



# Health IT/Health Information Exchange Technical Assistance

March 5, 2018

**Topic:**

**Health Information Sharing/Exchange**

**and**

**Assessments**

# Agenda

- Introduction
- Health Information Exchange:
  - Vision: Where we are and where we are going.
  - How OneHealthPort will support this vision.
- Assessing HIT/HIE Capacity and Readiness

# HIE Vision

Priorities  
Collaboration  
Looking to the future

Charissa Fotinos, MD, HCA Deputy CMO



## Health Information Exchange (HIE) in Support of Transformation – an Overview

Presented to HCA

March 5, 2018

Rick Rubin, CEO [rickr@onehealthport.com](mailto:rickr@onehealthport.com)

Created by and for the local healthcare community, **OneHealthPort** solves information exchange and workflow problems shared across healthcare organizations.

## Our Objectives for today...

- 1 Share observations about the current and emerging Health Information Exchange (HIE) marketplace and the collaborative space
- 2 Review the role and high level capabilities of OneHealthPort as the statewide HIE to support transformation
- 3 Discuss opportunities to work together

# Where The Statewide HIE Fits – Bridging Gaps



- Serve all parties, meet them “where they are at”
- Operate transparently with oversight
- Offer a flexible set of low cost capabilities
  - **Bring your own use case**
- Advance standards
  - C-CDA content, query based exchange, utilizing web services/APIs
- Tackle problems not addressed by others

# HIE Has Shifted From a Noun to a Verb

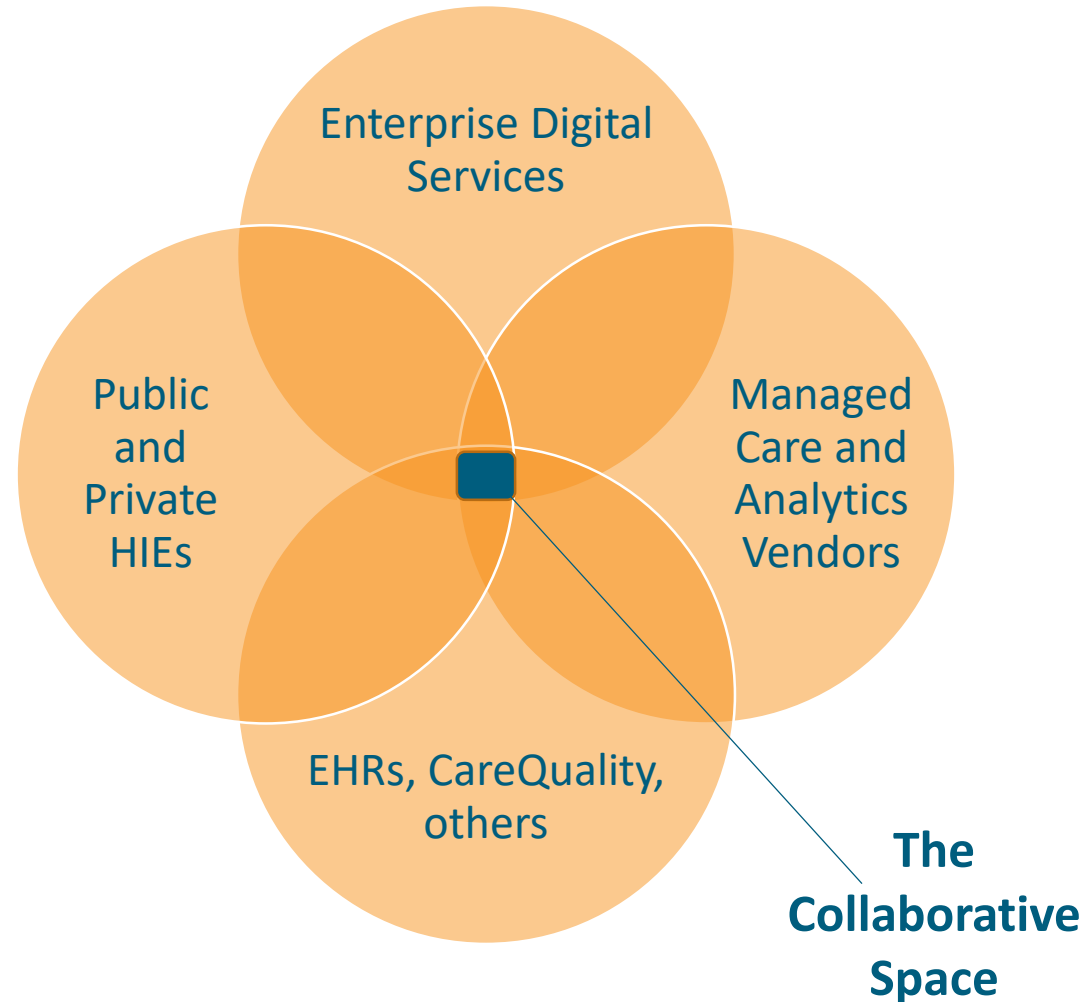
There is lots going on, most of it is happening in the competitive space

Investment in digital health is up – \$7B+ in 2017

Enterprises increasingly deploy their own digital services

National/regional influence expanding relative to local control

Feds continue to drive standards – Draft Trusted Exchange Framework

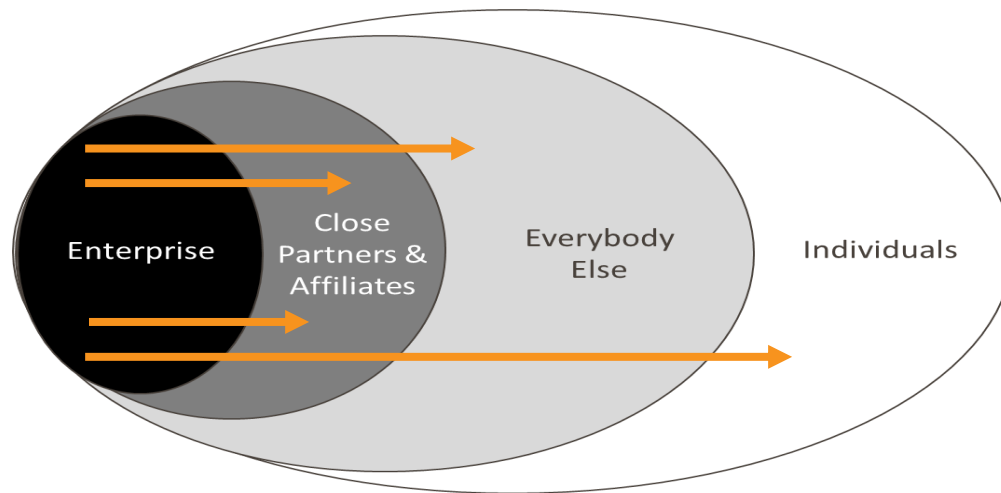


# Our Sense of the HIE Marketplace

Increasing pressure to perform – cost, service, outcomes, is driving growing demand for coordination, integration, understanding all of which are dependent on information exchange

