Connecting the Docs to Docs and Hospitals in the Era of ARRA

Brian Yeaman MD
CMIO NRHS
Physician Informatics GOCHC
Medical Informatics Officer NPHO
“Looking Toward the Future”
Understanding the Future to Prepare for the Present

- Health
- Information (Medical Records)
- Exchange (Electronic Transfer/Display)
How Records Move Across Care Settings

• Continuity of Care Record/Document
  It is a document containing a patient's health summary standard.
  It is an XML document that contains the patient's medical summary including PL, Social History, Family History, Labs, Rad’s, Vitals, Immunizations, Medication, Procedure codes.
  The document is expressed as an XML and is hence easy to incorporate from one provider’s EMR to another.
Core Concepts of HIE

- Key Attributes
  - Patient Privacy
  - Secure Records
  - Providers Proficiency
Core Concepts of HIE

• Medical Records Request
  – Seconds Not Hours
  – Information When it Matters When Seconds Count
  – Unifies Fragmented Records Across Providers and Hospitals and Specialty Centers
  – Cost Effective (Faxing/Personnel Time)
Core Concepts of HIE

• Provider to Provider Discussion
  – The Hallway/Lounge/Phone Conversation
  – Facilitates Specialty Consultation
  – Facilitates Patient Satisfaction
Core Concepts of HIE

• Implications for Health Care
  – Improved Patient Safety
  – Improved Quality of Care
  – Cost Containment- Less Duplication
  – De-Fragments Medical Records
  – Care Of The Uninsured
Terminology of HIE

• Core Contributors
  – Hospitals
  – Service Providers (Labs and Imaging Centers)
  – Physician Offices and Health Centers
  – Specialty Centers
  – State Agencies/Health Departments/OHCA
  – Payers
  – Pharmacies
  – Patients
• Elements of the CCD
  – Demographics
  – Medication List
  – Drug Allergies
  – Encounter History
  – Labs
  – Vitals
  – Diagnosis/Problem Lists/ICD 9’s
  – Improved Patient Access to the Medical Record
SHIECAP

• State HIE ARRA Funded Effort 8.6 Million
• Planning phase
• Effort to create the network of networks that can bridge the State
• Contribute to Meaningful Use for hospitals and physician practices
<table>
<thead>
<tr>
<th>INITIATIVE</th>
<th>OBJECTIVES</th>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH-e PATIENT</td>
<td>Integrated Community Health Disease Management Prevention</td>
<td>• Aggregate Reduction In Overall Healthcare Expenditures • Healthier Patients &amp; Community</td>
</tr>
<tr>
<td>Enhanced Healthcare Delivery Model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HEALTH-e TRANSFORMATION</td>
<td>• Points Store • Patient Accountability • Transparency In Transitions Of Care • Social Networking • Education Via The PHR</td>
<td>• Increase Patient Participation In Care • Greater Patient Adherence to Medications • Rewarded Healthier Behaviors</td>
</tr>
<tr>
<td>Sustainability And Continued Utilization Of The PHR</td>
<td>Daily Health Not Episodic Care Patient Trainers Disease Management Condition &amp; Immunization Reporting</td>
<td>• Reduced Readmissions • Improved Transitions Of Care • Meaningful Use Criteria</td>
</tr>
<tr>
<td>HEALTH-e TRANSITIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integration Into Practice and Enhance Functionality Of HIT For Patients And Providers</td>
<td>Health Age Education PHR &amp; Home Vital Sign Monitoring Prevention</td>
<td>• Improved Public Health • Reduced Unnecessary Admissions • Medication Reconciliation</td>
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<tr>
<td>HEALTH-e COMMUNITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Engagement</td>
<td>Electronic Health Records &amp; Continuity of Care Documents Health Information Exchange</td>
<td>• Fewer Duplicate Tests • Meaningful Use Criteria</td>
</tr>
<tr>
<td>HEALTH-e INTEGRATION</td>
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<td></td>
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</tbody>
</table>
EHR/HIE Finish Line

• Create patient accountability in their care and a viable medical home model
• Disease management and public health initiatives
• Health as a daily function of our lives
• Tear down the walls that create transitions of care
• Reduce overall healthcare expenditures
Oklahoma City HIE

- Desire for a Network
- Modeled after NE Oklahoma Network entitled SMRTNET
- Low Cost, High Adoption Rate
- Begin With Hospital Data and Grow Connections to Other Data Streams
- Live October of 2008 SMRTNET “Soft Start”
### Participating Hospitals in the Oklahoma City Metro

