



Contexture

Arizona's Health Information Exchange (HIE)

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Overview



Contexture Basics



HIE Services and Value



Financial Incentives to Participate



Get Connected!

About Contexture

Who We Are

We are the Health Information Exchange that helps partners transform care by bringing together communities and information across Arizona in an era of changing expectations.

Our Purpose

We integrate information with the delivery of care to improve individual and community health and wellbeing.

Our Vision

Make healthcare transformation a reality.

Our Mission

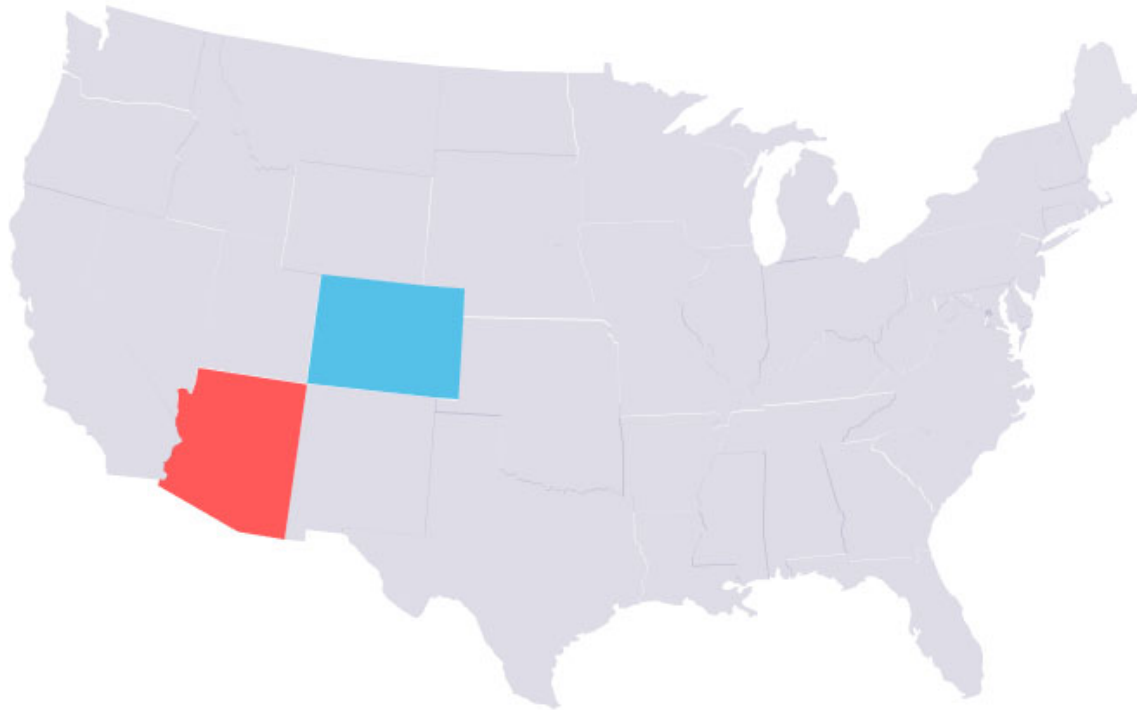
We help our partners realize their highest potential to transform care.

About Contexture

- Founded in 2007
- Over 1,100 HIE Participants and growing
- Over 300 data sources sending patient medical records for sharing
- Data available on 12+ million individuals
- Joined forces with Colorado-based CORHIO in 2021 to form regional organization, Contexture



Regional HIE Landscape





HIE Services & Value

HIE Benefits

- **One Connection to Save Time & Resources**

Making connections to other providers, hospitals, reference labs and health plans takes time and valuable resources from your practice. One connection **saves time** and **allows real-time transfer of data** from hospital encounters, reference lab results and other community provider encounters.

- **Access Patient Information**

Connection to the statewide HIE provides the ability to view current information and historical medical records in the HIE.

- **Timely Information to Coordinate Care**

Clinicians are able to access patient health information when and where it is needed.

