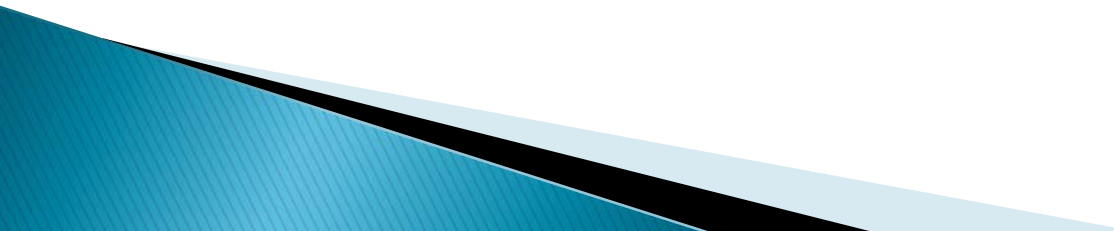# Integrating Mississippi's IIS with the state HIE:

- What worked?
- What didn't?
- What's left to do?

Latrina McClenton, RN, MSN, MPH (MSDH)   Mike Garcia, BA (MS-HIN)

Agenda

▸ MIIX / MS-HIN Background

▸ MS Public Health HIT Landscape

▸ MIIX / MS-HIN Solution

▸ Summary

MIIX Background

- ## Mississippi Child Immunization Act: 1994
  - Current vendor: STC

- ## Key Functionality of MIIX
  - Bi-Directional Query, Inventory Mgmt, Coverage Reports, Preparedness, Reminder/Recall, etc.

- ## MIIX Numbers
  - Patients: ~1.2M
  - Users: ~2900
  - Facilities: ~750

MISSISSIPPI STATE DEPARTMENT OF HEALTH
MIIX

MIIX Interoperability Team

▸ CDC Grant, MU Commitment, Best Practice

▸ MIIX "Interop Team"
  ◦ Eight Team Members
  ◦ Supervisor, Project Coord's, HL7
    and MU SMEs

▸ Interface Numbers
  ◦ Production
    • 25 Orgs; 175 clinics
  ◦ Testing
    • 32 Active Orgs; 116 clinics
  ◦ Waiting List
    • 173 Orgs; ~600-800 clinics

MISSISSIPPI STATE DEPARTMENT OF HEALTH
MIIX

Aftermath of Katrina…

MS-HIN Background

- The Mississippi Coastal Health Information Exchange (2008)
  - MS Gulf Coast: Five Hospitals; 12 FQHC clinics

- **State legislation** was signed – forming MS-HIN & governance structure (2009)

- MS applied and received federal ARRA / HITECH – HHS Grant (2009)

MS-HIN Background

- Smallest State Agency in MS

- Utilizes MSDH administrative arm
  - Appropriations
  - Contracting, Procurement, HR, etc

- Sustainability Model
  - Requires participation fees for
    - Hospitals
    - Independent Providers
    - Health Plans
    - Government Agencies

MS-HIN Current Services

- Consolidated Clinical Data

- Public Health Reporting
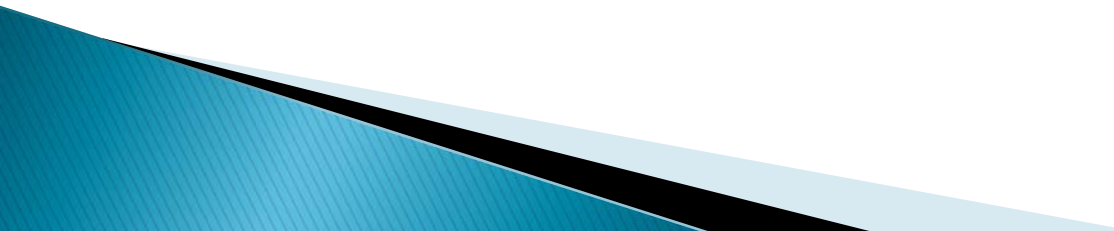
- Care Coordination / MU Tools

