

**MU** *Meaningful Use*

INDIAN HEALTH SERVICE  
Improving the Quality of and Access to Care



## Preparing for Meaningful Use Data Sharing

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- Patient Merge Application
- Master Patient Index (MPI)
- Health Information Exchange (HIE)
  - Overview
  - Schedule
  - Related requirements
- HIE role in the National HealthWay network
- IHS HIE Website
- Policy Requirements

- Patient Merge (PM) is an RPMS package
  - Version 1 Patch 2 as of 09-04-12
  - This package Merges 2 Patient Files into 1 file
- Using PM is the first step for a smoother MPI and HIE implementation:
  - Reduce patient look up time for Providers and increase patient care efficiency by consolidating patient health information files

- PM searches for potential duplicates by matching:
  - Name
  - Social Security Number
  - Sex
  - Mother's Maiden Name
  - Date of Birth and or Date of Death
  - Tribe
- PM will calculate duplicate percentages based on this information.

- Routinely work PM to reduce the duplicates within your data base, the MPI and HIE
- Highly recommend to run Search reports weekly or bi-weekly – determined by the size of your facility:
  - **Search** report is a listing of potential duplicate pairs. The menu option is **S1**:
    - Select the **SRCH** key to begin the search process
    - You will be asked questions during this step
    - Use the **NEW** Search each time you run this report

- The report will list **new** potential duplicates since the last search was completed
- To print the report use **PRNT** key, in option **S1**
- Advisable to run the report again after the duplicates have been review and processed.
  - This is to check if one patient file may have more than two duplicates. There have been cases of three duplicates to one patient.

- Second report to run is the Tally STATUS and MERGE STATUS. This is a summary of how many records are verified, not verified and unverified potential duplicates and total number of merged records and ready to be merged:
  - Located in the **PMR** option
  - Select and click on **TSM** key
  - This will provide summary of total numbers for review.



# View of the Report for Status

## TALLY OF DUPLICATE RECORDS' STATUS/MERGE STATUS FIELDS

FILE: VA PATIENT

Total Number of Duplicate Records for File VA PATIENT: **1151**

STATUS field: VERIFIED, NOT A DUPLICATE	153
POTENTIAL DUPLICATE, UNVERIFIED	1
REQUIRES RESOLUTION	0
VERIFIED DUPLICATE	997
VERIFICATION IN PROCESS	0

MERGE STATUS field: NOT READY	0
READY	0
MERGED	997
<b>IN PROGRESS</b>	<b>0</b>

**NOTE: If** you find a number in the Merge Status field “In Progress”. The error should be checked in option **S3**:

- Select key **CMP** for Check Merge Progress Status and review for reason.

Lastly, ensure a Policy and Procedure is in place at your service unit, tribal, or urban site:

- Who's responsible for each function
- Who is going to provide training – **no** unmerge
- How your process should be done
- When reports are to be ran

These steps support reducing duplication of patient records for efficient look up by staff that will be using the MPI and HIE.

# Questions

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- Meaningful Use Stage 2 – Performance Measures
- Master Patient Index (MPI)
- Health Information Exchange (HIE)
  - Overview
  - Schedule
  - Related Dependencies
- HIE role in the National HealthWay network
- IHS HIE Website
- HIE Policies

- **Clinical Summary**
  - **Objective**
    - Provide clinical summaries for patients for each office visit.
  - **Measure**
    - Clinical summaries provided to patients or patient-authorized representatives within one business day for more than 50 percent of office visits.
  - **Exclusion**
    - Any EP who has no office visits during the EHR reporting period.

