HealtheConnections RHIO Transitioning HIE Platform to Mirth
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The Change

1. **What drove the need to seek a new HIE solution?**

    Our three year contract with our current vendor is set to expire in March 2013, requiring notification of renewal in December 2012. As with many contract renewals, we decided that it was appropriate to investigate HIE alternatives. We started this process in early 2012 and subsequently launched a formal RFP process with qualified vendors, to evaluate the best solution to meet our current and future needs. Moving the 2+ years of information in the HIE to a new solution and limiting disruption with the existing data feeds and services were most important in the evaluation process.

2. **Why move away from the current solution?**

    There were three primary reasons:
    1) Cost, Functionality and Value: The on-going operational cost of the current platform is very high for the value delivered. Close to 100% of our HIE software and services costs go toward "core" HIE functions (data repository, consolidated patient record viewer, and results delivery capability). In order to support other needed HIE functionality and services, our cost on "core" services needs to be less. These capabilities include alerts and triggers, CCD exchange, clinical messaging, DIRECT mail exchange internal and external to our RHIO, flexible and more responsive integration capabilities to increase EMR integration and the growing need to provide analytic and reporting services.
    2) Service and Support: There is a need to deliver reliable and responsive services more effectively.
    3) Long-term vision and viability: The current platform is built upon an aging infrastructure that requires major transformation.

3. **What other drivers were important in making the decision to change?**

    a. Direct access to the inbound and outbound data; in raw and translated forms; along with access to the data translation tables for each source. In today's environment we have limited visibility to this data.
    b. Need for HIE functions and capabilities not currently available including: alerts and triggers, CCD exchange, clinical messaging, DIRECT mail exchange with providers HIE participating providers and external providers.
    c. Need to drive cost down for "core" HIE services.
    d. Need to invest in foundational analytics capabilities to support population health and other requested and expected information needs.
    e. Ensure HeC's HIE services are available and benefit all clinical users in the region.
    f. Ensure that our HIE vendor has the flexibility and long-term focus on delivering HIT solutions that benefit the region.

4. _Will there be a cost to participants for the transition to Mirth?_

HeC does not charge participants at this time. The HIE is funded with a sustainability plan/process supported by Excellus BlueCross BlueShield, MVP Healthcare, EBS-RMSCO and POMCO. This process could change in time. HeC pays the integration fees to set up the integration between an EMR vendor and the HIE. However, some EMR vendors charge physician practices directly for HIE integration and support.   As we continue to grow and add to our services, a sustainability plan will be developed to support the long-term funding needs of the HIE.

5. _Who is Mirth?_

Mirth is a global leader in Health Information Technology, delivering solutions that dramatically reduce the time, cost, and technology barriers to healthcare transformation. Mirth Products are used by several well-known Healthcare Organizations such as:

Mayo Clinic, HealthBridge, Southern Piedmont Beacon Community, Lone Star Circle of Care, Crescent City Beacon Community, Colorado Beacon Community (QHN), San Diego Beacon Community, Redwood MedNet, OCPHRIO (Orange County)

Founded in 1993 and headquartered in Irvine, California, Mirth aims to transform health information technology by making high-value information technology solutions available to the healthcare community on an open source basis. Its service-backed open source offerings break through the cost barriers to achieve more cost-effective and responsive HIT solutions.
Mirth Corporation was recognized as one of the top vendors in HIE Client Satisfaction according to the market research firm Black Book, one of the nation's top measurements of independent technology and services in the healthcare industry.
Mirth is privately held with strong revenues, bookings and cash positions.

