

Agency for Change Podcast: Jaime Bland, President and CEO, CyncHealth

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Jaime Bland

The more information your provider has about your health history, the better decisions that you can make.

Announcer:

Welcome to Agency for Change, a podcast from KidGlov that brings you the stories of changemakers who are actively working to improve our communities. In every episode, we'll meet with people who are making a lasting impact in the places we call home.

Lisa Bowen:

I'm going to share a story reported by healthcare journalist Dan Gorenstein for Marketplace, and I promise the reason why we'll make sense in just a moment. An older man walks into a hospital in northwest Indiana. He doesn't know what's wrong, but he tells the doctor he's extremely uncomfortable. He says he's been to three other hospitals that day, but did not get the answers he needed. The man's symptoms suggest the possibility of an infection or the beginnings of cancer, but to confirm, the doctor on call would have to conduct a series of tests, everything from labs to x-rays and CT scans. The whole process could take anywhere from four to six hours and cost thousands of dollars. But instead, the doctor was able to access the man's medical records, which included his history of tests, prescriptions, and more from all the other hospital he's been to, and they got back to him in just minutes rather than hours later. Sounds pretty nice, right? But the reality is this is an extremely uncommon occurrence.

Lisa Bowen:

Most providers don't talk to each other, even in an era of digital medical records that can enable this kind of sharing. They're competing after all. To further complicate things, a mishmash of different technologies, vendors, software systems, and the sensitive nature of patient data itself makes it challenging for providers to transfer your information to one another. So what's the fix for this complicated problem? Luckily, a company called CyncHealth is working on this exact issue, as well as providing a number of other powerful tools that allow providers to collaborate, access data analytics, monitor prescriptions and more. So stick with us as we chat with the president and CEO of CyncHealth about the challenges behind sharing patient records and how the company's providing healthcare outcomes and the good work they're doing to better the community through the CyncHealth Foundation.

Lisa Bowen:

Hello everyone. I'm Lisa Bowen, vice president, managing director at KidGlov, and I'd like to welcome you to another episode of the Agency for Change podcast. Today we're speaking with Dr. Jaime Bland, president and CEO of CyncHealth, which is using the power of data to enable care teams to work

together for better health outcomes, lower costs, and thriving communities. While that is no small task, Jaime, I'm eager to talk with you to learn more about the great impact you're making on the community and the healthcare system overall.

Jaime Bland:

Thanks for having me.

Lisa Bowen:

Awesome. Well, let's start. For anyone who's listening and hasn't heard of CyncHealth, can you describe what it is you do and who you help?

Jaime Bland:

Sure. So CyncHealth is the statewide health information exchange for both Nebraska and Iowa. And then we have the prescription monitoring program for the state of Nebraska as well. With the rollout of electronic health records in the early 2000s, there was a piece of regulation or guidance from Health and Human Services on the federal side that created a concept called Health Information Exchange, which connects different electronic health records. So each electronic health record comes from a branded entity. So there might be company A provides an EHR to one hospital, and company B provides an EHR to another hospital. But those two don't necessarily talk unless there's an intermediary, which is what Health Information Exchange is. So we essentially ensure that your data follows you from one provider to the next, or that a provider has access to a longitudinal health record that makes clinical decision making a little bit easier in complicated clinical scenarios.

Lisa Bowen:

That's amazing. It seems like a no brainer, but it's probably no easy to ask as we'll find more about today-.

Jaime Bland:

That's right.

Lisa Bowen:

So really quickly, I'd like to ask you about your career path, because not only are you president and CEO of this up-and-coming company, but you worked for the US Army, the VA, and held a number of other positions in the medical field.

Jaime Bland:

I started my career as a staff nurse in a local hospital in Omaha, and shortly after 9/11, I moved overseas to Qatar to support the US Army Clinic in Doha, Qatar. I planned on being there for two years. My husband was in the military, he was then supporting some communications work in that country, but we ended up staying for over nine years. So about nine and a half years we were in Doha. And for six of those years I supported various clinical roles working with the Army and the host nation hospitals to support care for active duty service members, contractors and civilians in the country. So after my work with the Army, I worked for, it was a project with, Weill Cornell Medical College, the first degree granting entity that met ACGME standards with a hospital in Doha. So it was a women's and children's hospital.

