Enhancing Care by Sharing Information: What Illinois has Done

Julie Doetsch, MA
Illinois Department of Healthcare and Family Services
5th Annual ABC Conference
November 21, 2014
Who I am…

- ~30 years experience
  - ~17 years with state government
  - DHS, DPH, HFS - current
  - Data, analytics, program evaluation, research

- Interested in the **use** of data
  - Knowledge is not (transformative) power if it is unused
Who I am…

- No financial relationships to disclose
Learning Objectives

● Discuss the value of Health Information Exchange (HIE)

● What is happening with HIE in Illinois

● Review examples and strategies for HIE between clinical and community providers
Health Information Exchange (HIE)

Health Information Exchange (HIE) Goals

- Help facilitate the electronic exchange of information across health care settings and to meet the national goals:
  - Improve quality efficiency and reduce health disparities
  - Engage patients and families in their healthcare
  - Improve care coordination
  - Improve population and public health
Health Information Technology (HIT): The Big Picture

HITECH Act
U.S. Dept. of Health and Human Services (HHS):
- Office of the National Coordinator for HIT (ONC)
- Centers for Medicare and Medicaid Services (CMS)

Illinois Health Information Exchange (ILHIE):
- ILHIE Connect
- ILHIE Direct
- Integrated Direct
- Public Health Reporting

Illinois Department of Healthcare and Family Services (HFS);
- Regional Extension Centers (REC)
- EHR Medicaid Incentive Program (eMIPP)

Regional Health Information Exchanges:
- Central Illinois HIE, Lincoln Land HIE, Illinois Health Exchange Partners, MetroChicago HIE
HIE Interoperability Rates - 2013

HIE Interoperability Outside the Medical Sphere?

Information Sharing: What is Illinois doing?

1. Engaged in multi-state agency data exchange
   - HFS’ Enterprise Data Warehouse
   - Multi-state agency data sharing agreement
   - Unique Client Identifier (UCI) match

2. Referral systems to connect medical providers and community-based services
   - Early Intervention
   - Family Case Management
Engaged in Multi-state Agency Data Exchange: So What?

- Care Coordination Claims Data (CCCD)
- Analytics to assess performance
- Moms/Babies Data Mart
- Reporting
Engaged in Multi-state Agency Data Exchange: So What?

- Care coordination across agencies
  - IDPH APORS → DHS high risk infant follow up
  - HFS blood lead screening → IDPH surveillance
  - Immunizations aggregate ICARE, C’stone, claims
  - IDPH Early Hearing Detection and Intervention (EHDI) → HFS provider match (in development)
  - CCCD → HFS enrolled providers
Information Sharing Outside the Medical Sphere?

Graph Source: HealthIT.gov, National Learning Consortium, “What is Health IT and Why Does it Matter To You?”; available at: www.healthIT.gov
Information Sharing: What is Illinois doing?

1. Engaged in multi-state agency data exchange
   - HFS’ Enterprise Data Warehouse
   - Multi-state agency data sharing agreement
   - Data exchange – user portals
   - Enhancing care management

2. Referral systems to connect medical providers and community-based services for
   - High risk pregnant women
   - Children at risk for developmental delay
Information Sharing via Referral Systems: High Risk Pregnant Women

- DHS Better Birth Outcomes (BBO) program goals:
  - Decrease infant mortality and morbidity
  - Improve pregnancy outcomes
  - Reduce incidence of prematurity and low birth weight

- Care coordination with the client’s medical provider is mandatory for BBO agencies
Information Sharing via Referral Systems: High Risk Pregnant Women

- DHS BBO core principles:
  - Early identification and recruitment of highest risk pregnant women; 1st trimester enrollment
  - Strong linkages and working relationships with service providers – systems of care coordination
  - Intensive case management services for the pregnant woman to achieve healthy birth outcomes
  - Strong emphasis on inter-conception care and education and adequate spacing of pregnancies
Information Sharing via Referral Systems: High Risk Pregnant Women

- HFS predictive analytics → DHS FCM/BBO program

- Online referral system in development:
  - For use by HFS enrolled providers
  - To refer pregnant women to DHS FCM/BBO program
  - To increase early prenatal care for high-risk pregnant women
  - Webinar – August 20, 2014:
Information Sharing via Referral Systems: Children at Risk for Developmental Delay

- **Population:**
  - 0-3 year olds at risk for developmental delay

- **Issue:**
  - Barriers to care coordination

- **Solution:**
  - Develop and test models to improve linkage between primary care providers (PCPs) or community service providers and Early Intervention (EI)
EI Referral System: Development

- Multi-year Assuring Better Child Health and Development (ABCD) grant
  - The Commonwealth Fund = Funding
  - National Academy for State Health Policy = Administration and technical assistance

- Illinois Health Beginnings 2 pilot project
  - Illinois Chapter, American Academy of Pediatrics
  - Illinois Department of Human Services
  - Illinois Department of Healthcare and Family Services
EI Referral System: Testing

