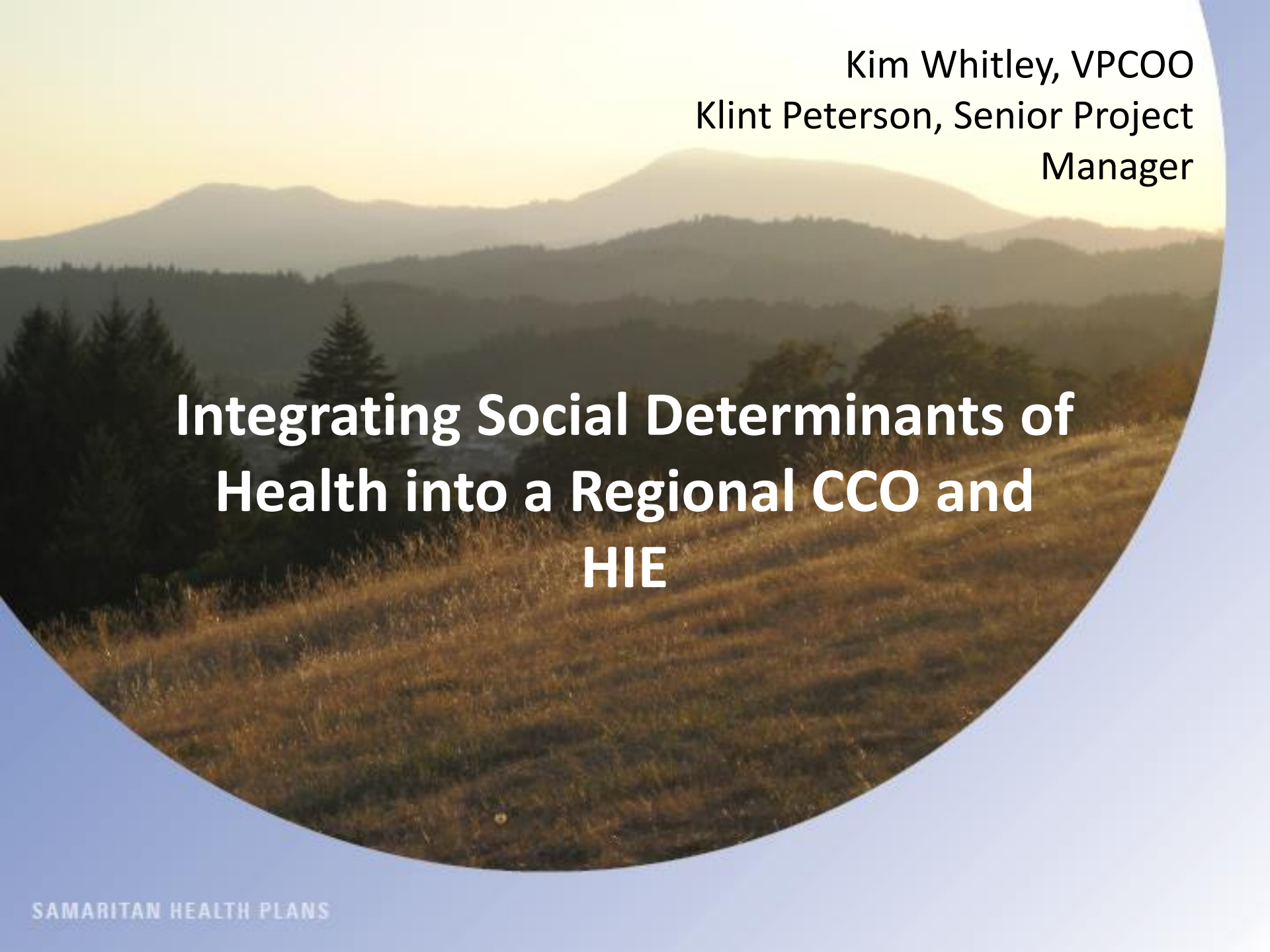


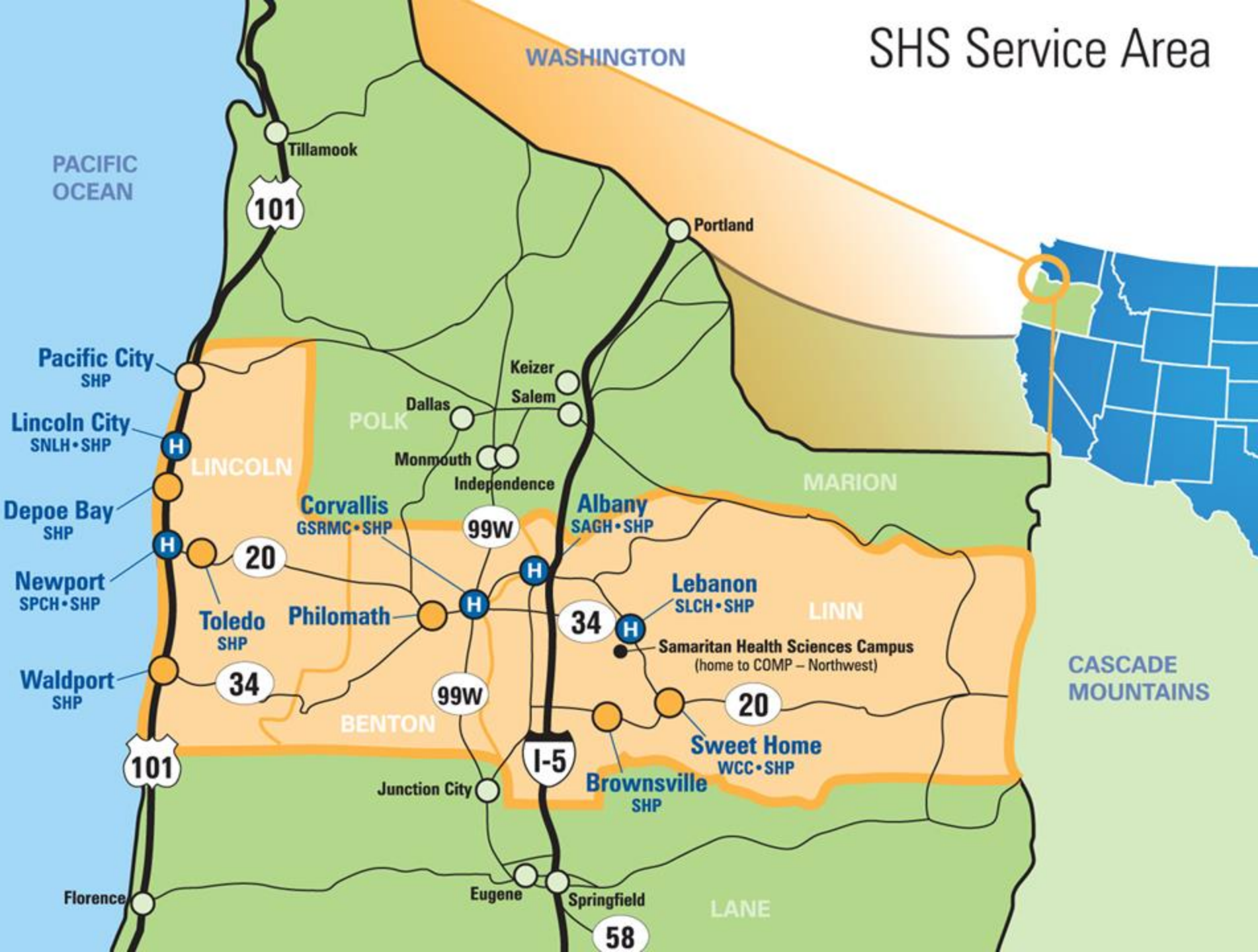
Samaritan Health Services



Kim Whitley, VPCOO
Klint Peterson, Senior Project
Manager

Integrating Social Determinants of Health into a Regional CCO and HIE

SHS Service Area



System Overview

Integrated delivery model

- Hospitals
- Physicians
- Health plans
- Medical school partnership
- Residents / GME
- Centralized business services
- Research / clinical trials

Samaritan Health Plans Operations

Today, serving over **70,000** lives

- InterCommunity Health Network – Coordinated Care Organization
 - Medicaid beneficiaries in Benton, Lincoln and Linn counties
- Samaritan Choice
 - Employees of SHS and their dependents
- Samaritan Advantage
 - Medicare beneficiaries in Benton, Lincoln and Linn counties
- Samaritan Health Plans
 - Small and large group employers