Consolidating enterprises and vendors are deploying their own channels to connect with close partners/affiliates

Analytics, care management, “apps” are highly competitive spaces, resistant to “one size fits all”



Connecting enterprises to “everyone else” and sharing different data sets gets less attention, and is increasingly important

## WILD CARDS

- ONC Trusted Exchange Framework
- Blockchain
- Artificial Intelligence
- Amazon
- Apple
- Other technical, business and/or criminal disrupters



# Applying HIE to Support Transformation

## Here's what you have to do

Project	BHT	CPAA	GCACH	HealthierHere	NCACH	NSACH	OCH	PCACH	SWACH
2A: Bi-directional Integration of Care	.	.	.	.	.	.	.	.	.
2B: Community-based Care Coordination	.	.			.	.		.	.
2C: Transitional Care		.	.	.	.	.			
2D: Diversions Interventions					.	.	.		
3A: Addressing Opioid Use	.	.	.	.	.	.	.	.	.
3B: Reproductive and Maternal and Child Health		.				.	.		
3C: Access to Oral Health Services						.	.		
3D: Chronic Disease Prevention and Control	.	.	.	.	.	.	.	.	.

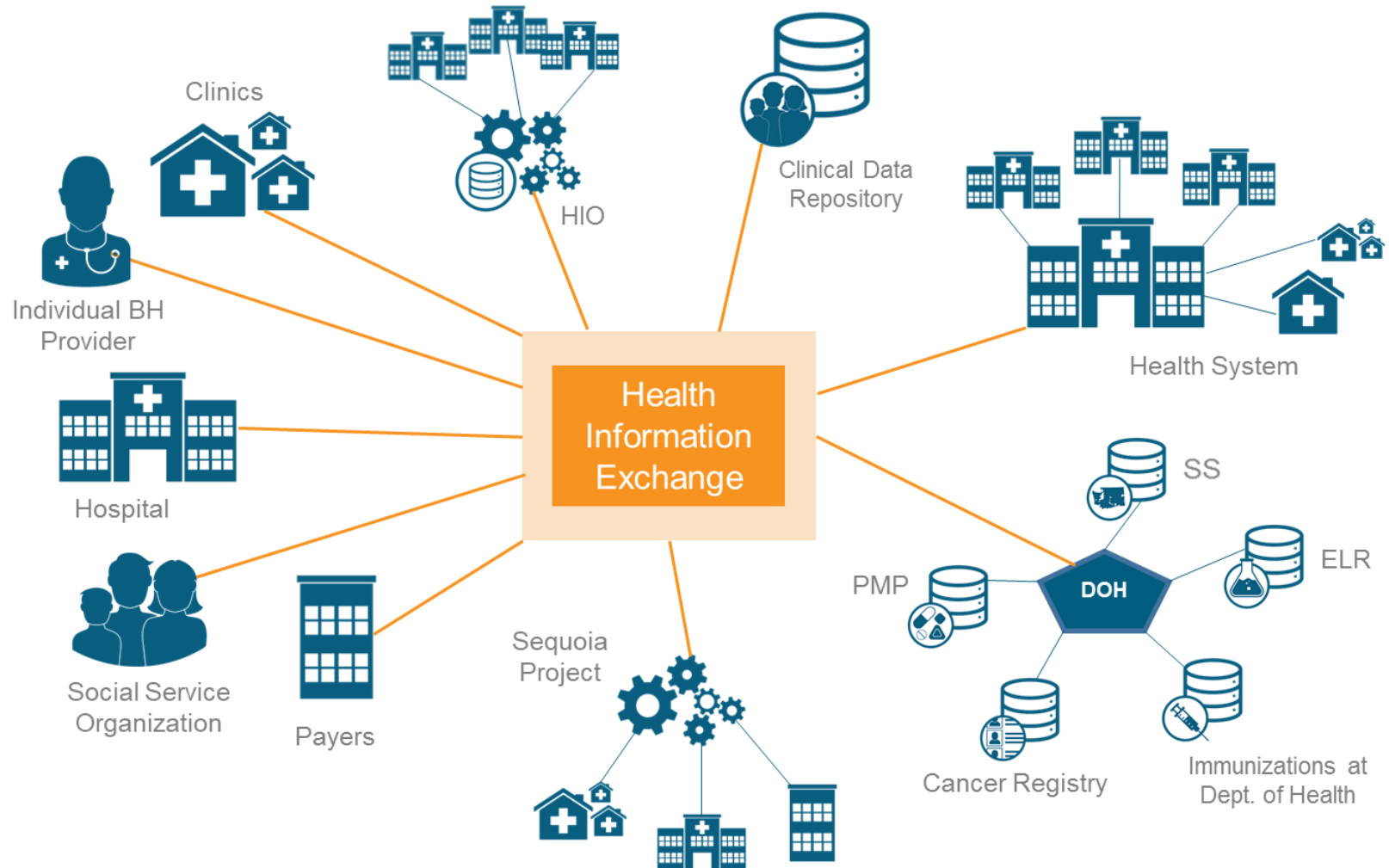
**From an HIE perspective:** *Get health service providers of all types, the information they need – when, where and how they need it*

## Here's how we can help

1. Connect those with different EHRs and those without EHRs, to each other
2. Aggregate unique data bases and provide access for query, view, analysis
3. Advance standards and provide supportive policy and financial frameworks
4. Share expertise and leadership

