2023 QI Residency

Health Information Exchange

Prescription Drug Monitoring Program

November 2, 2023 Tamara Stepanek, RN, MSN



Course Objectives:

- Defend resource needs to leadership to improve quality
- Distinguish quality initiatives impacting reimbursement
- Translate population health promotion and continuum of care activities

Tools to build a Health Data Utility

11111

11220

Objective: Defend resource needs to leadership to improve quality

Four Levels of Interoperability (Data Level)

- Foundational (Level 1): Establishes the inter-connectivity requirements needed for one system or application to securely communicate data to and receive data from another
- Structural (Level 2): Defines the format, syntax and organization of data exchange including at the data field level for interpretation
- Semantic (Level 3): Provides for common underlying models and codification of the data including the use of data elements with standardized definitions from publicly available value sets and coding vocabularies, providing shared understanding and meaning to the user
- Organizational (Level 4): Includes governance, policy, social, legal and organizational considerations to facilitate the secure, seamless and timely communication and use of data both within and between organizations, entities and individuals. These components enable shared consent, trust and integrated end-user processes and workflows

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The Foundation



HL7 V3 CCDA

• Continuity of Care Documents

IN2|ID1551001|SSN12345678

IN1 001 A357 1234 BCMD |||| 132987

GT1|1122|1519|BILL^GATES^A

ROL 45^RECORDER^ROLE MASTER LIST AD CP KATE^SMITH^ELLEN 199505011201

PR1 | 2234 | M11 | 111^CODE151 | COMMON PROCEDURES | 198809081123

DG1 | 001 | I9 | 1550 | MAL NEO LIVER, PRIMARY | 19880501103005 | F | |

AL1 2 ACAT DANDER

AL1 | 1 | | ^ PENICILLIN | | PRODUCES HIVES~RASH

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PV2|||^ABDOMINAL PAIN

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3114||S||PATID12345001^2^M10|123456789|9-87654^NC

PID|||583295^^^ADT1||DOE^JANE||19610615|M-||2106-3|123 MAIN STREET^^GREENSBORO^NC^27401-1020|GL|(919)379-1212|(919)271-3434~(919)277-

EVN | 200007010800 | | 200007010800



Four Levels of Interoperability

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CyncHealth

USCDI v3

(U.S. Core Data for Interoperability)

- •Assessment and plan of treatment
- •Care Team members
- •Clinical Notes
- •Goals
- •Health concerns
- Immunizations
- Laboratory
- Medications
- •Patient Demographics
- •Problems
- Procedures
- •Provenance
- •Smoking Status
- •Unique device identifier
- •Vital signs

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Promoting Interoperability Programs

Objective: Distinguish quality initiatives impacting reimbursement

The Promoting Interoperability Programs for hospitals (previously known as the Medicare and Medicaid EHR Incentive Programs) encourage eligible hospitals and CAHs to demonstrate meaningful use of certified EHR technology.

Hospital Interoperability in 2023

1. Report on the measures within the four objectives (categories) and score a minimum of 60 points.

- 1. Electronic Prescribing
- 2. Health Information Exchange
- 3. Provider to Patient Exchange
- 4. Public Health and Clinical Data Exchange

2. Attest (yes/no) to the following 2 measures within the Protect Patient Information objective.

- 1. Security Risk Analysis measure
- 2. Safety Assurance Factors for EHR Resilience (SAFER) Guides measure
- 3. Complete the actions to limit or restrict the compatibility or interoperability of CEHRT attestation.
- 3. Successfully submit 4 eCQMs for 4 quarters of data.
 - 1. 3 self-selected eCQMs and the Safe Use of Opioids eCQM (eOPI-1).

Electronic Prescribing and PDMP Query

Medicare Promoting Interoperability

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2023 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2023.

Objective	Electronic Prescribing
Measure	Query of Prescription Drug Monitoring Program (PDMP) For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using certified electronic health record technology (CEHRT) during the electronic health record (EHR) reporting period, the eligible hospital or CAH uses data from CEHRT to conduct a query of a PDMP for prescription drug history.
Exclusions	 Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II, III, IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period; OR, Any eligible hospital or CAH that could not report on this measure in accordance with applicable law; OR, Any eligible hospital or CAH for which querying a PMDP would impose an excessive workflow or cost burden prior to the start of the EHR reporting period they select in CY 2023.

