



# DEVELOPING MULTI-SECTOR COLLABORATION TO BUILD COMMUNITY CAPACITY

*BEST PRACTICES FROM THE BEACON COMMUNITY PROGRAM  
& MORE*

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# **WORKSHOP PURPOSE**

## ***Shared Learning***

- **Ideas, insights, innovative and successful approaches, designs and best practices**
- **Lessons learned from Beacon Community Program in developing and sustaining HIE to support community health**

# CREDITS



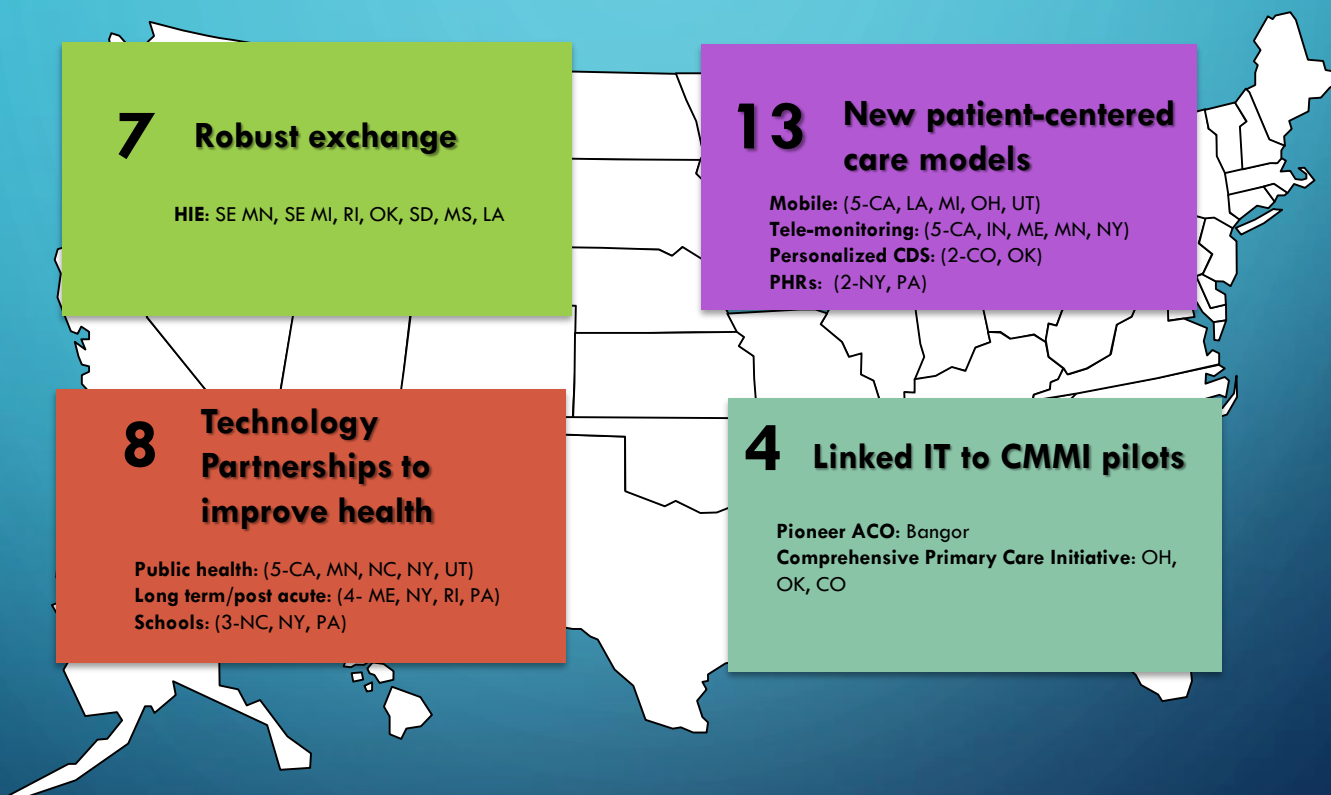
17 COMMUNITIES | 8 MILLION LIVES | 8700 MDs



# BEACON

## GOALS

- > Build & strengthen HIT infrastructure & HIE capabilities
- > Improve cost, quality, and population health
- > Test Innovative Approaches



