



Use Case Scenario Summary

Use Case Scenario Name:	Information for Veterans
Use Case to Which Scenario Belongs	eHealth Exchange
Sponsor:	Michigan Department of Health and Human Services and Veterans Affairs
Date:	March 7, 2019

Executive Summary

This brief section highlights the purpose for the use case scenario and its value. The executive summary gives a description of the use case’s importance while highlighting expected positive impact.

About 6 million of the nation’s 21.6 million veterans receive regular care from Department of Veterans Affairs (VA) hospital facilities. Many of these veterans also see non-VA healthcare providers.

Since the VA and non-VA providers have different computer systems, it is difficult for both to access all of the records they need to manage a veteran’s care. Presently there is no “bridge” between electronic records at the VA and electronic records at non-VA providers. As a result, a veteran’s electronic health records (EHRs) at a VA facility can be missing information on care provided by private sector healthcare systems, and a veteran’s EHRs at a private sector facility can be missing information on care provided from a VA facility.

By enabling the electronic exchange of a veteran’s health information between VA and non-VA providers, all providers treating veterans will be able to coordinate better and improve the overall quality of care for veterans.

Purpose of Use Case: The Information for Veterans use case scenario enables providers in private-sector facilities and in VA facilities to request each other’s EHRs for veterans’ health information through the statewide health information network. Additionally, this use case scenario enables participants to respond to those requests for health information with a veteran’s longitudinal record, such as those contained in Continuity of Care Documents (CCDs). This allows for a full and consistent visibility into a veteran’s status as a patient for both VA and non-VA providers.

Overview

This overview goes into more details about the use case.

As a first step in bridging the gap between VA facilities and private-sector facilities, the VA created the “Choice” program in November 2014 to offer veterans a wider range of healthcare options. The Choice program allow veterans to use private-sector health facilities using VA benefits if the veterans cannot get a timely appointment at a VA facility or if they live more than 40 miles from a VA facility. This is a very significant first step. However, more work is needed to ensure continuity of care for America’s veterans.

The VA uses a query-based exchange to find and receive healthcare information from other participating organizations that know the patient. In addition, the VA also supports inbound find and receive requests for healthcare information from other participating organizations. All together this provides immediate access to important health record information at the point of care.

Virtual Lifetime Electronic Record (VLER) is an EHR program that tracks the medical history of American soldiers through their entire service, from active duty to veteran status. VLER also makes veterans’ medical records more portable across the U.S. The VLER Health Program allows VA healthcare providers, non-VA healthcare providers and veterans to securely share limited health information from a veteran’s health record electronically.

VLER Health has two tools for sharing health information between VA and trusted non-VA healthcare providers:

1. VLER Health Exchange is a program that enables VA and non-VA providers to securely access certain health information for veterans electronically using the former eHealth Exchange, now called the Sequoia Project. The VA requires a veteran-signed authorization (VA Form 10-0485) prior to sharing veteran health information with non-VA providers over the eHealth Exchange.
2. VLER Health Direct (VA Direct) allows VA providers to send select information (e.g. referrals) about a veteran’s healthcare to a non-VA provider using Direct Secure Messaging, a secure electronic communications tool similar to email.

The Information for Veterans use case supports and enhances the exchange of health information for veterans, such as the information contained in CCDs. This is done by using an infrastructure service called the Common Gateway Service (CGS). CGS is connected to and can communicate to the VA (and VLER) through the Sequoia Project (eHealth Exchange). It also offers the capability to send, find, receive and use healthcare data throughout Michigan or with other states or organizations also connected to the Sequoia Project.

Persona Story

To explain this use case, this section follows a persona example from start to finish.

Alice Vargas's life after returning from a tour in Afghanistan has not been easy. While there, she was caught in an explosion which cost her half of her right leg. Everyone in her life (from friends to family) tries to be supportive, but none of it seems to help.

Alice is suffering from post-traumatic stress disorder (PTSD). Her doctor at the Veterans Affairs hospital and psychologist at the local community mental health clinic have tried different treatments, with disappointing results. Now Alice copes by smoking more than a pack a day and drinking more than she used to. She will try anything to calm her nerves and help her forget the terrors of war.



Alice made a clean break from the military and enrolled in the Integrated Disability Evaluation System to help her get a normal 9-to-5 job at the local post office. She loves the daily structure of the tasks in her job since it reminds her of the military, but because of her injury she feels very different from those around her. That was a feeling she never experienced in the military. Sometimes she wonders if she will ever feel whole again.

Thanks to the Information for Veterans use case scenario, Alice is able to get the help she needs from the right facility (VA or other) and be assured that each of her doctors are able to communicate with each other and have up-to-date information on her recovery. It is one more tool helping Alice to find her place after giving so much for her country.