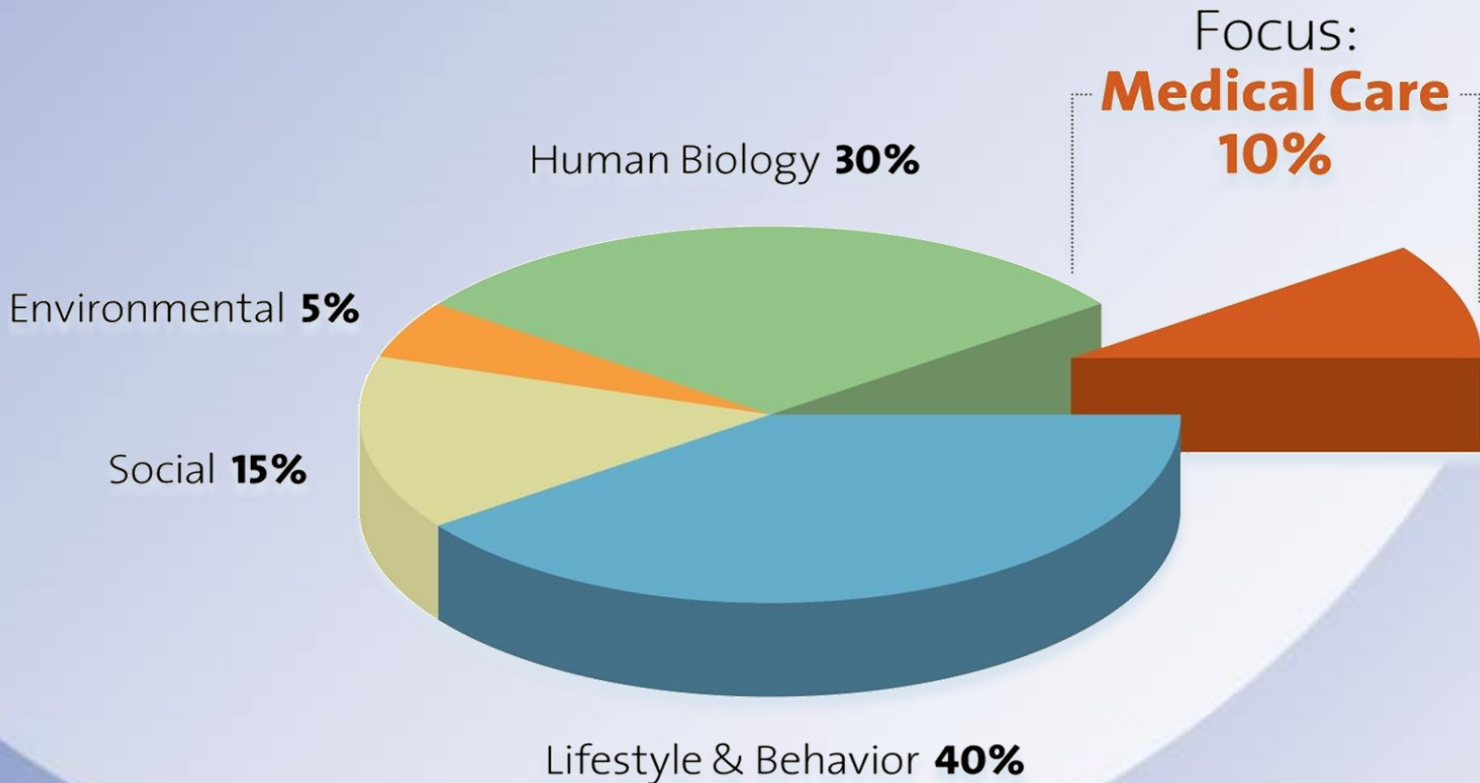


InterCommunity 
Health Network CCO

Our mission as a Coordinated Care Organization

- **Legislated** by Oregon HB 3650 **to transform** how health care is delivered
- **Community-based** management with **global budget** for physical, mental and dental health and non-emergent medical transportation
- **Coordinate** health initiatives
- **Seek efficiencies** through blending of services and infrastructure
- **Engage all stakeholders** to increase the quality, reliability and availability of care

Too much focus placed on medical care, while disregarding the larger sphere of contributing health factors.



