Giving the Fax the Axe:
How adopting Direct messaging can improve patient care and help you streamline your referral and transitions of care processes.

June 1, 2017 & June 12, 2017

Agenda

• Introduction: What is Direct Messaging and why is it important?
• What’s possible with Direct?
• A challenge to NM’s healthcare community
• What’s required to maximize Medicare and Medicaid payments?
• Helpful resources to get you started
Our Presenters

- **Michele Bowdich**, Director of Outreach & Communications, LCF Research/NMHIC
- **Thomas East, PhD**, CEO/CIO, LCF Research/NMHIC
- **Erin Aklestad**, Account Manager, Alaska eHealth Network (AeHN)
- **Ryan Harmon, MHA**, Project Manager, *HealthInsight* New Mexico, New Mexico’s QIO, Albuquerque, NM
- **Benjamin Rogers**, Program Manager, NM Medicaid EHR Incentive Program, Santa Fe, NM
- **April Salisbury, MBAHC**, Director of Education and Training, LCF Research/NMHIC
- **Valorie Vigil**, Staff Manager, NM Medicaid EHR Incentive Program, Santa Fe, NM
- **Timothy Washburn, RN, BSN, MBAHM**, Senior Director of Outreach Systems, Memorial Medical Center, Las Cruces, NM

What is Direct Messaging and why is it important?

– Thomas East, PhD

- Direct is type of e-mail with encryption, tracking, **and a national, transparent security and trust framework** provided by the DirectTrust. DirectTrust members include over 94,000 health care organizations and 1,428,032 Direct addresses.
- ONC has designated DirectTrust direct messaging as the tool for secure e-mail in healthcare. Use of direct messaging “counts” towards Meaningful Use.
- To be a “certified EHR” it must be capable of Direct secure messaging. So you probably already have it in your EHR.
- Direct is a simple inexpensive communications tool that supports care coordination, efficiency and can improve patient outcomes.
Orion Health Communicate® is Orion’s direct secure messaging software.

Orion Health Communicate® is a member of DirectTrust.

You can send a message to anyone whose Health Information Service Provider (HISP) is a member of DirectTrust if you have their address.

How can NMHIC help you?

NMHIC will be happy to work with you to identify key workflows for referrals and care transitions.

If there are people/organizations in the workflow who do not have Direct messaging we can provide a web based mailbox for a low price.

This will allow you to use Direct for your high volume referrals and care transitions and you will be able to “count” them towards meaningful use.

We can enable the use of Direct messaging for settings that do not have an EHR (i.e. back office, alternative medicine, social support services, etc.)
Behavioral Health

• **Our recommendation:** Start with clinical portal access to see the rest of patient’s medical care, notifications for emergency department and inpatient admissions and Direct secure messaging for exchange of information directly with primary care, hospital or other specialist. *Great success has been seen in many settings across the US.*

Behavioral Health

• Maine HIE did a pilot project giving behavioral health portal access, notifications and direct secure messaging.
• During the testing period they saw a 35% drop in ED utilization for this population of patients and over $6 million in savings.

• **NMHIC can offer these tools today!**
Real World Examples from New Mexico and Alaska

Alaska eHealth Network (AeHN)

Direct Usage Statistics
>4,000 users
>60,000 messages monthly
>100 shared mailboxes

Use Cases:
• Provider to Provider – referrals, CCDs, and care plans
• Social Services to Medicaid
• Billing to Clinical
• HIM to HIM
Lessons Learned

- Need good Help Desk support for end users
- Contract with DHSS for State agency use
- Shared Mailboxes are a good alternative to ensure responses
- Must keep a statewide directory of other Direct addresses
- Download and monitor all Orion monthly reports to identify active/inactive users and do follow up

Alaska eHealth Network (AeHN)

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What’s possible with Direct?
– Timothy Washburn, RN, BSN, MBAHM

• NM Memorial Medical Center’s outreach to community clinics
• Use Cases in Las Cruces
• How we use Direct, e.g., Shared boxes and clinic vs. provider level access

Some of the Challenges Facing Providers Today

• Lack of knowledge related to capabilities of their own systems
• Ongoing uncertainty related to government expectations and regulations
• Lack of knowledge about external resources
• Lack of a unified vision and process for interoperability
• Absence of the patient voice in contributing to their health record
• Increased reporting and regulatory burden in the presence of ever decreasing reimbursement
What is our role as a group and as individual stakeholders?

Talking about the problem is not enough! Formulating a vision is not enough! We must work together to provide sustainable solutions to the real problems around technology and communication faced by providers and healthcare organizations!

• Improve collaboration and increase participation of key stakeholders throughout the state
• Incorporate the patient voice and patient input into our processes and the health care culture
• Create and share resources
• Improve use of tools, such as Health Information Exchanges, that allow for provider access to patient information from various healthcare organizations

Potential Solutions

Improve the consistency and quality of communication by creating shared standards in terms of how communication between providers occurs, when important information is communicated and what is communicated.