6. _Will Mirth be hosting our HIE solution?_

Yes. Mirth will be hosting our HIE solutions on our own provisioned servers in their data centers – which are SAS-70 and HIPAA compliant.
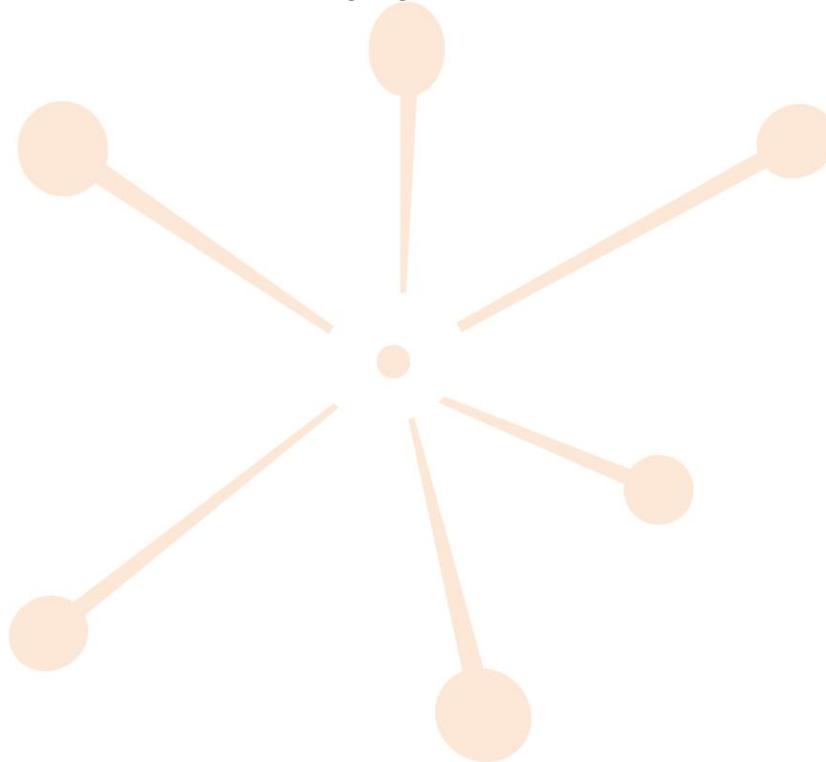
Data Integration

7. **What about all the data we currently have in the HIE?**

    All provider, patient data, and required audit data will be migrated to the new Mirth platform.

8. **Do the current inbound and outbound data feeds to the HIE from hospitals, laboratories, radiology centers, practices have to be re-implemented?**

    As we implement the new Mirth platform, the existing inbound data feeds will also be routed to and built in parallel in Mirth. Re-direction, testing and validation of the data feeds into Mirth will be done by HeC Integration staff; thereby, minimizing the need for data source staff efforts. Existing VPN connections between HeC and the data sources will need to be updated/re-directed but this work is minimal. All practices receiving results from HeC will continue to do so going forward with Mirth, too.

9. Will all the current integrations and services migrate over to Mirth?

Yes. All current data and feeds will be migrated to Mirth. Mirth has a clinical viewer for consolidated patient records. This will implemented with NY state consent access policies. Existing EMRs will be integrated into Mirth for sending data to the HIE and for the delivery of results (lab, rad and transcribed reports) from the HIE. Referral capability will be implemented for existing EMRs and participants. Lab Ordering through the HIE will be implemented for Samaritan Hospital to Medent practices only - at this time. (Lab Ordering is an extensive integration that requires significant implementation and on-going support by all parties, including HeC. As present, we have a hold on rolling this out further.)

10. Will the HIE be "down" when this change occurs?

No. The Mirth HIE solution is being built in parallel to our current HIE. All existing data will be extracted, transformed and loaded into Mirth. Existing data feeds will be re-directed to Mirth in parallel as well.

11. Will users of the HIE need to be re-validated for use?

Yes. HeC will work with participating organizations to re-validate their users and associated rights. Users will be given new passwords and requisite training. With Mirth, users will only need one ID to access the HIE; users with access rights from more than one participating organization will select their affiliation from a pull-down list.

12. Will this change affect the consent process in place?

Existing consent forms and process will remain the same – per NY State Policy. Mirth will manage access to patient records according to NY State Policy requirements. The manual consent process will be modified with the new user interface.

13. What are the plans to communicate this change to all participants?

We are developing a detailed communication and training plan for all participants. HeC staff will be arranging information and planning sessions with participants to discuss the change and to plan its implementation. We will also use our website and email as communication vehicles for this change.

