MSSNY Contract Number: CO24582
Deliverable #4
Technology Component
Design Plan
The following slides outline the technology designed to support the Adirondack Region Medical Home Demonstration program, to comply with the Adirondack HEAL 10 Technical Architecture and MSSNY Contract # CO24582. The specific financial contributions of the HEAL 10 and the MSSNY grants are identified in both the following slides and in the attached budget. The slides include the technology plan which is consistent with technical and policy design established by NYeC and the NYS DOH. Specifically included for MSSNY Contract Deliverable #4 are the Technology Components’ design plans and the technology standardization description. This description includes the standardized elements to be included in the Hospital-to-HIXNY exchanges and in the EHR-to-HIXNY exchanges.

The overall technology design ensures collection of standardized data from differing systems (hospitals and ambulatory providers) to promote interoperability.
AHI - Technical Architecture Plan with Integrated Budget (MSSNY and HEAL 10)

Updated on August 5, 2010
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Adirondack Medical Home Pilot
Organizational Structure

- Standard setting / Coordinating Role
- Service Contracting
- Development Activities
- New Initiatives
Pilot Developmental Funding

Adirondack HEAL 10 Grant

MSSNY Physician Practice Support Organization Grant
HEAL 10 Program Activities

EHR and Medical Home Support
- HHHN EHR Implementation
- Remediation of previous EHR Implementations
- Glens Falls Hospital Specialty Practice Implementations
- Post Implementation Support

HIXNY Expansion in Adirondacks
- 6 Hospitals
- Physician Practices

Clinical Information Services
- EHR Data Warehouse for EHR data
- Payor Data Warehouse for payor data
MSSNY PPSO Activities

Physician Practice Support Organization (Pod) Development

• Baseline assessment
• Business and clinical plan
  - Quality Improvement
  - Disease Management
• Implementation Support

EHR Information Exchange / Quality Reporting (Tech Component)

• Practice EHR exchange with HIXNY
• HIXNY exchange with EHR Data Warehouse

Statewide Working Group Oversight

• Evaluation of best practices and recommendations for state-wide implementation
HEAL 10 Contractual Relationships

Note: Organizations with bold letters and borders indicate members of the Adirondack Health Institute (AHI).
HEAL 10 Operational Relationships

Adirondack Health Institute (AHI)

- EastPoint Health
- HIXNY
- MAeHC
- Treo Solutions
- Northern Adirondack Pod
- Tri-Lakes Lake Pod
- Lake George Pod
Abstract View

Clinical Transaction Content
- **ADT, Meds, Lab/rad/departmental reports (HL7 content)**
- **Clinical summary info (C32 content)**
- **Claims data flow**
- **Web application**
- **Access to web viewer**

Health Plans

Payor Data Warehouse

EHR Data Warehouse (QDC)

Claims portal

Clinical quality portal

Clinical care portal

45 Specialty Providers

Health Plans

3 PPSOs

33 Primary Care Practices

2 GFH Specialty Practices

6 Hospitals

Business Confidential - Not for Distribution without Permission from AHI
### Clinical Transaction Content Detail

<table>
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<tr>
<th></th>
<th>Hospital-to-HIXNY</th>
<th>Practice-to-HIXNY</th>
<th>HIXNY-to-practice</th>
<th>HIXNY-to-QDC</th>
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| **ADT, Meds, Lab/rad/departmental reports (HL7 content)** | • ADT  
  • Lab/path/micro results  
  • Imaging reports  
  • Current and prescribed medications  
  • Departmental reports (availability may vary by hospital)  
  • Discharge summaries | • NA | • C32 content will be available to Practice EHR's for consumption  
  • EHR vendor consumption capabilities are vendor-specific  
  • Lab/path/micro results  
  • Imaging reports | • NA |
| **Clinical summary info (C32 content)** | • NA | • Patient demographics  
  • Language spoken  
  • Health care provider info  
  • Health insurance info  
  • Allergy/drug sensitivity  
  • Problem/condition  
  • Medications  
  • Pregnancy  
  • Information source  
  • Advance directive  
  • Immunizations  
  • Vital signs  
  • Results  
  • Encounter type  
  • Procedures  
  • Social history  
  • Comment  
  • Plan of care  
  • Family support | • C32 content / HIXNY Patient Record  
  • Available through HIXNY portal | • Patient demographics  
  • Language spoken  
  • Health care provider info  
  • Health insurance info  
  • Allergy/drug sensitivity  
  • Problem/condition  
  • Medications  
  • Pregnancy  
  • Information source  
  • Advance directive  
  • Immunizations  
  • Vital signs  
  • Results  
  • Encounter type  
  • Procedures  
  • Social history |

**Note:** C32 content for Practice-to-HIXNY exchange is per HITSP-harmonized standard. HIXNY version may differ slightly.
All Pod View

Clinical Transaction Content
- **Lab/rad/departmental** (HL7 content)
- **Clinical summary info** (C32 content)
- **Claims data** (specification TBD)
- Dashed indicates scoping underway
- Faded indicates project scoped but not yet live

Pods and Practices:
- **Pod 1**
  - Adirondack Medical Center (3 practices)
  - PPSO 1

- **Pod 2**
  - 2 GFH Specialty Practices (3 practices)
  - Glens Falls Hospital
  - Inter-Lakes Health
  - PPSO 2

- **Pod 3**
  - Champlain Valley PH (27 practices)
  - Elizabeth-town Hospital
  - Alice Hyde Medical Center
  - PPSO 3

EHR Data Warehouse (QDC) and CIS integration diagram.
*Edge server located at CVPH and ARCHIE were previously funded.

