

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
Association of Washington Public Hospital Districts		The Washington Telehealth Consortium	<p>Telehealth/Telemed/Broadband</p> <p>Washington Telehealth Consortium is an effort led by AWPHD to advance Telehealth services to the rural Public Health District communities.</p> <p>In February 2010 the Consortium issued an RFP. The RFP is for the first phase of work. The first phase is, primarily, the design for the Washington Telehealth Exchange (WTE), which is “next generation” network infrastructure to connect providers for Telehealth, telemedicine and the exchange of electronic medical records. Phase I activities include: assessment of current capacities and needs, defining functional requirements and specifications, development of a network design, estimate of initial and ongoing costs of operation, timeline for implementation based on approved design, and criteria for selection of network vendors for Phase II Implementation. This three layer approach is described below.</p> <p>The objective is to design a statewide capacity that allows the interconnection of all major health facilities and provides capacity for voice, video, text, <i>data</i> and file transfer to support the primary service areas. The design will provide for a multi-purpose Telehealth and information network that will be available to all health service vendors, hospitals and healthcare clinics operating in Washington State, including but not limited to or constrained by, the facilities listed in Appendix A. The proposed design will enable the WTE to interconnect Washington's disparate Telehealth networks and other advanced communications networks.</p> <p>The integration of this work with the statewide HIE is significant in that it establishes the infrastructure needed to support rural communities in their ability to exchange the information and data and meet meaningful use requirements.</p> <p>This work will be brought to OHP’s attention so they can arrange a conversation with Jeff Mero to explore options for leveraging this RFP opportunity in the statewide HIE work.</p> <p>Telehealth and Telemed - Three layer approach: Layer 1 - Capacity for connection (basic infrastructure for fiber optics) – is there a connection pipe</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>between entities? This is the greater broadband effort with DIS. Washington HealthNet is the proposal to ensure that the anchoring institutions are connected to the pipeline. (NTIA) This was a \$93M dollars in Fed funding (required a \$15M match). Working with DIS to ensure that the smaller hospitals are picked up (Colville area) that were missed the first round.</p> <p>Layer 2 – Data sharing - delivered a proposal to FCC to allow different solutions to talk with others. This is an interim step to allow two systems to talk. They currently have \$700K for design of this service. Getting ready to post a RFP. It would be ideal if this technology is aligned with the HIE. A discussion with OHP about this RFP was recommended to explore opportunities to synch up where possible. There may be some useful overlap.</p> <p>Layer 3 – Interoperability the actual exchange of a file that is appended by those who provide care.</p>		
Department of Labor & Industries State Worker’s Compensation		LNI provides worker’s compensation administration and claims management for employers across the state. Key contacts include health and occupational care providers, contracted vendors, employers, workers, and attorneys.	<ul style="list-style-type: none"> LNI serves about 75% of Washington State employers’ worker’s compensation administration and provides oversight for the remaining 25% that are self-insured. The “State Fund” is the part of the system that covers the vast majority of Washington State employers – about 171,000 – and approximately 2,570,000 workers. Washington’s workers’ compensation system also includes an additional 870,000 workers — about a third of the state’s workforce — whose employers self insure. L&I ensures those workers receive equal rights, protections, and benefits under the state’s industrial insurance laws. LNI costs run about a half billion annually. LNI is the primary payer for all work related injuries. LNI processes 170,000 claims annually. During any point in time, LNI averages 55,000 – 60,000 active worker compensation client accounts. <p>L&I launched the Claim and Account Center (CAC) in early 2005, and continues to have an enthusiastic reception from employers and injured workers. The CAC center is a secure Web site to check the status of a workers’ compensation claim or employer account without having to contact L&I. In August 2008, users viewed over 5 million pages within the Claim & Account Center and now more than 50,000</p>	<p>Pharmacy Data - LNI manages everything for pharmacy – collect all billings from providers. Direct communication to pharmacy via PBM.</p> <p>Eligibility/Benefits Claims - 80% of LNI claims are electronically billed via the electronic express billing system. About 4.5 million annually.</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>employers are filing their quarterly reports online. With input from employers, L&I has added enhanced features for filing quarterly reports and the ability to view all or a subset of claims in a single list. Our new Trend Reports help users understand their account by providing data in charts and graphs. There also is a new cost-analysis calculator for estimating the effect of claims on rates.</p> <p>Claims initially are either faxed or mailed into the CAC where the case is opened. Primary push of data is from Fax to .tif format, then into the CAC system.</p> <p>Utilization review reports are directly pushed from Qualis Health to the LNI system. Qualis performs surgical, PT and imaging pre-authorizations. Qualis has an information exchange that they are piloting to use with providers as well.</p> <p>L&I sends claim information to the Centers for Occupational Health and Education (COHE) via Secure Access Washington. About 30% of all injured workers were being treated by COHE-associated health-care providers (approximately 30,000 annual claims).</p> <p>LNI is looking at doing a pilot with several provider groups to obtain information directly from their EPIC system. If this pilot goes well and this connectivity can be replicated with other providers, the LNI-IT team indicated that the HIE common, shared infrastructure could really benefit them in cost savings related to licenses, interfaces, and the FTEs associated to manage this current workload.</p> <p>LNI is also a key player in the administration simplification work underway via SSB 5346 and would like to leverage any of that work if possible.</p> <p>Privacy and security is a <i>huge</i> issue – MPI will not work for LNI. If an MPI is used in the common, shared infrastructure for statewide HIE, there will need to be additional firewalls to manage access to the LNI system. L&I attaches a provider number to a claim number for each injured worker. To maintain security the provider needs both “keys” to access the claim file.</p> <p>LNI is also very interested in collaborating with work being done to leverage common, shared statewide Telehealth/Telemed capabilities for client care and return-to-work case management.</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
Everett/North Sound	823,200	Everett Clinic Providence Stevens/Swedish Skagit Hospital Western WA Medical Group Group Health	<p>Services HUB – None MPI/RLS – None Directory Services – None Data Standards – Internally based systems Security & Privacy Policies – Internally based systems Data Repository – Internally based systems Data Transformation Services – None Secure Messaging - Unknown</p> <p>There is clearly no HIE in this market. In some limited cases there are point-to-point interfaces. Most of the HIT activity is enterprise focused.</p> <p>Based on basic market knowledge we know that this community is successful with EMR adoption efforts but no formal statistics are available until a state-wide, formal survey is conducted.</p> <p>Anecdotally we know the following about these dominant systems:</p> <p>Everett Clinic - Recently adopted the EPIC system and has developed point to point interfaces with a number of other enterprises. The exact data types and interfaces are proprietary information.</p> <p>Providence – has a number of internal clinical systems. They are working to provide this data to their key trading partners but have not adopted an HIE or any such system at this time. They have allowed interfaces and remote access.</p> <p>Stevens/Swedish - has a number of internal clinical systems. Stevens has recently affiliated with Swedish and will be moving onto the Swedish EPIC system in the near future.</p> <p>Group Health - has the most advanced HIT systems in the market. They have a mature EPIC installation and integrate of their various other clinical systems. They also have a fully functional patient portal.</p>	Lab Results - Unknown, proprietary information	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			Consumer Personal Health Records (PHRs) - Group Health only. Others are pursuing patient portals.		