- **Transition of Care**
- **Objective**
  - The EP, eligible hospital or CAH that ***transitions their patient to another setting of care*** or provider of care or refers their patient to another provider of care should provide summary care record for each transition of care or referral.
- **Measure 1:**
  - The EP, eligible hospital or CAH ***that transitions or refers their patient to another setting of care*** or provider of care provides a summary of care record for more than 50 percent of transitions of care and referrals.
- **Measure 2:**
  - The EP, eligible hospital or CAH that ***transitions or refers their patient to another setting of care or provider of care provides a summary of care record*** for more than 10 percent of such transitions and referrals either (a) electronically transmitted using CEHRT to a recipient or (b) where the recipient receives the summary of care record via exchange facilitated by an organization that is a NwHIN Exchange participant or in a manner that is consistent with the governance mechanism ONC establishes for the nationwide health information network.

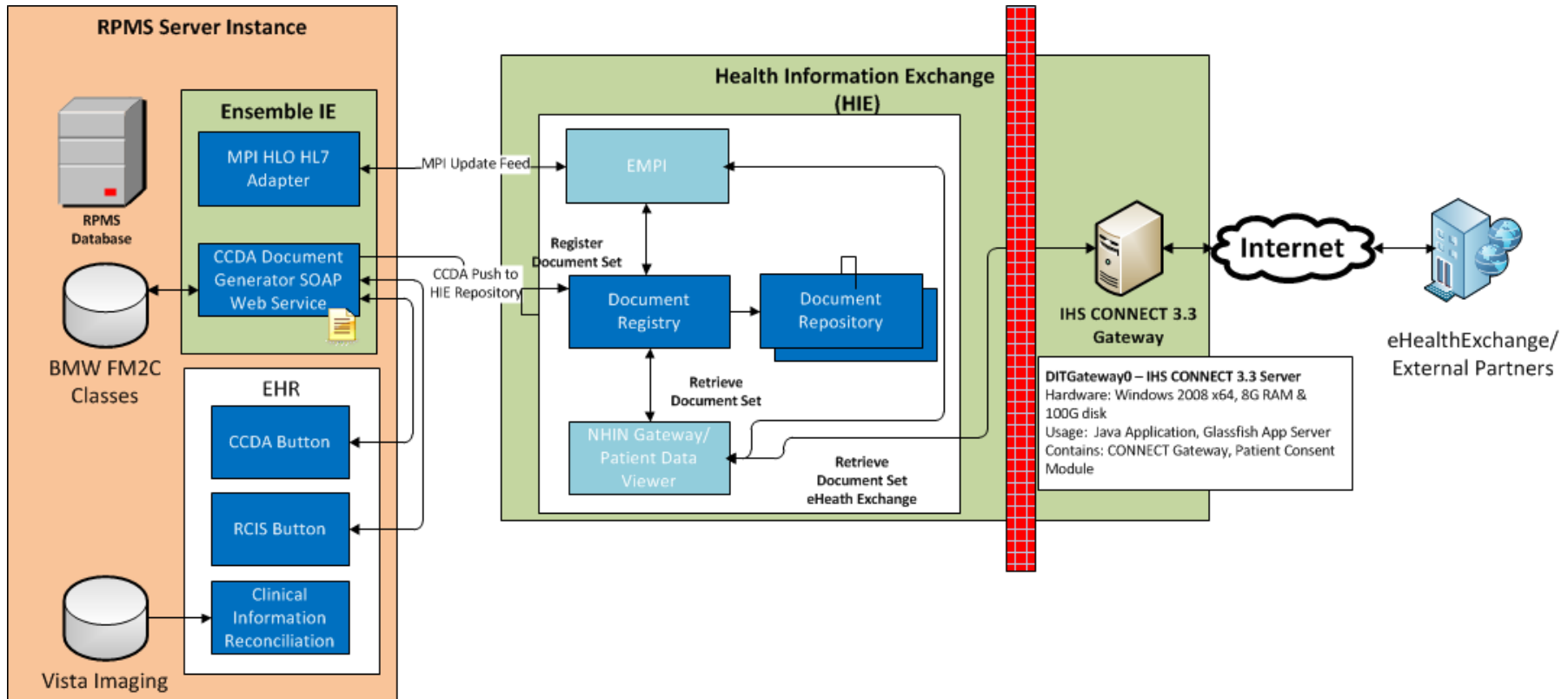
- **Transition of Care (Continued)**
- **Measure 3:**
  - The EP, eligible hospital or CAH must satisfy one of the two following criteria:
    - **Conducts one or more successful electronic exchanges of a summary of care document**, which is counted in "measure 2" (for EPs the measure at §495.6(j)(14)(ii)(B), for eligible hospitals and CAHs the measure at §495.6(l)(11)(ii)(B)) with a recipient who has EHR technology that was designed by a different EHR technology developer than the sender's EHR technology certified to 45 CFR 170.314(b)(2); or
    - **Conducts one or more successful tests with the CMS designated test EHR during the EHR reporting period.**
- **Exclusion:**
  - An EP who neither transfers a patient to another setting nor refers a patient to another provider during the EHR reporting period.

