ASET QUARTERLY MEETING

Arizona's HIE Cooperative Agreement Update

March 26, 2013

ADOA-ASET
Arizona Strategic Enterprise Technology

Agenda

Welcome & Introductions (1:00 – 1:05pm)

- Lorie Mayer, Arizona State HIT Coordinator, ASET & Medicaid HIT Coordinator, AHCCCS

Unconnected Providers HIE Grant Summary (1:05 - 1:20pm)

- Ryan Sommers, Senior IT Project Manager, ASET

HIE Marketplace and E-Prescribing (1:20 - 1:35pm)

- Melissa Rutala, Chief Executive Officer, Arizona Health-e Connection

Public Health Update (1:35 – 1:50pm)

- Jessica Rigler, Arizona Healthcare Associated Infections Coordinator

Physician Adoption & Ranking of Electronic Medical Records (1:50 – 2:20pm)

- William G Johnson, PhD Professor of Biomedical Informatics, Founder Center for Health Information and Research
- Gevork Harootunian, Senior Statistical Programmer Center for Health Information & Research

Questions and Discussion (2:20 – 2:30pm)

UNCONNECTED PROVIDERS HIE GRANT SUMMARY

March 26, 2013

ADOA-ASET
Arizona Strategic Enterprise Technology

HIE Sub-Grant Award Structure

Available Funding:

This is a competitive grants program. The total amount of funds available for distribution under this grant program is up to $1.1 million.

Award Amount:

Estimated award amount per organization is up to $50,000 per organization, if two or more organizations collaborate on application can go up to $100,000.

Award Expectation

Planning amounts are limited to $25,000 per organization (or $50,000 if two or more organizations) with remainder of award having to be applied to implementing an HIE strategy.

Period of Performance:

The period of performance of this grant is six months. The award runs from January 1, 2013, to June 30, 2013.

Matching Requirements:

A non-federal cash or in-kind match contribution of at least 50% of the grant award is required to be provided by the awardee.

Unconnected Providers: High-Level Application Summary

- Number of applications: 30
- Total requested amount: $2,056,940
- Number awarded: 14
- Total requested amount awarded: $1,030,557

Competitive Process:

- Evaluation Committee reviewed all proposals individually and met jointly to formulate the final evaluation scores.
- Applications were not compared with one another and each application was scored on its own merit.

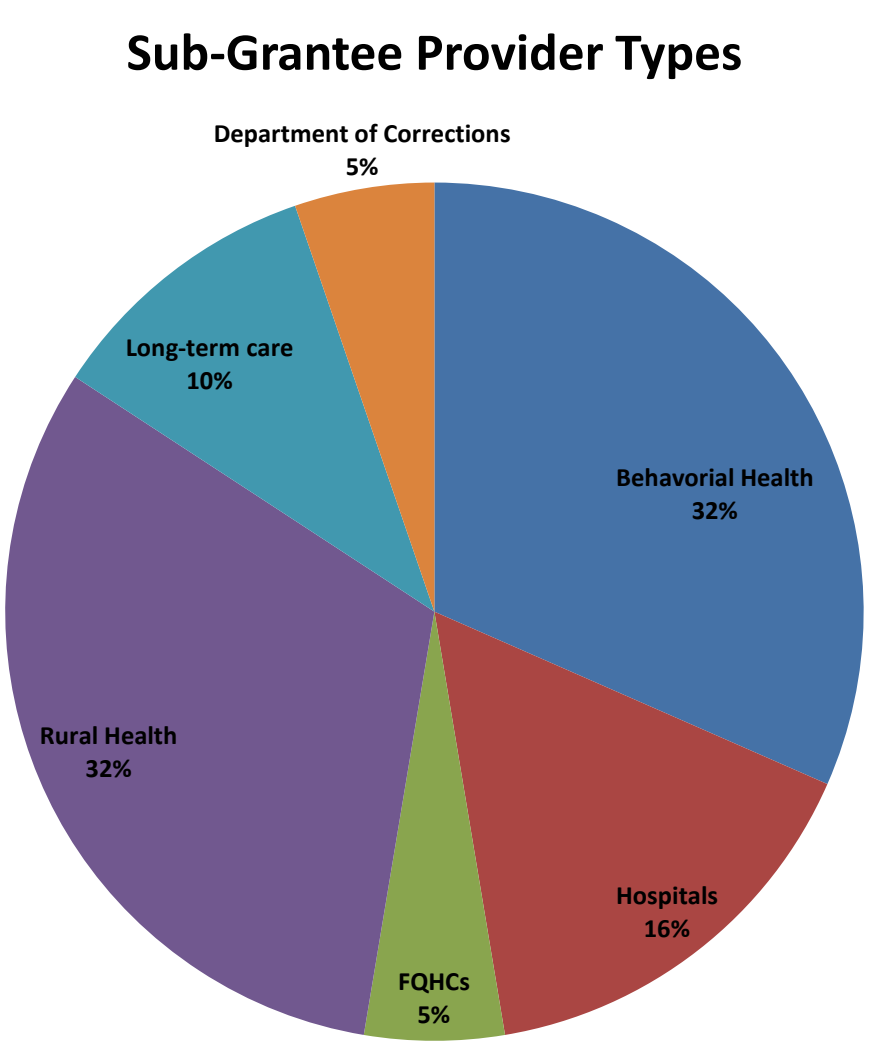
Unconnected Providers Timeline

Event	Dates
Notice of Grant Award posted available at (www.hie.az.gov)	October 1, 2012
Grant Question and Answer Webinar	October 22, 2012
Grant Applications due to ASET	November 16, 2012
Grant Decisions Communicated to Applicants	December 31, 2012
Site Visits	Early January 2013
Awardee(s) attend HIE Marketplace Orientation/Project Kickoff	Mid- January 2013
Grantee meeting/ Mid-Grant Progress report	April 30, 2013
Grant Program Ends	June 30, 2013
Final Reports due to ASET, 30 days after program ends	July 31, 2013

