Leveraging Internet2 for Nationwide Interoperable HIE
**Agenda**

- **Introduction**  
  Michael McGill

- **National & NC Perspectives**  
  Holt Anderson

- **New Mexico Perspective**  
  Dale Alverson, MD

- **Challenges & Opportunities**  
  Mark Johnson
National & NC Perspectives

Holt Anderson
NCHICA
Priorities & Goals

• Appropriate clinical decisions at the point of care informed by:
  – Patient’s health history from all sites across the continuum of care
  – Family health history and DNA
  – Evidence from treatments and outcomes from broad population with similar diagnosis
  – Building a “Learning Health System”

• Health Information Exchange (HIE) is one of a set of essential tools to enable data sharing but also is a cost center
The Toolset to Better Quality Care Includes:

- Electronic Health Records
  - Structured Data / Informatics
  - Analytics
- Patient Generated Health Data
  - Remote monitoring / mHealth
- Patient Portals
- Health Information Exchange
- Telehealth / Telemedicine
- … and Education!
eHealth Exchange and HealtheWay
Transitions of the Nationwide Effort
2005 - Present

- Nationwide Health Information Network
- NHIN
- NwHIN
- NwHIN Exchange
- eHEALTH Exchange
eHealth Exchange

Shared trust framework and rules of the road

The Internet

Standards, Specifications and Data Use & Reciprocal Support Agreement (DURSA) for Secure Connections
Exchange CC – Healtheway Board Functions

**Exchange Coordinating Committee**
- Federal Participants
- State Participants
- Private Participants

**Healtheway Board**
- 3 CC Reps
- Up to 9 Elected Members
- Governmental Liaisons
- Exec Director

- Any organization that wishes to be a part of Healtheway community collaboration (e.g. HIE, vendor, payer, non-profit, academic institution, etc.)

- Oversee Exchange participation
- Approve specs, test guides, policies
- Enforce DURSA
- Handle disputes / breaches
- Approve changes to DURSA
- Designate Healtheway to support Exchange operations

- Assure corporation is effectively supporting and providing value to its customers (e.g. Exchange, etc.)
- Make financial decisions (e.g. annual budget, membership program, funding, etc.)
- Engage & oversee Executive Director / staff
- Guide business strategy and oversee business (e.g. programs, marketing, partnerships, etc.)
- Set strategic direction
### Transition to eHealth Exchange

<table>
<thead>
<tr>
<th>Past</th>
<th>Current - Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ONC initiative - <em>NwHIN Exchange</em></td>
<td>• Public-private initiative - <strong>eHealth Exchange</strong></td>
</tr>
<tr>
<td>• Coordinating Committee *</td>
<td>• Coordinating Committee *</td>
</tr>
<tr>
<td>• DURSA *</td>
<td>• DURSA *</td>
</tr>
<tr>
<td>• Onboarding &amp; testing facilitated by ONC</td>
<td>• Testing facilitated by designated testing body - CCHIT</td>
</tr>
<tr>
<td>• Operations supported / funded by ONC</td>
<td>• Operations supported / funded by <strong>Healtheway</strong></td>
</tr>
<tr>
<td>• Services provided to participants for free</td>
<td>• Participants begin paying for services, starting FY 2013</td>
</tr>
</tbody>
</table>

* Unchanged
Exchange Trust Framework Unchanged

• DURSA remains in full force and effect

• Coordinating Committee retains all authorities as specified in the DURSA

• Healtheaway board does not have any oversight responsibilities with respect to Exchange, but will operate under an agreement with the Coordinating Committee
eHealth Exchange Participants Include:

- Alabama One Health Record
- **Centers for Medicare and Medicaid Services (CMS)**
- Childrens’ Hospital of Dallas
- Community Health Information Collaborative (CHIC)
- Conemaugh Health System
- **Department of Defense (DOD)**
- **Department of Veterans Affairs**
  - Dignity Health
  - Douglas County Individual Practice Association (DCIPA)
  - Eastern Tennessee Health Information Network (etHIN)
  - EHR Doctors
  - Hawaii Pacific Health
  - HealthBridge
  - HealtheConnections RHIO Central New York
  - HEALTHeLINK (Western New York)
  - Idaho Health Data Exchange
  - Inland Northwest Health Services (INHS)
  - Kaiser Permanente
  - Lancaster General Health
- **Marshfield Clinic**
- Medical University of South Carolina (MUSC)
- MedVirginia
- MultiCare Health System
- National Renal Administrators Association (NRAA)
- New Mexico Health Information Collaborative (NMHIC)
- North Carolina Healthcare Information and Communications Alliance, Inc. (NCHICA)
- OCHIN
- Quality Health Network
- Regenstrief Institute
- San Diego Beacon
- **Social Security Administration (SSA)**
  - South Carolina Health Information Exchange (SCHIEx)
  - South East Michigan Health Information Exchange (SEMHIE)
  - Strategic Health Intelligence
  - University of California, Davis
  - Utah Health Information Network (UHIN)
  - Wright State University
eHealth Exchange Growth