- MPI Onboarding
  - What does this mean?
  - 3 Federal Sites Remaining
- Purpose of the MPI
  - Relationship of MPI to Patient Merge
- MPI as an Indirect Requirement for meeting Meaningful Use Stage 2



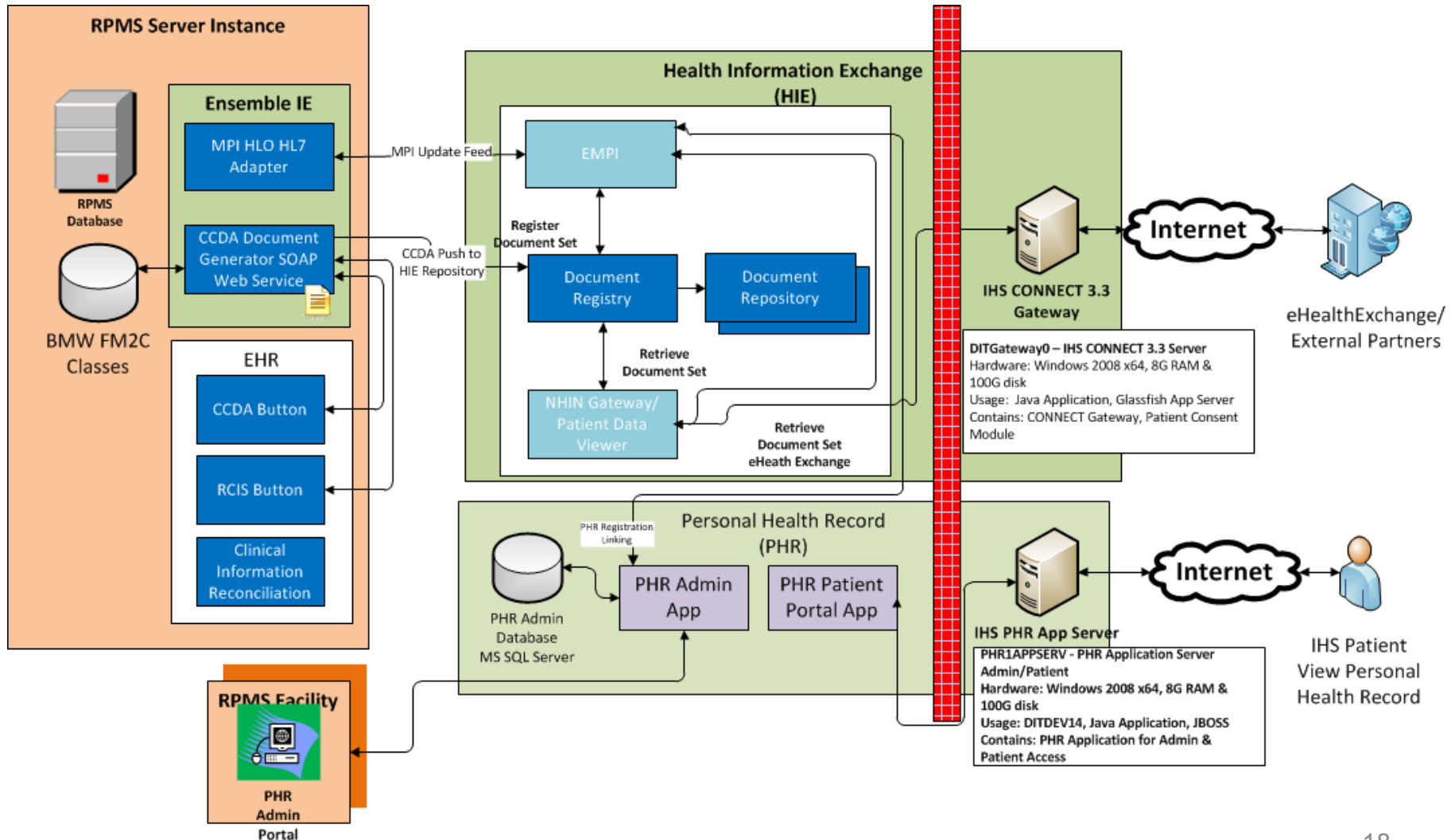
# HIE Overview

## MPI, HIE DocViewer and CCDA



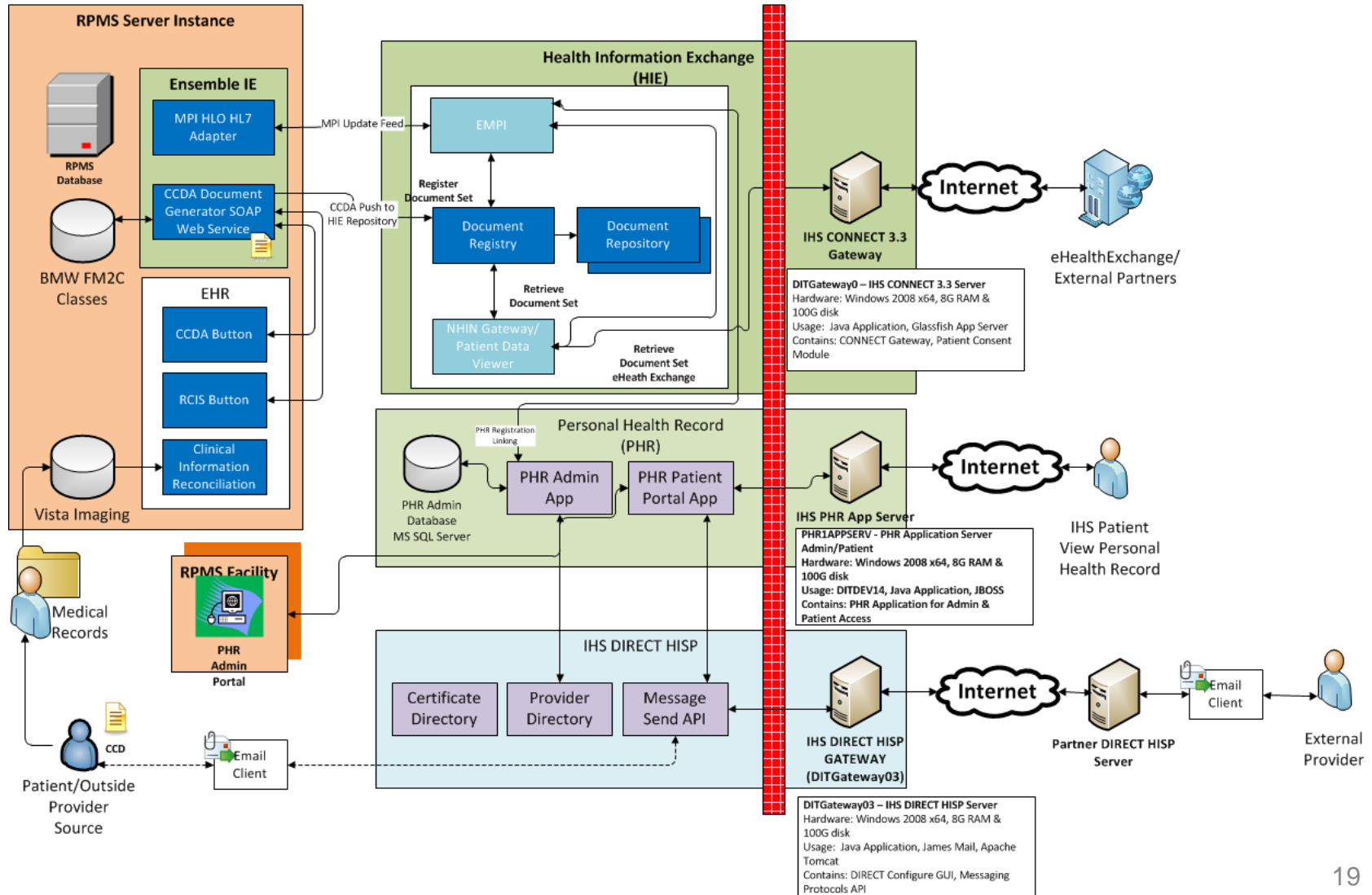
# HIE Overview

## Personal Health Record



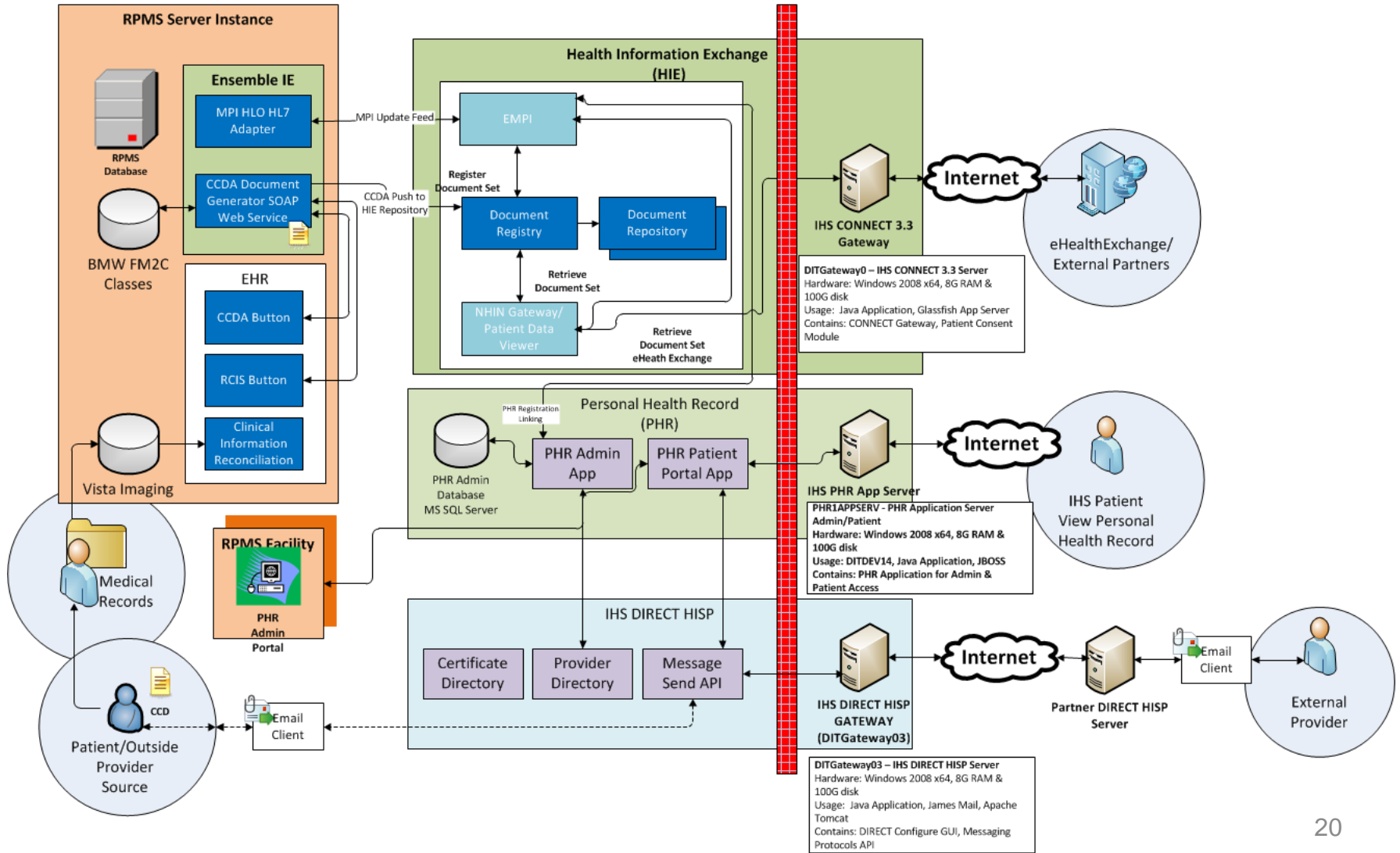
# HIE Overview

## Direct Messaging



# HIE Overview

## User Focus



- CCDA – Consolidated Clinical Document Architecture
- MPI Onboarding
- PHR and Direct

## Schedule for MU2 (Continued)

- CCDA – Consolidated Clinical Document Architecture
  - Development being finalized
  - Certification Testing Schedule as early as September 2013