# OneHealthPort | HIE

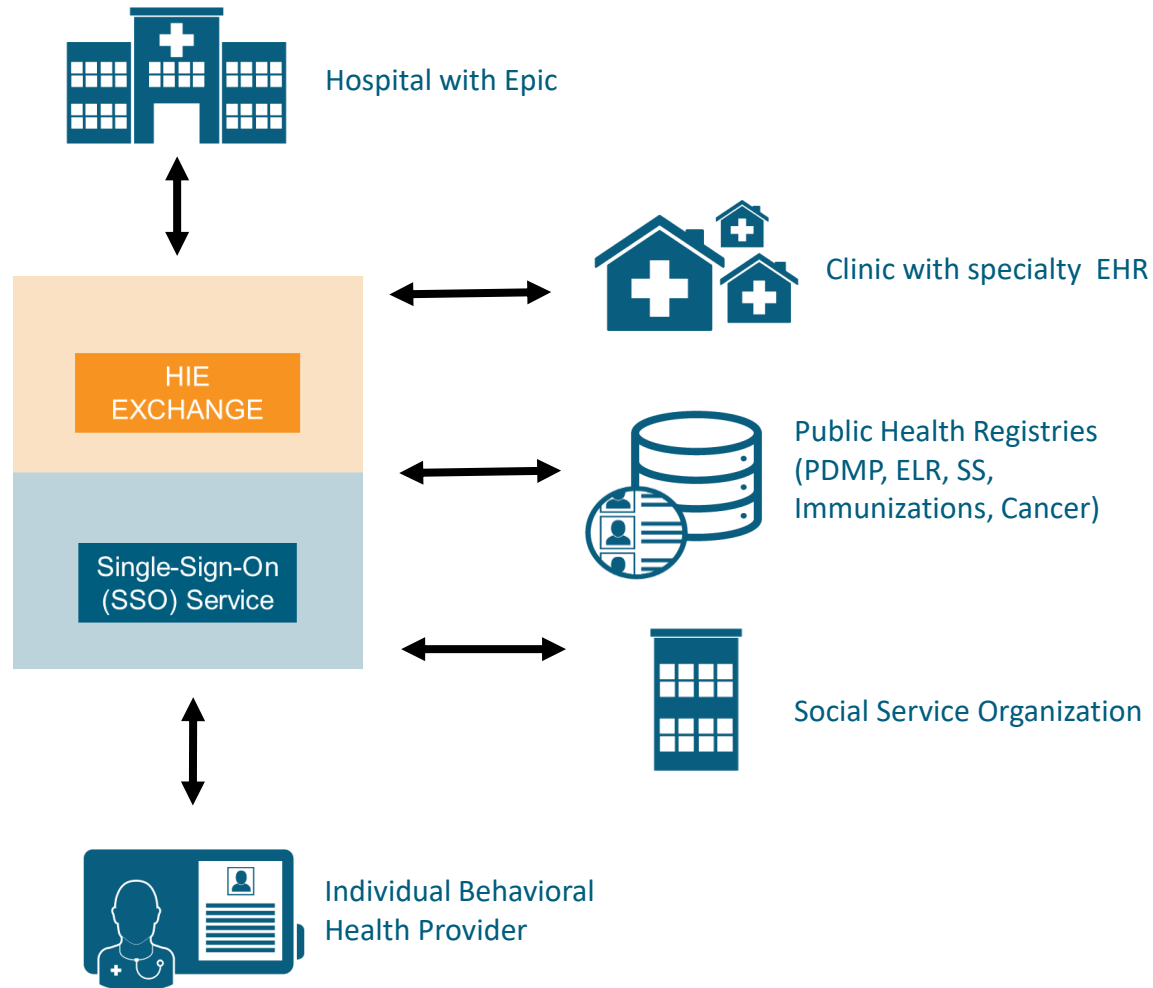
- Multiple Access Options
- Multiple Trading Partners
- Multiple Transaction Types



# Exchanging Information Across Platforms

Combination of HIE and SSO enable information exchange across very diverse settings

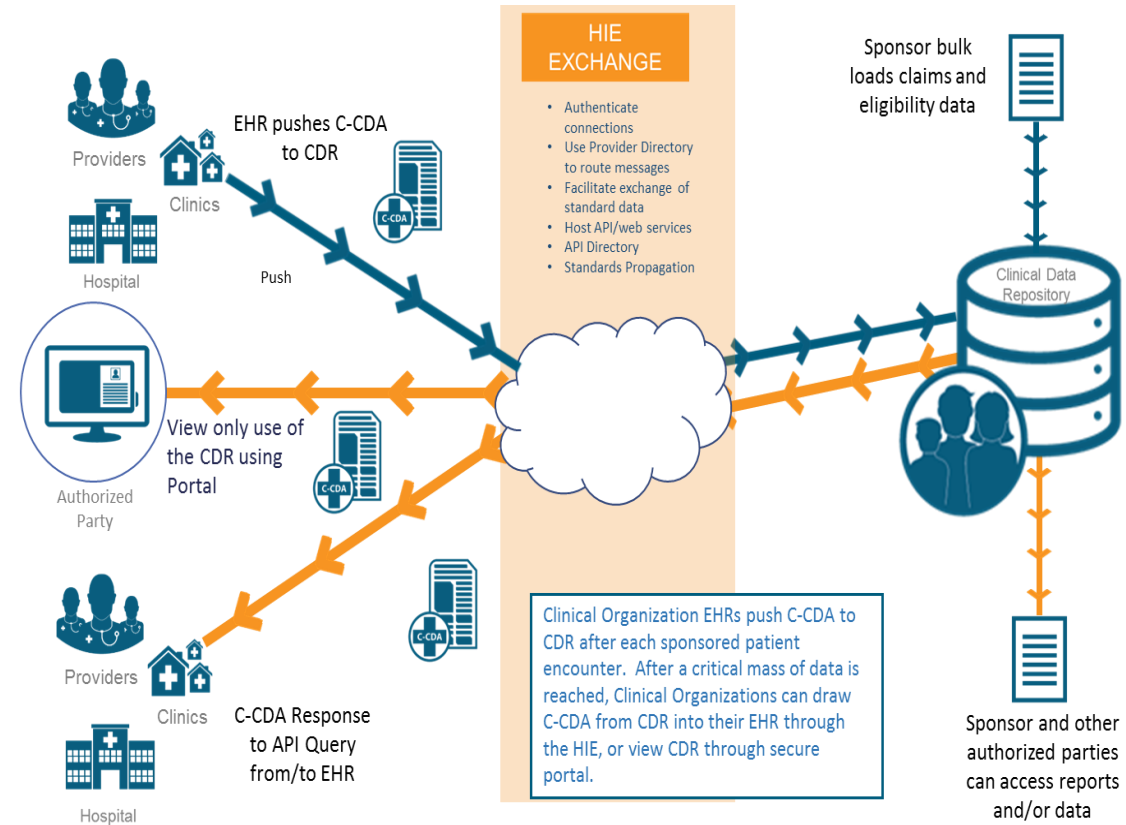
- From a certified EHR using the latest standard protocols...
- To an individual provider using a browser and electronic documents...
- To a social service org working with smart forms...
- While collecting Meta-data for reporting purposes



# Aggregating Data on Sponsored Population

**The Clinical Data Repository (CDR) aggregates a data set of C-CDAs, claims, demographics for managed Medicaid beneficiaries**