• I believe ensuring consistent communication is the responsibility of all providers and health systems
• Inconsistent, delayed and incomplete or excessive communication processes not only create a very inefficient process for all, but can actually negatively impact the health of individuals and the community as a whole
A Challenge for New Mexico’s Healthcare Community

Create a unified, shared vision around how technology will be utilized within New Mexico to improve communication and collaboration between stakeholders

- Though each organization has an obligation to ensure its own survival, working together to create standards around technology use and communication is really in the best interest of all.
- This vision will require input and effort from all – providers, community agencies, hospitals, Nursing Homes, Case management, Home Health Agencies and patients.

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The New Mexico Medicaid EHR Incentive Program 2017 Requirements – Benjamin Rogers and Valorie Vigil

NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

EHR Incentive Program

• The New Mexico Medicaid EHR Incentive Program will tentatively open for Program Year (PY) 2017 attestations in early 2018.
• PY 2017 Attestations are based on encounters from Calendar Year 2017, so ACT NOW!!
• For PY 2017, Eligible Professionals (EPs) may either attest to Stage 2 or Stage 3 of Meaningful Use of Certified Electronic Health Records Technology (CEHRT).
• To be eligible for Stage 3, EPs must have CEHRT that is certified to the 2015 edition.
• Both stages contain objectives related to communicating medical information provider-to-provider or providers-to-patient, including Health Information Exchange (HIE)
NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

HIE Objective

**HIE**: Requires EPs who transition or refer patients to other providers 100 or more times within a 90-day period to use CEHRT to create summary of care records, and to electronically transmit such records to receiving providers.

- Transitions of care for electronic exchange are defined as occurring when the referring EP is under a different billing identity with the EHR incentive program than is the receiving EP.
- Summary of care records must include patient data such as: the current problem list, current medication list and current medication allergy list.
- EPs may use third parties to send summary of care records.
- EPs may use Direct Secure Messaging to meet this measure(s).
- EPs who transfer or refer patients to other providers fewer than 100 times during the 90-day period chosen are excluded from meeting the measure.
- Click [here](#) for more from the Center for Medicare & Medicaid Services (CMS) on HIE.
- Click [here](#) for information on Step 2 requirements and [here](#) for information on Step 3 requirements.

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NM Medicaid EHR Incentive Program
Program Year 2017 Requirements

- **Stage 2 HIE Objective**
  - EP must report on one measure
  - **Measure 1**: EP must electronically transmit a summary of care record to a receiving provider for more than 10% of transitions of care and referrals.

- **Stage 3 HIE Objective**
  - EP must meet threshold for two of three measures
  - **Measure 1**: EP must electronically exchange a summary or care record for more than 50% of their transitions of care and referrals to other EPs.
  - **Measure 2**: EP must incorporate a summary of care document into the patient’s EHR for more than 40% of transitions or referrals received and patient encounters in which the EP has not encountered the patient before.
  - **Measure 3**: EP must perform a clinical information reconciliation for more than 80% of transitions or referrals received and patient encounters in which the EP has not encountered the patient before.
Questions or Notices of upcoming webinars, contact:
HSD | MEDICAL ASSISTANCE DIVISION
NM Medicaid EHR Incentive Program

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What’s required to maximize CMS Medicare payments?
– Ryan Harmon
Hospitals in 2015

Percent of New Mexico Hospitals that Electronically Exchanged Patient Summary of Care Records with Outside Health Care Providers: 2015

- Any Providers (U.S. = 76%)
- Hospitals (U.S. = 67%)
- Ambulatory (U.S. = 69%)

67%  53%  57%

Retrieved from: dashboard.healthit.gov

Physicians 2015

Percent of New Mexico Physicians that Electronically Send or Receive Any Patient Health Information with Any Health Care Providers: 2015

Any Providers (U.S. = 48%)

47%

Retrieved from: dashboard.healthit.gov
The Medicare Access and CHIP Reauthorization Act (MACRA)
2017 MIPS Performance

Retrieved from: qpp.cms.gov/measures/quality

Who It Impacts:
MIPS Eligible Clinicians

Years 1 and 2
Physicians, PAs, NPs, Clinical nurse specialists, Certified registered nurse anesthetists

Years 3+
Secretary may broaden Eligible Clinicians group to include others such as
Physical or occupational therapists, Speech-language pathologists, Audiologists, Nurse midwives, Clinical social workers, Clinical psychologists, Dietitians / Nutritional professionals
Advancing Care Information: Summary of Care

For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider (1) creates a summary of care record using certified EHR technology; and (2) electronically exchanges the summary of care record.

Measure ID: ACI_HIE_1
Objective Name: Health Information Exchange
Required for Base Score: Yes
Performance Score Weight: Up to 10%

Retrieved from: qpp.cms.gov/measures/aci

Advancing Care Information: Request/Accept Summary of Care

For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.