14. *What other additional functionality/features will be available with Mirth?*

While the initial focus with the transition to Mirth will be to ensure that all current functionality is in place when launched, there will be some new features and functions that will be part of the overall Mirth solution. Some of this functionality will be available immediately; some will be rolled-out after the launch. Based on what the sources can send to the HIE the patient consolidated record will include: diagnoses, medications, conditions, allergies, immunizations, social histories, vitals and custodians. Additional functions that will be implemented over time will include configurable clinical alerts and triggers, CCD exchange, clinical messaging/chat between providers and DIRECT secure mail exchange with regional participating providers and national participating providers. We are designing Mirth to be a "clinical workspace" for users to be able to manage patient consent, view consolidated patient records, send/receive referrals, send/receive clinical messages/email, view radiology images and request and download clinical documents in various formats (PDF, CCD, HL7, etc.)

15. *Will there be a new user interface to view consolidated patient records?*

Yes. There will be a new user interface for the HIE. This new interface will require re-authorization and re-training for use. The interface is Windows based and intuitive to use. HeC will be scheduling re-training and providing training materials for this new user interface.

16. *Will any functionality be lost with this change?*

Yes. When we launch, we will not have the Surescripts interface for medication fills. We are working with Surescripts and Mirth to enable this integration.

17. *Will the change to Mirth assist the pace of connecting physician practices to the HIE?*

Yes. Mirth's strength is connectivity – it has strong capabilities to receive and send information to physician practices. With Mirth, we will be implementing CCD exchange between participants and the HIE. Many EMR vendors exchange information with HIEs using CCD exchange (continuity of care document -- an industry standard). We see this capability being extremely important for bi-directional exchange of patient clinical histories and for the implementation of referrals. Additionally, we plan to increase the use of the HIE with physicians that do not have an EMR or who have an EMR that does not support HIE connectivity, through their use of the HIE for secure messaging, referrals and viewing the consolidated patient record.

18. *Will the change to Mirth benefit providers who do not use an electronic health record system or cannot connect to an HIE?*

Yes. For providers that do not have an EMR or who have an EMR that does not support HIE connectivity we offer access to the consolidated patient record. Providers will have the ability to print and download patient clinical summaries and will be able to have a secure mailbox for the delivery of results and for sending/receiving referrals.

19. *Will the new HeC HIE be connecting to other clinical entities - outside of the region - for broader patient clinical information needs?*

Yes, but not immediately. HeC has been approved and has taken the first steps to participate in the eHealth Exchange (NwHIN) – which will enable us to share information bi-directionally with the Veterans Administration (VA) and the Department of Defense (DoD). HeC has an active project with the VA to implement connectivity by 3rd quarter of 2013 and will be looking to leverage this connectivity with the DoD. HeC is one of less than 100 national entities approved and participating in the eHealth Exchange and is only the second entity in New York State. HeC will also be implementing a scaled down version of the NwHIN called DIRECT which will enable two trusted entities (e.g., a physician and a referred specialist) to share medical records. We will be using DIRECT for both intra-regional and extra-regional information sharing.

20. *Will the new HeC HIE be connecting to New York State's health information network, the SHIN-NY?*

HeC is a member of the SHIN-NY (State Health Information Network of New York) and will be working with the state in the implementation of statewide services that may include patient lookup, provider lookup and patient portal capabilities. We are also planning to implement the Universal Public Health Information Network (UPHN) for integration supporting bio-surveillance and public health reporting objectives with New York state public health entities. This integration currently supports newborn baby screening, immunization registry and syndromic surveillance for population disease outbreak and prevention.

21. *Will a web portal be offered for patients to view their own records in the new HeC HIE?*

With Meaningful Use Stage 2 requirements, there is a need for patients to increase interaction with their providers for care. This includes the patient's ability to view, download and transmit their health information in a timely fashion and to communicate with their provider using secure messaging on relevant health information. HeC has been approached by a number of regional healthcare providers regarding the development and implementation of patient portal to meet these two requirements. We plan to launch a workgroup to better understand the requirement and needs of our regional providers.