

**Division of Services Improvement, Clinical Technical Assistance Project
Targeted Capacity Expansion: Technology-Assisted Care (TCE-TAC)
The Centers, Inc.**

**TA 4085: Information Technology Strategic Development Call
September 3, 2014 • 3:00 pm ET**

Submitted to: Alma Rosario

Date of Submission: September 4, 2014

The Centers: Alma Rosario

JBS International (JBS): Dave Wanser, Iris Chai, and Leslie McElligott

Meeting Purpose:

The purpose of the call was to discuss the email Alma Rosario (The Centers) shared with Dave Wanser (JBS) on August 27, 2014 regarding patient portal considerations and a potential partnership with a local health information exchange (HIE) vendor:

I am working with our local HIE, Community Health IT, that uses MyHealthStory from Relay Health. They tell me that we do not need to create a client portal since they provide a portal. However, I am wondering about the clients that do not sign up for MyHealthStory, how do we give them access to anything beyond the firewall? How does this affect the clinical tools we may want to have for client engagement? I have attached their proposal for the Patient Engagement Piece as background information. I would like to discuss this further with you because I do not want to sign a contract to later find out that we have issues. Tim has approved this project as HIE is a part of the grant's goals and objectives. We are in agreement there. I am just trying to understand how this plays with the website redesign. I want to make sure I am heading in the right direction.

General Discussion:

HIE and Portal Functionality

What most HIE's offer is akin to a personal health record (or something similar) that may include access to historical information about patient prescriptions, diagnoses, and providers. Depending on its set up, HIEs can be quite useful, but some patients/providers have found them to be challenging to navigate and/or they do not provide much benefit beyond tracking client's health status.

A portal is a one-stop resource and bridge for clients to access services at their convenience. The patient portals developed by TAC grantees and those in primary care settings are more interactive and include functions like tracking mechanisms for diet and exercise, searchable resources (about behavioral health, primary care, and social services), access to telehealth platforms, and capacity to complete surveys and online assessments.

Portal Considerations

Developing a patient portal was not part of The Centers' original scope of work; however, as the team began to consider Website redesign and clinical engagement capacity efforts, it seemed that a portal may be necessary.

Community Health IT's current HIE platform allows patients to request medication changes/refills, view lab results, and make appointments. The Centers would like to use Community Health IT's portal for additional patient engagement opportunities, like the option to interface with providers. It is likely that Community Health IT's HIE will not allow for this type of functionality; however, they may have an HIE roadmap with plans to include more advanced tools in the future.

It might not be unreasonable for The Centers to utilize two portals if they serve unique functions. The portals do not need to be exclusionary, but instead can work together.

A secure portal will be necessary if more specific patient information is shared. The site will require a high level of security and encryption to comply with 42 CFR Part 2 considerations.

CoCentrix – The Centers' electronic health record (EHR) vendor – is in the process of developing a portal right now; although its functionality is still unknown. Dave noted that portals built by EHR vendors typically provide information already accessible via the EHR (i.e., they act as a conduit for clients to access information in the EHR), but are somewhat flat in terms of what they can offer specific to other engagement needs, particularly around behavioral health. This may start to shift due to meaningful use stage 2 requirements that mandate a higher level of information exchange capacity between clients and providers.

Focus Groups

Dave suggested that The Centers consider holding a focus group to determine what elements clients would find most beneficial to access on a portal. Depending on their feedback, the option to partner with Community Health IT may be sufficient. However, if clients want additional functionality, a more interactive portal may be needed.

Focus groups will also help The Centers determine the kind of information that should be made available via a secure log-in or offered on the public-facing Website (provided no personal health information is needed).

Website Development and Vendor Selection Considerations

Alma reported that the individual leading The Centers' Web development effort is focused on using the site as a platform to raise funds for the organization.

Staff are eager to move forward with developing the Website. Dave recommended holding off on this effort until a technology plan is in place. The team should first consider a long-term strategy in terms of where the Website is headed (i.e., where will it be next year – not just tomorrow?)

It is important to think through how the Website and patient portal fit into The Centers' overall plan so that the developer/vendor can move it in the right direction. When selecting a vendor, make sure they

are qualified to address issues around security. Other questions to consider: Is there flexibility and scalability in the design? What kind of experience do they have? Do they know something about behavioral health?

The Centers may wish to consider viewing a recent Webinar (*Choosing The Right EHR For You: Best Practices In Vendor Selection & Contracting*) delivered by OPEN MINDS' senior associate, Joseph P. Naughton-Travers, on strategies and best practices for choosing a new or replacement EHR, as well as tactics for negotiating your EHR contract. The information presented during this Webinar is equally applicable to choosing a portal vendor and includes some helpful tips on the kinds of questions that should be included in requests for proposals.

(Cut and paste this link into your browser): <https://www.ideas-exchange.net/connect/events/choosing-the-right-ehr-for-you-best-practices-in-vendor-selection-contracting>

Dave recently developed a patient portal briefing document which should be made available shortly.

Leadership Support

Technology is not just an add-on, and it is not an optional investment. It is a vehicle for treating clients better, engaging them in care, and using information to improve outcomes. It is important to integrate technology into the organization in a meaningful way and to have support from leadership.

Alma and J.D. McFarland (The Centers) are carefully reviewing the Healthcare Reform Toolkit. They are also meeting regularly with The Centers chief executive officer, Tim Cowart. Their next step is to get support from The Centers' Board. Tim is actively encouraging support from among leadership.

Price Point

Cost is dependent on the local-market.

A \$5,000 budget will likely not support The Centers' needs.

Federally Qualified Health Center Integration

The Centers is seeking to partner with one or more local Federally Qualified Health Center (FQHC). This effort is a large focus of their Year 2 activities.

Gaining access to the FQHC's primary care information will depend on the FQHC's arrangement with The Centers and their willingness to share information.

Facilitated Discussions

Developing a patient portal requires robust IT support, and it may be best to consider outsourcing the project. Dave recommended speaking with fellow TAC grantee, Jim Miller, from Operation PAR (jmiller@operpar.org; 727-499-9110 x368). Jim's team is in the process of developing a patient portal and may be able to provide his programming/management perspective on the task. JBS can help to facilitate a call if needed.

Upcoming:

A call is scheduled between Dave and Tim on Monday, September 8, 2014 at 3:00 pm ET to provide additional guidance.

Alma will be getting a program assistant to help with her tasks.

Leadership's plan to develop a strategic plan is slightly delayed. They need time to better understand health reform and health information technology to successfully develop a strategic plan. The Centers will share the draft plan when it is complete.