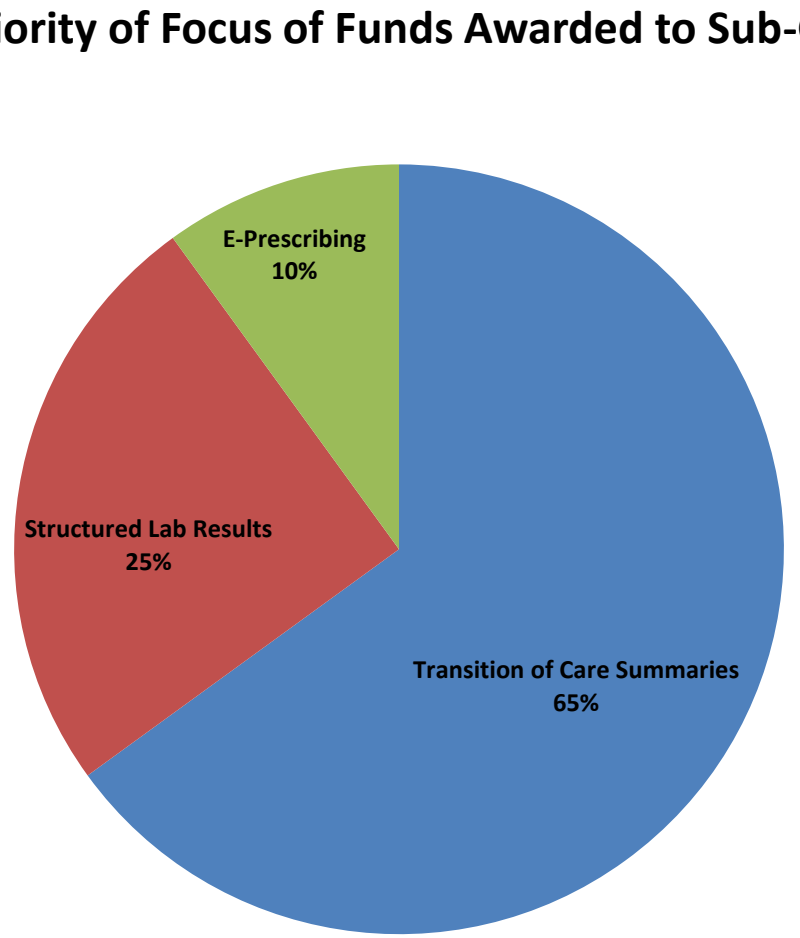
UNCONNECTED PROVIDERS AWARDEES

Unconnected Providers Sub-Grantee Award Information	
Sub-Grantee	**Funds Requested**
A New Leaf, Inc.	$50,000
CONMED Health Management	$50,000
Copper Queen Community Hospital	$50,000
Flagstaff Medical Center, Inc.	$98,007
Jewish Family and Children's Service, Inc.	$100,000
La Paz Hospital, Inc.	$50,000
Little Colorado Medical Center	$99,955
North Country Healthcare, Inc.	$100,000
People of Color Network, Inc.	$100,000
Quality Care Network	$100,000
Sierra Vista Regional Health Center, Inc.	$50,000
Symphony of Mesa and Springdale Village	$40,385
Terros, Inc.	$100,000
Villa Maria Care Center, LLC/CopperSands, Inc.	$42,210
Total Awarded Funds	**$1,030,557**

UNCONNECTED PROVIDERS FACILITIES AWARDED



Office of the National Coordinator (ONC) Priorities Addressed



General Observations

- There was a great interest and need from the community to engage in health information exchange.
- Grantees have different needs and approaches. One size does not fit all.

Next Steps

- Continue to work with grantees on implementation needs and provide oversight when appropriate.
- Document lessons learned.
- ASET considering another round of grant funding, however, the target audience may be different. More to come….

Questions

Email: hie@azdoa.gov

Website: hie.az.gov

Arizona Health-e Connection

Advancing health and wellness through information technology

Arizona HIE Marketplace
&
Arizona eRx Initiative

ASET Quarterly HIE Update Meeting
March 26, 2013

The Arizona E-Prescribing Initiative and the Arizona HIE Marketplace are projects of the Arizona Governor's Office of Economic Recovery and the Arizona Strategic Enterprise Technology Office, a division of the Arizona Department of Administration. Funding is provided by the Office of the National Coordinator for Health Information Technology, a Department of Health and Human Services.