General Types of Beacon Community Program Initiatives

# CONTRIBUTING BEACON COMMUNITIES

Community	Overview
<b>Bangor Beacon Community</b>	<ul style="list-style-type: none"><li>• With the help of Beacon investments, HealthInfoNet (Maine's statewide HIE and data repository) now includes medical information on more than 1.1 million patients, representing 76 percent of Maine residents</li></ul>
<b>Central Indiana Beacon Community</b>	<ul style="list-style-type: none"><li>• The Central Indiana Beacon Community builds on the Indiana Health Information Exchange (IHIE), one of the oldest and largest health information exchange organizations in the country.</li><li>• IHIE connects more than 90 entities, including hospitals, long-term care facilities, rehabilitation centers, community health clinics, physicians, and other providers</li></ul>
<b>Colorado Beacon Consortium</b>	<ul style="list-style-type: none"><li>• The Colorado Beacon Consortium focuses on improving the health of its population through two major activities:<ul style="list-style-type: none"><li>• Implementing health IT upgrades to enhance the identification of high health risk patients</li><li>• Training health care providers to use these new technologies in the course of delivering care.</li></ul></li><li>• The Quality Health Network (QHN) platform, a health information exchange system is adding new data sources, develop a regional data platform to aggregate and normalize data from disparate sources, and deploy new high-value applications that foster community-wide interoperability</li></ul>
<b>Crescent City Beacon Community</b>	<ul style="list-style-type: none"><li>• The community's key strategies include<ul style="list-style-type: none"><li>• Implementing a shared health IT solution for community-wide exchange of information</li><li>• Collecting data for population health management</li><li>• Connecting to state and national information sources.</li></ul></li></ul>
<b>Delta BLUES Beacon Community</b>	<ul style="list-style-type: none"><li>• The Delta BLUES Beacon Community is fostering health information exchange through a partnership with the state Mississippi Health Information Network (MSHIN)</li><li>• Under Beacon, Delta BLUES has connected four hospitals, 11 clinics representing more than 30 sites, and four labs to MSHIN</li></ul>

# CONTRIBUTING BEACON COMMUNITIES

## (cont.)

Beacon Community	Overview
<b>Greater Cincinnati Beacon Collaboration</b>	<ul style="list-style-type: none"> <li>Used HealthBridge's existing HIE infrastructure to create and deploy admission, transfer and discharge (ADT) alerts</li> <li>87 primary care practices and two post-acute providers have received more than 27,000 alerts from 21 participating hospitals.</li> </ul>
<b>Greater Tulsa Health Access Network Beacon Community</b>	<ul style="list-style-type: none"> <li>Created a robust health information exchange, MyHealth Access Network, to support community-wide care coordination, patient engagement, and quality</li> </ul>
<b>Rhode Island Beacon Community</b>	<ul style="list-style-type: none"> <li>Focused on developing an "infrastructure-light" solution to achieve interoperability between CurrentCare and practice EHR platform.</li> <li>Engaging 84 nursing homes across the state to become enrollment partners and users of CurrentCare by providing stipends for the purchase of computer systems and offering best practices training around patient enrollment and HIE</li> </ul>
<b>San Diego Beacon Community</b>	<ul style="list-style-type: none"> <li>Developing local HIE capabilities that will enable providers to access patient records across the metropolitan area.</li> <li>As of July 2013, four hospital-based health systems and four medical groups are exchanging data. More than 447,145 unique patients can have their medical records accessed in an emergency</li> </ul>
<b>Southeast Minnesota Beacon Community</b>	<ul style="list-style-type: none"> <li>Implementing national IT standards to connect major health system partners and public health departments in participating Beacon counties</li> </ul>
<b>Western New York</b>	<ul style="list-style-type: none"> <li>The Western New York Beacon Community is a partnership between a well-established regional HIE platform (HEALTHeLINK) and a number of local provider stakeholders</li> </ul>



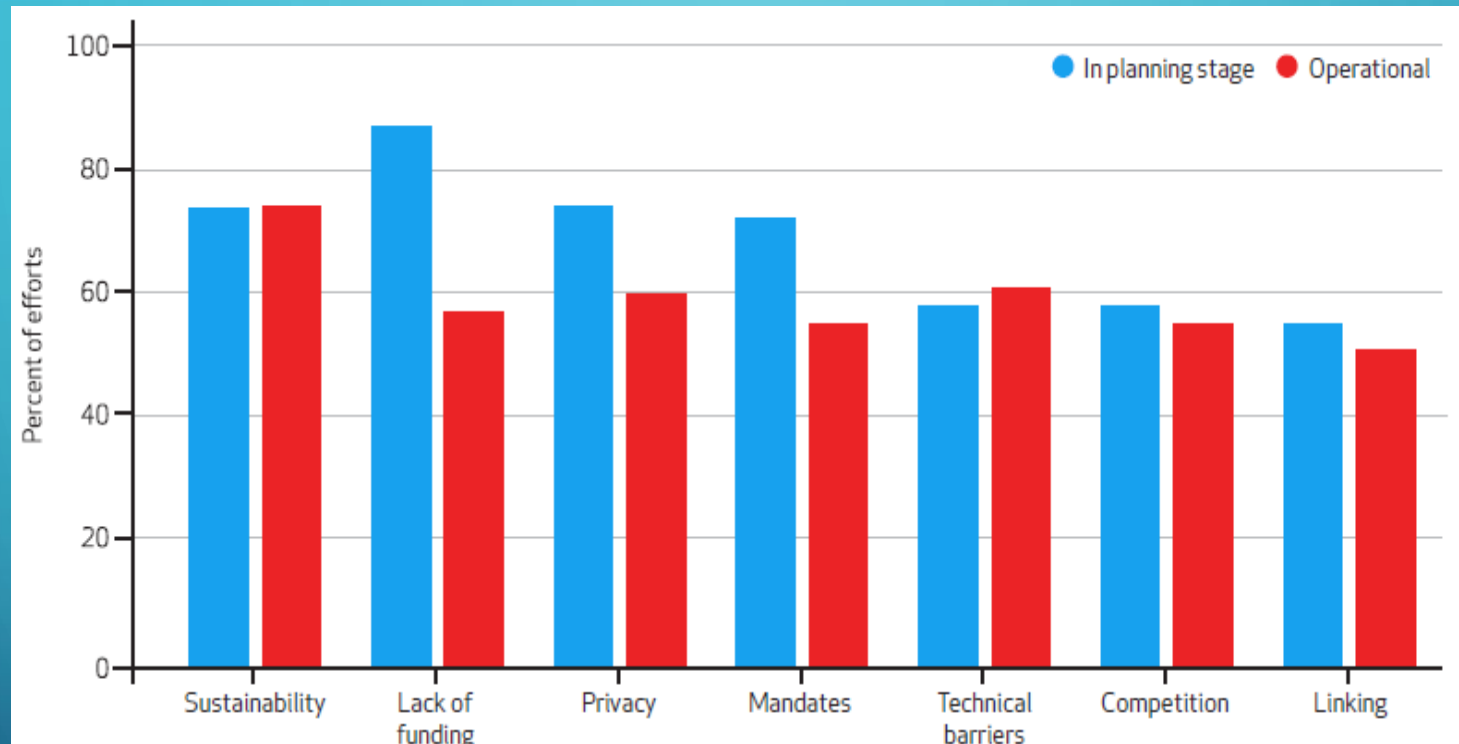
# HEALTH INFORMATION EXCHANGE (HIE)

