healthEconnect ALASKA

Alaska's Health Information Exchange (HIE)

A Public Good for Alaska

Our Story

Created as a result of legislation in 2009 (Alaska SB 133),

healthEconnect Alaska was designed

“to improve the safety, cost-effectiveness, and quality of healthcare in Alaska”.

We are a nonprofit organization facilitating comprehensive health data sharing and utility tools to improve the health and wellbeing of all Alaskans.

Governance: Board of Directors

- Commissioner, DOH/Designee
- Hospitals and Nursing Home Facilities
- Private Medical Care Providers
- Community-Based Providers
- Federal Health Care Providers
- Alaska Tribal Health Organizations
- Health Insurers
- Health Care Consumers
- Employers or Businesses
- Non-voting liaison member for the University of Alaska

Approved Uses of HIE

Care Coordination

Treatment

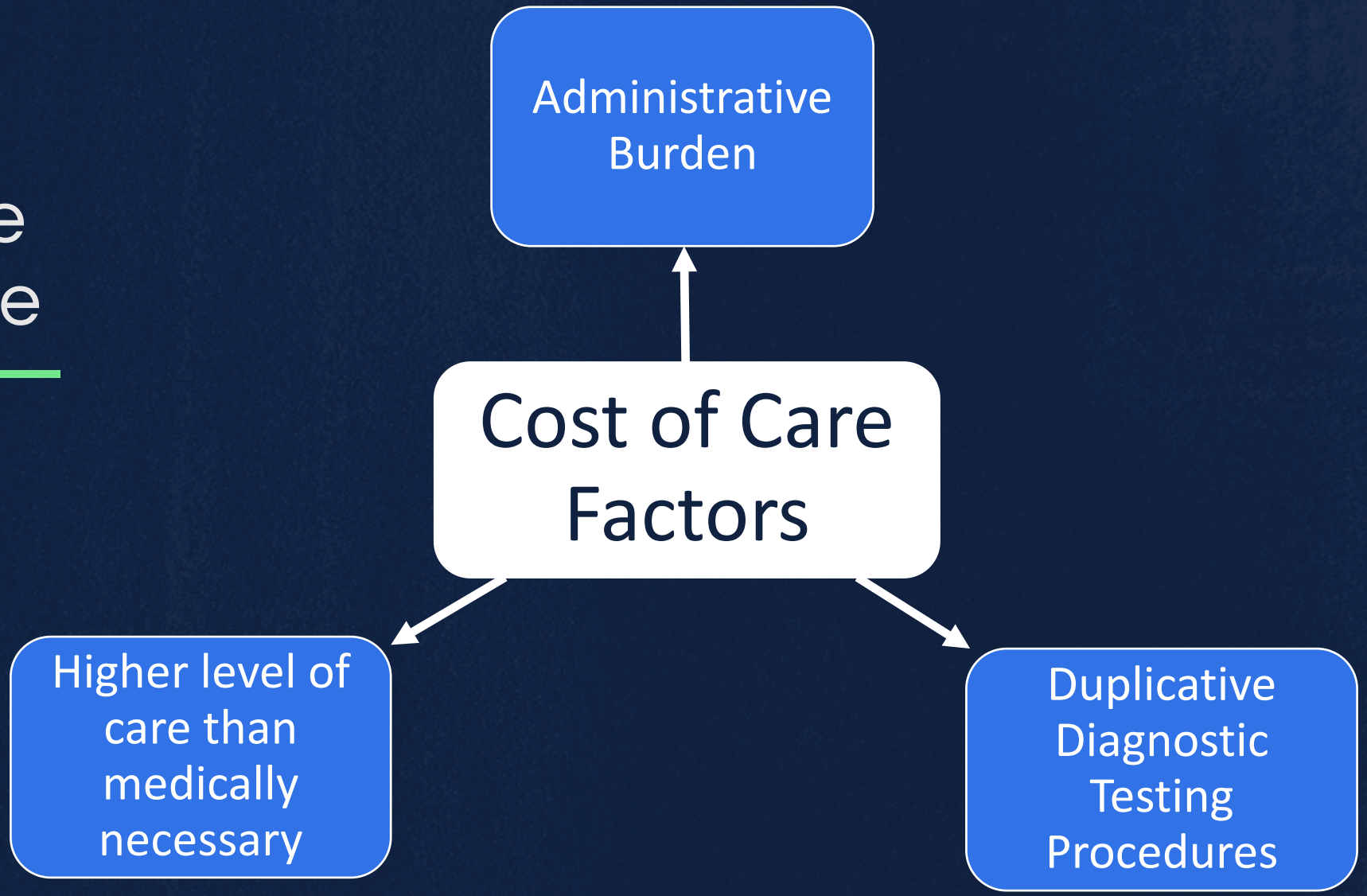
Billing

Public Health

Services

POINT OF CARE	The healthEconnect Portal provides information from across care organizations for point-of-care decision making.
CARE COORDINATION	Provider-driven notifications and filters allow efficient coordination of care.
PUBLIC HEALTH DATA UTILITY	Collecting and connecting disparate data sources for public health surveillance and decision-making
MANAGING COST OF CARE	Providing data to connect individuals with the right care at the right time supports efficiencies in cost of care.

Providing Tools to Reduce the Cost of Care



HIE Budget Overview

Expenses

Category	Cost	Percent of Budget
Personnel	$1,254,000	40%
Technology Solutions	$1,117,000	36%
Administrative Costs	$659,000	21%
Outreach, Marketing, and Communication	$95,000	3%
TOTAL	**$3,125,000**	**100%**

Revenue

Category	Revenue	Percent of Budget