Arizona Health-e Connection

Advancing health and wellness through information technology

HIE Marketplace

2013 Q1 Update

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Direct Exchange

Current Status

- 732 accounts enrolled
- 30 accounts attested
- 900+ messages sent
  - Numbers are estimates per HISP vendor reports

Moving Forward

- Increase statewide utilization
  - REC Direct utilization project
  - Unconnected Providers grantee utilization

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E-Prescribing Outreach

2013 Q1 Update

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E-Prescribing Goals

By the end of 2013…

Original E-Prescribing Goal	Current Status	Update
40% of eligible prescriptions being e-prescribed	60.08%	70%
60% of Arizona physicians actively routing prescribing	57.02%	None
100% of Arizona pharmacies to have e-prescribing system capabilities	99.16%	None

Data provided by Surecsripts, through contract with Office of the National Coordinator for Health Information Technology (ONC).

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E-prescribing Trends

Measure	2011	2012
Percentage of physicians actively using an electronic health record to e-prescribe via Surescripts network	41.20%	50.87%
Percentage of physicians actively e-prescribing via Surescripts network	47.80%	57.02%
Percentage of new and renewal prescriptions e-prescribed	33.46%	60.08%

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E-Rx Program Overview

Arizona E-Prescribing Initiative was developed to meet ONC e-prescribing goals for Arizona. Three major projects currently underway include:

1. **Technical Assistance**
   - Help providers and pharmacies with any e-prescribing barrier including issues with workflow, vendor(s), and configurations.
2. **Community Pharmacy Financial Support**
   - Provide financial assistance to independent, community pharmacies that are not currently e-prescribing on the Surescripts network
3. **E-Prescribing of Controlled Substances (EPCS)**
   - Develop statewide strategy for implementation of EPCS

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Technical Assistance

Main E-Prescribing Issues Received

1. EPCS questions
2. Refill issues
3. Surescripts fees
4. Configuration issues
5. Internal pharmacy workflows

E-Prescribing Resources

- Point-of-Care Partners
- Regional Extension Center (REC)
- REC Vendor Alliance Program

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Community Pharmacy Financial Support

Pharmacy Awardee	Awarded Amount
Baseline Pharmacy (Phoenix)	$5,000
Chandler Drugs (Chandler)	$7,000
Civic Center Pharmacy (Scottsdale)	$5,000
MG Pharmacy (Phoenix)	$7,000
West Kingman Pharmacy (Kingman)	$9,000
Total	**$33,000**

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E-Prescribing of Controlled Substances

A statewide EPCS program to increase EPCS knowledge, implementation and usage throughout Arizona:

1. **Environmental scan**
   - DEA rule in 2010 plus Az bill in 2012, but still a lot of confusion
   - Determine status of EPCS functionality in Arizona
2. **EPCS pilot program**
   - Identify select pharmacies and providers within a geographic area to implement EPCS, with workflow redesign and support
3. **Statewide EPCS campaign**
   - Education campaign to encourage the use of EPCS through-out the state among pharmacies and providers

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Questions?

www.azhec.org

www.arizonarec.org

602-688-7200

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Arizona Department of Health Services (ADHS)

&

Meaningful Use

March 26, 2013

Public Health Objectives – Stage 1 MU

	Electronic Laboratory Reporting (ELR)	Immunization Registry (ASIIS)	Syndromic Surveillance (BioSense)
Objective for:	EH, CAH	EH, CAH, EP	EH, CAH, EP
Required or Menu?	Menu*	Menu*	Menu*
	*must choose one of the 2/3 PH objectives		
ADHS Status	Currently Accepting	Currently Accepting	Planning to accept from hospitals first (Summer 2013)
Standards	HL7 2.5.1	HL7 *2.3.1* or 2.5.1	HL7 *2.3.1* or 2.5.1
MU HL7 Implementation Guide?	Yes	Yes	Not specified (but there is one in use)
Message Vocabulary	LOINC (SNOMED)	CVX	None cited

Public Health Objectives – Stage 2 MU

	Electronic Laboratory Reporting (ELR)	Immunization Registry (ASIIS)	Syndromic Surveillance (BioSense)	Cancer Registry	Specialized Registry
Required or Menu?	Required EH, CAH	Required EH, CAH, EP	Required EH/CAH, Menu EP*	Menu EP*	Menu EP*
			*EPs must choose 3 of 6 menu objectives		
ADHS Status	Currently Accepting	Currently Accepting	Planning to accept from hospitals first (Summer 2013)	Plan to be ready to accept	?
Standards	HL7 2.5.1	HL7 2.5.1	HL7 ~~2.3.1 or~~ 2.5.1	CDA	?

Syndromic Surveillance

What is Syndromic Surveillance?

- Public Health receives reports of symptoms of patients (ADT messages)
- This information is used to identify outbreaks or health events and monitor the health status of a community
- Syndromic surveillance is fast – Public Health can see what's happening in a community before the patients have a confirmed diagnosis or laboratory results

Syndromic Surveillance: Standards

- **Message format:** HL7 Version 2.5.1 Implementation Guide: will be based on *PHIN Messaging Guide for SS*

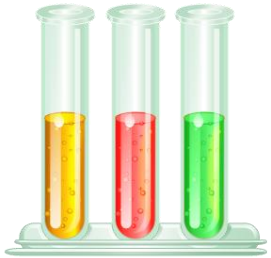
Syndromic Surveillance: Current Status/Future Plans

- Plan to start accepting submissions from hospitals in Summer 2013
- Work to get CDC's BioSense 2.0 up and running as the MU Syndromic Surveillance system in AZ
- Create AZ implementation guide, user manual, training documents.
- Will require DUA between facility and ADHS
- Assist at least 10 hospitals in implementing MU Syndromic Surveillance
  - 2 should be rural or critical access hospitals

Electronic Laboratory Reporting (ELR)

What is ELR?

