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Alaska Health Information Exchange

2022 Progress & Recommendations Report

Prepared by the

Alaska Department of Health

Health Information Technology Office

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Introduction

In 2010, SB 133 was enacted into law, creating Alaska's Health Information Exchange (HIE) system with the intent "to improve the safety, cost effectiveness, and quality of healthcare in Alaska" by connecting electronic health records (EHRs), public health registries, and auxiliary health systems. The goals of the HIE are to allow patients and their information to move freely within Alaska's health care system, providers to effectively manage patient care, and the State of Alaska to effectively manage population health. Ultimately, health information exchange is meant to address the triple aim of healthcare:

1. Improving the patient experience of care (including quality and satisfaction);
2. Improving the health of populations; and
3. Reducing the per capita cost of health care.

This report is prepared each December for the Alaska State Legislature as required by AS 18.23.315. This statute requires that this report contains an update of Alaska's health information exchange system, and a specific set of recommendations for long-term participation and financial support by the state. The following report summarizes the status of health information exchange system in Alaska, during the calendar year 2022, and recommendations for 2023.

State Activities and Recommendations

In Spring of 2021, the Department of Health and Department of Administration Chief Procurement Officer concluded that there was insufficient justification for a sole source health information exchange (HIE) contract and informed the current HIE vendor the Department would issue a Request for Proposal (RFP) under a competitive bid process for HIE services.

The state received approval from the Centers for Medicare & Medicaid Services (CMS) on this approach, and to procure a contractor to assist in the development of an RFP for the HIE. The Department of Health's RFP and approach in 2022 has been focused on procuring health information exchange services and systems that meet the needs of the department's health priorities aimed to improve health and reduce costs for Alaskans, while maintaining health information exchange services and systems to ensure the health information needs of providers and the State are met. This approach aligns with recommendations and requirements from CMS aimed at supporting and financing the use of health information exchange to support state Medicaid business priorities and operational needs.

In 2022, the State of Alaska, Department of health (DOH) solicited proposals from qualified and experienced entities to provide HIE services that support the secure exchange of health information with an end goal of delivering coordinated and timely care, improving patient outcomes, and increasing well-being for all Alaskans. This work is being funded by legislators who appropriated \$6.1 million to continue HIE services in Alaska over the next two years. This appropriation is receiving federal funding participation (FFP) for services and systems that meet Medicaid business needs. In addition, leveraging public-private partnerships it is recommended that legislators consider funding this infrastructure ongoing to support the sharing of information for complex and safety-net populations. The availability of the right information at the right time reduces emergency room visits, improves prevention, improves health outcomes, and reduces redundant procedures and tests across health providers and health systems.

Background on Federal Financing Participation of HIE Services

It is important to note that previous CMS financing through the American Recovery and Reinvestment (ARRA) Health Information Technology for Economics and Clinical Act (HITECH) ended on September 30, 2021. Under HITECH funding for enhanced federal financial participation (FFP) was 90% with a 10% state match. Although previously available federal funding ended, continued CMS funding for HIE activities is a possibility through other CMS financing programs such as the Medicaid Enterprise System (MES).

However, there are significant differences between HITECH and MES funding requirements. Continued CMS funding for HIE services is available for activities that improve the efficient administration of the Medicaid Program. FFP is only available for the portion of costs that benefit the Medicaid Program. The level of FFP varies by activity:

- 90% for projects in Design, Development, and Implementation (DDI);
- 75% for projects in Operations (Ops); and
- 50% for Administration (Admin).

In 2022-CMS has approved 90% federal funding participation (FFP) for the planning phase of the HIE and Health IT projects that benefits Medicaid. In addition, DOH reviewed the Alaska HIE service vendor technology infrastructure and data available for Medicaid clients and developed an agreed upon cost-allocation methodology. CMS approved 50% federal funding participation (FFP) for administrative cost of HIE services to ensure continuity. Once an RFP is awarded, DOH will work with the vendor and CMS to obtain an enhanced FFP of 75% for operations and maintenance of the system. The time frame for certification is 12 to 18 months. The RFP requires the HIE vendor to develop a sustainability plan that engages stakeholders in the process over the next year.