  - Rollout begins FY2014

## Schedule for MU2 (Continued)

- MPI Release and Onboarding
  - MPI has been released as a Patient Registration patch (AG 7.2 p2)
    - 3 Federal Sites remain to onboard
    - Tribal and Urban Sites
      - Plan is to begin onboarding after policies are finalized
      - Method of access determined (D1 domain)

## Schedule for MU2 (Continued)

- PHR and Direct
  - Development being finalized
  - Certification Testing Schedule as early as September 2013
  - Rollout begins FY2014



- Interrelated Dependences
  - MPI dependent on Patient Registration and Ensemble 2012.3
  - CCDA dependent on EHR p 13 and Ensemble 2012.3 and MPI
  - PHR Dependent on CCDA and MPI
  - Direct Dependent on CCDA and PHR

- HealtheWay
  - Organizational Responsibility
- eHealth Exchange
  - Connect Gateway for external data exchange across the NwHIN (Nationwide Health Information Network)
- Consumer Preferences
  - Opt In vs. Opt Out
  - Patient handouts
  - User Checklists

- Website
  - <http://www.ihs.gov/hie>
- ListServ
  - <http://www.ihs.gov/listserv/index.cfm>
    - Select **Health Information Exchange** to sign up
  - This LISTSERV list is for communication regarding implementation status, issues, and concerns for the HIE, C32, and MPI.

# Questions

James Garcia, PMP

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- Master Patient Index (MPI) User Policy
- Policy for Access to the Health Information Exchange
- Policy for Access to the eHealth Exchange Connect Gateway
- Policy for Processing Patient Access to their Personal Health Record

# Master Patient Index Policy

- **Purpose:** To establish a **unique ID** for each patient that utilizes the Indian Health Service (IHS) Health Information Exchange. This unique ID will be used to identify patients throughout IHS and participating Tribal/Urban health programs and is **required** for the IHS Health Information Exchange (**HIE**). The HIE will enable communication and sharing of health information within IHS and with external providers.
- **Policy:** All IHS facilities are **required** to **train** specific staff in the use of the MPI application **prior** to using the software. Staff responsible for **linking duplicate patient records** shall have a thorough understanding prior to using the MPI application.