**HIE** is the secure electronic movement of health-related information among health care entities according to nationally recognized standards.

- A critical mechanism for improving the quality of care delivered to patients across the country.
- HIE enables:
  - Patient health information to be shared across health care providers and institutions securely and efficiently
  - Information to follow patients across health care settings

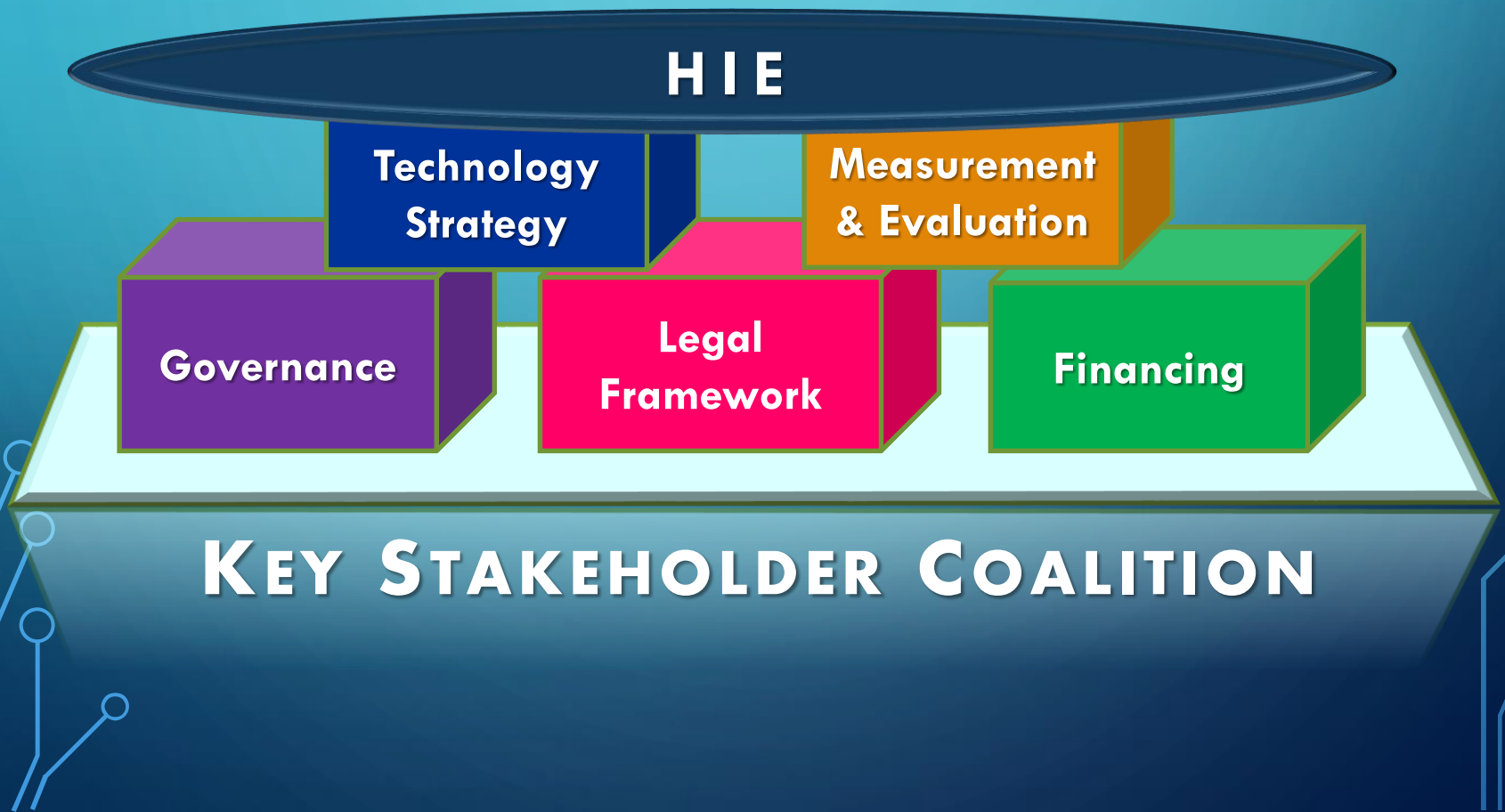


# BARRIERS TO HIE



*Source: Adler-Milstein, J., D.W. Bates, A.K. Jha. (2013). Operational health information exchanges show substantial growth, but long-term funding remains a concern. Health Affairs. 8:1486-1492.*

# CRITICAL SUCCESS FACTORS



# CSF #1: BUILD KEY STAKEHOLDER ALIGNMENT, COLLABORATION, COMMITMENT

## *Best Practices*

Identify Key  
Stakeholders

Engage Leaders &  
Champions

Convene &  
Engage  
Group

Build Trust &  
Ownership

Secure  
& Sustain  
Commitments

# **CSF BEST PRACTICES TO:**

## ***Identify Key Stakeholders***

*Think broadly & Invest time needed to get the “right” people*

- **Geographic area** – local, region, state, multi-state?
- **Industries** – healthcare, health insurance, government, corporations, small business, social services, other?
