



January 24, 2012

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1. Lori Hack, Update on CAeHC
2. Kim Storfer, Operations Manager for HEALTHeLINK, the Regional Health Information Organization in Western New York State

CAeHC' s Mission

To provide an open and inclusive forum for e-Health activities in California that will drive the development of secure access to clinically-relevant information at the point of care.

CAeHC Projects

- Continue Educational Sessions and Webinars
- Coordinate Privacy and Security Aspect of the SCANNER Grant
- Promote Educational Conferences

CAeHC Webinar Schedule 2012

- CAeHC presented 21 Webinars in 2011
- Who would you like to hear from next?
- What topic is important to you?
- National or State focus?

- \$8.3M AHRQ Grant to UCSD and its partners to enable near real-time comparative effectiveness research and prospective analysis of data collected from clinical databases.
- Partners Include:
 - Brigham and Women's Hospital
 - Charles Drew University of Medicine
 - Rand and Resilient Network Systems
 - San Francisco State (CAeHC)
 - Vanderbilt University and Medical Center

Health Information Exchanges

Statewide

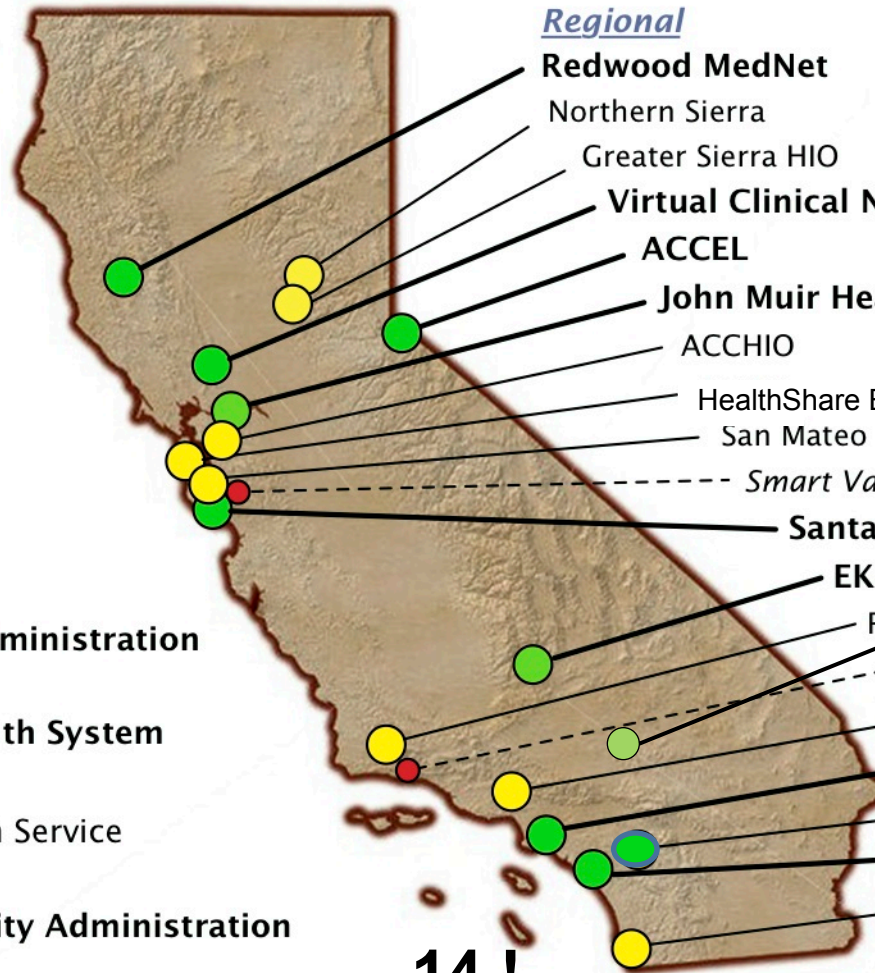
- Kaiser Permanente
- Cal eConnect

Regional

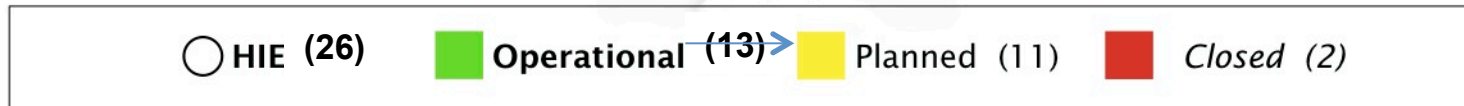
- Redwood MedNet**
- Northern Sierra
- Greater Sierra HIO
- Virtual Clinical Network**
- ACCEL
- John Muir Health**
- ACCHIO
- HealthShare Bay Area
- San Mateo
- Smart Valley
- Santa Cruz**
- EKCITA
- RAIN
- NAMMcal (CHIEF)
- Santa Barbara
- Health-e-LA
- WHIN**
- IEHIE
- OCPRHIO**
- San Diego

National

- Veterans Administration
- Military Health System
- Indian Health Service
- Social Security Administration



14!



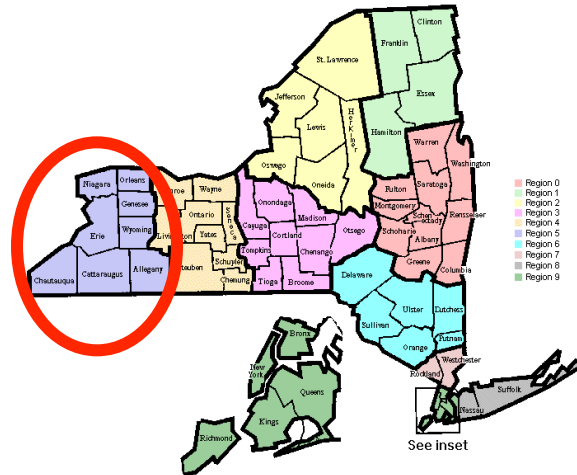
CaleConnect Community of Practice