- Labs are required to report a set of test results to ADHS (A.A.C. R9-6-204)
- Electronic reports are integrated into the state electronic disease surveillance systems
- ELR shortens the time for reporting and initiation of infectious disease control measures



ELR: Standards

- **Message format:** HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health
- **Vocabulary:**
  - LOINC
    - Codes used for test ordered and test performed
  - SNOMED CT
    - Codes used for specimen types and test results (i.e. organisms isolated by culture)

ELR – Secure Message Transport

- **SFTP** – Preferred
- **PHIN-MS** – CDC tool, used but not preferred
- **Direct** – Not set up, but possibility in the future

ELR:
Current Status/Future Plans

- ADHS is currently accepting ELR submissions for MU
- 7 hospitals have attested (3 in production)
- Onboarding additional laboratories based on readiness and following steps outlined at www.azdhs.gov/meaningful-use

ELR – Steps for Hospitals

1. Implement certified EHR or module capable of sending messages with standards listed earlier (HL7 2.5.1, LOINC, SNOMED)
   - Some certified EHRs are not ready "out of the box" and take a large amount of configuration.
2. Test messages on CDC's Message Quality Framework (MQF) site

ELR – Steps for Hospitals

3. Contact ADHS ELR Coordinator (Sara) to determine timelines and start the interoperability process
4. Set up a kick-off meeting (in person or web conference) and possibly a work session
5. Set up secure message transport

ELR – Steps for Hospitals

6. Send first test message. If successful, ongoing submission
7. Validation of messages, identify any issues (time for this activity will vary depending on the quality of messaging and workload at ADHS/ hospital/ vendor)
8. “Go live” with ELR and discontinue paper reporting (the timelines for discontinuing paper vary by set of diseases – STDs, HIV, etc.)

Immunization Registry (ASIIS)

What is ASIIS?

- The Arizona State Immunization Information System (ASIIS) is the state's immunization registry
- Providers are required to report all immunizations administered to ≤18 y.o. under ARS 36-135
- Pharmacists are required to report any immunizations administered regardless of patient age under ARS 32-1974
- Enables providers to access a complete immunization record for each child they treat regardless of where immunizations may have been received

ASIIS: Standards & Transport

- **Message format:** HL7 Version 2.5.1 Implementation Guide: Implementation Guide for Immunization Messaging
- **Message Transport:**
  - WebServices/Secure HTTP Post (recommended)
  - SOAP (recommended)
  - Secure HL7 and DTT file upload
  - SFTP (by April 1st)
  - Direct (Summer, 2013)

ASIIS:
Current Status/Future Plans

- ASIIS currently accepting submissions for MU
- Over 400 providers have attested (140 in production)
- Standard protocols and guidelines for testing distributed after receipt of initial interest form – available through www.azdhs.gov/meaningful-use

ASIIS – Steps for Providers/Hospitals

- Complete an initial interest form: https://app.azdhs.gov/phs/asiis/ehrinteroperability/InitialInterestForm.pdf
- ASIIS program will follow up to provide protocols and guidelines for testing and attestation

To meet Meaningful Use Stage II, Arizona providers who completed a Stage I attestation by 12/31/12 must:

- Establish an active interface with ASIIS to regularly upload immunization data
- Upload immunization data in HL7 v.2.5.1 throughout the entire 90 day reporting period, which ends no later than 12/31/2014

Cancer Registry

Cancer Registry

- Hospitals, pathology labs, clinics, and physicians are required to report cancer cases under ARS 36-133
- Meaningful Use targets eligible ambulatory setting only (e.g. physician offices)
- Process
  - Successful submission of test CDA
  - Providers must pass quality assurance testing before actual submission
  - Providers must be actively involved in the Quality Assurance Testing Steps (e.g. message format, content validation)
  - Once passed content validation and training, production submission can occur

Cancer Registry

- The registry is currently in the Assessment and Planning Phase
- National target dates for cancer registry:
  - Declaration/Registration of Intent (e.g. share tentative plan, collect information from providers) – start date October 2013
  - On-boarding (invitation, testing, and production, acknowledgement) – start date January 2014

What's Next?

Upcoming Activities/Opportunities

- Phone interviews with all EHs and critical access hospitals to determine readiness, timelines, and POCs for MU
- Statewide ELR meeting for EHs/CAHs and their vendors – **May 17th, 2013**
  - Invitation forthcoming
- Free national training LOINC and SNOMED training for hospitals (April-June)
  - http://www.labinteroperabilitycoop.org/upcoming_schedule.htm

MeaningfulUse@azdhs.gov

www.azdhs.gov/meaningful-use

Thanks!!

Questions?

