Refining Your eReferral System After Implementation

Thursday, July 28, 2016
12:00 PM – 1:30 PM ET

We’ll get started at 12:00 pm ET
To mute your line: *1
To unmute your line: *1
For operator assistance: *0
DO NOT PUT YOUR LINE ON HOLD!
**Agenda**

I. State Team Presentations:

- Arizona State Team - *Ryan Reikowsky, MA, MPH and Nirav Merchant*
- Illinois State Team - *Cherylee Bridges, RN*
- Mississippi State Team - *Vickie Tucker, MS, CHES*
- South Dakota State Team - *Kayla Magee, RN*

II. Scaling Services Around eReferral Capability and Promoting eReferral Capability to an Expanded Audience

*Evan Frankel, Consultant*

III. Q&A
Overview of Technology

- Please keep your phone on Mute during the presentation
  - *1 to Mute
  - *1 to Unmute
- Mute the speakers on your computer and webinar portal
- Do Not place your phone on hold
- Note the Q&A function on the bottom left side of your screen
Why eReferral?

- eReferral has a multitude of benefits:
  - Increase # of quit attempts and cessation successes
  - Increase the proportion of tobacco users who receive treatment from quitlines
  - Increases the reach of quitline services to priority populations.

- eReferral helps healthcare organizations meet national standards
  - Meaningful Use
Quitlines & eReferral

- NAQC has worked to enhance eReferral
  - Quality Improvement Issue Paper
  - Technical Guide for Implementing eReferral
  - eReferral Workgroup

- Progress has been made
  - 5 of 11 service providers that operate the 53 state quitlines are engaged in eReferral
  - Remaining 6 service providers = focus of this project
Project Goal

- Deliver effective quitline services to more smokers.
- Establish a national capacity to implement eReferral systems between state quitlines and healthcare organizations.
- Ensure that every state quitline service provider gains experience and develops capacity in implementing eReferral systems.
Pfizer eReferral Project

- Establish state teams:
  - a quitline service provider
  - the state quitline funder
  - a healthcare organization that serves priority populations

- Provide TA on implementing eReferral
- Monitor progress
- Develop and disseminate products
Status

- eReferral fully implemented and underway with each state team
- Initial data collection has begun on number of eReferrals reported by each state team:
  - Arizona
  - Illinois
  - Mississippi
  - South Dakota
- Draft case study’s developed by each state team
An Update on Arizona’s eReferral Pilot

A Collaboration among:
Arizona Department of Health Services Bureau of Tobacco & Chronic Disease
Arizona Smokers’ Helpline (ASHLine)
El Rio Community Health Center (Tucson, AZ)
Goals

• **Short Term**
  – Demonstrate feasibility of eReferral within the context of pilot objectives
  – Support improved coordination and continuity of care with our partner (El Rio Community Health Center)

• **Long Term**
  – Apply lessons learned from this pilot to future eReferral initiatives with partners across the state to scale the benefits & ensure more Arizonans received evidence-based Tx with supportive, secure, coordinated care
Challenges/Barriers

• Early discussions about advantages/disadvantages of connecting directly with NextGen
• Concerns included cost & sustainability over time
  • Older version of NextGen in operation
• Plan A was to utilize state HIE (Arizona Health-e Connection or AzHeC)
  – HIE indicated quitline did not “fall into the permitted uses under the state’s HIO statute”
• Plan B was to contract with a HISP vendor
Solutions

• Quitline established a secure account with Updox
  – Initiated testing of Continuity of Care Document (C-CDA) exchange between El Rio & ASHLine

Use sample data and convert: Sample CCDA | Convert | Clear

Document, Demographics, Allergies, Care Plan, Chief Complaint, Encounters, Functional Status, Immunizations, Declined Immunizations, Patient Instructions, Medications, Problems, Procedures, Results (Labs), Smoking Status, Vitals

Care Plan

```json
[
  {
    "text": "(ASHLine), Arizona Smokers' Helpline (related to Tobacco),
    "name": "Patient referral"
  }
]
```
Lessons Learned

• Establish realistic timelines – everything takes time
• Cost & feasibility are important considerations
• Communication & coordination are critical
• Testing still underway – more to come!
Illinois Tobacco Quitline and the NAQC eRefferal Pilot Project

In Partnership with Illinois Department of Public Health, American Lung Association in Illinois, Winfield Moody Health Center operated by Near North Health Service Corporation and Alliance of Chicago Community Health Services
Goal, Challenges, Solutions and Lessons

Successfully pilot a bi-directional e-referral system in an Alliance safety net health center in Chicago.

