Use Case Summary

NAME OF UC:

EXCHANGE HEALTH INFORMATION FOR VETERANS

Sponsor(s): MDHHS, Veterans Affairs, MiHIN

Date: 9/24/15

The purpose of this Use Case Summary is to allow Sponsors, Participants, and other readers to understand the purpose of the Use Case (UC), the value proposition the UC represents, and what the Use Case does, requires, and how the UC operates at a high level. The summary is intended to assist the HIE and HIT Community in understanding where this UC fits within the overall roadmap for statewide sharing of health information.

This UC Summary has several sections allowing readers to understand the impact of this UC in the following areas: health outcomes, regulation, cost and revenue, implementation challenges, vendor community, and support.

Executive Summary

In this section provide a brief (3-5 sentence) summary of the UC's function and purpose. Also include a brief description of the importance and highlight the expected positive impact from implementation of this UC.

About 6 million of the nation's 21.6 million veterans receive regular care from Department of Veterans Affairs (VA) hospital facilities. Many of these veterans also see non-VA healthcare providers. Because the VA and non-VA providers have different computer systems, it is difficult for both VA and non-VA providers to access all of the records they need to manage a veteran's care. Presently there is no "bridge" between electronic records at the VA and electronic records at non-VA providers.

As a result, veterans' electronic health records at a VA facility can be missing information on care provided by private sector healthcare systems, and veterans' electronic health records at private sector facilities can be missing information on care provided at VA facilities. By enabling the electronic exchange of a veteran's health information between VA and non-VA providers, all providers treating veterans will be able to coordinate better and improve the overall quality of care for veterans.

As a first step in bridging the gap between VA facilities and private-sector facilities, the VA created the "Choice" program in November 2014 to offer veterans a wider range of healthcare options. The Choice program allow veterans to use private-sector health facilities using VA benefits if the veterans can't get a timely appointment at a VA facility or if they live more than 40 miles from a VA facility. This is a very significant first step. However, more work is needed to ensure continuity of care for America's veterans.

Purpose of Use Case: The "Exchange Health Information for Veterans" Use Case enables providers in private-sector facilities and in VA facilities to request each other's electronic health records for veterans' health information through MiHIN. Additionally, this Use Case enables participants to respond to those requests for health information with a veteran's longitudinal records such as those contained in Continuity of Care Documents (CCDs), allowing full and consistent visibility into a veteran's status as a patient for both VA and non-VA providers, and enabling better decision-making and improved care for veterans.

Overview

In this section provide a more detailed explanation of the UC's function and purpose.

Virtual Lifetime Electronic Record (VLER) is an electronic health record program that tracks the medical history of American soldiers through their entire service, from active duty to veteran status. VLER also makes veterans' medical records more portable across the U.S. The VLER Health Program allows VA healthcare providers, non-VA healthcare providers and veterans to securely share limited health information from a veteran's health record electronically.

VLER Health has two tools for sharing health information between VA and trusted non-VA healthcare providers:

1) VLER Health Exchange is a program to help "Connect Your Docs" by enabling VA and non-VA providers to securely access certain health information for veterans electronically using the former **eHealth Exchange**, now called the **Sequoia Project**. The VA requires a veteran-signed authorization (VA Form 10-0485) prior to sharing veteran health information with non-VA providers over the eHealth Exchange.
2) VLER Health Direct (VA Direct) allows VA providers to send select information (e.g., referrals) about a veteran's healthcare to a non-VA provider using Direct Secure Messaging, a secure electronic communications tool similar to email.

This Use Case supports and enhances exchange of health information for veterans such as the information contained in Continuity of Care Documents (CCDs) using a MiHIN infrastructure service called the **Common Gateway Service**. MiHIN's Common Gateway Service is connected to and can communicate to the VA (and VLER) through the Sequoia Project (eHealth Exchange). MiHIN's Common Gateway Service offers the capability to submit, request and exchange healthcare data throughout Michigan or with other states or organizations also connected to the Sequoia Project.