Despite these challenges with federal financing participation, the state and contracted vendor continue to make progress with advancing the exchange of health information to support state priorities such as COVID-19 response and quality measure reporting. In addition, the HIE RFP requires the vendor to develop a sustainability plan that includes diverse and lasting funding of the network.

Progress Made in 2022

As of October 2022, there are a total of 831,600 patients in the Health Information Exchange (HIE). This represents a 9% increase over 2021. An analysis of the patients represented in the HIE are generally in line with the demographics of the residents of Alaska as a whole. The HIE is comprised of 94 participant providers in Alaska, which includes hospitals, clinics, behavioral health services, labs, payors, and facilities reporting to public health. These 94 organizations either contribute data to the HIE, use the data within the HIE, or make use of other core HIE services such as public health reporting.

For calendar year 2022, the HIE has experienced tremendous growth in overall utilization, with an increase of 41% in user accounts (May to October growth) and an 80% increase in patient lookups. Additional services, such as Prescription Drug Monitoring Program (PDMP) integration, image exchange and connectivity to the national network (eHealth Exchange) have been very successful at increasing provider engagement and functionality.

The HIE assisted with the COVID-19 response by establishing interfaces to receive information and enhance public health reporting. Support for COVID-19 results reporting expanded dramatically to include over one hundred testing sites meeting public health reporting obligations via the HIE's secure file transfer. These sites include non-traditional reporting organizations such as cruise lines, schools, fish processing facilities and mines as well as medical practices.

As the health information exchange services matured, more health providers joined the network for new and existing services. Below are highlights of the HIE service for year 2022:

Increased Health Provider participation in HIE Network in 2022

- **331 behavioral health providers** participate in the HIE network – either by providing access to clinical data for those providers or exchanging data to support mandatory reporting to the Division of Behavioral Health-AKAIMS reporting database.
- **27 Federally Qualified Health Care Centers** participate in the HIE network.
- **Connectivity with Envoy Integrated Health**, a 100% Alaska physician-owned, locally based clinically integrated network providing connectivity with many Alaska-based independent practices. Envoy partners include Alaska Heart and Vascular Institute, Orthopedic Physicians Alaska, LaTouche Pediatrics, and more.
- **Connectivity with Collective Medical Technologies**, providing the ability to receive Admit, Discharge, Transfer (ADT) messages from hospitals outside the State of Alaska any time an Alaska resident is seen. To date, **44 health systems** from around the country have shared information with healthConnect for Alaska residents.

Expanded HIE Services and Integrations in 2022

- **332,380 notifications and alerts** delivered to health providers for Jan-Oct. These notifications and alerts, known as Event Notifications and SmartAlerts are triggered by specific hospital events such as an emergency room

admission or specific diagnosis codes. This represents a 25 percent increase in notification and alert use by health providers and payors in Alaska.

- As part of the Office of the National Coordinator STAR and IDEAS grant- completion of a bi-directional **interfaces between the State of Alaska's immunization system vaccination repository, VacTrAK** to share COVID-19 vaccination information.
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- **Facilitating and supporting lab connections** between health providers and the Alaska State Public Health Laboratory for **integrated COVID-19 electronic test ordering and resulting**; currently finalizing a pilot project with the Yukon Kuskokwim Health Corp (YKHC), prior to beginning work with South Peninsula Hospital and Anchorage Neighborhood Health Center in the spring.
- Continued onboarding of providers to existing data exchange feeds and public health reporting including 52 new data interfaces through Nov 2022.
- **Expansion of public health reporting** of COVID-19 lab results to also include **influenza reporting**.
- Continued **configuration of the HIE to the industry standard** for health care data exchange- **Health Level Seven (HL7) Fast Healthcare Interoperability Resources (FHIR)**; new FHIR capabilities include our In-Context App that provides Single Sign-On capability to several popular electronic health records including Epic, Cerner, and Athena Health.

