

Regional Optimization of Electronic Health Information Exchange

October 29, 2018

"PAIN POINT" SUMMARY

QUESTION: What is your biggest "pain point" in obtaining patient data from sources outside of your healthcare facility?	
A – Access	<ul style="list-style-type: none"> ▪ The need to get them right away ▪ Access ▪ Not being able to find out how to log in. I have not received information on site to log in. ▪ I can see that they went to a facility but unable to see any information. ▪ Unable to see the smaller clinic practices, pharmacy, eye care providers, pain clinic information for our patients that we care for. ▪ Would like one central location as opposed to multiple entities. Currently we use NDHIN, Meditech, Allscripts, VA Community Viewer and Sanford One Chart. NDHIN is great, but formatting is difficult -- too many pages. ▪ Collaboration ▪ GETTING ACCESS TO ALL THEIR PORTALS.
B – Medication-Related	<ul style="list-style-type: none"> ▪ Getting accurate medication lists ▪ Updated medication lists ▪ Also finding an accurate medication list can be difficult.
C – Healthcare Information Gaps	<ul style="list-style-type: none"> ▪ There are wide gaps in data being reported to HIN; until those gaps close, its value is limited. In particular, lab data and physician notes are critical. ▪ Not being able to see the "big picture." If pts have been to multiple facilities we may not get the whole story. ▪ The wait time ▪ No records during time of visit leading to extra work outside of visit. ▪ Getting records back as soon as possible. Being able to see how they were treated at other facilities. ▪ Finding all the available information needed (ex: colonoscopies—we can usually find the date it was completed, sometimes the pathology report, but difficulty locating follow-up recommendations. ▪ Major clinics don't send information to NDHIN ▪ Not receiving cancer case information from ND non-reporting facilities ▪ Delays in getting information ▪ Obtaining the information timely. Sometimes it takes 2 to 3 weeks to obtain information. ▪ The amount of time it takes to get records and how it interrupts patient care. ▪ Medical history on family planning/STD patients ▪ Being able to access the information in one place ▪ Would love to obtain bulk ER/Hospital Discharge Data for every patient with one of our PCPs in spreadsheet format rather than having to search each patient individually. Also, would love to see more clinics provide data to NDHIN. Difficult to see if our patients are seeking care elsewhere due to all the small practices who don't share data to NDHIN. ▪ Different formatting with all the different facilities so not always sure exactly where the information will be found in the NDHIN.
D – Importing Documents	<ul style="list-style-type: none"> ▪ How to get CCD documents imported into our system for PI
Unfamiliarity with NDHIN	<ul style="list-style-type: none"> ▪ We don't know what data sources are or are not available. ▪ I have not worked really with this system but would like to learn more.

E – Faxing	<ul style="list-style-type: none"> ▪ The time it takes to retrieve and also when it is retrieved, receiving multiple notes that are duplicates. ▪ Time, quantity of paper ▪ Notes that are faxed or being requested via fax, office visit notes ▪ Faxes becoming overwhelming for continuity of care if a fax machine does not have paper or is not working we do not receive the fax (too much paper)
F – Other	<ul style="list-style-type: none"> ▪ As an EHR and HIE data trading partner, I am just interested in hearing the feedback from others. ▪ ? ▪ Ensure continuity of care for our patient population ▪ Connectivity, readability—not easy to find pertinent information d/t numerous pages "ugly" formatting. Direct ID's not working—systems blaming each other for problem. ▪ Getting business service agreements in place ▪ Providers have trouble with phone tag. Other site might also have Epic, but they don't talk to each other. ▪ Commonality in EHR and HIE