- **Decision makers** – CEOs, but who speaks with authority for doctors, small business, government, social service agencies, other?
- **Champion(s)** – Highly respected community leaders already supportive.

## **CSF BEST PRACTICES:**

### ***Engage Decision Makers & Champions***

- **Face-to-face, 1 on 1** - introduce vision and ask for their input
- **Be sincere** - incorporate their thinking
- **Build Trust** - Continue the conversation via email, phone and follow-up meeting(s), building trust
- **Figure out each stakeholder's value proposition**
- **CAUTION**
  - Never ask for or accept money at this stage

# **CSF BEST PRACTICES TO:**

## ***Convene Key Stakeholders***

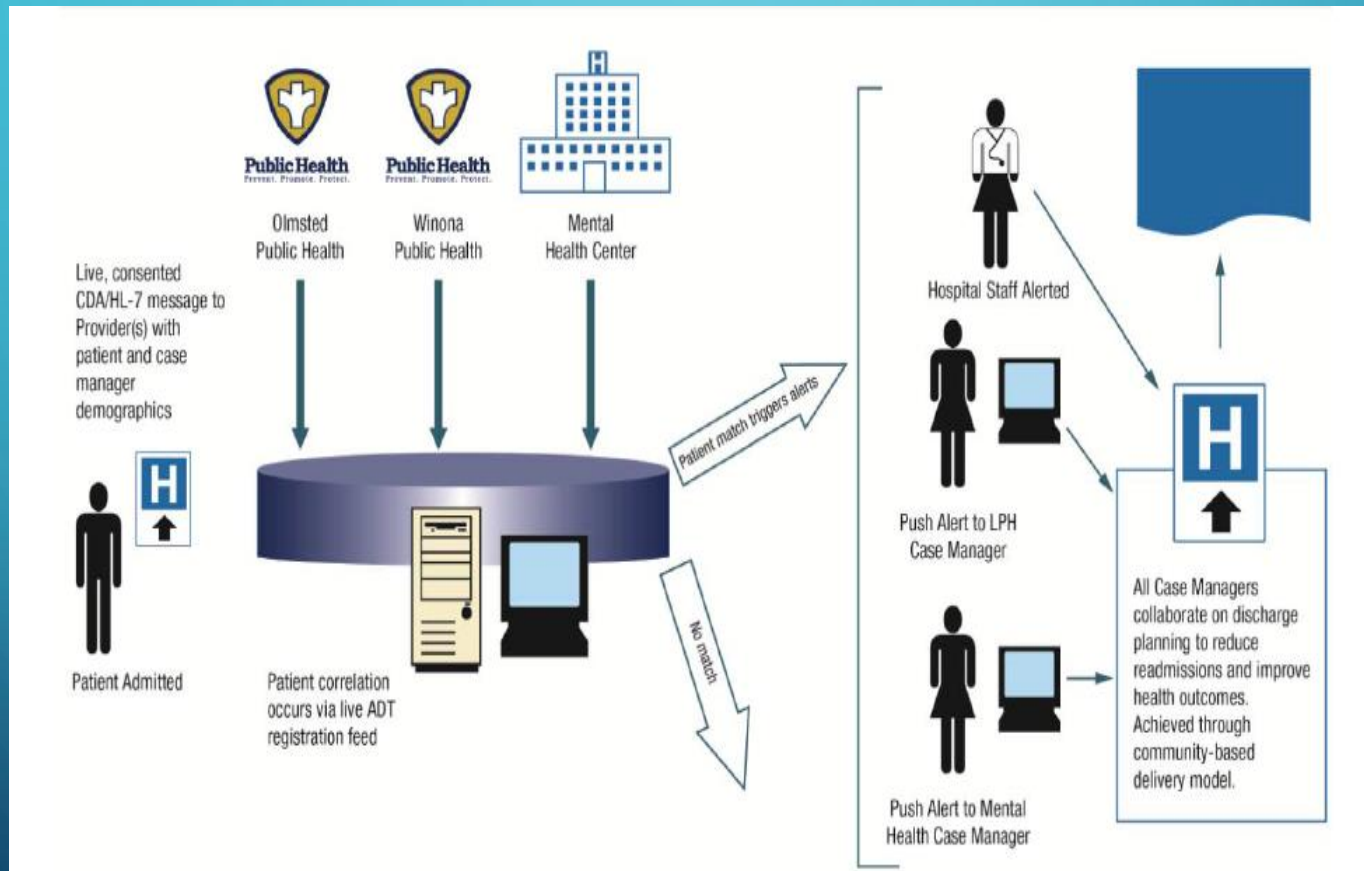
- **Get the “right” convener**
- **Peer Exclusivity – CEOs, decision-makers & champions**
- **A clear, resonating meeting purpose and strong agenda**
- **Require RSVPs**
- **Develop transparent convening strategies**
- **Never presume they’ll attend the next meeting**
  - Attendance will falter if the value propositions don’t resonate
  - Always confirm at the end of a meeting their interest in another meeting and what topics they want discuss