**Infrastructure view**

- **5 new HIXNY edge servers**
  - 3 for data interface with hospitals
  - 1 for practice data interface with EHR's
  - 1 for QDC interface with HIXNY

- **2 existing HIXNY edge servers**
  - 1 at CVPH funded by HEAL 5
  - 1 at GFH, ARCHIE server
  - 1 existing eHX Hub (requires upgrade)

**Pod 1**
- 3 practices
- 2 GFH Specialty Practices
- Glens Falls Hospital

**Pod 2**
- 24 practices
- 3 practices
- Inter-Lakes Health

**Pod 3**
- 3 Malone practices
- 3 practices
- Pod 1
- Pod 2
- Pod 2
- Pod 3
- Pod 1
- Pod 3

HIXNY Locally-hosted edge server*
Integrated Budget View

**A – Program Implementation**
5 new HIXNY edge servers
- 3 for data interface with hospitals
- 1 for practice data interface with EHR’s
- 1 for QDC interface with HIXNY

**B – HIT Adoption and Support**
2 existing HIXNY edge servers
- 1 at CVPH funded by HEAL 5
- 1 at GFH, ARCHIE server
- 1 existing eHX Hub (requires upgrade)

**C – Health Information Exchange: Hospital Interfaces to HIXNY**
- Adirondack Medical Center
- Alice Hyde Medical Center
- Champlain Valley PH
- Elizabethtown Hospital

**D – Health Information Exchange: Practice EHR’s Interface to HIXNY**
- Pod 1: 3 practices
- Pod 2: 24 practices
- Pod 3: 3 specialties
- 2 GFH Specialty Practices
- Glens Falls Hospital
- Inter-Lakes Health

**E – HIXNY Interface to QDC**
- Payor Data Warehouse
- EHR Data Warehouse (QDC)

**F – Clinical Information Services**

*Edge server located at CVPH and ARCHIE were previously funded.*
A – Program Implementation

Under the governance of the Adirondack Health Institute Executive Committee, EastPoint Health ($700,000) and Upper Hudson Primary Care Consortium/Adirondack Health Institute ($213,000) will provide planning, coordination, issue/risk assessments, vendor selection, subcontract management, financial and quality management services to achieve the project’s defined outcomes.

$913,000 is budgeted for the development, coordination, implementation and monitoring of three key program activities across ten HEAL 10 funded projects:

- Health IT Adoption and Support
- Health Information Exchange
- Quality Measurement and Adoption via Clinical Information Services

The Medical Society of the State of New York (MSSNY, $31,000) has partnered with EastPoint Health (EPH, $310,000) to implement a pilot including 3 PPSO’s to address the issues of access to care, care coordination, evidence based guidelines, quality of care and performance reporting. $341,000 of MSSNY funding is budgeted to support:

- Program Management
- Readiness Assessment (already completed by EPH)
- Technical Architecture Design (submitted in this document)
B – HIT Adoption and Support: Overview

The total cost of Pod EHR Implementation and Remediation is $11,323,500 including $6,930,500 in matching funds which have been committed across Project stakeholders.

Tri-Lakes Pod 1: Adirondack Medical Center (AMC)

- AMC has committed $235,000 of HEAL 10 match that is dedicated to Ambulatory EHR Implementation (Primary Care).
- Adirondack Medical Center is focused on enhancing interoperability through its existing “mini-HIE” (HEAL 1 funded) as well as connecting to HIXNY.

Lake George Pod 2: Hudson Headwater Health Network (HHHN), Glens Falls Hospital (GFH)

- The total HEAL 10 funding for Pod 2 is $2,711,000 with an estimated HEAL 10 matching contribution of $4,288,500.
- HHHN has already implemented it’s EHR (athenaClinicals) in all 11 of it’s active primary care offices since the beginning of the HEAL 10 project. This effort is comprised of $2,201,000 in HEAL 10 grant funds and an estimated $3,233,000 in committed HEAL10 matching funds.
- Glens Falls Hospital will be contributing a total of $1,055,500 in HEAL 10 match and receiving $510,000 in HEAL 10 grant funding. GFH is focusing on Inpatient, and Ambulatory EHR implementations in their Glens Falls area specialty practices to facilitate coordination of care for diabetics across the Adirondack region.

Tri-Lakes Pod 3: Champlain Valley Physicians Hospital (CVPH)

- CVPH is undertaking two simultaneous EHR implementations, Inpatient and Ambulatory.
- CVPH has committed $2,407,000 of HEAL 10 match that is dedicated to Ambulatory EHR Implementation (Primary Care) and is receiving $275,000 of HEAL 10 funding.
B – HIT Adoption and Support: CHITA Ambulatory EHR Implementation Support

The following CHITA Services are being managed and delivered by Massachusetts e-Health Collaborative (MAeHC) in collaboration with EastPoint Health (EPH):

- Assess practice readiness for EHR adoption and develop corrective actions where necessary for practice workflows.
- Work with practices to develop plans for implementation/remediation/re-implementation.
- Ensure practices are enabled for e-prescribing in order to support the PCMH model.
- Support providers in using HIE to inform clinical decisions and communicate with patients and use EHR’s to support PCMH.
- Analyze and evaluate practice use of EHR’s in providing care to the diabetic population and help providers develop corrective action plans where necessary.
- Evaluate the achievement of quality/performance improvement outcomes and document lessons learned from the PCMH initiative.
C – Health Information Exchange: Hospital Interfaces to HIXNY

$519k – HIXNY Interface Service Costs

3 HIXNY edge servers to interface hospital data = $66k each for a total of $198k (MSSNY funded: $90k Hardware, $108k Software)

2 HIXNY Centrally-hosted edge servers

$132k
MSSNY

1 HIXNY Locally-hosted edge server *

$227k
($45k HEAL 10 Grant, $182k HEAL 10 Match)

$82.5k
HEAL 10 Match

$82k
HEAL 10 Grant

$12k
HEAL 10 Grant

$63k
HEAL 10 Match

1 HIXNY Locally-hosted edge server *

$66k
MSSNY: $30k Hardware, $36k Software

Pod 1
Adirondack Medical Center

Pod 2
Glens Falls Hospital
Inter-Lakes Health

Pod 3
Alice Hyde Medical Center
Champlain Valley PH
Elizabeth-town Hospital

*Edge server located at CVPH was funded by HEAL 5
All Hospital messaging to HIXNY will be via HL7 protocols. HIXNY will transform the data into CHIxP format for all subsequent consumers. The five required hospital feeds are ADT, Laboratory Results, Radiology Results, Medication Orders, and Departmental Reports, inclusive of Discharge Summaries.

**Adirondack Medical Center (AMC)**

- AMC will utilize their preferred interface vendor (IATRIC) to complete the five required feeds from their Hospital Inpatient MediTech system to HIXNY. A locally hosted HIXNY edge server will be utilized.
- There is $45k of HEAL 10 grant funds and $182k of HEAL 10 match funds allocated to this effort.