- OU Medical Center
- St Anthony’s
- INTEGRIS Canadian
- Norman Regional
- Edmond Medical Center
- INTEGRIS Baptist
- Moore Health Center
- INTEGRIS Southwest
- Midwest Regional
- Mercy Health Center
- Oklahoma Heart Hospital
Current Status

- Low Hanging Fruit:
  - Labs
  - Vitals
  - ICD9’s
  - Encounter History
- Next Steps: Reports and Dictation
- “Hard Start” Winter2010
HIE Norman to OKC to Statewide Adoption
(RHIO -> Local Networks/Hospitals -> Community Providers)

- eHX (NPHO)
- SMRTNET
- IMPACT-21 (EBM content)
- PSRS-CDSS (Proposed Connection)
- OSIIS
- NRHS
- Surescripts (Pharmacy)
- Dynamed (EBM content)
- eClinicalWorks (Dr. Local EHR)
- Internet View
- Citrix / VPN
- Transactional HUB (Consults, Lab, Radiology)
  (In Development)

Services:
- NEO, Metro, Tulsa Hospitals / CHCs / HAU Free Clinics
- HIE Norman to OKC to Statewide Adoption
  (RHIO -> Local Networks/Hospitals -> Community Providers)
- 1 connection to doc EHR to view inpatient, ED results, Metro information, Surescripts, immunizations, pharmacy history and EBM
Community HIE/Network

- Shared Benefits
  - More accurate problem and medical lists
  - Medication reconciliation
  - Reduction in adverse medication reactions
  - More accurate drug allergy lists
  - Reduced duplication of testing
  - Capability to interact with personal health records
  - ED, Intensivists, Hospitalists, EMS
Rural EHR Office Adoption Rates

- 4% Fully Implemented
- 17% basic
- Systems: Registration, Lab, Vitals
Rural Connectivity Issues

• Rural Connections and Broadband
• Wireless Options
• Virtual Options (May be preferred)
• ASP Options (Require a big pipe)
Key Questions

• Expensive, Who Pays?
• Difficult to install
• Scalability
• Uncertain Future Around ARRA and HIE and “Meaningful Use”
• Cannot afford to make mistakes
• Partnership with practices, PHO’s and other referral institutions?
EHR Certification

- CCHIT currently the “gold standard”
- May Change…
- “Meaningful Use”
- Live vs “In Development”
Regional Extension Center Plan

- 5.9 Million in ARRA Funding for the State Administered via OFMQ
- CESPI: Collaboration, Education, Selection, Project Management and Implementation
- Rural Practice Regions and Hospitals
- Physician and Hospital collaborative education and selection of EHR’s
- Preparation for “Meaningful Use”
- Preparation for HIE
Regional Extension Centers

• Economy of Scale How to Reach out to your doctors and local partners
  – Minimal ambulatory EHR systems
  – One Hospital system
  – One network hub
  – Potential to partner with larger health systems to receive discounts and remote hosting
Norman’s Ambulatory Adoption

- 100 licenses sold
- 65 providers live on the system
- Network Hub moving into place
- Strong local support and “best practice” methods for installation and practice management based on local practice patterns and provider needs.
Physician Office

- Big Picture Early Wins for Physician’s
  - Local Adoption of EHR’s
  - Assist Physicians in preparation for P4P
  - E-prescribing Initiatives 2% Medicare Bonus
  - PQRI 2% Medicare Bonus
  - Preparation for “Meaningful Use” and ARRA payments
Hospital

• Big Picture Early Wins for Hospitals
  – Preparation for “Meaningful Use and ARRA payments
  – Increased outreach opportunities to referring physicians
Hospital

• Big Picture Early Wins for Hospitals
  – Can Join Owned Practices With Private Practices To Avoid Duplication of Efforts and Share Resources/Experts
  – HIE Coordination and Can Establish the Hospital as a Key Stakeholder in Regional Networks (GOCHC SMRTNET)
Proposed Rural Model

• Engage the Regional Extension Center
• Group Selection Process For Clinic EHR
• Group Purchasing in Partnership with Hospital
• Shared Local Support
• Rapid Rollout and installation
• Best Practices
• Shared Community Connection to HIE
SMRTNET GOCHC HIE DEMONSTRATION