North Central Washington	276,700	Wenatchee Valley Medical Center Central WA Hospital Community Hospitals Community Clinics Numerous small rural providers	<p>Services HUB – None MPI/RLS – None Directory Services – None Data repository – None Data transformation services - None</p> <p>There is clearly no HIE in this market. In some limited cases there are point-to-point interfaces. Most of the HIT activity is enterprise focused.</p> <p>Based on basic market knowledge we know that this geographically disperse mostly rural community is moderately successful with EMR adoption efforts but no formal statistics are available until a state-wide, formal survey is conducted. Most of the larger enterprises have adopted EMRs; the numerous smaller enterprises are beginning.</p> <p>There has been recent discussion about creating a more comprehensive data sharing architecture across the region but as of this date no progress has been made. Given the small population density, it is likely that it will be difficult to find an acceptable business case for such expensive IT systems and the state-wide HIE is viewed as an important way to connect these providers to each other and to the major tertiary systems in Seattle and Spokane.</p> <p>Anecdotally we know the following about the dominate systems:</p> <p>Wenatchee Valley Medical Center: WVMC is a very large medical group that also has a small hospital facility. This group spans the entire region and provides the bulk of the specialty care in the region. This group has used EMRS for many years and is now migrating to EPIC. This group has connections to the local hospitals and also extends their current EMR to other providers in the area. This group has committed to working with the state-wide HIE.</p>	Lab Results – Limited Eligibility/Benefits Claims – Yes, common	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Central Washington Hospital: CWH is to largest hospital in the area and is also one an EMR. CWH and WVMC cooperate with data sharing, but have do not have a defined architecture to do this. The State-wide HIE can be helpful in this area.</p> <p>Community Hospitals: In several cases the local community Hospital is supported by the INHS system (Meditech) and enjoy a very well run EHR. Other hospitals have pursued differing EMR platforms. Several of the hospitals cooperate with some limited data sharing and Telehealth capabilities. The State-wide HIE will be useful in connecting these disparate systems.</p> <p>Community Clinics rural health providers. There are several community clinics that use the Next Gen and other disparate systems. These systems are not yet connected and the State-wide HIE will be critical to allow interoperability for these providers.</p>		
Northwest Washington	289,700	St. Joseph’s Hospital - PeaceHealth	<p>Services</p> <p>HUB – Main function of HInet.</p> <p>MPI/RLS - PeaceHealth has the MPI within the GE system.</p> <p>Security & Privacy Policies - Single confidentiality agreement for all HInet users through St. Joseph’s Hospital.</p> <p>Data Repository - The GE system serves as the repository for the information that is accessible via HInet and the EMRs that are interfaced.</p> <p>Secure Messaging - HInet supports secure messaging. Also there is some ability for the GE system to do alerts, but this is very underdeveloped and thus under-utilized.</p> <p>HInet, enterprise based architecture (primarily fiber optic cable with some broadband) that is a full IP service providing secure e-mail, antivirus protection, LAN consultation, etc. Initially start-up sponsored by St. Joseph Hospital Foundation (and HInet is still supported by shared corporate services for HR, legal, etc.), but paid for by users in the community.</p> <p>Currently there are 2,600 users (PCs) using this system. Users include all the physicians in Whatcom County, Whatcom Public Health, jails, several independent practices (for example two PT groups), payers, and consumers (on SharedCarePlan). HInet also provides access to OHP for eligibility information and is</p>	<p>Lab Results - Majority of the lab services are performed by PeaceHealth and results are on the GE system and thus available for all physicians to review.</p> <p>Allergies & Problem Lists - PeaceHealth does not use problem list. CPOE is working its’ way into the system next year.</p> <p>Pharmacy Data - Hospital pharmacy data is in the GE system, but because connectivity is not complete for this data</p>	<p>Mid-level Clinics/Providers - 80% of all community has adopted EHRs, 94% for PCPs (half of this group is from the PeaceHealth group of PCPs)</p>

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>connected to the state Medicaid claims system. All these practitioners can access information from the GE Carecast EHR system at St. Joe’s and this system serves as the data repository.</p> <p>PeaceHealth labs provide most of the lab services in Whatcom County and thus 98% of lab information is in the system. Diagnostic images, pathology, nephrology, ER information, and many specialty groups are interfaced with the system. This information is available to all providers. E-prescribing isn’t in all the EMRs so there is much less exchange in this area. Individual physician EMRs are not connected with each other, but many do interface with the GE system at St. Joseph’s Hospital.</p> <p>Skagit hospitals currently have operational EMRs (Meditech), but there is very little connectivity between the individual hospitals and their provider communities. Furthermore, the hospitals themselves are not exchanging information. MINNS and HInet have reached an agreement for these hospitals to create a larger HIE community with Whatcom and Skagit Counties.</p>	<p>element (few EMR interfaces to the GE system) this is not as developed as it should be.</p> <p>Radiology Images - In the PeaceHealth GE system.</p> <p>Immunizations - PeaceHealth GE system and HInet are connected to ChildProfile.</p> <p>Discharge Summaries - Available in PeaceHealth GE system via PDF type documents that are scanned into the system. This is done for all documents that are not able to be populated into the system as a discrete data element or via a standard data format.</p> <p>ADT - PeaceHealth GE system is available to several referral groups who are on the HInet system so they too can view information.</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
				<p>Eligibility/Benefits Claims - HInet is connected to OHP as is PeaceHealth.</p> <p>Orders - Subscription medical information is available on HInet.</p> <p>Other - PDFs of documents are scanned in as well.</p>	
Olympic Peninsula	169,700	<p>HIE is web-based and was funded in 2007 through a Federal Department of Health grant. Three rural hospitals will connect with Harborview to deposit data in a central repository. The hospitals are Forks Community Hospital, Jefferson General Hospital, Home Health Care, Private Physicians, and Morton General Hospital. There is an EMPI in place. Current data exchanged include A&P, lab and radiology.</p>	<p>Services</p> <p>HUB – Yes</p> <p>MPI/RLS – Yes</p> <p>Security and Privacy Policies – Consulted with John Christiansen</p> <p>Data Repository – Yes</p> <p>Trading Partners</p> <p>Mid-level Clinics/Providers - Critical access hospitals with 25 beds or less</p> <p>Pharmacies – VPN for Telepharmacy</p> <p>Telehealth/Telemed/Broadband</p> <p>Broadband coverage level - Nine hospitals in the peninsula area have access to broadband capability.</p> <p>Telehealth & Telemed activity - Currently working with Jeff Mero to get access to intra-state Telemed. All peninsula hospitals are linked to the UW Telehealth Network. Forks Community Hospital has speech therapy and cardiology Telemed with Virginia Mason. Jefferson General Hospital has stroke Telemed with Swedish Hospital. Mason, Mark Reed, Willapa Harbor, and South Bend are setting up Telestroke capabilities with St. Peter Hospital in Olympia. Ilwaco Hospital is setting up Telestroke capabilities with Legacy Southwest in Vancouver, Washington.</p>		<p>Mid-level Clinics/Providers - No providers in the area have fully functioning EMRs.</p>

