



AHRQ Innovations Exchange Webinar Series:
Arizona Medical Information Exchange
(AMIE)

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Implementation Challenges
(and Solutions)

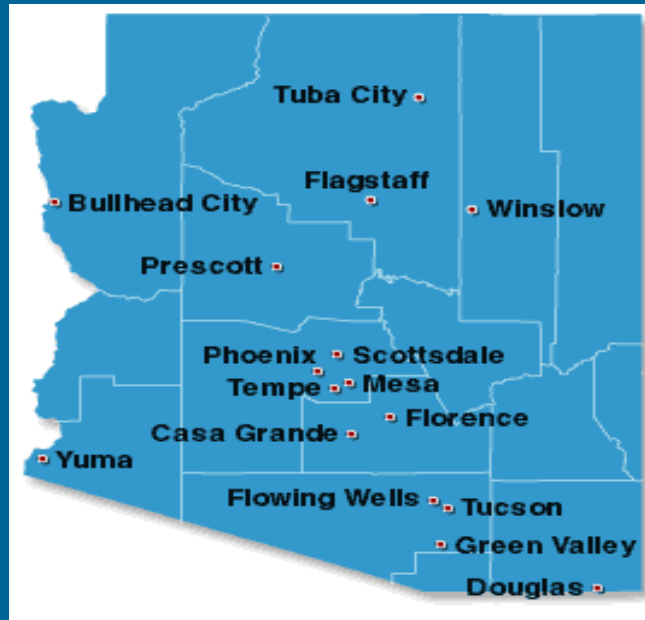
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www.azamie.gov

AMIE challenges

- Politics
- Policy
- Technology
- Funding
- Adoption
- Outreach www.azamie.gov

Think statewide. Start strategic.



Banner Health
Maricopa Integrated Health System
Catholic Healthcare West - St. Joseph's Hospital and Medical Center
Sonora Quest Laboratories
Managed Care Pharmacy Consultants

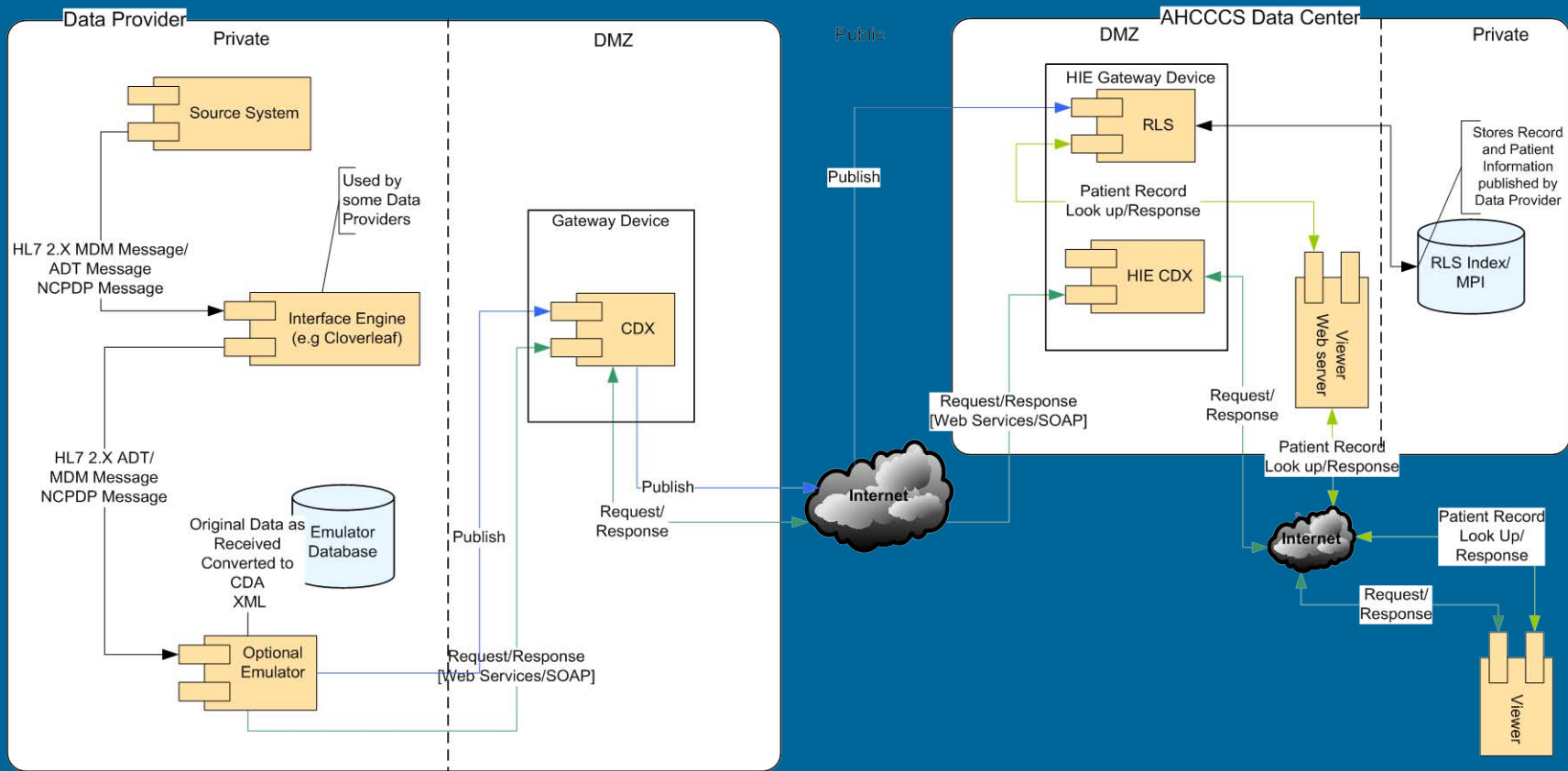
Big picture. Build trust.



