

HEALTH INFORMATION EXCHANGE

Connecting Kentucky. Improving Healthcare.



Andrew C. Bledsoe

Deputy Executive Director

Office of Health Data and Analytics

Cabinet for Health and Family Services



Brandi Genoe
Program Manager
Kentucky Health Information Exchange
Cabinet for Health and Family Services











































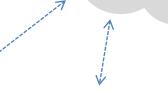
Lexington-Fayette Corrections



Provider without

an EHR

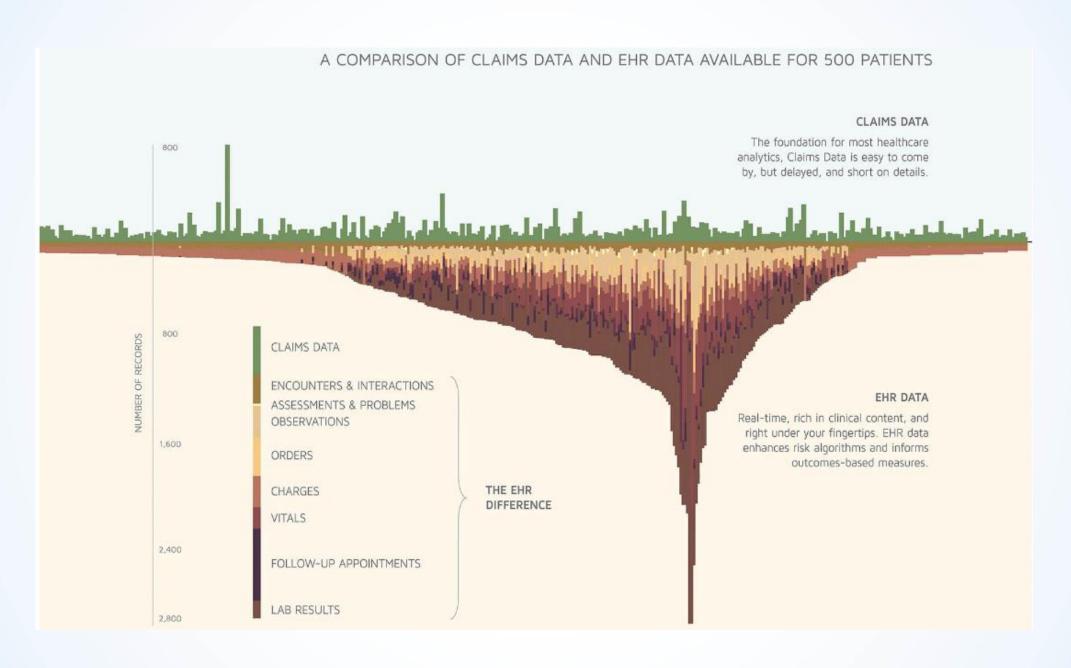




Syndromic

Surveillance





https://www.healthcareitnews.com/infographic/infographic-clinical-claims-data-what-lies-beneath

KHIE Data Sets				
ADT/Patient Demographics	Name, Address, Phone, DOB			
Lab Results	Include any pathology results			
Radiology Reports	Transcribed findings and recommendations			
Other Transcribed Reports	Any other type of transcribed reports. Ex: Operative report, ED report, Cancellation Notice, H&P. ANY document that is transcribed that a hospital wants to send.			
CCD/CCDA	Summary of Care: Included when info is available in patient record Required Patient name * Current problem list * Current medication list * Encounter diagnosis * Immunizations * Demographic information (preferred language, sex, race, ethnicity, date of birth) * Optional Referring or transitioning provider's contact information (EP only) Procedures Laboratory test results Vital signs (height, weight, blood pressure, BMI) Smoking status Functional status, including activities of daily living, cognitive and disability status Care plan field, including goals and instructions Care team Reason for referral (EP only) Discharge instructions (eligible hospitals and CAHs only)			
Medicaid Claims Data	Anything Medicaid or MCO has paid			
Immunization	Anything available in WebIZ			
Syndromic Surveillance	ADT and Diagnosis			
Reportable Labs	Requirements from Public Health			