Definition of Terms

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Prescription: The authorization by an eligible hospital or CAH to a pharmacist to dispense a drug that the pharmacist would not dispense to the patient without such authorization.

Opioids: Opioids listed as Schedule II controlled substances found at 21 CFR 1308.12.

Reporting Requirements

 YES/NO Attestation – The eligible hospital or CAH must attest YES to conducting a query of PDMP for prescription drug history to earn points and fulfill the measure.

Health Information Exchange Measure

Medicare Promoting Interoperability

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE EHR 2023 REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2023.

bjective	Health Information Exchange
Aeasure	 HIE Bi-Directional Exchange: The eligible hospital or CAH must attest to the following: Participating in an HIE in order to enable secure, bi- directional exchange of information to occur for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (Place of Service [] 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy. Participating in an HIE that is capable of exchanging
	 information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners. Using the functions of CEHRT to support bi-directional exchange with an HIE.

Definition of Terms

Active/Current Medication List: A list of medications that a given patient is currently taking.

Active/Current Medication Allergy List: A list of medications to which a given patient has known allergies.

Allergy: An exaggerated immune response or reaction to substances that are generally not harmful.

Care Plan: The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include, at a minimum, the following components: goals, health concerns, assessment, and plan of treatment.

Current Problem Lists: At a minimum a list of current and active diagnoses.

Public Health and Clinical Data Exchange

Medicare Promoting Interoperability

PROGRAM

ELIGIBLE HOSPITALS AND CRITICAL ACCESS HOSPITALS OBJECTIVES AND MEASURES FOR THE 2023 EHR REPORTING PERIOD

The following information is for eligible hospitals and critical access hospitals (CAHs) attesting to CMS for their participation in the Medicare Promoting Interoperability Program in calendar year (CY) 2023.

Objective	Public Health and Clinical Data Exchange
Bonus Measure	Public Health Registry Reporting
	The eligible hospital or CAH is in active engagement with a public health agency (PHA) to submit data to public health registries.

Definition of Terms

Active Engagement: Means that the eligible hospital or CAH is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR), or is sending production data to a PHA or CDR.

Active Engagement Option 1: *Pre-production and Validation:* The eligible hospital or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the eligible hospital or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. Then, the eligible hospital or CAH begins the process of testing and validation of the electronic submission of data. Eligible hospitals or CAHs must respond to requests from the PHA or Where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that eligible hospital or CAH not meeting the measure.

Note: This option allows eligible hospitals or CAHs to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Eligible hospitals or CAHs that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period.

Active Engagement Option 2: Validated Data Production: The eligible hospital or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Production Data: Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and "test data" which may be submitted for the purposes of enrolling in and testing electronic data transfers. Health Data Utility Tool: The Provider Portal

Objective: Translate population health promotion and continuum of care activities



Use Cases



Medication Compliance

Are there barriers to compliance?



Hospitalizations

Proper Use of Emergency Care



Medical Follow up

Is the Patient being seen? Following up with appointments? What is a Health Information Exchange Platform?

A health information exchange (HIE) platform collects, organizes, and stores medical data from various providers within a geographical region on a centralized or decentralized database. HIE participants with appropriate authorizations can then access the medical data of patients with their consent.

Noun or a Verb?

Goals of a Health Information Exchange

- Support Coordination of Care
- Improve Patient Care
- Ease Burden on Providers and Quality Professionals by creating efficiencies
- Create Healthier
 Communities





Typical Service Offerings from an HIE **Provider Portal**

Event Notification

Public Health Reporting

Analytics/Quality Measure Reporting

Academics and Research Support

Prescription Drug Monitoring Program

Direct Secure Messaging (HISP)