**Glens Falls Hospital (GFH)**

- GFH is connected today to the Adirondack Regional Community Health Information Exchange (ARCHIE) and provides clinical data to that entity. As part of the HEAL 5 grant initiative, HIXNY and ARCHIE have agreed to sharing data, with the data in one exchange becoming available to all members of the other exchange. The full set of GFH data will be available through HIXNY at the conclusion of their HEAL 5 initiative, projected for year-end 2010. No specific HEAL 10 project activities will be needed to accomplish this.
- GFH will utilize $82,500 of HEAL 10 match dollars to pay their initial HIXNY dues ($75,000) and staff ARCHIE’s steering committee ($7,500). A centrally hosted ARCHIE / HIXNY server will be utilized.

**Inter-Lakes Health**

- Inter-Lakes will utilize their preferred interface vendor (HMS) to complete the five required feeds from their Hospital Inpatient system (HMS) to HIXNY. HMS will be extracting all required data elements from its own system supporting Inter-Lakes, translating these data elements in the HIXNY standard HL7 format, and transmitting these to the HIXNY InterSystems platform. A centrally hosted HIXNY edge server will be utilized.
- There is $82k of HEAL 10 grant funds allocated to this effort.
C – Health Information Exchange: Hospital Interfaces to HIXNY (continued)

All Hospital messaging to HIXNY will be via HL7 protocols. HIXNY will transform the data into CHIxP format for all subsequent consumers. The five required hospital feeds are ADT, Laboratory Results, Radiology Results, Medication Orders, and Departmental Reports, inclusive of Discharge Summaries.

Champlain Valley Physician’s Hospital (CVPH)

- CVPH will utilize internal resources to complete the five required feeds from their Hospital Inpatient Siemen’s system to HIXNY. CVPH has engaged a full time interface resource, and is in the process of internally developing all interfaces required for both grants (HEAL 5 and HEAL10) internally. The HEAL 5 development efforts are underway, with some interfaces completed, and the HEAL 10 interfaces will be developed upon completion of those for HEAL 5. The result will be a full set of interfaces and a complete set of CVPH data in the HIXNY exchange. A locally hosted HIXNY edge server will be utilized.

- There is $63k of HEAL 10 match funds allocated to this effort.

Alice Hyde Medical Center

- Alice Hyde will utilize their preferred interface vendor (Summit) to complete the five required feeds from their hospital inpatient system (MediTech), translate the data elements into HIXNY standard HL7 format and transmit them to the HIXNY InterSystems platform. A centrally hosted HIXNY edge server will be utilized.

- There is $12k of HEAL 10 grant funds allocated to this effort.

Elizabethtown Community Hospital (ECH)

- Prior to the official HEAL 10 project beginning, ECH already contracted with their interface vendor (CPSI) to deliver both of the required interfaces and other functionality needed to support and utilize the HIXNY system. This will provide a full set of data elements to HIXNY in standard format, and the required RHIO consent logic in CPSI. A locally hosted HIXNY edge server shared with CVPH will be utilized.

- Elizabethtown will utilize their preferred interface vendor (CPSI) to complete the five required feeds from their hospital inpatient system (CPSI) to HIXNY. This was an internally funded project, no HEAL 10 match dollars have been captured in the budget.

HIXNY

- HIXNY will conduct project management, integration consulting, quality assurance testing and maintenance in support of the hospital to HIXNY data exchange process. The integration consulting includes the design as outlined in this document and upon approval will begin building, testing, and deploying the InterSystems interfaces to the specifications outlined.

- $519k of HEAL 10 Grant funds will be utilized.
D – Health Information Exchange: Practice EHR’s Interface to HIXNY

1 HIXNY edge servers to store practice data = $66k total (MSSNY funded: $30k Hardware, $36k Software)

$105.5k EHX Upgrade
- $82.5k HEAL 10 Grant
- $23k HEAL 10 Match

$92k MSSNY Software

$248k ($98k MSSNY Software, $150k HEAL 10 Match)

$66k MSSNY

$30k MSSNY Software

$17.5k HEAL 10 Match

3 practices
Pod 1

3 Malone practices
Pod 3

24 practices

3 practices
Pod 2

2 GFH Specialty Practices

eHX

eCW

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# Health Information Exchange: Practice EHR’s Interface to HIXNY

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<th>ASP</th>
<th>Hub &amp; Spoke</th>
<th>Direct Connect; no Hub</th>
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<td>Athena Clinicals</td>
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<td>GE</td>
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<td></td>
<td>Sage</td>
<td>EncounterPro</td>
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</table>

- **ASP – Application Service Provider**
- System and data are remote from practices
- Practice accesses system via secure web connection
- RHIO connectivity implemented from remote site

- **System and data reside at practice**
- Each practice connected to central facility (hub)
- Connection to RHIO is from hub
  - One RHIO connection can support many practices
  - Practices send data to hub for reformatting and transmission to RHIO

- **System and data reside at practice**
- Each practice connects directly to the RHIO
D – Health Information Exchange: Practice EHR’s Interface to HIXNY

ASP

- Athena Clinicals – support the XDS.B protocol and is capable of producing and consuming HITSP C32 CCD. Their web services approach to HIE is to have a single point of integration (interface) between their cloud and each third party organization (i.e. HIXNY), which can then be used by all client practices exchanging data with that third party.

HUB & Spoke

- eClinical Works - supports the XDS.B protocol and is capable of producing and consuming HITSP C32 CCD.
- STI – their February 2011 release of Chartmaker EHR will be capable of producing and consuming HITSP C32 CCD. Their integration architecture is a secure hub and spoke through their centralized “health portal”.
- Sage – supports the XDS.B protocol and is capable of producing and consuming HITSP C32 CCD.
- Medent – their web services architecture supports IHE PIX, PDQ and XDS.B profiles. Medent is capable of producing and consuming HITSP C32 CCD.

