


The Importance of Health Information Exchange in the Post Acute Environment




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Michigan Health Information Network Shared Services (MIHIN)



MIHIN is Michigan's state-designated entity to continuously improve healthcare quality, efficiency, and patient safety by promoting secure, electronic exchange of health information. MIHIN represents a growing network of public and private organizations working to overcome data sharing barriers, reduce costs, and ultimately advance the health of Michigan's population.

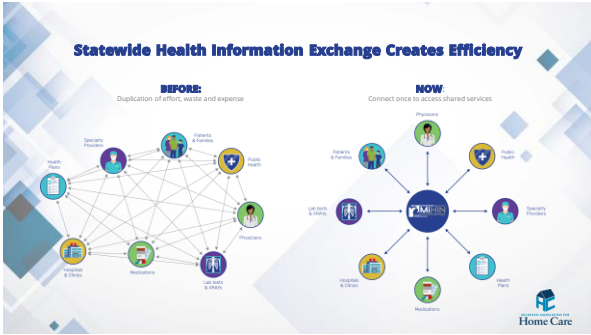


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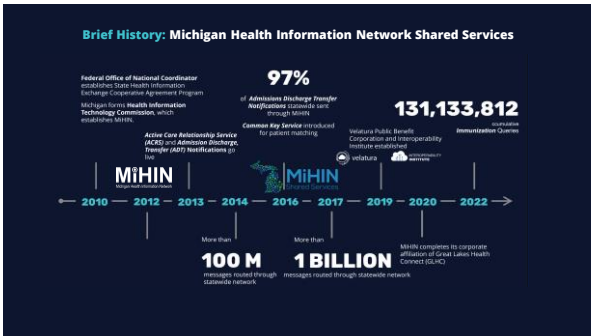
Michigan and MiHIN Succeed Together



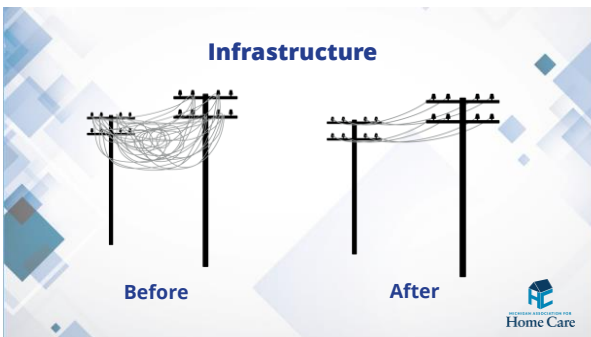
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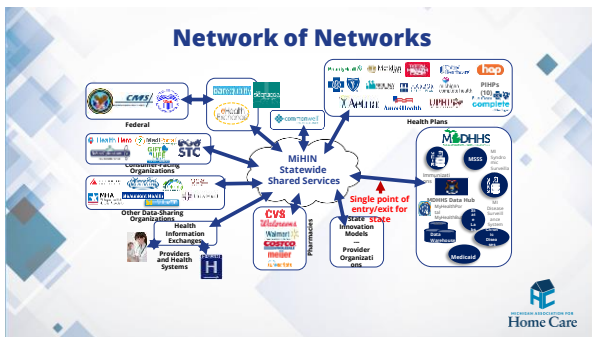
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What is a Use Case?

One or more scenarios to share specific information

Each use case has its own:

- Purpose
- Type of information exchanged
- Description of interactions between people/systems

Examples of use cases:

- Immunizations
- Admission
- Discharge Transfer (ADT) Notifications

Each use case may have different:

- Participants/interested parties
- Scenarios for information sharing
- Rules for using the information
- Technical requirements
- Access restrictions
- Cost recovery fees or charges