Challenges
- Change of initial partner
- Organizational legalities
- No consistent formatting between EMRs/CCD
- Slow process

Solutions
- New Partner/ pre-existing relationship
- Foundation of cyber security complete
- NU developed “timeline” goal process
- HL7 process for discreet data transmission

Lessons
- Having a partner with whom you have previously collaborated successfully makes workflow easier.
- Expertise of all IT personnel most vital
- Buy-in of Medical Director/all staff
- Foundation of understanding and evaluation of proper insurance, PHI liabilities, HIPAA, BAA should be in place before the actual technological part of the work begins.
<?xml version="1.0" encoding="UTF-8"?>
<Root>
  <Contact>
    <FirstName>Joey</FirstName> <!-- First Name of the Paitent -->
    <LastName>Galloway</LastName> <!-- Last Name of the Paitent -->
    <Address>3031 Thayer</Address> <!-- Street Address of the Paitent -->
    <AddressLine2>Apt.18</AddressLine2>
    <ZipCode>62711</ZipCode> <!-- 5 digit zipcode of the client-->
    <Email>jgalloway14@gmail.com</Email> <!-- Email formatted as X@X.Xw -->
    <Phone>2179991313</Phone> <!-- 10 Digit Phone Number with no Dashes or Parens-->
    <Phone2>2179991515</Phone2>
    <Source>ITQL EMR</Source> <!-- Source of the Form -->
    <ReferringClientID>EMR2179991313</ReferringClientID> <!-- EHR EMR Patient ID -->
    <SubSource>Winfield Moody Health Center</SubSource> <!-- Name of where the record is coming from-->
    <ProgramType>Proactive</ProgramType> <!-- Program Type is a required field -->
    <Birthdate>07/13/1970</Birthdate> <!-- Birthdate of the Patient -->
    <Gender>Male</Gender> <!-- Male, Female, or Transgender -->
    <Race>Caucasian/White</Race> <!-- Race of client -->
    <PreferredMethodContact>Phone</PreferredMethodContact> <!-- Method of Contact for the Paitent -->
    <BestTimeToCall>1PM to 4PM</BestTimeToCall> <!-- Best Time To Reach Paitent -->
    <AccountName>Near North Health Service Corporation</AccountName> <!-- Name of Clinic -->
  </Contact>
  <CaseNotes.GeneralCall>
    <Description>Patient is currently smoking 1 ppd and is wanting to quit. Please call between 1pm and 4pm CST</Description> <!-- Additional Notes in reference to Patient -->
  </CaseNotes.GeneralCall>
</Root>
Next Steps

- Finalize data to be sent to Alliance from ITQL
- Complete bi-directional testing
- Begin live eReferral transmittal
* E-Referral Implementation

Mississippi Team
Goals
* Increase E-Referrals
* Develop Protocol for Sending/Receiving Referrals

Solutions
* Develop and Implement Process
* Test Process

Lessons Learned
* Implementation Plan Varies
* IT Buy-In is Essential

*Goals, Solutions, and Lessons Learned*
* On-Site Hosting Recommended; Remote Access and Disaster Recovery
* Security Audit Required
* Strengthen HIPAA Compliance and Staff Security Training/Procedures
* Mitigate Data Storage and Transit Risk (Including Audit Recommendations)
* Consolidate Application Activities/Reporting