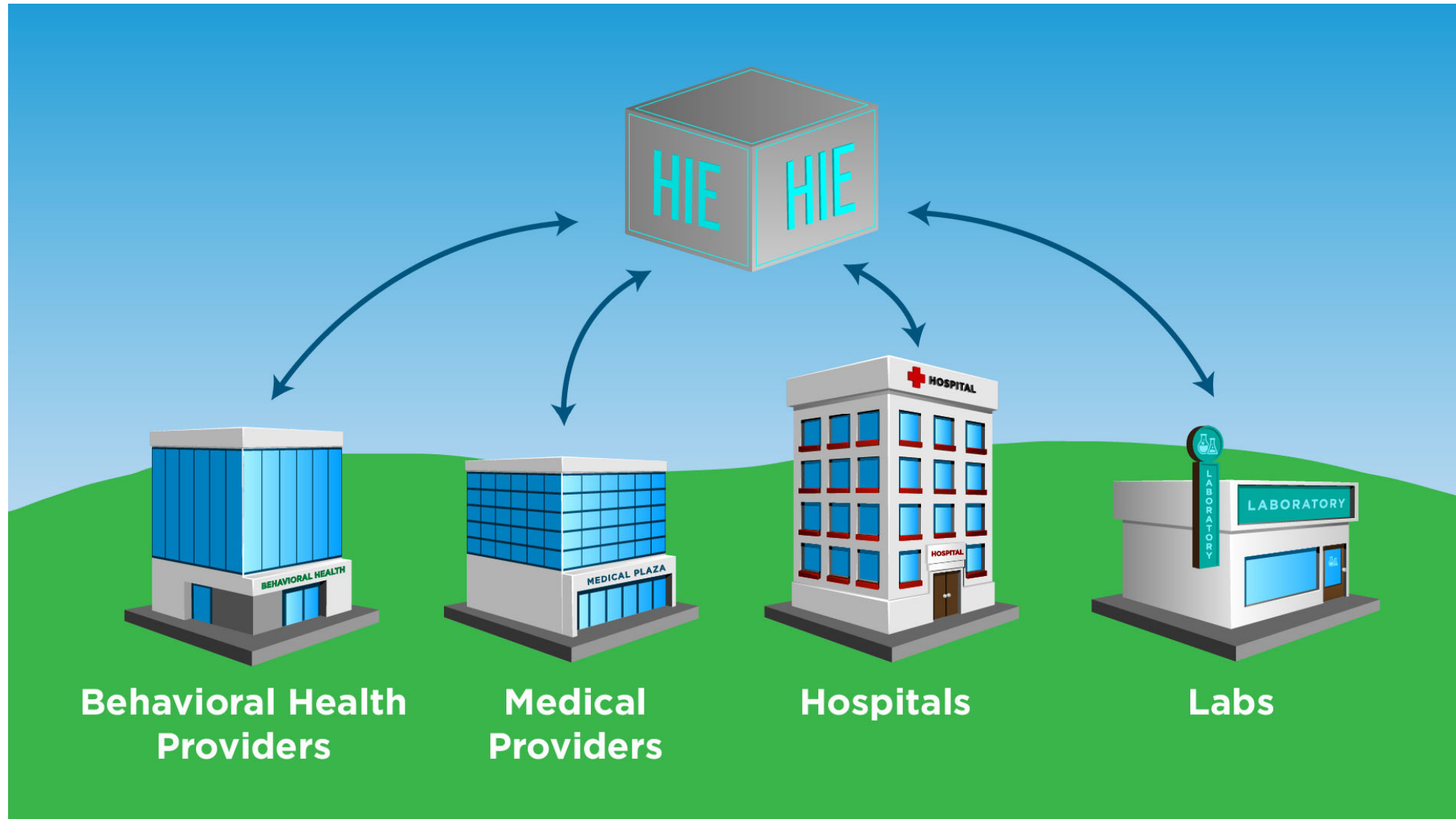
- **Secure Communication**

The use of the HIE's Direct Trust-certified, HIPAA-compliant secure email system facilitates the easy and secure exchange of patient information between providers, care team members and healthcare facilities.

HIE Benefits

- **Value-based Contracting**
The HIE provides value insight into data not found in your patient's record. This data, added to your own records, will assist in meeting and exceeding value-based measures.
- **Population Health**
Patient batching/alerts by population category such as high risk, chronic illness, frequent ED use, and hospitalization assists providers with their population health efforts. The HIE will augment the information in your record to provide a more complete picture of your patients.
- **Care Management**
Practices with care management staff can customize batches/alerts by illness, hospitalization, etc. AND by patient panels assigned to specific care management staff.
- **Clinical Interventions**
The ability to turn data into immediate clinical interventions.