Number of Data Feeds



	Total	Hospital	Other
Immunization	1911	83	1828
ADT – Demographics	1002	101	901
Syndromic Surveillance	915	95	820
Lab Results	342	62	280
Reportable Lab	83	60	23
Radiology	40	35	5
Transcribed Notes	23	15	8
Platinum	330	33	297

95%

of hospitals submit data to KHIE

Additional Contributors

EMS & **Correctional Facilities**

Behavioral Health





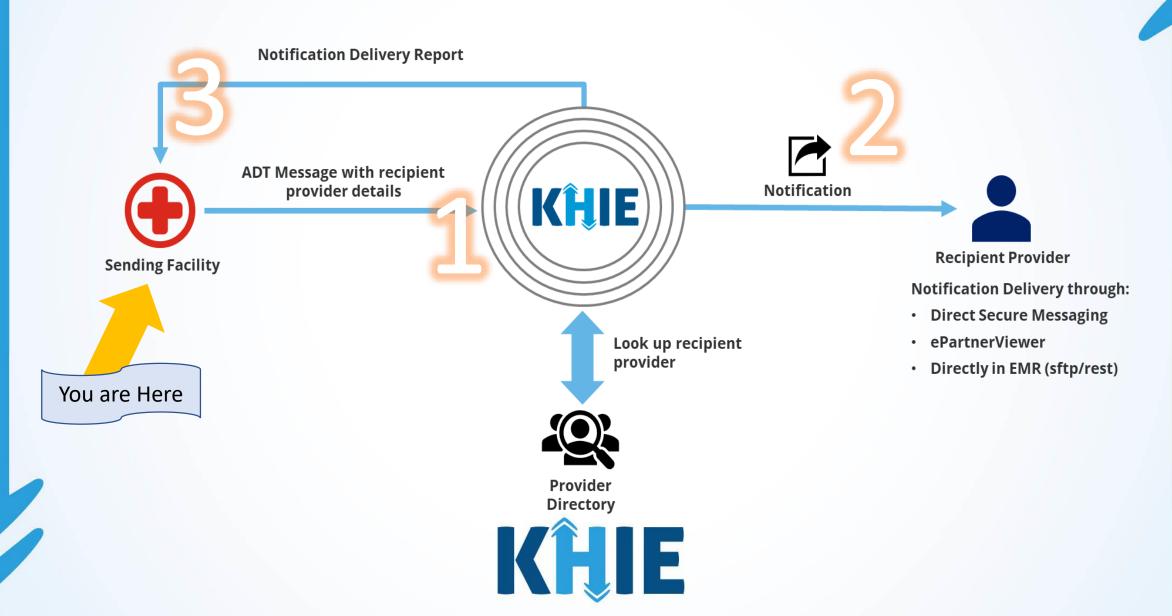
CMS CoP Hospital Electronic Notification

Acronym: C-HEN (it's a work in progress)

CMS CoP Hospital Electronic Notifications

- Requires hospitals, psychiatric hospitals and critical access hospitals (CAHs) to make electronic patient event notifications available to applicable post-acute care services providers and suppliers, and to community practitioners such as the patient's established primary care practice group or entity, or other practitioner or practice group or entity identified by the patient as primarily responsible for his or her care.
- The hospital must demonstrate that its system's notification capacity is fully operational and that the hospital uses it in accordance with all state and federal statues and regulations applicable to the hospital's exchange of patient health information, and that its system sends the notifications either directly, or through an intermediary that facilitates the exchange of health information.
- The hospital must also demonstrate that the notifications include at least patient name, treating practitioner name and sending institution name.
- Upon the patient's registration in the emergency department or admission to inpatient services, and also either immediately prior to, or at the time of, the patient's discharge or transfer (from the emergency department or inpatient services), the hospital must also demonstrate that it has made a reasonable effort to ensure that its system sends the notifications to all applicable post-acute care services providers and suppliers, as well as to any of the following practitioners and entities, which need to receive notifications of the patient's status for treatment, care coordination, or quality improvement purposes: (1) the patient's established primary care practitioner; (2) the patient's established primary care practice group or entity, identified by the patient as the practitioner, or practice group or entity, primarily responsible for his or her care.