- Participation reaching critical mass
  - 38+ Participants
  - More than 700 hospitals, 5,000 physician practices
  - 100 million patients
  - More than 75 preparing to onboard
- National-level coverage increasing
  - Footprint in all 50 states
  - Patient records securely shared across 23 states
  - Anticipate connecting about ½ of the US within next 12 months
- Collaboration extending breadth and depth of connectivity
  - Care Connectivity Consortium (Geisinger, GroupHealth, Intermountain Healthcare, Kaiser Permanente, Mayo Clinic)
  - EHR|HIE Interoperability Workgroup
- Meaningful Use (Stage 2) driving adoption among vendors and providers
Onboarding Process Overview

- Submit Application Package
- CC determines eligibility

- Complete eHealth Exchange Participation Testing with CCHIT
- Results presented to CC for approval

- CC approval
- Go Live!
Test

- Eligible Applicants will be referred to CCHIT to begin testing
- Prepare for testing, using available resources and automated testing environment. Orient your organization with the Validation Plan and related test cases and testing materials which will be used to validate that your system satisfies the technical requirements for participation in the eHealth Exchange.
  - Validation Plan
  - Test Cases
  - Testing Materials
- Complete conformance testing
- Submit completed test results to CCHIT
- Conformance test results reviewed
- If conformant, proceed to participant interoperability testing
- Schedule interoperability test with CCHIT
- Complete participant interoperability testing in observed demonstration using automated testing environment
- Results captured and reported to eHealth Exchange CC
Strategic Collaboration: EHR | HIE Interoperability Workgroup (IWG)

• Healtheway in partnership with IWG and CCHIT, developing and launching HIE product and network certification program

• Overall Goal:
  • Reduce barriers to HIE, establish interoperability, while minimizing cost and complexity when possible
  • Test once and capable of exchanging with many others

• HIE Product Certification Program
  • Provide market assurance and technical clarity in compliant products
  • Assure provider-to-HIO and HIO-to-HIO interoperability

• eHealth Exchange Participation Testing Program
  • Assure interoperability among participants in the eHealth Exchange
HIE Certified Seals *

- HIO-to-HIO Interoperability
- Supports eHealth Exchange

- Provider-to-HIO Interoperability
- Supports State HIE Efforts

- Provider-Provider and Provider-HISP
- Supports State HIE Efforts

* HIE Certified Compliance Testing Body: CCHIT
For More Information

• Healtheway and eHealth Exchange
  • www.healthewayinc.org

• EHR | HIE Interoperability Workgroup
  • www.interopwg.org

• HIE Certified Program
  • www.cchit.org

• Joint Testing and Content Task Group
  • http://exchange-iwg.wikispaces.com
HIEs in North Carolina
HIEs in North Carolina Include:

• Western North Carolina Health Network
  – WNC Data Link connecting 17 hospitals
  – eHealth Exchange Connection with VA

• Coastal Carolinas Health Information Network
  – Coastal Connect HIE

• NC Health Information Exchange
  – State Designated Entity
  – Cooperative Agreement with ONC

• NCHA (North Carolina Hospital Association)
  – NCHEX
Driving Clinical Connectivity in Western NC

Asheville VA Medical Center

Shared Services:
- Authorization
- Patient Discovery
- Document Query
- Retrieve Documents
- Messaging
- Access Consent Policies

Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.
• >2 million patient records in WNC Data Link
• 17 hospitals participating
• 1,600 active users
• 6,000 – 7,000 logins per month
• Portal development & support by MEDSEEK
• IBM servers located in Charlotte (Peak 10)
• eHealth Exchange connection through NCHICA
CCHIE Today

- CCHIE is deployed in 11 counties in southeastern North Carolina
- Nearly 1 million patient lives within the HIE

- 200 + Physician Practices /725+ providers
- 5 hospitals: Dosher Memorial, NHRMC, Pender Memorial, Sampson RMC and Southeastern RMC

Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.
### Meaningful Metrics – Real Numbers!