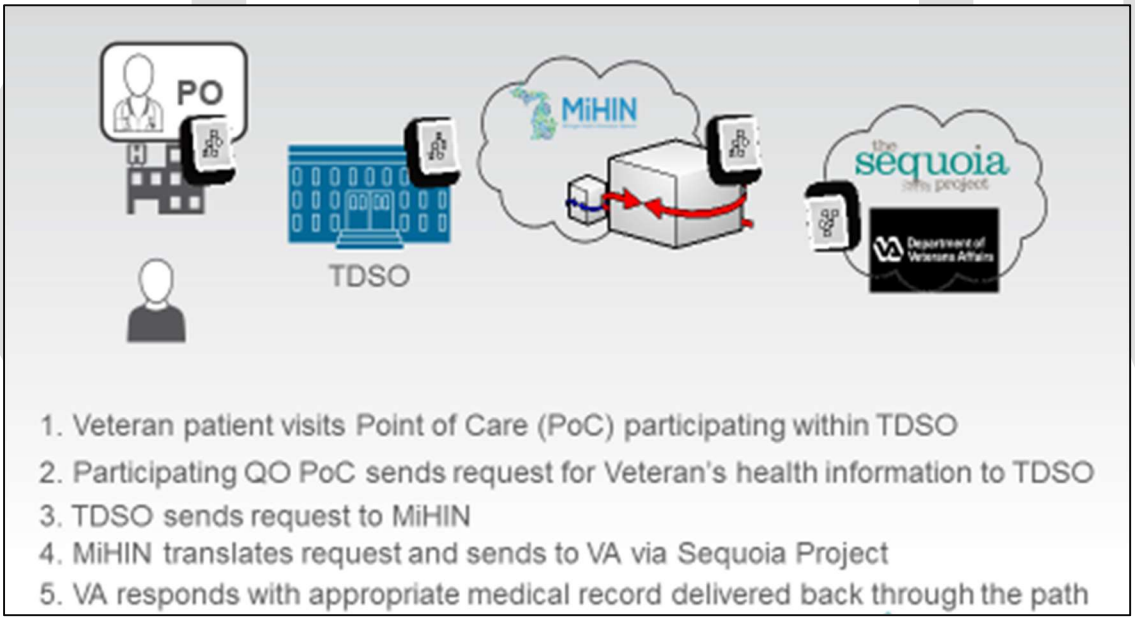
Diagram

In this section, provide a diagram of the information flow for this UC. The diagram should include the major senders and receivers involved and types of information being shared.

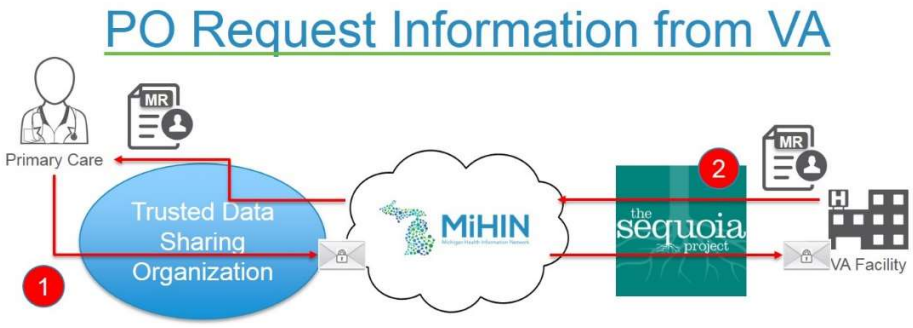
The Common Gateway Service consists of a CONNECT Gateway together with an Exchange Broker and utilizes Nationwide Health Information Network (NwHIN) protocols for "Exchange Transactions" to submit healthcare information using the Document Submission (DS) message, or to request healthcare information using the Patient Discovery (PD), Document Query (DQ), and Document Retrieve (DR) messages to other Sequoia Project participants, such as federal agencies including the Social Security Administration, Department of Veterans Affairs, and Centers for Medicare and Medicaid Services.

The Exchange Broker manages message transformation and routing not only to and from the Sequoia Project but also to and from Michigan's Trusted Data Sharing Organizations (TDSOs). The transformation services allow TDSOs to send and receive messages in a number of protocols whether NwHIN SOAP, or the more widely used IHE standards for XCA or XDS.b.

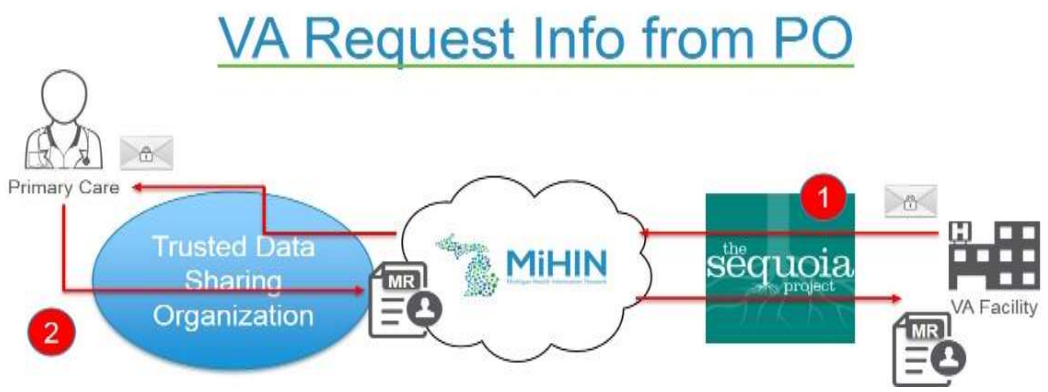
Example Process:



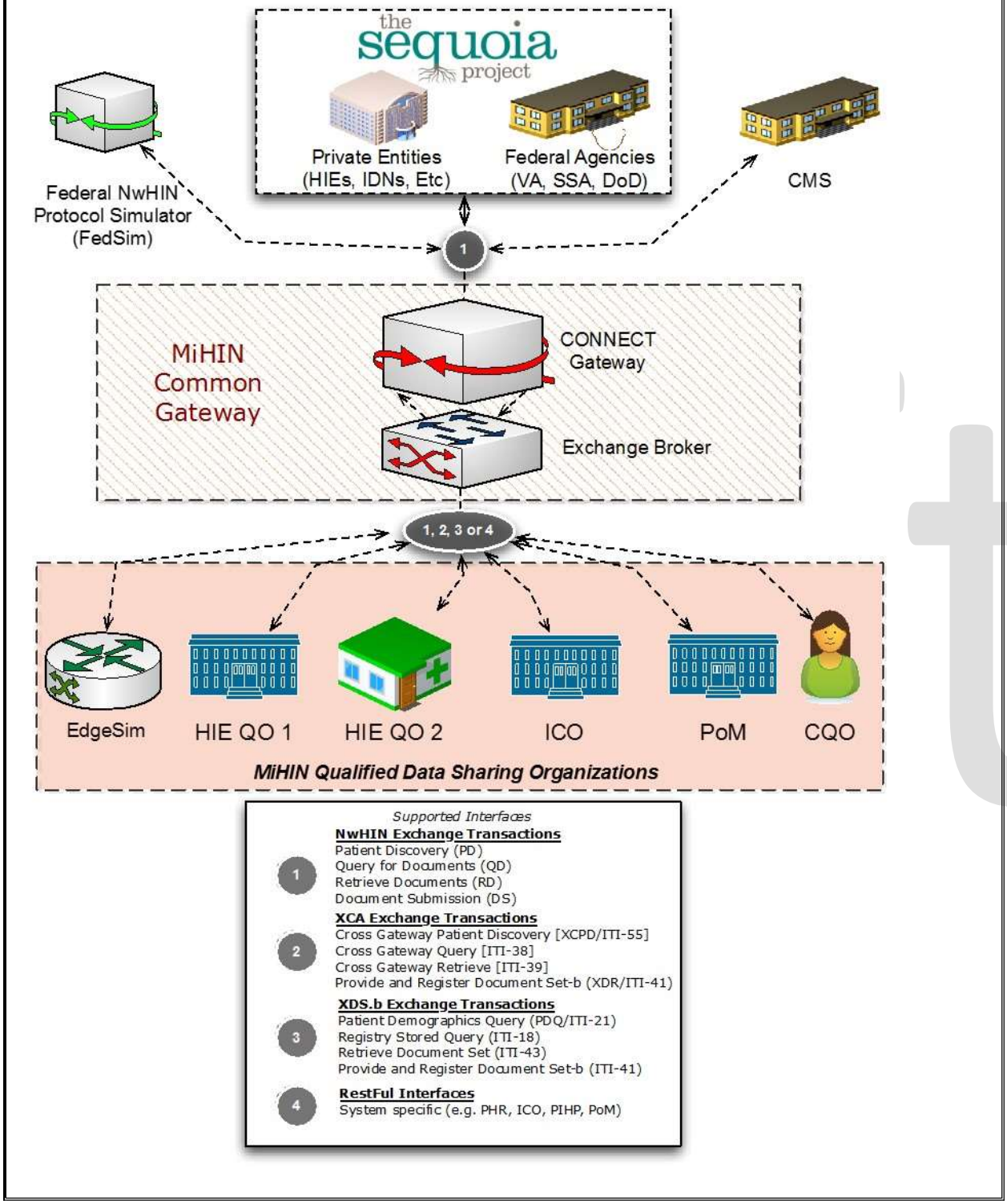
Basic Data Flow – Trusted Data Sharing Organization Requests Info from VA:



Basic Data Flow – VA Requests Info from Trusted Data Sharing Organization:



Detailed Data Flow:



Regulation

In this section, describe whether this UC is being developed in response to a federal regulation, state legislation or state level administrative rule or directive. Please reference the precise regulation, legislation, or administrative act such as Public Law 111-152 (Affordable Care Act), Public Law 111-5; Section 4104 (Meaningful Use), 42 CFR 2 (substance information), MCL § 333.5431 (Newborn Screening), PA 129 (standard consent form), etc.