- HIE Community of Practice Webinar ONC Priorities & Regional Information Exchange
 - February 17, 2012 11:00 AM
 - Dial in: 888-394-8197
 - Passcode: 497122



HEALTHeLINK™

HEALTHeLINK Background



- **Coverage area include the 8 counties of Western New York**
 - **Buffalo and Niagara Falls largest cities**
 - **Approximately 1.5 million people**
 - **Borders Canada to the North and Pennsylvania to the South**
- **A collaborative that includes Hospitals, Health Plans, Public Health, University of Buffalo and other community stakeholders**
- **ONC Beacon Community Awardee**
- **HealtheNet - Administrative Data Exchange – live since 2001**
 - **95% utilization in practices/hospitals/clinics throughout WNY**

Current Status

- **HEALTHeNET has 95% penetration in provider organizations in WNY**

- over 35,000 users and 5,000,000 transactions monthly

- **Over 2100 providers and 6000 total users connected to HEALTHeLINK**

- 500 practices

- 67% of practices connected have EHR' s

- 9 EHR vendors connected for results delivery. 200 practices live

- 1st EHR live with EHR to EHR - primary care to specialist interoperability for referrals.

- 150 practices live

- **Over 60 million Lab / Radiology / Transcribed reports available**

- **2.2 million added per month**

Consent Model

- ❖ Community Wide
- ❖ Opt-In
- ❖ Consent is for current providers participating on date of signature
- ❖ 4 consent options
 - Yes
 - Yes, with an exception
 - No, Except in an Emergency
 - No, Even in an Emergency

Consent Statistics

- ❖ 1.5 million patients in the HEALTHeLINK service area
- ❖ 350,000 patients consented
- ❖ Average for 2011 was 15,000 rec' d each month
- ❖ 95% Affirmative rate

Current Consent Process

Manual Process

- ❖ HeL processes approximately 35 consents per hour, 2,800 consents per week (2 FTEs). Current rate has increased to 4,200 per week.

