

*Presentation to:*

## 2013 National Adult and Influenza Immunization Summit



Kathy Lewis, M.P.H.

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### Agenda

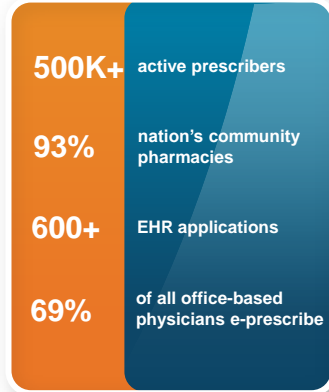
- About Surescripts
- Surescripts Approach to Clinical Messaging
- Trends Affecting Adoption of Immunization Reporting
- Goals of the Surescripts Pharmacy Immunization Program
- Pharmacy Immunization Program Initiatives
  - The Physician Notification Letter (PNL) Initiative
  - The Immunization Registry Reporting (IRR) Initiative

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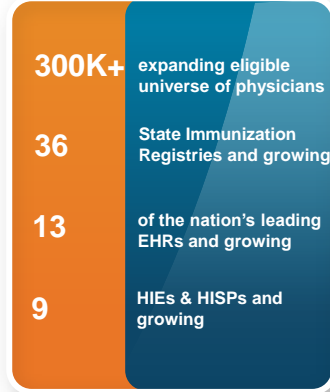
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## Surescripts: The National Network for Clinical Data Exchange

### E-Prescribing



### Clinical Interoperability



Clinical Interoperability numbers represent active, contracted and imminently contracted organizations

## Challenges of Clinical Data Exchange

A survey by Surescripts of 400 physicians illustrates the challenge of sharing clinical information:

- 55 percent of physicians report that important patient information always or frequently arrives after the patient visit
- Fax machines remain the most common mode of communication by far: 91 percent of doctors use fax machines to share information with other doctors, and 57 percent use the telephone
- Electronic Health Records (EHRs) are tied with the U.S. Postal Service, at 53 percent

## Health Care Technology Hasn't Reached the 21<sup>st</sup> Century Yet

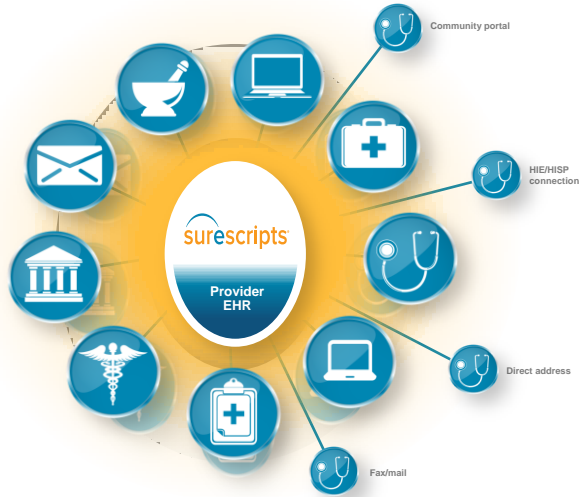
*The Path to Continuously Learning Health Care in America*, the 2012 report from the Institute of Medicine, says:

- The US healthcare system wastes 30% of its cost, or \$750 billion, on unneeded care, administrative overhead, and fraud
- If other industries worked like healthcare, an ATM transaction would take a full day, laborers building a house would each use different plans without talking to each other, stores wouldn't post prices, car warranties would not be offered, and airline pilots would make up their own pre-flight check list if they felt like following one at all
- Many potential solutions for creating a continuously learning healthcare system involve technology

## Surescripts Clinical Interoperability (CI) Overview

- Surescripts created the CI Program to help achieve the following objectives:
  - Increase the value of network connectivity by:
    - Extending the reach of the network through the enrollment of a richer set of participants in the healthcare ecosystem
    - Expanding the breadth of information available to participants in the network
  - Support new and emerging business models for pharmacies and PBMs
  - Enable providers to achieve Direct-compliant, clinical data exchange objectives required by Meaningful Use (MU) [Stage 1, Stage 2 and beyond]
    - E-Prescribing
    - Summary of Care
    - Immunization Registry Reporting to public health
    - Hospital Lab Result reporting to public health