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Vision – Nine hospitals since 2003 have coordinated and cooperated under the guidance of a non-profit corporation (Western Washington Rural Health Care Cooperative). These hospitals are along the Washington and Oregon coast from Ilwaco inland to Morton on up to Sedro Woolley. All have rural health clinics and one has a nursing home/assisted living facility.</p> <p>The project to connect the hospitals along the Washington coast occurred in 2007 – 2009 in conjunction with 15 other projects across the US. The grant funding was aimed at supporting very small hospitals. A Steering Committee was formed to provide governance oversight for this project and a nonprofit corporation was established for operations. Unlike Eastern Washington where there is INHS that performs the linking service for a large majority of hospitals, nothing similar existed to service rural hospitals in coastal Western Washington.</p> <p>The aim of the technology project was to facilitate the exchange of information in a common referral format. All the hospitals transfer Level 1 trauma to Harborview. Referrals and transfers also occur with St. Peter Hospital in Olympia as well as other specialty referrals. Referral information was not being successfully transferred between entities at time of transfer or upon discharge back to the community hospital or clinic for follow-up care.</p> <p>A data repository was developed and currently resides at Jefferson General Hospital. Technology developed to meet these requirements was developed using a cost-basis decision-making process and is compliant with HL-7 standards. Electronic health information for patients from any of the participating hospitals is now pushed to a mailbox for the emergency department at Harborview. The HIE vendor that put together the technology for this project is also the vendor that is working with the Central, Washington group.</p> <p>Not all hospitals participating in this project have the same EHR systems and the MediTech system wasn't interoperable with many. Also, the health plan vendor's system in Morton wasn't interoperable as well. Specifically, there was no transcription interface and this had to be developed.</p> <p>Future goals of this project include connecting with local providers in these communities to be a central</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			source for referrals and exchange location for referral information. The project would also like to fully leverage the information in the central data repository to provide meaningful data to providers for use in patient care.		
Seattle/King County	1,909,300	Swedish (EPIC), Poly Clinic (EPIC via Swedish), Minor and James (EPIC via Swedish); Group Health (EPIC); UW/Northwest/Harborview (various), VA, Overlake, Highline, Valley, Evergreen, Virginian Mason, PTSO, Community clinics, numerous mid-sized groups and independent providers. All insurers, DoH, and DSHS.	<p>King County is one of the largest counties in the United States. It has many different cities and even more communities. Overall we can say that there is no cross community HIE present. The major systems however, have each expressed a sincere commitment to work collaborative with our HIE project and have a history of collaboration. We are hopeful.</p> <p>There are many point-to-point interfaces. Most of the HIT activity is enterprise focused.</p> <p>Based on basic market knowledge we know that this community is successful with EMR adoption efforts but no formal statistics are available until a state-wide, formal survey is conducted. We do know that within each system many have significant data stores but very little if any cross system integration. Perhaps the intense cross system competitive dynamics have been a barrier.</p> <p>Anecdotally we know the following about these dominate systems:</p> <p>Swedish Health System: Swedish is a major system in this market and extends across many of the population centers. Swedish is also growing quickly. Swedish is a major EPIC user and has the full suite of products. Swedish is also hosting its EPIC platform for several of the region’s largest multi-specialty groups.</p> <p>Group Health: Group Health is a very large delivery system and is one of the most fully integrated systems in the nation. However, even this advanced HIT system struggles to integrate their data with others outside of their closed system. Group Health is also on the EPIC system.</p> <p>UW/Northwest/Harborview: The UW health system is also a wide-spread and dominant force in the market. They are also very clinically diverse and a major academic center. The UW system has many different systems. The diversity of their systems is a major challenge to integrate just within its own system.</p>	<p>Lab data point to point sharing.</p> <p>Common benefits eligibility/claims information access.</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>The other regional hospitals and providers each have their own IT systems and EMRs and there does not appear to be a dominant HIT vendor (other than EPIC) or any HIE advances in many of these facilities. Data integration will require a standards based and collaborative approach. Many of these providers have expressed sincere commitment to our HIE project.</p>		
South Central Washington		<p>Walla Walla Clinic St. Mary’s Providence Hospital Walla Walla General Adventist Hospital Family Medical Center VA Hospital</p>	<p>Services Directory Services – Novell Data Standards – HL7 Security & Privacy Policies - HIPAA</p> <p>Trading Partners Large institutions - Providence St. Mary’s, Walla Walla General, Inland NW Health Services. Labs – PAML Pharmacies - All (via SureScripts) EMS – City of Walla Walla</p> <p>Consumer Personal Health Records (PHRs) - In planning stages for meeting “meaningful use” criteria.</p> <p>Other - Potential early-adopter for statewide HIE. Looking to find a cost-effective method to provide for patient portal services.</p> <p>St. Mary’s Providence, Walla Walla General, Adventist Hospital, Family Medical Center (10 or less), and VA hospital (don’t do much trading with this area). The region has numerous single-practice and provider practices with <5 doctors.</p> <p>Walla Walla Clinic – 50 (clinic in Milton Freewater) - GE centricity EMR, Pacs from Phillips, Swearington, CPOE lab orders interface then radiology. The only thing lacking for meaningful use is a patient portal. AllScripts data repository interaction. They interact with PAML for reference tracking.</p> <p>Walla Walla Clinic is working with area hospitals to set up a PDF process and trying to get away from FAX.</p>	<p>Lab Results - In-house labs = 263,485 for 2008. This number includes dermatopathology done in Dermatology and glycosylated hemoglobin done in Endoscopy, but does NOT include urine analysis dipsticks or urine pregnancy tests done in physician offices.</p> <p>Allergies & Problem Lists - Currently have about 131,000 allergies and problem list records in their system. Currently only the ER physicians at the local hospitals access the Walla Walla Clinic portal to view this information.</p> <p>Pharmacy Data – No</p>	<p>Large Institutions - Beacon Grant Application (INHS), Planning of HIE exchange for WW (WWGH and SMMC). All providers at the Walla Walla Clinic are actively using the EHR, except for OB-GYN. OB is currently implementing the pre-natal module. Once that is live, the clinic will be 100% converted to the EHR.</p>