<table>
<thead>
<tr>
<th>800,000 ++ Patient Records Available in HIE Today</th>
<th>Monthly results delivery: 33,000+ (labs, radiology and transcription)</th>
</tr>
</thead>
</table>

| Over 203 practices connected!! | 1,267 Unique User Accounts! |
Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.

**Timeline**

**1Q2013**
- CCNC acquisition
- CCNC/NC HIE strategy alignment
- IC 2.0 planning
- NCIR SOW execution and planning
- Program evaluation kickoff

**2Q2013**
- State Lab SOW execution and planning
- Central Cancer Registry execution and planning
- Communicable Disease SOW execution and planning
- NCIR Implementation
- Form NC HIE Technology Council
- PharmaceHome implementation
- Solstas “go live”

**3Q2013**
- Update of NC HIE Strategic and Operational Plan to ONC
- NCIR pilot sites go live
- IC 2.0 implementation
- Indiana PharmaceHome Project “go live”
- Labcorp “go live”
- Execute contract with Quest
- Advance directives
- Healtheway (national gateway)

**4Q2013**
- State lab testing and “go live”
- Central Cancer Registry testing and “go live”
- Communicable Disease testing and “go live”
- IC 2.0 “go live”
- Quest “go live”
- VA and military health
- Begin vital records
- Referral management process
Major Health Systems in North Carolina
Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.
EHRs in North Carolina
Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics and analytics.

Epic in North Carolina

Indicates primary service area
Assisting NCHICA members in transforming the US healthcare system through the effective use of information technology, informatics, and analytics.
Other EHR Vendors Include

- Indian Health Service
- RPMS
- SIEMENS
- VistA
- NEXTGEN HEALTHCARE
- eClinicalWorks
- DrFirst
- e-MDs
- OPTUMHealth
- CPSI
• Issues Raised Included:
  – CIOs want one interface / connection to minimize complexity and cost
  – How are vendors going to participate?
  – eHealth Exchange is option if each HIE connects
  – How many HIE connections does a provider need?
  – Concerns over privacy and protection of sensitive information; role of informed consents
  – Patient correlation / identity matching a major challenge without unique identifiers
  – Other …
Questions ???

Contact Information:
Holt@nchica.org
www.nchica.org
Leveraging Internet2 for Nationwide HIE

Health Information Exchange in New Mexico: The New Mexico Health Information Collaborative (NMHIC)

Dale C. Alverson, MD
Medical Director, Center for Telehealth and Cybermedicine Research, University of New Mexico
CMIO, LCF Research
Albuquerque, New Mexico
Past President, American Telemedicine Association
It’s about the *Patient*!

**ALL** Medical Records follow the patient

- Personal Health Record
- Secure access with consent
- Office visits
- Hospital visits
- Direct Secure Messaging (DSM)
- Medications
- Diagnostics
- Lab work
- Images/X-ray reports
- Home monitoring
- The Circle of Care
- The Patient
- Insurance
- State and Federal, DOH
- Office visits
- Home healthcare /long-term care
Health Information Exchange (HIE)

• An HIE Solution brings health information systems together across regions and states in order to provide access to a patient’s information in one centralized record.

• Multiple healthcare providers with access to the same record of clinical information will make healthcare delivery more robust and efficient with improved continuity, better outcomes, and reduced costs. There are significant benefits to patients, healthcare providers, payers and employers.
Core HIE Functions

- Provides access to a current patient summary from a variety of sources (from where and when):
  - Problem list/Diagnosis
  - Medications
  - Immunizations
  - Allergies
  - Procedures
  - Lab Data
  - Radiology Data
  - Encounter Summaries
Why the HIE is Accessed?

When and why a Provider needs to access the HIE:

• New patient, not seen before
• Infrequent patient
• Patient known to have received care elsewhere
• Complex patient
• Tracking of patient
• Patient ER visits and hospital stays
• EHR is unavailable
• Remote Access
Value/Benefits of HIE

- Access to each patient’s health information from a variety of healthcare provider sources
- Patient doesn’t have to keep remembering and repeating their health history
- Improved situational awareness regarding patient’s health and use of health systems, better coordination of care
- Better triage and evaluation capability:
  - Improved efficiency in making diagnosis and management plans
- Decrease unnecessary duplication of tests
- Readmission avoidance
- Other Benefits: Data Analytics, Public Health, PCMH, ACO
Query-based Data Exchange

HIE Initiatives: 255
Operational HIEs: 84
Direct Secure Messaging Use by HIE Participants