## Surescripts Enables Health Information Exchange Across the Health Care Eco-System



- Integrated
- Broad reach
- Expanding range
- Trusted

## Expanding Functionality Integrates into EHRs to Support a Wide Range of Formats and Processes

### Representative Formats:

- CCD/CDA
- CCR
- HL7
- PDF
- Text
- Image

### Example Processes & Workflows:

- |               |                      |                                     |
|---------------|----------------------|-------------------------------------|
| ■ Referrals   | ■ Continuity of care | ■ Immunization records              |
| ■ Admissions  | ■ Transition of care | ■ Structured and unstructured notes |
| ■ Discharges  | ■ Gaps in care       |                                     |
| ■ Lab results |                      |                                     |

## CDC Pioneered Immunization Reporting Standards

- Centers for Disease Control (CDC) Immunization HL7 2.5.1 Standard was adopted for American Recovery & Reinvestment Act (ARRA) Meaningful Use requirements for eligible providers
- Surescripts worked collaboratively with the CDC to educate state and other registries regarding the CDC data set for immunizations and to encourage adoption
- Surescripts analysis of registries found a high degree of variation across state and regional registries with regard to connectivity, data elements, patient consent, provider identifiers and other key components
- Interest in complying with Meaningful Use has caused a traffic jam at public health departments



## Meaningful Use: Driving Immunization Data Exchange

- Meaningful Use – Stage 1
  - Menu (optional) objective for Eligible Providers (EPs)
- Meaningful Use – Stage 2 (final rule issued 8/23/12)
  - Core (required) objective for EPs: Collection of immunization data
  - Measure: successful ongoing submission of immunizations from CERHT to public health agencies
  - Content: Transmit via HL7 2.5.1
  - Vocab Standard: HL7 Standard Code Set CVX – Vaccines Administered (August 15, 2011 Version)
- Meaningful Use – Stage 3 (proposed) — EHR able to receive and present immunization history and recommend immunizations

## Pharmacy Immunization Program Goals

- Support pharmacists in the delivery of health care services
- Enable notification to primary care physicians of immunizations provided to their patients
- Enable pharmacies to meet regulatory reporting requirements for immunizations provided
- Meet evolving industry standards for immunization reporting
  - ARRA Meaningful Use Stage 1 and Stage 2 standards; analyzing requirements for Stage 3
  - Other standards with which our pharmacy customers must comply
- Build the foundation for clinical data exchange

## Physician Notification Letter (PNL) for Immunizations



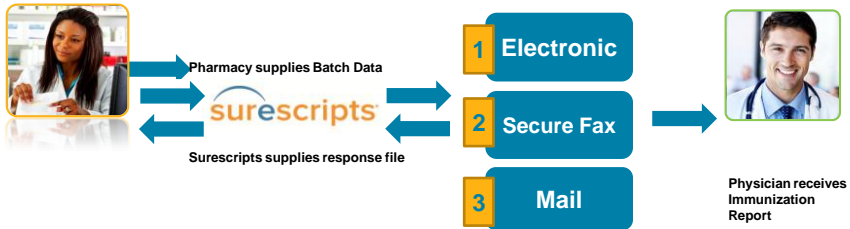
## What is PNL for Immunizations?

- A more efficient way for **pharmacists** to deliver immunization notifications
  - Records are sent directly to physicians via the best option available to them - electronic, fax or mail
- A more effective way for **physicians** to supplement case histories
  - 39 percent of office-based doctors frequently miss immunization records during patient visits
- A more coordinated way to document **patient** care
  - More complete histories lead to more thorough patient conversations and better health outcomes

## How Does it Work?

- Primary Care Physician information is collected from the patient and recorded with documentation of the immunization
  - Pharmacies can use existing directories that they already have available
- Pharmacy sends daily batch file via secure File Transfer Protocol (sFTP) with all immunizations performed
- Surescripts performs a file-level validation to accept the file and each record within the file
  - Implementation guide describes required and optional data such as Physician Last Name, Vaccine Name, Date, etc.

## How Does it Work? (continued)



- Surescripts routes immunization data to physicians
  - Surescripts Guaranteed Delivery provides advanced routing, with failover capability, to ensure physician receives immunization data
  - Leverages data provided by the pharmacy (fax number/address) and Surescripts Directory information to identify the best route
- Surescripts provides response file back to pharmacy for reporting
  - Includes errors and notification of routing method
- Returned mail is routed to address of pharmacy's choice

## Example Letter

Customer Branding surescripts  
The Nation's E-Prescription Network

Dear Physician:

Customer provided immunization services to the patient named below at our immunization clinic. He or she identified you as his or her primary care provider. An immunization record card was completed and given to the patient. Please update this patient's chart to include the attached immunization information listed below.

