

UPMC's Electronic Referral (eReferral) Pilot

NAQC Conference
August 18, 2015

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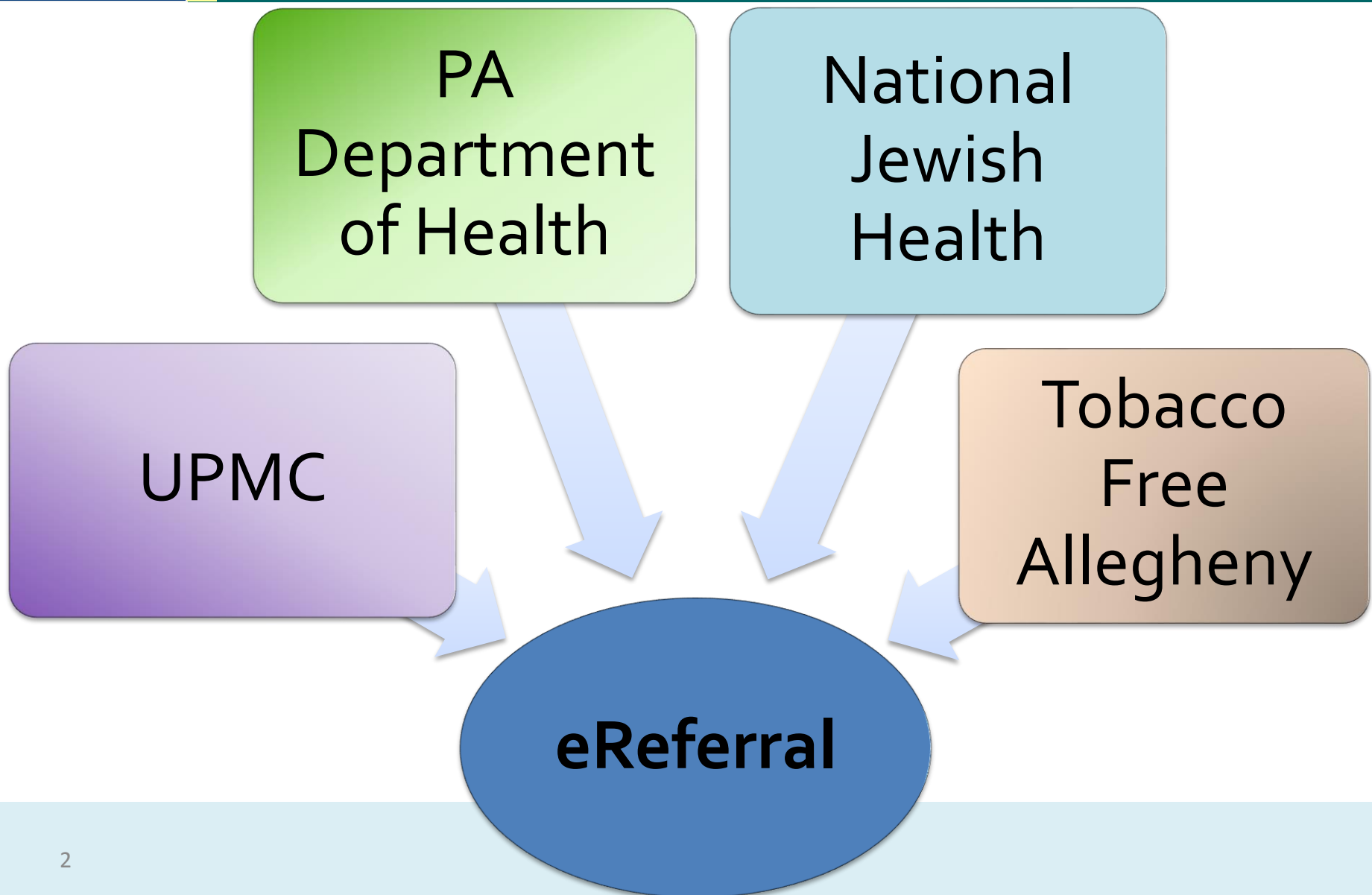
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Pennsylvania Department of Health

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Bringing Stakeholders Together



A Simple Beginning – Educate, Engage, Empower through a Community-Based Coalition

PA
Department
of Health

Jay Mast, Cessation
Manager, provides
Allegheny presentation
on PA Quitline Services

Tobacco Free
Allegheny

Cindy Thomas, Director,
Tobacco Free Allegheny
Regional Tobacco
Prevention & Control
Primary Contractor

