

Proposal for Demonstrating at California Connects 2014



Use this template to communicate critical information for each demonstration proposed for the **2014 California Connects Interoperability Exhibition**, to be held at the *Connecting California to Improve Patient Care in 2014* conference sponsored by Redwood MedNet.

Prospective participants in California Connects 2014 must complete a proposal following this template for each proposed demonstration, and submit it for approval to the California Connects Steering Committee via email c/o Karen Boruff at karen.boruff@ca-hie.org. Please see the California Connects 2014 page at <http://www.ca-hie.org/projects/california-connects-2014> for more information. Direct any questions to Karen Boruff at karen.boruff@ca-hie.org or Rim Cothren at robert.cothren@ca-hie.org.

1. Demonstration Synopsis

Please provide a title for your demonstration and a brief description of the demonstration. Try to limit the description to no more than 100 words. The title and description will appear on our web site in advance of the Exhibition to attract meeting participants to your demonstration.

Real Time Gaps in Care Alerts

IPAs, medical groups, health plans, and hospitals are delivering patient-specific “gaps in care” alerts directly to the physician desktop. The transition from volume- to value-based health care delivery relies on communication of critical information into the hands of the clinician while the patient is present. This solution has been used to change a health plan’s CMS 5 Star rating from 3.5 to 5 Stars in less than 3 years, which is tied to increased reimbursement.

2. Demonstration User Story

Please provide a user story describing the demonstration, with specific emphasis on its clinical relevance. Be specific, illustrating how you will weave the technology you are demonstrating into real clinical flow.

The physician is a member of the Identity Medical Group, a participant of the Vigilance Health Data Platform bringing HIE integration from the network-level of community-level to the clinical desktop for Gaps in Care alerts that have patient care, quality, and reimbursement consequences for the physician.

A patient arrives for a same-day sinus infection appointment with the PCP. This patient turned 50 last week.

The physician comes into the exam room, looks up the patient in the EMR, and receives a “Gap in Care” alert on the clinical desktop for this patient.

- The physician clicks on the Red Envelope to view the alert
- The alert is for a colorectal cancer screening because the patient just turned 50.
- The physician addresses this with the patient (e.g. “have you had one anywhere else recently?, no? Okay, then I think we should go ahead and order it today.)
- The physician orders the screening in the EMR
- In the Gaps in Care alert window the physician marks the “Action Taken” as diagnostic/ordered test, and if not completed in 45 days to alert again.
- The physician asks the MA or exit staff to schedule the appointment for the patient

The patient has the screening done at an outpatient surgery center.

The result of the screening is transmitted to the Vigilance Health Data Platform.

The quality measure is marked as completed, and the ordering physician is notified that there is a report waiting for review.

In this scenario,

1. The patient’s care has been coordinated for purposes of improved outcomes,
2. The physician was reminded about the recommended care based on a patient’s birthday,
3. The physician has addressed the contractual requirements for recommended care, and
4. Assuming the physician takes action on a sufficient number of Gaps in Care Alert, the physician is on the way to improved reimbursement due to documentable proof of meeting the quality requirements.

3. Goals and Objectives of the Demonstration

Please provide a brief description of the goals and objectives of the demonstration, emphasizing what you expect your audience to learn. Be sure to indicate how your demonstration aligns with the objectives and guidelines found in the California Connects Demonstration Charter at <http://www.ca-hie.org/projects/california-connects-2014/charter>.

1. Care Coordination: using tools to deliver critical gaps-in-care to a treating clinician while seeing a patient
2. Reduce Costs: Early interventions for early detection
3. Demonstrate National Quality Standards -- Solving the real-world problem of coordinated communication about a patient's care needs facilitating critical gaps in care messages across multiple patient care enterprises (hospital systems, medical groups, surgical/diagnostic centers, etc.)

4. Participant Information

Please list information about the primary organization and any supporting organizations and/or sponsors for the demonstration. The primary organization will be responsible for creating, testing, and showcasing the demonstration. Supporting organizations might be collaborating to demonstrate the user story or otherwise deserve recognition. A sponsor may be funding or otherwise providing resources for the development of the demonstration.

4.1. Primary Organization

Name of the organization Vigilance Health, Inc.

