

# The Future of HIE in Alaska



# Presentation Outline

- **Developing a Roadmap for Alaska's HIE**
- **The Vision of AeHN: HIE 2.0**
- **A Provider's Perspective**

# Brief History of Alaska's Health Information Exchange System

- Established by State Statute AS 18.23.300 in 2009
- Governed by Alaska eHealth Network (AeHN), a non-profit board under contract to the Department of Health and Social Services, since 2010
- AeHN board has representatives from:

- ❖ Hospitals and nursing homes
- ❖ Private medical care providers
- ❖ Community based primary care providers
- ❖ Federal health care providers
- ❖ Alaska Tribal health organizations
- ❖ Health insurers
- ❖ Healthcare consumers
- ❖ Employers
- ❖ State of Alaska

# Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009

- Established the Electronic Health Record (EHR) Incentive Program for eligible hospitals and eligible providers
- Through 2021, states can also receive 90% Federal Financial Participation to build health IT infrastructure in support of eligible providers meeting Meaningful Use
  - Expanded guidance in February 2016 led Alaska to become one of the first states to receive approval to use HITECH funds to onboard behavioral health providers to the health information exchange (HIE)

# Alaska's HIE Roadmap

- AeHN Board of Directors held strategic planning meetings in 2016 and 2017 and developed a roadmap for the future of Alaska's HIE.
  - Planning prompted by: Centers for Medicare and Medicaid Services (CMS) HITECH funding guidance, expansion to behavioral health, Medicaid Redesign, sustainability/value proposition, and organizational concerns and needs.
  - The Alaska Mental Health Trust provided a technical assistance contractor and staff time to support planning efforts
- Roadmap development consisted of:
  - Stakeholder engagement
  - Board development
  - Operational assessment and plan
  - Financial assessment and plan
  - National trends and opportunities
  - Services assessment and plan
  - Sustainability assessment and plan

# Roadmap Assumptions

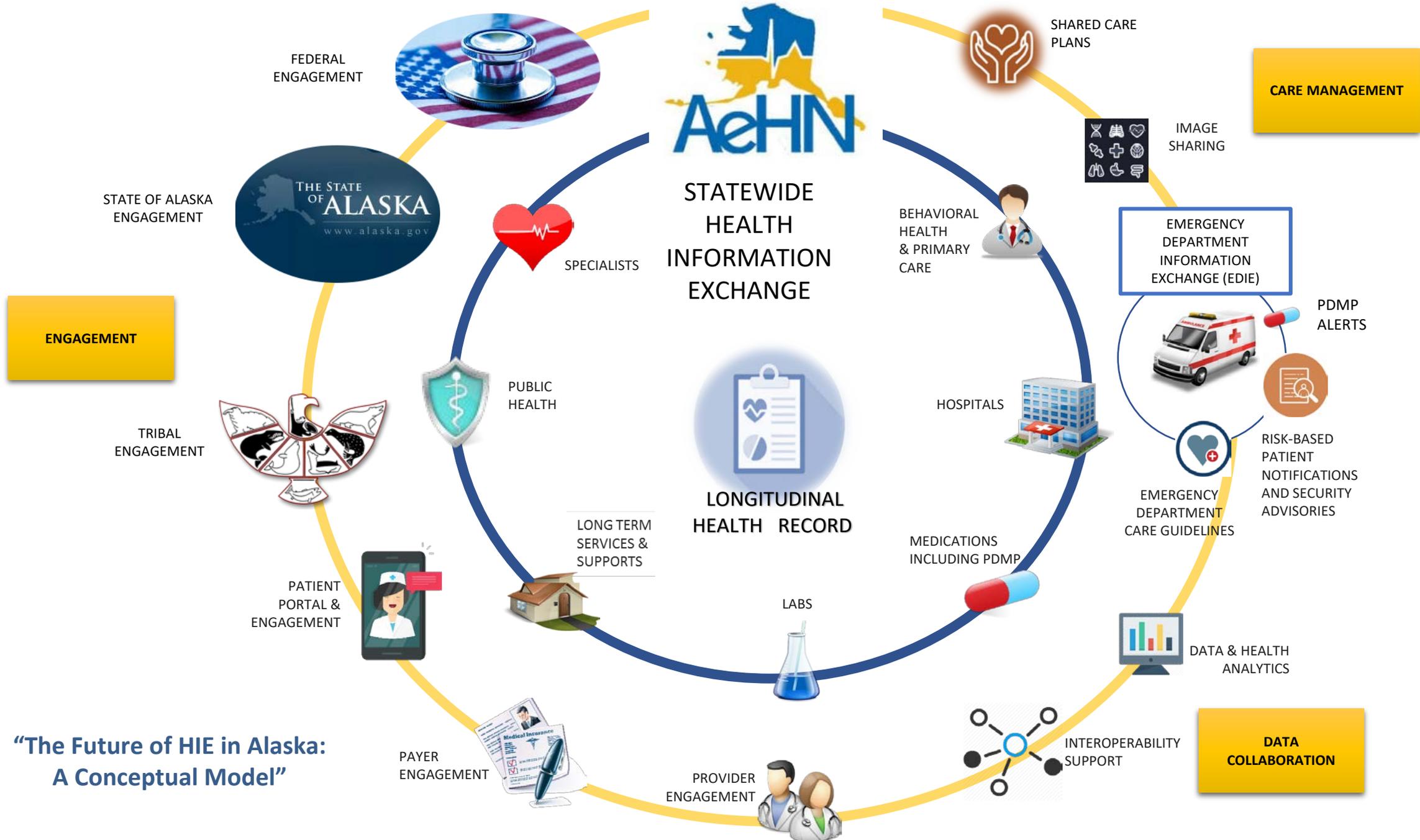
- Comprehensive patient records and centralized care coordination tools are critical for improving health and reducing costs
- HIE (noun) is needed to support interoperability in Alaska for the next 5-10 years minimum
- HIE needs to evolve with the market and Alaska eHealth Network can play a critical role as a convener for ongoing dialogue and coordinated action across Alaska
- Demand for care coordination is growing: Alaska's health care market is moving towards paying for value
- The level of readiness across the health care community to participate in the HIE has risen
- Payers are important stakeholders and leaders in promoting the adoption and sustainability of the HIE
- HITECH funding creates a window of opportunity for Alaska