The Collaboration of Four Unique Partners

UPMC



Hilary Tindle, MD, MPH

National
Jewish Health

PA FREE QUITLINE

Overview of Services

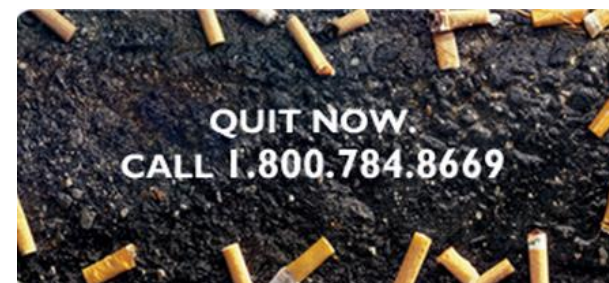
- **PA Free Quitline** is a telephonic and web-based program available 24 hours a day/ 7 days a week
- Available to all Pennsylvanians over age 18 including ***tobacco users, friends and family of tobacco users, and providers***
- Specialized materials are provided for:
 - youth under 18
 - pregnant tobacco users
 - racial and ethnic populations
 - smokeless tobacco users
 - lesbian, gay, bisexual or transgender individuals
 - persons with chronic health conditions

YOU CAN QUIT.

1-800-QUIT-NOW (1-800-784-8669)

1-855-DÉJELO-YA (1-855-335-3569)

<https://pa.quitlogix.org/>



PA FREE QUITLINE eReferral/Fax Referral Services

- Following receipt of a referral, the Quitline makes three attempts to reach the patient and enroll them in Quitline Services
- A patient is enrolled in the QL Program after completing an Intake and a coaching call after which, as appropriate and within 48 hours, Nicotine Replacement Therapy (NRT) is shipped

Smoking Causes Immediate Damage to Your Body.

You Can Quit. For Free Help, Call 1-800-QUIT-NOW.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
www.cdc.gov/tips

PA FREE QUITLINE
Resources for Healthcare Professionals

Fax to Quit


The PA Free Quitline has counseled more than 55,000 tobacco users since 2010. Fax refer your clients for expert, confidential coaching to become tobacco-free.

- Nicotine replacement therapy (patches, gum or lozenges), if available.
- Confirmation reports on patient progress.
- To refer clients, contact 1-800-QUIT-NOW, Pennsylvania Department of Health, www.health.state.pa.us/faxtoquit, 717-783-6600.

Tobacco Cessation Registry

Join the Pennsylvania Department of Health's online statewide listing of tobacco cessation counseling services.

If you are a clinician or healthcare delivery system and provide tobacco cessation counseling services, visit www.health.state.pa.us/tobaccoregistry.



pennsylvania DEPARTMENT OF HEALTH

- ▶ 1-800-QUIT-NOW (1-800-784-8669)
- ▶ 1-855-DEJEO-VA (1-855-335-3569)
- ▶ <https://pa.quitlogix.org/>

PA FREE QUITLINE

eReferral/Fax Referral Services (cont.)

- Five fax back reports are extended to HIPAA providers that refer patients to the PA Free Quitline:
 1. referral has been **received** and client will be contacted by QL
 2. tobacco user has chosen to **enroll** in QL program
 3. tobacco user has **declined** to participate in the program
 4. tobacco user has successfully **completed** the QL telephonic coaching program
 5. QL is **unable to reach** client, and client has been **disenrolled**

Pilot at UPMC Presbyterian University Hospital

- Large, academic hospital
- Includes UPMC Montefiore University Hospital



Bringing Stakeholders Together



Champions lead and motivate staff to attend meetings and accomplish milestones

eReferral Champions

- **PA Department of Health**
 - Division of Tobacco Prevention and Control
- **National Jewish Health**
 - Health Initiatives
 - Systems and Software Engineering
 - Client Relationship manager

- **UPMC**
 - Tobacco Treatment Service
 - Health Services Division
 - Information Services Division
 - Quality Improvement
 - Division of General Internal Medicine

UPMC Tobacco Treatment Service



UPMC Information Services Division Resources

~ 25K hours of IS staff

- Discovery
- Testing
- Implementation
- Follow-up/Support/
Troubleshooting

CMIO / CNIO

Project Manager

System Analysts – Clinical/Operational Workflow /
Patient Education / Security / Rules / Reports

Pharmacy IT – NRT

Project Architect – Logic Expert

Technical Engineers – Troubleshooting / DSM Connections

Vendor Support (Cerner)

Leverage Existing Health IT Infrastructure at UPMC for eReferral

- ✓ UPMC's *existing* Direct Messaging functionality/process used for **Meaningful Use (MU) Stage 2** to generate and electronically send **Continuity of Care Documents (CCDs)** to and receive **Progress Report** back from NJH

