

eHealth Pod Pilot Program
Case Study #1

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| Provider Type | Behavioral Health and Wellness Services |
| Patient Type | Serves approximate 5,853 patients; 30% Medicaid |
| Exchange Partners | Federally Qualified Health Center (FQHC); Pediatrics Practice |
| Exchange Platform | DIRECT |
| Partnership Established | March 2013 |
| Service Partner | EHR Explained, Teresa Younkin |

Building a Strong Partnership

The eHealth Pod provider located in south central Pennsylvania offers comprehensive and personal approaches for behavioral health and wellness services. Services include, counseling, emergency crisis support, residential and vocational services, education and prevention, and lifestyle management services for chronic disease management, weight management, and pain management. The eHealth Pod provider and a partnering FQHC entered into a collaborative agreement to integrate physical and behavioral health services. Similarly, the eHealth Pod provider and a local pediatrics practice entered into a collaborative agreement to exchange patient data to address continuity of care concerns for pediatric patients who need behavioral health services.

eHealth Strategies

Building the Foundation for Exchange - As part of the exchange process, the eHealth Pod provider worked with its Service Partner, EHR Explained, to ensure professionals and staff received appropriate training regarding the value of exchange, identified and adjusted workflow and administrative process to facilitate exchange, and made changes to its EHR system to support the generation of Continuity of Care Documents (CCDs). Prior to exchanging data, the eHealth Pod provider identified best practices in data exchange and related documentation. Additionally, the eHealth Pod provider created a Universal Authorization and Data Usage Agreement to share with its exchange partners. While the eHealth Pod provider worked with exchange partners to inform them of appropriate processes to implement universal authorizations for information exchange, each partner was responsible for the administration, training, and creation of policies for implementing a workflow within their practice to capture Universal Authorizations.

Preparing for System Readiness - The eHealth Pod provider and its exchange partners worked with the Service Partner to create a systemic infrastructure for the facilities by:

- *Mapping data elements from one practice setting EHR to the other.* Although this process was critical for creating common infrastructure, this data mapping turned out to be overly labor intensive and was not completed. The estimated resources needed to complete the mapping and then maintain each mapping for each partner is prohibitive since there is no uniform standard for consuming patient data across the EHRs.
- *Identifying ways to securely exchange necessary clinical data.* Together, all partners concluded that DIRECT secure exchange protocols provided a cost effective way to exchange data to meet 2014 Meaningful Use (MU) requirements.
- *Generating a CCD within the EHR.* The eHealth Pod provider and its exchange partners were able to generate CCDs, which could be read outside of the EHR and used to better coordinate care and reduce breaks in coverage.

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EHR Software Readiness - The eHealth Pod provider's EHR was going through updates and upgrades to meet 2014 MU requirements. Preparation for the re-certification process delayed additional deployments to the EHR. During the pilot, the FQHC decided to switch EHR vendors and implement a new EHR because its original EHR technology was not able to meet MU requirements. Additionally, the pediatric practice delayed installing upgrades to its software during the 90-day MU reporting period. These complications created delays for CCD exchange and it is still unknown whether the existing EHR software vendors of the pilot participants will build DIRECT capabilities into the software to help customers meet 2014 MU requirements.

Organizational Considerations - Change management and educating staff about new regulations surrounding patient health information is critical to making changes to existing workflow. It is critical to have both leadership and staff at the table to discuss what was to be exchanged and who is to be responsible for the exchange. Leadership included staff in all steps of the change process to enable the staff to have ownership in the change process. As a result, staff members understood the mission of the pilot and were able to identify and discuss potential challenges as well as develop possible solutions to these scenarios. Having face-to-face discussions between all exchange partners allowed participants to create a workflow that broke down "silos" of care for patients.

Enhancing Workflow to Prepare for Exchange - Prior to CCD implementation, exchange partners did not have a way to verify if patients had scheduled appointments with the eHealth Pod provider and had to depend on patients to describe medication and treatment plans developed with behavioral health providers. Conversely, the eHealth Pod provider did not have an easy way to verify if patients obtained referrals from the exchange partners. The eHealth Pod provider also had to make several follow-up phone calls to obtain treatment notes, lists of medications, and additional documentation from exchange partners and did not have an easy way to verify whether exchange partners were informed about prescribed medications or treatment plans.

Improving Healthcare Delivery Through Effective Use of Health IT

Using a CCD to create a snapshot that summarizes a patient's clinical, demographic and administrative information will enable informed decision making through improved electronic communication. CCD exchange can allow for medication reconciliation during transitions of care as well as updates to treatment plans and exchange of information that is crucial to improve the health of the sometimes complex needs presented by behavioral health patients.