Direct Connect; no HUB

- GE – in their next release of Centricity v9.2 will have the ability to produce and consume a HITSP C32 CCD, using XDS.B, and PIX/PDQ. Each practice will be able to establish a direct and secure (TLS) connection to HIXNY from their upgraded Centricity EHR.
- AllScripts – supports an XDS.B HIE/RHIO and is able to produce and consume a HITSP C32 CCD.
- EncounterPro – is committed to an aggressive development schedule to insure that they have the capability to establish a CHIxP compliant interface with HIXNY as part of this project.
Pod 1: Integrated ‘C’ and ‘D’ Budget Views

- Health Plans
- Payor Data Warehouse
- EHR Data Warehouse (QDC)

Pod 3
- 3 Malone practices

PPSO 1

HIXNY Locally-hosted edge server

Meditech

Adirondack Medical Center

EHR Data

Payor Data Warehouse

Claims portal

Clinical quality portal

Clinical care portal

HIXNY

PPSO 1

Meditech

Adirondack Medical Center

$92k MSSNY Software (eCW Interfaces)

$45k HEAL 10 Grant (Iatric Interfaces)

$105.5k EHX Upgrade
- $82.5k HEAL 10 Grant
- $23k HEAL 10 Match

$182k (HEAL 10 Match: Interface Support from AMC)

*3 Malone practices are intentionally represented in the Pod 1 and Pod 3 views
Pod 2: Integrated ‘C’ and ‘D’ Budget Views

AMI - Not participating in PCMH project
Long Lake and Newcomb are included in the $30k of MSSNY software
Pod 3: Integrated ‘C’ and ‘D’ Budget Views

- Health Plans
- Payor Data Warehouse
- EHR Data Warehouse (QDC)
- Clinical care portal
- Clinical quality portal
- Claims portal
- HIXNY-hosted edge servers
- HIXNY Locally-hosted edge server

PPSO 3

MSSNY Software

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$150k (HEAL 10 Match: EHR Interfaces)

*3 Malone practices are intentionally represented in the Pod 1 and Pod 3 views

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E – HIXNY Interface to EHR Data Warehouse (QDC)

1 HIXNY edge servers for QDC = $66k
(MSSNY funded: $30k Hardware, $36k Software)
E – HIXNY Interface to EHR Data Warehouse (QDC)

The following flow represents the Changed Data Capture process from HIXNY to the MAeHC Quality Data Center (QDC):

- Steps 1 through 3 will be part of the HIXNY common orchestrated service for health record update in the HIXNY Enterprise Service Bus (ESB).
  1. QDC “Subscribes” to all record change events for patients in the medical home
     a. This uses standard Publish/Subscribe/Notify Model for Health Information Exchange
  2. New Patient Data is “Published” to the exchange by a provider
     a. HL7 message from hospital or lab
     b. CCD from a provider EHR
  3. QDC is “Notified” of the Event
     a. Applies consent and access rules as determined to apply to this exchange
     b. Transforms content based on user preferences for form and delivery. In this case, this is the CCD
     c. Updated Health History (CCD) is sent to the QDC Edge

- Step 4 is a standard service that supports both a push and pull methodology and implemented using National and/or State standard
  4. QDC Retrieves Updated Patient Histories from QDC Edge
     a. The push or pull models to message the CCD content between systems will be determined at the time of implementation based on QDC, National, and State standards.
F: Clinical Information Services (CIS) / Quality Measurement and Adoption

- Health Plans
  - Payor Data Warehouse: $331k
  - CIS
    - Claims portal
    - Clinical quality portal
    - EHR Data Warehouse (QDC): $405k
  - $129k MSSNY
  - 33 Primary Care Practices
  - 3 PPSOs

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F: Clinical Information Services (CIS) / Quality Measurement and Adoption - Summary

Clinical Information Services will be comprised of 2 distinct data warehouses that will both provide clinical decision support for population health management as well as the tools necessary for practice level continuous quality improvement.

1. The Payor Data Warehouse will contain a holistic view of the patient’s experience from all the providers who have filed claims with the Adirondack Medical Home health plans for the patient.

2. The EHR Data Warehouse will include data from the primary care providers’ EHRs augmented by the HIXNY patient record. These data warehouses leverage similar web based reporting tools but utilize different, yet complementary information.

The Payor Data Warehouse vendor is Treo Health Solutions - $331k. The EHR data warehouse vendor is Massachusetts eHealth Collaborative, whom will be utilizing their Quality Data Center product - $405k. Continuous quality improvement training will be accomplished by EastPoint Health - $129k.

The Clinical Information Services creates a more comprehensive view of the patients’ experience that neither warehouse would be able to individually provide. Continuous quality improvement training will augment the technology implementation so the practices and pods will be able to optimize their use of the Clinical Informatics Services.

The physician practice support organizations (pods) will provide the resources to augment the practice’s population health management and continuous quality improvement activities.
The data set within the Payor Data Warehouse contains the broadest view of the patient’s care. The analytic engine and reporting portal will allow for quality reporting, condition tracking, and generation of patient specific care management that highlights evidence based gaps in care.

The Payor Data Warehouse will accept enrollment, claims, and pharmacy data via secure electronic portal. Numerous data validation and quality checks will be then be completed. Once the data feeds are complete, the payor data will be structured and risk adjusted to identify clinical variation and track performance. Key features include identification of gaps in care inclusive of all claims. (Refer to examples in slides 30-35.) The breadth of information from all the providers submitting claims will not be available to the EHR-based Quality Data Center.

In addition, the Payor Data Warehouse augments identification of patients with newly acquired chronic diseases as well as those patients with recent clinical deterioration or progression of disease. The Payor Data Warehouse also allows for appropriate assignment into case management by the pods as well as identification of potentially preventable admissions, readmissions and ER visits.
Provider Compliance Report: Diabetic Testing

This report compares compliance with the diabetic testing Evidence Based Guideline across Provider Groups. The focus of the report is on **all diabetics**.

- Allowed Amounts and Potentially Preventable Amounts are risk adjusted by Clinical Risk Groups (CRGs). The variance represents the difference from the risk adjusted, expected amount. A positive variance indicates a higher than expected amount. A negative variance represents a lower than expected amount.
- Potentially Preventable expenditures include Potentially Preventable Readmissions (PPRs), Potentially Preventable Initial Admissions (PPIAs), and Potentially Preventable ER Visits (PPVs).
- Compliance is defined as having at least one of the following tests or exams over a 12 month period:
  - Microalbumin Test: >=1
  - A1c Test: >=2
  - Retinal Eye Exam: >=1
  - Blood Lipid Test: >=1

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<tr>
<td>Hayward Memorial Care</td>
<td>69</td>
<td>16</td>
<td>53</td>
<td>$43.87</td>
<td>$35.13</td>
<td>$8.73</td>
</tr>
</tbody>
</table>
This report compares compliance with the diabetic testing Evidence Based Guideline across Provider Groups. The focus of the report is all diabetics.