Health Information Exchange



Arizona HIE Services



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Continued efforts to support:

- Physical and behavioral health data exchange
- Various types of alerts – ADT, COVID, EMS, Mental illness hospitalizations, etc.
- Bidirectional exchange via various mechanisms
- New public health reporting options



HIE 3.0 Portal

Using the HIE Portal

HIE Portal

Secure online access to a consolidated patient record, including specialized view of SMI patient crisis data

- Includes all treating physical care providers. Can include behavioral health services with patient consent.
- Individualized – one patient at a time
- Used by care managers & clinicians to identify the complete patient history for care coordination, transitions of care, changes, etc.
- Can use 36-month period for population health activities (risk stratification, outreach campaigns, etc.)

HIE Data Available

Varies by Data Source

- Demographics
- Encounters (Inpatient/ED/Outpatient)
- Results (Lab/Rad/Trans)
- Allergies/Adverse Reactions
- Medications/Prescriptions
- Conditions (Diagnosis/Problems)
- Procedures/Treatments
- Immunizations
- Vital Signs
- Advance Directives
- Payers
- Family History
- Social History
- Clinical Documents
 - Discharge Summary
 - CCD/CCDA
 - Emergency Room Report
 - Encounter Summary
 - Progress Notes
 - Transition of Care/Referral Summary
 - History & Physical Report
 - Operative Note
 - Consultation Note
 - BH Court Orders

Data Providers and Data Types

- Accountable Care Organizations (ACOs) & Clinically Integrated Networks
- Behavioral Health Providers
- Community Health Providers
- Emergency Medical Services
- FQHCs & Rural Health Clinics
- Hospitals & Health Systems
- Labs, Imaging Centers & Pharmacies
- Long-Term & Post-Acute Care
- State & Local Government

+ ACOs & Clinically Integrated Networks

+ Behavioral Health Providers

— Community Health Providers

Search:

Account Name	Organization Type	ADTs	Physical Health	Clinical Information
Abrazo Heart Institute	Community Provider	Yes	Yes	Yes
Abrazo Medical Group	Community Provider	Yes	Yes	Yes
Accu Care Urgent Care	Community Provider		Yes	Yes
Agave Pediatrics	Community Provider		Yes	Yes
American Family Medicine	Community Provider		Yes	Yes
AMF Gastroenterology, LLC	Community Provider	Yes	Yes	Yes

[Search Data Providers & Data Types Here](#)

How Does the HIE Improve Workflow?



PENDLETON
PEDIATRICS



Community Provider

HIE Testimonial

"The **HIE is a huge part of our daily work**, we use it all the time. We receive patient alerts from Health Current and task them out to the appropriate providers. All of our physicians and medical assistants **prepare for each appointment** early in the morning—or sometimes the night before—**by looking up the patient's information** through the HIE portal."

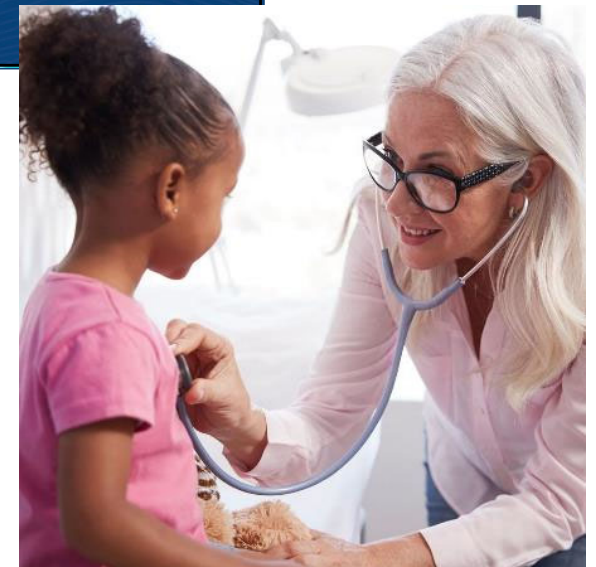
Practice Manager, Pendleton Pediatrics

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INFORMATION EXCHANGE



healthcurrent

healthcurrent.org





Alerts Overview

Using HIE Alerts

Patient Alerts

Event-driven notifications triggered by admissions, discharges, registrations and clinical/laboratory results

- Notification that an identified event has happened to a member of a pre-defined population (e.g. high needs patients, chronic care panels, SMI, condition-specific panels)
- Used by care managers, case managers & clinicians for monitoring care plan activities (e.g. annual labs, needed tests) & utilization of services

Alert Delivery

When are Alerts Received?

