Maine’s Health Information Exchange
Using HealthInfoNet in Primary Care

Connecting Providers to Better Outcomes
What is HealthInfoNet?

• HealthInfoNet operates Maine’s **statewide health information exchange (HIE)**, a secure, standardized electronic system where providers can share important patient health information for treatment purposes.

• The use of this system:
  – Saves time and reduces paperwork.
  – Facilitates more informed treatment decision-making.
  – Leads to improved care coordination, higher quality of care, and better health outcomes.
What is HealthInfoNet

• Also one of 62 regional extension centers (REC) nationwide.

• The REC was created to assist providers in adoption of electronic medical records. Core objectives are to:
  
  ✓ Drive down cost of investment in interoperable EMR
  ✓ Help providers successfully implement and optimize EMRs in conjunction with “meaningful use” criteria
  ✓ Deliver interoperability between individual EMR implementations and the HIE.
About HealthInfoNet

- **Maine-based:** The Board of Directors are active and prominent in the Maine medical community and represent a variety of organizations and interests

- **Independent:** HealthInfoNet is independent and is not owned by insurance companies, health care organizations, associations, employers or government

- **Nonprofit:** HealthInfoNet is a private nonprofit organization. It is funded by many sources including charitable foundations, Maine health care providers, and state and federal government

- **Multi-stakeholder:** Involves Consumers, Providers, Payers, Business and Government
How Does the HIE Work?

• HealthInfoNet’s system combines information from separate health care sites to create a single electronic patient health record

• Patient health information is automatically uploaded from a provider’s electronic medical record system

• The information is standardized and aggregated across care sites

• HealthInfoNet automates reporting of certain illnesses and conditions like Lyme disease or food poisoning, to public health experts at the Maine CDC
What is in the system?

- Patient Identifier, demographics, insurer
- Vitals
- Encounter History
- Laboratory and Microbiology Results
- Radiology Reports
- Adverse Reactions/Allergies
- Medication History
- Diagnosis/Conditions/Problems (primary and secondary)
- Immunizations
- Dictated/Transcribed Documents
- Continuity of Care Document
Popular Functions in Primary Care

• Creation of Continuity of Care Document (CCD)
• Notifications triggered by the following events
  – Inpatient Discharge/Admission
  – Patient is admitted to or discharged from ER
  – Final Laboratory/Radiology Result is available
• Export Transcribed Document or Result into native electronic medical record system
• Trend lab data across care sites
• More complete medication profile
## Managing care before & after HIE

<table>
<thead>
<tr>
<th>Issue</th>
<th>Without HIE</th>
<th>With HIE</th>
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<tbody>
<tr>
<td>Lack of Accurate and Complete Data</td>
<td>Patient records stored in several physician offices, hospital storage rooms, and independent laboratories.</td>
<td>Records stored in one electronic location giving providers access to a complete patient view.</td>
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<tr>
<td>Inability to Access Real-time Information</td>
<td>Patient records are available only when provider offices are open or certain staff are available.</td>
<td>Data is accessible to providers in real-time. Once information is generated in native EMR, it’s in the HIE within minutes.</td>
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<tr>
<td>Missed or late information</td>
<td>PCP unaware or alerted late to rest results or hospital admission/discharge.</td>
<td>Event alerts and notifications can be sent from HIE to care manager through email.</td>
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Other factors driving use of HIE

• Meaningful Use requirements
• Patient Centered Medical Home
• Accountable Care Organizations
• Risk-Based Care Contracting
Security and Privacy Processes

• Uses a Virtual Private Network (VPN) and protected by a dedicated Firewall

• Data is encrypted at all times (in motion and at rest) and stored separately from clinical data.

• All users are given unique passwords and can only access the system from their organization’s EHR.

• Provider activity logs are audited daily by HealthInfoNet staff and access reports can be generated at any time.

• Users must confirm they have a relationship with the patient and a need to see their information. This is recorded in the system.
HealthInfoNet Consent Policy

• Maine law requires HIN follow an opt-out consent policy.
• Patients opt-out online, on paper, or over the phone.
• Patients opt-out once for all care locations at which time their clinical data is deleted from the HIE.
• State law requires participating providers give the patient an opt-out form the first time they visit that provider location.
• For mental health and HIV data, state law requires HIN to shield the data until the patient actively opts that data in. (Currently being implemented)
HealthInfoNet’s HIE Statistics

• 1,091,812 individuals (79% of ME population) have a HealthInfoNet record
  – 100,355 individuals have primary addresses outside of Maine
  – 11,054 individuals (less than 1%) have opted out
• 35% of individuals have information from 2 or more facilities connected.
• 6,895 clinicians and care staff can access the system
• Provider organizations participating
  – 26 of Maine’s 39 hospitals connected – 37 under contract
  – Over 240 ambulatory practices connected (1,000 providers under contract)
What’s Next?

- Connect all hospitals by 2014
- Connect 1,000 Primary Care Providers to HIN
- Contract with FQHCs, Home Health, Long-term care
- Integration of behavioral health and HIV data
- Pilot Statewide Image Repository
- Demonstrate linking All Payer Claims Database for Episodes of Care
- Deliver reporting tools
HealthInfoNet Users

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Questions/Comments

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