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>ROI on EMR implementation – constant on Doc productivity, and reduced FTEs for transcription and filing. Billing for online billings dropped AR by 10 days.</p> <p>Data exchange managed by someone else. Would love to interface once and sign-up to exchange – let an entity manage this monster.</p> <p>Interested in knowing what will be required to participate in the statewide HIE and how much will this cost.</p> <p>Low level of data exchange in the community. St. Mary’s Providence connected internally, but they refuse to go outside their organization because this would require changes to workflow (they are planning to link with INHS Meditech). Walla Walla General is moving to the Practice Partner EHR.</p> <p>Lab connectivity – Orchard with PAML (will be turning this capability on soon). This IT effort has been a huge challenge. Once they go digital they will only allow digital reports into their EMR. When they get this interface done their system will be 100% electronic for orders and lab results.</p> <p>Medication – Refill requests come digitally from the pharmacy and will be incorporated into the EMR. Some of the refills come in via FAX from other pharmacies. There is no good way currently to exchange information for medication reconciliation with the hospitals.</p> <p>Primary care docs in the area don’t have digital access and aren’t interested in getting portal access. Walla Walla Clinic is sending summary faxes.</p> <p>Radiology – MRI (they push images digitally into the PACS system).</p> <p>Fiber optic capability around Walla Walla has really progressed – Walla Walla General contributed a significant amount of money toward this community investment, but St. Mary’s hasn’t contributed much towards this effort. The connectivity in the community is there, but the content and agreement on the exchange of data isn’t there. This community also has well-established fiber optic links to Kennewick that</p>	<p>Radiology Images - Sharing with SMMC and WWGH by sending/receiving images on request.</p> <p>Immunizations - Not currently linked to Child Profile, but do report immunizations via the Child Profile portal. Considered looking into this, but may wait for HIE.</p> <p>Discharge Summaries – No</p> <p>ADT – No</p> <p>Episode/ Encounter – No</p> <p>Unstructured Messages – No</p> <p>Eligibility/Benefits Claims – No</p> <p>Orders – Yes</p> <p>Demographic Data - No</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>then routes to Seattle and Spokane. They also have connectivity capabilities with the Portland Metro area.</p> <p>Walla Walla Clinic is eager to engage in the discussion involving overarching policies and legal constructs that will enable HIE. They would be very interested in participating in this as a leader and potential early adopter.</p> <p>Medicaid Interaction EHR technology adoption (specifically, current rates of adoption) and relationships with other entities - Walla Walla Clinic would like to better understand how meaningful use will be implemented. They are particularly interested in knowing how they will be measured with respect to meeting meaningful use criteria and how the incentives will be distributed.</p> <p>Telehealth/Telemed/Broadband Telemedicine – Walla Walla Clinic uses telemedicine capabilities with the Grand Ronde, Oregon community for dermatology services.</p> <p>Broadband coverage level - 10MB to Internet (Fiber) and 100MB (Fiber) to Providence St. Mary’s Hospital.</p>		
South Puget Sound	1,443,000	Pierce, Thurston, Kitsap Counties MultiCare Madigan Army Medical Center (DOD) Franciscan Health System Northwest Physicians Network	<p>Common Themes There is a need to get the vendor community to formulate consistency with discrete data exchange. This is really the only way HIE can be successful. Scanned images of data do not allow for trending, analysis, surveillance, etc. We need to head in this direction because only when the data gets moved around will the market (primarily physicians) begin to agree on format, quality and type of clinical information that needs to be documented to enable delivery of care. Charting is riddled with variation and there needs to be consistency in this area of patient care documentation.</p> <p>Step 1: Key “helps” from the state include – <i>credentialing</i> – this is being solved by SSB 5346. This will be a single statewide database.</p> <p>Step 2: Record locator service would be good – start small and scale accordingly.</p>	<p>Eligibility/Benefits Claims - OHP is currently utilized for eligibility/benefits</p> <p>Other - Clarity web service is currently being used for referrals (see description above for explanation of this service)</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Step3: Establish an entity that manages the ongoing support and maintenance of the common infrastructure. Maybe some of the similar functions need to be managed through a public utility model. Child Profile is one example of a “common source of data” early statewide HIE participants all have access to.</p> <p>MultiCare – EPIC is installed at all the facilities and the system is well integrated.</p> <p>South Sound Health Information Exchange (SSHIE) was started several years ago between Madigan, MultiCare, and Franciscans under a MOU. The efforts to keep this moving stalled in 2008. However, it is now getting underway again.</p> <p>MultiCare is currently a pilot with Madigan for Medical Home work and they have set up information exchange for Tri-Care beneficiaries.</p> <p>They also have a partnership to send laboratory directly to their physician group’s EMR. The data standard in use is HL7 and data exchanged includes radiology, lab, discharge summaries, and physician notes for episodes of care. The EPIC platform pushes out the data through a gateway tool that does the data transformation for the proprietary EMR.</p> <p>MultiCare is looking closely at the EPIC Care Everywhere tool. They currently have an arrangement with Swedish to exchange information via this EPIC connectivity tool, but are waiting for legal approval. EPIC (as an EHR application) has a predominance in the Pacific NW (UW, MultiCare, Swedish, Group Health, Providence (Alaska) and Washington?) and they see a great benefit to leveraging this tool to connect with these other health care systems. MultiCare is also a beta site for EPIC’s Care Elsewhere application which connects EPIC to other proprietary systems.</p> <p>CareConnect is an expansion of an ASP (through EPIC) that MultiCare currently has 67 physicians signed up to use. The ASP includes practice management, billing, etc. – the full scope of EPIC. They currently have license to sign up 77 physicians.</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Separate systems that currently make up the PACS System have been coordinated on a McKesson platform and is accessed by MultiCare, the Franciscan System, and Madigan. Tacoma Radiology Associates (TRA) is the shared radiology service between Franciscans & MultiCare. This partnership has evolved into more of an HIE through their joint effort – The Carol Milgard Breast Health Center – by which TRA communicates with both organizations and directly exchanges two-way information using HL7 standards.</p> <p>Franciscan Health System – Cerner is the EMR system used across the Franciscan organization. They use Axolotyl as a “HUB” to make the information from the Cerner system available to external physicians. A number of physicians with practicing privileges use a “light” version of the EMR to enter clinical encounter notes. The Franciscans also allow the opportunity to interface with outside EMRs using HL7 standards. An e-prescribing product is also offered to physicians but is not an ASP hosted EMR. Data translators are used to exchange data from the various EMRs. Ultimately, the Franciscans are working to align their systems to be ready for integration with NHIN when that time comes.</p> <p>Madigan Army Medical Center (MAMC)-DOD – MAMC’s EMR system is fully integrated with VA. They have a VPN directly with VA and exchange of information is bidirectional. VISTA Web – allows all the physicians access and to tunnel into the system. Alta is the DOD system. They use an account locator service.</p> <p>MAMC is the western headquarters for the army and covers 20 states. They host the EMR systems for all the hospitals in these states, four naval stations and McCord Air Force Base (which is now actually part of the Fort Lewis Military Complex).