Health Data Utility Model





Encounters

ZZZTESTPT, EIGHTZ 03/02/1944 - 77 Yrs - Female	Z MME Alert Last 7-days Average daily MME: 127 Female # days daily MME over 90: 7 Highest daily MME: 140				Multiple Provider Alert Last 180-days Pharmacies: 4 Prescribers: 4			d/Benzo Overlap Last 45-day	<u>a a c</u>	···	
	Awaiting resu	Its from: PDMP (Do	one), XCADocuments (Dor	ne)			Re	fresh			
Chartbook Encounters	Admission	Visit Description	Reason for Visit		Discharge Destination	Start Date	End Date	Treating Care Provider	Care Provider	Facility	Location
Conditions Allergies	Emergency Emergency		HEADACHE, VOM	ITING	Home or Self Care	10/31/2021	10/31/2021	Thomas F Cheatle	:	Nebraska Methodist Health System	Jeannie Edmundson Hospital
Medications Documents Diagnostic Studies	Elective Outpatient		CHRONIC THORACIC BACK PAIN		Home or Self Care	09/01/2021	11/30/2021	Andrew E Huff	:	Nebraska Methodist Health System	Jeannie Edmundson Hospital
Lab Results Vital Signs Immunizations	Outpatient	PC EST ACUTE				08/03/2021 MICHAEL W GUZMAN		:	Catholic Health Initiatives	VVMC	
	Elective Outpatient		CERCVICALGIA		Home or Self Care	07/30/2021	07/30/2021	Andrew E Huff	:	Nebraska Methodist Health System	Jeannie Edmundson Hospital
	Elective Inpatient		FORMER SMOKER	R		06/24/2021		Kevin N Sheppard	:	Nebraska Methodist Health System	Jeannie Edmundson Hospital

Documents

ZZZTESTPT, EIGHTZ 03/02/1944 - 77 Yrs - Female		MME Alert Last 7-days Average daily MME: 127 # days daily MME over 90: 7 Highest daily MME: 140		Multiple Provider Alert Last 180-days C Pharmacies: 4 Prescribers: 4		Opioid/Benzo O <mark>Yes</mark>	verlap Last 45-days	ል ል 🕿 👒	
✓ Chartbook	✓ Documents								<u></u> Date, Activity Ti
Encounters		Son	ne documents are unable	e to be launched in the browse	er therefore leverage the local de	vice to display. Follow your (organization's technical safegua	ard protocols.	
> Demographics					n, alereiele lereidige ale lecal de	fice to display. Follow your	siguinzation o teenmear ourogae	in protocolo.	
> Conditions	Doc Type	Document	Source		Facility	Entered Location	Date 🚍	Details	Episode No
,	DOC	TELEPHONE EN	KATHERINE C PULLE	N	Nebraska Medicine		03/11/2021 14:07	1.1	HSgenerated85476AG
Allergies	PR	PROGRESS	FEDJA A ROCHLING		Nebraska Medicine		03/11/2021 13:45	:	HSgenerated85476AG
> Medications	DOC	ERRONEOUS EN	FEDJA A ROCHLING		Nebraska Medicine		03/11/2021 13:45		HSgenerated85476AG
Documents	DOC	NURSE TRIAGE	KATHERINE C PULLE	N	Nebraska Medicine		03/11/2021 00:00	:	HSgenerated85476AG
Diagnostic Studies	DOC	NURSE TRIAGE	KATHERINE C PULLE	N	Nebraska Medicine		03/11/2021 00:00	:	HSgenerated85476AG
Lab Results	DOC	TELEPHONE EN	BRANDY L HERTZIG		Nebraska Medicine		03/10/2021 13:40	:	HSgenerated85476AG
Vital Signs	DOC	TELEPHONE EN	ALYSSA R SHARP		Nebraska Medicine		03/10/2021 10:03		HSgenerated85476AG
Immunizations	DOC	TELEPHONE EN	MORGAN D MOODY		Nebraska Medicine		03/10/2021 07:39		HSgenerated85476AG
	DOC	TELEPHONE	MORGAN D MOODY		Nebraska Medicine		03/10/2021 00:00	÷	HSgenerated85476AG
	PR	PROGRESS	ALISON A DELIZZA		Nebraska Medicine		03/09/2021 09:57	÷	HSgenerated85476AG
	DOC	DOCUMENTATIO	ALISON A DELIZZA		Nebraska Medicine		03/09/2021 00:00	÷	HSgenerated85476AG

Diagnostics

ZZZTESTPT, EIGHTZMME Alert Last 7-days03/02/1944 - 77 Yrs - FemaleAverage daily MME: 127# days daily MME over 90: 7Highest daily MME: 140			Multiple Provider Pharmacies: 4 Prescribers: 4	Alert Last 180-days	Opioid/Benzo Overlap Las <mark>Yes</mark>	Opioid/Benzo Overlap Last 45-days <mark>Yes</mark>			
✓ Chartbook	✓ Diagnostic Studie	25							
Encounters		Some do	ocuments are unab	le to be launched in	n the browser, therefore leverage	the local device to display. Follow your organiza	tion's technical safeguard protocols.		
> Demographics						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·		
Conditions	Study	Document Link	Report	Status	Collection Date =	Facility	Location	Episode No	
	CT CHEST		Report	Final	09/19/2018 05:11	Great Plains Health	Great Plains Health	156979070	
Allergies									
> Medications									
Documents									
Diagnostic Studies									
Lab Results									
Vital Signs									
Immunizations									

