EPHC Data Integration Initiative

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National Rural Health Resource Center

April 2022

Who is the Eastern Plains Healthcare Consortium? (EPHC)

Mission:
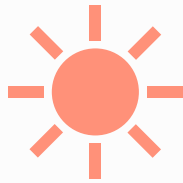Pioneers in fortifying rural health

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Our story

Our beginnings

- Began in 2015 with four critical access hospital (CAH) members
- Battled trust issues and rural competition
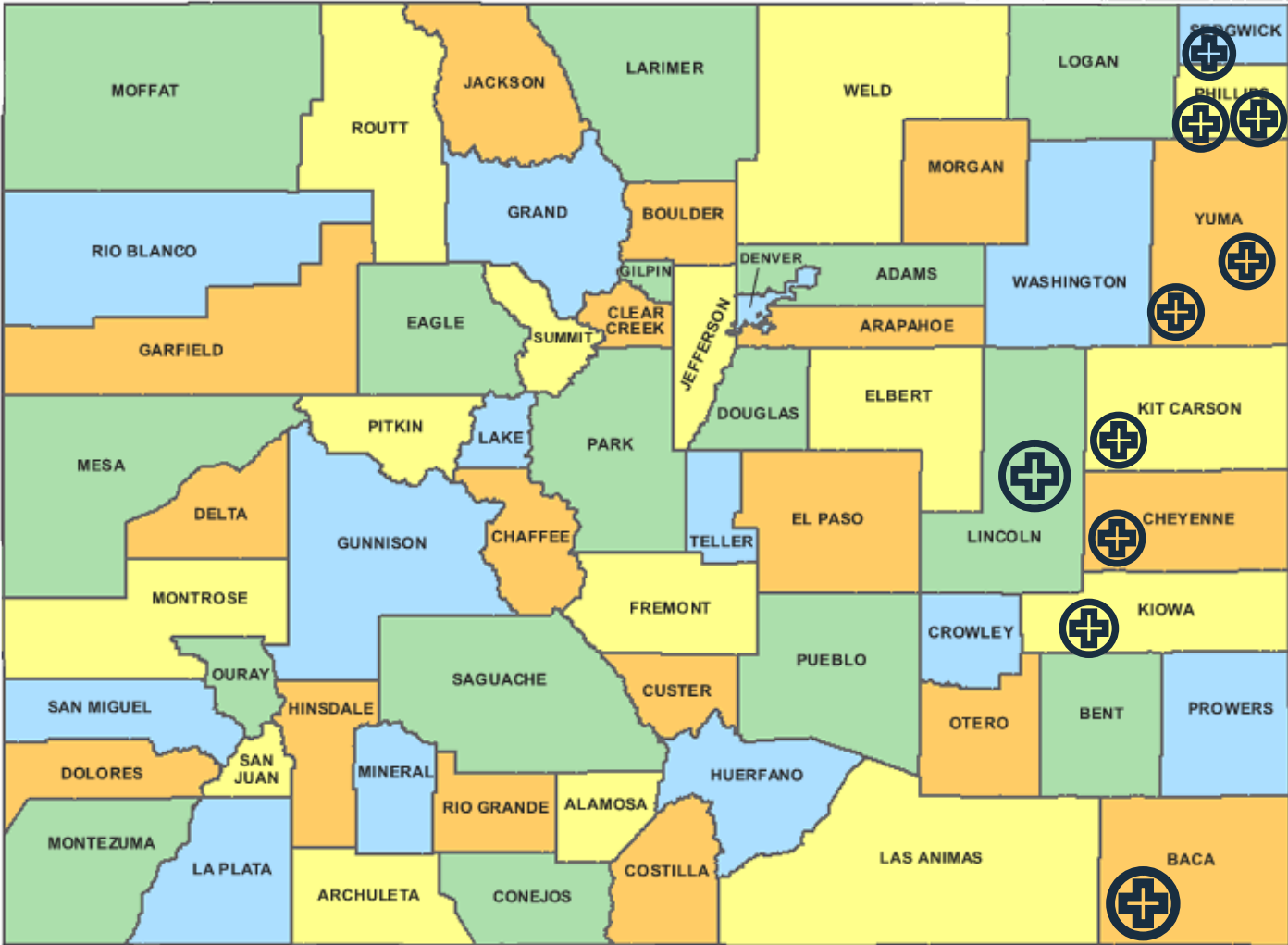- Collective need to remain independent

Our present

- 10 CAH members + health system
- State and national recognition
- Funded by over 10 funders and federal sources

Our future

- Grow model for building your own sustainability

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Geographic landscape

Some of our programs

Staff sharing

- Currently nurses
- Expanding to other areas

Affinity groups

- HRSA Network Development
- All C-Suite
- Quality Directors

Insurance reform

- Highest premiums, lowest reimbursement
- Self-insured model

CHNAs

- Individual community health needs assessments (CHNA)
- Regional priorities

Policy and advocacy

- Statewide
- Local
- Federal (i.e. CMMI)

Telehealth

- Behavioral telehealth
- Remote patient monitoring

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Our data journey

01

The origins

2019 desire to better understand data for decision making

02

Medicaid requirements

Initiative requiring significant data burden

03

Our guru

Contracted with Merakinos Data

04

Visioning

Combined operational with strategic data uses

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01

Hospital Transformation Program

Five year plan

Requires sophisticated claims data reporting and communication

How we went rogue

02

Interprofessional data access

CEOs

Quality Directors

CFOs

Community stakeholders

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03

Quasi-Health Information Exchange (HIE)

Options urban-centric

Current participation is costly & cumbersome

Currently on multiple electronic medical records (EMRs)