</p> <p>Approximately 65% of care provided to the populations MAMC is responsible for is contracted out to the surrounding provider community. A significant portion of these contracts are with the South Puget Sound healthcare community. Tri-West is the HMO that serves a large number of this population and is based in Arizona. MAMC – communicates with this organization electronically. A PAX network serves all the military facilities and is comprised of four different PAX systems. There is a tool under development to connect these systems. The vendor is Dicom.</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>The upshot is MAMC has a clear need for electronic connectivity with the provider community because of the extensive contracting they do to meet their care delivery needs. They are very interested in the work of the statewide HIE and what efficiencies they could gain using a common, shared infrastructure.</p> <p>MAMC is very interested in resurrecting the work from the SSHIE collaboration and are a big player in this effort. Currently several of their servers are located at MultiCare. Reviving the SSHIE would also help MAMC, MultiCare, and Franciscans exchange in support of their “Trauma Trust”. This is an agreement between the three organizations where they rotate trauma care responsibility every third day. They currently have consultant information exchange, but this needs to be totally electronic.</p> <p>Over the last year MAMC built “MiCare” (a PHR) using both HealthVault and Google for active military employees and their families. They are continuously making more data available for these tools to better serve the personnel who are currently using this service and to better attract more users.</p> <p>MAMC is agnostic with respect to the technology they build and use, their goal is to build systems that safely and securely move information. HL7 is the data standard they use. They do exchange CCDs and either “dumb it down” for use in the Google PHR or “smart it up” for use in the Microsoft HealthVault PHR. Exchange of this CCD to the VA system also requires modifications.</p> <p>Indian Health Services (IHS) just signed up to use MiCare and DOD will support it. IHS currently has 57 different systems that do not talk to each other and they have many travelers so having this ability to access electronic health information is very important to sustaining continuity of care.</p> <p>Northwest Physicians Network (NPN) – NPN is an Independent Physicians Association in the South Sound area. The EMR adoption rate for solo providers in this IPA is 15% and approximately 40% for larger groups. NPN is a “skunk works” for trying to help providers in private practice gain access to technology that helps them do their job and connect to the larger systems. Washington has about 40% of physicians in private practice. Nationwide the number of physicians in private practice is about 60-70%.</p> <p>A key focus is to get physicians to e-prescribe. NPN is using NoteWorthy as a hub type vehicle to pull in their various EMRs in the IPA. Work is underway to link NoteWorthy to the hospitals in the region</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>(MultiCare, Franciscans, and Madigan). A third of the doctors in the South Sound still aren't linked to these hospitals.</p> <p>NPN is a medical service organization and helps the private practice physicians use technology better, improve their practice flow, and how to best tap into the information stream from the big silos of data moving among the larger health care systems in the area. The private practice physicians are really interested in the ASP models. Many of the private practices in NPN have had negative encounters with EMR vendors so NPN tries to help them navigate this area.</p> <p>NPN also hosts registries (six) through their network so nurses, physicians, social workers, etc. can collaborate, but it's another web site so people don't go there because it's not a one-stop shop.</p> <p>This HUB collects information for Clarity Health – a coordination service for patients and patient transfers. They receive this information via fax (imaged documents) as well as data using HL7 standards. There is a lot of people and technology working behind the scenes consolidating this information. When this information consolidation is complete, then it is ready to be downloaded into an EMR or sent to a provider via FAX.</p> <p>The statewide HIE somewhat like a public utility service. However, there is an efficiency element behind the HIE that isn't really being addressed and that is the consolidation of the clinical information that really makes the difference in how patient care can be improved. Hence, the "meaningful use" of the information.</p> <p>OneHealthPort is a natural aggregator and how can they leverage this in a way where the exchange of data is not a predatory model, but a sharing model that will serve the big silos and the private practitioners. NPN thinks there is a real opportunity here to serve various needs.</p> <p>NPN is not currently part of SSHIE, but they were an active participant early on. However, because they are stiff competitors with MultiCare they have not had a good history of working or contractual relationships. The key is to look for partnership and collaborations that will help the care delivery side.</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
Southwest Washington	587,700	<p>SW Washington Hospital Vancouver Clinic Peace Health (St John’s in Kelso) Legacy (Salmon Creek) C.U.P Medicaid oriented health plan.</p>	<p>Services HUB – None MPI/RLS – None Directory Services – None Data repository – None Secure messaging – Limited to a specific institution.</p> <p>There is clearly no HIE in this market. In some limited cases there are point-to-point interfaces. Most of the HIT activity is enterprise focused.</p> <p>Based on basic market knowledge we know that this community is successful with EMR adoption efforts but no formal statistics are available until a state-wide, formal survey is conducted.</p> <p>Anecdotally we know the following about these dominate systems:</p> <p>SW Washington Hospital – is the dominate facility in the market. They have numerous internal systems and in a few cases interfaces to outside systems. They also all providers to log into their systems remotely. As of this time they do provide limited data routing services. Including the push of lab results, push of radiology reports (not images), the push of discharge summaries, and some Pac image routing. These data routing services are not widespread at this time. The large multi-specialty group in the area has implemented some inbound orders to the hospital. It is important to note that Vancouver is a very active sub-market that clinically integrates with the larger Portland Oregon metro area. The CIO of SW Washington Hospital is an active participant on the WA HIE and also a key linkage to the Portland metro HIE group.</p> <p>Vancouver Clinic is one of the most wired multi-specialty medical groups in the State. They have numerous interfaces to data silos and have been on their EMR platform for approximately 5 years. Because this group provides a substantial portion of the specialty care in the region it will be important that we connect them to the HIE so that the clinical integration between the primary care and these specialists is achieved.</p>	<p>Lab Results – Unknown</p> <p>Allergies & Problem Lists – None identified</p> <p>Pharmacy Data – None identified</p> <p>Radiology Images – Limited</p> <p>Immunizations – Unknown</p> <p>Discharge Summaries – Limited</p> <p>ADT – Limited</p> <p>Episode/encounter – Limited</p> <p>Unstructured messages – Unknown</p> <p>Eligibility/Benefits Claims – Yes, common</p> <p>Orders – Limited</p> <p>Demographic Data - Unknown</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			The Legacy Hospital in northern Vancouver is a relatively new hospital and was designed with digital medicine in mind. They have many systems in place and are well positioned to be connected across the community. This hospital is part of a larger Portland system and is also active in the greater Portland Metro HIE.		