## **CSF BEST PRACTICES TO:** ***Engage the Key Stakeholder Group***

- **FOSTER TRUST & COLLABORATION**
- **Recognize the competing interests & different motivations within the group**
- **Know your local market & political environment**
- **Clearly articulate the practical reasons for engagement**
  - **Develop real-world scenarios to reflect value propositions**
- **Use a skilled facilitator**



# REAL WORLD SCENARIO: SOUTHEAST MINNESOTA EXCHANGES DATA TO REDUCE THE RISK OF READMISSION

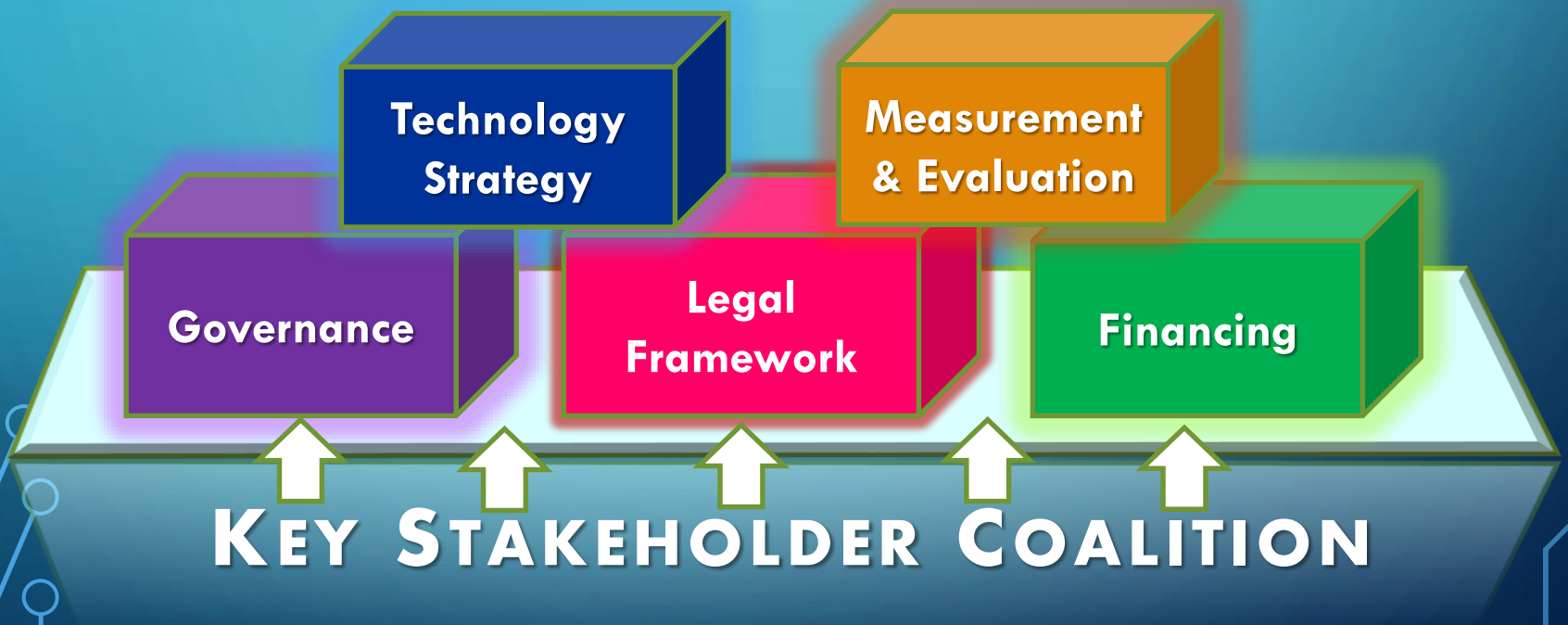


## **CSF BEST PRACTICES TO: Secure & Sustain Commitments**

- **Continually build TRUST**
- **DON'T GIVE UP! 1-2 year timeframe is typical**
- **Nurture ownership of the initiative by group development of the vision, mission and goals**
  - **Tie these to community goals to encourage broader buy-in**
- **Keep value propositions in the forefront**
- **Involve Key Stakeholders in building the foundation blocks of the initiative**

# HIE FOUNDATIONAL ELEMENTS

*Critical success factors*



# BUILDING THE GOVERNANCE STRUCTURE

- **Promote inclusion, transparency, and engagement needed to sustain trust and foster key stakeholder collaboration**
- **Provide principles and framework that can be used to guide the efforts of a community**
- **Establish a corporate structure**
- **Create governing board and governing process**

# GREATER TULSA HEALTH ACCESS NETWORK GOVERNANCE STRUCTURE



In creating its governance structure, the Tulsa Beacon Community found that putting a culture of collaboration first has been its bedrock.

Community members first convened to create a charter that committed all signees to participation in the planning process. Participants met to review materials and were brought up to speed on the HIE agenda. This ensured that each participant from various committees had an understanding of the Beacon Community goals and had the opportunity to provide input as part of the team.

Partitioning the work into subcommittees allowed groups to simultaneously do a majority of the heavy lifting and research to advise the full body on recommended actions. These subgroups included finance, human resources, communications, clinical and quality, privacy and security, community engagement, technology, and a participant council.

The full body of the board of directors (a more than 19 member board) was composed to provide representation from a diverse group of stakeholders.

# SAN DIEGO GOVERNANCE STRUCTURE USES THIRD PARTY TO MANAGE DATA EXCHANGE

In San Diego, where several large hospital systems compete for market share, the San Diego Beacon Community ultimately transitioned to an independent, nonprofit entity, the San Diego Regional Healthcare Information Exchange. This enables data sharing across competitive boundaries and with independent health care providers.

