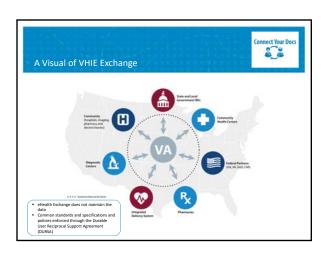


Veteran Health Information
Exchange (VHIE)/VLER Health Product

- VHIE/VLER Health Exchange – allows VA providers and the non-VA partner providers to query and retrieve Veterans's health information with each other's organizations for treatment

• Standards Based Exchange of relevant clinical information

• 59 non-VA partners in production





**Veteran Health Information** Connect Your Docs **Exchange Partners** (59 in Production as of August 28, 2015) http://www.va.gov/VLER/vler-health-your-area.asp

## Partner requests sent to National

- Altru Grand Forks, ND Cancer Center of North Dakota Grand Forks, ND
- Comfort Keepers Fargo, ND
  Coteau Des Praries Health Care System Sisseton SD
  Douglas County Hospital Alexandria, MN
  Four Directions Clinic in Bismarck ND

- Four Directions Clinic in Bismarck ND Internal Medicine Associates Fargo, ND Lake Region Health Care Fergus Falls MN Lisbon's Veterans Home Lisbon, ND Mid Dakota Clinic Bismarck, ND Mobridge Regional Hospital and Clinics Mobridge, SD North Dakota Health Information Network River View Health Crookston MN Trinity Health Minot, ND The Bone & Joint Center Bismarck ND

- The Bone & Joint Center Bismarck, ND Tri-County Health Care Wadena, MN
- Unity Medical Center -Grafton, ND

## **Catholic Health Initiatives**

- St. Alexius Medical Center Bismarck, ND Carrington Health Center Carrington, ND

- Lisbon Area Health Lisbon, ND
  Mercy Hospital Devils Lake, ND
  Mercy Medical Center Williston ND
  St. Francis Health Breckenridge, MN
- St. Joseph's Hospital Dickinson, ND

	Exchange Community Partner:
Sanfo	rd Health & Essentia Health
	Partners website: http://www.sanfordhealth.org/
	http://www.essentiahealth.org/Main/home.aspx
•	eHealth Exchange health information that will be shared with the Partner's Name and VA facilities displayed in VistAWeb
	- Allergy/Drug Sensitivity
	- Condition/Problem
	- Encounter
	- Immunization
	<ul> <li>Insurance Provider</li> </ul>
	<ul> <li>Medication (prescription and non-prescription)</li> </ul>
	<ul> <li>Personal Information</li> </ul>
	- Procedure
	<ul> <li>Vital Signs</li> </ul>
	<ul> <li>Results (chemistry/hematology)</li> </ul>

VIII TICARTII Data 5	hared With Non-VA	Partners
Patient Demographics Next of Kin and/or Emergency Contact Insurance Provider(s) (all active)	Medications-Outpatient & Self Reported (last 15 months)	Discharge Summaries (10 most recent in last 36 months)
VHA Primary Care provider(s)& Problem List Providers)	Results (Chem/Hem) (last 12 months with a max of 5)	History and Physicals Notes. (20 most recent within the last 24 months)
Advanced Directives (All completed or amended)	Radiology Text Reports (20 most recent within the last 24 months)	Consult Notes (subclass of Consult) (20 most recent within last 24 months)
Allergy/Drug Sensitivities (all)	Pathology Text Reports [20 most recent within the last 24 months]	Plan of Gare  • (Future appts next 12 months with a max 50)  • Active or pending Radiology orders (next 12 months with a max of 50)  • Active or pending Chem/Hem orders (next 12 months with a max of 50)
<u>Problems</u> (all)	Vital Signs (last 12 months with a max of 10)	Encounters- Outpatient (CPT and VHA Provider) (last 12 months max 25) (each encounter up to 10 text reports)
<u>lmmunizations</u> (all)	List of Surgical Procedures (CPT Name, VHA Provider) (last 12 months max 25) (each procedure up to 10 text reports)	
Smoking Status (all smoking or tobacco health factors)	Clinical Procedure TIU Notes (standard note titles = procedure, diagnostic study, diagnostic interventional procedures) (20 most recent within the last 36 months)	