Spokane-Palouse Area	622,950	INHS Sacred Heart/Providence Deaconess/Community Health System Rockwood Clinic Inland Imaging Physician’s Clinic Community Hospitals Community Clinics Numerous mid-sized groups and independent providers	<p>Overall, this market includes is a very large geographical area. Spokane is the medical hub for this vast part of the interior eastern section of Washington, and also North Central Idaho. The most notable HIT item in this market is the collaborative HIT company which is owned by the two largest health systems, Inland Northwest Health Services (INHS). INHS has also recently been awarded a Beacon Community Grant for its advanced systems and visionary ideas. INHS’s hospital oriented systems are primarily based on the Meditech platform and they have also been hosting several EMRs for clinics in the area. The INHS staff is adept at weaving them together with additional IT platforms. Overall the INHS system is the local HIE and their efforts to extend this service will be significant under the Beacon program. Additionally, INHS is a participant in the State-wide HIE and is supportive of this overarching state-wide HIE effort.</p> <p>We know that this community is successful with EMR adoption efforts but no formal statistics are available until a state-wide, formal survey is conducted.</p> <p>It is important to note that with respect to this HIE project, the independent hospitals and medical systems have primarily elected to focus their interests through INHS. Therefore the various platforms and strategies of the various market participants are somewhat consumed within the context of INHS. The Statewide HIE effort will focus much of its attention towards INHS in this area of the State.</p>		
Tri-Cities Area	307,550	Kadlec Health Systems (Richland), Kennewick General (Kennewick), Lourdes Medical Center (Pasco)	Kadlec Health System (hospital) has been working with NoteWorthy for over 9 years now exchanging clinical health information. The hospital system exchanges orders and lab results with Tri-City Labs. They do not connect directly with LabQuest (physicians who use the NoteWorthy system are connected to LabQuest though). Kadlec Physicians currently use GE Centricity as their practice EMR. Work is currently underway to connect NoteWorthy to GE Centricity EMR system. Also the systems within Kadlec don’t share all the data either. McKesson is the inpatient system. GE is the outpatient system. The Kadlec IS team is looking at how these systems could be integrated or even converting to an entirely new, comprehensive system that would stream data appropriately throughout their health care system.	Immunizations - Kadlec Health Systems recently set up to report to Child Profile.	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>About 18 months ago, Kadlec Health Systems (Richland), Kennewick General (Kennewick), Lourdes Medical Center (Pasco), and the local medical society collaborated to explore the value and related principles to exchanging electronic health information to better serve their communities. This effort was called TC-LINC (Tri-Cities – Local Information Network Cooperative).</p> <p>During the technology discussion phase of this work the following capabilities were noted:</p> <ul style="list-style-type: none"> • Kadlec and Kennewick General Hospital currently use McKesson (different versions) for their HIS software and Lourdes Medical Center uses Meditech (they are not affiliated with INHS). • Approximately 30-40% of the physicians in the area are working with the NoteWorthy system based out of Yakima. • Kennewick General and Kadlec Health System make up another 25% of the physicians in the area. • The TC-Link group recommended that NoteWorthy serve as the hub between the three hospitals and the physician groups. • The three large labs in the area (Tri-City Labs (TCL) – owned by the three hospitals and PAML as well as LabCorp and Quest) would have participated as well as the other two hospitals. The labs, in addition to the 3 hospitals, would have sponsored quite a few physicians who weren't already exchanging data, but weren't willing to pick up the full tab. <p>Services/data under discussion for the TC-LINC included:</p> <ul style="list-style-type: none"> • Patient identifier • Demographics • Lab • Radiology Reports • Meds • Allergies <p>While the technical issues could be resolved, there were many citizens who raised significant privacy and security concerns. In addition, with the changes to HIPAA law in the American Recovery and</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Reinvestment Act (ARRA) the group was unsure how to proceed. Because of this, ultimately the three hospital privacy officers were the showstoppers. The work was put on hold until information could be obtained that would help them better understand the legal climate for privacy and security for information exchange as well as business associate agreements.</p> <p>Currently many physicians in the area are busy ensuring that they will comply for “meaningful use” so this is putting a strain on available IT resources to get the work done.</p> <p>DOH Interaction Kadlec is participating in electronic surveillance reporting with DOH.</p> <p>Telehealth/Telemed/Broadband Telehealth & Telemed activity - Kadlec is currently piloting the In Touch robotic tool for Telehealth/Telemed and working on getting this service delivered to physicians in the outlying area. Kadlec is actively looking to serve as the HUB for this HUB/spoke model in the region.</p>		
Washington State Department of Health – Public Health Reporting			<p>The following systems used by public health for population health management are being explored for potential integration with the statewide HIE.</p> <p>Child Profile – Data flows in one direction, into this central immunization repository from providers throughout the state. Have initiated two pilots for getting the data out again. Providers can upload data continuously via a web app using HL7 messages. Access to this information will be important for meeting “meaningful use” criteria. Good application candidate for use through the statewide HIE, rather than point-to-point as is the current approach. May need to have a new name because this registry now includes adult immunizations. There are over 52 million records in this registry.</p> <p>PHRED – Public Health Reporting of Electronic Data. This system uses HL7 standards and provides a mechanism for the provider community to send laboratory results, hospital case reports, and other information about notifiable conditions/reportable lab results to DOH and local health departments. All of the connections are point-to-point except INHS (who provides one connection for their provider community). This is identifiable information. DOH is working collaboratively with laboratories, hospitals,</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>and local health jurisdictions to implement this project. Reporting can be done via secure sign-on through a web portal access for small practices. Large institutions send batch feeds, data feeds, etc. Data is confirmed when it shows up in the PHRED system. PHRED also serves as a secure messaging aggregator for all the local health jurisdictions. The way the state law is currently written local public health jurisdictions have authority over their public health information. Before any reporting can occur the local jurisdiction looks at the data first. When they confirm the information, then DOH can look at it and use it for reporting purposes.</p> <p>PHEEDS – Public Health Emerging Event Detection System syndromic surveillance. This system uses de-identified data. Labs report into this as well. Reportable data shows up on PHEEDS before it shows up on PHRED. Epidemiologists use this system to track emergence of issues and analyze de-identified trends. Currently DOH is working with INHS (as the Meditech aggregator in Northeast Washington) to get these feeds from the hospitals they support.</p> <p>CHARS – The Comprehensive Hospital Abstract Reporting System (CHARS) has hospital inpatient (ICD9) coded admission to discharge information (derived from billing systems). The database is used to collect public information such as the age, sex, zip code and billed charges of the patient, as well as the codes for their diagnosis and procedures among other items. The purpose of the CHARS system is to provide public health personnel, consumers, purchasers, payers, providers, and researchers useful information by which to make informed decisions on health care. DOH also uses this information to determine how much charity care is done.