Diagram

This diagram shows the information flow for this use case.

CGS consists of a CONNECT gateway together with an exchange broker. It utilizes the Nationwide Health Information Network (NwHIN) protocols for "Exchange Transactions" to send healthcare information using the Document Submission (DS) message, or to request healthcare information using the Patient Discovery (PD), Query for Document (QD), and Document Retrieve (DR) messages to other Sequoia Project participants. Other participants are federal agencies such as the Social Security Administration, Department of Veterans Affairs, and Centers for Medicare and Medicaid Services.

The CGS exchange broker manages message transformation and routing not only to and from the Sequoia Project but also to and from Michigan's trusted data-sharing organizations (TDSOs). This service allows TDSOs to send and receive messages in a number of protocols whether NwHIN SOAP, or the more widely used IHE standards for XCA or XDS.b.

The following are examples of the basic data flow:

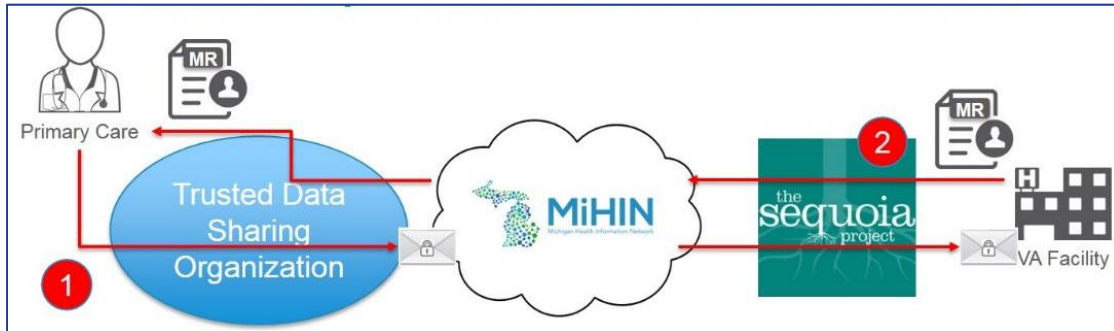


Figure 1. TDSO Requests to VA



Figure 2. VA Request to TDSO

The Common Gateway Service is depicted in the figure below:



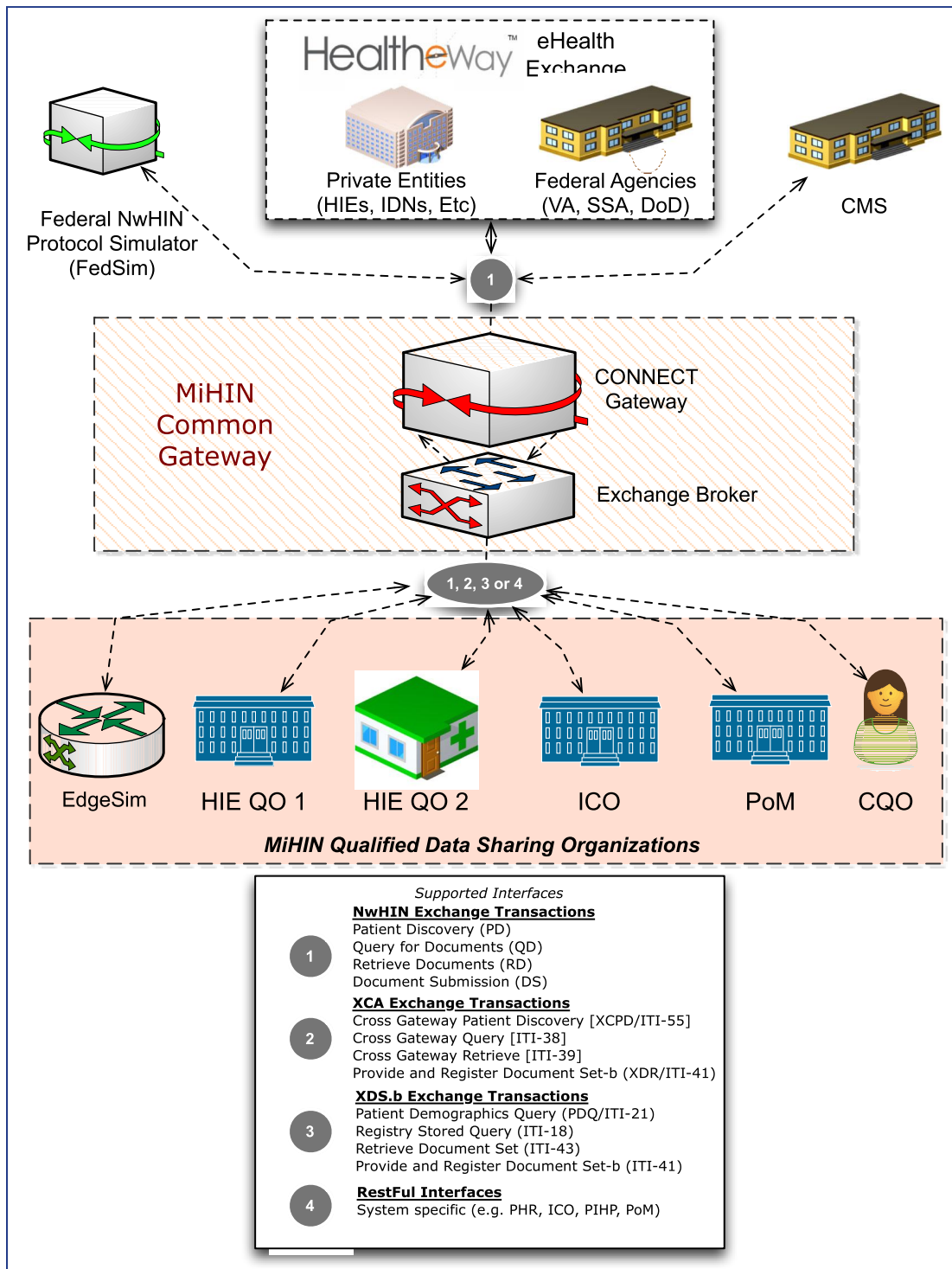


Figure 3. CGS Context Diagram

Regulation

This section describes whether this use case is being developed in response to a federal regulation, state legislation or state level administrative rule or directive.

Legislation/Administrative Rule/Directive:

- Yes
- No
- Unknown

- Veterans Access, Choice, and Accountability Act of 2014

Meaningful Use:

- Yes
- No
- Unknown

Cost and Revenue

This section provides an estimate of the investment of time and money needed or currently secured for this use case.

Costs

This use case scenario includes the following cost components:

- Development of message protocols compatible with certified EHR systems to send and receive requests and CCDs to and from the VA (completed)
- Health Information Exchange Qualified Data Sharing Organization development and implementation to onboard with the CGS exchange broker (optional)
- Hospital/Health system implementation and integration (approximately \$30k each)
- Provider organization implementation and integration (costs could vary between \$10k-\$30k per organization)
- Pilot and testing costs for transmission of health information to and from the VA for participating organizations (costs could vary between \$10k-\$30k per organization)

Revenues

Presently no revenue opportunities have been identified for this use case although this is subject to change. The primary value of this use case is derived from better, more timely, more consistent care for veterans between the VA and the private sector.

Additionally, significant cost savings and labor reduction are introduced by the electronic exchange of health records for veterans and easier, more consistent access to veterans' health information among VA and private-sector facilities.

Implementation Challenges

This section describes the challenges that may be faced to implement this use case.

There are four implementation challenges for this use case scenario:

- Communicating its availability and capability to private sector healthcare providers
- Compelling participation to begin sending and receiving health information for veterans to and from VA facilities via MiHIN
- Building the participation of the VA and VA facilities
- The potential need for additional development by EHR vendors to support this type of communication with VA facilities.

Vendor Community Preparedness

This section addresses the vendor community preparedness to readily participate in the implementation of this use case.

Some large EHR vendors are prepared to participate in this use case due to their native support of NwHIN protocols. Other vendors can be enabled to participate in this use case by integrating with the CGS the cost for which is estimated in the vicinity of \$30k. There are third-party solutions available to hospitals and health systems, which can be integrated with both their EHR and CGS.

Support Information

This section provides known information on this support for this use case.

Political Support:

- Governor
- Michigan Legislature
- Health Information Technology Commission
- Michigan Department of Health and Human Services or other State of Michigan department
- CMS/ONC
- CDC
- MiHIN Board

Other: Department of Veteran Affairs

Sponsor(s) of Use Case

This section lists the sponsor(s) of the use case

- Department of Veteran Affairs
- Michigan Department of Health and Human Services
- Michigan Health Information Network Shared Services

Metrics of Use Case

This section defines the target metrics identified to track the success of the use case.

The key metrics for this use case scenario include:

- Number of healthcare providers enrolling and participating in the electronic transmission of CCDs through MiHIN
- Frequency and quantity of CCD submissions by private-sector providers and hospitals
- Frequency and quantity of CCD submissions by VA facilities
- Cost savings achieved at hospitals/health systems/VA facilities

- Reduction in processing time and resources required for healthcare providers to respond to requests for documents from the VA

Other metrics will be identified.