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04

Policy and insurance reform

Take a proactive response

Data driven to address all population demographics

Start with hospitals and move to full community

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Current Colorado originated data sources

EMR data

- Seven different EMRs
- Clunky systems
- Don't speak to one another
- Additional reporting often impossible

CIVHC

- Can purchase claims datasets ($10k+ per hospital)
- Only cover commercial and public payors
- Includes cost of services
- Data at least six months old

ODHIN

- Based out of Colorado Hospital Association
- Includes uninsured
- Includes items like outmigration

Data limitations and barriers

Cost

- Unfeasible for one hospital alone
- Must repeat the cost over again

Digestion

- Can require advanced education to understand
- Not catered to specific interprofessional

Varying platforms

- So many add-ons!
- One solution that works for all

Application

- Social determinants of health (SDoH) + clinical
- Labor to apply data to decisions

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i2i

i2iSystems®

Solutions Creating Healthier Populations

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i2i uses and outcomes

EMR add-on
Automatic data reporting on HTP metrics

Longitudinal outlook
View progress in perpetuity

EPHC connection
Connects data across all 10 hospitals

Quasi-HIE
Establish practices for cross-regional data access

SDoH integration
Combining claims with community data

External connection
Connect and send data with additional entities (i.e. RAE)

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Data dashboard considerations

Frequency

Put out monthly with regional quarterly review

Stakeholder

Designed with metrics to meet all stakeholder needs
- CEOs
- CFOs
- Quality

Application

Strategic and operational applications

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Executive HTP Summary Report

		Overall Status	Components Status		Regional Status	More Detail
RAH1	Follow-Up Appt Made + RAE notification	🔴	RAE notified 🟡	Appt Made 🔴	🔴	→
RAH2	Follow-Up Appt Attended	🟢	ED Appt Made 🟢	ED Appt Attended 🟢	🟡	→
COE1	Transmission of Care Record	🟡			🟡	→
SW-BH3	ALTOs and Opioid Use	🟢	ALTO use 🟡	Opioid Use 🟢	🟢	→
SW-CP1	SDoH Screening	🔴	SDoH Screen 🟢	RAE notification 🟢	🟢	→
SW-BH1	Discharge planning + Notification for SUD	🟡			🟡	→
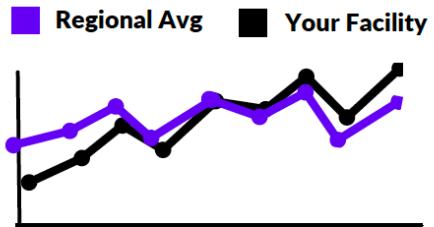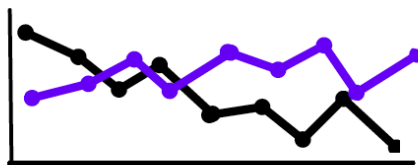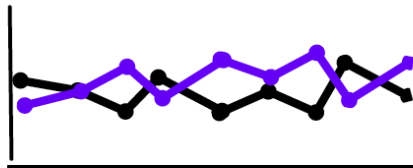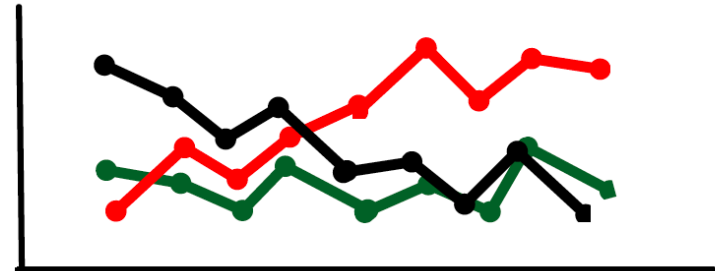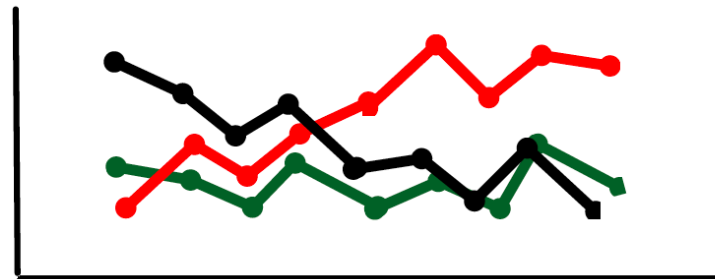
Data and insurance reform

Requires a proactive versus the standard reactive response to the rural and frontier payor landscape

Data with insurance reform: uses and outcomes

Employer-based

Data to support employer-based payor systems

Community-driven

Decisions on data use made by full community

Incremental approach

Using data to determine the stepped approach

Transparent data

Requires fighting anti-trust legislation that has been piggy-backed

Local care first

Data to support providing care in the local community

Centralization of care

Data provides input on how to share services for full scope of care in the region

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Data timeline

Y1

FY22

- Integrate i2i among all members
- Prototypes of data dashboard
- Initial data analysis on insurance reform

Y2

FY23

- Report on i2i to State
- Integrate SDoH with claims data
- Re-introduce insurance reform legislation backed by data

Y3

FY24

- Move data-decision making into all areas of hospital operation
- Launch self-insurance model

Y4

FY25

- Learn and evolve based on environmental conditions

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Gratitude

why gratitude? "When we try to pick out anything by itself, we find it hitched to everything else in the Universe." -John Muir "With mindfulness, every moment of everyday is a precious jewel." -Thich Nhat Hanh "Joy is what happens to us when we allow ourselves to recognize how good things really are." -Marianne Williamson "The thankful receiver bears a plentiful harvest." -William Blake "We can only be said to be truly alive in those moments when our hearts are conscious of our treasures." -Thornton Wilder

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Let's stay connected!

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https://www.easternplainshealth.org/

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