

USE CASE SPECIFICATION

Version 2.0

Telehealth

Version History

Version #	Date	Author(s)	Reason for Change
1.0	12/19/2019	Use Case Team - HealthTech	New
2.0	04/03/2020	Use Case Team - HealthTech	Added two new fields as requested by client, changed colors background to approved color scheme
3.0	04/20/2020	Use Case Team – HealthTech	Updated use case based on BSCC feedback

Telehealth

HIE Use Case Summary

Telehealth integration allows providers to deliver clinically appropriate and medically necessary care via telemedicine/telehealth services including, but not limited to, secure portal messaging, secure instant messaging, telephone conversations, and audio/visual conversations. Health information exchanges (HIE), such as Big Sky Care Connect (BSCC), are critical for improving interoperability, managing evolving technology, and the increased demand for the transfer and receipt of data.

BSCC HIE can play a vital role in healthcare coordination during a natural disaster or a pandemic such as the world currently faces with the coronavirus disease of 2019 (COVID-19). A vast majority of the Montana landscape is considered rural, presenting healthcare challenges to its population. Telehealth and HIE can strengthen patient care delivery and access to healthcare data for those patients who live in rural and underserved areas in Montana. A coordinated, collaborative effort is underway nationally to expand electronic health record (EHR) utilization, care access, and telehealth capabilities via HIE services to benefit those individuals who fall victim to natural disasters or public health crises.

Kelly Hoover Thompson, Strategic Health Information Exchange Collaborative (SHIEC) CEO made the statement, “By working together, HIE members are uncovering ways to better serve vulnerable populations and provide valuable support in emergency preparedness and response to natural disasters.” Optimized HIE use can play a critical role during public health crises, including cases of natural disasters displacing individuals¹. Integrating telehealth technology into BSCC HIE simultaneously encourages the continuance of vital healthcare services and the protection of Montana’s most vulnerable individuals.

Telehealth services and HIE work hand in hand. Telehealth integration allows providers, patients, and payors to engage in social distancing, when appropriate, to reduce disease transmission. The four primary modes of telehealth are:

- Live (synchronous) videoconferencing
- Store-and-forward (asynchronous) videoconferencing
- Remote patient monitoring (RPM)
- Mobile health (mHealth)

During a sudden event such as a natural disaster or public health crisis, the need to quickly access patient medical information for efficient care delivery arises. BSCC HIE can play a vital role in access to longitudinal health data. For the rural, displaced, or isolated individuals, telehealth coupled with BSCC HIE can ensure access to continuity of care information including medication lists, problem lists, and allergies. During the current pandemic, benefits include:

- Pre-screening or triaging patients remotely, lowering the risk of virus transmission
- Providing routine healthcare for individuals with chronic illnesses who are particularly vulnerable to the effects of infectious disease processes (e.g., immunocompromised)

¹ <https://ehrintelligence.com/news/what-are-potential-benefits-challenges-of-hie-use>

- individuals)
- Allowing infected or potentially infected healthcare providers to remain quarantined and continue to provide care to their patients remotely

User Story

Clinic: Dr. Taylor works at a primary care clinic and sees a variety of patients on both a scheduled and walk-in basis. However, due to the COVID-19 pandemic, patients congregating in his waiting room is neither allowable by state order nor conducive to promoting good health. His clinic has recently become a participant with BSCC HIE and has deployed a solution for telehealth and drive-through services. Dr. Taylor has ensured that his staff of providers and nurses are trained on and comfortable with providing care to patients remotely and accessing BSCC HIE for more complete medical histories. This is especially useful for the clinic's elderly population who tend to be more vulnerable to the effects of viruses, in part, due to chronic pre-existing conditions. Telehealth technology allows patients who are suffering from illnesses in which they would normally seek care and monitoring through primary care or ambulatory care environments to receive that care without having to physically enter medical facilities. Teleconsultations reduce unnecessary face-to-face clinic visits and minimize patient and provider risk of exposure to COVID-19.

Dr. Taylor can quickly alter his healthcare delivery service model by creating cohorts of patients within BSCC HIE for those at-risk and not-at-risk of being infected with the virus. If his patients require in-person, urgent care, this insight will allow Dr. Taylor to communicate his findings prior to the patient arriving at a healthcare facility, enabling the patient's care team to be adequately prepared. Measures can be taken to minimize risks to the care teams and other patients with whom the patient may encounter.