- Potentially Preventable expenditures include Potentially Preventable Readmissions (PPRs), Potentially Preventable Initial Admissions (PPIAs), and Potentially Preventable ER Visits (PPVs).
- Compliance is defined as having at least one of the following tests or exams over a 12 month period:
  - Microalbumin Test: >=1
  - A1c Test: >=2
  - Retinal Eye Exam: >=1
  - Blood Lipid Test: >= 1

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>CRG</th>
<th>CRG Severity</th>
<th>ER Visits</th>
<th>Admits</th>
<th>Allowed PMPM</th>
<th>Prev. PMPM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADAMS (DE-ID), JULIA G.</td>
<td>Diabetes Level - 2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>$154.10</td>
<td>$0.00</td>
</tr>
<tr>
<td>PHILLIPS (DE-ID), NORMA P.</td>
<td>Diabetes Level - 1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>$87.40</td>
<td>$0.00</td>
</tr>
<tr>
<td>DAVIS (DE-ID), DOUGLAS D.</td>
<td>Diabetes and Hypertension Level - 3</td>
<td>3</td>
<td>4</td>
<td>0</td>
<td>$593.54</td>
<td>$0.00</td>
</tr>
<tr>
<td>JONES (DE-ID), SEAN O.</td>
<td>Diabetes Level - 2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>$425.75</td>
<td>$0.00</td>
</tr>
<tr>
<td>WILLIAMS (DE-ID), TONY V.</td>
<td>Diabetes and Hypertension Level - 2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>$295.78</td>
<td>$0.00</td>
</tr>
<tr>
<td>EVANS (DE-ID), JASON J.</td>
<td>Diabetes - Hypertension - Other Dominant Chronic Disease</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>$402.22</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
Gap in Care: Discharge Follow-Up (Physician Listing)

Physician Group: Peralta Physician Center

Source: Treo Demo PPA/MPA Calendar 2008

This report presents diabetics who had an admission to the hospital for any cause during the reporting period. Seven day and thirty day follow up visits to any provider in the community following discharge are tracked. Patients who did not receive any follow up visits within 30 days are listed by Provider with their hospital date, length of stay, DRG, and itemized 90 day post discharge ER and inpatient experience.

<table>
<thead>
<tr>
<th>Physician</th>
<th>Inpatient Admissions</th>
<th>Inpatient Admissions without a 7 Day Follow up Visit</th>
<th>Percentage of Admissions without a 7 Day Follow up Visit</th>
<th>Inpatient Admissions without a 30 Day Follow up Visit</th>
<th>Percentage of Admissions without a 30 Day Follow up Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>8891 NORMAN X. JACKSON (DE-ID) MD</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td>8895 NORMAN Y. JONES (DE-ID) MD</td>
<td>13</td>
<td>10</td>
<td>76.9%</td>
<td>2</td>
<td>15.4%</td>
</tr>
<tr>
<td>8906 PATRICK B. GREEN (DE-ID) MD</td>
<td>4</td>
<td>1</td>
<td>25.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>8909 PATRICK C. BAKER (DE-ID) MD</td>
<td>1</td>
<td>0</td>
<td>0.0%</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>8915 PATRICK D. NELSON (DE-ID) MD</td>
<td>1</td>
<td>1</td>
<td>100.0%</td>
<td>1</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>20</strong></td>
<td><strong>13</strong></td>
<td><strong>65.0%</strong></td>
<td><strong>4</strong></td>
<td><strong>20.0%</strong></td>
</tr>
</tbody>
</table>
## Gap in Care: Discharge Follow-up

### Patient Listing

#### 8891 NORMAN X. JACKSON (DE-ID) MD

<table>
<thead>
<tr>
<th>Patient</th>
<th>CRG</th>
<th>APR DRG</th>
<th>Admission Date</th>
<th>Length of Stay</th>
<th>Within 90 Days Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLARK (DE-ID), CYNTHIA H.</td>
<td>Diabetes Level - 1</td>
<td>Knee &amp; Lower Leg Procedures Except Foot</td>
<td>2/18/2008</td>
<td>1</td>
<td>0 0 0 0 0</td>
</tr>
</tbody>
</table>

#### 8895 NORMAN Y. JONES (DE-ID) MD

<table>
<thead>
<tr>
<th>Patient</th>
<th>CRG</th>
<th>APR DRG</th>
<th>Admission Date</th>
<th>Length of Stay</th>
<th>Within 90 Days Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANDERSON (DE-ID), ANNIE Z.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 5</td>
<td>Knee &amp; Lower Leg Procedures Except Foot</td>
<td>6/25/2008</td>
<td>5</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>CARTER (DE-ID), JESSE K.</td>
<td>Diabetes - Hypertension - Other Dominant Chronic Disease Level - 6</td>
<td>Major Small &amp; Large Bowel Procedures</td>
<td>3/3/2008</td>
<td>9</td>
<td>0 3 1 1 0</td>
</tr>
<tr>
<td>CARTER (DE-ID), JESSE K.</td>
<td>Diabetes - Hypertension - Other Dominant Chronic Disease Level - 6</td>
<td>Syncope &amp; Collapse</td>
<td>4/24/2008</td>
<td>1</td>
<td>0 2 0 0 0</td>
</tr>
<tr>
<td>CARTER (DE-ID), JESSE K.</td>
<td>Diabetes - Hypertension - Other Dominant Chronic Disease Level - 6</td>
<td>Other Back &amp; Neck Disorders, Fractures &amp; Injuries</td>
<td>9/10/2008</td>
<td>4</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>EDWARDS (DE-ID), FRANCES V.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 5</td>
<td>Chest Pain</td>
<td>9/21/2008</td>
<td>1</td>
<td>0 1 0 0 0</td>
</tr>
<tr>
<td>EDWARDS (DE-ID), FRANCES V.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 5</td>
<td>Uterine &amp; Adnexa Procedures for Non-ovarian &amp; Non-adnexal Malig</td>
<td>12/1/2008</td>
<td>3</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>MARTIN (DE-ID), JESSICA Z.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 6</td>
<td>Hernia Procedures Except Inguinal, Femoral &amp; Umbilical</td>
<td>4/22/2008</td>
<td>6</td>
<td>0 2 1 1 0</td>
</tr>
<tr>
<td>MARTIN (DE-ID), JESSICA Z.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 6</td>
<td>Cellulitis &amp; Other Bacterial Skin Infections</td>
<td>8/7/2008</td>
<td>5</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>MILLER (DE-ID), JACOB X.</td>
<td>Diabetes and Other Moderate Chronic Disease Level - 4</td>
<td>Knee Joint Replacement</td>
<td>6/2/2008</td>
<td>5</td>
<td>0 0 0 0 0</td>
</tr>
<tr>
<td>RODRIGUEZ (DE-ID), EUGENE O.</td>
<td>Diabetes and Hypertension Level - 2</td>
<td>Other Pneumonia</td>
<td>5/19/2008</td>
<td>2</td>
<td>0 0 0 0 0</td>
</tr>
</tbody>
</table>