- Pilot tested by:
  - 4 Child Family Connections (CFC) offices – expanded to 8
  - Primary Care Providers affiliated with CFC
  - Community service providers affiliated with CFC
EI Referral System: Information Exchange Goals

- To connect PCPs/community providers and EI providers in a **looped information exchange**

- To standardize referrals to EI via
  - Phase I: Standardized referral / referral feedback forms
  - Phase II: Online referral system (in development)
EI Referral System Phase I Available Now: Forms

- Informational Notice 7-30-2014
  - Standardized Illinois Early Intervention Referral Form (HFS 650)
    - PCP/CBO completes form and faxes to EI
    - Fill in as much information as possible – at minimum child name, DOB, parent/guardian name, contact info
  - Illinois Early Intervention Program Referral Fax Back Form (HFS 652)
    - EI staff completes form and faxes to referring provider
    - CLOSES THE FEEDBACK LOOP
Standardized Illinois Early Intervention Referral Form

Please complete Sections 1 through 6 of this form to refer a child to Early Intervention (EI) for eligibility determination.

**Section 1. Child Contact Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Name</td>
<td></td>
</tr>
<tr>
<td>Date of Birth</td>
<td></td>
</tr>
<tr>
<td>Child Age</td>
<td></td>
</tr>
<tr>
<td>Gender (Male/Female)</td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Type of Insurance Coverage</td>
<td>Medicaid [ ]</td>
</tr>
<tr>
<td>Parent/Guardian Name</td>
<td></td>
</tr>
<tr>
<td>Relationship to Child</td>
<td></td>
</tr>
<tr>
<td>Primary Language</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
<td></td>
</tr>
<tr>
<td>Other Phone</td>
<td></td>
</tr>
<tr>
<td>Alternate or Emergency Contact Person</td>
<td>Phone Number</td>
</tr>
</tbody>
</table>

**Section 2. Reason(s) for Referral**

- [ ] Identified condition or medical diagnosis (e.g., Spina Bifida, Down Syndrome):
- [ ] Suspected developmental delay based on objective developmental screening using (please note screening tool used):
- [ ] (Please check area(s) of concern):
  - Motor/Physical
  - Social/Emotional
  - Cognitive
  - Speech
  - Behavior
  - Adaptive/Aid/skill Skills
  - Language/Communication
  - Vision/Hearing

- [ ] Other, specify:

  Comments:

- [ ] Environmental Factors (at risk) (Please describe environmental risk factors):

- [ ] Other, (Please describe):

- [ ] Family is aware of reason for referral:

**Section 3. Referral Source Contact Information**

If the Primary Care Provider is the source of referral, skip Section 3, go to Section 4 and check here:

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral Date</td>
<td></td>
</tr>
<tr>
<td>Name of Agency Making Referral</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Office Phone</td>
<td></td>
</tr>
<tr>
<td>Office Fax</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
</tbody>
</table>

**Section 4. Primary Care Provider Contact Information**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Child’s Primary Care Provider</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
</tbody>
</table>

**Section 5. Early Intervention CFC Office Referral Location**

Insert the CFC number where the child is being referred: CFC #

CFC Offices can be located using the D10 Office Locator available online at: http://www.dhs.state.il.us/page.aspx?module=12

**Section 6. Authorization to Release Information**

1. Referral to Early Intervention.

The purpose of this disclosure is to refer (print child’s name) to the Illinois Early Intervention program.

[ ] I, (print name of parent or guardian),

[ ] give my permission for my child’s primary care provider, (print provider’s name) to share pertinent information about my child, (print child’s name) regarding suspected developmental delay or related medical conditions with the Early Intervention program. I understand that I may withdraw this consent by written request to my primary care provider, except to the extent it has already been acted upon.

2. Release Early Intervention Eligibility Determination and Service Information to Referral Source.

The purpose of this disclosure is to release information from the Department of Human Services (DHS) to the Department of Healthcare and Family Services (HFS) about your child, including name, child’s receipt identification number, date of birth, and information about your child’s referral to and eligibility for Early Intervention, including services received and other referrals made by Early Intervention.

Your consent allows HFS to share information with your child’s assigned primary care provider (listed in Section 4 above) and health doctors within the group for care coordination. Care coordination allows your child’s primary care provider to notify you of your child’s Early Intervention assessment, eligibility for services and services received. Your consent allows HFS to use the information for analysis purposes and to determine the quality of the care coordination process between your primary care provider and Early Intervention.

Information and reports resulting from data analysis will not be released with any individually identifying information about your child.

[ ] Your consent allows the Early Intervention program to share reports and results related to the previously referenced information with your primary care provider listed above in Section 4. Your consent allows the Early Intervention program to share reports and results related to previously referenced information with the referral agency listed above in Section 3, if any.

I understand that I may withdraw this consent by written request to Early Intervention, except to the extent it has already been acted upon. I certify that this Authorization to Release information has been given freely and voluntarily. Information collected hereunder may not be re-disclosed unless the person who granted the disclosure specifically consents to such re-disclosure and the re-disclosure is allowed by law. I understand I have a right to inspect and copy the information to be disclosed.