State of Alaska DOH Contract	$2,800,000	90%
User Fees / Non-State DOH Revenue	$325,000	10%
TOTAL	**$3,125,000**	**100%**

https://youtu.be/r5JbQBSbsU4

healthEconnect Data Contributors

Akeela Inc.
Alaska Behavioral Health
Alaska Digestive and Liver Disease
Alaska Facial Plastic Surgery & ENT
Alaska Family Care Associates
Alaska Heart Institute
Alaska Labcorp
Alaska Pioneer Home
Alaska Neurology Center
Alaska Psychiatric Institute
Alaska Quest
Alaska Youth and Family Network
Allergy, Asthma and Immunology Center of AK
Anchorage Neighborhood Health Center
Anchorage Radiation Oncology Center
Arete Family Care, LLC
Aurora Maternal Fetal Medicine
Bartlett Regional Hospital
Bethel Family Clinic
Camai Community Health Center
Central Peninsula Hospital
Central Peninsula Internal Medicine
Cordova Community Medical Center
Denali Family Practice
Denali Family Services
Denali OB-GYN
Fairbanks Cancer Care
Fairbanks Memorial Hospital
Fairbanks Native Association
Homer Medical Center
Iliuliuk Family and Health Services
Independence Park Medical Services
Interior Community Health Center
Internal Medicine Associates
Juneau Alliance for Mental Health
Ketchikan Medical Center PeaceHealth
LaTouche Pediatrics
Mat-Su Health Services
Mat-Su Regional Medical Center
Medical Park Family Care
Ninilchik Traditional Council
Orthopedic Physicians Alaska
Peak Neurology
Petersburg Medical Center
Pioneer Home
Primary Care Associates
Providence Alaska Medical Center
Providence Kodiak
Providence Seward
Providence Valdez
Seaview Community Services
Seward Community Health Center
South Peninsula Behavioral Health Svc
South Peninsula Hospital
Sunshine Clinic
Tanana Valley Medical Surgical Group
The Children's Clinic
Upstream Family Medicine
Yukon Kuskokwim Health Corporation