ADT Consent

- ❖ Data source verifies consent status at registration through their system, if status is unknown a form is printed with barcode. Site system creates an ADT, and form sent to HeL.

Current Consent Process cont.

HealtheNet Consent

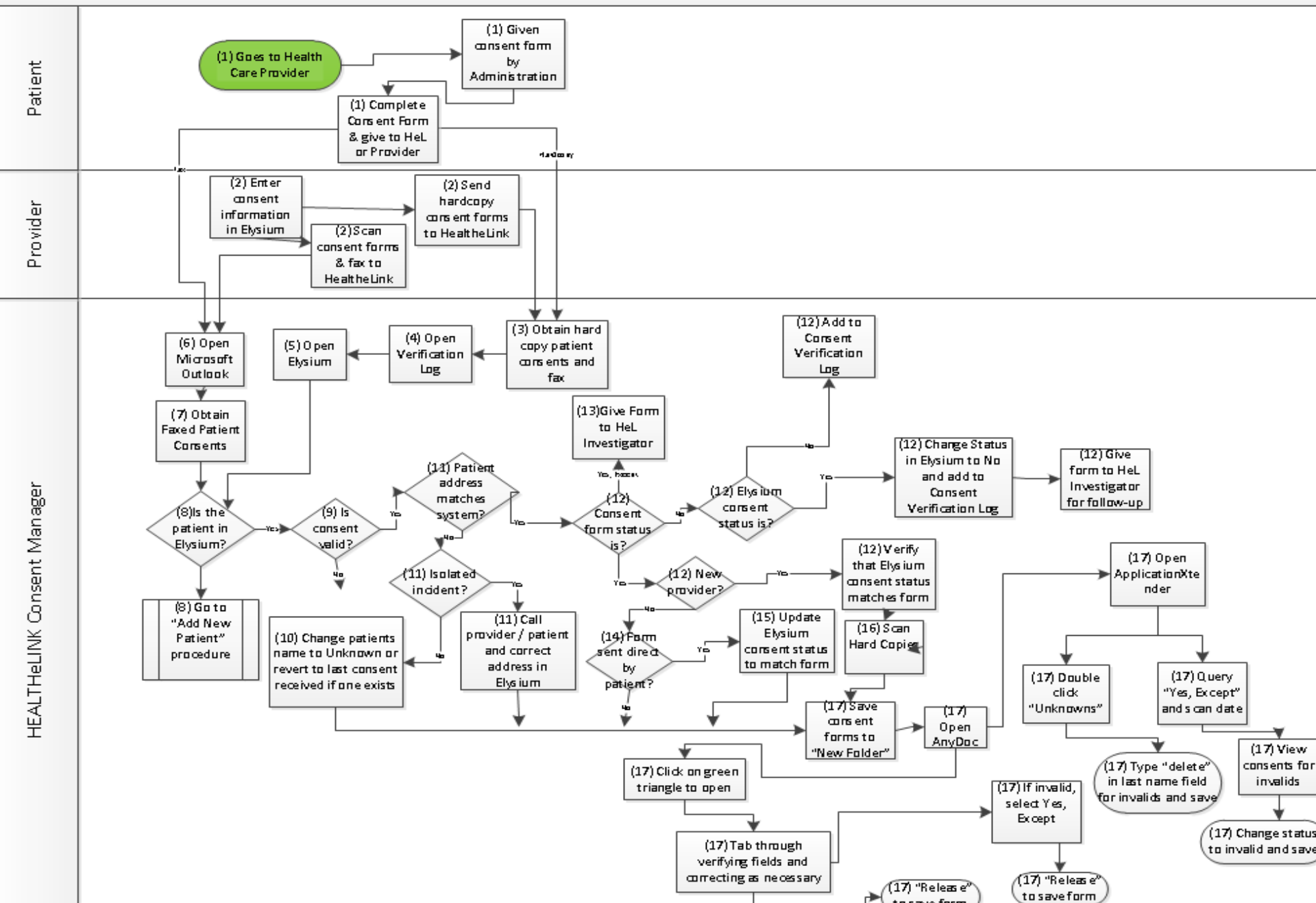
- ❖ Consent has been integrated with the HealtheNet application, during insurance eligibility a query is done to verify current status, a barcoded form is printed and sent to HeL. A real-time change occurs in Elysium application
- ❖ Implementation of HealtheNet or vendor management through XACML, requires vendor to use Open Access Web Services