MeaningfulUse@azdhs.gov

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March 26, 2013

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Arizona's Medicaid Agency

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Physician Adoption & Ranking of Electronic Medical Records Selected Highlights

William G. Johnson, PhD
Professor of Biomedical Informatics
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Gevork Harootunian
Senior Statistical Programmer
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Arizona's Medicaid Agency

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Introduction

- This presentation selects a small sample of the full results of the CHiR survey of physician use of EMRs
  - Some characteristics of physicians and the organizations in which they practice in Arizona
  - The utilization and exchange of electronic medical records among physicians & healthcare organizations
  - An example of physicians rankings of EMR software by brand, namely “ease of use”(other criteria include physician and staff productivity; reliability; performance vs. promise)
  - The extent to which EMR available functions (e.g. electronic prescribing) are used in practice

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Data Collection Methods

- Data collection began in 1991. (extended to nurses and pharmacists in 2007).
- Survey data are merged with licensing applications
- Scope of the survey limited by reliance on paper forms until adoption of electronic survey in March, 2012
- Data are collected for in-state and out-of-state physicians. The current report is restricted to in-state physicians
- Retired, semi-retired physicians with active licenses are excluded from the results

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Acknowledgements

I would like to gratefully acknowledge the contributions of **Tony Rodgers** and **Tom Betlach**, the former and current Directors of AHCCCS; **Elaine LeTarte**, the former Executive Director of the Arizona Osteopathic Board of Examiners in Medicine; **Jenna Jones**, the current Executive Director of AOBEM and **Lisa Wynn**, the Executive Director of the Arizona Medical Board.

The data collection model and the results to be presented today would not have been possible without their dedicated cooperation.

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Data Collection March 2012-December 2012

24,796
Total Physicians

12,248
Total Physician License Renewals

65
Physician States Cannot Be Identified

4,059
Licensed Physicians Residing Outside of AZ

8,123
Licensed Physicians Living in AZ

5,669
Physician Surveys Received
(70% response rate)

702
Osteopathic Physicians

4,967
Allopathic Physicians

Source: Arizona Medical Board (AMB), Arizona Board of Osteopathic Examiners (ABOE) Survey and Administrative Data, March 2012- December 2012

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Survey Respondents x Practice Size: 2012

Number of Physicians in the Practice	Number of Respondents	Percent
Solo practice	850	26.9
2-5 physicians	751	23.8
6-50 physicians	932	29.5
51-94 physicians	116	3.7
95 or more physicians	510	16.1
Total	3,159	100.0

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UTILIZATION OF ELECTRONIC MEDICAL RECORDS

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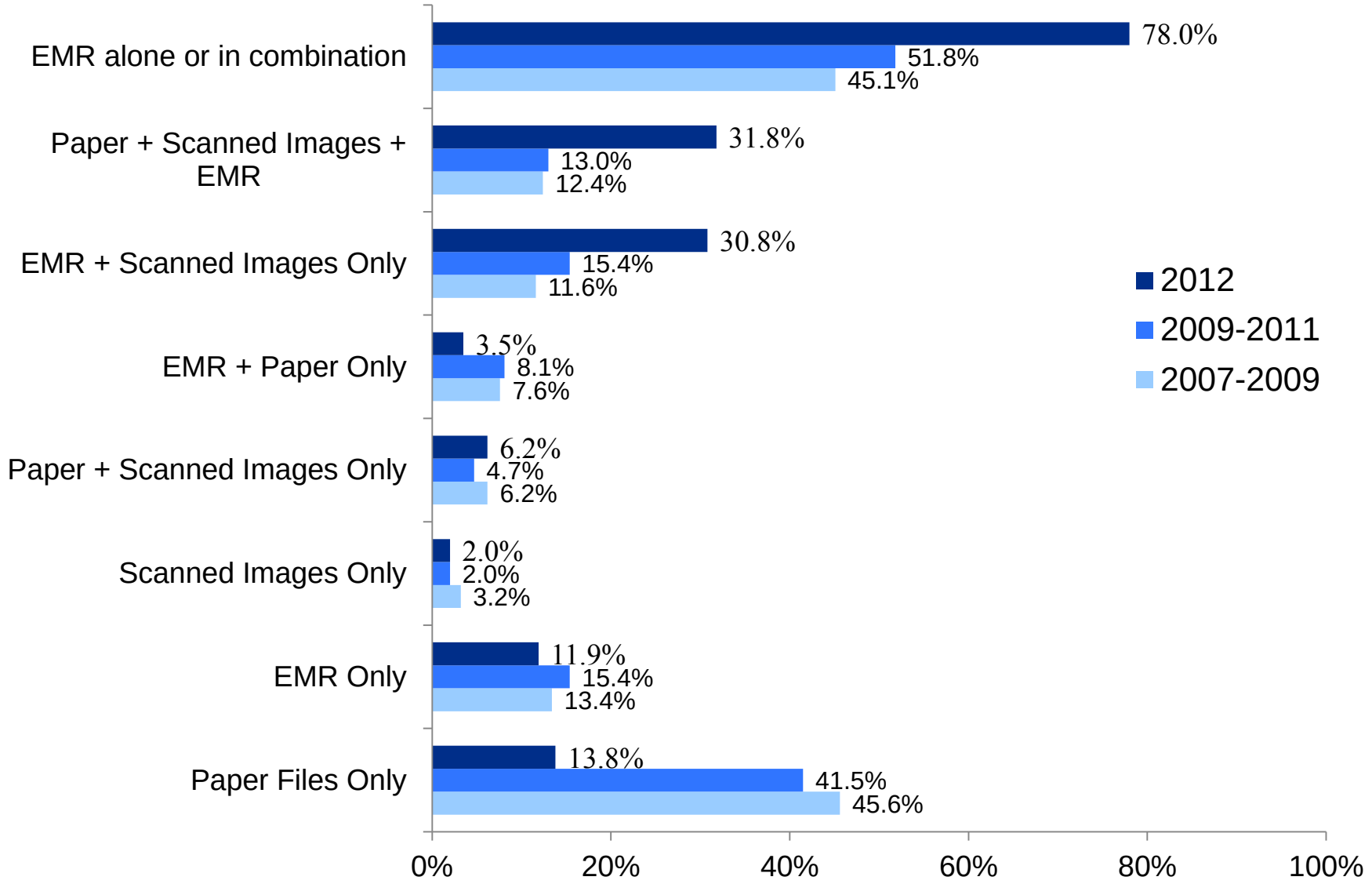
Methods of Storing Medical Records 2012 vs. 2007-2009 & 2009-2011