To achieve these highlights listed above-the HIE vendor and DOH strategy focused on demonstrating value to key health providers and the communities serving rural and both complex and safety-net populations. This included onboarding and supporting Federally Qualified Health Centers (FQHCs or 'Community Health Centers') such as Anchorage Neighborhood Health Center, The Sunshine Clinic, and Camai CHC to health information exchange services. Through these services health providers can now view longitudinal health information on new and existing patients. Access to holistic patient information improves health outcomes and reduces costs associated with duplicate tests/procedures.

Health Provider- Camai Community Health Center (CHC) Experience with HIE Services

"Camai CHC began working with healthConnect over a year ago and the information sharing has been invaluable to us. When we medevac a patient out of our community, we are able to receive patient medical documents from the receiving medical facility hassle free (with the exception of ANMC as they are not on the network).

In addition, the receiving medical facility can see all the documents we have for this patient. When time is critical, this information is available at a moment's notice. Once our shared patient is discharged, Camai can pull paperwork to ensure follow up care is managed.

In addition, Camai is now able to coordinate with many providers in the state that are on the network and share patient documents between them. As you may have experienced in your time with a health provider, there are times you do not remember everything they told you to do, with access to shared documents, nothing drops through the cracks with patient care. This allows us to meet all our patient's needs."

-Mary Swain, Director of Camai Community Health Center, Naknek Alaska

Health Information Exchange Service Technology and Governance

From a technology perspective, the Alaska HIE vendor is leveraging best of breed HIE systems and data services through their partnership with Chesapeake Regional Information System Shared (CRISP) Services. CRISP Shared Services is a non-profit organization that provides technology infrastructure and core services across the United States. This shared technology is leveraged across several states and regions which include West Virginia, District of Columbia, Maryland, and Alaska. Through this partnership the HIE vendor provides modern technology and data security at a lower cost, while maintaining local data governance in Alaska. All HIE vendors who participate in CRISP Shared Service participate in the multi-region governance of this system. This ensures Alaska HIE and provider needs are represented locally and regionally.

Current contract deliverables include:

1. Development of project plan for current contract
2. Expanded monthly demographics and metrics reporting on HIE network services
3. Implementation of the health and equitable communities' plan
4. Annual Summary Report

The HIE vendor, healthConnect, is providing local governance of the HIE services and is beginning to facilitate advisory and collaborative discussions to support Alaskans statewide. This includes hosting the [1st Annual HIE Summit](#), to be held January 27th by HealthConnect and the Department of Health. Through these collaborative conversations, health providers, policy makers, and payers can explore how to leverage shared systems and shared information to meet the needs of their communities. The HIE vendor will be responsible for continuing to facilitate annual meetings and working groups to support local community and state health and business needs.

Department of Health (DOH) Health Information Exchange (HIE) Contracts (2022/2023)

In 2022, DOH executed two contract extensions to support the use of the HIE network and to evaluate and grow the network through contract deliverables focused on metrics, accountability, and alignment with Medicaid and community business needs. As a result, DOH saw an increase in the use of the HIE services and participation in the network.

Completed deliverables from prior amendments includes:

1. HIE network services statewide
2. Direct Secure Messaging (DSM) services
3. Expansion of public health reporting for electronic lab reporting capabilities
4. Bidirectional capabilities, and vaccine reporting functionality
5. Monthly demographics and metrics reporting on HIE network services
6. Health information sharing legal frameworks
7. Preparation for CMS certification and outcomes-based metrics
8. Planning for healthy and equitable communities

Through focused contracting, DOH improved functionality, availability, and accountability for HIE services. The Alaska HIE was required to report monthly on data, participants, and use of the systems to DOH and to the governing board. As a result- DOH could support more remote locations with immunization and public health efforts such as Red Dog Mine or cruise ships before they come to port.