**IT Assessment Summary**
* Regular meetings with practice technology staff
* One-hundred, forty four (144) inbound messages received
  Eighty-two (82) outbound cCDA status messages returned
* Pilot began with two (2) providers and expanded to include Chief Medical Information Officer;
  Now includes ten (10) providers in total
* No configuration required for providers/staff to be included
* Coastal Family Health providing training to “onboard,” users of NextGen Share
* IQH leverages a custom-built care management system
* No interoperability infrastructure in place, today, and no suitable public or private exchanges
* Evaluation of private vendors offered potential growth based on saturation/client-base within Mississippi
* Current pilot incorporates automated send/receipt from Electronic Health Record via Direct to manual process
* Incorporates guidelines established by NAQC (HL7 v3, DIRECT, etc.)
* Due to license costs, remainder of implementation cycle will deploy open-source and custom-built technologies

* Technology Strategy
Collaboration with SD Tobacco Control, SD QuitLine & Avera Corporate Health
Goals:
- Increase E-referral and bi-directional use.
- Establish process within EMR referral system to send e-referral request & e-prescriptions to the SD QuitLine.

Solutions:
- Worked with IT within Avera Health
- Educate and evaluate providers
- Develop and E-Script process

Lessons Learned:
- Technology is ALWAYS changing
- If you build, they will NOT come
- Every view is different
Scaling Services Around eReferral Capability

Promoting eReferral Capability to an Expanded Audience

Evan Frankel
Technical Consultant
Scaling Services around eReferral Capability

1. Build capability for eReferral
2. Partner, Test, & Launch Services
3. Measure value and build again (Step 1)
What is ‘scale’?

- It isn’t just ‘doing more’
  - Continuous Quality Improvement

- It isn’t just ‘serving more’
  - Hire the problem away

- It isn’t just ‘growing’
  - Repeating mistakes or ignoring inefficiencies for the sake of growth
How to (try to) Solve Interoperability

- NAQC guide is a thorough document to build eReferral capability, the cCDA
  - Yes, some fear it is too much data
  - But that can be solved
- Yes, some aren’t using it yet
  - But there is a mandate for it to be in current iteration of ‘Certified EHR Technology’
- To lead change, sometimes it is hard, confusing, or downright scary
How eReferral (actually) Scales

Building the connection wins!

- DIRECTrust certified secure email protocol
- HISP connection
- Leverage what is already there
  - If you build specifically, you specifically limit scale.
    - Look at the largest potential population and build for results there
    - Long-term investment yields long term results
Population Health is…

- Define a population of like patients (tobacco users)
- Define a method of engagement (telephonic and other means of remote support – Quitlines)
- Create a network to communicate and coordinate care (Referral)
- Report on success and challenges
I – A – R

Identify
- Identify the challenges across all methods of delivering on population health goal

Act
- Institute engagement and action strategies to be deployed and cycle through (60 days? 6 months? 1 year?)

Re-Measure
- Measure effectiveness of actions, measure size and severity of population
Challenges abound in Healthcare

- Not all projects are equal
  - Even though value proposition is real and tangible, there is always more to the puzzle
- There is no such thing as a level playing field
  - Everything is different, no 2 clinics, systems, providers or challenges are the same
- Moving targets abound – HL7v2, cCDA, FHIR, etc.
What does this look like?

Health System EMR

HISP/Direct Trust secure email

Quitline Operations

Progress Notes sent back to originating/referring provider
Where do we go from here?

- Promote solution to new partners
- eReferral Pilot
- Build out structured data collection and dissemination
- Listed as secure email recipient
- Send XML-based Progress Notes
What did we REALLY Learn?

- Each State faced their own challenges, but internal and external solutions can be found.

- We found partners that were willing to engage for a variety of their own reasons.

- We identified promotion of value as being as important as the technology and services.
So…what really comes next?

- It depends on who you are.
  - "your results may vary, these statements have not been evaluated by the FDA"

- How badly do you want it?

- How much is your market desiring it?

- How does your organization support and approach initiatives like this?
One last thing…

- A GIANT **thank you** to all 4 State teams, their Quitline staff and healthcare partners.
  - This is groundbreaking work that lays the course for other States, Quitlines and health systems to connect to one another.
  - This benefits, most importantly, patients.

- I appreciate every single contact and resource on this project, it’s been a pleasure to help.
Q & A Time
Tasha Moses
Phone: 1-800-398-5489, ext. 703
E-mail: tmoses@naquitline.org