In addition, immunization information is also reported to the state immunization registry where required.

Sincerely,  
Customer Pharmacist

Primary Physician Name: Michael R Kuhn  
 Physician Phone: 847-528-6675 Physician Fax: \_\_\_\_\_

Patient Name: Dean Rutherford DOB: 09/06/1968  
 Patient Phone: 612-276-5462 mm/dd/yyyy  
 Patient Address: 920 Second Ave S  
 Minneapolis, MN 55402

Pharmacy Address: \_\_\_\_\_ Pharmacy Phone: 612-339-0363  
 815 Nicollet Mall  
 Minneapolis, MN 55402

Vaccine Administered	Dose	Injection Route / Site	Manufacturer	Date Administered	Lot Number	Expiration Date
ZOSTAVAX INJ SINGLE DOSE VIALS 10 PACK	1 mL	SC / Left Arm	Merck	04/06/2012	1601AA	01/18/2013

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## What are the Benefits?

- Reduce costs from low value activity removal while improving care delivery, safety and health outcomes
  - Expands capabilities of pharmacies and makes them a bigger part of the care continuum team
- Redirect valuable resources to revenue generating activities
- A complete business framework
  - End-to-end management eliminates the time - and resource-intensive process of sending notifications
- Easy implementation
  - Surescripts works with pharmacies before and throughout launching the service

## Pharmacy Requirements and Data Elements

- Pharmacy must have ability to upload, via sFTP, a batch file as outlined in the implementation guide containing required data elements
- Pharmacy must have internal process to collect required data elements from patients
- Data elements are outlined in the implementation guide, and include information such as...
  - Patient Information, Primary Care Provider Information, Vaccine Information, Administration Details, Administering Provider Details, Care Facility information (where vaccine was given), Processing Information, and other relevant information

# Immunization Registry Reporting (IRR)



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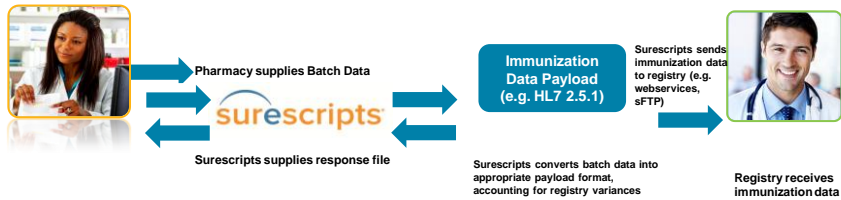
## What is Immunization Registry Reporting?

- A more efficient way for **pharmacists** to deliver immunization data to state, territory, or regional immunization registries
  - Records are sent directly to registries in HL7 format
- A more effective way to meet **registry** reporting requirements
  - Many states require, by law, reporting of immunization data to state registries
- A more coordinated way to document **patient** care
  - More complete histories lead to better health outcomes for patients

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## How Does it Work?



- Pharmacy sends batch file via sFTP with all immunizations performed
  - NOTE: The batch file is DIFFERENT than the PNL batch file
- Surescripts processes immunization data, converting to required format
  - Usually HL7 2.3.1 or 2.5.1, though most registries have additional variances
- Surescripts routes to immunization registry for reporting
- Surescripts provides response file back to pharmacy for reporting

## Pharmacy Requirements and Data Elements

- Pharmacy must be able to upload batch file, via sFTP, containing required data elements as outlined in the implementation guide
- Pharmacy must have ability to collect required data elements as outlined in the implementation guide on administered vaccinations
- Data elements in the implementation guide are based on all registry requirements, normally based on the CDC HL7 2.3.1, 2.4, or 2.5.1 guides for Immunization Messaging
  - These data elements generally include state assigned facility ID, patient demographic information, and vaccination information such as CPT/ CVX codes
  - Surescripts converts batch file to appropriate format for each registry, including any registry specific variations

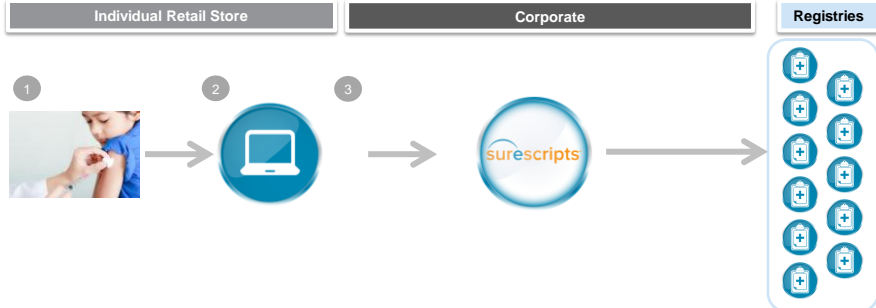
## What are the Benefits?

