INTRODUCTION
Everyone agrees that it is in the best interest of residents for long-term care and acute care providers to collaborate and exchange information electronically. Implementation of electronic health record (EHR) systems and data exchange is one of the key tenets of the Affordable Care Act. Yet many providers are struggling to make data exchange with their acute care partners a reality. Disparate systems, security concerns, rapidly changing technologies, evolving standards and different interoperability theories and goals conspire against their success. That being said, stories of successful collaboration are beginning to emerge and this is one of them.
Benedictine Health System (BHS) and Allina Hospitals are successfully exchanging Continuity of Care Documents (CCD) today and the development of this interoperability was funded with an eHealth Connectivity Grant from the Minnesota Department of Health. Think about that for a moment. A large acute care provider and a government entity collaborated with a long-term care provider to develop something useful, not to mention the fact that two leading software vendors, MDI Achieve (developer of MatrixCare®) and Epic, cooperated as well.

PROJECT OVERVIEW
This story begins with BHS’ collaborative culture. BHS President Dale Thompson fostered a culture based on core values of hospitality, stewardship, respect, and justice. Those core values extended into the development of strong partnerships with many acute care partners including Allina. Years of behaving as a collaborative partner resulted in a relationship that brought Allina to the table.

The next key ingredients were the vision and creativity of Bill Krantz, BHS’ experienced information technology leader. Bill understood the value of electronic data exchange from the beginning. MDI Achieve, BHS and other partners had collaborated on a grant more than 10 years ago that established one of the first integrations between an EHR and pharmacy systems in the United States.

Adopting and using health information exchange in BHS is seen as an opportunity to create efficiencies in the admission/discharge processes and to get the right information into the hands of decision makers sooner. They expect to produce better outcomes and improve transitions through the use of electronic exchange. They also believe that having the ability to electronically exchange information with their hospital partners will make them a more desirable discharge destination and will help them in creating and maintaining good relationships with those partners. In addition, they are bringing something to the table that most hospital partners want: access to better information in a more timely and efficient fashion. This project served as an example that long-term care can participate in the interoperability arena if given the opportunity and a little support.

To make CCD exchange a reality, Bill knew he had to do his homework and be a bit of a diplomat as well. One of BHS’ first steps was to talk to MDI Achieve about the possibilities and what would be needed to accomplish electronic CCD exchange. In addition, they asked for and received a commitment from MDI Achieve that they would do what needed to be done within a specific timeframe. Equipped with details of how the data
exchange would work and what it would mean to them, BHS approached Allina. Allina said that they had been actively discussing internally how they could address data exchange with their long-term care partners, with the assumption that the capability didn’t exist yet. They felt BHS’ approach was the best they had seen so far and consistent with data exchange methodologies that Allina was pursuing with other hospital partners and agreed to participate in the project.

With the key players on board, the next step was to fund the project. Acute care providers have resources and funding, some in the form of Meaningful Use Incentives, to fund technology initiatives. While long-term care was unfortunately excluded from Meaningful Use Incentives, BHS knew there was money available in the form of an eHealth Connectivity Grant from the Minnesota Department of Health.

With some tweaks based on input from Allina and MDI Achieve, BHS worked with a project manager from the State of Minnesota to structure the grant in a way that would be beneficial to all parties and complete the application. Throughout the grant application process, BHS worked with MDI Achieve and Allina to ensure that the scope, time and budget for the project were something that everyone agreed to and could be delivered upon. The success of this process was due to the willingness of all parties to collaborate to achieve a win-win-win for all concerned, most importantly, for the residents.

Another important element to this project was the approach to interoperability. Many EHR vendors are exchanging PDF documents. While the information is valuable, it is only marginally better than faxing. MatrixCare and EpicCare (EHR used by Allina) exchange structured and typed data that can be consumed as discrete data elements and used to drive clinical decision support by the systems in the future. In addition, the data is generated on demand, reflecting the most current resident information available versus pulling data from an MDS file which can be days or weeks old and does not include all of the data contained in a CCD.

Now the admissions staff at BHS facilities uses MatrixCare to request CCDs from Allina’s EpicCare software. If the patient has provided consent, the CCD record is electronically transmitted to MatrixCare where it can be viewed by admissions staff that have the proper security tokens. This document can then be uploaded into the appropriate resident chart. The process works similarly in the other direction; Allina personnel can also request a CCD from within EpicCare to pull a CCD file from the MatrixCare records.
LESSONS LEARNED

• The fact that interoperability is such a new concept means that there are many definitions, projects, theories, and goals being worked on by a variety of organizations with differing expected outcomes. Depending on who you talk to, their vision and what they communicate is based on their perceptions, who they have talked to, and what they are trying to achieve. Conclusions are drawn and decisions are made based on the information available which varies from organization to organization. Ask questions to make sure why a position is being taken and what is really being said is understood. Don’t be afraid to suggest new ideas and theories and ask “why not?”

• The technical work is easier than the people/processes work. Getting people to understand new workflows and processes and why they should change their current work processes takes education, time and patience.

• There is increasing recognition that long-term, post acute care (LTPAC) should be included in health information exchange activities but limited resources are available to make that happen. LTPAC software vendors have to develop the capabilities to conform to Meaningful Use standards which can be challenging without funding from their customers or other sources. Given the continuing reimbursement cuts from Medicaid and Medicare, it is difficult for LTPAC providers to absorb software rate increases from their vendor to pay for this development.

• Don’t believe everything you hear, try to validate everything. Documentation is very important in providing high quality care and in ensuring regulatory compliance with electronic data exchange.

• Be as transparent as possible regarding goals and thought processes. Encourage others to provide candid feedback. There are no real blueprints right now, just lots of theories and ideas based on different sets of information.

• Be willing to change your plans when you receive more or better information. You’ll know a lot more at the end of the project than you did at the beginning.

• Think win-win. These projects are complicated and need to be structured in ways that are beneficial for everybody.
NEXT STEPS
BHS is continuing to work with the facilities involved in the initial project to ensure that electronic CCD exchange becomes a part of their work processes. And this functionality is being extended to other BHS and Allina locations. BHS is also in discussions to leverage this work to exchange data with their other healthcare partners and health information exchanges (HIE).

The next major phase of this work is to determine how to go about consuming CCD data in MatrixCare. Technically the data could be consumed today but BHS decided to get legal and clinical input before incorporating third-party data into the clinical record.

CONCLUSION
The benefits of this project extend to organizations far beyond BHS and Allina. The connection between the MatrixCare software and Allina’s Epic database means that any MatrixCare customer would have the ability to exchange a CCD with any Allina location and vice versa, provided the appropriate business agreements were in place and minor setup steps were executed.

In addition, this software development can be leveraged further by creating additional connections to other certified hospital system EHRs or to HIEs.

Interoperability projects are complicated and often face challenges on a daily basis. They also yield great benefits to all concerned, especially to residents. With initiative, creativity, collaborative partners, and a win-win attitude, everything is possible.