North Dakota Health Information Network (NDHIN)

Dakota Conference
June 2015

Life begins at the end of your comfort zone.
Neale Donald Walsh

Governance
Health IT Advisory Committee (HITAC)

Chair - Lynette Dickson, Associate Director, Center for Rural Health, UND School of Medicine and Health Sciences
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Mike Ressler, CEO, North Dakota Department of Health
Neil Frame, Operations Director, Noridian Healthcare Solutions
Representative Robin Weisz, North Dakota Health Information Management Assoc.
Shelly Peterson, President, Long-term Care Association
Tami Wahl, Sr. Policy Advisor, ND Health Information Management Systems
Troy Aswege, Senior Vice President, Noridian Healthcare Solutions

Step 1 – Provider EHR’s

- In order to have a functioning HIE, we needed Providers to have certified EHRs

Barriers to Implementation

All entities identify lack of financial resources, for initial purchase and ongoing investment, as a significant barrier to implementation

- Less significant among hospital respondents
- Significance of barriers was dependent on where the entity is with regard to selection and implementation of EHR

Source: Center for Rural Health Study
Health IT Loan

• 25 loans to hospitals and clinics
  • $12.2 Million Dollars
  • ND Administration and Legislature
  • Bank of North Dakota
  • 1% interest – 10 years

• Loans Available
  • Applications due 6-15-2015 before 5 PM CDT
  • http://www.healthit.nd.gov/loan-program/

Step 2 – Procure and Implement NDHIN

• To be able to exchange information an infrastructure needed to be put in place.

<table>
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<tr>
<th>ID</th>
<th>Deliverable</th>
<th>Progress</th>
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<tr>
<td>1</td>
<td>Core Infrastructure and Direct</td>
<td>Complete</td>
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<tr>
<td>2a</td>
<td>Implementation of Core HIE Solution</td>
<td>Complete</td>
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<tr>
<td>2b</td>
<td>Integration of Initial Participants</td>
<td>Complete</td>
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<tr>
<td>3</td>
<td>Implementation, Integration and Onboarding with One Additional Participant</td>
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<td>4</td>
<td>Patient Portal</td>
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<td>5</td>
<td>Public Health Reporting Implementation</td>
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<td>Immunization Registry Integration</td>
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<td>7</td>
<td>eHealth Exchange Gateway</td>
<td>Almost Complete</td>
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<td>8</td>
<td>DSM 2.0 with HPD</td>
<td>Complete</td>
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<td>9</td>
<td>Business Intelligence Utilization Dashboard</td>
<td>Complete</td>
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<td>10</td>
<td>User Adoption Services</td>
<td>Complete</td>
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<td>11</td>
<td>Training Services</td>
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Push Services

Example: I have a piece of information and want to send it to someone else securely.

Allegro (Direct Secure Messaging)

Basic Direct Secure Messaging
- Web-based access
- Email client access

Managed Direct Secure Messaging
- Client-deployed hardware device
- Monitored by OH Managed Services

DSM Web
DSM Connect
DSM Direct

Pull (Query based) Services

Example: I have someone in the ER/office that I know little or nothing about. How can I get information from other sources to help me make sound medical decisions quickly and efficiently?

Query the NDHIN for information!
How NDHIN Works

NDHIN System

NDHIN Clinical Portal

Consolidated view of Patient Information

Repositories
NDIIS, ELR, Syndromic Etc.

NDIIS Bi-directional Interface
NDHIN Stats

- 170+ Organizations have signed Participation and Business Associate Agreements with NDHIN
  - 6 Prospective Payment Hospitals
  - 38 Critical Access Hospitals
  - Public health organizations, long term care, pharmacies, clinics etc.

Direct Secure Messaging

- Web Based Direct (Allegro) and XDR Direct (EHR system functionality) – 2,000+ users
  - Next Generation Notification using XDR Production
  - Veteran’s Administration, Other States, HealthVault etc.

Query Based Services

- Onboarding over 50 organizations right now (data providers)
  - Unique Patient Records – 694,000 (April 2015)
  - User Accounts set up to access patient data – 1,100+ providers (April 2015)
  - Logsins – 265 (April 1 – 25)
  - Patient Records Accessed – 1,026 (April 1 – 25)
  - Automatic Immunization, reportable conditions and syndromic reporting to the Health Department

ONC Cooperative Agreement Submitted

- Competitive
- 10 - 12 Available from 1 – 3 Million Each
- North Dakota Submitted (1.7 Million Federal / .6 Million Match)
  - CAH’s / Rural Providers
  - Long Term Care
  - Behavioral Health
  - Pharmacy

Focus

- Technical Assistance
- Certification
- Interface Assistance
- Medication Management
- Consent Management

Subscriptions

- Providers can “subscribe” to their patients and be notified when specific events/ triggers happen – based on HL7 messages
  - Inpatient Admission
  - Inpatient Discharge
  - Abnormal Lab Result (includes all abnormal results)
  - Above High/Low Abnormal OR Panic Lab Result (subset of abnormal lab result)
  - New Final Radiology Result
  - Patient is admitted to the ER
Duplicates

- >100 Duplicates in the NDHIN
- Working to Resolve

NDHIN – Benefits to Providers

- Public Health Reporting
  - Electronic Lab Reporting
  - Syndromic Surveillance
  - Bi-Directional Interface to ND Immunization Registry
- Clinical Portal/Patient Portal
  - Statewide Advance Directive Repository
- Prescription Drug Monitoring Program access
- eHealth Exchange Connectivity
  - Connect to other HIE’s/Federal Agencies across country
- Image Exchange
  - View images from PACS networks across state
- Disease Registries
- NDHIN Direct (Allegro)
- Simplifying Future Interface Work – and much more!!

Coming together is a beginning.
Keeping together is progress.
Working together is success.

Henry Ford
A REVIEW OF BENEFITS REALIZED FOR THE VALUE OF HEALTH IT

**Value Steps**

Health IT creates five kinds of value:

1. **Satisfaction**
   - Patient, provider, staff satisfaction
   - Improved patient safety, reduced patient risk

2. **Treatment**
   - Clinical decision support,飺
   - Improved patient care and outcomes
   - Increased effectiveness, reduced medical errors

3. **Economics**
   - Cost reduction, cost avoidance
   - Improved financial performance
   - Increased efficiency, reduced costs

4. **Prevention**
   - Disease prevention, health maintenance
   - Enhanced public health, reduced hospital readmissions

5. **SAVINGS**
   - Improved efficiency, cost reduction
   -Operational strategies

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**Top Story**

Medical Independent Practice

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http://www.himss.org/ValueSuite

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NDHIN

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