Lab Reports

ZZZTESTPT, EIGHTZ 03/02/1944 - 77 Yrs - Female	MME Alert Last 7-days Average daily MME: 127 # days daily MME over 90: 7 Highest daily MME: 140	Multiple Provider Alert Last 180 Pharmacies: 4 Prescribers: 4	-days	Opioid/Benzo Over <mark>Yes</mark>	rlap Last 45-days	<u>A A</u>	2 • 5	
Order Start Date 09/02/2021 Order Start Time 08:00 Ordering Clinician FEY, PAUL (35 Specimen UCLN Specimen Collection 09/02/2021 Date Specimen Collection 08:00 Time Specimen Received Date 09/02/2021 Specimen Received Time 12:37	871)	Order Details Result Date Result Time Result Status Corrected Placer ID Last Update Date Last Update Time Age at Time of Test 77 Years			Cumulative			
Test Item Fla	g Value		Units Reference Range	Test Item Com Status	ments Sensitivitie	Message Flag	Observation Time	Performed At
SPECIMEN SOURCE XXX	Urine Clean Catch			Final			09/02/2021	Nebraska Medicine
ANNOTATION COMMENT IMP	None			Final			09/02/2021	Nebraska Medicine
MICROORGANISM/AGENT XXX	Enterococcus faecalis			Corrected		Abnormal	09/02/2021	Nebraska Medicine
Report Status	09/02/2021 Final			Final			09/02/2021	Nebraska Medicine
ORGANISM	Enterococcus faecalis			Final Enter	rococcus faecalis		09/02/2021	MICROBIOLOGY
BACTERIAL SUSC PNL ISLT MIC	MIC			Final			09/02/2021	MICROBIOLOGY
AMPICILLIN SUSC ISLT	<=2			Final	S		09/02/2021	MICROBIOLOGY
VANCOMYCIN ISLT MIC	<=0.25			Final	S		09/02/2021	MICROBIOLOGY
DAPTOMYCIN ISLT MIC	<=0.25			Final	S		09/02/2021	MICROBIOLOGY

Medication History

ZZZTESTPT, EIGHTZ MME Alert Last 7-days 03/02/1944 - 77 Yrs - Female Average daily MME: 622 Highest daily MME: 622				Multiple Provider Alert Last 180-days Pharmacies: 4 Prescribers: 5			Opioid/Benzo Ove Yes	rlap Last 45-day	<u>A A X 🗠</u>								
Awaiting results from: NSIIS (Done)										Refresh							
✓ Chartbook															2		
Encounters	L	Species	RxGov Patient ID	Date Filled	Drug Name		Quantity Dispensed		Generic Drug	Prescriber	Pharmacy	Date Written	Days Supply	Refills	Payment Type	Deta	ails
> Demographics		Human	989998	12/15/2021	Compound incl. LORazep TABS, Banophen 25 MG (am 1 MG CAPS,		30	Compound incl. Lorazepam, Diphenhydramine HCI, Premium	ZZEIGHT	zzTest	10/16/2021		4 0/32	Private Pay (Cash, Charge, Credit	:	
> Conditions					Lecithin Organogel GEL				Lecithin Organogel Base	zzPrescriber	Pharmacy 1				Card)	•	
Allergies		Human	989998	12/15/2021	Compound incl. fentaNYL MCG LPOP	Citrate 1600		180	Compound incl. Fentanyl Citrate	zzEIGHT zzPrescriber	zzTest Pharmacy 1	12/15/2021	3	0/0	Private Pay (Cash, Charge, Credit Card)	:	
✓ Medications					Compound incl. J. O. Darron	am 1.140			Compounding! Lorgroups						Drivete Day (Cash		
Current Medications		Human	989998	12/08/2021	TABS, Banophen 25 MG (Lecithin Organogel GEL	CAPS,		30	Diphenhydramine HCI, Premium Lecithin Organogel Base	zzEIGHT zzPrescriber	zzTest Pharmacy 1	10/17/2021		4 1/32	Charge, Credit Card)	:	
Documents		Human	989998	12/04/2021	Compound incl. LORazep TABS, Banophen 25 MG (am 1 MG CAPS,		30	Compound incl. Lorazepam, Diphenhydramine HCI, Premium	zzEIGHT zzPrescriber	zzTest Pharmacy 1	10/17/2021		4 2/32	Private Pay (Cash, Charge, Credit	:	
Diagnostic Studies					Lecithin Organogel GEL				Lecithin Organogel Base	221100011001					Card)		_
Lab Results	•	Human	989998	12/01/2021	Compound incl. fentaNYL MCG LPOP	Citrate 1600		180	Compound incl. Fentanyl Citrate	zzEIGHT zzPrescriber	zzTest Pharmacy 1	12/01/2021	3	0/0	Private Pay (Cash, Charge, Credit Card)	:	-