Clinic patients with mild acute illnesses can be closely monitored via synchronous or asynchronous videoconferencing. If their status worsens, appropriate measures can be taken to safely transport that patient to an emergency department (ED) and ensure they receive the appropriate level of care. Keeping the patient's medical record up to date in BSCC HIE will allow an emergency department to access the progression of symptoms that have been documented by Dr. Taylor, thus enhancing care coordination. Dr. Taylor can provide his patients with the security of knowing their healthcare will not be compromised due to self-isolation and social distancing requirements. Additionally, providing this service is compliant with the CDC's recommendations for the public and medical staff to use telehealth solutions for non-urgent communication to reduce pressures facing clinics.

Hospital: Dr. Smith works at an ED at a local hospital. As the number of confirmed and potential patients infected with COVID-19 increases in her community, her department has struggled to ensure all patients are seen in a timely manner, receive the appropriate level of care, and minimize the spread of the virus. In response to the elevated number of potential cases of people infected with COVID-19, her ED has set up a mobile unit to screen and test all patients with viral symptoms in a drive-through fashion. The hospital is a BSCC HIE participant and can access patient information via the HIE.

Dr. Smith has assigned specially trained nursing staff to triage patients via telehealth to determine whether the patient truly needs emergent care and possible COVID-19 testing. If it is determined that a patient needs testing, the triage nurses can collaborate with ED providers to quickly order the appropriate tests and potentially prepare an isolation room for that patient. Dr. Smith is notified

via direct secure messaging (DSM) through BSCC HIE. Dr. Smith then accesses BSCC HIE to obtain a complete medical history, medication lists, problem lists, and allergies. Once the patient's status is determined, their time-to-provider wait time is dramatically reduced, resulting in fewer patients and staff exposed to the virus and expedited care for that patient. Dr. Smith now has a more informed approach of medical treatment and status of this patient. Screening these patients outside of the ED setting ensures there is unnecessary exposure to other patients and keeps the ED in compliance with the CDC's recommendations for testing criteria along with recommendations for the public and medical staff to use telehealth options to reduce undue stress and pressures facing EDs.

Payor: Payors play a critical role in community preparedness and response to public health emergencies, such as the COVID-19 pandemic. In alignment with the Coronavirus Preparedness and Response Supplemental Appropriations Act emergency waiver, payors are encouraged to expand coverage for telehealth services and ensure payment parity between telehealth and in-person services. Payors who offer this service will promote the continued provision of healthcare services to patients with non-urgent conditions as well as those who are infected with COVID-19, particularly to those in rural settings such as the State of Montana.

Payors who utilize BSCC's telehealth functionality will be integral in the efforts to connect patients to appropriate modes of care which are congruent to traditional healthcare service counterparts. Payor-led care/case management teams will be able to adapt the care coordination services they provide to beneficiaries regardless of their ability to leave their home. Facilitating the use of telehealth services helps to ensure that beneficiaries are receiving the continuity of care they need for acute and/or chronic conditions which will enhance patient outcomes during a public health crisis and reduced costs compared to if those conditions were left untreated or treatment was delayed.

Payors who establish telehealth initiatives will be able to do so in ways that are consistent with their current organizational goals. In addition, the clinical telehealth data coupled with existing claims data accessible through BSCC HIE will support payors in activities such as quality reporting and analytics; disease registries; and disease or condition modeling, prediction, and management. All of which are of vital importance during a pandemic or other public health crisis.

Public Health: During emergency occurrences, the Montana Department of Health and Human Services (MTDPHHS) can leverage the BSCC HIE platform to provide remote healthcare services in an effort to reduce the number of in-person hospital and clinic visits, minimize the risk of potential exposures, and lessen the burden on health care facilities. For instance, the State of Montana can determine that healthcare providers can consult for non-emergent healthcare needs via telehealth, especially benefitting at-risk patients (e.g., those diagnosed with a chronic disease or are immunosuppressed) by reducing the risk of exposure that they would otherwise experience during in-person hospital visits.

Enabling patients to interact with the healthcare system electronically will allow patients who may be infected with COVID-19 to be referred for appropriate testing should they demonstrate certain symptoms. This will ultimately better inform the public health sector as electronic lab results and case reports for reportable infectious diseases are transmitted into BSCC HIE. During public health crises, the public health sector's ability to accurately monitor disease and syndromic surveillance is essential in the management of viral outbreaks. Through connection to BSCC HIE, this real-time information can be assimilated by public health epidemiologists to identify and track geographic areas that are seeing an increase in disease incidences.