#### 8906 PATRICK B. GREEN (DE-ID) MD

<table>
<thead>
<tr>
<th>Patient</th>
<th>CRG</th>
<th>APR DRG</th>
<th>Admission Date</th>
<th>Length of Stay</th>
<th>Within 90 Days Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARTER (DE-ID), ERNEST W.</td>
<td>Diabetes and Other Dominant Chronic Disease Level - 2</td>
<td>Non-Bacterial Gastroenteritis, Nausea &amp; Vomiting</td>
<td>4/5/2008</td>
<td>3</td>
<td>0 0 0 0 0</td>
</tr>
</tbody>
</table>

#### 8915 PATRICK D. NELSON (DE-ID) MD

<table>
<thead>
<tr>
<th>Patient</th>
<th>CRG</th>
<th>APR DRG</th>
<th>Admission Date</th>
<th>Length of Stay</th>
<th>Within 90 Days Post Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>JOHNSON (DE-ID), JAMES O.</td>
<td>Diabetes Level - 2</td>
<td>Cellulitis &amp; Other Bacterial Skin Infections</td>
<td>6/16/2008</td>
<td>3</td>
<td>0 0 0 0 0</td>
</tr>
</tbody>
</table>
Condition Summary: Diabetes

This report presents diabetics, broken down by singles, pairs (those with diabetes and another chronic condition) and triples (those with diabetes and two or more other chronic conditions). It compares utilization and potentially preventable dollars associated with each group.

PMPM: Per Member Per Month
PKPY: Per Thousand (members) Per Year
PPIA: Potentially Preventable Initial Admission, PPR: Potentially Preventable Readmission
PPV: Potentially Preventable ER Visit

<table>
<thead>
<tr>
<th>Member Type</th>
<th>Members</th>
<th>% of Population</th>
<th>CRG Weight</th>
<th>Allowed PMPM</th>
<th>Allowed PKPY</th>
<th>PPIA PKPY</th>
<th>PPR PKPY</th>
<th>PPV PKPY</th>
<th>Allowed</th>
<th>Potentially Preventable Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Members</td>
<td>392,121</td>
<td>100.0%</td>
<td>1.058</td>
<td>$273.03</td>
<td>$10.52</td>
<td>5.9</td>
<td>1.7</td>
<td>64.3</td>
<td>$1,284,733,188</td>
<td>$49,521,026</td>
</tr>
<tr>
<td>All Members with Diabetes</td>
<td>14,253</td>
<td>3.6%</td>
<td>2.546</td>
<td>$718.86</td>
<td>$34.36</td>
<td>23.7</td>
<td>6.2</td>
<td>104.3</td>
<td>$122,951,547</td>
<td>$5,876,624</td>
</tr>
<tr>
<td>Singles with Diabetes</td>
<td>4,669</td>
<td>1.2%</td>
<td>0.984</td>
<td>$286.48</td>
<td>$11.60</td>
<td>12.2</td>
<td>0.4</td>
<td>65.3</td>
<td>$16,051,018</td>
<td>$649,947</td>
</tr>
<tr>
<td>Pairs with Diabetes</td>
<td>8,642</td>
<td>2.2%</td>
<td>2.784</td>
<td>$791.07</td>
<td>$36.75</td>
<td>26.0</td>
<td>6.1</td>
<td>112.1</td>
<td>$82,036,777</td>
<td>$3,811,542</td>
</tr>
<tr>
<td>Triples with Diabetes</td>
<td>942</td>
<td>0.2%</td>
<td>8.114</td>
<td>$2,199.55</td>
<td>$125.19</td>
<td>59.4</td>
<td>36.1</td>
<td>226.1</td>
<td>$24,863,752</td>
<td>$1,415,135</td>
</tr>
</tbody>
</table>

Allowed Dollars by Member

<table>
<thead>
<tr>
<th>Total Allowed $</th>
<th>Total Allowed Preventable $</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000,000</td>
<td>40,000,000</td>
</tr>
<tr>
<td>80,000,000</td>
<td>20,000,000</td>
</tr>
<tr>
<td>60,000,000</td>
<td>0</td>
</tr>
</tbody>
</table>

*Bubble size based on Members
Provider Performance Analysis
Risk Adjusted

Variation within CRG’s identifies opportunities for performance improvement

This is a drill into the “Pairs” category.

In this example Dr. Taylor is 50.56% above the risk adjusted “expected” spend on potentially preventable inpatient admissions within the “Pairs” CRG category and 14.05% above “expected” on potentially preventable outpatient (ER) visits.
The EHR Data Warehouse is an analytic engine and reporting portal leveraging the primary care practices’ EHR data from HIXNY. The EHR Data Warehouse aggregates demographic data (surrogate unique patient ID, DOB and gender) and pertinent structured clinical data elements (Problems/Diagnoses, Procedures, Medications, Allergies, Immunizations, Lab & Radiology Results, vitals and social history) from EHR source systems using HIXNY as the intermediary.

Data that is shared with HIXNY will be available downstream to the EHR Data Warehouse (Quality Data Center). The data set contains clinically rich information not available in the Payor Data Warehouse. The reporting portal includes tools for quality reporting and condition reporting. Specific tools identify gaps in care, assess provider performance across peers, and monitor progress over time. (Refer to examples in slides 37-39.)

The EHR Data Warehouse (Quality Data Center) provides complementary information to the Payor Data Warehouse.

