

Framework for WVHIN within Clinic Flow

Purpose:

The State Agency recommends use of the West Virginia Health Information Network (WVHIN) as a modernization approach to streamline certifications.

The purpose of this document is to outline a model that incorporates the usage of the WVHIN into clinic flow for initial certifications, subsequent certifications, and mid-certifications.

This document will also help to facilitate any transitions from the medical liaison to other authorized users of WVHIN.

Questions Considered:

- Does the Local Agency have another electronic option for looking up participant information, such as the use of an Electronic Medical Record (EMR) for hospital certifications and outpatient clinics? If not, the State Agency recommends continued use of the WVHIN to streamline certifications.
- Will use of the WVHIN be based on time (number of hours committed to record search) or quantity (number of records)?
- Which categories will be prioritized for using the WVHIN?
- Which clinic staff will utilize the WVHIN?

The following framework will guide each Local Agency to determine the WVHIN procedures for each clinic to streamline certifications.

Decision-Making Framework

1. **Does the Local Agency want to keep using the WVHIN?**
 - a. If the answer is NO, then Local Agency will need to see the Medical Liaison closeout process document to ensure confidentiality is maintained. Access to WVHIN will be ended for all users, the Local Agency Director must complete the [WVHIN Access Closeout Document](#) and scan it back via email to Alanna Foster.
 - b. If YES, proceed to question #2. If the Local Agency Director chooses to keep WVHIN access, they must complete the [WVHIN Continuance Document](#) and scan it back via email to Alanna Foster. **If a clinic does not currently have a medical liaison, they can choose to opt back into the WVHIN for access. The Local Agency Director will need to follow all instructions laid out here. They will need to provide the State Agency Research Coordinator or other HIE administrator with names of individuals that they wish to have access to the WVHIN and training will need to occur before moving forward.**
 - c. If there are any changes to the decision made by the Local Agency Director, a new document must be completed that aligns with their decision. This new document needs to be scanned and sent to Alanna Foster.
2. **Which is more important to each Local Agency, time to dedicate or number of records processed?**

- a. The average rate of processing is 8-10 records per hour as determined by SA conducted desk audits.
 - i. If the answer is time dedicated, then define the amount of time per day or week that will be dedicated to utilizing the WVHIN.
 - ii. If the answer is the number of records, then define the number of records/appointments per day or week that will utilize the WVHIN.

3. How are applicants/participants prioritized?

- a. Participants will be prioritized based on the data integrity within the WVHIN. This priority system would be infants, all women categories, and children through age 2. If there are multiple family members, all members would be prioritized to streamline the family appointment. This will ensure that pregnant women, breastfeeding women, and at risk infants will have a streamlined service and ensure that the prioritization aligns with policy.
- b. Use **Detail Clinic Appt. Schedule with DOB (WV)** report sorted by age to identify the number of participants in the range chosen by the LA. (Please note: this can also be found in Crossroads under scheduling>reporting>generate reports).
 - i. EX: If time dedicated is 2 hours per day to process records, then the first 16-20 records from pregnant to 1 year old would be the first priority of records considered for review.
 - ii. EX: If 16-20 records per day is priority, then the first 16-20 records from pregnant to 1 year old would be the first priority of records considered for review.
- c. Staff time dedicated to searching records in the WVHIN will be logged as client services on the WIC-30.

4. Which staff will utilize the WVHIN?

- a. This will not be every clinic staff because of the monitoring and privacy expectations of WVHIN. The Local Agency director should choose one (1) to three (3) WVHIN authorized users per agency. These users must first complete training and pass the assessment as outlined below. ****Disclaimer: The State Agency has the right to refuse access to any staff member. Access will be determined based on specific criteria such as working in the medical/lab room.**
- b. SA first choice recommendation would be the ML if retained past Sept 2025.
- c. SA second choice recommendation would be to assign to intake personnel.
- d. Any personnel selected, will have to have current WVHIN access and training.
- e. Once training is completed, they will need to get with an WVHIN administrator for their information to be added. This would be Alanna Foster or Kathy Legg. Alanna will be the first contact. Prior to gaining access, all staff that completed the training will need to take the assessment with a passing score of 80% or higher.
- f. LA staff may have access to the WVHIN removed if there are excessive breaking glass issues (20% or more of the records searched by the staff member) or if there are issues with confidentiality being upheld (i.e. searching records of personal contacts, searching records not aligned with the scheduler, etc.).

- g. LA staff must ensure that all documentation associated with WWHIN usage is kept in a locked file cabinet for 6 years. Any documentation that is past that 6 years will be securely shredded.
- h. LA staff are also expected to maintain accuracy when [tracking](#) the ARHI forms. This includes ensuring that the tracking form has all of the appropriate fields completed and the information is accurate. If LA staff do not ensure that complete and accurate information is recorded, they may lose WWHIN access.