USE CASE SPECIFICATION

Public Health/Behavioral Health: Integrating telehealth at the practice level and documenting those encounters into the BSCC HIE will help to ensure patients with mental health conditions and substance use disorders are able to continue receiving care from mental and behavioral healthcare service providers during public health crises which require self-isolation and social distancing. It is critical that individuals who suffer from mental health conditions have a connection with their behavioral health provider via other means in place of face-to-face visits during times of state- or self-imposed isolation. Being able to communicate with their care team from the safety of their own home helps to reduce the exposure of patients and their care team to disease, such as COVID-19. Additionally, allowing patients to continue receiving mental and behavioral health care via telehealth keeps primary and specialty care teams apprised of their patients' status that they may otherwise miss out on due to the extenuating circumstance of pandemic-related access to care. Likewise, behavioral health providers will gain a more holistic view of the patients with access to other clinical data, in accordance with 42 CFR Part 2 regulations.

Key Actors

Those who will be using the application or system; can be human or technology. Key actors include but are not limited to:

- Healthcare providers serving at hospitals, clinics, long-term health facilities, post-acute care providers, public health departments, patient centered medical homes, pharmacies, emergency medical services (EMS), home care, hospice, as well as payors/health plans including Medicaid and Medicare.
- Platforms that support synchronous and asynchronous telehealth capabilities

Stakeholders

Those who have an interest in the success of the use case. Stakeholders include but are not limited to:

- Key actors listed above.
- BSCC, Montana Medical Association (MMA), DPHHS, Montana Board of Nursing, Montana Hospital Association (MHA), as well as compliance teams and legal teams representing providers.
- Patients

Function/Purpose

Telehealth provides health services to populations who have limited access to healthcare providers, especially in rural settings. BSCC HIE, in collaboration with telehealth service platforms, will provide a network to securely share patient information between diverse healthcare providers and payors which would reduce the challenge of creating a longitudinal patient health record. This record will contain the original source and time of all diagnoses, medications, allergies, immunizations, procedures, lab and radiology reports, progress notes, and summaries.

The integration of telehealth into BSCC HIE facilitates increased efficiency, continuity of care, and the coordination of appropriate healthcare services.

Telehealth supports improved access to healthcare by connecting distant providers and patients, particularly those affected by public health crises or natural disasters, BSCC HIE provides a platform for the trusted and secure sharing of patient information from a variety of healthcare provider organizations and their diverse EHRs that otherwise cannot easily share patient information.

Value Proposition

Increasing Access to Care

- **Hospital closure.** Transitioning to telehealth can help keep rural hospitals from closing, allowing communities to see specialists locally and preventing a burden on the elderly and chronically ill patients who reside in those communities. In addition, rural hospitals would be able to continue providing behavioral health services to their local communities.
- **Travel burden.** Travelling for healthcare appointments places a burden on patients in terms of travel costs and time missed from work for themselves or for their families. Because of this, many patients choose not to seek healthcare.
- **Telehealth tools.** Using simple telehealth tools such as a virtual consultation, patients are able to “see” their providers who can continue to manage their care despite geographic boundaries.
- **Rural community access.** A benefit to providers is that this type of care can extend access into rural communities and increase their patient volume. This generates new sources of income for these providers.
- **Natural disaster/global threat.** An added benefit to communities during a time of crisis such as the COVID-19 pandemic is that this type of care provides access to care from patients’ homes or other locations helping to control cross-contamination that would otherwise be a threat with a face-to-face clinic visit. This also allows primary care practices to continue to generate revenue that would otherwise be lost as patients would not have to delay preventive service visits.

Improving Patient-Centered Care

- **Ease burden.** In addition to solving geographic boundary problems, telehealth can ease the burden of patients who suffer from mobility issues.
- **Monitor patients.** Remote monitoring tools allow patients to remain in their homes even when working to control long-term chronic conditions.
- **Educate patients.** Telehealth is an effective tool for patient education about their condition and can help with population health initiatives.
- **Improve communication.** Using telehealth tools, patient compliance can be monitored, and communication improved so that they have the tools they need to better manage their care.
- **Engage patients.** Virtual visits are also an effective way to engage and interact with elderly patients.
 - Elderly patients often have poor medication adherence, which costs the U.S. up to \$300 billion in avoidable readmission and service utilization.
 - Telehealth can extend treatment into these patients’ homes in a way that helps

them cope more effectively with long-term conditions while keeping them engaged with caregivers.