Combined, these data warehouses and their reporting tools will facilitate the practices and the pods ability to improve chronic disease care management, population health improvement and continuous quality improvement. EastPoint Health will provide continuous quality improvement training and education to the practices and the pods. Training will include the “Plan Do Study Act” (PDSA) methodology and will also include education about goal setting, data collection, report writing and process improvement.
EHR Data Warehouse (MAeHC QDC): Peer Comparison Report

Physician A
2009 Q1
Measure - CAD: Antiplatelet Therapy Prescribed
Specialty - ALL

[Bar chart showing comparison of rates for different entities, including Collaborative Rate - 86.8%]
EHR Data Warehouse (MAeHC QDC): Drill Down Report

<table>
<thead>
<tr>
<th>Measure</th>
<th>N</th>
<th>Rate</th>
<th>95% CI</th>
<th>Rate</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAD: LDL Cholesterol Test Performed</td>
<td>93</td>
<td>32.3%</td>
<td>29.4%</td>
<td>35.2%</td>
<td></td>
</tr>
<tr>
<td>CAD: LDL-Cholesterol in Good Control (&lt;100 mg/dL)</td>
<td>93</td>
<td>19.4%</td>
<td></td>
<td>16.5%</td>
<td></td>
</tr>
<tr>
<td>CAD: On Drug Therapy for Lowering LDL-Cholesterol</td>
<td>75</td>
<td>98.7%</td>
<td></td>
<td>97.1%</td>
<td></td>
</tr>
<tr>
<td>CAD: Antiplatlet Therapy Prescribed</td>
<td>93</td>
<td>93.5%</td>
<td></td>
<td>91.7%</td>
<td></td>
</tr>
<tr>
<td>DM: HbA1c Test Performed</td>
<td>1018</td>
<td>29.4%</td>
<td></td>
<td>26.1%</td>
<td></td>
</tr>
<tr>
<td>DM: HbA1c in Poor Control (&gt;9% or Not Tested)</td>
<td>1018</td>
<td>74.8%</td>
<td></td>
<td>72.1%</td>
<td></td>
</tr>
<tr>
<td>DM: Blood Pressure in Good Control (&lt;140/80 mmHg)</td>
<td>1018</td>
<td>30.3%</td>
<td></td>
<td>27.5%</td>
<td></td>
</tr>
<tr>
<td>DM: LDL-Cholesterol Test Performed</td>
<td>1018</td>
<td>26.1%</td>
<td></td>
<td>23.4%</td>
<td></td>
</tr>
<tr>
<td>DM: LDL-Cholesterol in Good Control (&lt;100 mg/dL)</td>
<td>1018</td>
<td>0%</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>DM: Retinal Eye Exam Performed</td>
<td>1018</td>
<td>0%</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>HTN: Blood Pressure in Good Control (&lt;140/90 mmHg)</td>
<td>625</td>
<td>49.3%</td>
<td></td>
<td>46.5%</td>
<td></td>
</tr>
<tr>
<td>PED: Appropriate Testing for Pharyngitis</td>
<td>58</td>
<td>57.9%</td>
<td></td>
<td>54.2%</td>
<td></td>
</tr>
<tr>
<td>PED: Appropriate Treatment for Upper Respiratory Infection (URI)</td>
<td>194</td>
<td>95.4%</td>
<td></td>
<td>93.7%</td>
<td></td>
</tr>
<tr>
<td>PREV: Influenza Vaccination (&gt;50 yrs)</td>
<td>6037</td>
<td>28%</td>
<td></td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>PREV: Pneumonia Vaccination (&gt;65 yrs)</td>
<td>3863</td>
<td>41.9%</td>
<td></td>
<td>39.2%</td>
<td></td>
</tr>
<tr>
<td>PREV: Colorectal Cancer Screening (50-80 yrs)</td>
<td>6076</td>
<td>10.9%</td>
<td></td>
<td>9.2%</td>
<td></td>
</tr>
<tr>
<td>PREV: Breast Cancer Screening (40-69 yrs)</td>
<td>3223</td>
<td>0%</td>
<td></td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>PREV: Documentation of Smoking Status</td>
<td>12100</td>
<td>24.8%</td>
<td></td>
<td>23.1%</td>
<td></td>
</tr>
<tr>
<td>ASTHMA: Appropriate Medications Prescribed (18 - 56 yrs)</td>
<td>1</td>
<td>100%</td>
<td></td>
<td>100%</td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Confidence Interval
- Rate
- Significantly less likely to receive recommended care
- Significantly more likely to receive recommended care

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CIS and Portal View - “closing the loop”
Payor Data Warehouse

Purposes

- Facilitate quality of care / disease management activities
- Evaluation of Performance
- Treo Solutions is the proposed vendor

Quality of Care / Disease Management Activities

- Population level availability of information
  - “All care available” – Hospital / Specialty / Ambulatory / Pharmacy
- Identification of evidence based gaps in care
- Identification of patients for disease management
  - Preventable Inpatient Admission / Re-admissions
  - Risk adjusted patients with chronic diseases / high utilization
- Payor Data Warehouse first available actionable information
- Will require ongoing data feeds

Evaluation of Pilot Performance

- Utilization reporting
- Transparency of Performance
EHR Data Warehouse - Quality Data Center

Purposes

• Facilitate evidence based quality of care improvement activities
• Evaluation of performance
• Massachusetts eHealth Collaborative is the proposed vendor

Quality of Care / Disease Management Activities

• Provider level availability of information
  - Clinically rich “EMR level data” available
• Identification of evidence based gaps in care
• ‘Clinical’ identification of patients for more intensive care

Evaluation of Pilot Performance

• Evidence based quality of care reporting
• Transparency of performance
Pod 1 - “closing the loop”

- Payor Data Warehouse
- EHR Data Warehouse (QDC)
- Clinical quality portal
- Clinical care portal
- Claims portal
- Pod 3
- 3 Malone practices
- PPSO 1
- Meditech
- Adirondack Medical Center
- HIXNY
  - Locally-hosted edge server

- *3 Malone practices are intentionally represented in the Pod 1 and Pod 3 views*