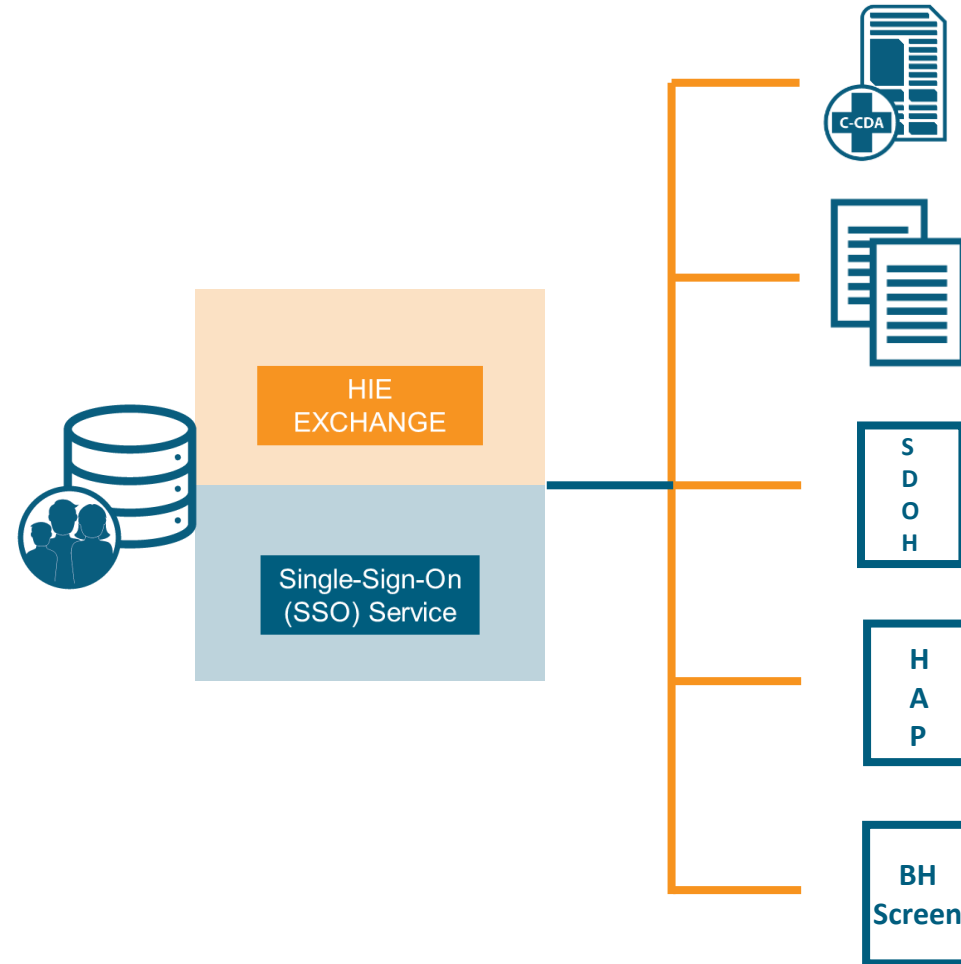
- CDR provides access at the point of care using EHR query
- No-EHR? CDR enables data view with secure browser app
- Ultimately, data will be available to support advanced pop health analytics



# Sharing Disparate Data Sets

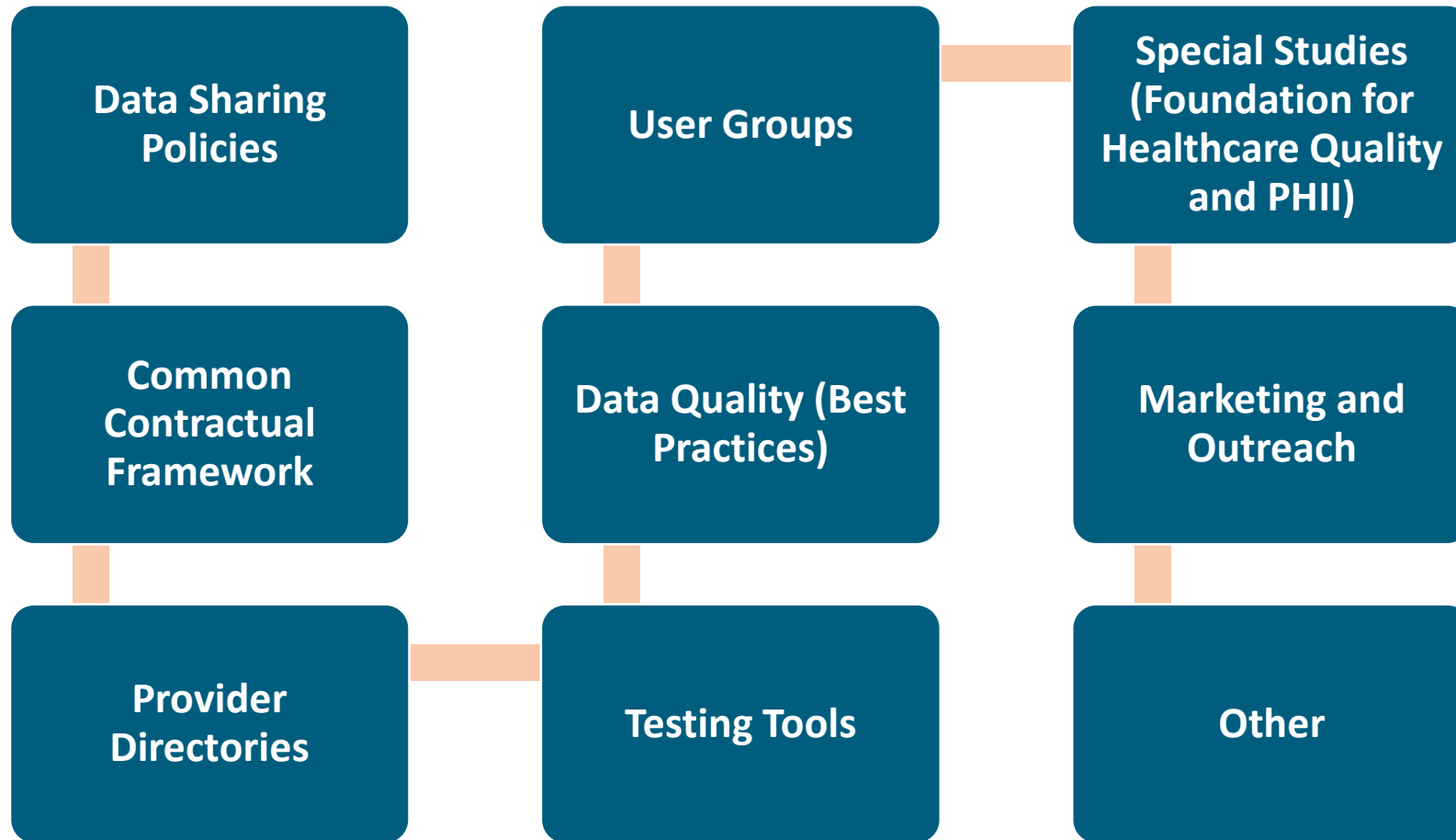
**Combining the CDR, HIE and SSO provides capability to share disparate data across multiple platforms for various Trading Partners.**

- Includes C-CDA's, claims, flat files, electronic documents (PDFs), Health Action Plans, smart forms related to Social Determinants of Health or, Behavioral Health screening tools, etc.
- Depending on nature of data, it can be accessed as a document for viewing or as discrete data to be consumed in an app or used for analysis