Cutting Costs

- Travel costs associated with patients who live in rural communities without access to specialists can be a hardship. These costs can be incurred through time missed from work, gasoline, childcare, etc.
- Telehealth can benefit the patient by eliminating the travel costs associated with a medical visit. One health system tracked the savings and found that patients saved \$6.4 million annually just in travel costs alone².
- According to The University of Pittsburgh Medical Center, every time a patient can be seen in a virtual visit rather than going to an urgent care clinic or an emergency department, the system saves \$86.64².
- For providers, the reduced overhead costs of a virtual telehealth visit compared to a traditional visit is a strong positive for both hospitals and medical practices. The average in-person healthcare encounter costs \$125 while the average telehealth visit costs \$45³.

Financial and Business Considerations

Financial considerations

- BSCC HIE, in support of providers during a natural disaster or global threat for isolated or displaced individuals, would serve as the source of longitudinal health information. Providers could utilize single sign-on option and access the complete medical record during the patient's telehealth visit. This would follow normal operations of a traditional encounter.

Business Considerations

- No added services outside of normal BSCC HIE operations.

HIE Potential Roles for disaster response

Public Health

After September 11, 2001, the federal government appropriated billions of dollars to states to prepare for bioterrorism. Many states used this funding to upgrade public health reporting. The CDC created the National Electronic Disease Surveillance System (NEDDS), which is a software suite for states to manage reportable diseases. These systems came with a free copy of

² Abassi, Lila: Jan 18, 2016. Virtual Doctor's Visits: The Promises of Telemedicine. *American Council on Science and Health*. Web publ. <https://www.acsh.org/news/2016/01/18/virtual-doctors-visits-the-promises-of-telemedicine>

³ Bell, T. Feb 27, 2018. Can Telemedicine Be Both Cost Efficient and High Quality? *US news*. <https://www.usnews.com/news/healthcare-of-tomorrow/articles/2018-02-27/can-telemedicine-be-both-cost-efficient-and-high-quality>

Rhapsody, which enhances the ability of the public health department to integrate with providers, labs and others on the clinical community.

Syndromic Surveillance

Syndromic Surveillance is largely handled by the CDC's Biosense system. The Biosense system receives data after it has been collected. Therefore, the system collects the chief complaint from EHR systems upon admission. The message used to communicate this information to Biosense is an admission, discharge, or transfer (ADT) message that is de-identified (patient's identifying information removed). Providers can choose to implement directly with the CDC, implement a connection through an HIE, or not implement at all. The best solution for Montana is to implement via BSCC HIE for the following reasons:

- BSCC HIE can provide consistent syndromic surveillance message transformations and smart filtering as not every message is reportable
- BSCC HIE can reuse the admitting ADT message for this purpose
- BSCC HIE can respond faster to changes in reporting criteria

Upstream dependencies

- BSCC HIE must be receiving ADT message on admissions
- BSCC HIE must be capable of filtering message traffic by setting and condition
- BSCC HIE must be capable of transforming the ADT to a syndromic surveillance ADT, which means de-identifying patient information
- BSCC HIE must have an arrangement with Biosense
- BSCC HIE may need to amend agreements with individual provider organizations

Downstream dependencies

- None

Electronic Lab Reporting

Electronic Lab Reporting (ELR) has been in place for some time. Unlike syndromic surveillance reporting, which is fast and inaccurate, ELR is slow and accurate. These are lab confirmed positive diagnoses. The negative results are not reported. This allows epidemiologists to perform case tracking. It would be beneficial to reflect these in BSCC HIE during an outbreak. Many small labs are not connected to public health and many have issues with local codes for results. BSCC HIE could assist in the code translation both technically by executing maps, and professionally by helping local labs with their code maps.

Upstream dependencies

- BSCC HIE should receive the public health lab information
- BSCC HIE needs to ability to flag this information as special

Downstream dependencies

- None

Technology System Components and Services Utilization

Telehealth is like regular care delivery in that a provider sees a patient, collects information, prescribes treatment, schedules follow-up, or releases the patient from the encounter. The only real difference is that the provider and patient are not together in the same place. Telehealth encounters would be incorporated into BSCC HIE in the same fashion as a traditional face-to-face encounter; therefore, no additional technology is needed to support providers by providing longitudinal health information.

Most provider EHR systems already have the ability to do teleconferencing and this feature is integrated with their system. For providers who are already using a form of telehealth, they can use the HIE's medical record data during the visit and refer the patient electronically or solicit an opinion.

HIE can help augment telehealth by providing a more consistent and comfortable patient experience.

