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DCHA & eHealthDC eReferral Collaboration:

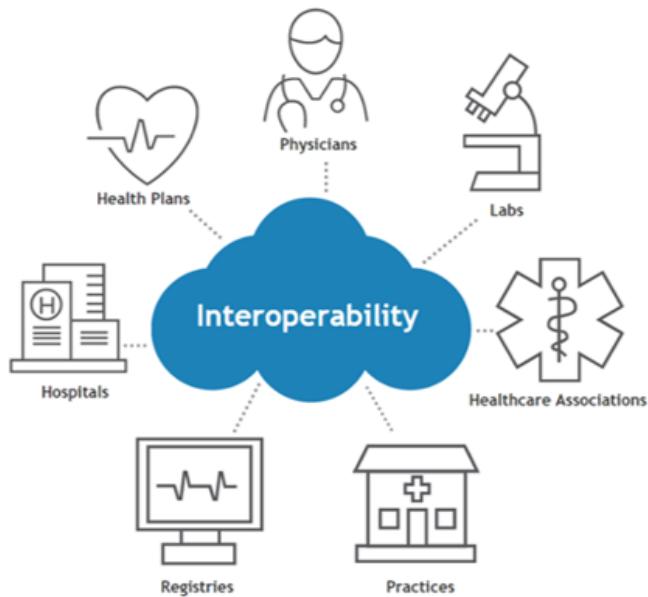
*Improving Care and Care
Coordination through eReferrals*

Jacqueline D. Bowens

President & CEO, DCHA

February 21, 2019

Purpose



To help health care providers adopt electronic health records and promote interoperability through meaningful use and quality reporting programs.



Agenda

Topic	Speaker	Time
Welcome	Jacqueline D. Bowens <i>President and Chief Executive Officer District of Columbia Hospital Association</i>	10 minutes
Introduction	Erin Holve <i>Health Care Reform and Innovation Administration Director District of Columbia Department of Health Care Finance</i>	10 minutes
eHealthDC eReferral Strategy	Donna Ramos-Johnson <i>Project Director, eHealthDC CTO, District of Columbia Primary Care Association</i>	10 minutes
Moderated Discussion	Anita Samarth <i>Interoperability SME, eHealthDC CEO, Clinovations Government + Health</i>	30 minutes
Implementing the eReferral Strategy	Donna Ramos-Johnson	10 minutes
Next Steps and Closing	Jacqueline D. Bowens	5 minutes



DCHA Overview

- DCHA has a proven track record of facilitation and the convening of groups to solve problems and move policies and ideas forward.
- DCHA has been the collective voice of the District of Columbia hospitals and health systems for 40 years. This collaboration is a great opportunity for our members to have a voice in shaping the strategy of improving care and care coordination.
- DCHA supports the adoption of electronic health records to promote interoperability and quality reporting programs.
- DCHA will communicate to our members about the eReferral Collaboration and work to garner their help to support the overall strategy.