For calendar year 2023, DOH and the HIE vendor will continue working with stakeholders to demonstrate value of HIE services and participation. Note the Department of Health is completing their RFP process and intends to announce the vendor award soon.

The Future of Health Information Exchange in Alaska

The health information exchange system must demonstrate value to participants and the State of Alaska. This system is most valuable to users and in achieving state priorities when the network meets business and health needs and the network is comprehensive as possible, from geographic, data exchange, and service use perspectives. The approach to establishing and maintaining the Alaska HIE vendor and network is to focus their engagement based on delivering value to participants, positioning the HIE as a neutral data utility while increasing inclusivity with the goal of healthy and equitable communities. In addition, the Alaska HIE vendor and network serves as a neutral convener to support the use of shared systems and information to coordinate whole person care across Alaska. Supporting the following public health, behavioral health, and Medicaid business priorities will only be accomplished through intentional and active engagement, responding to stakeholders across sectors including customers and potential customers of the system.

- *Public health priorities* in Alaska include Alaska's Public Health priorities as outlined in the State Health Improvement Plan, titled "Healthy Alaskans 2030" (HA2030), a joint effort between DHSS (now Department of Health) and the Alaska Native Tribal Health Consortium (ANTHC). HA2030 includes 30 health objectives, to improve health and health equity for Alaskans through collective efforts and accountability.
- *Medicaid business priorities* in Alaska include a primary emphasis on cost reductions through reform, in response to declining state revenue and sweeping Medicaid reform passed in 2016 (Senate Bill 74). Current reform initiatives include 1) payment reform, through moving away from a fee-for-service payment model; 2) delivery system reform, through better care coordination and manage care of identified populations, 3) cost containment, with the national increase in healthcare costs accounting for much of the rise in Medicaid spending, and 4) program integrity, and 5) financial stewardship. (Source: *Alaska Medicaid Strategy: Recommended Reform Principles and Savings Initiative*, Public Consulting Group, Sept 2021).
- *Behavioral health priorities* in Alaska include partnering with the Alaska Behavioral Health Association, to connect all BH clinics and providers to the Health Information Exchange at no cost. Behavioral health onboarding will enhance coordination for patients with substance use disorder (SUD)/opioid use disorder (OUD) and other vulnerable conditions. Work with clinical advisory group to set goals for opioid Rx reductions and fatal overdose reductions. Communicate this effort and its benefits to Alaskan patients and providers. Complete the care continuum between BH providers and hospitals: This closed circle of care enables providers to improve patient care in real time and follow up to improve outcomes. Ensure Tribal Health can receive data feeds and real-time notifications for behavioral health events outside their network. Increase access to Medication Assisted Treatment (MAT) and MAT care coordination services for substance use disorders. Provide seamless access to the PDMP within the provider workflow to reduce avoidable opioid prescriptions in the ED.

Work with Crisis Now to provide their care coordination teams free access to the Health Information Exchange portal to view patient records in the crisis setting.

These public health, behavioral health, and Medicaid business priorities are grounded in the foundational goals to increase quality of care, improve health outcomes, and reduce health care costs. These goals cut across both government and non-government settings. To achieve these foundational and multi-sector goals, there must exist both technological capabilities as well as visible leadership provided by a neutral health data utility. Much like gas and water are public utilities, health data utilities are necessary to maximize the efficient use of resources and understand how health outcomes impact Alaskan communities. The HIE in Alaska has an opportunity to be the trusted and neutral health data utility that bridges the gap between the various operational and policy/system needs these groups share – for the benefit of Alaskans. Overall, providing value to HIE stakeholders and participants (and ultimately Alaskans) is through provision of high- quality HIE services, exceptional customer service and network assistance, and effective tools and resources to support patient outcomes and well-being.