Session B: Rural Data Sharing and Health Information Exchange

AUGUST 30

3:30 - 5:00

Rural RHPs/projects discuss successes and challenges with implementing data sharing initiatives and Health Information Exchanges

RHP 16:

KATHY LEE, MBA, DIRECTOR, SPECIAL PROJECTS AND COMMUNITY LIAISON,

CORYELL MEMORIAL HOSPITAL

• RHP 19:

REBECCA MCCAIN, MHA, CEO ELECTRA MEMORIAL HOSPITAL

Overview of Current Environment

KEY

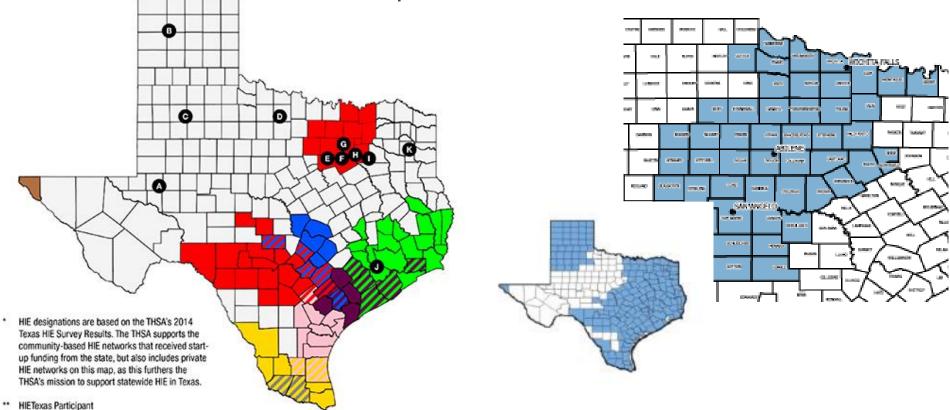
Community-Based HIE Networks*

- Greater Houston Healthconnect**
- Health Information Network of South Texas
- Healthcare Access San Antonio**
- Integrated Care Collaboration**
- Paso del Norte HIE
- RioOne HIE
- Rio Grande Valley HIE
- SETHS Operated Provider HIE
- Served by two community-based HIEs

Private HIE Networks*

- Ector County HIE
- Amarillo Legacy Medical ACO
- LEAP (Lubbock HIE)
- Texoma HIE
- @ THR
- JPS Health Network
- Sandlot HIE
- Texas Children's Medical Center
- Tenet
- Memorial Herman
- FirstNet Exchange

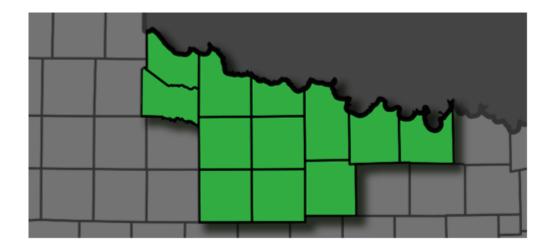




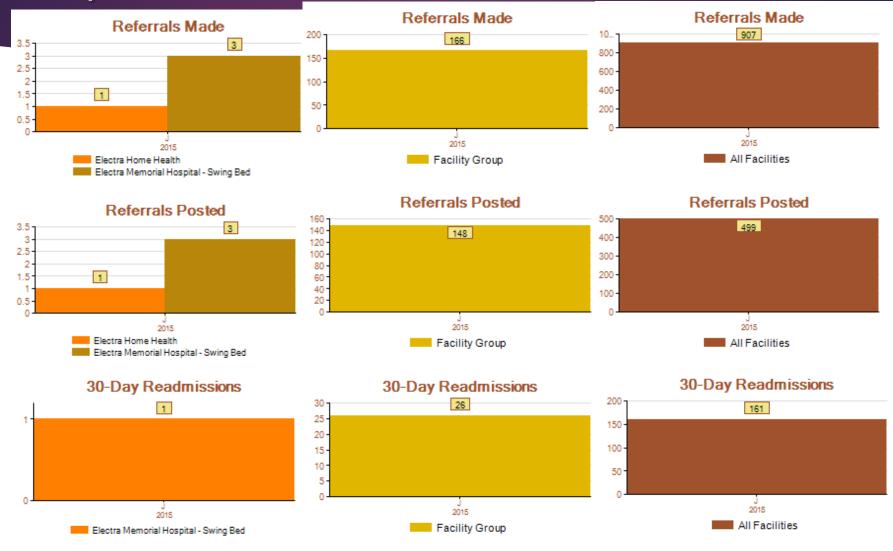
Overview of Current Environment

▶ Texoma HIE & RHP 19 Collaboration

- History
- Governance
- Work Flow
- Patient Centered
- ▶ RHP 19 Regional Project Collaboration
- ► Continuous Quality Improvement Strategies