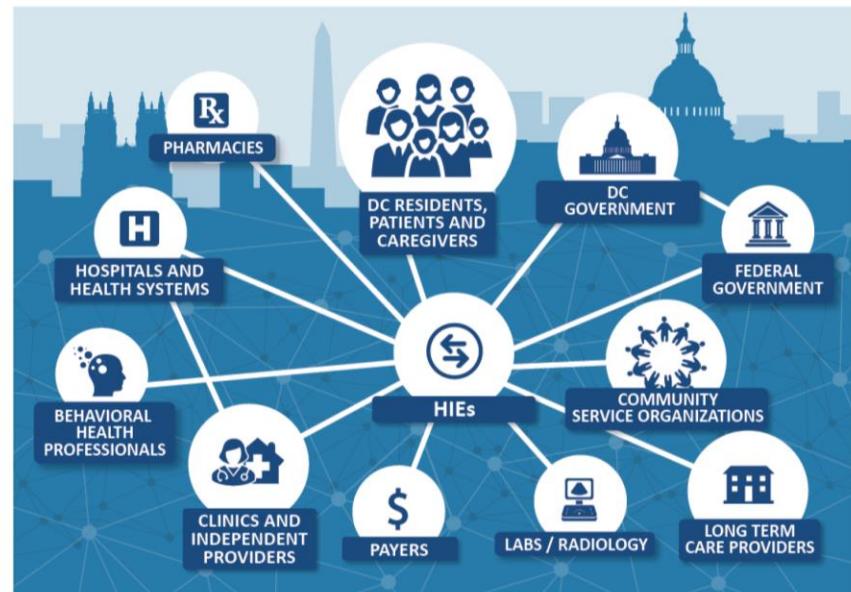
Department of Health Care Finance

INTRODUCTION TO ELECTRONIC REFERRALS



THE DISTRICT'S STRATEGIC GOAL FOR 2021

*Design and implement
an electronic network
that provides actionable
health-related information
whenever and wherever
it is needed,
to support person-centered
care and improve health
outcomes*





DHCF HEALTH IT ROADMAP PRIORITIZES FOUR AREAS TO IMPROVE CONNECTION AND NAVIGATION



Support Transitions of Care

- Improve Health IT and HIE Connectivity for low adopters
- Expand HIE Encounter Summary Information
- Develop Provider Directory
- Improve SSO and EHR Integration
- Improve HIE Data Quality



Collect and Use Social Determinants of Health Data

- Capture SDOH information via health IT and HIE
- Exchange, and Use SDOH Information Across Stakeholders



Analytics for Population Health

- Expand Basic Analytics and Reporting
- Implement Advanced Analytics Tools



HIE for Public Health

- Improve Connectivity to Public Health Registries
- Enhance Public Health Electronic Case Reporting & Surveillance



THE eREFERRAL STRATEGY SUPPORTS HEALTH IT AND HIE GOALS

Increase provider adoption of EHRs and HIE to expand virtual networks of providers in the District who are capable of delivering high-quality care and leveraging technology

Electronically identify providers and provider networks serving District residents

Increase the number of virtual care teams that are electronically connected to support integrated, high-quality care

Ensure high-quality electronic documentation of health-related data

Improve the value and efficiency of team-based care by integrating information across care settings (clinical, behavioral, community, public health, and payers)

Improve care coordination and transitions of care by improving access to information collected across settings of care



**eReferral
Strategy**



eHealthDC

ELECTRONIC REFERRAL STRATEGY



- eHealthDC provides District of Columbia health care professionals with an important source for how to use EHRs and health IT to better serve patients
- eHealthDC is a District of Columbia Primary Care Association program, funded by DHCF, to provide FREE technical assistance to the District's Medicaid eligible professionals

**The “one-stop-shop” for Meaningful Use
and HIE resources in the District**



TODAY: Paper/Fax

- Referrals sent by primary care to specialists via fax
- Receiving providers (e.g., specialists, hospitals) do not have any history of the patient's status or care
- After a consultation or hospital stay, primary care providers do not receive a summary of care provided