The answer lies in the Triple Aim



Regional Health Information Collaborative (RHIC)



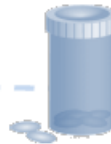
COLLECT

GOAL 1: Create a whole-person view of the patient



SHARE

GOAL 2: Support patient-centered, coordinated care



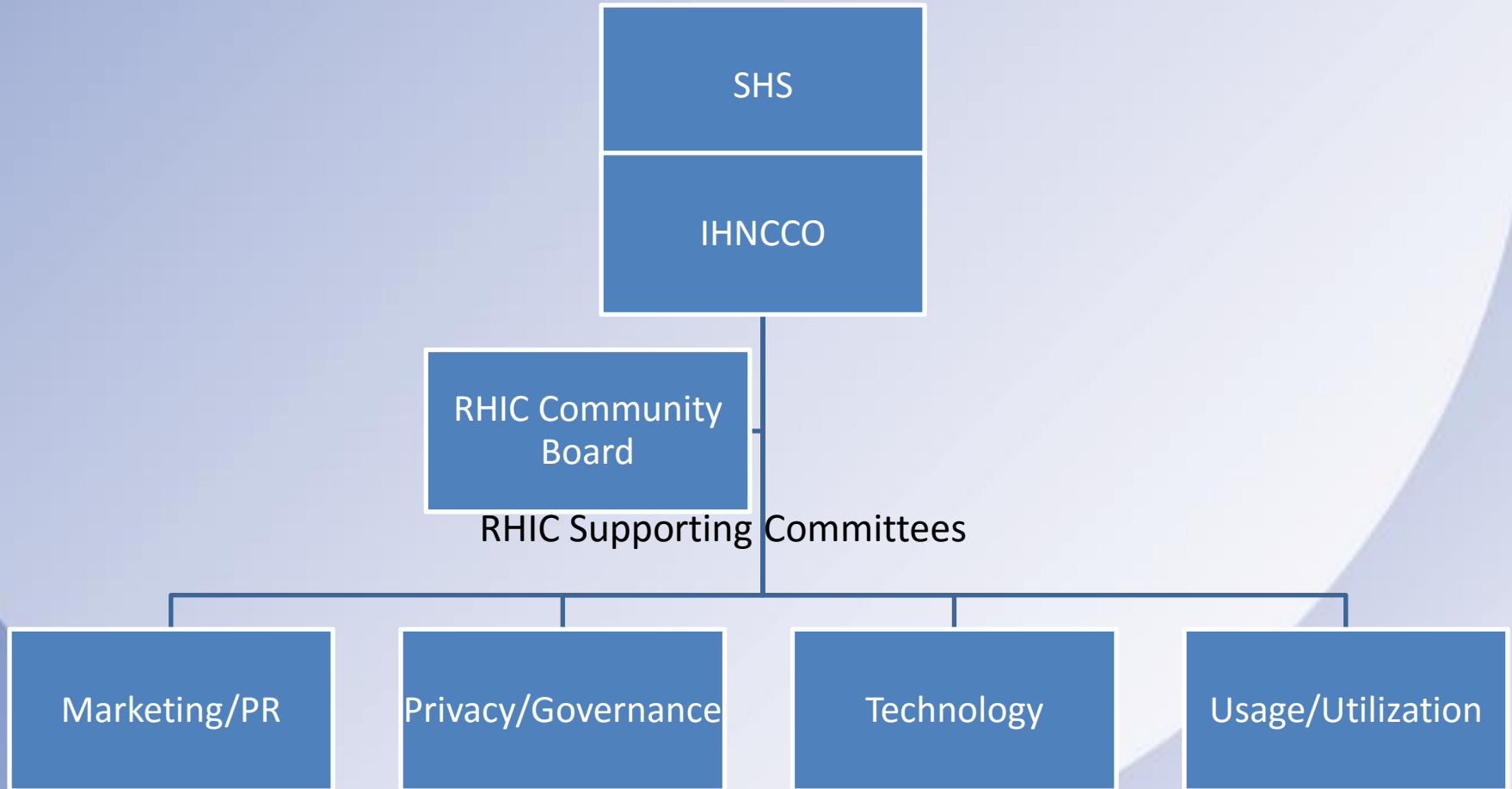
ACT

GOAL 3: Achieve The Triple Aim:

- Enhance the quality, reliability and availability of care
- Improve the health of our communities
- Lower or contain the cost of care



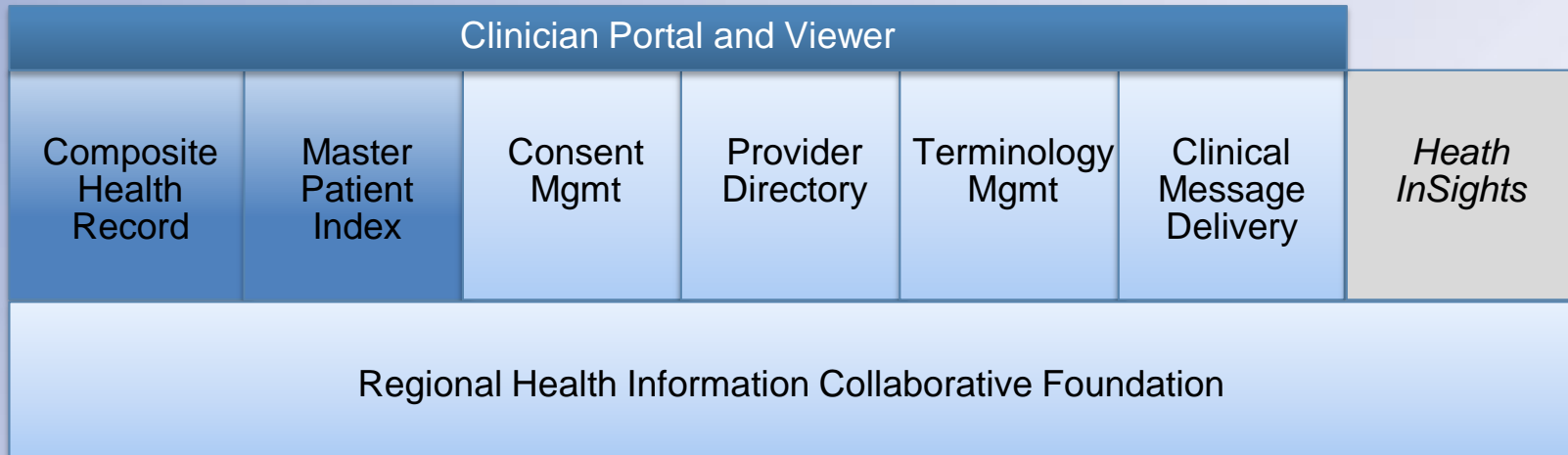
RHIC Structure



RHIC's Foundational Capabilities

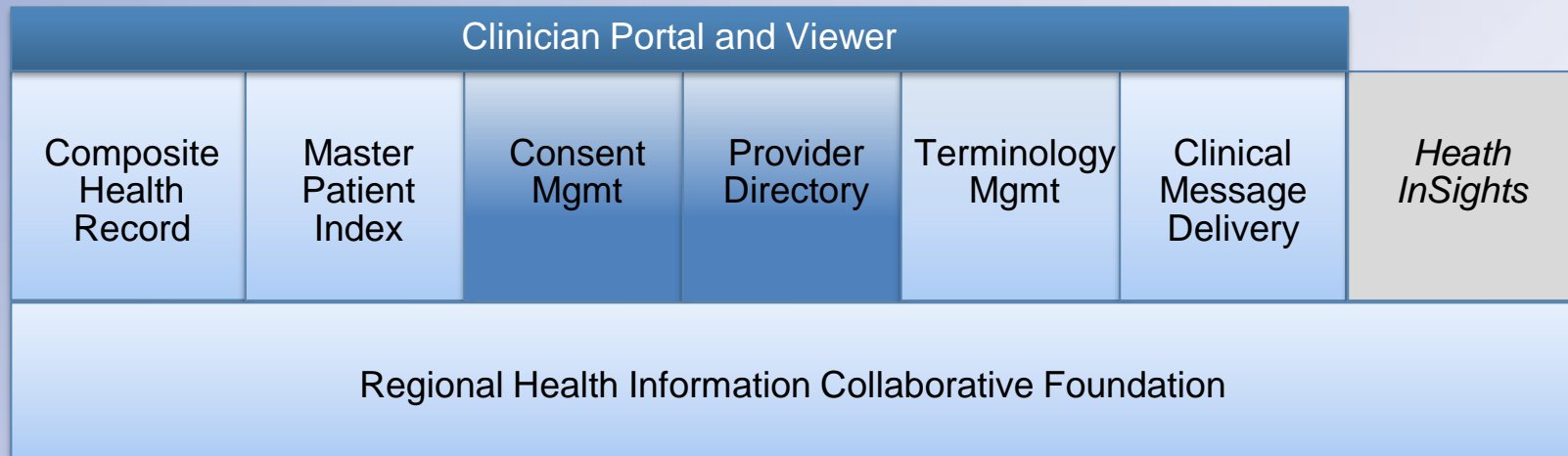
- The main **purpose** of a Health Information Exchange (noun) is to enhance health information exchange (verb).
- RHIC is **designed** as a series of core functionalities that work seamlessly and securely together.
- RHIC **provides** the functionality we need *now*, and the opportunity to evolve capabilities in the *future*