- Notifications / Alerts

MS-HIN Future Services

- Image Sharing

- Population Health / Analytics

- Patient Engagement Solutions

Live Hospitals

Hospitals Onboarding

Committed Hospitals

Current Numbers
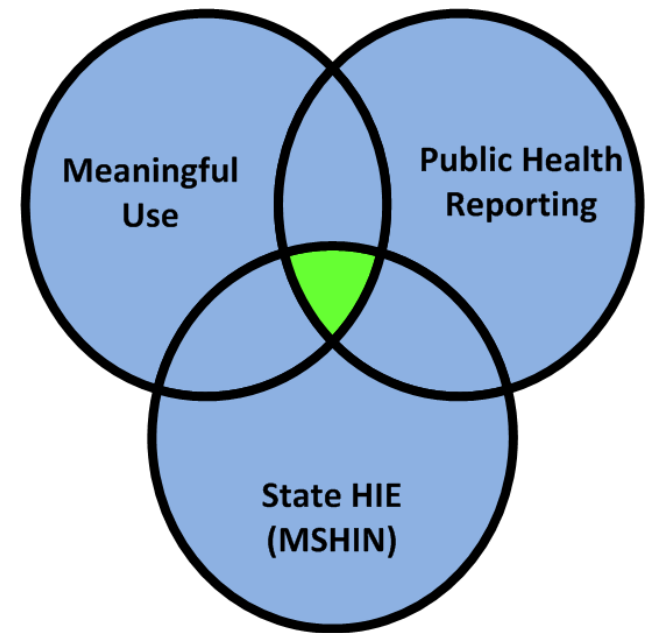
- Unique Patients: 900,000+

- Participating Hospitals: 13

- Participating Clinics / FQHCs: 275+

- Hospitals in Active Onboarding: 41

- Total HL7 messages sent to the CHR: 1,739,620 (JAN 2015)

- Chart Views: 4,986 (JAN 2015)

Mission: *As the state HIE, provide sustainable, trusted exchange of health information to improve the quality, safety, and efficiency of healthcare for all Mississippians*

- Benefits of MS-HIN

  - Patient-Based Consolidated Clinical Data

  - Improved patient safety

  - Enhanced Care Coordination

  - Quality measures impact: readmissions, duplicate testing, CQM's, etc.
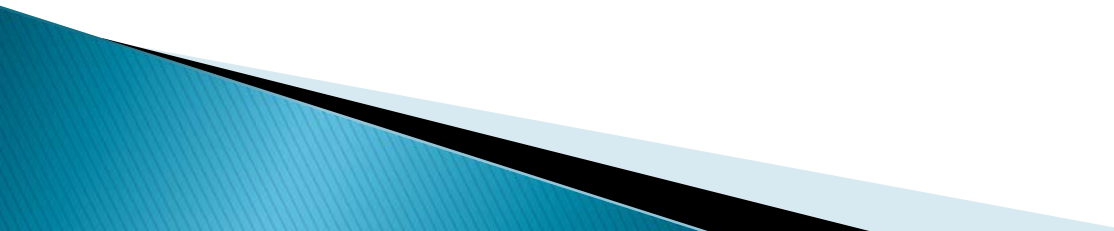
MS Public Health 'HIT Landscape'

▸ State Health Officer
- ◦ Chair, MS-HIN Board
- ◦ State Designated Entity for MS-HIN
- ◦ Public Health Objectives

▸ Leveraged Solutions

▸ Ease of Use

▸ Partnerships / Relationships

▸ "Value Oriented" vs. "Mandatory Reporting" Culture

MS Public Health 'HIT Landscape'

- Published internal MSDH/MS-HIN "Action Plan"
  - "One Team, One Solution, One Message"
  - Curtailed deployment of Rhapsody
  - Introduced the "MS-HIN/MSDH Liaison"