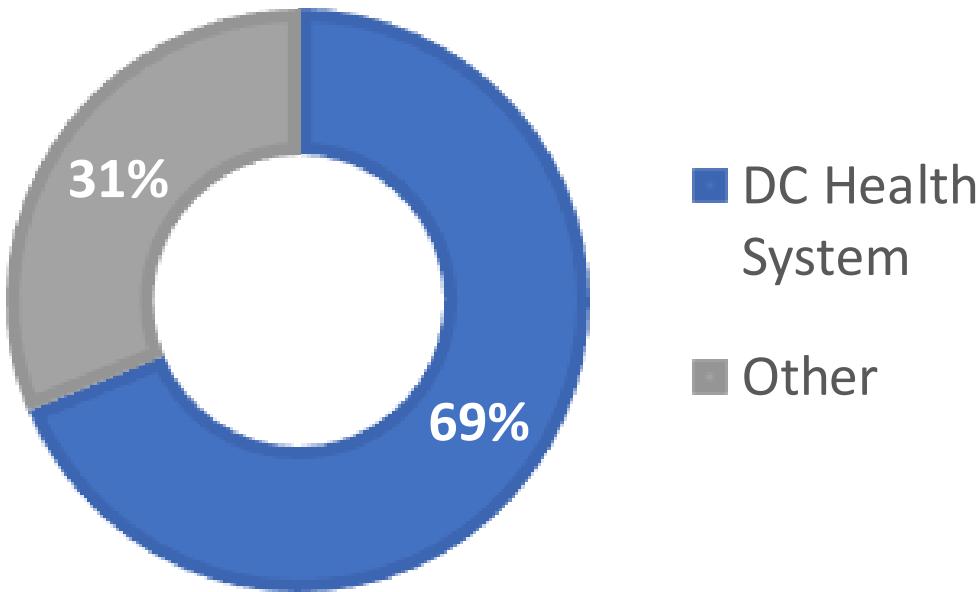


TOMORROW: eReferrals

- Sending providers transmit referrals **electronically** from EHRs
- Receiving providers receive an **electronic** summary of care record with the eReferral
 - Includes current problems, medications, allergies, procedures, labs
- After a consultation or hospital stay, specialists/hospitals send primary care providers an **electronic** summary of care
 - Includes NEW/UPDATED problems, medications, allergies, procedures, labs
- Primary care providers **electronically** incorporate and **reconcile** key clinical information



- 166,124 total referrals from CHCs
- 114,390 referrals made to DC health systems



- **Community Health Centers**
 - Bread for the City
 - Community of Hope
 - La Clinica del Pueblo
 - Mary's Center
 - Whitman Walker Health
 - Family Medical and Counseling Services
 - Spanish Catholic
 - Unity Healthcare
- **DC Health Systems**
 - Children's National
 - George Washington / MFA
 - Howard / FPP
 - HSC
 - MedStar Health
 - Johns Hopkins – Sibley
 - United Medical Center

CURRENT eREFERRAL ACTIVITY IN THE DISTRICT



**The eReferral Strategy
is enabled by
DIRECT Secure
Messaging**

DIRECT is a secure email
mechanism, already available
within certified EHRs

- Independent Practices have implemented DIRECT to meet Meaningful Use objectives
- Health Systems are already using or implementing DIRECT: Children's National and MedStar Health
- All Community Health Centers (CHCs) have implemented DIRECT and are partnering with referral organizations to send eReferrals
- DHCF is actively working on a technology solution to support eReferrals as core HIE capabilities within the District



eHealthDC

ELECTRONIC REFERRAL STRATEGY: MODERATED DISCUSSION



Adapted from "Measurement of Interoperable Electronic Health Care Records Utilization" ASPE (2016)

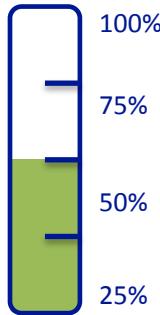


Adapted from “Measurement of Interoperable Electronic Health Care Records Utilization” ASPE (2016)



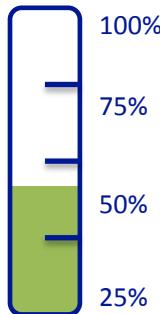
Adapted from "Measurement of Interoperable Electronic Health Care Records Utilization" ASPE (2016)

ACHIEVING MEANINGFUL USE AND PROMOTING INTEROPERABILITY



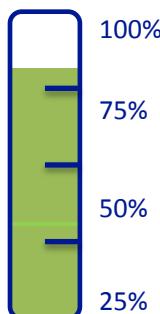
50%
of
Referrals

- Referrals to other providers or care settings (hospitals) performed electronically
- Includes a standards-based summary care record



40%
of Care
Transitions

- Transitions of care, referrals received, new patient (never seen before)
- Incorporates standards-based summary of care document received within the EHR



80%
of Care
Transitions

- Transitions of care, referrals received, new patient (never seen before)
- Performs clinical information reconciliation within the EHR of medications, allergies, and diagnoses

