

Meeting Minutes

Project: Alaska Infrastructure Technology Plan

Workgroup Session 4

Stakeholder Workgroup

11/14/2017

9:00 am-12:00 pm AKST

Conference Line: 1-907-269-3000; Code: 802 719 699

Name	Organization	Attendee
Erin Aklestad	Alaska eHealth Network (AeHN)	IP
Celeste	Alaska eHealth Network (AeHN)	IP
Bill Persch	Alaska eHealth Network (AeHN)	IP
Laura Young	Alaska eHealth Network (AeHN)	T
Phil Miller	Providence Hospital	IP
Mike Hirst	Southcentral Foundation	IP
Connie Beemer	Alaska State Hospital and Nursing Home Association (ASHNHA)	IP
Nancy Merriman	Alaska Primary Care Association (APCA)	IP
Kevin Munson	Mat-Su Behavioral Health	IP
Chad Jensen	LaTouche Pediatrics	IP
Rick Driscoll	REACH, Inc.	IP
Joe Furrer	GCI	T
Dave Branding, PH.D.	Juneau Alliance for Mental Health	?
Bryan Evans	??	T
Beth Davidson	DHSS - Commissioner's Office	IP
Dennise Anderson	DHSS – Commissioner's Office	IP
Joyce Douglas	DHSS - FMS-IT	T
Simon Taylor	DHSS - FMS-IT	T
Shaun Wilhelm	DHSS - DBH	IP
Ulf Petersen	DHSS -SDS	T
Dana Penner	DHSS - OCS	IP
Margaret Brodie	DHSS - HCS	A
Heidi Lengdorfer	DHSS - DPH	IP
Heidi Wailand	Alaska Mental Health Trust Authority	IP
Natasha Pineda	DOA	T
Deb Erickson	DHSS – Commissioner's Office	A
Stewart Ferguson	Alaska Native Tribal Health Consortium (ANTHC)	A
Debbie Keith	HealthTech Solutions, LLC Project Manager	IP
Elizabeth Linville	HealthTech Solutions, LLC BA	IP
Polly M Bentley	HealthTech Solutions, LLC	IP

IP=In-Person; A=Absent; T=Telephone

Meeting Highlights/Topics:

- **Health Information Exchange**
 - **Update by AeHN**
 - **Prioritization of HIE Services**
 - **Interactive Break-Out Session to Gather Feedback**

Identified Barriers

- AeHN slow progression
- 42 CFR Part 2, Consent and Data Sharing
- Data accuracy and the need for data stewards
- Lack of Interoperability with 50 + different EHRs operating in Alaska

Identified Use Cases

- 1. Care Coordination:**
 - Utilization of the HIE (access to a community health record with medical history) supports informed decision making regarding treatment
 - Supports reduction in overutilization of the ER and readmissions
- 2. Integration of Physical & Behavioral Health:**
 - AeHN interface with AKAIMS to incorporate behavioral health records in the HIE
 - Improves care coordination for the behavioral health patient
- 3. Identification of Present on Admission Conditions:**
 - CMS issues financial penalties against hospitals with incidences of healthcare-acquired infections. Access to a patient's previous medical history in the HIE to identify conditions that are present at time of admission
 - User in this use case could include hospital infection control professional and/or case manager
- 4. Public Health Reporting:**
 - Utilization of the HIE as a data intermediary for the reporting of public health data has proven to be a very efficient approach for states and their healthcare providers
- 5. Medication Management**
 - Patients with complex health conditions require care from multiple providers (primary care and specialists). Utilization of the HIE/clinical portal can support medication reconciliation
 - Integration of the HIE with the PDMP (Prescription Drug Monitoring Program) system has proven to be a very efficient approach for provider access to comprehensive information at the point of care
 - Integration of the HIE with the PDMP gives the provider access to additional clinical information (for example: toxicology screens/results) prior to prescribing scheduled drugs

6. Continuity of Care Across Periods of Incarceration

- During times of incarceration, access to the individual’s health record is a challenge. Utilization of the HIE/clinical portal can support improved care coordination during this time period and including after the individual is released.

7. Quality Reporting

- Providers have multiple quality reporting requirements, including eQMs (electronic clinical quality measures). Utilization of the HIE as a data intermediary for reporting has been proven to be a very efficient solution for the providers, as well as the State in their pursuit of data warehousing and analytics.

Identified Gaps & Concerns

1. The workgroup identified many beneficial use cases that AeHN could potentially address. However, due to AeHN’s slow progress, providers have and are considering other options to meet their needs
2. AeHN limited staffing is impeding their ability to on-board quickly
3. AeHN’s vendor (Orion) has upgrades needed to support many the desired improvements. This upgrade is not yet scheduled
4. AeHN has identified 52 different EHRs being used by providers across Alaska. Interoperability will be a major challenge.
5. Direct Secure Messaging has been implemented, however it is under-utilized
6. Providers are seeking bi-directional functionality with the Alaska Immunization Registry, however AeHN (Orion) has not been able to provide that capability; subsequently they are implementing direct interfaces to the IR from their EHRs. This circumvents the HIE, which reduces its value proposition. This also adds an additional query to a provider’s EHR.

Action Items

Action Item	Assigned	Status	Capture Date	Requested by Due Date
Meeting Minutes	HTS		11/20/17	Prior to Next Workgroup
Prioritization Matrix – Compilation of Results from Workgroup	HTS			Prior to Next Workgroup
Development of Workgroup 5 Meeting Materials	HTS	In Progress		Prior to Next Workgroup