Role in the demonstration Demonstrate delivery of Gaps in Care alerts across multiple EHR platforms

4.2. Supporting Organization(s)

Name of the organization Sandlot Solutions

Role in the demonstration Provides and hosts the SaaS solution, including the backup demonstration system for failover

Name of the organization NextGen

Role in the demonstration EHR Software that integrates with Sandlot Solutions

4.3. Demonstration Sponsor(s)

Name of the organization _____

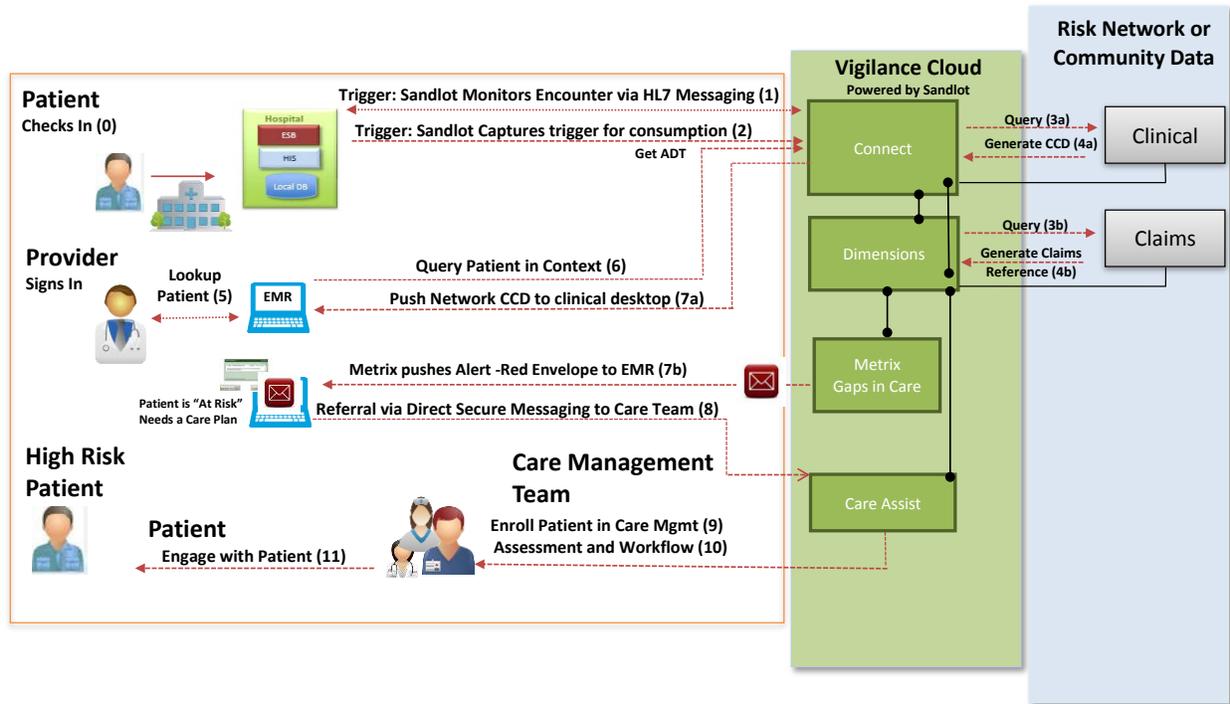
Role in the demonstration _____

5. Technical Information

5.1. Business Workflow

Please provide a description of the business workflow for the user story, showing the various actors and systems involved in the health information exchange. A diagram may be used.

Vigilance Workflow Orchestration



5.2. Technical Standards

Please provide a brief discussion of the technical transport and content standards used in the demonstration. Include security, authentication and authorization standards as necessary. Please review <http://www.ca-hie.org/projects/california-connects-2014/charter> for the technical priorities for California Connects 2014.

This demonstrates a technical solution for the integration of national quality standards across care settings in order to improve HEDIS, 5 Star, ACO, and PQRS performance by providers who are treating patients.

This solution uses:

- IHE profile standards to receive data from multiple EHRs,
- Standard X12 claims data (typically 837) from benefit management systems, and

- CALINX for pharmacy and lab data

We receive that structured data, we parse it, we apply the appropriate set of quality measures to the patient's data (based on payer or other population health criteria), then send Gaps in Care messages to the point of care to alert the treating clinician.

The next evolution for quality measure standards is to define the payload for profiles such as IHE NAV so that a network-level alert can be directly parsed by supporting systems (e.g. EMRs, PHRs, etc.) It is Vigilance's intention to begin work on this in order to allow healthcare information systems to integrate these types of messages.

6. Maturity of the Demonstrated Technologies

Please describe the maturity of the technologies highlighted in your demonstration, and when they might be available for use, and what barriers there are to reducing them to practice, if any. Technologies in the demonstration might be emerging and experimental, under development and soon to be available, or commercially available now.

The products have been commercially available since 2009.