KHIE C-HEN Data Flow



Step 1: ADT Submission Requirements

- Support Following ADT's
 - Patient Admit
 - Patient Discharge
 - Patient Transfer
 - Patient Emergency Admit
 - Patient Emergency Discharge
- To Be Provided in ADT
 - Required: Name and NPI of the Recipient
 - Additional Fields:
 - Organization Name and NPI of Recipient Organization
 - Direct Secure Address of Recipient
- HL7 Segments
 - ROL (Role)
 - PV 1.52 (Other Healthcare Provider)
- Treating Practitioner Required in ADT Submission, Optional in HL7



Step 2: Notification Delivery

- Delivery Options
 - Event Notification Integration (FHIR API) (Requires Organization NPI)
 - Future: Full HL7 ADT (Requires Organization NPI)
 - ePartnerViewer
 - Direct Secure Messaging
- Direct Secure Messaging
 - Direct Address in HL7
 - Direct Trust Directory
 - KY Medicaid Provider Directory
 - KHIE Provider Directory



Step 3: Submission Status

- Monthly Status Report Provided Back via SFTP
- Provides 2 Reports
 - Undelivered Notifications
 - Delivered Notifications



Implementation Status



- March 30 Production Implementation
- Work Can Begin Now!
 - Mapping Data to HL7
- Compliance for CMS CoP by May 1, 2021.





How KHIE Adds Value

Low Investment

Hospital Currently Sending ADT

Reduced Burden

 Negates Hospital Developing Point-to-Point Connection

Compliance

Supports Multiple Channels for Delivery

Assurance

Queries Multiple Provider Directories



Access to Data Making Data Available

ePartnerViewer

Platinum

KASPER

Event Notifications



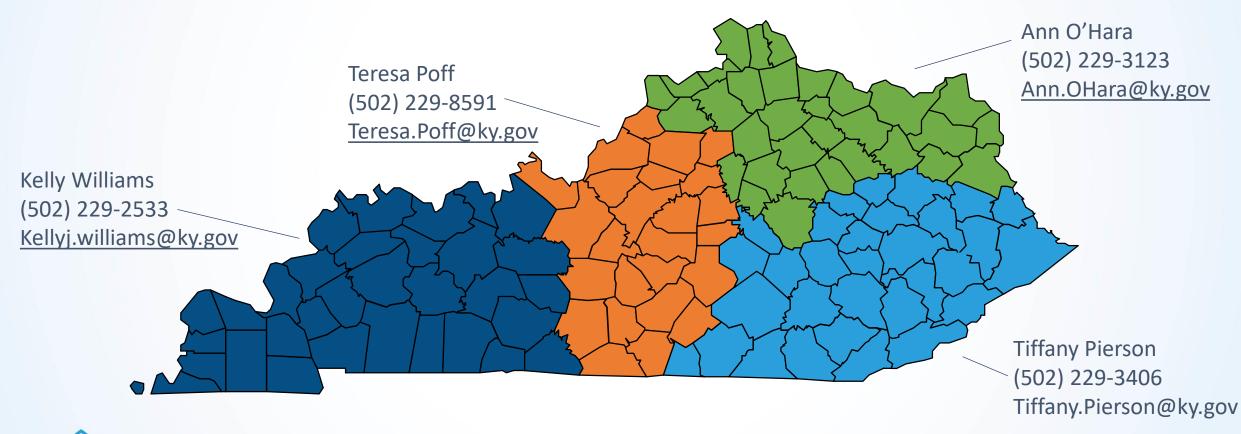
Direct Secure Messaging

Patient Alert Query



Outreach Coordinators









Questions

Andrew C. Bledsoe

Andrew.Bledsoe@ky.gov

502-352-8472

Brandi Genoe

Brandi.genoe@ky.gov

502-564-0105 x2179



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