The new organization has successfully partnered with major players in the area, including Sharp Healthcare, Scripps Health, Kaiser Permanente, Children's Primary Care Medical Group, the Veterans Administration, the University of California, and 13 of the 16 regional community clinics, according to Executive Director Dan Chavez.

# **BUILDING THE LEGAL FRAMEWORK FOR SHARING PROTECTED HEALTH INFORMATION**

- **Work collaboratively with key stakeholders' legal teams**
- **Understand state and federal laws and regulations**
- **Engage the right experts**
- **Deliver ongoing privacy and security training for exchange users**



# FEDERAL & STATE

## LEGAL and REGULATORY CONTEXT FOR HIE

GOAL	FEDERAL AND STATE LAWS	CORE LEGAL AND POLICY TOPICS	KEY POLICIES AND AGREEMENTS
Establish a legal and policy framework that enables the electronic exchange of health information while protecting patients' privacy.	HIPAA and Federal Privacy and Security Laws	Security and Privacy Mechanisms	Consent Policy and Patient Consents
	State Healthcare & HIE Regulations		Security Policy
	HITECH		Authorization and Access Policy
	Consent & Liability Laws	Participation, Oversight, and Accountability Mechanisms	Participation and Data Use Agreements
	State Contract Law		Auditing and Accountability Policy
	Other State and Federal Laws		Insurance

# BEACON EXAMPLE: GREATER NEW ORLEANS HIE POLICIES AND PROCEDURES



## **Patient Consent Model and Policy**

- **Opt-in model of patient consent** – consent required prior to any information sharing. One patient consent form applies to all participating organizations.

## **Additional Operational Policies and Procedures**

- Access control policy
- Breach notification policy
- Data use, retention and disclosure policy
- Grievance policy
- Sensitive data policy

# BEACON EXAMPLE: WESTERN NEW YORK COMMUNITY AUTHENTICATION REQUIREMENTS



In Western New York, some hospitals required two-factor identification and, as a result, authentication became one of the primary challenges for HEALTHeLINK, the regional HIE. Authentication is, simply, a way for an organization to confirm identification before allowing access to an electronic system. The traditional method for authentication is a password associated with a user name. Two-factor authentication means that a user must also present some other proof, such as a biometric fingerprint or token.

In Western New York, several hospitals had a local policy that required two-factor authentication for anyone accessing data in the electronic health system. HEALTHeLINK, as a result, had to require two-factor authentication for anyone accessing the patient data. While more secure, this also became a burden for users who had to provide both factors of identification each time they wanted to view a patient's information. HEALTHeLINK ultimately transitioned to 12-hour authentication, thus mitigating the need for users to re-enter their credentials during the newly extended authentication time period.