Jaime Bland:

So I got to build a brand new hospital, implement a national health record, and do a number of different exciting things that were first for the country and then came back and wanted to pursue my doctorate of nursing practice from Creighton. So I finished that in 2015, and all through that period of time, from 2011 to 2015, I was working with the VA on some healthcare transformation efforts. So moving primary care to patient center medical home, and the data that's necessary to support that kind of health transformation work. I worked at a ACO clinically integrated network as well, and ended up here at CyncHealth, which was then NEHII, to grow the health information exchange and a number of different activities. So it's a varied winding path to health information exchange, but always had different care coordination challenges with data and understanding the connectedness of people's encounters across the healthcare ecosystem and connecting those to create a whole health picture from my role as a nurse. And then applying that for health information exchange has been beneficial for community as well as policy makers and providers and people.

Lisa Bowen:

Wow. You really bring a wealth of knowledge, and I can imagine that being in the military moving around a lot makes you want to make this right even more and to have people's records follow them, because it's tough enough locally making sure you're going to providers that are communicating. But when it's on a national level, it's even more complicated, isn't it?

Jaime Bland:

Absolutely.

Lisa Bowen:

So just to paint a picture, Jaime, for people, what would you say the current healthcare system is like right now in terms of offering the services that CyncHealth provides?

Jaime Bland:

I really think we are entering into a golden age of interoperability. We've done a lot, a decade of work in Nebraska specifically on interoperability. The health information exchange was started by the local Omaha hospitals recognizing that to serve people, they needed to share data despite being competitive. So in 2005, that conversation started, and by 2008, the Nebraska Health Information Initiative, which is the name CyncHealth previously went by, was formed. And 2009 is when we started exchanging data. That decade or more of experience in the challenges of sharing data, data standards was really born out of a passion to provide better care for the citizens that are being served by our health systems locally.

Jaime Bland:

And over time, healthcare regulations caught up with what that looks like from an interoperability perspective. There are national interoperability efforts to create these exchanges across regions and across the nation. The work that's done here in Nebraska, though we've learned a lot in that decade, and we are a national leader in this space and are often called on by federal entities and national organizations to tell our story about the work that we've done. I think where we're really different is that because we have a number of clinicians involved in the technology components, the infrastructure that we built is really targeted towards people, providers, and the public and population health needs our ecosystem, which includes community, health systems, independent providers, public health

entities, and that was really something that we were able to capitalize during the pandemic as well as in our regular healthcare encounters.

Lisa Bowen:

That's a huge accomplishment. And so in what ways do you feel like this is what, the work you've done is working, and in what ways do you feel like there's still things that are broken that we need to address?

Jaime Bland:

Yeah, there's still a lot of gaps in interoperability nationally. There's a little still resistance in the sharing of information for the technology to catch up with where the regulation is or technology resources to be available. It's not easy work by any means, but the need for data to follow the person is I think something much more well understood today than it was even five years ago. And the push from the federal side for data standards so that the ease about interoperability and things like matching records across disparate systems has something that has been better developed in the past five years in the previous 15.

Lisa Bowen:

Wonderful. So you're clearly leading the way. You mentioned that you're getting called on nationally to tell people how you've done what you're doing here in Nebraska. What are you doing specifically to address those shortcomings that you mentioned?

Jaime Bland:

So we're serving on a number of leaders from our organization are serving on national boards. We're in direct communication with entities like also the national coordinator or CMS, so that we can communicate what are our challenges so they can incentivize different activities with electronic health records or work with providers so that they have incentives to ensure that the connectedness of their health records are actually sharing information that's valuable across the system. That type of advocacy up to national agencies, and then we work with local policy makers as well so that we can work to fund components that ensure more data is following the person. So one of our most recent activities is to connect community based organizations. So when there's healthcare that happens outside of the traditional healthcare system, I think community based organization, we can help those entities that aren't typically equipped with an electronic health record, share information back so that data can be attached to an individual's health record and that can flow back to their primary care provider, or specialty care provider can think about diabetes and how complex managing a chronic illness is.

Jaime Bland:

Not all of the care that we get happens inside of a hospital. So when we can connect that information that happens in the community, whether it be issues with electricity, so my refrigerator stays, or I need an air conditioner, or I need certain things that will help me manage my disease process better. Those types of things are important for healthcare to know as well as other community service workers or people that are helping manage that chronic disease. That connectedness helps a better whole health outcome in the end.

Lisa Bowen:

Well, I never would've thought about the importance of those community entities being involved in the work and that communication. That's amazing. So not having to worry about to be able to walk into any

hospital, not having to worry about if the providers there are going to have your records or not, sounds amazing. But how can a patient find out if their provider is partnering with CyncHealth and what can they do if they're not?

