Ohio Health Information Partnership

United States House Ways and Means Subcommittee on Health

Statement of Dan Paoletti, Chief Executive Officer, Ohio Health Information Partnership and CliniSync Health Information Exchange, Hilliard, Ohio

Identifying Innovative Practices and Technology in Health Care
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My name is Dan Paoletti, and I am Chief Executive Officer of the Ohio Health Information Partnership, which manages the CliniSync Health Information Exchange in Ohio. I want to thank you for the opportunity to comment on *Identifying Innovative Practices and Technology in Health Care*. This testimony focuses on the evolution of health information technology in Ohio over the past decade and the critical role that collaboration and community trust play in sustaining this model.

The Ohio Health Information Partnership is a private, nonprofit organization created in 2009 with HITECH Act funds. Under the direction of the U.S. Department of Health and Human Services, these funds were to be used for the promotion of health information technology to improve the delivery of health care in our state and across the nation. Ohio's success lies in the collaborative creation of this partnership, established from the ground up by medical and healthcare partners who have a vested, critical interest in the successful use of technology and the creation of a robust health information exchange infrastructure.

A COMMUNITY-BASED APPROACH

Our founders include top leadership from the Ohio State Medical Association, Ohio Osteopathic Association and Ohio Hospital Association. The leaders of this partnership serve as the three-member Executive Committee on a 15-member Board of Directors, also made up of business, medical, hospital, long-term care, behavioral health, consumer and health plan leaders. In addition to serving as stewards of the Ohio Health Information Partnership, these champions have garnered the support of other medical, legal and HIT professionals to serve on committees that generated the policies and procedures that govern the organization today.

We extended this grass-roots, collaborative effort to create seven Regional Extension Centers to help guide physicians in the adoption of electronic health records, which would replace manual faxing, phone calls and other antiquated methods of communication. In Ohio and across the country, physicians and hospitals historically had not been able to share electronic patient data with one another to coordinate care for patients treated in disparate healthcare settings.

Because Ohio is a microcosm of the nation, it reflects a diverse population of 11.7 million who share its flattened farmlands, high-poverty Appalachian peaks and the multicultural, urban centers of our major cities. The challenge to level the playing field in technology at first

appeared daunting. While many of the large hospital and health systems already had sophisticated electronic health systems that electronically communicated regionally or within their own systems, our state also had numerous rural and critical access hospitals as well as thousands of independent, one- or two-physician practices that had limited adoption or access to health information technology, often geographically remote from major health systems. Secure electronic access to patient data across multiple care settings over time had the promise to enable effective coordination of patient care that would improve the quality, efficiency and access of care for all.

With the right information at the right time and at their fingertips, physicians and other providers of care could break through the brick and mortar of siloed systems to coordinate and manage the care of their patients with different providers. These breakthroughs would be especially critical for patients with chronic conditions. At no cost to physicians, the regional approach worked well and by 2012, more than 6,000 primary care physicians had adopted electronic health records, the largest population of any singular Regional Extension Center in the nation. The guidance and parameters we received from the U.S. Department of Health and Human Services provided the structure to help these physicians go from paper to electronic health records. We also worked with vendors to create standard interfaces that reduced the cost to practices and provided interoperability among 40 plus integrated vendors.

A TRUSTED EXCHANGE MODEL

Simultaneously, we embarked on the creation of the health information exchange – CliniSync – with cooperation first of the hospitals throughout the state, using HITECH funds to offset the cost of hospital implementation. The level of trust displayed towards CliniSync as a neutral, impartial entity only increased over time and paved the way for 157 hospitals to eventually create an interoperable environment for patient health information in Ohio. This market-based approach enabled the CliniSync network to quickly become financially sustainable with little or no cost to community healthcare providers. We chose Medicity, Inc., as our technology partner since it had much experience with other health information exchanges and large health systems throughout the country.

Back in 2012, Mercy Health St. Rita's Hospital in Lima jumpstarted the effort as the first hospital to connect, and the collaboration broke down the data silos for the greater good of this combined smaller urban and farming community. Shortly after, all hospitals in West Central Ohio went live as a regional effort to communicate. The same trust environment developed in Southeastern Ohio, one of the most impoverished areas of the state and hardest hit by the opioid epidemic. In Portsmouth, the collaborative efforts of Southern Ohio Medical Center (SOMC) and surrounding clinics and physician practices resulted in a technologically savvy medical community that now electronically exchanges patient health records, where previously couriers delivered paper records between the local hospitals and healthcare providers. This effort finally provided the comprehensive access to health records previously unattainable to these rural areas of the state.

By 2013, urban communities and large health systems also began collaborating; this served as a tipping point for broader statewide adoption. University Hospitals in Cleveland became a significant catalyst for comprehensive community sharing of health records in a large urban area. Shortly after, to make sure providers could share information across the Cleveland area, The Cleveland Clinic, MetroHealth, Sisters of Charity Health System and smaller health

systems in Northeastern Ohio all joined. During this time, Mercy Health brought up their Eastern Ohio locations, which also encouraged additional community hospitals to join. In Central Ohio, Mount Carmel Health System joined first, followed by nearby rural hospitals in the area as well as large systems, such as Ohio State University Wexner Medical Center and OhioHealth. Across Ohio, the children's hospitals joined from Akron to Cleveland to Columbus to Dayton.