Meaningful Use (MU) – setting the stage for improved interoperability

Stage 2 Regulation Requirements:

- Adopt clinical document standards
- Electronically transmit summary of care document (CCD) of transitioned patients using Certified EHR Technology (CEHRT) to a recipient

Stage 3: focus will be interoperability and improved outcomes

Summary of Care Record Elements (Required for MU)

- Patient name
- Referring or transitioning provider's name and office contact information (EP only)
- Procedures
- Encounter diagnosis
- Immunizations
- Laboratory test results
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field, including goals and instructions
- Care team including the primary care provider of record and any additional known care team members beyond the referring or transitioning provider and the receiving provider
- Discharge instructions
- Current problem list (historical problems optional)
- Current medication list
- Current medication allergy list

UPMC eReferral Technical Best Practice Guidelines

Message Content

- Common Clinical Data Set (required for MU)
- cCDA document templates (HL7 v3)
- Document types: Summary of Care Document (CCD) & Progress Note

Message Transport

- Direct protocol for message transport using standard, secure email (SMTP)
- HISPs

Message Delivery

- Work queues
- CEHRT matching, display, and storage requirements
- Discrete data elements

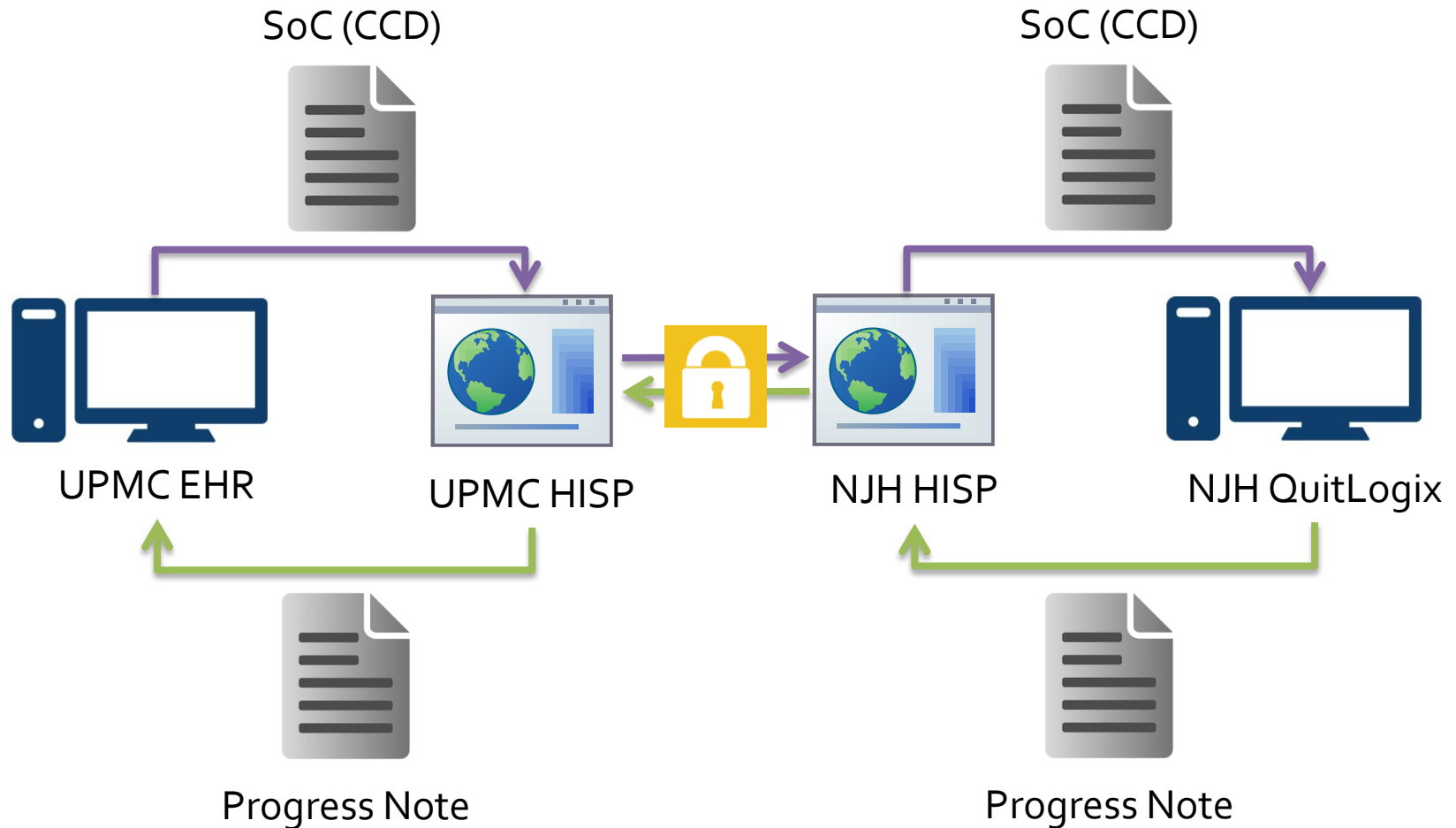
Message Transport – HISPs

- **HISP = Health Information Service Provider (HISP)**
- Manages security and transport for Direct messages



SOURCE: NAQC eReferral Technical Implementation Guide

UPMC/NJH eReferral Technical Workflow



Planning Milestones

12/2013
Planning
Began

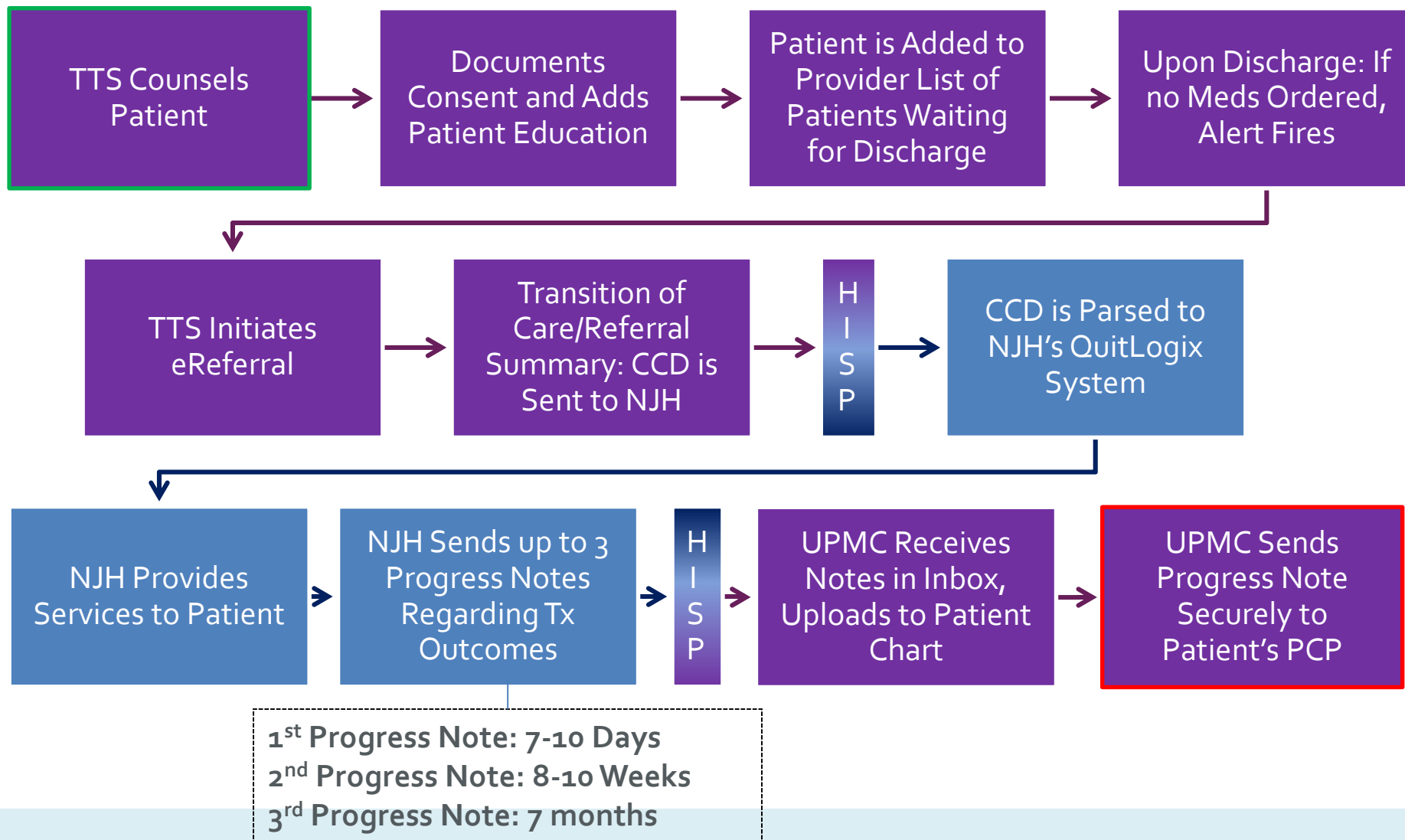
02/2015
ISD
Workflow
Finalized

03/2015
Pilot
Launch

First Test
Message
09/2014

EHR
Training
02/2015

UPMC eReferral Pilot



Process and Patient Outcomes

Pilot Launch, March 11 - July 31

- **36%** (n=378) patients accepted
 - Refuse:
 - Not ready to quit
 - Will call themselves
- **Contact Rate: 42%**
 - Agreed: 16%
 - Declined: 26%

