

CliniSync Update: Interconnectivity and Enhanced Services

By Anthony E. Bacevice, Jr., MD, AMCNO Past President

The Academy of Medicine of Cleveland and Northern Ohio (AMCNO) continues its active involvement with CliniSync, the Health Information Exchange (HIE) of the Ohio Health Information Partnership (OHIP). We participate in the Clinical Advisory Council, meeting every other month to advise CliniSync on both operational and strategic matters that may affect the clinical utility of the HIE. Members of the Clinical Advisory Council represent hospital systems, medical practices, payers and other end-user organizations.

The HIE provides for electronic transfer of patient information among providers, sources of clinical data (such as laboratories and imaging centers), hospitals and other entities that provide care. The Clinical Advisory Council has been engaged in providing assistance to CliniSync in the development of policies and processes for this data exchange. Items such as patient consent of information exchange, confidentiality of data and appropriate interchange of information to facilitate payment are among the topics that the Advisory Council considers.

Information that is exchanged among sources and users of data contributes to what is known as the Community Health Record (CHR). This is a longitudinal view of a patient's most recent encounters at sources of care. The CHR includes information from medical practices. The information is delivered through the continuity of care document (CCD). The CCD contains patient demographics, as well as current medications, allergies, family history, procedures performed, recent results and other pertinent information. As this information is updated by medical practices, it is then pushed out to the CHR, making it available to other users with a need to know. So, when a patient then presents to a hospital or emergency room that has CliniSync access, the CHR is available to provide important history and relevant clinical information. Furthermore, information about the encounter can then be moved to the CHR, updating the record for accuracy and completeness.

As the role of HIE expands, the CHR can be utilized to provide an appropriate subset of data for payers. This can result in more timely claims analysis and payment to providers. In addition, a subset of data that has been properly de-identified can be used for quality analysis. The continued focus on quality of care requires that both providers

and hospitals get valid information about the care that is delivered and how it compares to relevant benchmarks.

Besides the basic interconnection of electronic record systems, CliniSync provides enhanced services that can improve patient care. One of the more intriguing services offered is *Notify*. *Notify* sends an electronic message to providers when one of their patients is admitted or discharged from a hospital or emergency department. Often, a patient will receive care in an emergency department (ED) or in a hospital without the provider's knowledge. Several days or even weeks go by before that information gets back to the provider. This break in the continuity of care places the primary care provider at a disadvantage, not having the most up-to-date information about a patient. Another important benefit of *Notify* is the ability to have a patient follow-up with a provider in a more timely fashion after hospital or ED discharge. Transitions of care management in a timely fashion can improve a provider's reimbursement for services. Also, in the era of pay for performance, avoiding hospital readmissions by notifying a provider of a patient's presence in the ED can help to avoid revenue loss for both a provider's practice and the hospital. More information about *Notify* can be found at CliniSync's website.

Health information exchanges such as CliniSync are now in a position to facilitate transfer of information from a patient who is in the hospital receiving acute care to a skilled nursing facility (SNF) or a long-term acute care facility (LTAC) where extended care can be continued. Oftentimes, assembling the amount of information necessary to complete the transfer of care (sometimes communicated in the "Goldenrod" form) can be incomplete or untimely. In those cases, a delay in transfer may result. If the delay is prolonged, the precertification process may need to be

repeated, further delaying the transfer. SNFs and LTACs have both shown interest in the capabilities of data exchange through CliniSync. This becomes a "win-win" situation for both the hospital, as it struggles to decrease length of stay, and the receiving institution, as it needs the most accurate and complete data to provide appropriate care. The number of SNFs and LTACs interested in CliniSync and the HIE continues to grow.

As of the end of July, 151 total active hospitals were using CliniSync. In the same period, more than 400 organizations and more than 4,800 live users were participating in the CHR through CliniSync. More than 2 million information queries were transmitted across the HIE in the same period. Contributors to the CHR include hospitals, ambulatory centers, social service organizations, long-term care facilities, behavioral health facilities, pharmacies and, of course, providers.

The AMCNO will continue to participate in the activities of CliniSync by providing input to the Clinical Advisory Council. The AMCNO will also bring back to its membership information about further developments at CliniSync and its utilization in Ohio.

More information about CliniSync can be obtained from their website: www.CliniSync.org ■

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