HIE Initiatives: 255
Operational HIEs: 84
Current NMHIC HIE Services

- NMHIC HIE Portal – view summary patient information:
  - Portal Pilots at UNMH-ED, ABQ HP Clinics, Lovelace Med Center-ED
- NMHIC has been providing Public Health Reporting data to NM DOH since 2010
  - Notifiable Conditions Lab Results
  - Emergency Department Surveillance Data
  - Immunizations Data
  - Forwarding ED Surveillance data to CDC BioSense
  - Forwarding Healthcare Acquired Infection “LabID” Events to CDC NHSN
  - NOTE: NMHIC has achieved ONC EHR Modular Certification for Public Health Reporting (participating NM Hospitals can attest to MU PHR requirements)
- NMHIC has been providing clinical data to SSA for disability determination across the eHealth Exchange (NwHIN)
- NMHIC has implemented Direct Secure Messaging to allow NM REC Providers attest to MU requirements
- HIE resource for Centennial Care awardees
Who Currently Provides the Data

We have about 1 million New Mexicans in our MPI as well as collecting millions of clinical encounters.

Healthcare data providers:
- Presbyterian Hospitals (8) and Medical Groups
- Lovelace Hospitals (6)
- University of New Mexico Hospitals (2)
- ABQ Health Partners
- CHRISTUS St. Vincent Regional Medical Center
- Holy Cross Hospital, Taos
- Other health care providers will be added

Independent Laboratories:
- TriCore Reference Labs
- LabCorp (for public health reporting only)
- NM Scientific Laboratory Division (SLD) – for public health only
Strategy for Transition to New Platform

- Engagement
- Embed within workflow
- Move from the Federated Model
- Move to the cloud
- Standards for sharing information (HL7/CCD)
- Equity based model
- Broader service offering
- Implementation and administration
Solution: Core HIE – High Level

Health Information Exchange (HIE)

ORION HEALTH

Seamless integration with EHRs
- User Subscribed Notifications
- Send to My EHR
- Portal embedded within EHR

Hospital with EMR
Clinic with EMR
Other HIEs

ORION HEALTH RHAPSODY

HIE Platform
Web-based access to the longitudinal patient record
- Demographics
- Labs, Rads
- Encounters
- Allergies
- Diagnosis
- Transcribed documents
- Medications
- Problems
- Procedures
- Immunizations
Direct Secure Messaging
Patient Privacy & Consent

Direct Secure Messaging
Patient Privacy & Consent

Physicians
Privacy Officers

Notifications & Subscriptions
- Secure Inbox
- E-Mail
- Mobile

HL7/CCD, XDS, SSO

HTTPS
Cloud Based

Dedicated physically secure facility with redundant power, cooling, and network

Scaleable, redundant application services

Central Data Repository

Internet connected Healthcare Provider

Healthcare Data Providers
Core HIE
- Clinical HIE Portal
- Notifications
- CCD Exchange
- Send to my EHR (CCD)
- Direct Secure Messaging
- Single Sign–On
- Privacy & Consent

Advanced HIE
- Case Management
- Business Intelligence – Meaningful Use Dashboards, HIE Utilization, Analytics
- Public Health Reporting
- eHealth Exchange (NwHIN Gateway)
- E–Directory (s)

Community Health Record
- Patient Portal
- EHR Lite
- Diagnostic Orders
- ePrescribe
- Embed Tele–Health
- Enterprise Imaging
  - Radiology
  - Cardiology
  - Dermatology
  - Ophthalmology
“Single Sign On”
Single Click access to Clinical Portal Example Integration (Epic)
Example Integration (Cerner)

Single Click access to Clinical Portal
Direct to the NMHIC HIE Portal
Unified Longitudinal Patient Record
Complete Medical History at a glance
## Continuity of Care Document

**CARDINAL, John Q**

- **DOB:** 12-Nov-1949
- **MRN:** 84568-4564
- **Address:** 841 Chester Ave, Pasadena, CA, USA, 91175
- **Phone:** (239) 555-1515