Prescription Drug Monitoring Program





What needs to be reported to the PDMP?

- **Patient**: name, address, gender, DOB, phone, identifier
- Pharmacy: name, address, DEA/NPI
- **Prescription**: date issued, date filled, name of drug (NDC), strength, quantity, payment type
- Prescriber: name, DEA/NPI

Who Reports information to PDMPs?



Accessing PDMP Data in Nebraska



Pharmacists

Delegates

-Nurses

-Pharmacy technicians



Patient queries – clinical safety alerts

Patient Inform	ation													
Dispense Deta	ails Relations	ships												Filter: 3 Months
	15.8	MME Asse * 7 day av	essment _{erage}	11 🐡 Multiple Provider Episodes 6 🏠 * Last 6 Months	3	Overlapp	Ing Prescriptions Last 45 Days							
Dru All 💿 CD	g Type S ONon-CDS													
Controlle	d Substance D	ispenses												~
	Species	RxGov Patient ID	Date Filled ▼	Drug Dispensed	Quantity Dispensed	Prescriber	Dispenser	Date Written	Date Sold	Days Supply	Refill Number	Refills Authorized	State	Payment Type
- 4	•	271	09/10/2019	Morphine Sulfate (Morphine Sulfate (Concentrate)) 100 MG/5ML SOLN	20 Milliliters (ml)	abc, abc 4021113333	test, test st, test, NE, 68128, 111111111, Sarpy	09/10/2019	09/10/2019	5	0	0	Nebraska	Medicare
	±	271	09/08/2019	Morphine Sulfate (Morphine Sulfate (Concentrate)) 100 MG/5ML SOLN	40 Milliliters (ml)	abc, abc 4021113333	test, test st, test, NE, 68128, 111111111, Sarpy	09/08/2019	09/09/2019	5	0	0	Nebraska	Medicare
	+	301	09/03/2019	Morphine Sulfate (Morphine Sulfate (Concentrate)) 100 MG/5ML SOLN	40 Milliliters (ml)	abc, abc	test, test st, test, NE, 68128, 111111111, Sarpy	09/03/2019	09/04/2019	5	0	0	Nebraska	Medicare
	+	301	09/02/2019	Morphine Sulfate (Morphine Sulfate (Concentrate)) 100 MG/5ML SOLN	20 Milliliters (ml)	abc, abc	test, test st, test, NE, 68128, 111111111, Sarpy	09/02/2019		5	0	0	Nebraska	Medicare
	د	301	10/15/2019	Morphine Sulfate (Morphine Sulfate) 30 MG TABS	17 Each	Potter, Sherman T 9991111225	Test Pharmacy, 12300 W Dodge Rd, Omaha, NE, 68154, 4025599999, Douglas	10/15/2019	10/15/2019	17	0	0	Nebraska	Commercial Insurance
	د	301	10/15/2019	Oxycodone HCI (oxyCODONE HCI) 10 MG TABS	50 Each	Crusher, Beverly 9991111225	Kevin's Pharmacy, 322 E 22nd Street, Fremont, NE, 68025, 4025599992, Dodge	10/15/2019	10/15/2019	8	0	0	Nebraska	Private Pay (Cash, Charge, Credit Card)
	٤	301	10/15/2019	Hydrocodone-Acetaminophen (Vicodin) 5-300 MG TABS	90 Each	House, Gregory 9991111235	Hometown Pharmacy, 2500 California Plaza, Omaha, NE, 68178, 4025599992, Douglas	10/15/2019	10/15/2019	30	0	0	Nebraska	Private Pay (Cash, Charge, Credit Card)