Jaime Bland:

I think there's an effort to update our webpage so that all the health system providers that are participating will be available on our webpage. But also there's an opportunity to opt out of sharing information if that's not something that you want to do. And usually that happens at your encounter and the provider will ask you, do you want to participate in data sharing across national networks or local net networks? And if they do that, you're opting into sharing your information. There's always the opportunity to not share your information as well. So, that's part of what your provider should be asking you on. It should be at least on an annual basis, if not at every encounter.

Lisa Bowen:

Great. So you've talked about a lot of the great work that you're doing at CyncHealth. Are there any specific services you want to talk about that you offer that people might not be aware of?

Jaime Bland:

So we're rolling out this year patient portal. So that'll be a service that we offer to the community, and you can get access to the information that we have available from the aggregated records. So it's a launch to more health records. So if you think about the patient portal you might have from hospital A or hospital B, this is a connected record and not necessarily everything is there, but as much as we have connected through the link that we've had the data connected as well as medications, if you think about, "Oh, I always forget to tell my provider about taking this medication or that medication." This has all medications that are dispensed in the state of Nebraska. So it is a one stop source of truth for your provider to have access to that information.

Lisa Bowen:

Well, that's great that... I can't even imagine. I've had procedures done at multiple hospitals and having to remember how to log into each of those. And when you don't do it frequently and forget, having that one stop shop would be great for providers and consumers. So privacy is such a big topic of conversation when we talk about healthcare data. How does your company safeguard patient information and what challenges are there in sharing that sensitive data?

Jaime Bland:

Yeah. So I think first, just back to the opt out conversation, it's always an option for folks to opt out of sharing information. And then we've, security is paramount for our organizational strategy. We have gone through various security programs to ensure that we're meeting the highest industry standard for privacy and security. So things like high trust certification or SOC two is another name for a security program. But this ensures that we have the right policies, we have the right governance, we have the right infrastructure to ensure that we're safeguarding that information. The tools that we use are state-of-the-art tools similar to what the U.S. government uses to safeguard national secrets. So, that type of security is how we manage our broad infrastructure. And then the data governance. So how we share information, who can access the information? HIPAA has a treatment payment operations component. So, that's how we start to ask the questions initially.

Jaime Bland:

So is this provider asking for treatment purposes? Then yes, it's an allowable access if they're accessing for payment or operational purposes, think about preapprovals for your insurance. That might be something that provider wants to access information in the HIE course. So those have much more limited use cases than the treatment use cases that you might be familiar with from provider to provider to referrals. So I think all of those types of components are present in the organization and is very robustly implemented. These are things that we also share nationally. The ability to reach such certifications, implement governance, engage the community, bring different types of datasets into the organization, are all signs of maturity and the fact that we've been around for over a decade.

Lisa Bowen:

Great. And the more that you can tout that security and protecting and the governance that you have with that data, I think the more people you'll get to opt in, which is what we all want and need.

Jaime Bland:

Yeah.

Lisa Bowen:

So a little bit more about CyncHealth. So what people might not know is that you were found as a 501(c)(3), and it feels like that was a really intentional choice for you. Can you talk to me about that designation and how it impacts the work you do?

Jaime Bland:

So we're a 501(c)(3) nonprofit. We're a public private partnership. So we work with the state of Nebraska in different public health initiatives thinking the opioid crisis, the prescription monitoring program, that kind of work, and then pivoting towards health systems and the data they need for different quality programs and regulatory aspects. So, that type of partnership ensures that we have more of a utility type of application to health information exchange than just having some static information that people can query. So, it's a different approach, but it also is one that serves the community and serves people and providers, which is where the nonprofit status comes in. So we don't monetize data in any way. It's really about pushing data to the points of care where it's needed, and then to ensure that people would have access to data as well. So, that's where the patient portal component comes in.

Lisa Bowen:

So I also understand that your organization is helping to give back through the CyncHealth Foundation. What kind of work are you doing to benefit the community through the foundation specifically?

Jaime Bland:

Yeah. So we received a philanthropic gift in the end of 2019 and early 2020. If you think way back to pre-pandemic, it was really to focus on community integration and some of the work we talked about, about engaging community providers. And the work of the foundation is focused on is how do we empower community organizations to have data that help inform their work, but also help different aspects of the public and the private entities to... And look really broadly at population health in Nebraska and western Iowa and Iowa broadly as well. So through our governance, we've been able to establish a way that we

can provide aggregate information on really broad population health topics like asthma or behavioral health, and use that information to empower community based organizations to design programming around interventions that will help reduce admin asthma admissions, or look at behavioral health access in a number of different interventions that would improve the health of the community. So that's really where the CyncHealth Foundation, Nebraska Healthcare Collaborative partnering with both Creighton University and the University of Nebraska system to look at academic components are focused.

