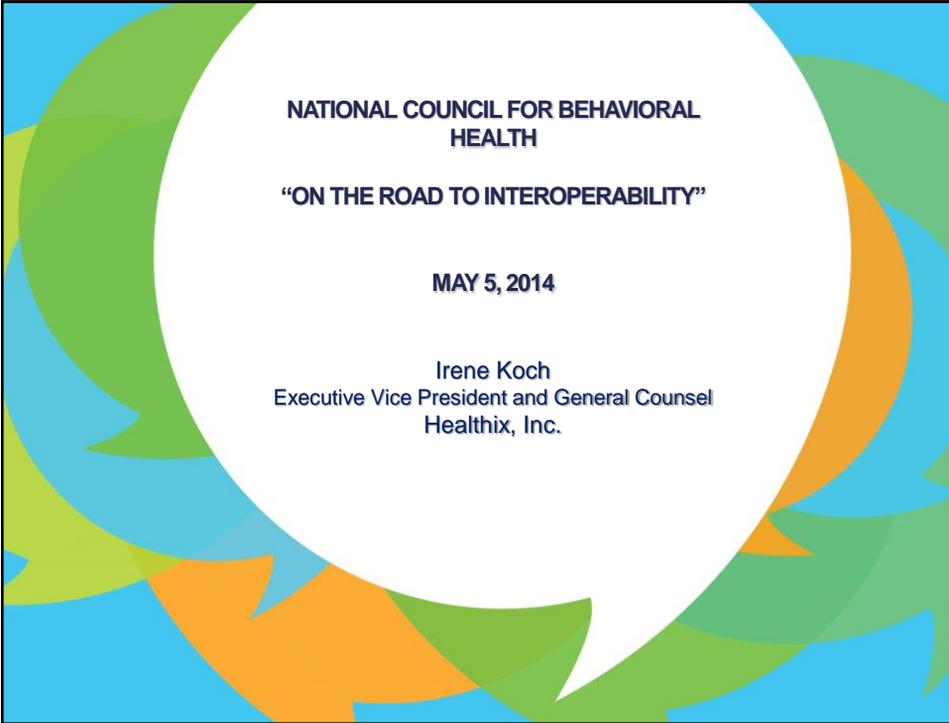
*The classic example is the Heroin addict who, going through withdrawal, checks herself into the ER, costing the state thousands of dollars. If she could be diverted to her drug treatment program, she would get better care at a fraction of the cost. **

No matter the political battles, the math is irrefutable: Everything points to the need for an actual healthcare system. How do we get from the current disparate chaos of competing providers to an actual system? One word: **Interoperability!**

* The reason this is a classic is because of a famous article written by Malcolm Gladwell in 2006. You can find it here: <http://gladwell.com/million-dollar-murray/>



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Healthix Today

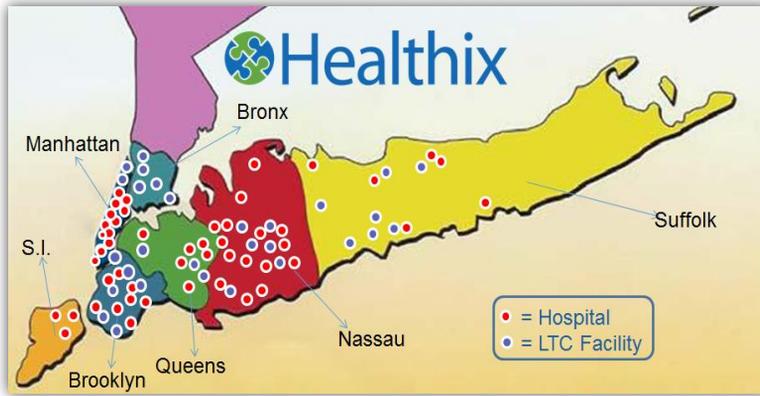
The largest RHIO - regional health information organization - in New York City and Long Island, Healthix serves as a backbone of the growing State Health Information Network of New York (SHIN-NY).