Processing Costs

- ❖ Cost of scanning technology to process and archive consent forms \$30,000
- ❖ Equivalent of 3 FTE for the year to process consent \$84,000
- ❖ Implement ADT model was minimal cost to HeL, but note there may be costs for the facility
- ❖ Implementation of HealtheNet or vendor management through XACML, requires vendor to use Open Access Web Services

Manage Patient Consent

Revised 14 December 2011



Consent Maintenance

- ❖ Consents into Faxserver – Practices can scan or fax consent forms into fax server. HeL staff manages consents from Outlook
- ❖ AnyDoc – On a daily basis, the Operations Department sight verify and save all of the consent forms that have been managed in Elysium. HeL staff fill in missing information. There is partial automation for Medent forms in AnyDoc.

Audits

- ❖ Audit 100% of “No” consents
- ❖ Audit 100% “Yes, Exceptions”
- ❖ Audit 100% practice changed consent for the first two weeks
- ❖ Ongoing random auditing
- ❖ Audit 100% of “No to Yes”
- ❖ Audit 100% of practice changed consents to ensure forms received

Consent Processing Moving Forward....

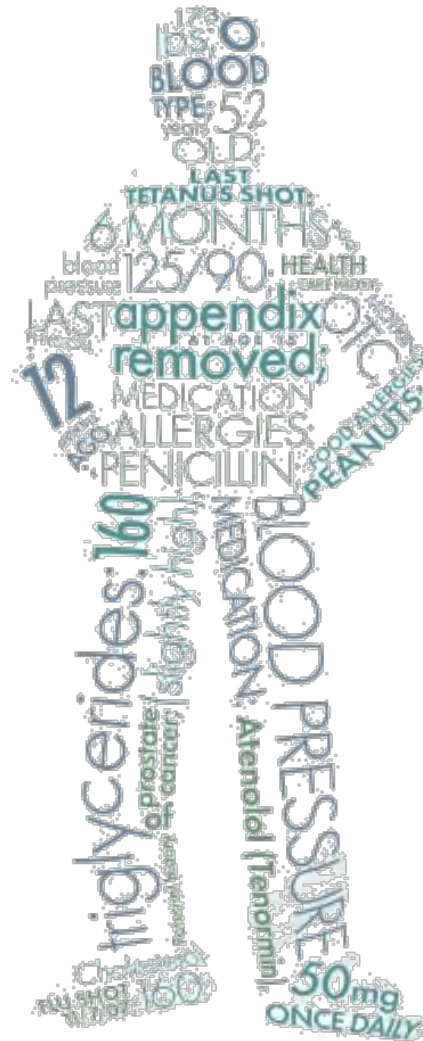
❖ ADT

- Post Daily Elysium changes to FTP site.
- Consents from data source automatically saved.
- Exception report run and reconciled by operations.
- We are currently live with one entity and have processed approximately 3,000 since November, 2011.

❖ Net

- Consents sent to Faxserver
- Operations administrator saves file.
- Exception report run and reconciled by operations.
- We are currently in a pilot phase.

Questions





Established February 2009

Thank you for attending the CAeHC Webinar!