Monthly Numbers

180+

Organizations connected to the HIE

700+

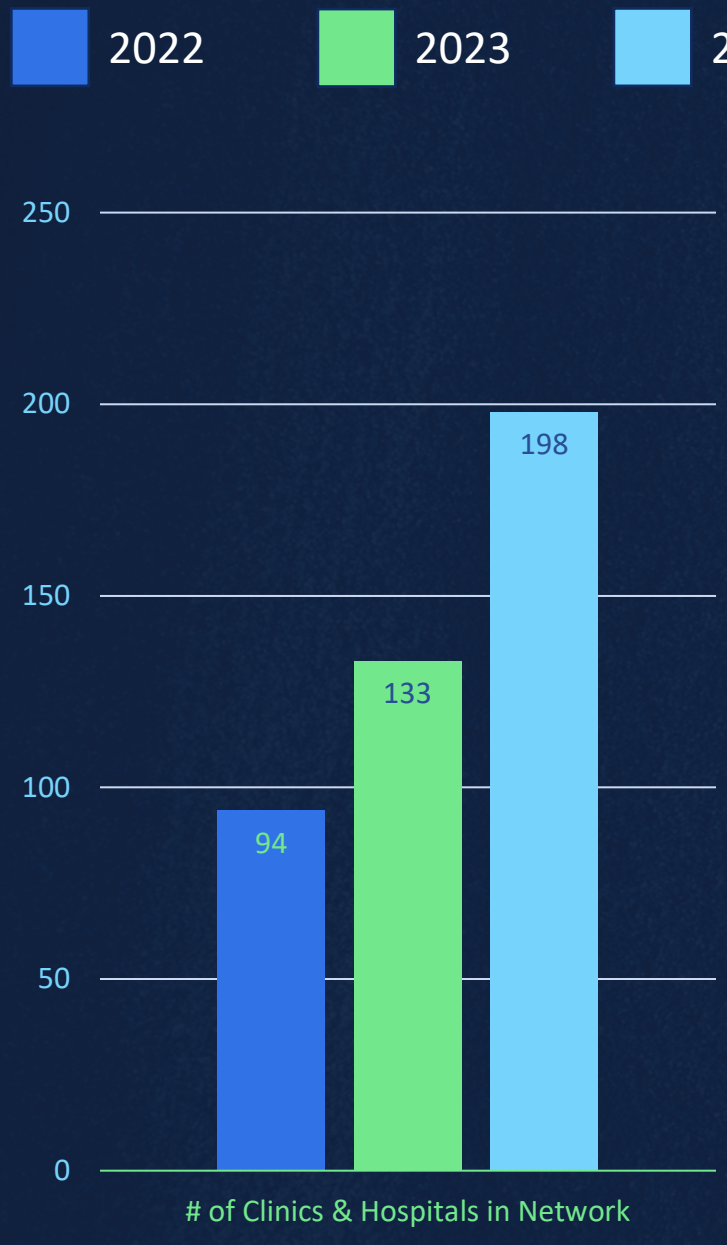
healthEconnect Portal Users

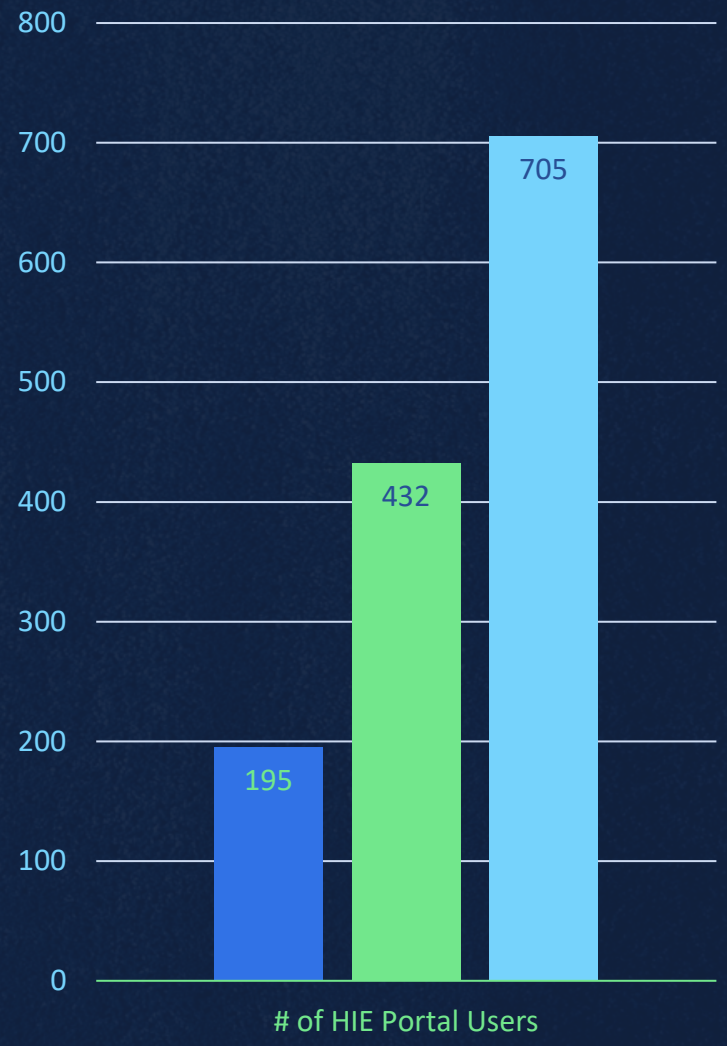
55+

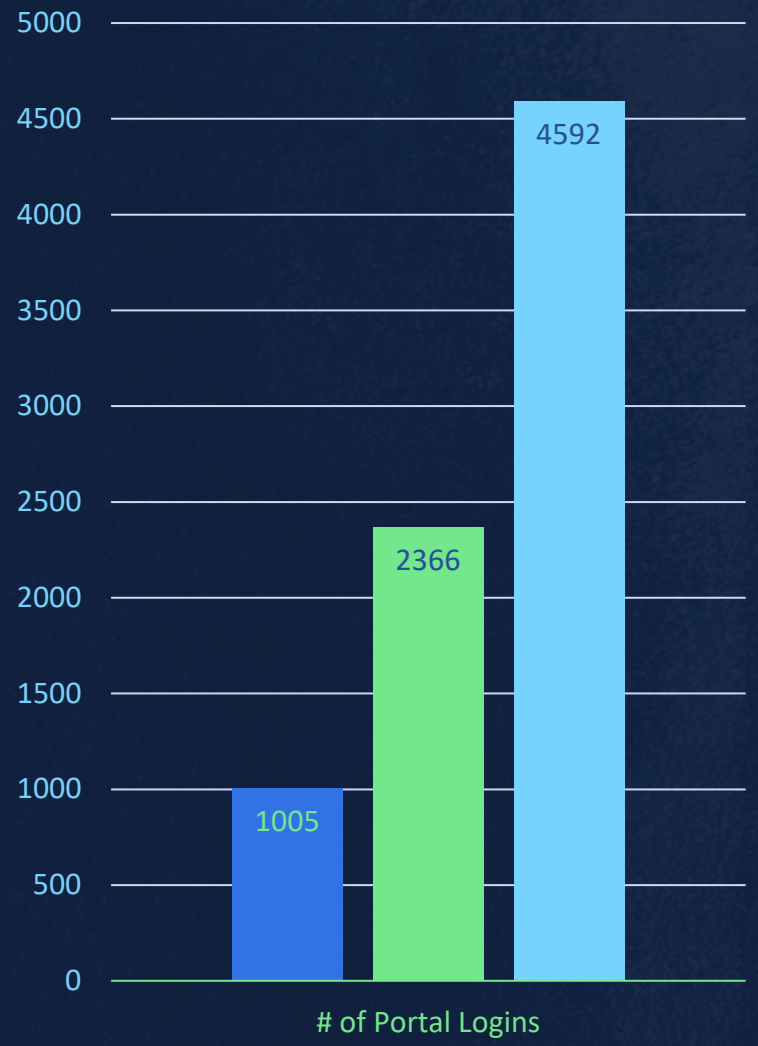
Organizations subscribing to event notification services

800,000+

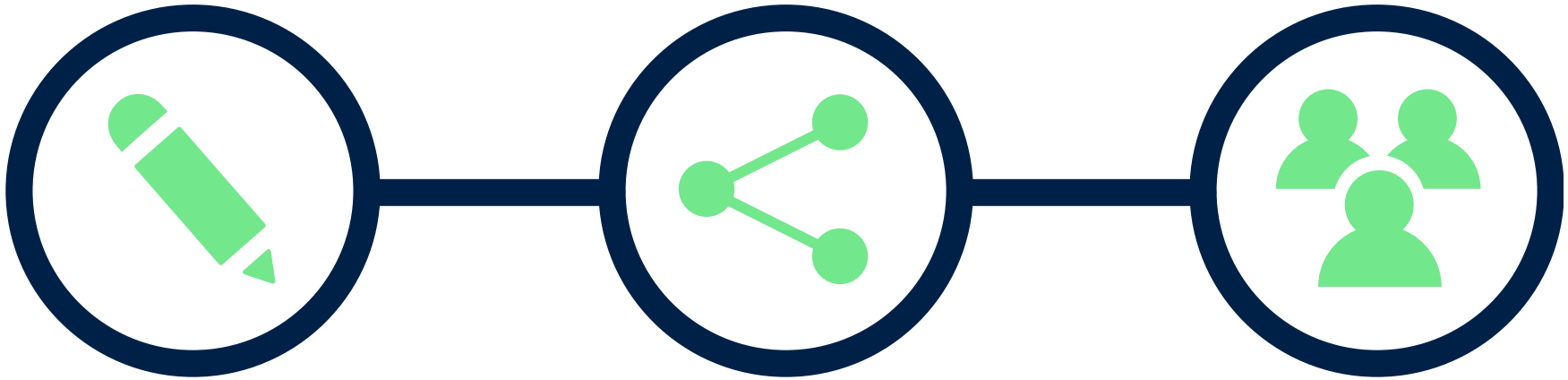
Alerts sent to providers about their patients


2022
2023
2024
250
200
150
100
50
0
94
133
198
# of Clinics & Hospitals in Network


800
700
600
500
400
300
200
100
0
195
432
705
# of HIE Portal Users


5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
1005
2366
4592
# of Portal Logins

HEALTH DATA UTILITY (HDU)



COLLECT

Collect disparate data sources in one secure, compliant repository.