The Brooklyn Health Information Exchange (BHIX) merged with Healthix in 2013.

Healthix connects hundreds of hospitals, nursing homes, home care agencies, FQHCs, doctors, behavioral health and community-based organizations in New York City and Long Island.

Healthix maintains records for over 9 million patients, and over 1 million have already given consent for their providers to access their data.





| Number | Organization Type |
|--------|---------------------------------------------------|
| 51 | Hospitals and Health Centers |
| 21 | Long Term Care Facilities |
| 6 | FQHCs |
| 25 | Community-based / Behavioral Health Organizations |
| >30 | Ambulatory Care Practices |
| 6 | Health Plans |
| 9 | Home Care Agencies |
| 3 | Medicaid Health Homes |
| >8,200 | Doctors and Nurses |

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Data in Healthix

- Demographics
- Allergies
- Medications
- Diagnosis/Problem List
- Encounters
- Lab Results
- Radiology Results
- Continuity of Care Documents
- Plans of Care
- Patient Consent
- Insurance



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Healthix Services

Healthix Services include:

- Patient Record Look-Up
- Clinical Event Notifications
- Secure Messaging - Direct
- EHR Integration and Single Sign On
- Consent Management
- Analytics and Reporting

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Policy and Compliance

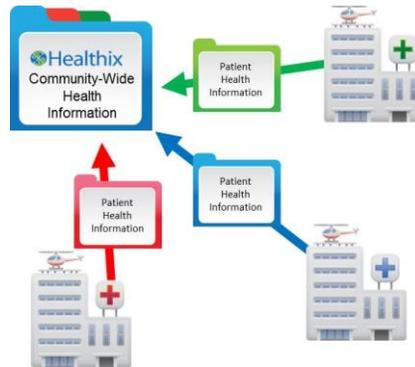
- **Statewide Policy Guidance and Healthix Policy govern how providers and patients engage in health information exchange**
- **Compliance with policy facilitates data sharing across RHIOs in New York State**
- **Special rules cover exchange of sensitive health information, including data from federally-assisted alcohol or drug abuse programs under 42 C.F.R. Part 2**
- **Healthix and all New York State RHIOs are required to conduct annual and regular audits**
- **Statewide Policy Guidance can be downloaded at <http://nyhealth.org/resources/legislation-policies/>**

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Healthix as a Business Associate

By signing a Healthix Participation and Business Associate Agreement, each Participating Organization agrees to comply with Statewide Policy Guidance

As a business associate of each Participating Organization under HIPAA, Healthix can hold, aggregate and exchange health records, subject to RHIO's and patient consent policies



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Healthix Consent Model

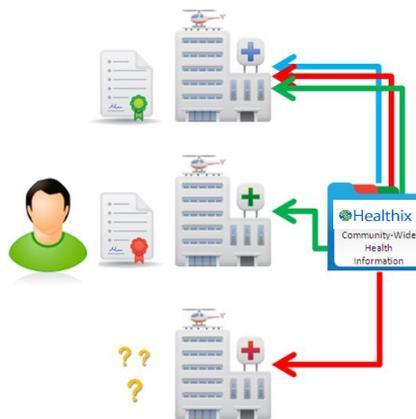
Allows patients to administer consent independently at each Healthix participating organization

Consent is consent for authorized users at the participating organization to access **ALL** Healthix information for the patient

Healthix users do not need patient consent to access information provided by their own participating organization

Patients may:

- **GIVE** consent which allows Authorized Users to see all data
- **DENY** consent which allows Authorize Users to see only their own data – no emergency access
- Remain **UNDECIDED** allowing only Authorized Users with Break the Glass access to see all data for one time only



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SAMHSA

- **The following solutions address the special rules covering disclosure, and re-disclosure, of data from federally-assisted alcohol or drug abuse programs under 42 C.F.R. Part 2 (“SAMHSA facilities”):**