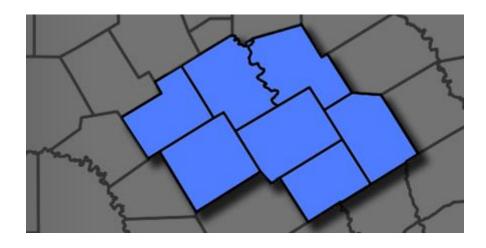


Facility Dashboards



Overview of Current Environment

- ▶ Regional Projects in RHP 16 reveal need for Regional HIE
 - Partners
 - Referrals
 - ▶ Patient Tracking
 - Continuous Quality Improvement Strategies



Coryell Findings

- ▶ The 80/20 Rule
 - ▶ 20% of patients use 80% of the money, generally in healthcare
- National Rural ACO Models and Dashboards
- Care Coordination
- Alternative Payment Models

HIS Navigation



To search for a specific provider, enter their name in the search box.



Provider dashboard contains only data affiliated with that Tax ID.



DSRIP Integration

Project Requirement	Metric/Deliverables	TCPI Milestone
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services	Clinically Interoperable System is in place for all participating providers	Practice routinely exchanges essential health information with other members of care team outside of the practice (Phase 3)
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services	PPS has protocols in place for care coordination and has identified process flow changes required to successfully implement IDS	Practice routinely exchanges essential health information with other members of care team outside of the practice (Phase 3)
Ensure patients receive appropriate health care and community support, including medical and behavioral health, post-acute care, long term care and public health services	PPS trains staff on IDS protocols and processes.	Practice routinely exchanges essential health information with other members of care team outside of the practice (Phase 3)

National Rural Accountable Care Consortium www.NationalRuralACO.com

How do Rural Providers Benefit?

- ▶ Data = Reimbursement
- Costs
- ► Implementation Timelines
- Mental Health Providers
- Physician Practices
- Medicaid EHR Incentives
- ► Interoperability EHR
- ▶ Is this for real?

Possible Next Steps

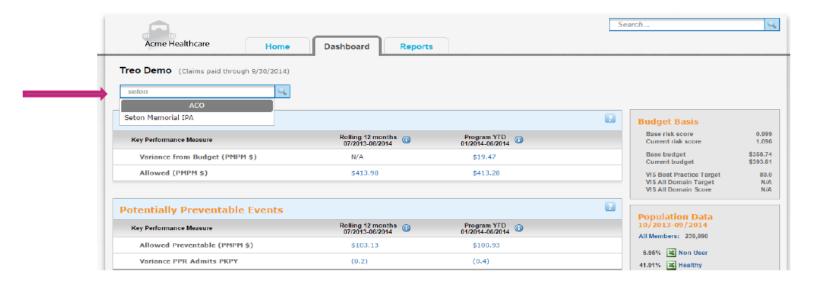
- Connect with your Medicaid Managed Care Plan and get patient analytics on EMS, ER and Inpatient Costs
- Share CT Scans and other diagnostic information from PCPs to Specialists without a paper (CD) trail through a cloud
 - Less expensive workaround where necessary
- Connect to Surescripts' ePCS to proactively recognize and prevent SUD
 - Providers are using technology more to better track prescribing and catch possible painkillers risks early
 - Free for Ambulatory Providers
 - Cost for Hospitals
- Connect to a Regional HIE
 - ▶ Texoma HIE Example
 - Epic Connect
 - Cerner Connect
- Connect to HIE Texas
- Connect to an HIE outside your region but in Texas

MCO

HIS Navigation



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PERSEVERANCE

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QUESTIONS