Parent/Legal Guardian Signature [ ] Date [ ]

*Consent is effective for a period of 12 months from the date of your signature on this release.

**Section 7. For CFC Office Use Only**

[ ] Date Referred Received:

[ ] Name of person receiving referral:
Illinois Early Intervention Program
Referral Fax Back Form

PART 1 of 2

Complete Part 1 upon contacting the family, or when a family cannot be contacted in a timely matter. If the parent/guardian consented to the release of information in Section 8 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 1 of the Referral Fax Back Form to the primary care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the primary care provider (PCP) or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: / / 
Child’s Name: ___________________________ DOB / / 
Parent/Guardian Name: ___________________________
Date Referral Received: / / 

This child was referred to our Child and Family Connections (CFC) office. The following is the status of that referral:

☐ The family was contacted on (date) / / .
☐ A Service Coordinator has been assigned to the family:
  Name: ___________________________
  CFC #/Location: / / 
  Phone Number: - - - - - - - - - - - - - - Fax Number: - - - - - - - - - - - - - - E-Mail: ___________________________

☐ Repeated attempts have been made to contact this family - we were unable to establish contact.
  Date final contact attempt made: / / .
  Please let us know if the family is still interested in having an evaluation for their child.

☐ The family has been contacted and requests that you contact them directly for results.
  Date request made by family: / / .

☐ The family has declined services at this time.
  Date service declined: / / .

Additional comments:

PART 2 of 2

To be completed after eligibility is determined and the Individualized Family Service Plan (IFSP) is completed to inform the primary care provider about Early Intervention eligibility, other referrals provided and other Early Intervention service recommended, if eligible.

Note: If the parent/guardian consented to the release of information in Section 6 of the Standardized Illinois Early Intervention Referral Form to the primary care provider listed in Section 4 and/or the referral source listed in Section 3, send Part 2 of the Referral Fax Back Form to the primary care provider and/or the referral source for which consent was provided. If the parent/guardian did not consent to the release of information to either the PCP or the referral source, then information cannot be sent to the entity for which consent was not given.

Date: / / 
Child’s Name: ___________________________ DOB / / 
Parent/Guardian Name: ___________________________

1. ☐ The family has been contacted and the following has occurred:
   ☐ The child has been evaluated and found to be not eligible for services at this time (Skip to #4).
   ☐ The child has been evaluated and found to be eligible for services based on the following:
     ☐ 30% or greater developmental delay
     ☐ Qualifying Diagnosis of: ___________________________
     Other: ___________________________

2. ☐ The child and family have been recommended to receive the following Early Intervention services:
   ☐ Developmental Therapy
   ☐ Occupational Therapy
   ☐ Physical Therapy
   ☐ Speech Therapy
   ☐ Social Work/Counseling
   Other: ___________________________
   Notes: ___________________________

3. ☐ An IFSP must be developed for the child and family. The IFSP Summary Report will be released to the provider identified in Section 6. Authorization to Release Information, in the Standardized Illinois Early Intervention Referral Form (a full copy of the plan may be obtained through the contact listed in Part I).

4. ☐ The child and family received referrals to the following non-EI services: ___________________________

5. ☐ The evaluation/assessment and service planning process have not been completed because: ___________________________

Additional comments:
EI Referral System Phase I Available Now: Benefits

- Consent section is Family Educational Rights and Privacy Act (FERPA) and HIPAA compliant
- Closes the feedback loop to referring provider
- Takes burden off family to contact EI
- Can attach additional documentation to fax
Online referral system in development:
- For use by HFS enrolled providers initially to assess functionality
- Security issues
  - One provider to multiple clinic locations
  - Checking disenrollment from clinic(s)
- Registration process with credential checking to address security

Provides electronic exchange of information between referring PCP and EI
EI Referral System Phase II in Development: Online
EI Referral System Phase II in Development: Benefits

- Consent is FERPA and HIPAA compliant
- **Closes the feedback loop** to referring provider
- Integrated feedback from EI program data system
- More secure
- Annual IFSP update provided
- Integrate with PCP’s EHR (?)
Data sharing benefits

- Takes pressure off overburdened families
- Measurement opportunities
- Avoids duplication, unnecessary cost
- Access to care through improved communication
- Positive impact on children and adults
- Improves health and health outcomes
Information Sharing: What can you do?

- Use the available referral systems:
  - Forms - now
  - Online systems for BBO/EI - when available
- Incorporate referral tools into practice flow
- Incorporate consent processes into practice flow
- Provide feedback regarding these tools so we can work to improve them
- Incorporate forms / online systems into EHR?
HIE Informational Resources

- **ONC Ten Year Interoperability Concept Paper**

- **Interoperability Issue Brief**
Thank You

Julie Doetsch, MA
Illinois Department of Healthcare and Family Services
201 S. Grand Ave., East
Springfield, IL 62763
217-557-5438
Julie.Doetsch@illinois.gov