Anyone can suggest a use case at <https://mihin.org/submit-use-case-idea/>

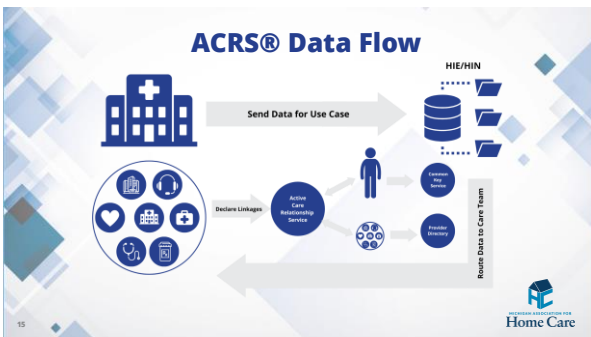
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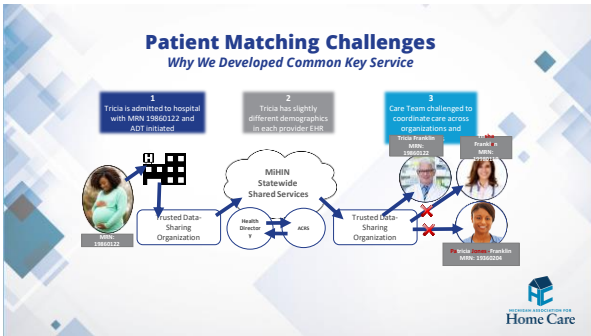
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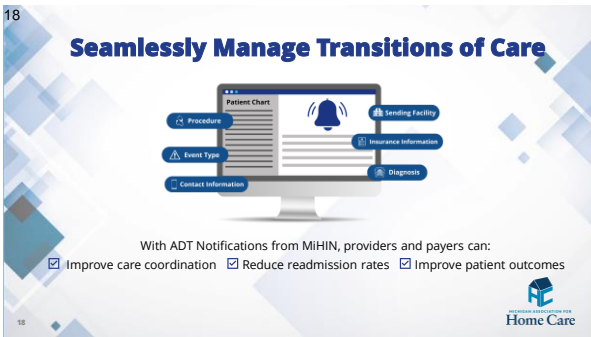
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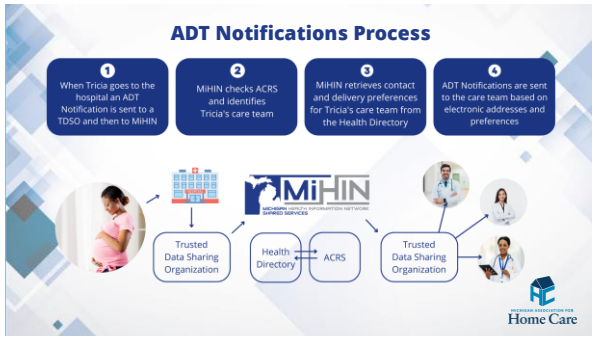
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Common Key Service

Common Key Service is an approach to improving patient matching across organizations through the addition of a unique coded "attribute" to a patient's electronic health data. This attribute is not recognizable to humans and is stored in MIHIN's statewide master patient index (MPI). The information is then shared with all participating organizations to keep as an additional identifier for external data matching and exchange.

Common Key Service improves patient identification, safety, and care coordination. Organizations making use of Common Key can be assured that the patient information being referenced is accurate to the individual being treated, confirmed with a consistent and reliable method of matching patients to their specific electronic medical record.

Benefits

- Strengthens patient matching among disparate systems
- Ensures accuracy of message delivery for care coordination
- Common keys can be leveraged in participating systems to improve data quality at the source
- Allows for more accurate query and retrieval of pertinent information

Home Care

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Health Directory

Health Directory is a comprehensive database containing contact information on a wide variety of health professionals from across the care continuum.

With Health Directory, health systems and providers can seamlessly and securely access, manage, and share cataloged data on how to reach professionals both inside and outside of their organizations to facilitate timely communications and enhance the quality-of-care delivery.

Benefits

- Locates all endpoints where data is routed
- Reference organization's current user case participation
- Updates provider data and practice locations in real time
- Query and retrieve provider information using a variety of demographic attributes
- Participate via user interface, from API, standard REST API, or batch the process

Home Care

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Message Delivery




Message delivery allows participating organizations to electronically send and receive information via the statewide health information network through a variety of methods, including direct connection with an EMR, Direct Secure Message, API or through access to an aggregated data lake.