# The Vision of AeHN: HIE 2.0



# Vision for the future

- Following roadmap and using 90/10 funds to invest in the future
- Focus on delivering value to providers and community organizations
- Expanding stakeholder involvement to include behavioral health, tribal health, correctional health, school nurses, etc.
- Collaborative approach to onboarding providers to the HIE
- Tackling tough problems like the opioid epidemic and reducing Emergency Department utilization with workgroups and pilot programs
- Adding non-standard data including social determinants of health, wearable data
- Expanding service offerings to include care coordination platform, analytics, radiology imaging exchange, Prescription Drug Monitoring Program (PDMP)/prescription fill data
- Investment in technology that supports expansion effort



**“The Future of HIE in Alaska:  
A Conceptual Model”**

# Provider Outreach

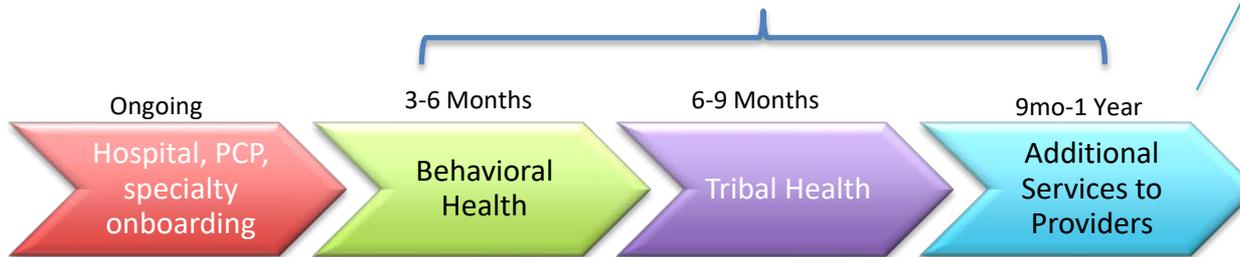
- Increasing outreach and education to provider organizations through:
  - Workflow analysis
  - Needs assessment
  - Security/Risk assessment
  - Support for quality measure reporting

# AeHN Staffing

- Added Data Quality and Informatics Director and will be building a team of informaticists to focus on provider engagement
  - Adding clinical health IT advisors to provide support to practices
- Added a Program Director to oversee all internal and external programs and to oversee project and account managers

# Expansion Timeline

## Kick-off efforts



Initiatives include:  
radiology image exchange,  
analytics, care  
coordination, advanced  
notifications, Medication &  
PDMP lookup, etc.

Starting with 3 pilot initiatives:  
Crisis/Serious Mental Illness (SMI) exchange  
AKAIMS Minimal Data set and exchange  
Alaska Psychiatric Institute Integration

Connectivity and  
exchange with  
non-tribal entities

# Upfront Challenges for Providers

- **Interface Cost**
  - It is an investment in better patient care and becoming more efficient
    - Requires leadership, project management, vendor negotiation, financial investment, data mapping, data quality testing
  - Look for options to implement a hub model with other organizations that have the same electronic health record (EHR) in your community
- **Change in workflow**
  - Its not as easy as faxing but the information, outcomes and safety features of the discrete data in your EHR is worth it
    - Requires clinical leadership, workflow integration, policy changes, training, implementation support, new skills development

# The Delivery of Health Care is Shifting



# What will success look like for our organization?

- Further integrating Patient Centered Medical Home (PCMH) and Meaningful Use into our daily workflow is vital and relies heavily on the HIE
- HIE and direct secure messaging (DSM) information becomes more common than faxing; makes closing loops easier
- Mandatory state reporting is automated via the HIE so we can focus on improving population health
- Using the HIE for predictive analytics for our patients and acting on those results
- Providing care before the patient realizes they need it

# Questions?

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