

eHealth Pod Pilot Program
Case Study #2

eHealth Pod Provider Type	Community Mental Health Center
Patient Type	Serves approximately 60 to 70% Medicaid
Exchange Partner	Private, not-for-profit psychiatric hospital
Exchange Platform	DIRECT
Pilot Partnership Established	March 2013
Service Partner	Quality Insights of Pennsylvania

Building a Strong Partnership

The eHealth Pod provider, a not-for-profit, multi-service community mental health center partnered with a private, not-for-profit psychiatric hospital located in the southeastern part of Pennsylvania to begin the process of exchanging continuity of care documents (CCDs). These two organizations are located outside of a large urban area with a historically large population of patients with mental health and behavioral health issues. Both organizations have over a thirty year history of collaboration. However, effective coordination of care between the two providers has been an ongoing issue. Therefore, participation in the eHealth Pod Pilot Program was a timely and potentially valuable solution to both organizations. Exchanging CCDs with, at a minimum, an updated treatment plan and medication reconciliation list would streamline and enhance care delivery for patients seen at both organizations.

eHealth Strategies

Preparing for System Readiness

The eHealth pod provider had been using their electronic health record (EHR) for approximately two years but had yet to use the CCD functionality. Their exchange partner was in the process of upgrading to a certified version of EHR software and had also never created a CCD with their current system. After assessing their EHR, the eHealth Pod provider determined that their EHR could successfully generate an acceptable CCD in a format that required no additional modifications or changes from the vendor. The exchange partner because of upgrading their EHR system was not able to generate a CCD but was working with their vendor to create a document that included key information. The document would include a list of medications, and other clinical information from the exchange partner's existing EHR system. As of conclusion of the pilot the eHealth Pod provider is sending CCDs to their exchange partner subject to receipt of signed releases but the exchange partner cannot in turn send anything back. During the pilot both organizations also successfully established DIRECT accounts.

Enhancing Workflow to Prepare for Exchange

The Service Partner provided extensive training to staff at the eHealth Pod provider on changes and updates to workflow processes in preparation for and after the exchange of CCDs with their exchange partner. The Service Partner, the eHealth Pod provider and exchange partner communicated frequently to discuss the necessary workflow modifications needed prior to the start of exchanging CCDs. The organizations conducted a series of test transmissions from the eHealth Pod provider to the exchange partner. These transmissions were successful and provided traction for both organizations to continue and invest in this process. Since the exchange partner was in the process of upgrading their EHR system, the eHealth Pod provider was taking primary responsibility to identify patients and generate the CCD for exchange.

One of the greatest challenges, in terms of workflow, was the identification and verification of a Release of Information document, which provides patient consent to exchange information. Since these

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verifications are on paper, the eHealth Pod provider found it difficult to locate the necessary clinical records and begin the process for CCD exchange. As part of this pilot program, line staff at the eHealth Pod provider were tasked with the responsibility to identify appropriate patients that would benefit from the exchange of clinical information and verify that a current Release of Information was on file.

The eHealth Pod provider and their exchange partner were working proactively to discuss any positive and negative ramifications of CCD exchange and to ensure that the information from the CCDs is used appropriately. For instance, the exchange partner is not able to automatically integrate the CCD into their current system, and is saving these documents as a PDF file. Upon the completion of a few exchanges between the organizations, a follow-up meeting with the Service Partner and the eHealth Pod provider was held to discuss the impact of CCD transmission on staff workflow.

Improving Healthcare Delivery Through Effective Use of Health IT

The primary barrier to increasing the number of exchanges is the verification of the Release of Information document that is currently on paper. As a result, this process has highlighted the need for continued collaboration between the eHealth Pod provider and exchange partner, particularly to address the barriers related to obtaining the Release of Information for individuals served by these providers. This process has strengthened the commitment of both organizations to increase the number of exchanges and improve continuity of care for the individuals they serve.

Next Steps

The eHealth Pod provider and their exchange partner will continue to make systemic and operational modifications to support CCD exchange. The eHealth Pod provider is in the process of developing an e-copy of the Release of Information that can be completed and signed in the EHR using an electronic signature pad. Currently, the eHealth Pod Provider is able to send CCDs to their exchange partner subject to receiving patient consent; however, the exchange partner is unable to send CCDs to the eHealth Pod Provider. The exchange partner is working with their vendor so that the organization can create and send CCDs. This would allow for the bi-directional exchange of CCDs between the organizations.