					-
VLER Health Authorization	REQUEST FOR AND AUTHORIZATION TO RELEASE PROTECTED REALTH DOGSDATION TO HEALTH DEFORMATION EXCHANGES				
10-0485 Form					
VHA has no ability to 'screen' health information for 7332-protected conditions, thus we must obtain					
Veteran's authorization.	Patient Full Name Last (print)		Bet	Midde	
Any Veteran can download the	Birth Dole (mm 66 yyyy) Enganter Name	Facherin Bellerinin and	SSN:	Gessler: on Exchanges with whom 5	Class Chain
required VA 10-0485 VLER Health Exchange authorization form from	Safer parker Requested: Personal Seath administration from electronic bests incord.				
these sites:  • www.va.gov/vler	I regard and administrate any VA has the case function to regard a proposed facility information (VIII), the resource regions of the fine function of the contract of the fine function of the fine function of the fine function of the fine function of the fine of the fine of the fine function of the fine function for the fine function for the fine function for the fine function for fine function for fine function for the fine function for the fine function for the fine function of the fine				
<ul> <li>http://www.va.gov/vaforms/medical/pdf/vha-10-0485-fill.pdf</li> </ul>	This indicates of leasts a few for the proof of the year, there were the least statements, a wrong, or as me even of the least statement of the statement of th				
A signed form is good for five (5)					
years		Separate of S	Tellinati		Date

## Sample Partner Authorization form Where do I send the form? • Routine requests that will be processed within 24-48 hours: - Fax 612-273-4069 - Phone 612-273-4370 option 2. Urgent requests (patient is at the appointment) that will be processed right away: - Call 612-273-4370 option 2 to let staff know that fax will be coming for direct patient care. - Fax 612-273-4289.



Veteran FAQs	
A COLOR OF THE STATE OF THE STA	
I only see a doctor at the VA.  Sometimes the VA will send you to a NON-VA doctor for services they don't offer. Or there may be an emergency and the	
VA isn't the closest facility. Through this program, the NON-VA doctor would be able to see some of your VA information electronically.	
2. I don't have a computer.	
You don't need one. This is for your doctors to be able to exchange your information.  3. Is my information safe?	
It is as safe as we can get it. Any facility/organization that wants to be a partner with the VA has to sign up for the eHealth	
Exchange. Where they are required to sign an agreement.	
<ol> <li>Sanford already has my information from the VA.         They are currently getting that information by calling to request the records, then faxing or mailing them to Sanford. This     </li> </ol>	
program is going to help reduce that process.	
<ol><li>Why do I need to sign a form?</li><li>Let's say Sanford is requesting your information, this form gives us your permission to send the information to them through</li></ol>	
the eHealth Exchange.	
6. Is this that card I got in the mail?	
No that is the CHOICE program, call the number on the card to learn more, or contact local CHOICE Champion. But this program may help with the record sharing if you go to one of our partner hospitals	
7. Is this that 'MY HEALTH VET' thing?	
No that is a separate program.	
8. So does that mean I can just go to my private doctor? No you still need to get prior authorization like you normally would, but if you go to one of our partner facilities, this could	
help with your record sharing.	
VETERANS HEALTH ADMINISTRATION	11



Role	Name	E-mail	Phone
VLER Health Community Coordinator	Angela Richarte	Angela.richarte@va.gov	Ext: 2876 Pager: 323
VLER Health Exchange Program Manager	Jamie Bennett	jamie.bennett@va.gov	(724) 979-4136
VLER Health Exchange Team mail group		vlerhealthexchangeteam@va.gov	
nail group		vierhealthexchangeteam@va.gov	

## If you remember nothing else....remember • We don't share with everyone • We don't share everything • It doesn't eliminate the need for paper records, but it is moving in that direction • Call me: 701-232-3241 x9-2879