CONNECT

Connect diverse data; turn data into actionable information.

DELIVER

Deliver actionable health information to the right person at the right time.

Care Coordination/SDOH Project

KEY OUTCOMES

healthEconnect and the DOH established key outcome metrics to measure the pilot's success. These metrics guided our efforts in making necessary adjustments to the Population Explorer tool. This report details our findings, challenges, successes, and recommendations for future implementation based on the pilot project's outcomes.

1. ASSESS

THE PILOT ORGANIZATION'S EXPERIENCE WITH THE HIE USABILITY AND USER-FRIENDLINESS

healthEconnect led the evaluation of the user experience throughout the pilot by conducting bi-weekly meetings with representatives from Mat-Su Health Services. We systematically collected and reviewed feedback, focusing on internal workflows and external factors impacting ease of use. As the first HIE participant to use the Population Explorer tool, Mat-Su Health Services provided critical insights that guided our development and improvements.

During the pilot, Mat-Su Health Services identified several challenges with filtering and exporting data. In response, healthEconnect collaborated with CRISP Shared Services to enhance the HIE technology to improve export capabilities and include corresponding diagnosis information. This development was important for enabling accurate and efficient patient outreach.

Additionally, Mat-Su Health Services required a tracking feature to monitor patient contact status. In response, a status tracking feature was integrated into the Population Explorer tool, enhancing its usability. These improvements made the tool intuitive and effective for identifying and reaching out to patients with SDOH needs.

2. MONITOR

THE NUMBER OF INDIVIDUALS IDENTIFIED FOR OUTREACH THROUGH Z CODE MATCHING

The Population Explorer tool identified 100 unique individuals for outreach based on Z code matching. However, 21 of these individuals were incorrectly identified due to an end-user filtering error. We addressed this issue by providing additional training sessions and updating the user guide, ensuring more accurate identification in future use.

This pilot highlighted the importance of accurate filtering and data management. We will continue to support users with ongoing training to maintain the tool's efficacy.

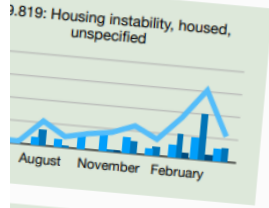
NUMBER OF UNIQUE INDIVIDUALS IDENTIFIED

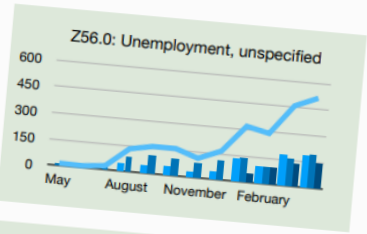
- Newly identified needs (47)
- Already enrolled in MSHS Services (27)
- DNR Codes pulled in error (20)
- Unknown client needs (5)

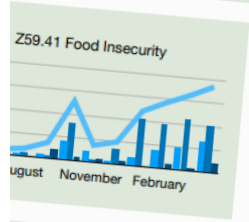
3. TRACK

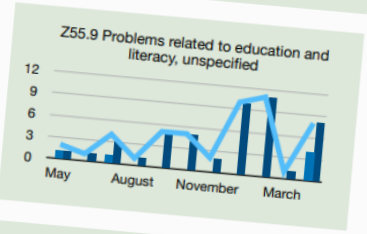
THE QUANTITY AND VARIATION OF Z CODE AVAILABILITY WITHIN THE HIE THROUGHOUT THE PILOT.

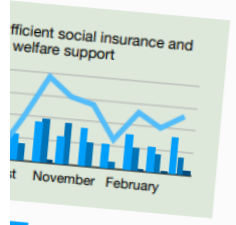
nect tracked the quantity of Z codes within the HIE and compiled them into a detailed report that month-to-month account of occurrences over one year (May 2023-April 2024), segmented by npatient, and emergency room settings. The charts below illustrate just a few of the trends this separate report. Our analysis, in collaboration with the Department of Health, helps identify levelop strategies to address the most pressing SDOH needs effectively.

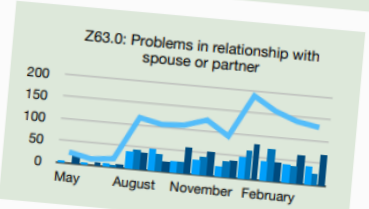












Emergency Room | Outpatient | Inpatient | Total

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