- Redirect valuable resources to revenue generating activities
- Fulfill local registry reporting regulations through standardized reporting to each registry
  - Shield pharmacies from managing the complexity of unique registry payload requirements (e.g. HL7, Flat File, etc.) and communication requirements (e.g. webservices, sFTP, etc.)
- Convenience, ease of use, and low maintenance
  - Surescripts maintains connections to all state or regional registries
- Easy implementation
  - Surescripts solution enables rapid deployment to all registries

## Legal Considerations Related to Registry Reporting

- Every Immunization Registry has trading partner agreements that must be signed between the Pharmacy and the Registry
- Each agreement is different, and will take time for review
  - Depending upon resource dedication, agreements can vary significantly in legal review time, and can become a roadblock for deployment
- Some registries require that **each** pharmacy location sign an agreement, others will allow a global corporate agreement
- Reporting is **mandatory** in some states, but **voluntary** in others
- Patient consent requirements varies from state-to-state
  - Pharmacies should have an opt-out/opt-in procedure in place

## Surescripts Immunization Reporting workflow simplifies the pharmacy process and ensures program scalability



- 1 Pharmacist administers immunization
- 2 Pharmacist enters data in pharmacy management software
- 3 Corporate system aggregates data and sends to Surescripts

**Surescripts' solution offers:**

Connection to 45 registries by end of 2013

No wait time to develop (months/years)

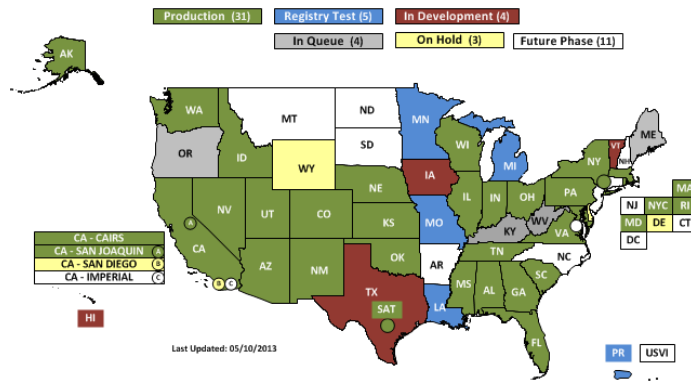
No need to worry about continuous changes at registry level

Surescripts provides a confirmation of receipt by the registry (not just a one-way push of information as is the case with pharmacy developed alternatives)

Data validation with registries improves data quality

## Surescripts is Successfully Implementing Immunization Registry Reporting

### IMMUNIZATION REGISTRY REPORTING



## Challenges Remain in Standardizing Immunization Reporting to Registries

- Surescripts is actively working with 45 of 61 immunization registries identified. Of our 36 current registry partners, 1/3 have yet to move to the current HL7 2.5.1 CDC/Meaningful Use-compliant data exchange standard
- Nearly a quarter of registry partners don't provide automated notice of errors, resulting in a need for Support intervention
- Registries vary greatly regarding responsibilities of participating providers, especially around patient consent requirements
- Registries typically use clinic or store level identifier assigned by registry. Surescripts recommends the National Provider Identifier (NPI) as the organizational identifier standard

## Growing Standard Immunizations Data Exchange

- Pharmacists:
  - Ask patients to identify a primary care physician when they request an immunization
  - Be sure to obtain patient consent to share data with a primary physician and the immunization registry
- Physicians:
  - Ask your EHR vendor to join the Surescripts CI network, so that you can receive a Direct address and receive Physician Notification Letters electronically
- Public Health, including Registries:
  - Adopt CDC/Meaningful Use Standard: HL7 2.5.1 data exchange standard – before the move to MU Stage 3 immunization registry query
  - Support National Provider Identifier as standard organization ID
  - Provide automated notice of error messages to streamline data submission
  - Leverage information technology effectively

## Questions and Discussion



[Kathy.Lewis@Surescripts.com](mailto:Kathy.Lewis@Surescripts.com)

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