# Interoperability and Patient Engagement:
Health Information Exchange (HIE), Secure Messaging, and Patient Portals for Modified Stage 2

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Today's presenter:
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- Improved care coordination
- Increased patient engagement
- Fostering bi-directional information exchange
- Increased accuracy and timeliness of information shared
- Opportunity for analytics and better population health management
- Expanded data collection and reporting
- Leveraging Health IT for improved efficiencies

Health Information Exchange (HIE)

![MeHI - Massachusetts eHealth Institute at the MassTech Collaborative logo]
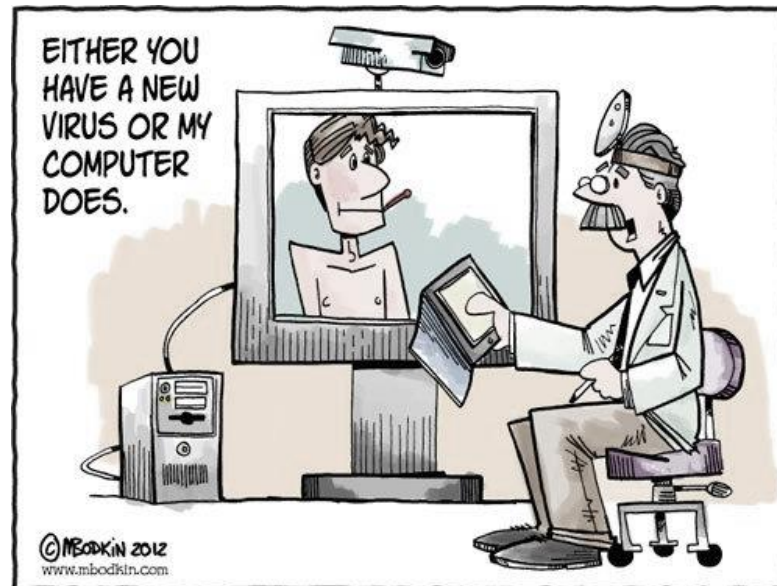
- Use CEHRT to create Summary of Care record and transmit it electronically for more than10% of transitions/referrals (2016, 2017 and 2018)

- Exclusion: <100 transfers or referrals

  - Upload MU Dashboard
  - Upload one Summary of Care Record
    – Patient info redacted
    – Including problem list, medication list, and med allergy list
  - Upload confirmation of receipt

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HIE Workflow Issues – Sender

Potential Problem	Potential Solution
Staff reluctant to give up using fax and/or phone	Provide technical support to clinicians and administrative staff
Protocol for routine use of HIE not institutionalized	Create standardized protocol, train staff on its use, solicit and incorporate feedback
Content of Consolidated Clinical Document Architecture (CCD-A) not refined	Develop short term project team to design, review and adopt CCD-A
Some personnel are on board with HIE, some are not	Acquire high level endorsement within practice

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HIE Workflow Issues – Receiving End

Potential Problem	Potential Solution
Unclear whom to contact at trading partner	Use other contacts at partner; contact MeHI for help
Trading partner will not accept electronic transmission	Get to know key HIE personnel at trading partner
Correct handling of Summary of Care Record unreliable	Create test environment parallel to existing communication channel; customize content to conform both to CMS requirements & specs of receiving party; learn their workflow
Hard to ascertain receipt	Include vendors in problem solving
Receiving specialist not interested in Summary of Care Record	Emphasize regulatory trend is mandating increased interoperability
No incentive for receiver to cooperate	Start by engaging with high volume trading partners

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HIE Technical Issues

Potential Problem	Potential Solution
Interfaces not working	Engage vendors
Transmission mechanism problems	Schedule periodic conference calls with key players to monitor and improve process
Not all components are certified	Identify all technical products required from source to destination and assure compliance
CEHRT functionality	Engage vendors
Numerator/Denominator not captured/reported correctly	Engage vendors

- At least 1 patient seen was sent a secure message (2016)

- \>5% patients seen were sent a secure message (2017 and 2018)

- Exclusion: No office visits

- Exclusion: ≥50% encounters in county with limited broadband

  - Upload documentation showing that the function has been enabled prior to or during the EHR reporting period (2016)

  - Upload MU Dashboard (2016, 2017 and 2018)

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Secure Messaging Workflow Issues

Potential Problem	Potential Solution
EP resistant to using electronic communication to communicate with patients or clients	Develop manual/trainings for clinical advantages and benefits of electronic communication
Practice has not established secure messaging as standard operating procedure --- for providers and staff to communicate with patients or clients	Create standardized content (such as flue shot reminders, etc.) and schedule when secure messages are to be sent, automate when appropriate

Secure Messaging Patient or Client Issues

Potential Problem	Potential Solution
Cognitive challenges	Use patient-authorized representative
No electronic access	Tutor challenged patients or clients in using electronic device
Location challenges	Have laptops/tablets/kiosks available Staff can assist patients as needed
Not interested in using portal	Periodically re-invite; prepare to adopt wider variety of devices required with 2015 Edition CEHRT

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Secure Messaging Technical Issues

Potential Problem	Potential Solution
Imperfect tracking of secure messages by CEHRT (especially messages occurring outside the EHR reporting period but within the program year)	Work with vendor; understand logic behind populating numerator/denominator

Patient Portal

- ▪ >50% unique patients seen were given access (2016, 2017 and 2018)

  - Exclusion: EP neither orders nor creates required information

- ▪ At least 1 patient seen by the EP viewed, downloaded, or transmitted their health info (2016)

  - Exclusions: EP neither orders nor creates required information

  - Exclusion: ≥50% encounters in county with limited broadband

- ▪ >5% unique patients seen by the EP viewed, downloaded, or transmitted their health info (2017 and 2018)

  - Exclusions: EP neither orders nor creates required information

  - Exclusion: ≥50% encounters in county with limited broadband

    - *Upload MU dashboard*

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Patient Portal Workflow Issues

Potential Problem	Potential Solution
No institutionalized method of providing access that links to CEHRT data capture for numerator/denominator	Train staff in exact steps to give access and capture the fact in CEHRT
Confidentiality and privacy issues difficult to standardize	
Not all staff are knowledgeable about patient engagement and how to encourage patients to use portal	

Patient Portal Patient or Client Issues

Potential Problem	Potential Solution
Giving access to minors	Use patient-authorized representative
Cognitive challenges	Coach patient or client in using electronic devices
No computer access	Have laptops/tablets/kiosks available Staff can assist patients as needed
Location challenges	Introduce use of other devices per 2015 Edition requirements
Not interested in using portal	

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Patient Portal Technical Issues

Potential Problem	Potential Solution
Method of giving access not recognized by CEHRT logic for generating numerator/denominator	Work with vendor; possibly requiring patch of some sort
Access method used by practice does not fulfill CMS/attestation requirements	Communicate with MeHI before EHR reporting period if there are concerns
Portal module doesn't interface with CEHRT properly	Contact vendors
CEHRT dashboard fails to accurately report true numerator/denominator	Understand logic of how numerator/denominator is populated

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Questions?

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