Lisa Bowen:

How does someone access those funds if they have a program they would like to help better the community with through the foundation?

Jaime Bland:

Yeah. So right now, there's an application process on the website, CyncHealth.org, and then you can look at our partnering organizations that healthcare collaborative and putting in projects through the project request process that goes through, because of our security and our privacy and our governance process, it does go through a few steps to ensure that we're providing de-identified information, the project is in alignment with the mission of the organization, and that there's data privacy considerations too. So that's actually the process to gain approval for the project from a data perspective. And then there's also different processes that we may actually fund a project that would be a community benefit as well. So that's all outlined on the Nebraska Healthcare Collaborative and CyncHealth Foundation pages of the website. So CyncHealth.org.

Lisa Bowen:

Got it. So we've talked about a lot of really great accomplishments. What's next for CyncHealth?

Jaime Bland:

Well, I think it's really just focusing in on continuous improvement for the Nebraska market, and then we've recently expanded into Iowa, so we'll be supporting interoperability efforts in Iowa, much like we did have in Nebraska, and creating the interoperability picture and the engagement of community as well. So I think more of a regional approach and really focusing on that community information exchange that we've started for the past couple of years and ramping that up and ensuring that we're fully resourcing that component as well.

Lisa Bowen:

What are some of the greatest challenges you're seeing or foresee with that regional approach?

Jaime Bland:

Provider needs are different depending on where you're at. I think that's all not new to providers, but it's definitely the interoperability issues are different between urban, rural, academic and community hospital. And just that variation of approach and different resources that are needed definitely challenge us as an organization, but something we're also pretty good at being flexible to support. It's that last mile of interoperability that gets left out from the national networks, and that's really what makes up the fabric of our healthcare systems in Nebraska and Iowa, is those rural providers and those community hospitals really need that benefit of their patients going to urban centers like Omaha or Des Moines or Iowa City, but then that information coming back, so their primary care, especially care physicians locally, can care for them in the longer term.

Lisa Bowen:

Great. So there's lots of listeners out there that will be paying attention to this podcast and wanting to learn more about sharing healthcare information. If you have some patients listening that are on the fence and in the past maybe haven't checked that box to share their information, what message would you have for them?

Jaime Bland:

I think the more information your provider has about your health history, the better decisions that you can make together about managing chronic disease overall long-term health. And that's beneficial not only to your personal health, but also to your provider as well. So the more that we can empower both individual providers as well as you as a person for healthcare outcomes, is really the mission of our organization.

Lisa Bowen:

So I'm inspired by motivational quotes. Jaime, can you give me just a few of your own words of wisdom that we can share with our listeners today?

Jaime Bland:

Yeah. One of my favorite quotes is, one person can make a difference and everyone should try. It's a John F. Kennedy quote. But it's definitely something I've carried with me throughout my career. And this work and interoperability is hard, and that's definitely not a demotivator for me. I think we should try, we should try to make it the best possible experience for people, the best possible experience for providers and working through those processes is really what provides us energy as an organization.

Lisa Bowen:

Well, I'm happy you're not afraid of hard work because the great work you're doing, having a background in healthcare, I know how important the work you're doing is, and I really appreciate all of your efforts. So you mentioned earlier your website. Is that the best place where listeners can go to learn more about CyncHealth?

Jaime Bland:

Yeah, absolutely CyncHealth.org.

Lisa Bowen:

Great. So as we wrap up our time here today, what's the most important thing you'd like listeners to remember about the work you're doing?

Jaime Bland:

Interoperability is a hard word to say, but it's really about fundamentally your health information following you as a person on your journey through your healthcare experience. And to ensure that we have the best possible health outcomes for Nebraska and Iowa's western region.

Lisa Bowen:

Great. Who wouldn't want that? Well, I could talk about healthcare all day long with you, Jaime, but I know that you're busy and you've got a lot more great work to do out there. So I appreciate you taking

the time. The world truly does need more people like you out there. So thank you so much for sharing your story and taking the time to be with us here today and all the great work you're going to continue to do.

Jaime Bland:

Thank you. It's a pleasure.

Announcer:

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