- ✓ Warning statement about additional limitations on re-disclosure when data from SAMHSA facilities is distributed by Healthix
- ✓ Notifications to SAMHSA facilities when their data is accessed through Healthix in emergency, “Break-the-Glass” situations



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Contact Us

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On the Road to Interoperability

Michael Blady, LCSW
Chief Operating Officer
The Bridge

Overview of The Bridge

The Bridge is a comprehensive behavioral healthcare agency providing:

- Outpatient Mental Health Services
- Outpatient Substance Abuse Services
- Residential Rehabilitation Services
- Supported Housing
- Assertive Community Treatment (ACT)
- Care Coordination
- Integrated Physical Health Services with The William F. Ryan Center (FQHC)

The Bridge's Road to Interoperability

Some roads are more fun than others



The Bridge's Road to Interoperability

- 4 years ago with the passage of the Affordable Care Act The Bridge started to think about the implications for how we would provide care in a more integrated system.
- Information sharing would have to cover three dimensions of systems change.
 - Meaningful Use – Monitoring Quality of Care Outcomes
 - Coordination of Care
 - Knowing what other providers our consumers were accessing (hospital and outpatient).
 - Sharing Information with those other providers
 - Integrating Mental Health and Physical Health Care

The Bridge's Road to Interoperability

- Meaningful Use
 - Having a Certified EHR – “AWARDS”
 - Getting our Practitioners Certified
- Coordination of Care
 - Interboro Regional Health Information Organization (RHIO)
 - HEAL 17
 - Health Homes – challenge of multiple platforms
- Integration of Behavioral and Physical Care
 - Sharing information with the co-located FQHC

Interoperability and Function

Two Distinct Roles:

- Service Provision
- Care Coordination

Service Provision

- Transaction
 - Clinical Staff interaction with consumer
- Interaction
 - Most basic level of care coordination – knowing who the other providers are
- Integration
 - Sharing of information between providers
 - Breaking down 'silos'
- Collaboration
 - Agencies working together to provide a seamless health care experience to consumers.

Credit: New York State eHealth Collaboration April 2012



Care Coordination

- Care Coordination
 - Managing transitions of care
- Analytics
 - Analyzing eligibility and claims data to improve care and reporting
- Alerts
 - Event notification
 - Transition in care notification
- Patient Engagement
 - Standardized consent and access across the continuum of care
 - Online management of health care

Credit: New York State eHealth Collaboration April 2012



On the Road to Interoperability

Paula Fries, LCAT
Deputy Director
Clubhouse of Suffolk Inc.

Clubhouse of Suffolk Inc. *Who We Are*

- ✓ Three entities coming together as one:
 - Clubhouse of Suffolk
 - Mental Health Association in Suffolk County (MHA)
 - Suffolk County United Veterans (SCUV)
- ✓ A multi-faceted, behavioral health & advocacy agency
- ✓ Serving adults with MI, co-occurring disorders, and at-risk or homeless veterans

On the Road... Starting the Journey

Why We Decided to Pursue Interoperability:

- ✓ HEAL 17 Grant & Healthix RHIO
 - Opportunity
 - Interface development
 - Large network of shared providers
- ✓ Our EHR was Ready – Cerner CBH
 - Complete EHR – Stage I Certified [Meaningful Use]
 - Stage II and Stage III – will meet MU certification
- ✓ Medicaid Health Home Requirement

“To RHIO or not to RHIO... That is the Question!”

Challenges, Concerns & Opportunities:

- ✓ 42 CFR Issues
- ✓ Business Associate Agreements
- ✓ Not a Panacea
- ✓ Our Interoperability Roll-out

Another fork in the Road... An Ultra-Sensitive Exchange Topography



Was and is “It” Worth the Trip?

- ✓ Interoperability – Lessons learned and still learning:
 - ✓ Affordability & Accountability
 - ✓ Realizing value... Return On Investment (ROI) for all!
 - ✓ Fulfilling the Dream...



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