**Electronically generated by PPHC on July 3, 2012**

### Results

<table>
<thead>
<tr>
<th>Result Type</th>
<th>Result Name</th>
<th>Result</th>
<th>Units</th>
<th>Reference Range</th>
<th>Effective Date</th>
<th>Abnormality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>There is a right sided pleural effusion, and some</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>suggestion of right apical scarring. The films are</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>otherwise normal.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Impression (Impression)</td>
<td>Consistent with clinical diagnosis of primary Tb. Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>possibilities include fibrosing alveolitis and</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>possibly an early right upper lobe pneumonia.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest x-ray</td>
<td>Findings (Fin)</td>
<td>&quot;image/jpeg&quot; content is embedded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary Final (Sum)</td>
<td>No signs of heart failure. No recent abnormality shown in the lungs.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CBC</td>
<td>WBC (WBC)</td>
<td>12</td>
<td>10^9/L</td>
<td>3.8-10.8</td>
<td></td>
<td>Above high normal</td>
</tr>
<tr>
<td></td>
<td>RBC (RBC)</td>
<td>4.56</td>
<td>10^12/L</td>
<td>3.6-5.1</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hb (Hb)</td>
<td>13.6</td>
<td>g/L</td>
<td>11.1-15.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Notifications
Adding Value to the PCMH

Choose which notifications you want to receive and where to send them. Daily Summary and Email cannot contain patient information so the detail must be sent elsewhere.

All notifications are sent as they happen except the Daily Summary, which is sent during the night.

### Subscriptions for patients I have a relationship with

<table>
<thead>
<tr>
<th>Notification</th>
<th>Delivery Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic Appointment Completed</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Inpatient Admission</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Inpatient Discharge</td>
<td>Use default Change</td>
</tr>
<tr>
<td>New Patient Problem Entered</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Patient is admitted to ED</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Patient is discharged from ED</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Final Radiology Report is available</td>
<td>Use default Change</td>
</tr>
<tr>
<td>New Imaging Report available</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Final Laboratory Result is available</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Final Microbiology Result available</td>
<td>Use default Change</td>
</tr>
<tr>
<td>Interim Microbiology Result available</td>
<td>Use default Change</td>
</tr>
<tr>
<td>New Shared File in Patient Portal</td>
<td>Custom Change</td>
</tr>
<tr>
<td>New Transcribed Document available</td>
<td>Use default Change</td>
</tr>
</tbody>
</table>
## Automated Measures Dashboard

**Reporting Period:** 22-Oct-2011 to 19-Jan-2012 (Last 89 days)

**Clinician:** All

### Provider Core Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>% Complete</th>
<th>Target</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPOE for Medication Orders</td>
<td>50%</td>
<td>10</td>
<td>20</td>
</tr>
<tr>
<td>Maintain Problem List</td>
<td>53%</td>
<td>21</td>
<td>40</td>
</tr>
<tr>
<td>e-Prescribing (eRx)</td>
<td>50%</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Active Medication List</td>
<td>10%</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Medication Allergy List</td>
<td>58%</td>
<td>7</td>
<td>12</td>
</tr>
</tbody>
</table>

### Provider Menu Set Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>% Complete</th>
<th>Target</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Lab Test Results</td>
<td>100%</td>
<td>58</td>
<td>58</td>
</tr>
<tr>
<td>Patient Reminders</td>
<td>25%</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Patient Electronic Access</td>
<td>50%</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Other Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>% Complete</th>
<th>Target</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Record Demographics</td>
<td>47%</td>
<td>23</td>
<td>49</td>
</tr>
<tr>
<td>Record Vital Signs</td>
<td>31%</td>
<td>12</td>
<td>39</td>
</tr>
<tr>
<td>Record Smoking Status</td>
<td>42%</td>
<td>15</td>
<td>36</td>
</tr>
<tr>
<td>Electronic Copy of Health Information</td>
<td>0%</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Clinical Summaries</td>
<td>12%</td>
<td>8</td>
<td>69</td>
</tr>
<tr>
<td>Patient-specific Education Resources</td>
<td>33%</td>
<td>33</td>
<td>99</td>
</tr>
<tr>
<td>Medication Reconciliation</td>
<td>10%</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Transition of Care Summary</td>
<td>40%</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>
Quality Measures Dashboards

Quality Reporting (currently a prototype)
How well are you improving patient outcomes in:

- Hypertension: Blood Pressure Management
- Preventive Care and Screening, Tobacco Use
- Weight Screening and Management
- Immunizations for Patients over 50 years
- Childhood Immunizations
- And more …
Current Status of HIE Adoption

Users of the system today:
SSA – disability determination
NM DOH – eReporting, ED Surveillance, Immunizations
Pilot users – UNM ED, ABQ HP, LHS
SWTAG is a “Network of Networks”
Opportunities

- Blending HIE with “Telehealth”
- Integration with Mobile Devices
- Facilitation of research, data analytics, quality reporting, and other aggregate uses
- Hitting the Triple Aims
- Becoming a Standard of Care
- Fostering Champions
- Developing a National and International Network of Networks
Questions?

http://hsc.unm.edu/som/telehealth

http://www.lcfresearch.org/