- Procedure:
  - MPI application used to **identify, verify and link** potential duplicates patient records using patient demographic data
  - Recommended that Health Information Management (**HIM**) and **Patient Registration** staff be **trained**
    - Sites need to **understand the criticality** of completing training and **development** of specific **procedures** to ensure accuracy in identifying, verifying, and linking electronic data
  - HIM Supervisor is the custodian of patient records, it is highly recommended that HIM Supervisors be accountable for MPI processes within IHS facilities.

- HIE Definition: The Indian Health Service (IHS) **HIE** is an application that provides a **service** to collect and store **patient health summary** information in the form of a Continuity of Care Document (CCD). The HIE provides user access to summary medical record information from **multiple** Indian health **facilities** utilizing RPMS databases from across the country.



- HIE Application: The HIE Consumer Preferences provides IHS users with a mechanism to update individual patient preference specifying “opt-in” or “opt-out” of having their data shared over the “Exchange”.
- **HIE service allows** access to the “**Exchange**”. The HIE and “Exchange” will **enable** health **information** to **follow** the **patient**, be available for **clinical decision making**, and support appropriate **use** of healthcare information to **improve population health**.

- Policy: It is IHS policy that authorized **users** of the HIE follow **procedures** for protected health information (**PHI**).
  - IHS facilities are **required** to **upload** their patient **CCD** information
  - **Tribal** and **urban** facilities **participate** understanding that **all patients** will be **included** HIE database
  - HIE users **assist** patients to “**opt-in**” or “opt-out” of data sharing over the “Exchange” via the Patient Consent module. By **default** patients **are not** in the “Exchange”
  - **IHS** patients must **sign** the **IHS-810** form, Authorization for Use or Disclosure of Protected Health Information.

## Procedures:

- **Complete** the Information Technology Access Control (ITAC) access request
- Provide orientation and **training**
- Comply with the Indian Health Service **DURSA**
- Require an Interconnection **Service Agreement**, HIE **End-User Agreement** and a Business Associate Agreement (**BAA**) be in place for Tribal and Urban sites.
- Report all inappropriate or suspicious activity using the Incident Response Team procedures.

# What is the DURSA?

“The **Data Use and Reciprocal Support Agreement** is the legal, multi-party trust **agreement** that is entered into voluntarily by all **entities**, organizations and Federal agencies that desire **to engage** in electronic **health information exchange** with each other using an **agreed** upon set of national **standards, services and policies** developed in coordination with the Office of the National Coordinator for Health IT (ONC),” U.S. Department of Health and Human Services.

For more information: <http://www.nationalehealth.org/dursa>

# What is the DURSA?

The DURSA is based upon

- Existing Federal, state, and local **laws** applicable to the **privacy** and **security** of health information
- Current policy framework for health information exchange.

The DURSA is intended to be a legally enforceable contract that represents a framework for broad-based information exchange among a set of trusted entities.

**Indian Health Service** has a **signed DURSA** with the national eHealth **Exchange**.

# Policy for Access to the eHealth Exchange Connect Gateway

**Background:** The Nationwide Health Information Network, now the eHealth **Exchange**, advances health information exchange **between federal** agencies and **non-federal** entities to **support** quality and efficient health care, required by Executive Order 13410:

“Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs”.

**IHS HIE will interface** with the **Exchange** which includes the MPI and Patient Consumer Preferences for consent.

# Policy for Access to the eHealth Exchange Connect Gateway

- Purpose: To establish a **policy** on the process for **Tribal** health programs and **Urban** Indian organizations to **participate** in accessing and sharing data over the eHealth **Exchange** Connect Gateway.
- Policy: Authorized users of the Exchange must **follow procedures** for protected health information (**PHI**). Data in the HIE database can be queried and shared with authorized users.

