

Breakout Group: Point of Care

DR. RANDLE ADAIR, APRIL SALISBURY & MONA BENALLY

1. What's most transformative about Point of Care?

- A large number of users versus number of patients
- The time it takes to gather patient information – easier to find information
- Having imaging and reports available to users
- Patient summary

2. What is the one thing you use most frequently?

- Patient records
- Radiology and labs when available
- Demographic information – names, phones, DOB, address
- Emergency contacts



Breakout Group: Point of Care (cont'd)

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3. What is the greatest barrier in using the HIE?

- Providers not sharing their data or lack of data sharing – example: community pharmacies
- Prescription history can be inaccurate and incomplete (claims based/only Medicaid)
- Single sign on – limitations, it will give you the best match
- Patient matching – there can be more than one record on a patient
- External records – not enough data available
- Interoperability issues
- Cost of data sharing and HIE clinical portal subscription

4. How can we better serve Point of Care Users?

- AI summary of a patient chart
- Discharge and admissions summary for coordination of care
- Mobile friendly use/app for users
- Patient portal access that includes app capability and mobile friendly
- Customize data filters (In progress with Orion Health)
- Accessibility of direct to consumer – example: 23 and Me
- Accessibility to DME providers



Breakout Group: Population Health

DR. DAVID LEY, VICTOR MIRAMONTES & RENEE SUSSMAN

- Topics: Risk Assessment and Stratification, Utilization, Cost and Outcome Reporting, HEDIS and BH Quality Measures
- Q&A
 - Are you currently doing any risk stratification for your patients and clients to identify people who need extra outreach and engagement?
 - Alex, CIO Adobe Pop Health, Case Mgt/Risk Stratification: Look in HIE for health history, demographics. Get data from MCOs. Decide when/how often to contact patients.
 - Helen: ABQ HCH: Case management stratifying for care
 - Maggie: DOH: Vaccination rates community/county level, stratify to which areas to target. Public facing DB. Provider could use DB to see who needs vaccination and encourage them to get vaccination.
 - Alice: PHP: Breast cancer screening, risk stratify, use internal models, predictive analytics, orgs on VBP
 - What do you see as the next evolution?
 - AI
 - Access different data bases with EMPI, being able to drill down to patient level, single database



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- What obstacles have you encountered while accessing and using health data in your day-to-day operations?
 - Provider issues: Busy
 - Provider: Focused on patient in front of them, not necessarily those identified as a risk. How to get them in front of a provider? They aren't the ones doing the risk stratification.
 - HIE: Design cohorts, push info to provider.
 - How to leverage data: TOC
 - Opportunity: CCBHC, screening, no wrong door to get BH services. Hard to translate ideas/tech into reality.
- Solutions to getting providers to thinking about data and data people understanding clinical environment.
 - Understanding data and where it is, making sure it's useful, translate into action, closing loop, outcome measures.
- VBP/Pop Health: PHP
 - Connecting more, linking population health levers
 - Internships



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- Challenge: Starting to work together to use, understand data.
- Rural area access: How to continue access to care, assist with transportation
- Early detection
- Outsourcing outreach based on data
- AI being scribes



Breakout Group: Community Insights

DR. CHAD SMELSER, PHILLIP GIBBS & GISELA BARTOLOME

HEM

- Explained use cases, group selected maternal use case, total population and at risk population. Looked up number of active currently pregnant women in the state.
- Combined the data layering on with Diabetes Diagnosis and actively pregnant, then added services available to help this population. Pulled ambulatory health facilities that provide family planning. Added OBYGN filter.

Cybersecurity and Emergency Preparedness

- What happens when your EHR is not available?
 - Panic!!!! Turn to paper!!
- Explained the solution - HIE will back up the data for a data sharing organization when their EHR is down creating an “EHR Lite” and can store data based on organization preference (3 months, 6 months, etc.)
- Question asked by audience – So this can be used when there is a scheduled downtime? Yes
- Question – What is the minimum data set needed from a data sharing organization to enable this solution? During feasibility we will explore the data thresholds
- Question – What is the typical project time.
- With existing data sharing organization implementation could take a matter of weeks.