Patient query – combined view

Dispenses					Bet	Better sorting for								
Combined Vie	w Split Vie	w			me	medication reconciliation								
An											~			
	Species	RxGov Patient ID	Date Filled ▲	Drug Dispensed	Quantity Dispensed	Prescriber	Dispenser	Date Written	Date Sold	Days Supply	Refil Number	Refills Authorized	State	Payment Type
+ 2	÷	2982	02/20/2020	Hydrocodone-Acetaminophen (HYDROcodone-Acetaminophen) 7.5-300 MG TABS	100 Each	Howser, Doogie 9991112225	Test Pharmacy, 12300 W Dodge Rd, Omaha, NE, 68154, 4025599999, Douglas	02/19/2020		10	0	0	Nebraska	Commercial Insurance
	÷	2982	02/10/2020	Oxycodone HCI (oxyCODONE HCI) 10 MG TABS	50 Each	Crusher, Beverly 9991111225	Kevin's Pharmacy, 322 E 22nd Street, Fremont, NE, 68025, 4025599992, Dodge	02/15/2020	02/19/2020	8	0	0	Nebraska	Private Pay (Cash, Charge, Credit Card)
	*	2982	02/18/2020	Alprazolam (ALPRAZolam) 1 MG TABS	90 Each	Bailey, Miranda 9991111285	Newbie Pharmacy, 8303 Dodge Street, Omaha, NE, 68114, 4025599992, Douglas	02/18/2020	02/19/2020	30	0	0	Nebraska	Commercial Insurance
	÷	2982	02/12/2020	Hydrocodone-Acetaminophen (Vicodin) 5-300 MG TABS	180 Each	House, Gregory 9991111235	Hometown Pharmacy, 2500 California Plaza, Omaha, NE, 68178, 4025599992	02/10/2020	02/18/2020	30	0	0	Nebraska	Private Pay (Cash, Charge, Credit Card)
+ 2	-	2982	12/08/2019	Simvastatin (Simvastatin) 40 MG TABS	60 Each	Howser, Doogie 9991112225	Test Pharmacy, 12300 W Dodge Rd, Omaha, NE, 68154, 4025599999, Douglas	12/07/2019	12/09/2019	30	3	6	Nebraska	Commercial Insurance
	-	2982	12/07/2019	Esomeprazole Magnesium (NexIUM) 40 MG CPDR	30 Each	House, Gregory 9991111225	Test Pharmacy, 12300 W Dodge Rd, Omaha, NE, 68154, 4025599999, Douglas	12/07/2019	12/07/2019	30	0	0	Nebraska	Commercial Insurance
	-	2982	12/07/2019	Bumetanide (Bumetanide) 1 MG TABS	30 Each	House, Gregory 9991111225	Newbie Pharmacy, 8303 Dodge Street, Omaha, NE, 68114, 4025599992, Douglas	12/07/2019	12/07/2019	30	0	0	Nebraska	Commercial Insurance

Health Data Utility Tool: Event Notification



Event Notification – Value Add of CyncHealth Membership

General Event Notification Message Flow



Conditions of Participation (CAH/ACH)

Patient Presents at Hospital ED or IP EHR Sends Patient Data to Event Notification Platform Primary Care Physician Notification via Direct Message on file associated with NPI



Immediate

Basic demographic information and triage details about the encounter are entered into the hospital's EHR



Less than two (2) minutes

Identification of the patient and cross-references the new encounter information with prior care records from all entities



CoP

Conditions of Participation notification

Health Data Utility Tool: HISP





Direct Secure Messaging (HISP)

A direct address is essentially an email address issued as the identification for anyone who sends or receives direct secure messages.

It is secure, with all transmitted data meeting technical and regulatory standards.
Instead of communications being routed through an email provider like Google, messages are routed through a Health Internet Service Provider (HISP).
Direct addresses are maintained and governed by <u>DirectTrust</u>, a non-profit healthcare industry group.

The Challenges of a Health Information Exchange

- Quality, Quality, Quality
- Interoperability standards and consistency
- Creating a frictionless experience (SSO/Workflow Integration, Smart on FHIR experience)