# Provide Business and Policy Framework

Contracts, Process, People, Tools, “Social Engineering” to enable Technology



# Summary Business Model

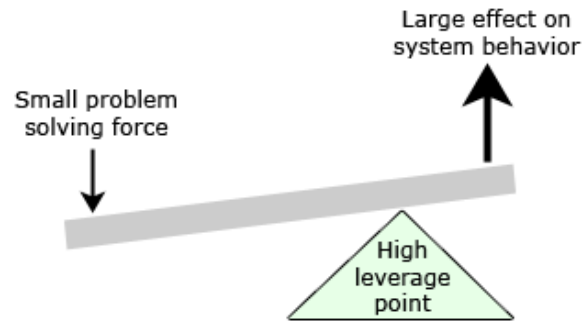
Lowest possible price to cover costs, rather than “what market will bear”

- Single-Sign-On (SSO) – providers are not charged to use the SSO, all fees are paid by portal owners
- Health Information Exchange (HIE) – all HIE Participants pay a single annual fee based on matrix below

Annual Organization Revenue	Annual Subscription Fee
\$0 – \$10 Million	\$600
\$10 Million – \$100 Million	\$6,000
\$100 Million – \$500 Million	\$12,000
\$500 Million – \$1 Billion	\$24,000
\$ 1 Billion Plus	\$48,000

- Clinical Data Repository (CDR) – Sponsor pays annual per life charge for all lives in the CDR

# Reduce Barriers to Adoption by Leveraging Existing Investments



- All WA hospitals connected to the HIE
- SSO digital credentials in almost all provider offices
- 2M Medicaid lives in CDR paid for by HCA and MCOs
- 18 months of clinically relevant Managed Medicaid claims in CDR (Medical, Dental, Meds)
- 463,000 lives in CDR with at least one C-CDA, working with 50+ EHR vendors
- 19,000 Medicaid Health Action Plans
- Common info exchange contracts and policies in place for all HIE and SSO participants
- Gateway for PDMP, other DOH Registries
- Multiple standards-based access methods



# Parallel Tracks



- We have “in progress” work that needs to be advanced
  - CDR, PDMP, Others
- We have new work that needs to begin in the shorter term
  - **What are your priorities for specific solutions?**
- We have longer term planning to kick-off and sustain
- These paths will cross, merge and diverge and will need to be managed

Thanks for taking time to talk with us today

# Health Information Sharing/Exchange and Assessments

Jennie Harvell, HCA HIT Senior Advisor  
[Jennie.harvell@hca.wa.gov](mailto:Jennie.harvell@hca.wa.gov)

# HIT/HIE Assessments and Resources

- Focus on Medicaid Transformation
- ONC Tools
- CMS/Mitre Health Information Sharing Tools
- Transformation Support Hub and Qualis
- Resources
- Q/A

# Medicaid Transformation: Objectives and HIT/HIE

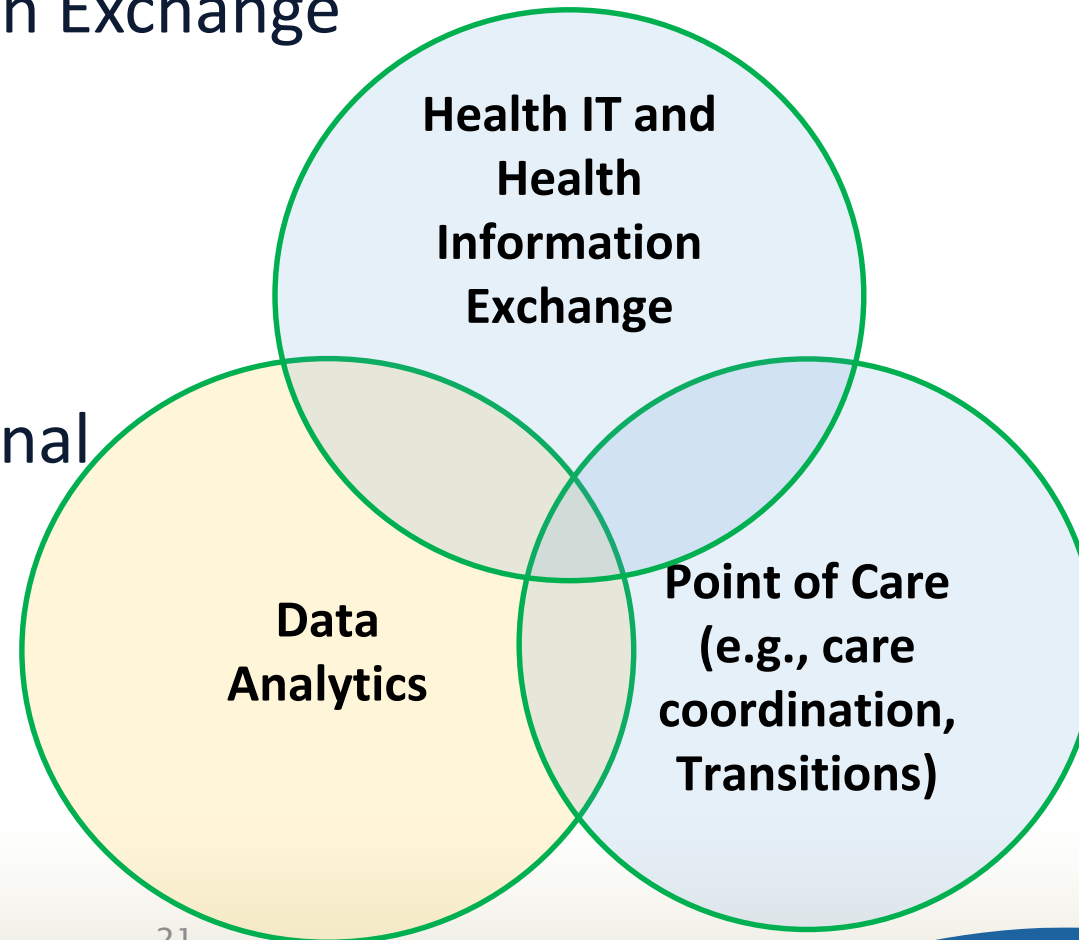
- HIT/HIE used to support the achievement of each of the Medicaid Transformation objectives:
  - Health Systems and Community Capacity
  - Financial Sustainability through Participation in Value-based Payment
  - Bi-directional Integration of Physical and Behavioral Health
  - Community-based Whole-person Care
  - Improve Health Equity and Reduce Health Disparities
- Medicaid Transformation includes “Population Health Management Systems” as one of three necessary infrastructure components to support projects in Domains 2 and 3.