# BEACON EXAMPLE: BANGOR COMMUNITY & MAINE'S LAWS ON BEHAVIORAL HEALTH DATA SHARING



- Maine law allows important mental health-related data to be exchanged without patient written consent, giving patients opt-out rights.
- Same law required HealthInfoNet HIE to exclude protected information, including all diagnosis and procedure codes associated with behavioral health services.
- This law limited the value of behavioral health providers to connect with the exchange.
- In 2011, the Maine state government addressed this barrier by amending state law, giving patients the choice to opt in to the exchange so that the primary care physician could receive behavioral health data through HealthInfoNet.
- Since then, HealthInfoNet has been actively campaigning to encourage consumers to sign their consent forms if they choose to do so.

# BUILDING A FINANCING PLAN

- **Estimate the true costs of startup and ongoing operations**
- **Identify revenue opportunities**
- **Work with key stakeholders to develop a self-sustaining financial model**
- **Prove value/success to stakeholders on a regular basis**

# SUSTAINABILITY CHALLENGES

- **Misalignment of financial incentives among key stakeholders**
- **Misalignment of HIE costs versus revenue**
- **Overreliance on limited (or single) service offerings or funding sources**



# STRATEGIES FOR GENERATING REVENUE

- **Grants**
- **Periodic or Service-Based Subscription Fees**
- **Transaction-Based Fees**
- **Utility Model**
- **Shared Revenue Model**

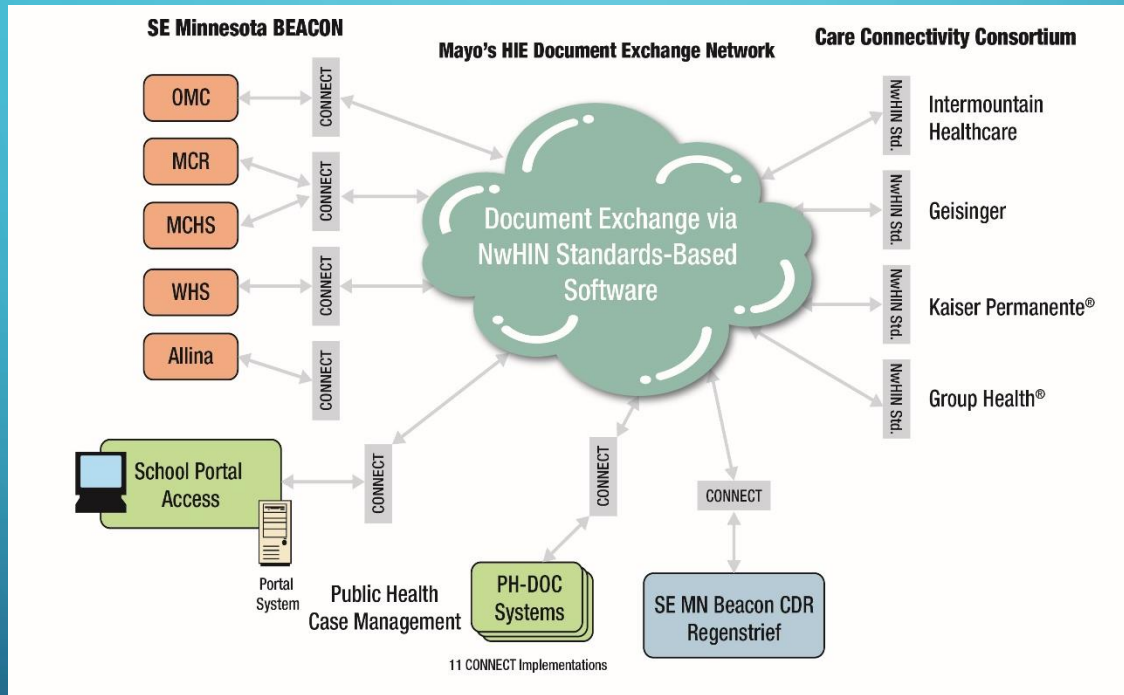
Three payers fund the **Western New York Beacon Community HIE** services on behalf of the community and charge back through premiums or rates. These payers make up 70% of the commercial market in Western New York. Patients and providers who are not part of their networks benefit from Western New York HIE services without paying for them, as are other payers in the community. Western New York is attempting to address this issue of “free riders” by exploring options for other payers in the community to also share the financial burden and by trying to identify other sources of revenue such as using current and expanded service offerings to sell within and outside of the Western New York region.