“Foundation of any HIE is building social capital, a radius of **trust and goodwill**, among competing and disparate stakeholders who want to initiate an exchange.”

<http://www.ehealthinitiative.org/sitemap.aspx>

No centralized data (federated.)



“Standard” agreements and policies

- Markle Foundation core <http://www.connectingforhealth.org/>
- Participation Agreement and policies from Arizona HISPC Health Information Security and Privacy Collaborative
<http://www.rti.org/page.cfm?objectid=09E8D494-C491-42FC-BA13EAD1217245C0>
- Negotiate toward “best-practice”
 - Entity-specific concerns and agreements
 - Technical solutions
 - Expanded policies and specific procedures
 - » Patient Consent and Notice
 - » Registration and Authentication
 - » Data Access, Use and Control
 - » Data Submission
 - » Security Standards



Harmonizing statutes

(alcohol, drugs, mental health, communicable disease, reproductive health)

TYPE OF HEALTH INFORMATION	CITE	REQUIREMENT
Federal Drug and Alcohol Treatment Information	42 CFR Part 2	Applies only to federal drug and alcohol treatment programs. Permits disclosure without consent for treatment only “to medical personnel who have a need for information about a patient for the purpose of treating a condition which poses an immediate threat to the health of any individual and which required immediate medical intervention.” 42 CFR 2.51.
Mental Health Information	ARS 36-501, <i>et seq.</i>	Permits disclosure without consent to “physicians and providers of health, mental health or social and welfare services involved in caring for, treating or rehabilitating the patient.” ARS 36-509(A)(1). Applies only hospitals with licensed behavioral health facilities. ARS 36-501(19).
Genetic Testing Information	ARS 12-2901, <i>et seq.</i>	Permits disclosure without consent to an agent or employee of a health care provider if “(a) The health care provider performs the test or is authorized to obtain the test result by the person tested for the purposes of genetic counseling or treatment ; (b) the agent or employee provides patient care, treatment or counseling; and (c) the agent or employee needs to know the information in order to conduct the test or provide patient care, treatment or counseling.” ARS 12-2802(6). The statute also permits disclosure to a “health care provider that assumes the responsibility to provide care for, or consultation to, the patient from another health care provider that had access to the patient’s genetic records.” ARS 12-2802(11).
HIV and Communicable Disease Information	ARS 36-661, <i>et seq.</i>	Permits disclosure without consent to “an agent or employee of a health facility or health care provider to provide health services to the protected person or the protected person’s child or for billing or reimbursement for health services.” ARS 36-664(A)(3). Communicable disease defined as any disease reportable to ADHS or a county health department. HIV included in this category; no separate requirements for HIV.

HIE takes a village.

- Data providers
 - Executive and Strategic
 - Legal and Contracts
 - Compliance and Medical Records
 - Technical
 - Clinical
 - Outreach and Public Relations
- External Stakeholders
 - Arizona Health e-Connection www.azhec.org
 - HISPC* legal workgroup and products
 - others
- Internal Stakeholders (AMIE core team, consultants, AHCCCS leadership and operations)

Inaugural users are key.