# Medicaid Transformation and HIT/HIE

Health IT and Health Information Exchange  
can support:

- Continuity/Coordination of care at the point of care
- Data Analytics (at state, regional provider levels)

This presentation focuses on  
HIT/HIE and the Point of Care



# Medicaid Transformation: Project Plan Portfolio

Domain 2: Care Delivery Redesign	Domain 3: Prevention and Health Promotion
Project 2A: Bi-directional Integration of Physical and Behavioral Health Through Care Transformation <i>(Required)</i>	Project 3A: Addressing the Opioid Use Public Health Crisis <i>(Required)</i>
Project 2B: Community-based Care Coordination	Project 3B: Reproductive and Maternal and Child Health
Project 2C: Transitional Care	Project 3C: Access to Oral Health Services
Project 2D: Diversions Interventions	Project 3D: Chronic Disease Prevention and Control

Use of HIT and enabling HIE is widely recognized as necessary component of 21<sup>st</sup> century healthcare.

# Assessing HIT/HIE in Your Region

- Where to Start:
  - Focus on Project Priorities :
    - The physical health/behavioral health/social service data that needs to be exchanged for each project
    - The targeted populations for each project
    - The targeted providers who need to create/send/receive needed data for each project area
- By focusing your HIT/HIE assessments on your project priorities you will learn:
  - Where HIT/HIE capacities exist; and
  - The gaps in HIT/HIE capacity that need to be filled to transform service delivery

## Need Assistance?

- HCA is available to partner with ACHs, for example:
  - Assist in identifying/developing HIT/HIE assessment tools
  - Assist in identifying HIT/HIE needs that are shared across ACHs
  - Convene cross-ACH conversations on various topics such as:
    - Shared provider-level HIT/HIE investments/ contracting
    - Needed expansions of OHP services
    - Identifying opportunities/removing barriers for providers to leverage current and future OHP services
    - Developing, in collaboration with ACHs and PH/BH/LTC/social service providers, “smart-forms” (standardized, HIT-enabled pdfs) for the collection/exchange/re-use of data<sup>24</sup>



# ONC Tools

## Certified EHRs/HIT

"[Certification] gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria.

Certification also helps health care providers and patients be confident that the electronic health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information."

# Certified EHRs/HIT

- Benefits of standard data capture and interoperable exchange of information: enhanced patient safety, usability, privacy, and security
- Certified health IT can improve care coordination through the electronic exchange of clinical-care documents
- Certain programs (e.g., the EHR Incentive Programs (aka “Meaningful Use”) and Merit Based Incentive Program (MIPS)) require certain providers to use certified health IT (e.g., providers eligible for the EHR incentive program must use [Certified EHR Technology \(CEHRT\)](#)).

# Medicaid Provider Types (in WA) Eligible for EHR Incentives for their Meaningful Use of CEHRT

Eligible Professional - Entity Type	Eligible Hospitals – Entity Type
Physicians (including Podiatrists, Ophthalmologists, and Naturopaths)	Acute care hospitals
Pediatricians (any medical provider with a Pediatrician Taxonomy that sees primarily pediatrics – dentist’s not included)	Children’s Hospitals
Dentists	Critical Access Hospitals
Certified Nurse Midwives	
Physician Assistants (PAs) practicing at an FQHC/RHC led by a PA	
Nurse Practitioners	
Optometrists	

# Certified HIT

- The ONC has published Health IT certification Criteria including:
  - the “2014 Edition” ([2014 Edition Health IT Certification Criteria](#))
  - the 2015 Edition (builds upon the 2014 Edition). [Read more about the 2015 Edition Health IT Certification Criteria.](#)
- Certification criterion: defines specific functions that the health IT (including functionalities within an EHR) will perform. Criterion sometimes requires use of a specific standard.
- 2015 Edition Final Rule: Expanding Electronic Health Information Access and Exchange: Expanded ONC Certification Program to support health IT for other providers (e.g., long-term post-acute care (LTPAC), behavioral health (BH), and pediatrics)

# HIT Certification Criteria

Criteria Categories	2014 Edition	2015 Edition
Clinical	X	X
Care coordination	X	X
Clinical quality measures	X	X
Privacy and security	X	X
Patient engagement	X	X
Public health	X	X
Utilization	X	
Design and performance		X
Transport methods and other protocols		X

# ONC Health IT Playbook

- The ONC Health IT Playbook (<https://www.healthit.gov/playbook/>) is a comprehensive resource that provides guidance and actionable steps for providers in a variety of settings on how to implement and use health IT to advance care information and delivery.

# ONC HIT Playbook includes

Select and optimize technology for your practice ( <a href="#">Section 1</a> and <a href="#">Section 2</a> )	Deliver quality care that protects patient safety ( <a href="#">Section 8</a> )
Share health information securely ( <a href="#">Section 3</a> )	Identify health IT solutions that meet the needs of unique care settings and specialists ( <a href="#">Section 9</a> and <a href="#">Section 11</a> )
Engage patients in their care ( <a href="#">Section 5</a> )	Align health IT with quality measures and reporting ( <a href="#">Section 8</a> and <a href="#">Section 10</a> )
Reconfigure payments to incentivize value ( <a href="#">Section 6</a> )	Find technical support for transforming your practice ( <a href="#">Section 12</a> )
Ensure privacy and security of personal health information ( <a href="#">Section 7</a> )	



## BHA HIT toolkit and documents for new HIT implementation or replacement/upgrades

(Source: <https://www.stratishealth.org/expertise/healthit/behavioralhealth/#overview>)

### Toolkit Sections

<b>Assess</b>	Provides tools to start using the HIT Toolkit and kick off e-health planning process. Includes: surveys, inventories, or assessments of provider staff's current attitudes toward information technology, computer skills, technical infrastructure, and readiness of potential HIE partners to exchange health information
<b>Plan</b>	Emphasizes the importance of planning by the provider. Steps include creating a communication plan. Project management tools will help engage provider staff in visioning, goal setting, managing change, specifying requirements, and prioritizing projects.
<b>Select</b>	Helps the provider understand the HIT marketplace and conduct vendor selection and contracting.
<b>Implement</b>	Tools help address tactical issues (e.g., sample project plans, issues logs, training plans, testing plans, chart conversion techniques). Tools stress the importance of adopting technical, terminology, and process standards needed for HIE, and ultimately, coordination of care.
<b>Maintain</b>	Tools that help the provider keep their HIT running smoothly. (i.e., kept current—with software updates, security patches, new drug updates, and other best practice information). Maintenance also includes monitoring use of the technology to ensure value is achieved from EHR and HIE.
<b>Optimize</b>	Tools designed to help the provider focus on specific functionality within EHR and HIE in order to gain optimal value. Over time, users will want to improve/refine their use of the EHR and HIE.