- MSSNY Software (eCW Interfaces) $92k
- $45k HEAL 10 Grant (Iatric Interfaces)
- $105.5k EHX Upgrade
  - $82.5k HEAL 10 Grant
  - $23k HEAL 10 Match
- $182k (HEAL 10 Match: Interface Support from AMC)
Pod 2 - “closing the loop”

AMI - Not participating in PCMH project
Long Lake and Newcomb are included in the $30k of MSSNY software
Pod 3 - “closing the loop”

- Health Plans
  - Payor Data Warehouse
  - EHR Data Warehouse (QDC)
  - Claims portal
  - Clinical quality portal
  - Clinical care portal

- HIXNY-hosted edge servers
  - $63k HEAL 10 Match
  - $12k HEAL 10 Grant

- HIXNY Locally-hosted edge server
  - CPSI
  - Siemens
  - Meditech
  - Alice Hyde Medical Center
  - Champlain Valley PH
  - Elizabeth-town Hospital

- PPSO 3
  - eCW: 3 Malone practices
  - Medent: 9 practices
  - GE: 6 practices
  - STI: 5 practices
  - Allscripts: 1 practice
  - Sage: 1 practice
  - EncounterPro: 1 practice

- MSSNY Software
  - $20k
  - $21k
  - $11.5k
  - $18k
  - $12k
  - $16k

- HEAL 10 Grant
  - $63k
  - $150k (HEAL 10 Match: EHR Interfaces)

- *3 Malone practices are intentionally represented in the Pod 1 and Pod 3 views*

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HEAL 10 Gap Analysis

CHIxP compliance with Hospital to HIXNY interfaces
• Instead hospital messaging to HIXNY via HL7 protocols. HIXNY will transform to CHIxP format for all subsequent consumers

Electronic lab and referral ordering to hospitals and specialists
• Hospital information systems and EHR’s are not able to consume the orders at this time
• Results are available thru the EHR system or through the portal depending on the consumer

Clinical Information Services – the Payor Data Warehouse and the provider data warehouse will not be integrated.
• Reports generated will need to be cross referenced by the end user
Clinical Information Services will not be linked to HIXNY via CHIxP compliant interfaces
• Data input will be via electronic secure messaging
• Report output will be via unique user web portals

Provider counts – the cross walk between the letters of support in the appendixes was not equal to the verbiage in the narrative.
• Current participants include 98 primary care physicians and 86 primary care mid-level providers
• Specialty Providers include 47 specialists (45 plus 2 GFH Specialty Practices)
Patient Information Portal

Patient Search

Search by Demographics:
*Last Name
*First Name
*Gender
Date of Birth
Phone
Insurance ID
Or Search by MRN and Facility:
*MRN
*Facility
Recent Search Clear

HIXNY Helpdesk
For questions about using the system, problems with passwords or login, or other issues:
Tel: (518) 357-3689
The HIXNY Helpdesk is available 9:00AM - 5:00PM, Monday through Friday.

Help Files
HIXNY Portal User Manual (PDF):
Describes portal features and provides instructions for accessing and viewing patient and clinical data.
HIXNY eRx User Guide (PDF):
Describes InstantDx features and provides instructions for viewing medication data and ePrescribing.
Medication History Overview (PDF):
Provides information on types of medication history available in the clinical portal.

Important Info About Med HiX
The Surescripts patient medication history has been provided by the patient’s Pharmacy Benefit Manager (PBM) and Retail Pharmacies as a partial reference service only. You must have patient consent to view this information. The medication history should not be used as a substitution for medication history to be taken by the patient’s own physician.

Caution – The Surescripts History:
(i) May not be complete (Patients may have purchased or obtained medications through sources which bypass the PBM supplying the history).
(ii) May not include over-the-counter medications, nutritional and other substances obtained by the patient.
(iii) The patient may have switched insurance plans recently.
### Patient Search Results

#### Patient Information Portal

**User:** TESTHIXNY

<table>
<thead>
<tr>
<th>Identifiers</th>
<th>Name</th>
<th>DOB</th>
<th>Gender</th>
<th>Age</th>
<th>Address</th>
<th>Rank/InfoTypes</th>
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Business Confidential - Not for Distribution without Permission from AHI
# Medications Display

**Inpatient Medications All**

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<th>Medication</th>
<th>Dosage</th>
<th>Route</th>
<th>Frequency</th>
<th>Drug Form</th>
<th>Duration</th>
<th>Order Notes</th>
<th>Start Date</th>
<th>End Date</th>
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<td>COVERAGE INSULIN</td>
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<td>INDEF</td>
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<td>INDEF</td>
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**Outpatient Medications for Last Year**

- **Surescripts**
- **RxHub**
- **InstantDX**

**Medications Display**

**Patient Search**

**Summary Report**

**HIXNY F-Rx**

**BALL, LUCILLE**  
**F**  
**05/15/1950**  
**59 Years**

[Images and tables from the document are not rendered here due to the limitations of the text-based format.]

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Business Confidential - Not for Distribution without Permission from AHI
### Laboratory Results - CapitalCare Medical Group

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<tr>
<th>Order Item</th>
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<th>Result 1</th>
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### Demographic Details

**Patient Details**

- **Title:** 
- **Last Name:** BUSH
- **First Name:** REGGIE
- **Other Name:** 
- **Gender:** M
- **Date of Birth:** 02/23/1982
- **Age:** 27
- **Marital Status:** MARRIED

**Address Details**

- **Address:** 23 SAINTS DR
- **City:** NEW ORLEANS
- **State:** LA
- **Postcode:** 98320
- **Country:** 
- **Home Phone Number:** (518)986-5987
- **Work Phone Number:** 
- **Mobile Phone Number:** 
- **Email:** 

**Clinical Details**

- **Date of Death:** 
- **Time of Death:** 

**Physician Details**

- **Primary Care Doctor:** 

**Patient Contacts**

- **Medical Record Numbers:** 

**Insurance Information**

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**Patient Summary (Expanded) for LUCILLE BALL, F, DOB: 05/15/1950**

### Allergies

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<th>Category</th>
<th>Allergen</th>
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### Medications

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### Diagnoses

- Diagnosis: (none)
- ICD Code: (none)
- Diagnosing Clinician: (none)
- Last Updated: (none)

### Laboratory Reports

- Test: (none)
- Result: (none)
- Source: (none)

### Patient Demographics

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### HEAL 10 Project Workplan Budget

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<th>HEAL 10 Match</th>
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