</p> <p>CHAT – The Comprehensive Healthcare Analytics Tool is an application used by public health to manage population health.</p> <p>HAI – Hospital Acquired Infection reporting. Currently this is a manual upload. Today an FTE is needed by the provider to extract and format the information for CHARS and HAI manual upload. Need to explore HIE opportunity to pick this up out of information streams.</p> <p>PHIMS - Public Health Issue Management System – This is the case management tool that does not currently talk to PHRED. A case identified in PHRED is entered into PHIMS for follow-up. The system that</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>then prompts the patient care work. The goal is to get the PHRED to transfer data to PHIMS electronically.</p> <p>WHAVE – List of emergency responders that can be tapped by the Fire, Police, and other responder/rescue agencies in the event of an emergency. Single database for provider credentialing being put in place under SSB5346 may provide some additional possibilities for maintaining accuracy in WHAVE emergency provider lists.</p> <p>Health Statistics Unit – There are approximately 500 births a day, 89,000 per year, in Washington State. This is a database that hospitals/providers use today to enter birth data. This could be a place to start MPI events for children going forward. May also want to link the HIE with the Social Security System as hospitals currently facilitate the movement of newborn information (with parental permission) to SSA to obtain Social Security Numbers.</p> <p>NBS – Newborn screening, 37 different tests are run. The state lab does this by law. Used to detect metabolic disorders in infants.</p> <p>LIMS - Laboratory Information Management System - State lab reporting does critical lab testing, including rabies testing, some strains of HIV, and other tests that need immediate attention and reporting. Beginning to serve as a utility. Currently this feeds back to PHRED, but would like to be able to feed this back to physicians, but need an HIE to do this and thus is not feasible to do today. Providers send lab specimens & Lab Requests to the State Lab and DOH currently faxes these results back to the providers. There are 250,000 specimens handled each year. Each specimen may have anywhere from 1-27 tests done on them. If LIMS were to be connected to the STATE HIE for transmission of provider Lab Requests and sending back Lab Results, who would pay for the interface?</p> <p>EDRS – Electronic Death Registration System. A web-based system that provides online completion and filing of death certificates. Collaborative Projects with the Center for Health Statistics.</p> <p>DOH would like to move to an HIE model because it's labor intensive to manage all the point to point connections. They would also benefit from a MPI and a provider directory. The provider directory will be</p>		

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>linked to the new credentialing process that will be managed by OneHealthPort. This is underway through SSB 5346.</p> <p>Currently DOH uses SNO-MED, ICD9, LINCS, and HL7 standards. They use predominantly Microsoft and SQL Server and Orion Rhapsody data transformation engine. The CDC bought a site license for every state in the union (to use Rhapsody) so this is how each state transforms their data for standardized transmission to the CDC. Should NHIN be using Rhapsody? What about CONNECT Gateway?</p> <p>“Meaningful Use” impacts on DOH – Providers wanting to meet the meaningful use requirements will need to be able to demonstrate connectivity with:</p> <ul style="list-style-type: none"> • an immunization registry (Child Profile) • a notifiable lab system (PHRED) • a syndromic surveillance system (PHEEDS project) 		
Washington State Department of Veterans Affairs		<p>DVA is the state liaison for the Federal VA. DVA operates three long-term care facilities for veterans – Orting, Port Orchard, and Spokane, WA. Referrals typically come from surrounding community hospitals and VA Hospitals (such as Seattle and Portland) post acute care. Each of the facilities has an onsite primary care team and typically contracts out OT, PT, and other services.</p>	<p>DVA is a state program and is subject to state legislative budgeting to operate the program. Oversight is provided by the agency and coordinated with the Federal VA system. DVA uses a vendor system called ADL Optimum Clinical and Financial Data System. The system operates at all the locations and is hosted and supported by IT staff at the DVA agency. Modules from this system currently in use include MDS, care plans, progress notes as well as the financial module to track financial flows associated with the client. ADL is a long-term care facility EMR system. DVA currently uses a separate system for pharmacy. It is a character-based alpha system that is ancient and on the priority list for upgrade. The ADL vendor is working on a Windows-type module for their system that is currently in Beta testing mode. DVA is very interested in purchasing this module for use with the rest of the system when it is ready for implementation.</p> <p>DVA does not do any electronic data exchange with trading partners outside the DVA’s ADL system. There is no CPOE that works in conjunction with the system. Nurses typically enter in the orders and then they are electronically signed off by the PCP or ARNP. Pharmacy orders are faxed to the central pharmacy at the Port Orchard location where the order is translated and input into the current character-based alpha system where it is then entered into the ADL system’s MAR for the care team’s use at the</p>	<p>Lab Results - Currently faxed to the facilities and kept in a paper file.</p> <p>Allergies & Problem Lists - Manually entered and maintained in the ADL System.</p> <p>Pharmacy Data - Orders are faxed from the DVA care facility to the Port Orchard facility where the central pharmacy is located for DVA. Information is entered into</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010

Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
		<p>Federal funding from the VA follows veterans for whom care is provided in their facilities.</p>	<p>location.</p> <p>All laboratory, diagnostic imaging, ADT documentation and any other clinical information from providers outside the DVA’s system are faxed to the facility and kept in a paper file. These documents are not currently scanned into a PDF format for upload into the ADL system. Although, the DVA operates the ADL system at all their facilities when clients are moved from one facility to another, a paper file follows the clients to the new facility. DVA does not allow access to the client’s information by staff from another facility. They claim that this would alter the history of the clinical information.</p> <p>DVA’s greatest challenge to fully implementing the ADL system and integrating its use is the lack of physical infrastructure and computing capability. DVA literally needs computers (laptops or computers on wheels) at the facilities, more servers, and then IT staff to support going 24/7 with the use of the technology. Training is also a significant need for this agency for both the clinical and IT staff.</p> <p>DVA’s priorities are to fully integrate their agency IT systems, get the proper hardware infrastructure for the facilities, further deploy the modules currently in use from the ADL system, convert their current Pharmacy system to the ADL system, integrate the ADL system with the VA’s Vista system (currently they have portal access to the VA’s system so they can view and print clinical information for clients transferred to their facility).</p> <p>From an HIE perspective DVA has so much work to do within their own system, HIE is a ways down the road for them. However, once they get to a point of HIE readiness their priorities for information trading are:</p> <ul style="list-style-type: none"> • Pharmacy information from external vendors • Laboratory data • Integration with the Federal VA system • Diagnostic imaging <p>DVA expressed interest in using the “thin layer” of HIE architecture once their system is integrated internally and if this common infrastructure can be a place (with one interface) that can enable electronic information exchange with the various trading partners of interest.