# Stratis Health Assessment Tools

**(Note: HCA modified items #1 and #10)**

#	Tool	Use	Purpose	Experience Level
1	ACH HIE Projects	Describe ACH project (e.g., what information needs to be captured by which provider(s), exchanged with whom, and re-used by whom for what purposes) (Modified from Stratis Tool)	Inform	For organizations interested in advanced topics
2	<a href="#">Organizational Readiness Assessment for EHR and HIE</a>	Assess organization's readiness for e-health initiative. (4-page Word doc)	Action	For all organizations
3	<a href="#">Interoperability for EHR and HIE</a>	Defines standards for interoperability. (4-page Word doc)	Inform	For organizations interested in advanced topics
4	<a href="#">EHR Technology Readiness Inventory</a>	Identify and document existing EHR hardware in order to assess and budget required hardware. (6-page Word doc)	Action	For all organizations

# Stratis Health Assessment Tools (cont'd)

#	Tool	Use	Purpose	Experience Level
5	<a href="#">HIE Technology Readiness Inventory</a>	Describes HIE technology and assesses organization's readiness to participate in HIE. (4-page Word doc)	Action	For all organizations
6	<a href="#">IT Capabilities Inventory</a>	Determine what IT capabilities may be needed to implement specific e-health components. (4-page Word doc)	Action	For all organizations
7	<a href="#">EHR and HIE Beliefs Assessment</a>	Understand your organization's readiness to adopt HIT. (5-page Word doc)	Action	For all organizations
8	<a href="#">Computer Skills Survey</a>	Identify skills needed to plan for e-health. (2-page Word doc)	Action	For all organizations

# Stratis Health Assessment Tools (cont'd)

#	Tool	Use	Purpose	Experience Level
9	<a href="#">Financial Assessment, Financing Resources, and Acquisition Models for EHR and HIE</a>	Describes various sources of funds that may be available for e-health initiative. (6-page Word doc)	Action	For all organizations
10	Authorization to Release Information	HIT OP [Task 03-015] HCA is working on Data Sharing Agreements (DSAs), informed by: Data Aggregation, Data Governance, Privacy/exchange of claims/clinical information.  Activities include collaborative work to develop a DSA for information exchange at the point of care (including exchange of SUD/sensitive information (e.g., Consent Management template))	Action	For all organizations

# CMS/MITRE Health Information Sharing

# What is Health Information Sharing?

The sharing of health & healthcare information (HIS) electronically across key participants & stakeholders to improve health and healthcare practices



Source: CMS/MITRE

# There are many Health Information Sharing capabilities

The right capabilities will help ensure program success!

**33+**  
capabilities

- Incorporate ADT Events Data
- Clinical Data Exchange
- Eligibility and Benefits Exchange
- Lab Orders Sharing
- Lab Results Sharing
- Incorporate Protected Class Data
- Provider Lookup
- Provider Management
- User Management
- Patient Lookup and Identity Access
- Referral Management
- Patient Record Locator
- Share Longitudinal Patient Health Record
- Incorporate Patient-Generated Data
- Provider Attribution
- Assess Patient Risk
- Share Advanced Directives
- Claims Data Sharing
- Death Reporting Sharing
- Submit and use Disease & Public Health Registry
- Electronic Prescribing
- EMS Integration
- Image Sharing
- Immunization Registry Sharing
- Collect and Share Informed Consent
- Provide Patient Access to information
- Quality Reporting
- Syndromic Surveillance
- Care Management Support
- Case Management Support
- Incorporate Clinical Decision Support
- Electronic Visit Verification and Monitoring
- Health Record Access Alerting
- Human Services Information Sources
- Population Health

Luckily, not all are needed, just the ones that support your program goals (e.g., instituting Value-Based Purchasing programs and project priorities).

# Once you know what your providers' Health Information Sharing needs are, assess them!

Having weak, or immature, HIS capabilities will not achieve the goals of delivery system reform

E.g., HIS capabilities that:

share inaccurate information

Can result in:



medical errors,



require manual entry

Can result in:



provider burden



have inefficient workflows

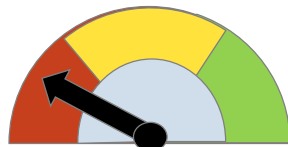
Can result in:



need for additional staffing



None of these will reduce costs or improve health outcomes 😞



Overall, a capability with a low maturity can undermine the goals of delivery system reform



# Having mature HIS capabilities ensures program success!!

E.g., HIS capabilities that:  
share accurate information,

Can result in: →

better care  
coordination  
for patients

enable automation,

Can result in: →

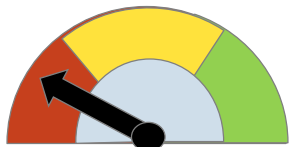
less burden on  
providers

have efficient workflows

Can result in: →

reductions in  
admin staff  
& contractors

ALL of these will  
reduce costs & improve  
health outcomes



Overall, a capability with a high maturity can achieve  
delivery system reform goals

Source CMS/MITRE

# Assessing Providers' Health Information Sharing Capabilities

## An Overall Good Idea

- **Helps prioritize areas that may require technology supports/enhancements**  
Reveals the mitigations and workarounds needed to support a program
- **Helps you understand where you may need to make more HIT investments**  
Demonstrates how to mature a capability based on cost/benefit analysis and resources
- **Helps with overall HIT planning**  
Helps identify gaps and determine steps to incrementally improve the capability  
Provides the steps to use to build the roadmap to improve the capability

# CMS/Mitre Health Information Sharing Maturity Assessment

- While 90/10 funding could potentially be used (contingent on securing qualifying 10% match) timing may be an issue.
- Want to learn more?
- Contact: [jennie.harvell@hca.wa.gov](mailto:jennie.harvell@hca.wa.gov)

# Transformation Support Hub and Qualis

# Practice Transformation Support Hub Assessments

- Patient Centered Medical Home Assessments (PCMH-A)
  - <http://www.safetynetmedicalhome.org/sites/default/files/PCMH-A.pdf>
  - Self-assessment of practice transformation progress across eight Change Concepts
  - One item relates to health IT
  - More info: <http://www.safetynetmedicalhome.org/>
- Maine Health Access Foundation Site Self-Assessment (MeHAF)
  - [https://www.integration.samhsa.gov/MeHAF\\_Site\\_self\\_assessment\\_tool.pdf](https://www.integration.samhsa.gov/MeHAF_Site_self_assessment_tool.pdf)
  - Self-assessment of progress in behavioral health integration
  - Some items relate to health IT progression
- The Hub has worked with a few ACHs on regional assessment approaches





# Hub Tools

- **Billing and Information Technology: A Toolkit for Behavioral Health Agencies**
  - This toolkit can help providers navigate and prepare for upcoming billing changes in IMC. With a user-friendly guide and six comprehensive tools, this toolkit is designed to assist BHAs in Washington State to assess their current state and gaps, create a transition plan and timeline to accomplish transition milestones, and prepare for a billing and IT transition.
- **Available here:**  
<http://www.waportal.org/resources/billing-and-information-technology-toolkit-behavioral-health-agencies>





# Contact the Hub

- Help Desk:
  - [HubHelpDesk@qualishealth.org](mailto:HubHelpDesk@qualishealth.org)
  - 206-288-2540
- Bre Holt: [BreH@qualishealth.org](mailto:BreH@qualishealth.org)

## Next ACH HIT/HIE TA Session

- The next ACH HIT/HIE TA session scheduled for March 20<sup>th</sup> at 2 pm.
  