## Procedures:

- Complete the Information Technology Access Control (ITAC) access request
- Provide orientation and training prior to use
- Required to have an Interconnection Service Agreement, HIE End-User Agreement and BAA
- Report inappropriate or suspicious activity to the Incident Response Team (IRT)
- Sign a participant agreement



## Procedures:

- Under the DURSA, signed by the Indian Health Service (IHS), each Participant executes a valid and enforceable agreement with each of its Participant Users in order to access the eHealth Exchange “Exchange” Connect Gateway.
- **Requirements for Participant Users:**
  - Comply with all applicable Federal and state laws;

## Requirements for Participant Users con't:

- Comply with all applicable provisions of the DURSA
- Submit a Message through the “Exchange” only for Permitted Purposes
- Use Message Content received through the “Exchange” in accordance with the terms and conditions of the DURSA
- As soon as reasonably practicable after determining that a breach occurred, report such breach to the Participant
- Refrain from disclosing to any other person any passwords or other security measures issued to the Participant User by the Participant.

## Patient Electronic Access

- **Objective:** Provide patients the ability to view online, download, and transmit information about a hospital admission.
- **Measure:** More than 50 percent of all unique patients discharged from the inpatient or emergency departments of the eligible hospital or CAH (POS 21 or 23) during the EHR reporting period have their information available online within 36 hours of discharge.
- More than 5 percent of all unique patients (or their authorized representatives) who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH view, download or transmit to a third party their information during the EHR reporting period.
- **Exclusion:** Any eligible hospital or CAH that is located in a county that does not have 50 percent or more of its housing units with 3Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period is excluded from the second measure.

## IHS Personal Health Record (PHR):

- A secure web-based application for patients to interact with their healthcare information and providers
- The IHS PHR is accessible to any patient who receives care at facility that utilizes Resource and Patient Management System (RPMS)
- IHS PHR registration process will be initiated at the patient's request.

POLICY: It is IHS policy that authorized users, (PHR registrars and Administrators) follow **procedures for validation of patient identity** and to grant or revoke access to their protected health information (PHI) through the use of the PHR web-based application.

## PROCEDURES for authorized users:

- Only individuals who are authorized to administer access to the PHR application or to register patients may use the IHS PHR Administration application
- **Access** is granted by completing the Information Technology Access Control (**ITAC**) access request
- PHR users **access** is based on **level** of Administrator or Registrar **responsibilities**:
  - The National PHR Administrator privileges include to approve, deny, and update Administrator accounts.

## PROCEDURES for authorized users continued:

- Designate Area PHR Administrator for privileges to approve, deny, and update Area, Service Unit and Facility level administrator accounts
- Each facility Chief Executive Officer will designate a PHR Administrator who will be granted local facility level Administrator privileges to approve, deny, and update local administrator accounts.

PROCEDURES for authorized users continued:

- Facility level PHR Registrars identified will be assigned PHR privileges to perform registration. It is highly recommended that Registrars be identified from the Health Information Management or Patient Registration Department due to their familiarity with release of information and patient interaction.
- The PHR Registrar will perform the following key functions:
  - Work directly with patients in their request for a PHR account and registration process



## PROCEDURES for authorized users continued:

- Provide the patient with a copy of the Notice of Privacy Practices (NPP), as amended, which includes the PHR
- Update the patient's PHR access status field in the RPMS Patient Registration module. This is an important step that ensures meaningful use performance measures are met
- Verify identity of patients
- Link and unlink the patient PHR account to their medical records
- Create reports as requested by the Service Unit/Facility managers or supervisor.

# Policy for Processing Patient Access to their Personal Health Record

## Procedures for all users:

- All inappropriate or suspicious activity, such as incorrect linked accounts (breaches), will be reported using the IRT procedures
- Additionally, the Area and/or local Privacy Officer shall be advised of the incident and included in the investigation, response and any subsequent notification that is required by law
- Facilities are strongly encouraged to work with their Area HIM Consultants to develop specific procedures to ensure the accurate linking of patient records and support the role and responsibility of PHR Administrators and Registrars.

Thank you!

Enjoy the rest of the conference!

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