Health Information Exchanges (HIEs)
Essential Technology for Integrated Health
Presented By:
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Dr. Mario Lippy – Catalina Site Director - JFCS
Meet Carlos
Why a Behavioral Health HIE?

- Complicated Federal Laws around Privacy - 42 CFR Part 2
- Maintains integrity of Behavioral Health system in Arizona
- Provides a platform for emerging business opportunities
- Allows behavioral health providers to collectively own new technology
Vision: Interoperability for Seamless, Integrated, Comprehensive Health Care
Exchange & Clinical Information

- Structured Data Elements
  - Demographics, Labs, Meds, Allergies, & Diagnosis

- Clinical Documents

- All Displayable in a “Data Viewer”
**CBC WIDIFF, WPLT**

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**Observations**

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CFT Service Plan

Child's Name: ZzzTest, Patient 1

Axis I Diagnosis:
Facilitator:
Next Meeting Date:
Meeting Location:
Attendees:
Meeting Elements:

Agency: 

Date: 04/17/14

Family Vision:

Team Goal/Discharge Plan:
Natural and community based supports:

Strengths and progress:

Brainstorming (including current areas of concern and unresolved challenges leading to increased family independence):

Family Feedback about the CFT: Did we accomplish what you needed today?

Progress Key: 0 = unresolved or worse; 1 = new need/objective; 2 = unchanged, still an objective; 3 = progress made but still an objective; 4 = resolved

Additional Services
Client moving to treatment coordinations:

Transportation:
Why transportation is medically necessary:
Example: Receipt of ADT Feed from ED

![Task Details Window]

- **Task Class:** EHR
- **Due Date:** 6/11/2015
- **Subject:** Admit Notification
- **Description:** Admit notification for patient (ZzzBhinez) at location (Banner Desert ER) at time (20150527T1145)
- **Assigned by:** CHSClient CHSClient
- **Patient:** ZzzBhinez, John
Opt In vs. Opt Out

**Opt Out**
- Patient must OPT OUT
- Otherwise, they are Opted IN by default

**Opt In**
- Patient must OPT IN
- Otherwise, they are Opted OUT by default
BHINAZ Consent Facts

- Valid for 365 days, Patients can revoke at any time
- The consent is “all or nothing” for data/agency
- Additional consent of minors aged 12-17
- Opt-in status reverts to “no consent on file” at the age of 18 or age 12. New consent needed
- Break-the-Glass: regardless of consent status for valid emergency situations
Consent Model

- Participant visits Agency A
- They sign a consent to allow their Agency A data to be shared/viewed by ALL BHINAZ organizations
- Agency A Data now flows to all other BHINAZ organizations.

- Participant visits Detox Center
- They choose NOT to share their detox data
- No detox data can be viewed by any other agency on the network
HIEs: Clinical Practice Implications

- Integrated Health – Evolving Practices
- Enhanced Information for Decision Making – “real time”
- Business Workflow Implication; Consent, Break the Glass, Use of Data
- Agency Practice: Roles and Responsibilities
- Policies, Procedures, Staff Training, Supervision, Audits
Clinical Practice Implications: Benefits

- Patient Engagement with Real Time Data
- Holistic Intervention: Reduce In-patient/ED Use
- Improved Communication Across Disciplines and Providers
- Improved Decision Making
Clinical Practice Implications: Info Available

- Paperwork Reduction
- Reduction in Duplication: Assessments/Testing
- Shared Record: Services Initiate Quicker
- Reduction in Medical Errors: Improved Accuracy
- Holistic Picture - Patient Needs Addressed in an Integrated Care Plan
- Increased Ability to Evaluate Patient Progress
Clinical Practice Implications: Communication

- Who will have access to what information?
  - Qualification to Interpret Details
  - Ability to Translate Details to Relevant Team Members When Needed
- Real Time Information – Time Sensitive
  - Collaboration in Emergencies
Clinical Practice Implications: Decision Making

- Developing an Integrated Care Plan
  - Ex: Diabetes, Hypertension, Pain Management, Nutrition
- Focus on Prevention and Wellness
  - EPSDT Visits for Children
  - Addressing Both Long and Short-Term Goals
Clinical Practice Implications: Other

- Outcome Assessment
  - More Attention to Improvement or Deterioration Status
  - With More Information Comes Better Referral Decisions
  - Ability to Identify Need Quickly – Patient Pinpointed Care
Take-Away’s for Consideration

- Work Force Drivers will Require Technology Enhancements
- Integrated Health will Force Increased Data Digestion
- Staff Education will be Needed – Expectations and Responsibilities
- Plan Strategically for Change
Contact Information

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