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Electronic Medical Records

- In 2012, approximately 78% of Arizona physicians who responded to the survey used some form of electronic medical record storage (EMR)
- In 2009-2011, approximately 52% of physicians used EMRs
- In the 2007-2009 approximately 45% of physicians used EMRs

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EMR Use by Type of Practice

- Utilization of EMRs has increased substantially between 2007-2012 but the distribution of EMR use among different types of practices has, with few exceptions, been stable.
  - As in previous years EMR use is most prevalent in government settings and least prevalent in private solo practices.
- Community health centers have one of the largest rates of growth, increasing from use by 40% of their physicians in 2007-2009 to 89% in 2012.

Summary

- Clear trends between 2007-2012
  - Increasing use of EMRs
  - Somewhat slower increase in the exchange of electronic information
  - Reliance on paper records alone decreasing but paper records frequently used in combination with EMRs
  - Utilization of scanned forms increasing slightly
- Background of likely sources of growth
  - Incentives/penalties designed to induce increases in use of EMRs
  - Cohort effects: as older physicians retire they are replaced by cohorts trained in use of EMRs (see med school rates)
  - Higher probability of implementation by hospitals and large group practices causes disproportionate increase in the number of physicians using EMRs, which is what our survey measures

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EMR SOFTWARE USE AND PHYSICIAN RANKINGs BY BRAND

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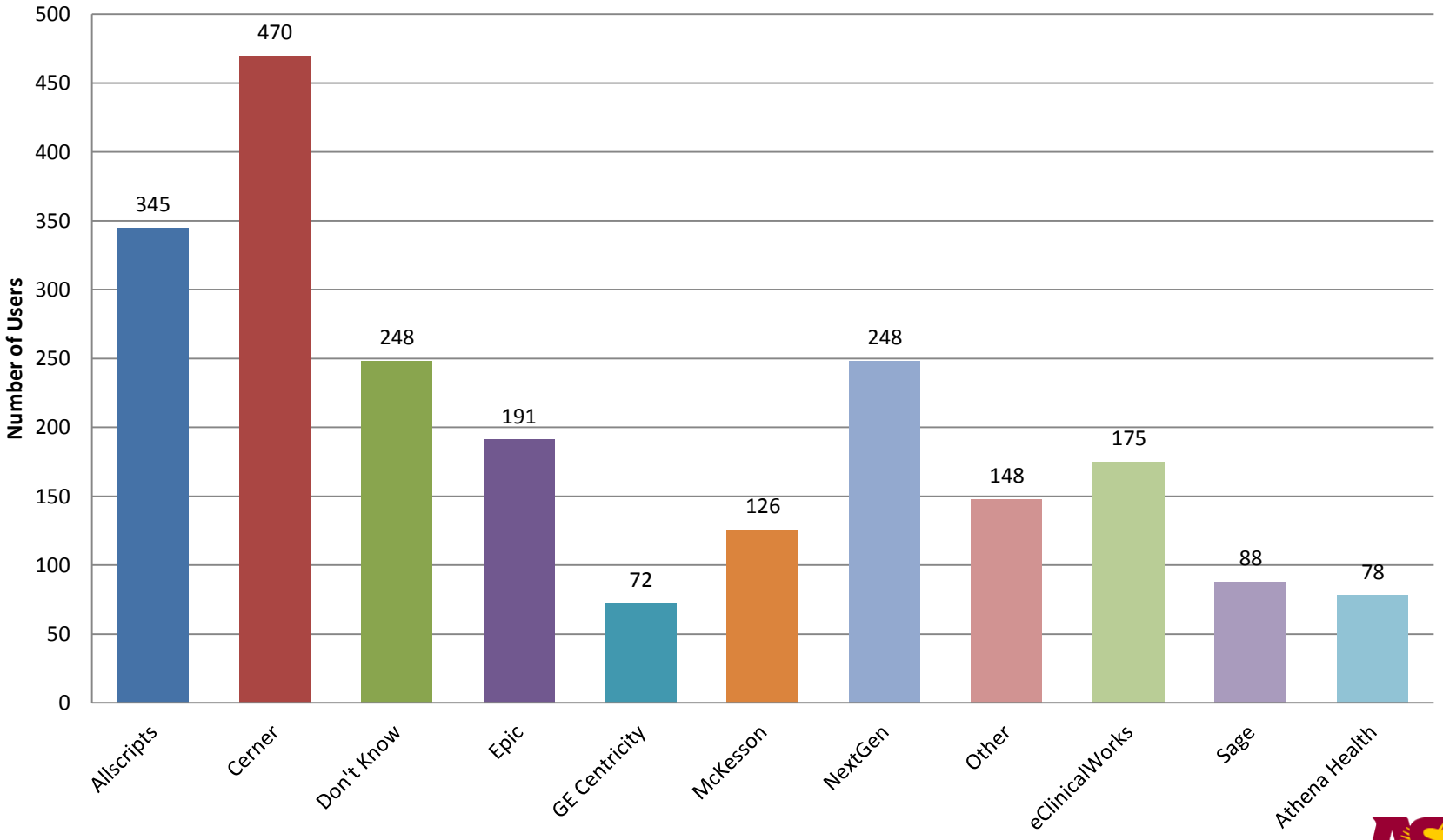
Figure 6: Number of Users by Brand of Software