- **40 clinician users** (MD, DO, PA, NP and delegates)
- Relationship to anchor hospital system
- Diverse specialties and settings
 - Family Practice, Internal Medicine, Cardiology, Surgery, Psychiatry, Pediatrics
 - Emergency Departments; ambulatory (academic and community) clinics; private practice; telemedicine
- **3 months** (September through December 2008)
- **3 clinical record types** (all payors-not just Medicaid)
 - Medication History (PBM claims aggregator)
 - Discharge Summaries (3 Hospital Systems)
 - Laboratory Test Results (SonoraQuest)



Set realistic expectations and communicate often.

- Letter of Understanding
- Proof of Concept (limited data)
- Multimodal communication
 - Provider Relations Manager
 - Live Training
 - Facilitated Information Gathering Sessions (FIGs)
 - Dedicated website
 - Training and Resources
 - Weekly e-Feedback Forms
 - Updates and Meeting Registration
 - Landing page for AMIE access
 - Email, telephone and visits
 - 24/7 telephone support
- Evaluation by University of Arizona)

AMIE helps avoid admissions and procedures!

- Discharge summaries are very helpful. Patients often cannot tell you what hospital they were in and in general are poor about providing medical history.
 - Pediatrician
- AMIE has proven useful for not ordering an additional **CT Scan** on a patient who presented shortly after an admit to the hospital.
 - Gastroenterologist
- After finding a discharge summary on a patient I was able to see that the patient had actually been in the **hospital** very recently. ..pull the record within minutes and locate all the patient's history.
 - Emergency Department Physician
- I was able to confirm that my patient had a cardiac workup within 90 days and was able to avoid an **admission** because of it.
 - Emergency Department Physician

AMIE helps improve safety!

The biggest benefit for me has been around patient safety. The more information you know about the patient the better doctor you will be for them.

Surgeon

A coding, comatose patient arrived. All we had was a name, no history. I crossed my fingers and went to AMIE. BANG!!! He was there! All his meds and his extensive health history was printed out quickly and in the doctor's hand.

Emergency Department Unit Secretary

The very first day after training, a physician needed a medication history. He did not know about AMIE and its power! It took me literally 2 minutes get this from AMIE.

Emergency Department Unit Secretary



AMIE helps avoid adverse drug reactions!

A patient taking a medicine for seizures thought he was off it. I was able to clarify he was indeed still being prescribed that medication.

Emergency Department Physician

An elderly patient I had seen for a few years always brought a hand-written list of meds. AMIE showed she was taking an MAO inhibitor, not listed on her list. This antidepressant medication has many serious medication and food interactions.

I had no idea she was taking this medication. I was able to contact all of her consultants and assure that her other prescriptions were safe, and that she is adherent to the dietary restrictions.

Internal Medicine Physician

AMIE combats diversion and drug seeking!

- Clearly the biggest benefit has been with drug diversion and seeking.
 - Emergency Department Physician
- The patient visited 32 different doctors and had been prescribed narcotics on average every three days before eventually presenting to the ED. I was able to intercept and provide rehab/social services to this patient. This tool has and will make a world of difference in bettering patient care and overall care at the ED level.
 - Emergency Department Physician



AMIE improves efficiency!

I feel triumphant when I find patient information AMIE. No phones calls, faxes or waiting for data to help me with clinical decisions.

– Internal Medicine Physician

I just want to say thank you....it has really helped out so much. I know there are more hospitals coming on board and not all patients are out there, but in time this system is going to be the BOMB in patient care especially for bad historians, traumas, codes, unresponsive patients, ALOC, and drug seekers.

–Emergency Department Unit Secretary

AMIE would be better if:

- ***More Data***
 - More record types
 - More data providers (including immunizations)
 - More history
 - More current
- ***More Access***
 - More users
 - More access, including PDAs
- ***More Functionality***
 - use with EMRs
 - Single sign-on

AMIE helps us see the possibilities for better care!

- Very organized and very well thought out...something that physicians have wanted for a very long time. Disparate hospitals need this. This is a fantastic effort...hope we keep it going forward.
 - Surgeon
- I think that ultimately this could be probably the most crucial intervention to revolutionize our health care in the state.
 - Internal Medicine Physician