- eHealthDC is serving **115** Eligible Professionals across **29** organizations
- This represents **\$977,500** in potential Promoting Interoperability / Meaningful Use annual incentive payments to participating providers

Achieving these incentives requires **District hospitals and health system-owned** ambulatory practices to implement within their (existing) EHRs the capability to:

- ✓ *Receive eReferrals and summary of care records* via DIRECT
- ✓ *Send electronic summary of care records* to referring providers post consultation or hospital/ED discharge via DIRECT



eHealthDC

IMPLEMENTING THE ELECTRONIC REFERRAL STRATEGY

A CALL TO ACTION



GOAL: Commit to using eReferrals to facilitate care coordination for District residents

ACTION: Collaborate with eHealthDC to assess provider readiness and target eReferral TA services at high-volume, high-priority departments and/or locations



- By March 15, 2019
 - Conduct initial kick-off meetings with each organization to plan customized support services that align with organizational mission and objectives
- By March 29, 2019
 - Complete customized support services plan and timeline for high-volume departments
- April 2019
 - Coordinate with eHealthDC to assess eReferral readiness and complete implementation plan
- May 2019
 - Execute workflow redesign, training, DIRECT and other IT technology upgrades and related policy requirements
- July 2019
 - Go-live with DIRECT in high-volume departments (big-bang or phased) and monitor workflow and eReferral trends

eREFERRAL IMPLEMENTATION TIMELINE



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG	AH	AI	AJ	AAAAAAAAAAAAAA	
1	Key eReferral Tasks	Milestone Date	February	March	April	May	June	July	August	September	Oct	Nov	Dec																									
2		Last date in a week	8 15 22 1	8 15 22 29	5 12 19 26	3 10 17 24 31	7 14 21 28	5 12 19 26	2 9 16 23	30 6 13 20 27																												
4	Outreach based on DCHA eReferral assessment results	March 15																																				
5	Convene DCHA members	Feb 21																																				
6	Identify eReferral points of contact for eHealthDC support services	March 15																																				
8	Plan eReferral support services	March 29																																				
9	Conduct support services kick-off meeting with POC	March 15																																				
10	Select high priority departments/locations for eReferral services	March 29																																				
11	Finalize customized support services plan and timeline	March 29																																				
13	Initiate eReferral support services in high-volume departments	April 26																																				
14	Meet with department/location leads and clinical stakeholders	April 5																																				
15	Complete eReferral readiness assessment	April 19																																				
16	Complete workflow and referral management process mapping	April 19																																				
17	Complete identify proofing, credentialing for authorized users	April 19																																				
18	Complete IT assessment	April 19																																				
19	Complete review of security, IT, and clinical workflow policies	April 19																																				
20	Present implementation plan and schedule	April 26																																				
22	Implement eReferral strategy in high-volume departments	June 28																																				
23	Select and complete technology upgrades and acquisitions	May 31																																				
24	Communicate eReferral workflow changes	May 31																																				
25	Testing Direct technology	May 31																																				
26	Train on new policies and workflow for eReferral management	June 28																																				
27	Complete eReferral directory and outreach to trading partners	June 28																																				
29	eReferral go-live(s) in high priority departments	July 26																																				
30	Big bang versus staged go-lives	July 12																																				
31	Monitor and optimize	July 26																																				
33	Transition to organization for roll-out in remaining departments	July 26																																				
38	Monitor eReferral adoption, metrics in high-volume departments	Sept 27																																				
39	Adjust and re-train, as required	Sept 27																																				
40																																						
41																																						
42																																						
43																																						

Target date to complete
eReferral technical
implementation

Begin Meaningful Use
Reporting review

Latest date to start last MU
Reporting Period

Program Year
2019 ends

ADDITIONAL INFORMATION



Contact Information

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For More Information

DCHA	www.dcha.org
DHCF	www.dhcf.dc.gov/page/health-information-technology-01
eHealthDC	www.e-healthdc.org



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Thank You & Closing
Jacqueline D. Bowens
President & CEO, DCHA