- RHIC supports **standards** include: IHE profiles, C-CDA/CDA/CCD, eHealth Exchange, Direct, HL7v2.x, HL7v3, DICOM, X12, and more...

RHIC Components



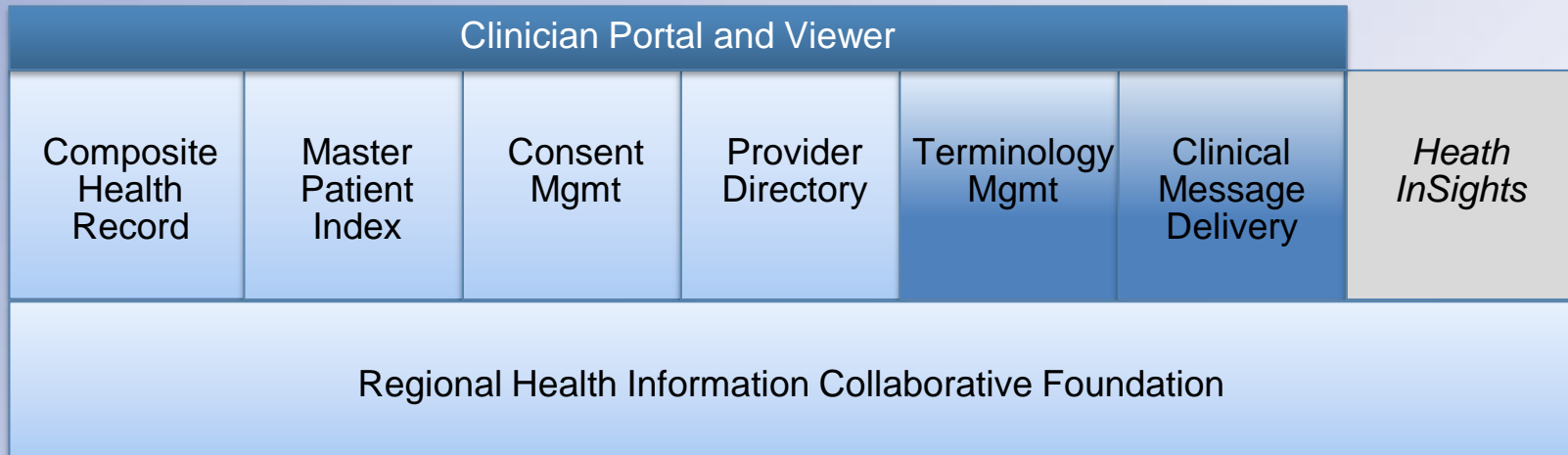
- **Composite Health Record** aggregates and normalizes clinical and demographic data from multiple EMRs and organizations into a consistent, *patient-centric* health record
- **Master Patient Index** manages patient identities and incorporates sophisticated matching technologies (algorithms) which can be used alone or in conjunction with other vendors' indexing and registry systems.