Insights into the Process

- Invest time in understanding the process
- Meet with stakeholders to ensure same expectations
- Academic detailing on the quitline
- Track and evaluate process measures
- Expect obstacles and challenges
- Start with a feasibility pilot

Challenges & Limitations

- Many competing projects/priorities
- Vendor document not customizable
- System errors/downtimes
- Manual process to send eReferrals (counselors must actually hit “send”)
- Data reconciliation of discrete elements & associated inbound/reconciliation policy limitations
- Lack of contact info/direct message info for sending feedback report to PCP post-referral/counseling

NJH Technology to Implement

- HISP/Direct Message Platform to receive CCDA
- New interface engine to Parse CCDA messages
- Triggers for feedback reports

HISP Resources

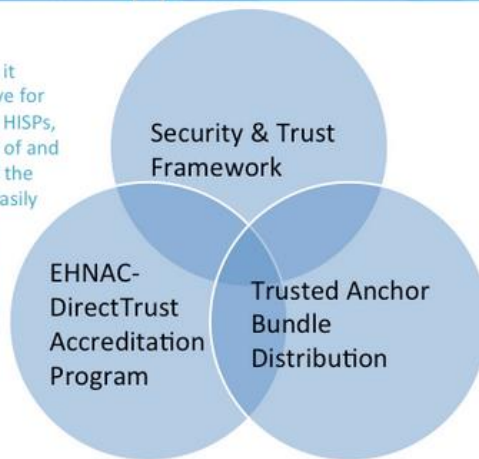
<http://www.directtrust.org/>



DirectTrust Approach

Putting the I in HealthIT
www.healthit.gov

The goal is to make it easy and inexpensive for trusted agents, e.g. HISPs, to voluntarily know of and follow the "rules of the Road," while also easily and inexpensively knowing who else is following them.



Office of the National Coordinator for Health Information Technology

Interface Engine / HL7

- Our Friend to help build interface engine



**HL7 Implementation Guide for CDA® Release 2:
IHE Health Story Consolidation, DSTU Release 1.1**

(US Realm)

Draft Standard for Trial Use

July 2012

Technology for NJH Interface Engine

- Did a buy vs. build analysis
- We did research on HL7 V3 implementation using .NET technology stack
- We found 3 solutions/component libraries
- 2 solutions were open source via codeplex
- One solution was a commercial solution
- We went with one of the open source solutions. This helped accelerate the development of the interface engine

Triggers for NJH Feedback Report

- Feedback from providers was that we were sending too many fax backs
- For new e-referral implementation went to 1-3 feedback reports based on date received instead of event driven

Lessons Learned

- Difficult to Test
 - Lack of test environments
- Progress Report Data Elements and mapping SNOMED to Case Management status

Lessons Learned (cont.)



Acknowledgements

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 - Jay Mast, Cessation Manager
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 - Barbara Caboot, Public Health Program Manager
- **National Jewish Health**
 - Robin Daigh, President of Health Initiatives
 - Marty Maness, Systems Engineering Manager
 - Hilary Baca, Client Relationship Manager
 - Mike Miller, Senior Software Engineer
 - Cindy Haugland, Business Development Manager
 - Lots Pook, Chief Information Officer
- **Tobacco Free Allegheny**
 - Cindy Thomas, Director
 - Brittany Huffman, Program Assistant

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- Dr. Wishwa Kapoor, Chief, Division of General Internal Medicine
- Dr. Vivek Reddy, Chief Medical Information Officer, Health Services Division
- Marianne McConnell, Chief Nursing Information Officer, and Beth Augustine
- *eRecord Team*: Dr. Rich Ambrosino, Dr. John Beuerlein, Rick Brienzo, Jerry Cosner, Jeff Cox, Helen Denne, Sherbrina Keen, Adam Maloney, Karen Marini, Brent Massar, Kristin Powers, Karen Thurner, Carol Wheeler, Katie Zaspel, James Densmore (Cerner)
- Quality Improvement teams

Questions?



THANK YOU!