- What topics are you interested in? For example, potential topics include:
  - More information on provider HIT/HIE assessments
  - Developing “Smart Forms” to enable needed information exchange by providers lacking in technology (e.g., behavioral health agencies, social service providers)
  - HIT for Care Management & Population Health
  - Use of PDMP to support Transformation project priorities
  - Exploring financing options for HIT/HIE
  - Something else?



# Questions?

- HCA Points of Contact:
  - [Jennie.harvell@hca.wa.gov](mailto:Jennie.harvell@hca.wa.gov)
  - [Dylan.oxford@hca.wa.gov](mailto:Dylan.oxford@hca.wa.gov)
  
- Other Points of Contact:
  - [Rickr@onehealthport.com](mailto:Rickr@onehealthport.com)
  - [Bryant.Karras@DOH.wa.gov](mailto:Bryant.Karras@DOH.wa.gov)
  - [BreH@qualishealth.org](mailto:BreH@qualishealth.org)

# Resources

- ONC Playbook: <https://www.healthit.gov/playbook/>  
Primarily targets ambulatory care practices. However, includes many valuable resources and also provides resources for BH, LTPAC, under-served , and rural providers.
- Includes:
  - Certified HIT Criteria: 2014 and 2015 Comparison:  
<https://www.healthit.gov/playbook/pdf/2014-and-2015-edition-comparision.pdf>
- <https://www.healthit.gov/sites/default/files/understanding-certified-health-it-2.pdf>

# Resources

- ONC Playbook:
- [Certified HIT Transparency Vendor Attestations regarding limitations and costs: https://chpl.healthit.gov/#/collections/transparencyAttestations](https://chpl.healthit.gov/#/collections/transparencyAttestations)
- Certified HIT Vendor Attestations: Limits and Costs
  - A more transparent health IT marketplace can promote competition, discourage information blocking, and make developers accountable to the needs of health care professionals and other health IT purchasers.
  - ONC January 14, 2016 certification rules requires that vendors publicly disclose detailed information about their certified health IT products, including limitations and types of costs that a purchaser or user may encounter in the course of implementing or using the developer's technology.

# Resources

- ONC Playbook:
- [Download 2015 Edition Final Rule: Expanding Electronic Health Information Access and Exchange \[PDF - 572 KB\]](#)

# Resources

- <https://www.healthit.gov/playbook/health-information-exchange/>

Includes:

- **Value Proposition of HIE: BH** Explains how use of EHR and HIE services among BH and PH-care teams encourages the bi-directional exchange of critical health data to improve knowledge-sharing and health-care outcomes.
- **Value Proposition of HIE: EMS** Plan information exchange between EMS, hospitals and emergency rooms, public health, and other population health stakeholders
- **Value Proposition of Health Information Exchange: LTPAC:** Explains how HIE supports care coordination and information exchange in the LTPAC setting.
- **Bright Spot: Expanding BH Information Exchange for Providers in Washtenaw County, Michigan** development and use of an e-patient-consent management system to improve care coordination with health care providers, other mental health agencies, and community stakeholders.

## Resources

- <https://www.healthit.gov/playbook/opioid-epidemic-and-health-it/>. Includes:
  - CDC Opioid Prescribing Guideline Resources: Clinical Tools
  - CDC Opioid Prescribing Guideline Mobile App
  - MATx mobile app
  - Minimizing the Misuse of Prescription Opioids in Patients with Chronic Nonmalignant Pain
  - Many resources on Prescription Drug Monitoring Programs including:
    - Checking the PDMP: An Important Step to Improving Opioid Prescribing Practices
    - End the Epidemic: Prescription Drug Monitoring Programs (AMA guidelines for clinicians and other health care professionals on the use of PDMPs to reduce prescription drug misuse )
    - In Brief: Prescription Drug Monitoring Programs: A Guide for Healthcare Providers
    - Prescription Drug Monitoring Programs: Evidence-based Practices to Optimize Prescriber Use

# Resources

- <https://www.healthit.gov/playbook/opioid-epidemic-and-health-it/>.  
Includes:
  - PDMPs and health IT integration
    - Describes tools and case studies on HIT integration will assist in integrating data from their state PDMP with health IT systems. Case studies including WA State:
      - Connecting for Impact: Linking Potential PDMPs to Patient Care Using Health IT
      - Integrating and Expanding Prescription Drug Monitoring Program Data: Lessons from 9 States
      - Case studies on health IT integration: Indiana and Washington
  - Electronic prescribing of controlled substances
  - Safe opioid prescribing

# Resources

- <https://www.healthit.gov/playbook/care-settings/>
- ONC HIT Playbook Section 9 includes tools and resources to support a variety of care settings with unique considerations for health IT implementation and adoption. This section offers resources for:
  - Long-term and post-acute care (LTPAC), Rural practices, and Underserved care settings. Includes: Links to Stratis Health Toolkits for: nursing homes, home health, and care coordination
- Access to all the Stratis Health tools in the BH toolkit (and other toolkits) are available at:  
<http://www.stratishealth.org/expertise/healthit/index.html>



# SAMHSA Brief: Adoption of Electronic Records by Behavioral Health Providers

- In 2013, the Substance Abuse and Mental Health Services Administration produced a comprehensive brief on adoption of electronic records by behavioral health providers. Paper touches on concerns as well as bright spots in the field. Found at: [http://www.integration.samhsa.gov/ONC Issue Brief Behavioral Health and HIT bhandhit issue brief 9 27 13.pdf](http://www.integration.samhsa.gov/ONC_Issue_Brief_Behavioral_Health_and_HIT_bhandhit_issue_brief_9_27_13.pdf)

# Resources

- **Stratis Health:** Provides Tools and resources assist health care organizations in planning for and optimizing use of health IT.
- Care Coordination Toolkit. Community-based care coordination is a partnership among health care professionals, clinics and hospitals, specialists, pharmacists, MH professionals, community services and other resources working together to provide patient-centered, coordinated care.
- HIT toolkits for specific health care settings are used nationally:

- Behavioral Health
- Chiropractic Offices
- Physician Offices
- Critical Access and Small Hospitals

- Home Health Agencies
- Local Public Health Agencies
- Nursing Homes
- Social Services