Real-time Alerts

- Individualized based on identified event – ADT, Lab, Trans, Rad Results
- Immediate care team response, next day coordination of care, follow through on tests ordered
- Good for managing smaller patient groups
- Available in PDF, HL7, or CDA

Batch Alerts

- Aggregate reports for all patients experiencing the event or condition being monitored
- Can be trended to monitor performance over time at a team/clinic level
- Good for managing larger patient groups

■ Alerts – Targeted Patient Populations

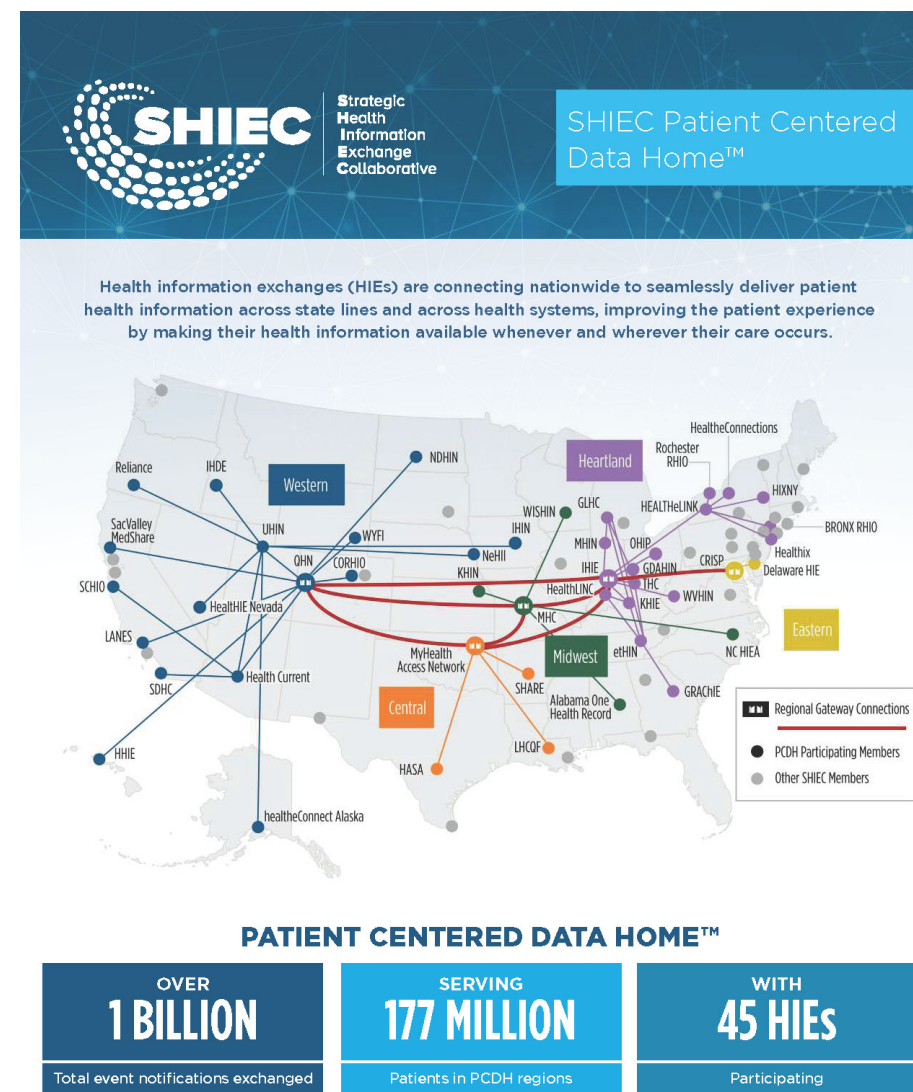
- Populations related to:
 - Value Based Programs
 - Accountable Care Organizations
 - Integrated Care Networks
 - Medicare Quality Measures
 - Different Reimbursement Programs
- Chronic Patient Care
 - Diabetes
 - COPD
 - Heart Failure
- High Needs Individuals
 - Crisis Risks
 - Frequent ED Users
- Active Patients
- Pain Contracts



Patient Centered Data Home™ (PCDH)

PCDH ADT Alerts

- Uses ZIP code matching to route notifications that a specific patient has been admitted to or discharged from an ED/inpatient facility outside of the patient's home state and allows the home or away facility to query for additional patient records.
- PCDH is a cost-effective, scalable method of exchanging patient data among health information exchanges covering >90% of the U.S. population.
- Connecting Whole Communities—HIEs are designed to provide critical information in real time. By facilitating the real-time electronic transfer of clinical information, including test results and hospital admissions to providers and public health authorities, HIEs provide critical infrastructure for those working on the frontlines of the COVID-19 response.
- For more information about PCDH, [click here](#).