(Over 70 Users)



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EMR Users Ratings of EMRs: All Brands

Ease of Use

Ranking	Number of Physicians	Percent
1 Awful	232	7.73
2	376	12.53
3	1068	35.59
4	896	29.86
5 Outstanding	429	14.3
Weighted Mean Rank=3.30	3,001	

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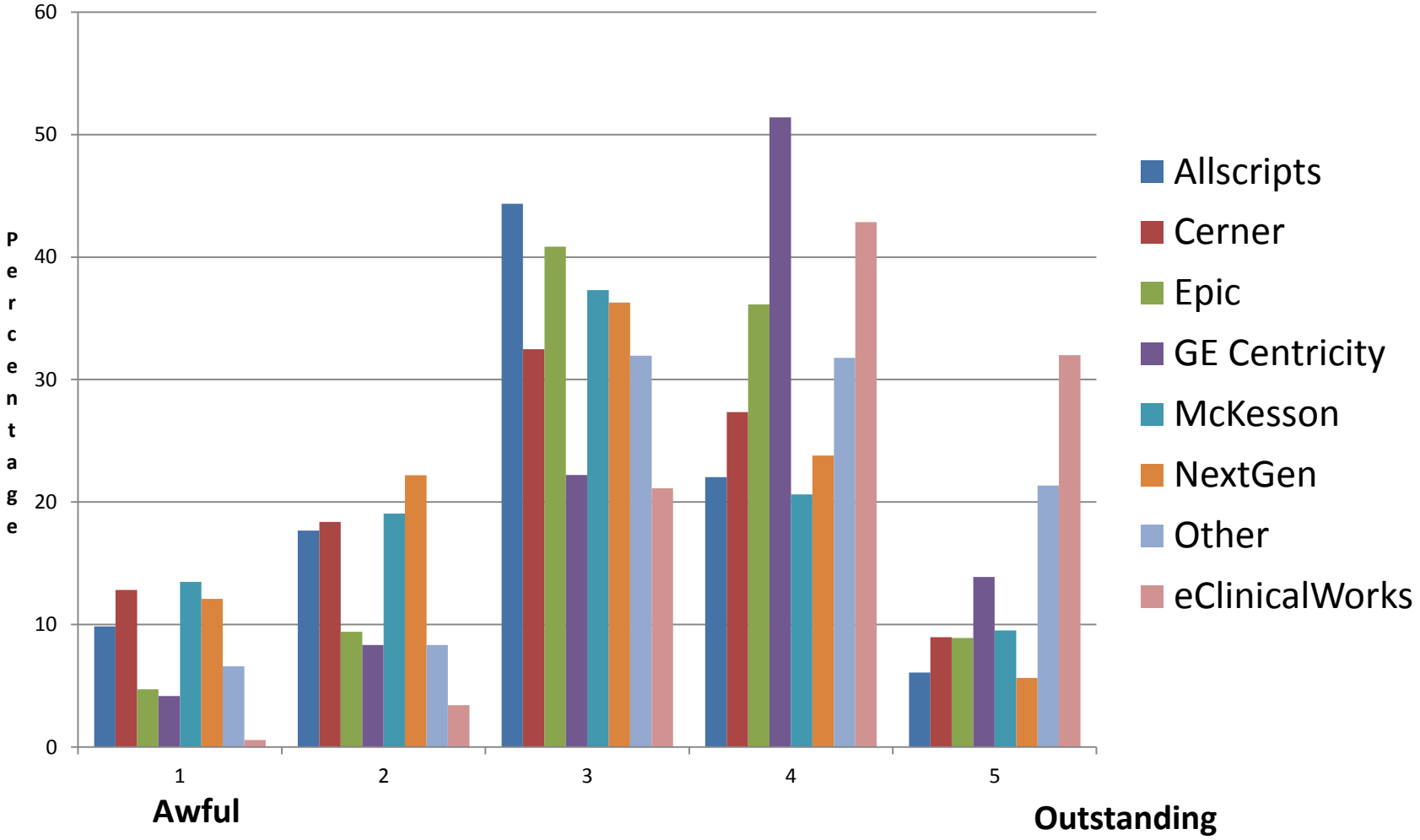
Figure 8. Ease of Use by Brand