Configuration/Interfaces Required

Standard configurations would be utilized with BSCC HIE supporting providers during a natural disaster or global event. No additional configuration would be needed.

External Dependencies

- Hospital information technology (IT) team resource availability
- EHR vendors' IT team resource availability servicing private clinics including behavioral health centers
- Patient ability to use and or be instructed to use devices
- Telehealth vendor ability to adhere to integration standards and integrate with the HIE solutions
- Telehealth vendor ability to produce reports for billing etc.
- Telehealth vendor ability to solve workflow issues for end-users

Legal/Policy Considerations

HIPAA (Pub.L.104-191, 110 Stat. 1936, enacted August 21, 1996, Title II)

- The HIPAA Privacy Rule describes what information is protected and how protected information can be used and disclosed. The HIPAA Security Rule describes who is covered by the privacy protections and what safeguards must be in place to ensure appropriate protection of electronic protected health information (PHI). With the assumption that BSCC will house PHI, HIPAA will determine how BSCC as a covered

entity will implement safeguards to ensure the confidentiality, integrity, and availability of PHI during telehealth transactions. Further should BSCC serve as a business associate, HIPAA will guide the contents of the contractual agreements to be obtained with the covered entities with whom BSCC will work. In addition, telehealth may involve technical personnel that are not part of a patient's medical team and these technical personnel may be exposed to patient's data. Therefore, BSCC may need to enter into a business associate agreement with the technical personnel obligating the technical personnel to maintain the same confidentiality required of healthcare providers under HIPAA.

- If the BSCC HIE will be implementing telehealth software, then BSCC will also have to ensure that all its telehealth software complies and meets all the documented set of security practices in addition to the its encryption features.

The Coronavirus Aid, Relief, and Economic Security (CARES) Act (HR 748), Public Law No: 116-136

- The CARES Act allows high-deductible health plans (HDHP) with a health savings account (HSA) to cover telehealth services before the members reaches his or her deductible. The act provides \$27 billion for HHS' Public Health and Social Services Emergency Fund for Coronavirus measures, including telehealth access and infrastructure of which BSCC might be able to leverage through grant funding to expand its telehealth platform if BSCC chooses to implement a telehealth platform.

Montana Executive Order No. 2-2020

- The Montana Executive Order No. 2-2020 provides and authorizes Montana Medicaid agency to cover and reimburse qualified providers to deliver clinically appropriate, medically necessary Montana Medicaid covered services to Montana Medicaid members via reimbursable telemedicine/telehealth services. To this end, BSCC is authorized to service payors and providers who are participants of BSCC HIE system with intent to reduce the risk of exposure and transmission of the COVID-19 virus and to a large extent preserve Montana's health system capacity during the public health emergency.

Montana Administrative Rule No. 37.85.414 - Maintenance of records and auditing.

- In adherence to this Administrative Rule, BSCC HIE must ensure that it maintains records of telehealth services rendered to providers as it would the traditional services in accordance with the mandates of this rule.

Montana Rule No. 24.156.813 Practice requirements for Physicians using telemedicine.

- This rule might require that BSCC ascertain adherence of the stated rules from its participants prior to release of patient information.

Montana Law 33-22-138 - Telehealth/Telemedicine Parity Laws.

- These laws require private payors in a state to reimburse for telehealth services the same way they would for an in-person service.

Assumptions

- Providers will comply with state and federal policy drivers as they utilize the telehealth platform.
- With the various methods available to deliver telehealth services, providers could have the opportunity to utilize telehealth capabilities.
- All projections are for planning and estimate purposes only.
- All projections/estimates do not consider undefined business scoping elements that may be found throughout the project life cycle due to stakeholder, business and vendor requirements, negotiations with vendors, dependencies, durations, and any lag times which may result from the actual planning and implementation process.
- Vendor costs are based on knowledge as of March 31, 2020 and may increase or decrease depending upon final contract negotiated with vendors.
- Vendor costs have not anticipated increased costs that may occur in the future.
- Costs do not include the outreach costs which are included in the outreach/onboarding contract.
- Use case work and management is continual throughout the project. These activities will transfer to BSCC permanent staff as they are hired and trained. These are part of operational HIE process.
- HealthTech Solutions is on a time and materials contract which states a cost to not exceed contract.
- Constraints, inclusions, and exclusions are based on our current knowledge as of March 31, 2020 and may change.
- Policies, legal and regulatory, as well as technical standards for interoperability changes may take place on both the state and federal level.
- Vendor costs identified in each use case do not include monthly fees which could increase overall costs once known.