RHIC Components



- **Consent Management** provides support for *defining* consent policies, *capturing* patient consent directives, and *enforcing* privacy policies whenever data is accessed
- **Provider Directory** ensures that the HIE can locate the correct providers and communicate event notifications, clinical summaries, and other content in the way the provider prefers

RHIC Components



- **Terminology Management** enables maintenance and use of applicable terminology standards (i.e. LOINC, SNOMED, and ICD) to ensure semantic interoperability between systems.
- **Clinical Messaging** provides powerful capabilities for secure communication between people (e.g. a referring physician and a specialist) and between systems.

Clinical Viewer Dashboard

Patient Record

[My Account](#)
[Show Connection Details](#)

M

Summary

- Allergies & Alerts
- History
- Documents
- Lab Results
- Radiology Results
- Medications
- Vaccinations
- Conditions
- Procedures
- Procedures Non-Clinical
- Discharge Summaries
- Physical Exams
- Plan
- Encounters

Allergies and Adverse Reactions

Category	Allergen	Nature Of Reaction	Last Update	User
Propensity to adverse reactions to drug	Sulfa Antibiotics	Hives		
Propensity to adverse reactions to druog	Augmentin	Nausea And Vomiting		

Diagnoses

Abnormal weight gain (R63.5_t20)	...
Abnormal weight gain (R63.5_t20)	...
Follow-up (I10033_t24)	...
Encounter for screening for other disorder (Z13.89_t20)	...
Hyperglycemia, unspecified	...

Laboratory Results

CBC WITH AUTO DIFFERENTIAL	...	03/04/2016 00:00
B-TYPE NATRIURETIC PEPTIDE	...	03/04/2016 00:00
TSH	...	03/04/2016 00:00
HEMOGLOBIN A1C	...	01/03/2016 00:00
COMPREHENSIVE METABOLIC PANEL	...	01/03/2016 00:00

Medications

AMLODIPINE TAB 10MG	...	10	02/29/2016
Atenolol 100 Mg Po Tabs	...	100	02/25/2016
OMEPRAZOLE CAP 20MG (68462023110_t13)	...	20	02/25/2016
ATENOLOL TAB 100MG	...	100	02/25/2016
Chlorthalidone 25 Mg Po Tabs	...		02/17/2016

Documents

TELEPHONE EN	...	Pt notified.
TELEPHONE EN	...	Imtrc 3/7
TELEPHONE EN	...	----- Message from John R. War...
A\T\P Note	...	Pt also with symptoms of hemor...
A\T\P Note	...	Pt with weight gain. I'm not ...

Radiology & Other Results

XR CHEST 2 VW	...
---------------	-----

Barriers to Integrating Population Health into an HIE

- Regulatory and Compliance
- Lack of consistency in data formats and standard interoperability requirements
- Patient demographic information
- Patient consent - risks vs. benefits
- Introducing applications, procedures and rigor to organizations that are more focused on patients and their patient needs rather than process.

Barriers to Integrating Population Health into an HIE

Use Case – Integrating EMT data into a regional HIE

Community Partners

City of Albany Fire Department

Regional Health Information Collaborative



InterCommunity
Health Network CCO

Use case – EMT and HIEs



This is **Joe** – Age 51

He is active and in good health.

No current health concerns.

Manages hypertension with medication (10+ yrs)



One day, Joe is playing wiffle ball with family and friends and becomes fatigued, out of breath and a little confused.



Joe's concerned daughter calls 911 and the EMS Team arrives quickly

Use case – EMT



- EMS team records vitals, observations and collects limited demographic information.
- Joe is transported to the nearest Emergency Room Facility.



- Verbal exchange of information between EMS and ER Team



- EMS team sends a fax to ER within 8 hours to recap the event.
- After the event, EMS Team may review EMR notes if access is granted

What if?

- What if the EMS Team was aware of recent medication changes, recent diagnosis or allergies?
- What if the EMS notes including vitals and observations, were immediately and electronically available to ER team?
- What if the patient's PCP or care coordination team was notified of the event?
- Would this have a positive affect on the Triple Aim (access, quality and cost)?
- What if....?

Questions