In the Dayton area, we have partnered with Wright-Patterson Air Force Base, Wright-Patterson Medical Center and the U.S. Department of Defense (DOD) to use CliniSync services, enhancing electronic communication and providing interoperability with neighboring private hospitals and clinicians for active duty troops, veterans and their families. The Veteran's Administration currently is in the testing phase to ultimately better coordinate care with the DOD, giving a more in-depth view of veterans' healthcare needs.

IMPROVED PATIENT CARE COORDINATION

The philosophy behind electronic health records in Ohio is that the records follow the patient. So, a patient's records from Columbus can be shared in Cleveland, in Toledo, or anywhere that specific patient is treated within the community. The Community Health Record allows an authorized, treating physician or staff member to search for a patient, the system matches the patient with accurate identifiers, and the patient's records can be viewed from any hospital encounter, no matter where it occurs in the state. To date, almost 13 million individuals now have Community Health Records. The consent policy allows these patients to be included unless they choose to opt out of having their records accessed by their physicians. Providers can view face sheets, treatment history, hospital encounters, problem lists, allergies, lab results, radiology and other transcribed reports, in many cases directly from their own electronic medical record system (EMR). They can check the latest patient demographic and insurance information captured by other providers and can view, print or download full summaries of care that provide even more comprehensive information. Providers can customize what they want and do not want to view, based on their needs and the care of the patient. This service is extremely helpful in emergency situations when a patient is unconscious or uncommunicative. But it is just as beneficial when staff prepare the physician with information for the next day's patients.

Along with the Community Health Record, an integral solution now enables notifications to physicians if a patient is admitted to or discharged from the Emergency Department or the hospital. Follow-up notifications inform the physician of the patient's status and allow primary care physicians to immediately follow up on hospitalized patients after discharge or when transferred to another facility, such as long-term or rehabilitative care. This notification also allows specialists, dialysis centers and other providers to intervene if care should be given in a different setting than the hospital. Again, once the notification occurs, accountable staff can immediately access additional records on the patient to see what occurred in the hospital, the prescribed medications and after-care instructions. Since late 2016, there have been over 6.7 million notifications sent.

STAKEHOLDER SUCCESSES

An example where the use of notifications identified an avenue of intervention was for an Accountable Care Organization (ACO) that received alerts for a patient from three different emergency rooms on the same day, indicating a possibility for opioid addiction. These notifications allowed the ACO to determine the appropriate steps for action with the patient.

University Hospitals of Cleveland are working with the Cleveland Dialysis Center to coordinate care of over 1,200 dialysis patients. Community nephrologists are notified when one of their patients is admitted to a UH Emergency Department. They are working to coordinate the care of patients to reduce the tens of thousands of inpatient bed days for these patients and move them to a nearby dialysis center. This work, as well as other innovative projects across the state, have tremendous opportunity to provide lower cost high quality of care for patients. For more success stories from leaders in Ohio around Innovative Practices and Technology in Health Care please go to: http://www.clinisync.org/success-stories.

The ability to access health information in near real-time gives providers immediate knowledge to diagnose, treat, coordinate care and manage the care of a patient while an event is happening or has just occurred. More than 1,300 ambulatory practices now are now connected, and an estimated 15,000 independent and hospital-employed physicians are part of the network. But the pool of providers who have access to CliniSync has extended well beyond hospitals, primary care physicians and specialists to other healthcare professionals who touch patients' lives every day. More than 500 long-term and post-acute care facilities have access, many using direct, encrypted email messages and the Community Health Record to exchange information. Ohio has 32 behavioral health organizations connected so mental health professionals can access a patient's medical history to better coordinate care. In addition, 29 federally-qualified Community Health Centers are part of the CliniSync Community to help care for patients who are traditionally medically underserved. Of the 157 hospitals connected, 30 are Critical Access Hospitals, who also serve low-income and underserved patient populations. Under a Center for Medicaid and Medicare Services (CMS) End-Stage Renal Disease initiative, dialysis centers now are connecting to health information exchanges across the country to reduce Blood Stream Infections (BSI), and Ohio now has at least 20 centers connected and another 100 in process. In addition, five reference laboratories are in production to send results directly to practices and into the Community Health Record.

INNOVATION ACROSS THE CARE CONTINUUM

Community connectivity has spread into communities in novel and innovative ways. With the addition of two major pharmacy chains and smaller pharmacies, pharmacists can now assist with post-discharge medication management as well as referrals for nutrition, self-care and tobacco cessation programs they offer. With the ability to access the Community Health Record, 16 Emergency Medical Services (EMS) entities and fire departments are now engaged with CliniSync so they can access a patient's records en route to the Emergency Department, and that number is growing each month. And social service and community agencies now are developing "medical neighborhoods" through CliniSync's referral tool. In Central Ohio, 25 physician groups and social service agencies are working together to assist patients with mental health services, self-care management, primary care, medications, transportation, housing, nutrition and other community-based services. Forty-four more organizations in the region want to be involved in this infrastructure.