# DEFINING THE TECHNOLOGY PATH FOR YOUR HIE

- **Gain key stakeholder buy-in around selection and procurement processes**
- **Assess technology options as a community**
- **Navigate challenges around standards and interoperability**
- **Build on available infrastructure where possible to avoid duplication and reduce cost**

# HOW THE SOUTHEAST MN BEACON COMMUNITY CREATED HIE CAPABILITIES



# PROVING PROGRAM VALUE & SUCCESS:

## *Measure, Monitor, Evaluate, Report*

- **Define metrics & measures for success with key stakeholders *during the planning phase***
- **Pursue a balance of operational measures and clinical process and outcome measures**
- **Make sure technology choices will support those metrics and measures**
- **Provide regular data reports**

# BEACON EXAMPLE: DEMONSTRATING HIE VALUE TO PAYERS

## *CRESCENT CITY BEACON COMMUNITY*

- Highlighting improved care coordination and reduction in avoidable hospitalizations and readmissions
  - Calculating this value in the form of per member per month (PMPM) savings
- Explored several ways to establish data points given incomplete information about costs available for patients' use of services and difficulties isolating the effect of data exchange on outcomes over a relatively short period of time
- Set up necessary data capturing, gathering, and analysis infrastructure for the future

# EXAMPLE: KEYSTONE BEACON COMMUNITY HIE INCLUDES SNF & HOME HEALTH PATIENT DATA



Focus: Information sharing among nursing homes and home health agencies.

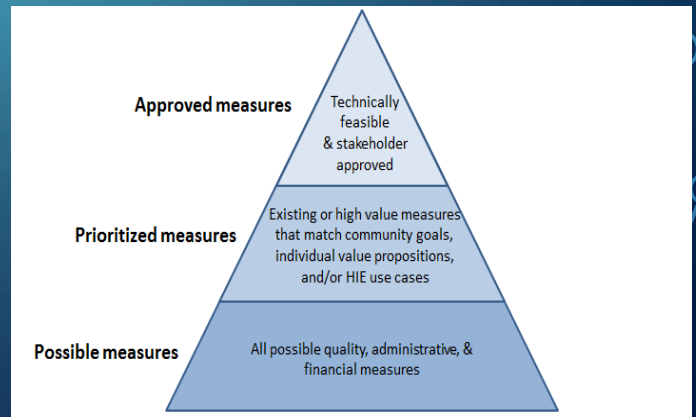
Challenge: Entities lacked an EHR or their EHR wasn't easily connected to a standard exchange.

Opportunity: CMS reporting requirements. Skilled nursing facilities are required to submit standardized electronic patient assessment information to CMS, known as the minimum data set (MDS), while home health agencies must submit information called the Outcome and Assessment Information Set (OASIS).

Solution: Keystone developed a new tool, KeyHIE Transform, that (with consent) automatically extracts MDS and OASIS information from patient records and transforms it into a standard format consumable by HIEs.

# PRIORITIZING AND APPROVING COMMUNITY EVALUATION MEASURES

- **Considerations for Key Stakeholder Collaborations:**
  - Stakeholder HIE value propositions
  - HIE use cases and how information will drive clinical transformation
  - How goals are aligned with the community's goals
  - Existing measures and measurement activities planned or in progress.





# COMMON GAPS IN MEASUREMENT ACTIVITIES

Gap	Characteristics to Measure
<b>Trust</b>	<ul style="list-style-type: none"><li>• Adoption of policies, procedures, and other mechanisms that help ensure trusted exchange</li><li>• Perceptions of trust among key participants</li></ul>
<b>Interoperability</b>	<ul style="list-style-type: none"><li>• Track HIE activity across a variety of domains</li><li>• Track gaps in exchange of health information</li></ul>
<b>Cost and Complexity</b>	<ul style="list-style-type: none"><li>• Costs associated with exchange</li><li>• Provider perceptions regarding costs and complexity of HIE as barriers</li><li>• Conditions that could lead to high cost and/or complexity of HIE</li></ul>



# EXAMPLE: TULSA BEACON MEASURES HIE USE



- Taken initial steps to evaluate the effect HIE has on different indicators
- Usage measures Tulsa is focused on include:
  - How many people (e.g., patients, physicians, and administrators) are logging in?
  - How many accounts are active?
  - How often are they logging in?
  - How many patient records are being accessed?
- Regular monitoring of usage patterns is also vital to Tulsa's evaluation process

# LOOKING AHEAD

## Possible impact to HIE infrastructures in the short- and long-term

- Open-source software → flexibility to develop needed customizations.
- Shared services models → drive down costs
- Shifting central data repositories from local environments to the cloud → accommodate growing data set

# BEACON PROGRAM LEARNING RESOURCES


## Learning Guides


## Executive Summaries

## Issue Briefs

## Videos

[www.healthit.gov](http://www.healthit.gov)

A Project of the Hawai'i Island  
Beacon Community

Beacon Community Program  
Award of The Office of the National Coordinator for  
Health Information Technology

**A Learning Guide describes a promising IT-enabled intervention that can be deployed in a community to accelerate health care transformation.**

# **6 BEACON LEARNING GUIDES**

- 1. Improving Hospital Transitions & Care Coordination  
Using ADT Alerts**
- 2. Strengthening Care Management with Health IT**
- 3. Capturing High Quality EHR Data  
to Support Performance Improvement**
- 4. Enabling HIE to Support Community Goals**
- 5. Driving Clinical Transformation in a Practice Setting  
with Health IT**
- 6. Building Technology Capabilities for  
Population Health Measurement  
at the Community Level**

***THANK YOU!***