Measure ID: ACI_HIE_2
Objective Name: Health Information Exchange
Required for Base Score: Yes
Performance Score Weight: Up to 10%

Retrieved from: qpp.cms.gov/measures/aci
Quality: Closing the Referral Loop

Improvement Activity: Care Coordination
Practice improvements for bilateral exchange of patient information

Ensure that there is bilateral exchange of necessary patient information to guide patient care that could include one or more of the following: Participate in a Health Information Exchange if available; and/or Use structured referral notes.

<table>
<thead>
<tr>
<th>Activity ID</th>
<th>Subcategory Name</th>
<th>Activity Weighting</th>
</tr>
</thead>
<tbody>
<tr>
<td>IA_CC_13</td>
<td>Care Coordination</td>
<td>Medium</td>
</tr>
</tbody>
</table>

Retrieved from: qpp.cms.gov/measures/ia

For More Information

Go to qpp.cms.gov

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Helpful Resources to get you started – Tim Washburn

• Your EMR Vendor – contacts spreadsheet
• Fax vs. Direct educational piece
• Mentors, e.g., Me!

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Senior Director of Outreach Systems
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Helpful Resources to get you started – April Salisbury

• NMHIC’s Provider Directory Project
• Education and Training Resources
• Webinars from NMHIC, HealthInsight New Mexico, and the NM Medicaid EHR Incentive Program
• ONC will post resources following their in-person workshop, ONC Direct Exchange Workshop (Friday, June 9, 2017 in Washington D.C.)
Helpful Resources to get you started – Michelle Bowdich

• NMHIC/Orion Communicate (DSM) Services
• NMHIC Team Available To Assist with Identifying Key Workflows for More Streamlined Referrals and Care Transitions
• Affordable, Stand-alone, Cloud-based
• NMHIC HIE Clinical Portal Users benefit from discounted pricing and single sign-on

Thank you!

Questions or Comments?

NMHIC

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## Comparison of Faxing Versus use of the EMR Direct Secure Messaging Functionality

### Why Bother?

<table>
<thead>
<tr>
<th>Faxing</th>
<th>Direct Secure Messaging (DSM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk of documents being scanned to the wrong chart – effective policy and protocol must be in place to prevent</td>
<td>Risk of documents being uploaded to the wrong chart - effective policy and protocol must be in place to prevent</td>
</tr>
<tr>
<td>Paper - requires manual scanning by the receiver and manual attachment to a patient chart</td>
<td>Inbound – can easily create / update chart from electronic information received</td>
</tr>
<tr>
<td>Electronic – varies by EMR in terms of manual steps required – could be a few or many</td>
<td>Outbound – allows receiver to easily create / update chart from electronic information sent</td>
</tr>
<tr>
<td>Fax Machine can go down, run out of paper, run out of toner, etc. – this may not be known for some time</td>
<td>EMRs can go down – but this is known right away as the EMR is in constant use</td>
</tr>
<tr>
<td>Creates need for process to manage paperwork in HIPAA compliant manner</td>
<td>Maintains all information within the HIPAA compliant EMR</td>
</tr>
<tr>
<td>Can have issues with understanding writing, duplicate record creation and transcription errors due to manual process</td>
<td>Less chance of issues with understanding hand writing, duplicate record creation or having transcription errors as source is senders’ electronic record</td>
</tr>
<tr>
<td>No way to confirm exactly what was sent once paperwork scanned as the paperwork is usually then destroyed</td>
<td>What is sent is uploaded</td>
</tr>
<tr>
<td>Risk of items being sent, but not scanned in paper based system due to completely manual process (i.e., last paper in pile missed or scanned into wrong record)</td>
<td>What is sent is uploaded</td>
</tr>
<tr>
<td>Not all faxes will accept computer generated faxed documents</td>
<td>All certified EMRs must have DSM ability per government requirements</td>
</tr>
<tr>
<td>For paper based, creates need for staff to handle paperwork at least twice for both the receiver and sender</td>
<td>Paperwork is not handled – ever – just several extra mouse clicks</td>
</tr>
<tr>
<td>Can force staff / providers sending paperwork to have to leave their EMR to manually complete process</td>
<td>Done from within the EMR</td>
</tr>
<tr>
<td>No ability to receive standardized TOC electronically and easily update / create patient chart automatically in EMR – increased risk of error and key information being missed by provider / staff</td>
<td>Easily receive standardized TOC electronically and create / update chart with a few clicks – information is always in the same order and format with the TOC</td>
</tr>
<tr>
<td>Confirmation that fax was sent does not equal confirmation that fax was acted on – continually hear from community providers and our own staff that ‘they said they didn’t get the fax’</td>
<td>The DSM messages are stored on the EMR by both sender and receiver for future review if needed</td>
</tr>
<tr>
<td>For many EMRs, no central area for management to see all incoming and outgoing faxes</td>
<td>DSM messages are visible by management in most EMRs though shared inboxes or other filtering methods – EMR dependent</td>
</tr>
</tbody>
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