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UTILIZATION OF EMR FUNCTIONS

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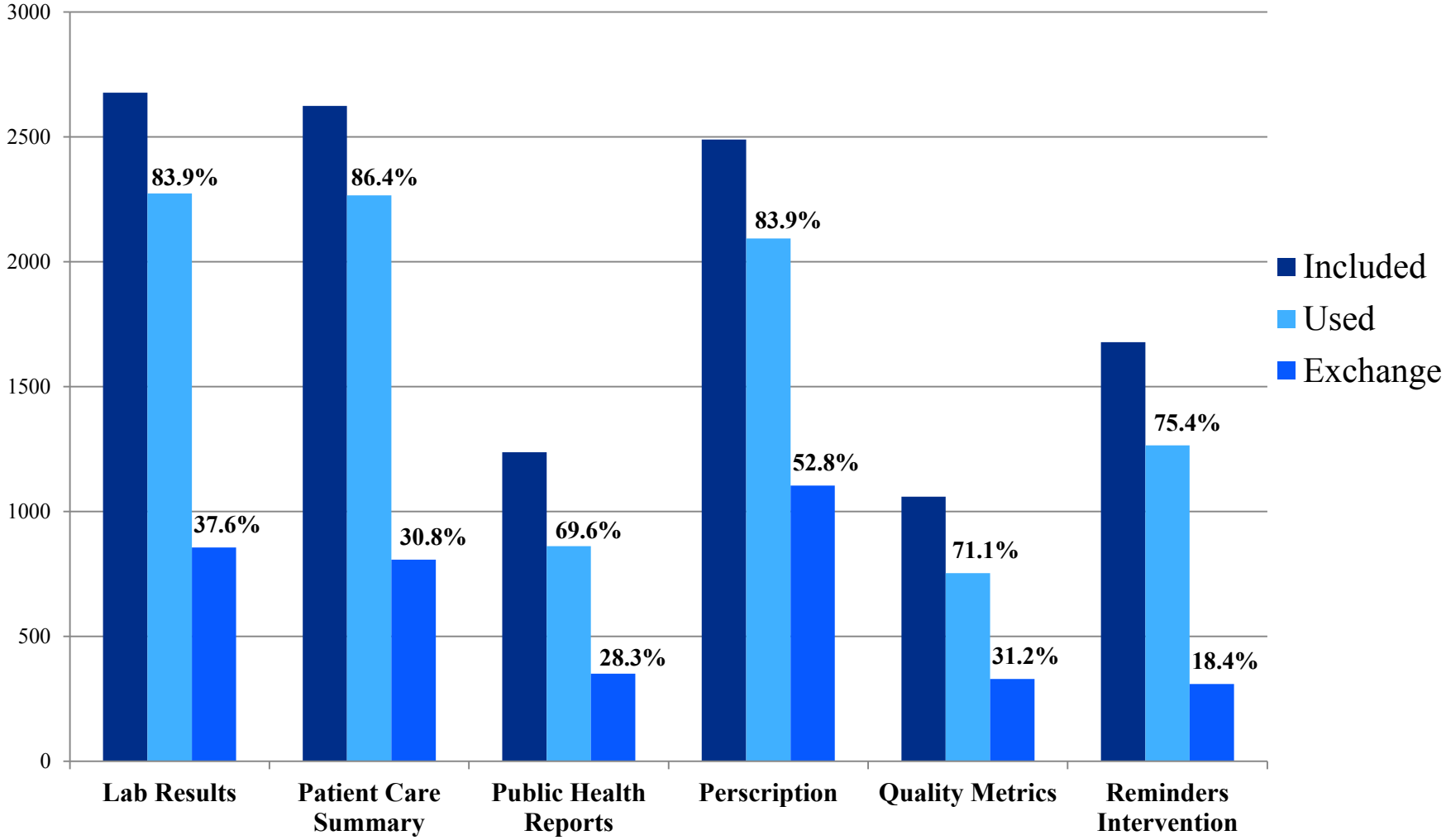
EMR Functions



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Summary

- Trends between 2007-2012
  - Data in 2012 are more detailed than in previous years so not strictly comparable. In general, however
    - Proportion of physicians who exchange data is much smaller than proportion who use EMRs
  - Newer more detailed data show that low proportion of physicians who exchange data is not primarily due to the lack of the capacity to do so
    - Patient care summary is used by approximately 86% of physicians whose EMR includes a patient care summary but only 31% of the physicians whose EMR includes a patient care summary exchange the information
    - The comparable percentages for prescriptions are somewhat better with approximately 84% using the function and 53% exchanging the information

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Conclusion

- Percentage of physicians with EMRs is higher than national studies suggest, but much of the difference is due to difference in sample characteristics.
- Use of EMRs is generally limited to intra-office use with little exchange capability.
- Use of EMRs is much higher the larger the organization.
- Use of EMRs is inversely related to age.
- Variance among counties is very large with some rural counties having utilization rates nearly as high as Maricopa and Pima.

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CHiR

Center for Health Information & Research

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QUESTIONS AND DISCUSSION

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