Key Performance Indicator/Metrics of Use Case

Telehealth services provide healthcare services through the utilization of information and communication technology. The success of implementing a telehealth service can be measured from both the clinical staff and the business aspect of tracking and improving healthcare delivery. The following are examples of metrics that can be measured:

- Consultation time - the time it takes for a consultation request and the provider response
- Accuracy of diagnoses - efficient platform allowing for thorough communication with the patient
- Rate of readmission - use of ADT notifications to measure the remote monitoring to prevent further injury, infection, and cross contamination
- Quality of service and technology - measure tools that make the process convenient for all involved parties
- Patient and clinician retention - important in rural communities, can look at the travel time or distance savings for rural communities participating in telehealth

- Time and travel saved for clinicians - provider efficiency can measure increase in consultations or encounters from provider side utilizing telehealth
- Treatment plan adherence - post-acute care can be done through patient monitoring platforms to help patients with adherence to treatment plans

Alternative Paths

First alternative path

- Do nothing and be a support to providers. Require providers to find their own telehealth platform but make the HIE available to them to access patient data. There are multiple ways that a provider can initiate telehealth, including:
 - Videoconferencing through the EHR
 - Utilizing a smart phone - iPhone facetime connection
 - Utilizing Skype - requiring computer internet access for both patient/provider

Providers may connect to the HIE through their own EHR system utilizing single sign-on, integrating the health enterprise (IHE) services, or through the web-based portal.

Second alternative path

- Partner with a telehealth provider and co-market/brand the product. Providers interested in the product would work directly with the telehealth provider to connect, setup, trouble shoot and do all tasks related to the system. Depending on the vendor, there may be opportunities to capitalize on revenue sharing agreements or other form of revenue partnership agreement.

Third alternative path

- A new telehealth platform and system could be designed, developed, implemented, and maintained by BSCC. This would not be recommended because of cost, personnel resources, and time to develop and stand up the system.
- BSCC would have to determine if this is a value-added service or part of the core HIE offerings. Some providers have already procured this type of service and others have not. In addition, providers may consider this through the lens of BSCC HIE providing a service that is in direct competition with the services that they provide which they feel should be a neutral party. This could result in reduced participation in the HIE.

Regarding the second and third alternative paths, there would be funding requirements for establishing connections that could be covered by grant opportunities. Additional considerations are outlined below.

Financial considerations

- BSCC would want the platform connected to the BSCC HIE through single sign-on. Funds could be utilized to work with telehealth vendors to make this a standard option that would be available to providers utilizing the vendor's platform. This would allow a provider

utilizing the platform to be able to see a horizontal view of the patient's protected health information as they are providing treatment.

Business Considerations

- Sales and marketing tools along with resources will be needed to inform providers of the service and the process needed to utilize the telehealth platform if BSCC HIE incorporates this service.
- Service vendor may take care of all on-boarding, training, and system configuration and handle issues that arise depending on the procured platform and services offered. Others may provide the platform to be used and require BSCC to provide staff for these services.
- BSCC would want the telehealth platform connected to BSCC HIE through single sign-on with either option. This would allow a provider utilizing the platform to be able to see a horizontal view of the patient's protected health information as they are providing treatment.
- One area of consideration with telehealth is that it is difficult to prove that the visit actually happened. We know from home health services and other settings that this results in increased fraud.

Technology system components and services utilization

A benefit that BSCC HIE could provide with the second or third alternative path is to offer the teleconferencing software with logging and built-in fraud protection.

Upstream dependencies

- BSCC HIE must implement a teleconferencing system that can be used for telehealth and integrate this with the BSCC HIE system. Commercial products exist.
- BSCC must be capable of managing the collective user demand

Downstream dependencies

- BSCC HIE must convince providers to choose this solution over the one they already utilize or provide this solution for those who do not currently have telehealth capabilities

BSCC HIE can provide telehealth services as an independent solution that would integrate with the existing HIE infrastructure via one of the following two methods:

- Single sign-on
- Backend integration

The telehealth service can work via single sign-on from the BSCC HIE provider portal. When an end-user selects the telehealth link, they are redirected into the actual telehealth solution homepage.

USE CASE SPECIFICATION

Another way that the telehealth solution can work is backend integration. For this, BSCC HIE can integrate to the telehealth solution via API. The application would be rendered through the appropriate API when the end-user needs to access the telehealth solution. The end-user would remain in the BSCC HIE portal to access the telehealth solution.

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