Additionally, provide information if this UC will allow Eligible Professionals/Providers (EP) or Eligible Hospitals (EH) to meet an attestation requirement for Meaningful Use.

Legislation/Administrative Rule/Directive

☒ Yes
☐ No
☐ Unknown

Veterans Access, Choice, and Accountability Act of 2014

Meaningful Use:

☐ Yes
☐ No
☐ Unknown

Cost and Revenue

In this section provide an estimate of the investment of time and money needed or currently secured for this UC. Be sure to address items such as payer incentives, provide incentives, revenues generated (e.g. SSA transaction payments) or cost savings that could be realized (i.e. reduction of administrative burden).

As information is known or available, provide information on the resources and infrastructure needed to move this UC into production.

Costs:

This Use Case includes the following cost components:

- Development of message protocols compatible with certified EMR/EHR systems to submit and receive requests and CCDs to and from the VA (completed)
- HIE-QO development and implementation to onboard with the Exchange Broker (optional)
- Hospital/Health System implementation and integration (approximately $30k each)
- Provider organization implementation and integration (costs could vary between $10k-$30k per organization)

- Pilot and testing costs for transmission of health information to and from the VA for participating organizations (costs could vary between $10k-$30k per organization)

Revenues:

Presently no revenue opportunities have been identified for this Use Case although this is subject to change.

The primary value of this Use Case is derived from better, more timely, more consistent care for veterans between the VA and the private sector.

Additionally, significant cost savings and labor reduction are introduced by the electronic exchange of health records for veterans and easier, more consistent access to veterans' health information among VA and private-sector facilities.

Implementation Challenges

In this section, as information is known or available, describe challenges that may be faced to implement this UC. Be sure to address whether the UC leverages existing infrastructure, policies and procedures, ease of technical implementation, or impacts current workflows (short term and long term).

An implementation challenge for this Use Case is to communicate its availability and capability to private sector healthcare providers and to compel participation to begin sending and receiving health information for veterans to and from VA facilities via MiHIN.

Similarly, another implementation challenge is participation of the VA and VA facilities.

Another challenge is the potential need for additional development by EHR/EMR vendors to support this type of communication with VA facilities.

Vendor Community Preparedness

In this section, address the vendor community preparedness to readily participate in the implementation of this UC. Speak to whether this UC will utilize current or future technical capabilities of the vendor products. If this UC requires new functionality at the vendor level provide information as known to the timeliness of when product updates may be available and any potential costs to the HIE community.

Some large EHR vendors are prepared to participate in this Use Case due to their native support of the NwHIN protocols. Other EHRs can be enabled to participate in this Use Case by integrating with the MiHIN Common Gateway, the cost for which is estimated in the vicinity of $30k. There are third-party solutions available to hospitals and health systems which can be integrated with both their EHR and the Common Gateway.

Support Information

In this section, provide known information on the support for this UC.

Support can come from multiple levels (Governor, Federal or State Legislative, MI HIT Commission, Michigan State Departments, CMS/ONC/CDC, MiHIN Board, Qualified Organizations, Payer Community, Interest Group [ex: MSMS, MHA], or Citizen support).

Please note any concerns or oppositions with the Use Case

Political Support:

☒Governor
☐Michigan Legislature
☐HIT Commission
☒MDHHS or other SOM Department
☒CMS/ONC
☐CDC
☒MiHIN Board
Other:

Department of Veterans Affairs

Concerns/Oppositions:

None noted

Sponsor(s) of Use Case

Who are the major sponsors of the use case?

Michigan Department of Health and Human Services
Department of Veterans Affairs
MiHIN

Metrics of Use Case

In this section, define metrics for the Use Case to be successful.

The key metrics for this Use Case include:

- number of healthcare providers enrolling and participating in the electronic transmission of CCDs through MiHIN
- frequency and quantity of CCD submissions by private-sector providers and hospitals
- frequency and quantity of CCD submissions by VA facilities
- cost savings achieved at hospitals/health systems/VA facilities
- reduction in processing time and resources required for healthcare providers to respond to requests for documents from the VA

Other metrics will be identified.

Other Information

This section is to afford the sponsor(s) an opportunity to address any additional information with regard to this UC that may be pertinent to assessing its potential impact.