</p>	<p>a separate character-based alpha system and then converted by the Pharmacists for input into the client’s MAR in the ADL System.</p> <p>Radiology Images - Staff has login privileges to the DI website to view the imaging results and images. Clinical documentation (radiologist’s report) is typically printed from this site to put into the client’s paper file.</p> <p>Immunizations - Manually entered and maintained in the ADL System.</p> <p>Discharge Summaries - Received via FAX from transferring facility (both community hospitals and other DVA facilities).</p> <p>ADT - Received via FAX from transferring facility (both community hospitals</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Data Standards - As used in the vendor’s system.</p> <p>Security & Privacy Policies - DVA manages this aspect of the ADL System access and use.</p> <p>Federal Program Interaction: Federal VA - DVA facility staff have secure web portal access to the VA system for access to client’s clinical health information.</p> <p>Telehealth/Telemed/Broadband None currently in use.</p>	<p>and other DVA facilities).</p> <p>Orders - Orders are entered into the ADL system by the PCP and ARNP and also received by FAX. FAX is the predominant method of order receipt.</p> <p>Demographic Data - Some “executive” modules are in use from the ADL system that enables DVA to monitor key demographic and financial information for their clients.</p>	
Washington State Health and Recovery Services Administration – (State Medicaid)			<p>HRSA Interaction with Statewide HIE Efforts</p> <ul style="list-style-type: none"> • 5-year plan – look ahead in MSP • Medicaid will need HIE services (TBD) and may be funded through some of the match money from CMS. • HCA will put together a high-level draft of Medicaid and HIE intersection activities for review with Rich. <p>Environmental Scan</p> <ul style="list-style-type: none"> • Medicaid scan – This scan is to be focused on Medicaid systems. More detail will need to be submitted for the HIE Strategic and Operational plans. • The HIE Strategic and Operational plans will need percent of Medicaid clients by provider. According to HRSA they can tell the count of Medicaid clients by provider, but do not have data percentages by 	<p>From a HRSA “payer’s perspective” would be interested in obtaining information regarding prior authorization and clinical data for case managers/use in medical management. Currently, HRSA can get a fairly good perspective about client use of services through claims history (from the state’s system – not CMS data), but this is historical</p>	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>provider.</p> <ul style="list-style-type: none"> • HRSA will let HCA know what they need from the environmental scan work being done across the state. <p>Medicaid State Health IT Plan</p> <ul style="list-style-type: none"> • Target delivery is mid-year 2010 • Different timelines for delivery of Statewide HIE Strategic and Operational plans and Medicaid State Health IT Plan will need to be tightly coordinated. <p>Medicaid Data of Interest and Value</p> <ul style="list-style-type: none"> • ProviderOne is the claims based system that contains this information. Medical profile and other enhancements are slated for implementation. • Administrative data is of value to HICFA • HRSA may be interested in getting summary clinical records for case management, etc. and could use HIE to obtain this. <p>Advance Planning Document</p> <ul style="list-style-type: none"> • Submitted • Requests funding for: <ul style="list-style-type: none"> ○ Planning – meaningful use incentive program ○ MITA Self-Assessment ○ Staff for these activities (will move forward on this once CMS approval is obtained) • Team at CMS has reviewed APD and provided feedback <p>MPI/RLS</p> <p>HRSA would use these services from a statewide HIE to validate patients/eligibility.</p> <p>Security and Privacy Policies</p>	data.	

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>HRSA will need to understand requirements and mechanisms to work into their system and processes. Key issue is trading partner agreements. Currently understand this to be required with all partners.</p>		
Yakima Area	238,400	<p>Yakima Medical Society (instrumental in driving the EMR adoption and cross physician practice cooperation) Yakima Regional Hospital (owned by Health Management Associates) Yakima Memorial Hospital Pacific Northwest University of Health Sciences (Doctor of Osteopathic Medicine School)</p>	<p>Services HUB - Vendor driven HIE through Noteworthy Medical Systems MPI/RLS - MPI only. Vendor driven HIE through Noteworthy Medical Systems Data Standards - Vendor driven HIE through Noteworthy Medical Systems Data Repository - Vendor driven HIE through Noteworthy Medical Systems</p> <p>Trading Partners Large institutions, Mid-level Clinics/Providers, Small Clinics/Providers, Labs, and Payers - Vendor driven HIE through Noteworthy Medical Systems Pharmacies - Vendor driven HIE through Noteworthy Medical Systems/SureScripts. Proprietary based architecture - vendor based (Noteworthy Medical Systems)</p> <p>Over 90% EMR adoption in this region via use of the Noteworthy system.</p> <p>Because Noteworthy is the dominate EMR in the area and they have a unified architecture they are able to provide MPI and HIE capabilities that are part of their integrated system. Noteworthy has also recently begun to interface to other EMRs for the transfer of information. However their MPI and HIE capabilities in this area are much more limited.</p> <p>All key data types are exchanged via this system through interfaces with all the major labs and PBMs.</p> <p>Downside is HIE capabilities in this area are vendor dependent, but they are technically capable of including the other EMR vendors as part of the HIE although this capability is not mature or proven at this point.</p> <p>Of the approximate 350 physicians in this market, 304 are believed to be on some form of an EMR. 294 are on the Noteworthy platform and approximately 20 are on another system.</p>	<p>Lab Results - Yes, high percentage penetration.</p> <p>Allergies & Problem Lists - Moderate sharing of this information but this is dependent on physicians' willingness to open up their information to others.</p> <p>Pharmacy Data - Yes, very high adoption due to interface with SureScripts.</p> <p>Radiology Images - No PACS or imaging sharing at this time.</p> <p>Discharge Summaries - Yes, high adoption.</p> <p>ADT - Yes, high adoption.</p> <p>Eligibility/Benefits Claims - Yes, high adoption.</p> <p>Orders - Yes, high</p>	<p>Large Institutions - Over 90% via single EMR vendor</p> <p>Mid-level Clinics/Providers - Over 90% via single EMR vendor</p> <p>Small Clinics/Providers - Over 90% via single EMR vendor</p>

APPENDIX B: DETAILED FINDINGS FROM THE ENVIRONMENTAL SCAN

Environmental Scan Summary Document – June 2010					
Location or Organization	Population	Key Organizations	HIE Overview – Services & Trading Partners	High Value Electronic Data Exchange Activity	HIT and EHR Adoption
			<p>Noteworthy provides two basic platforms with very different levels of functionality:</p> <p>1) The entry level product is primarily results review viewer and storage oriented product. 41 providers are using this system.</p> <p>2) Fully functional EMR. This product is called Net Practice and has the following functionality. EHR web, Results viewer, e-prescribing, interface to the practice management system.</p> <p>Within the full EMR the following data is interfaced into (or out of) the system: Lab reports, Radiology reports (not the image), Hospital discharge, pathology reports, and orders for Lab, Radiology studies, and Hospital based orders. Medication History (via Surescripts) and e-prescribing are also utilized. Providers also have capability to perform eligibility lookup and access to formulary information within the Noteworthy system.</p> <p>Hospital based physicians have the ability to look up information via an interface between the hospital and the Noteworthy system.</p> <p>It should also be noted that none of the providers are trading CCD or CCR HL7 messages at this time. The system is technically capable of this but there is no usage of this at this time. In some limited cases an “image” of this data may be routed, but it is very limited in any functional use because it is only an image.</p>	adoption.	