Consolidated Care Summaries

HIE Supported Use Cases

Provider in large integrated health system – able to receive out-of-network ambulatory encounter data for upcoming scheduled visits

Care Manager in a payer organization – needs to know right away if high-risk members have been in the hospital, emergency department or elsewhere

Consolidated Care Summaries – a single view CCD of all Arizona HIE data sources, organized to help you find exactly what you are looking for



Additional Programs Supported by Contexture

■ SDOH Closed Loop Referral System



- **Single, Statewide Referral System**

Contexture, teamed with AHCCCS, and in collaboration with 2-1-1 Arizona and Solari Crisis & Human Services, has implemented CommunityCares to address social determinants of health (SDOH) needs in Arizona

- **New Technology Platform**

Powered by Unite Us, is designed to connected healthcare and community service providers to streamline the referral process, foster easier access to vital services, and provide confirmation when social services are delivered

■ Arizona Health Directives Registry



ARIZONA
Healthcare Directives
Registry

- **Single, Statewide Advanced Directives Registry**
Direct access for participating providers. Source of truth for advance directives. Secure and accessible data
- **AzHDR is Available to All Arizonans**
Providers need to sign-up and complete onboarding. The registry allows for both submitting and viewing documents.



Financial Incentives

Contexture Financial Incentives

- AHCCCS Differential Adjusted Payment (DAP) Programs
 - HIE Participation & Data Quality Initiatives
 - CommunityCares Participation Initiatives
- HIE Data Supplier Program – Administrative Offset Payments

Future DAP HIE Requirement Progression

HIE Strategy by Provider Type
Updated 1/7/2022

Provider Types	CYE 17	CYE 18	CYE 19	CYE 20	CYE 21	CYE 22	CYE 23	CYE 24	CYE 25
Hospitals	Agreement	Agreement	Milestones	Data Prep	Data Quality	Data Quality	Data Quality	Data Quality	Data Quality
IHS/638 Facilities					Milestones	Data Prep	Data Quality	Data Quality	Data Quality
Integrated Clinics (ICs)			Milestones	Milestones	Data Prep	Data Prep	Data Quality	Data Quality	Data Quality
BH OP Clinics					Data Access	Milestones	Data Prep	Data Quality	Data Quality
Nursing Facilities						Milestones	Data Access	Data Prep	Data Quality
HCBS Providers (PT 49)							Data Access	Milestones	Data Prep
Physicians, PAs, etc.							Data Access	Milestones	Data Prep

Agreement	Execute agreement and electronically submit information
Milestones	Letter of Intent (LOI) with milestones for: execute agreement, approve scope of work (SOW), transmit ADT information, and transmit lab/radiology data. For non-inpatient facilities, transmit registration events and encounter summaries.
Data Access	Execute agreement and access HIE data via HIE services
Data Prep	LOI with milestones for: submit immunization data (if applicable), execute data quality SOW, and submit data quality profile.
Data Quality	Measure data quality in first quarter of calendar year using a metric to be defined.

HIE Participation & Data Quality

Provider Category	Strategy	% Increase
Critical Access Hospitals	Data Quality	Up to 8.0%
IHS/638 Facilities	Data Quality	Up to 2.5%
All Other Hospitals	Data Quality	Up to 2.0%
Integrated Clinics	Data Quality	1.0%
Behavioral Health OP Clinics	Data Prep	1.0%
Nursing Facilities	Data Access	1.0%
OB/GYN, Ped, Cardiology, Nephrology	Data Access	1.0%
Assisted Living Centers	Data Access	1.0%

For Contract Year Ending (CYE) 2023, Effective 10/1/22

HIE Data Supplier Program

Receive Incentive Payment for Sending Data to the HIE

- Replaces historical HIE Onboarding Program ended 9/30/21
- AHCCCS Providers that did not previously receive a payment are eligible to receive administrative offset payments to become Data Suppliers

Provider Category	Payment
Hospitals & IHS/638 Facilities	\$20,000
Community Providers (26+)	\$20,000
Community Providers (16-25)	\$15,000
Community Providers (1-15)	\$10,000
Nursing Facilities	\$10,000

