**User Story Specification**

**Title: Behavioral Health**

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| **Define the Problem** | A Tribal patient or Veteran is admitted or discharged to Alaska Psychiatric Institute (API) and no electronic information is currently being exchanged. The behavioral health provider does not have access to the physical health records, including medication and problem lists |
| **Solution** | Integration of behavioral and physical health records via the health information exchange |
| **Approach** | HIE interface with AKAIMS |
| **Value Proposition** | Improved coordination of care – supporting quicker, more efficient access to records to support informed decision-making at the point of care |

**User Story Specification**

**Title: Identification of Present on Admission Condition**

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| **Define the Problem** | A patient is admitted to the hospital with a condition that could be deemed as an HAC (healthcare-acquired condition), and could incur a penalty for the hospital if not identified as ‘present on admission.’ |
| **Solution** | Access to the HIE to review the patient’s previous record/history at the time of admission (clinical summary, lab results) to identify a current condition |
| **Approach** | Participation in the HIE; access the HIE clinical portal |
| **Value Proposition** | Financial and clinical – documentation of a condition present on admission will prevent a financial penalty against the hospital as well as promote early treatment of a condition present on admission |

**User Story Specification**

**Title: Access to Pharmacy Data (Medication Management)**

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| **Use Case Number** | 1P |
| **Define the Problem** | Patients with complex health conditions require care from multiple primary care physicians and specialists. Physicians are utilizing delayed methods (fax, telephone, hard copy) to exchange data. These methods may have a cost implication (e.g. copying, per fax cost), quality implication and can be resource intensive. |
| **Potential Solution** | Use the HIE clinical portal to access data between providers in real-time. |
| **Potential Approach** | Providers would exchange with the HIE and view data through the HIE clinical portal. Physicians could review the health record and current medications from pharmacies in real time for medication reconciliation. |
| **Value Proposition** | Reduction in resources, improve care coordination, increased visibility between providers, real-time access to data. |

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| **Use Case Number** | 2P |
| **Define the Problem** | A patient presents to various health care entities seeking pain medication or a scheduled controlled substance.  Example: A patient seeking pain medication for back pain presents at an urgent care. |
| **Potential Solution** | Real-time access to the HIE clinical portal and PDMP. |
| **Potential Approach** | Following the provider’s assessment, the provider can access the HIE clinical portal to review encounter history. The PDMP can also be checked to ensure the right treatment option is provided. |
| **Value Proposition** | Improved control of scheduled controlled substances, visibility into the health record, real-time access to data, and improved care coordination. |

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| **Define the Problem** | A dental patient has significant dental work done and is in need of pain medication (scheduled/controlled). The dental provider has no access to the patient’s record to check for history of substance use or other issues. |
| **Solution** | Access to the HIE and PDMP (preferably through the HIE – Single Sign On) to review the patient’s previous record/history |
| **Approach** | Participation in the HIE; access to the HIE clinical portal and PDMP |
| **Value Proposition** | Support for the dental provider’s decision-making at the point of care. This use case also addresses the issue of substance use and the current opioid crisis |

**User Story Specification**

**Title: Emergency Services**

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| **Use Case Number** | 1E |
| **Define the Problem** | Limited coordination of care and continuity of services through the ED. Providers may be unaware that their patients have visited the ED or been admitted to the inpatient facility. |
| **Potential Solution** | Primary care physicians receive notification of their patient being admitted to a hospital. |
| **Potential Approach** | Upon patient registration at the ED or admission to the hospital, the provider will receive a notification from the HIE clinical portal via Direct Secure Messaging. |
| **Value Proposition** | Decrease readmittance, improved care coordination, patient follow-up, and reduction of overutilization. |

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| **Use Case Number** | 2E |
| **Define the Problem** | First responders do not often have access to prior health and medication history of patients. |
| **Potential Solution** | Offer first responders access to an active real-time longitudinal record. |
| **Potential Approach** | Direct connection with LifeMed and the EMS service. Access to the longitudinal record will allow first responders access to medication history, medication allergy information, and historical health data. Hospitals and providers should have real-time access to the patient records upon arrival to the facility. |
| **Value Proposition** | Improve treatment and decrease medication contradictions. |

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| **Use Case Number** | 3E |
| **Define the Problem** | Overutilization of Emergency Department (ED). |
| **Potential Solution** | Provide notification to the primary care physician based on the data in the HIE. |
| **Potential Approach** | Depending on the subscriber to the notification, an alert will be sent when the patient presents to the ED and/or upon discharge. Offer providers the option to set up subscription parameters for alerts (e.g. daily report). |
| **Value Proposition** | Decrease readmittance, improved care coordination, patient follow-up, and reduction in cost of care. |

**User Story Specification**

**Title: Continuity of Care across periods of Incarceration**

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| **Define the Problem** | During times of incarceration, no health information is available out-side of the correctional systems. Community providers have gaps in treatment information, patients are not reliable self-reporters, and the current method to obtain treatment information being addressed with paper information being faxed. |
| **Solution** | Exchange data with the HIE and allow data to be viewed in the HIE clinical portal. |
| **Approach** | EHR’s are not always used in correctional facilities. If an EHR is utilized, electronic data exchange may not always be used. Determining how the medical records are stored and developing a uniform method to electronically exchange information between corrections and the HIE. Allow providers to access patient information in the HIE clinical portal. |
| **Value Proposition** | Supports continuity of care, makes all health records available to the patient through the patient health record. Improves health outcomes. |

**User Story Specification**

**Title: Public Health Reporting**

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| **Define the Problem** | Timely and accurate surveillance of public health trends (notifiable diseases and conditions). |
| **Solution** | Centralized electronic public health reporting utilizing the HIE as data intermediary to public health. |
| **Approach** | Develop the program and onboarding process for electronic public health reporting through collaborative efforts between Public Health, Medicaid and the HIE. |
| **Value Proposition** | Data submitted electronically via the HIE is routed in real-time and accessible by Public Health/Epidemiologists in hours as versus weeks or even months (historically). Epidemiologists are able to identify public health events, trends and outbreaks much more quickly in order to respond and inform the public.  Onboarding through the HIE is an efficient process for providers (one-stop shop) that also supports meaningful use requirements for public health reporting, including documentation and validation in case of a CMS audit. |

**User Story Specification**

**Title: Social Determinants of Health**

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| **Define the Problem** | Identification of social determinants of health (SOH) that impact the patient’s ability to improve their health and wellness status. |
| **Solution** | Capture of SOH data in the EHR at the point of care that can then be routed to the HIE for sharing with other providers caring for this patient. |
| **Approach** | Optimization of EHRs to improve the collection of SOH data that can then be shared with the HIE and the Enterprise Data Warehouse for data analytics purposes. |
| **Value Proposition** | Use of the SOH data at the State level will assist Medicaid in establishing informed policies regarding coordination of care. |

**User Story Specification**

**Title: Near-Fatal Overdose**

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| **Define the Problem** | Timely identification of near-fatal overdose (Narcan administration) prior to administration of scheduled prescription. |
| **Solution** | Establish a connection between the HIE and EMS service providers. |
| **Approach** | Develop an interface between the HIE and EMS service providers for exchange of patient encounter information, including the administration of Narcan prior to arrival at the hospital. |
| **Value Proposition** | Access to the HIE clinical portal would provide information on EMS encounters, including the administration of Narcan, which would advise the physician/provider’s decision-making at the point of care. |