With payment reform and population health initiatives at the forefront of the healthcare industry, payers and providers collaborated on exchange strategies to improve the cost and quality of care for the communities they serve. To facilitate this in Ohio, a special committee of stakeholders was created to drive these conversations. There are now seven participating health plans, five of which are Medicaid Managed Care Plans. Just as importantly, we have multiple

health systems now also responsible for the care of patient populations. Some examples of how they are using CliniSync include:

- Health plans are notifying pharmacies when their members are discharged so they can initiate post-discharge medication reconciliation.

- Most health plans require hospitals to notify them of an admission within 24 hours. Stakeholders are working together to eliminate manual phone calls and faxes and replace them with a near real-time electronic notification process.

- Health plans are finding benefits in the timeliness of notification data, given that the Medicare and Medicaid populations are often transient. For instance, a health plan could reach an elderly member who had a quick succession of ED visits by leveraging the current address and phone number in the notification, so they could direct the member to less costly, more appropriate services.

- By using a health information exchange, data is more readily available to organizations accountable to that patient. A practice can share a summary of care once to CliniSync, but it would be available to all treating providers and a limited subset would be available to health plans for quality reporting and care.

INTEROPERABILITY ACROSS STATES

To broaden the governance of our organization, a CliniSync Advisory Council was created, made up of hospital, health plan, HIT, physician, behavioral health and other leaders who advise staff on the operations and work in tandem with the Board of Directors on policies and data governance. Under their direction, we are reaching across Ohio borders to work with other states and national initiatives, so data can be shared nationally. Ohio is also working with the Strategic Health Information Exchange Collaborative (SHIEC), an organization striving to enable the secure exchange of patient information to improve the quality, coordination, and cost-effectiveness of healthcare locally, regionally and nationally, representing 60 HIEs that together cover more than 200 million people across the United States. Our CliniSync members include practices and hospitals in bordering states. We are working on a connection to the West Virginia Health Information Exchange and multiple hospitals in Pennsylvania, are making direct connections with the Great Lakes Health Connect and are in discussions with Indiana. As mentioned earlier, there is continued work with the DOD and VA to further connections with those who care for our military personnel and their families.

Ohio is not alone in its innovative use of health information exchange to improve care coordination nor is it the only model that works. Great Lakes Health Connect in Michigan, Colorado Regional Health Information Organization, and the Delaware Health Information Network are great examples of how exchanges can coordinate to improve healthcare delivery. These organizations and many others have been pioneers in collaboration and the development of proven sustainability models. Successful health information exchanges must be supported by community trust and viable market strategies to truly improve healthcare delivery and patient care. This is how successful exchanges have truly excelled.

RECOMMENDED AREAS OF FOCUS

Specific areas where Health and Human Services can facilitate the expanding space of Innovation in Healthcare, is to continue to encourage both financially and from a facilitation perspective, the following areas:

- **Coordination**: Enabling efficient coordination of care is critical for healthcare providers as they take on more financial risk amid the shift toward value-based care, specifically coordinating between those who provide care and those responsible financially for that care. As CMS moves to more alternative payment models, the importance of implementing efficient care and case management coordination processes is critical.

- **Telehealth**: Telehealth continues to emerge as in important solution holding the possibility to significantly impact challenging problems in our healthcare system: access to care, cost and distribution of limited providers.

- **Quality Reporting**: In the past, payers have defined quality using multiple different metrics resulting in overly burdensome and unnecessary administrative tasks. Standardizing a set of measures will create an environment of efficiency, lower costs and a better way to compare care. Harmonizing the quality standards across multiple payers and providers is an important step forward.

- **Behavioral Health**: There is a significant need to revisit new rules and regulations allowing for the sharing of data restricted by 42 CFR Part 2. These patients have some of the most significant needs for care coordination that may be limited because of sharing restrictions. If patients desire their information to be shared, then we should make sure their coordination needs can be met.

- **Primary Care Initiatives**: In Ohio there has been tremendous progress with innovation through programs that put the primary care physician in the forefront of the care. The Comprehensive Primary Care and Chronic Care Management initiatives from Medicare have enabled ongoing innovation for care models in Ohio.

- **Trusted Exchange Framework and Common Agreement (TEFCA)**: We feel that this new initiative from the Office of the National Coordinator should focus on resolving issues that affect clinical data transfer and interoperability for treatment purposes. Other aspects of the TEFCA dealing with Healthcare Operations and Payment should then be addressed, such as specific concerns around the HIPAA Minimum Necessary Standard and Privacy Rule.

While the concept of a health information exchange is a technology solution that promotes interoperability, the success of any initiative lies not solely in the technology but in the grass-roots collaboration and trust of all those organizations and professionals who touch a patient's life. Innovation on a regional, statewide level requires an environment in which all stakeholders can come together to generate ideas and to implement those ideas. In Ohio, we would not have accomplished what we have without both stakeholder leadership and the environment to innovate.

Thank you.