Data Supplier Program

Common Data Elements Required for Payment

- Registration event - Admission, discharge and transfer information
- Encounter summary including (if applicable):
 - Laboratory and radiology information
 - Active medications
 - Immunization data
 - Active problem lists (diagnosis)
 - Social history
 - Treatments and procedures conducted during the stay
 - Active allergies
- Basic patient demographic data including assigned provider, emergency contact and payer
- Specific Seriously Mentally Ill (SMI) data elements, as defined by Health Current (if applicable)
- COVID-19 lab test and immunization data (if applicable)



Miscellaneous Initiatives & Updates

Upcoming Changes to Fee Structure

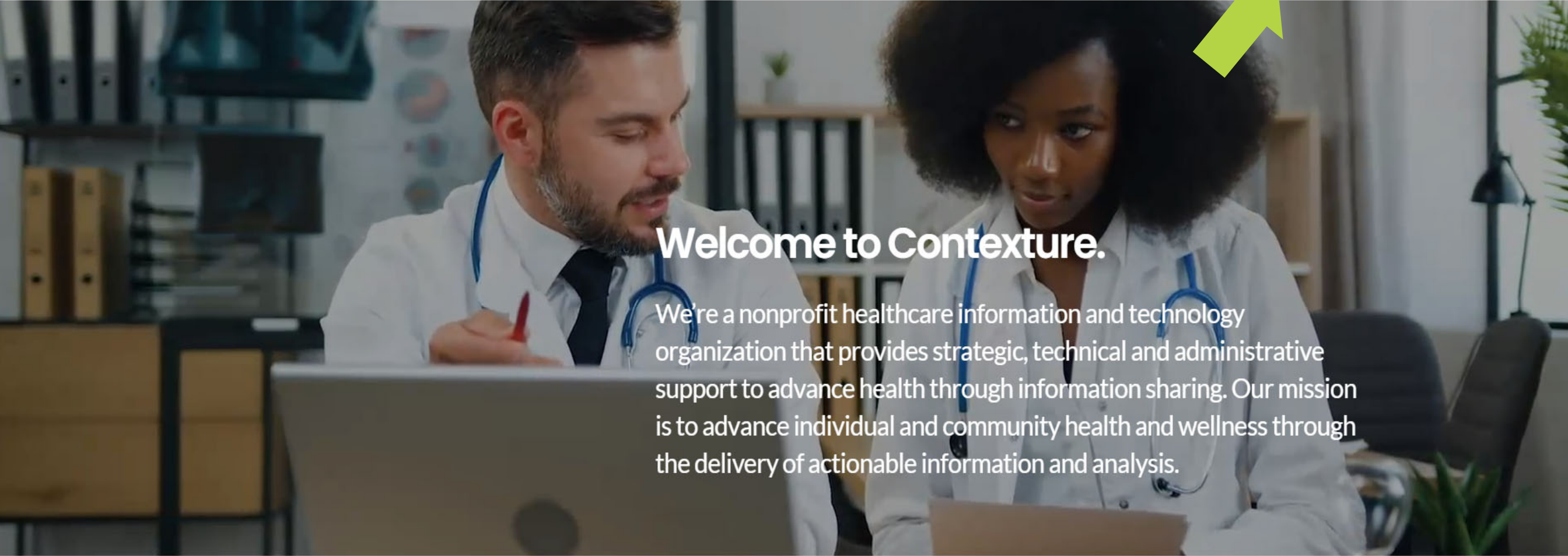
- For years, Board of Directors has discussed and supported the transition to an HIE fee structure that ties value of services to reasonable fee structure for all participants
- Merger called for development of integrated financial model and fee structure
- New fee structure transition in process. Rollout dates for new Az fees:
 - January 2023 – ACOs & New HIE Participants
 - January 2024 – All other existing non-paying HIE participants
 - **IMPORTANT:** Critical access hospitals, rural health clinics and tribal facilities will have NO fees indefinitely, starting in 2023



Get Connected!



[SCHEDULE A DEMO](#)



Welcome to Contexture.

We're a nonprofit healthcare information and technology organization that provides strategic, technical and administrative support to advance health through information sharing. Our mission is to advance individual and community health and wellness through the delivery of actionable information and analysis.

Health Information Exchange	Quality Improvement	Data Analytics	Social Determinants of Health	Advance Directives	Public Health
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Get Connected to Contexture

Become a New Participant or Start Using New Services

- New Participants – Recruitmentinfo@contexture.org
- Current Participants – Contact your Account Manager



Jayme Piña

Director, Recruitment
and Engagement



Questions & Discussion



contexture.org

Creating connections. Improving lives.