- Created Policies:
  - All MU PH data must be reported via MS-HIN
  - Waived MS-HIN Implementation and participation fees for immunization interfaces
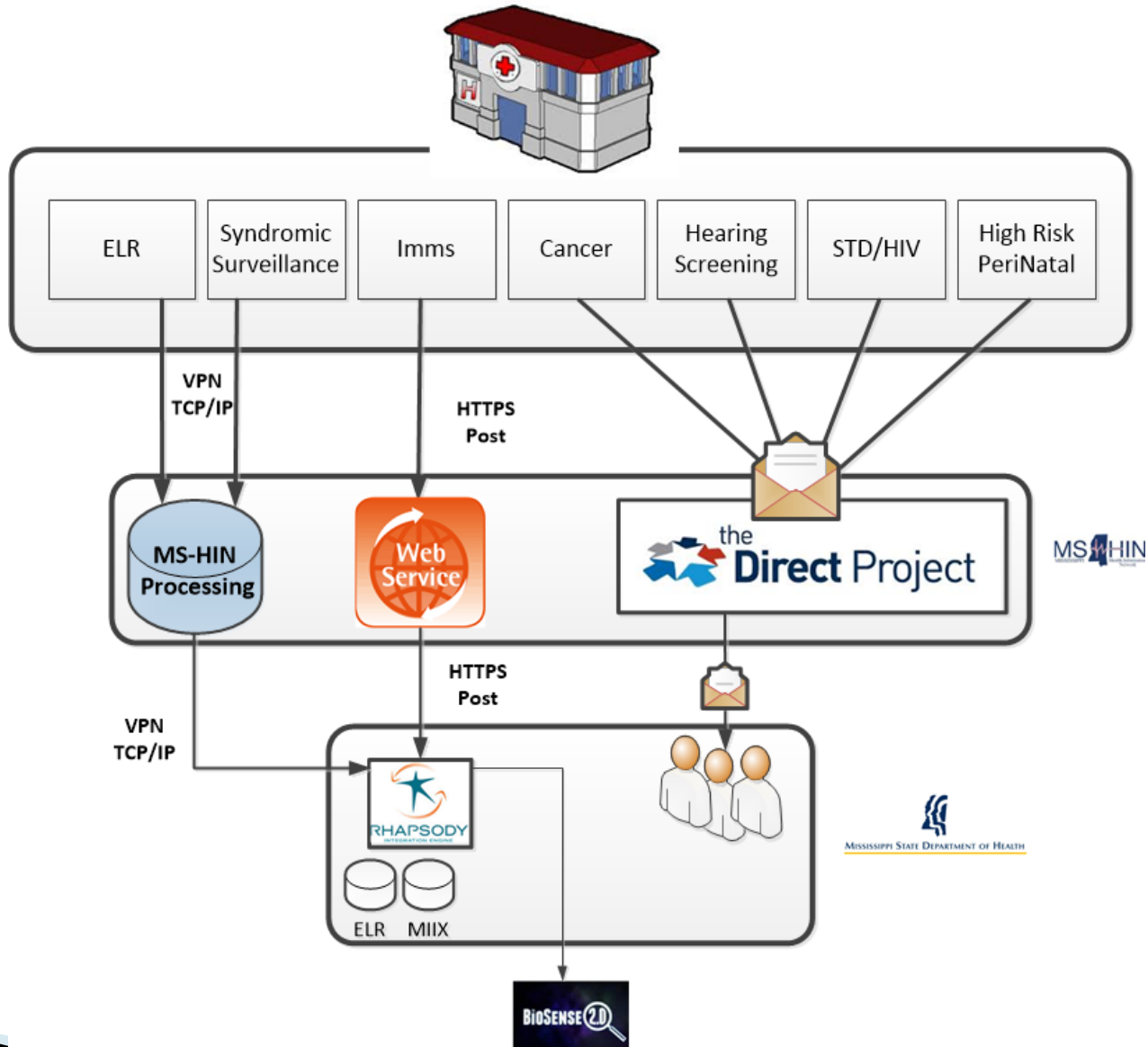 - Branded MS-HIN as the **"MS Public Health Reporting Gateway"**

MSDH / MS-HIN Liaison

- Time split 50 / 50 between MS-HIN and MSDH

- MSDH Role
  - Meaningful Use Coordinator
  - Ensure appropriate program use of MS-HIN Tools
  - Assist in policy, process, communications development