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Break out into small groups

- How do you think HIE could help coordinate care better in Certified Home Health?
- How could HIE help improve care for Private Duty Home Care?
- How could HIE improve care for Hospice?
- How could HIE improve home infusion services?




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Use Case: Immunization Submission

- How has this use case improved the process of reporting immunizations to MCIR in Michigan?
- Complete immunization histories for children and adults in Michigan are sent to the Michigan Care Improvement Registry (MCIR). Providers are required by state law to report childhood immunizations within 72 hours of administration. Reporting of adult immunizations is highly encouraged.



Benefits

- Immunization records from all providers within the State are in a centralized record.
- Sending immunization records electronically helps prevent vaccine-preventable diseases, and reportable vaccine because all vaccine records are in a central repository.
- Reduces the burden on medical staff that formerly were required to manually enter vaccines in MCIR. This reduces the opportunity for clerical error, and ensures immunizations get to MCIR in a timely fashion.



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Immunizations Submissions (VXU) & Immunization History and Forecast (QBP) Data Flow


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Immunization Query

Immunization Query allows healthcare providers the ability to look at MCIR information directly from their electronic medical/health record (EMR) system. This connection eliminates the need to navigate to the MCIR website separately and log in, therefore more quickly informing the provider of critical immunization information

Benefits

- Allows vaccine administering providers to receive real-time reports of vaccine status, which is critical for their own patients. This helps to reduce duplicate administration, and also ensures more complete immunization record for a patient.
- Ensures vaccine information that the patient has been vaccinated with is shared with their electronic medical records and the full immunization history of that patient is available.
- Providers are able to know if their patients are immunized or not in real time. This is important for children who are required to be immunized in Michigan in 12 months of birth. Providers can quickly report to the state that immunization query reflects the provider's status and there will be no delay in reporting. The provider may be out of compliance.




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Admission, Discharge, Transfer Notifications (ADTs)

The cornerstone of care management

ADTs serve as alerts that are sent when a patient is admitted to a care setting, transferred to another care setting, or discharged from a care setting. These alerts notify a patient's primary care physician and other members of the patient's care team to ensure proper care coordination and follow-up, and to prevent unnecessary hospital readmissions and other avoidable gaps in the care continuum.

Health Level 7 (HL7) came up with ADT - Admit, Discharge and Transfer feeds to establish patient data notification services. ADT messages have become vital in care management as the go-to source of data, holding a wealth of valuable information that can affect point-of-care decisions.




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Admission, Discharge, Transfer Notifications (ADTs)

What information is contained in ADTs?





- Where did the message come from?
- The name of the care setting where the event notification is being created.
- What time was the notification generated?
- What was the event type?
- Who is the patient?
- Who is caring for the patient?
- Is the patient still alive?
- If the encounter was terminated due to death, a date and time will be populated.
- What observations have been made?
- What diagnosis have been made?
- Does the patient have insurance?




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Admission, Discharge, Transfer Notifications (ADTs)

Benefits of ADTs

-  Reducing Cost
-  Outcome Improvement
-  Clinicians can spend more time with existing patients instead of seeing more patients
-  Care teams need to know where their patients are being cared for




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CCD- Continuity of Care Document

The Continuity of Care Document (CCD) is a commonly used comprehensive electronic representation of a patient's medical history and current condition and can include the following sections, each of which contains several data elements: Advance directives; Alerts; Encounters; Family history; Functional status; Immunizations; Medical equipment; Medications; Payers; Plan of care; Problem; Procedures; Purpose; Results; Social history; Vital signs.

Inpatient or Outpatient Patient Care Summaries



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Questions?



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Evaluation


I had knowledge of HIE prior to this presentation Yes No

I thought the subject was relevant to the agency I work for (10 is highest)
1 2 3 4 5 6 7 8 9 10

I thought the presenter was easy to understand (10 is highest)
1 2 3 4 5 6 7 8 9 10

The information I learned today could benefit patient care at my organization (10 is highest)
1 2 3 4 5 6 7 8 9 10

I would like more information on this topic Yes No



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