- MS-HIN Role
  - Increase MS-HIN Participation
  - On-Boarding support
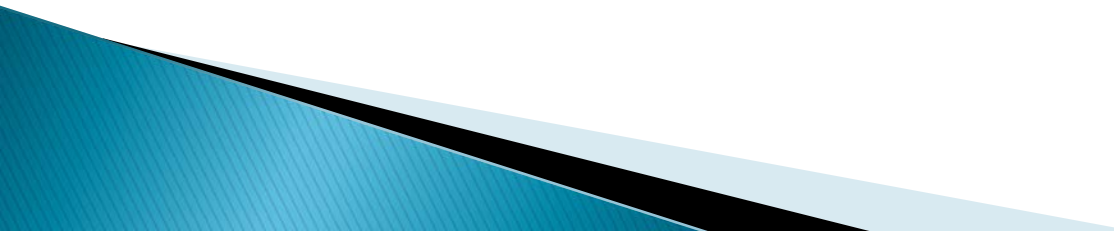 - Strategic Planning
  - Grant opportunities

MIIX / MS-HIN Solution

- Solution Parameters:
  - One IIS in the state; one forecasting algorithm, etc.
    - Federated Model: No data consumed, stored, by MS-HIN
  - "Just in case…" scenario
    - Reduce risk

- MS-HIN Immunization Gateway
  - Pass-thru; adheres to the MIIX Implementation Guide and MIIX Transport Solution
  - Developed by the HIE vendor
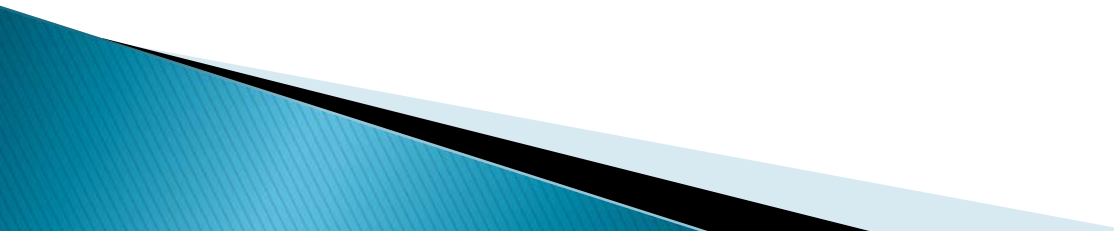
- MIIX Interoperability Team does ALL on-boarding

MSDH / MS-HIN Reporting

What worked….?

- ▶ MSDH Health Officer Support

- ▶ Technical Solution
  - ◦ Pass Thru

- ▶ MS–HIN Support: Time Savings for MSDH
  - ◦ "C–Level" access
  - ◦ "Prep" work
  - ◦ "Data quality" message

- ▶ MSDH Policies

What Didn't....?

- MS-HIN Vendor Public Health Understanding
  - Immunization Providers landscape
  - Use Cases

- Business Model
  - MS-HIN Vendor costs
  - Provider costs

- Start Up Difficulties
  - MS-HIN: Delay in building the Gateway
  - MSDH: Change is difficult....

- Developed from scratch (missing key capabilities: reporting, administrative ease of use, troubleshooting tools, etc)

- Troubleshooting methodology

What's Next....?

- MS–HIN Immunization Gateway Upgrades
  - Administrative Tools
  - SOAP? HL7 3.0?
  - Technical Documentation
  - Other non-standard MSDH reporting
- New Interop staff
  - Opportunity to revise, train on new processes
- Access to MIIX via the MS–HIN Community Health Record

Summary – Recomendations

- Department of Health
  - Compromise
    - Teaming arrangement

  - Don't Compromise
    - Pass Thru Solution
    - Provider interaction
    - On-boarding

  - Highest level of support

- HIE
  - Know/Understand IIS Use Cases

  - Compromise
    - Broaden the HIE team

  - Don't try to boil the ocean (Pass Thru)

  - Implement and move on…