

EMERGENCY TECH:



Focus on cost grows PAGE 26

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What makes a RHIO/HIE successful?

Wisconsin, Delaware pave the way for future projects.

BY JOHN ANDREWS, Contributing Editor

THOSE RHIOs AND HIEs that need a push to gain some much-needed traction should seek help from those who have traveled down the road a piece.

While representatives from Wisconsin and Delaware remain steadfastly modest about their accomplishments, they are eager to share the keys to their success with others who might be frustrated by a lack of progress. Planning, patience and persistence, they insist, is nine-tenths of the battle.

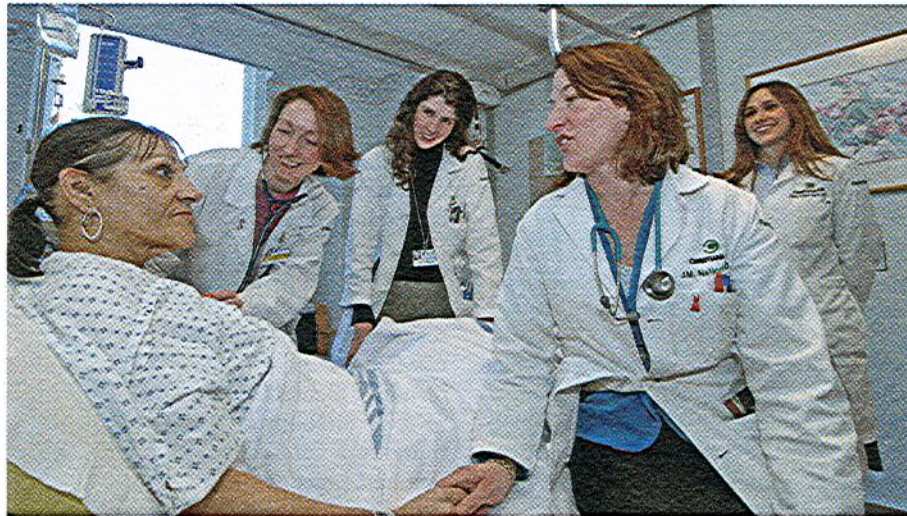
"It takes a long time to build consensus, which is a critical success factor," notes Gina Perez, executive director of the Delaware Health Information Network. "Having everyone go through the process together helps you grow over time. We really hashed out the requirements, the functionality, the cost and funding source so that it was all completed before we ever signed the technical contract."

Kim Pemble, chief information officer for the Wisconsin Health Information Exchange, says his group took the same approach.

"The first several years were consensus, vision, mission and structure," he said. "The technical part isn't the issue, but how the community engages in it."

Both the Delaware and Wisconsin networks have spent at least four years of development on their current models, with the origins of Delaware's project going back to 1997. Although the initial concept was far different than the eventual network that took shape, Perez said the planners stuck with it and adapted to constantly evolving frameworks.

"Basically it was created as a public/private health information network," she said. "It took until 2005 before we began implementation. It was originally focused on administrative transactions because physicians, payers and hospitals wanted to con-



The Christiana Care Health System in Delaware is part of the Delaware Health Information Network, a successful data-sharing network whose roots date back to 1997.

vert to an electronic format. But pulling together the boards of directors and policies took time and health plans took a less and less active role in the project, preferring to implement their own systems. Eventually clinical information and record location became part of the agenda. Now we're looking at administrative transactions again."

After "a lot of discussion, a tremendous amount of commitment" and a nine-month request-for-proposal process, DHIN went live in April 2007 using Salt Lake City-based Medicity's architecture. The network consists of three hospital systems, 620 physicians at 100 practices and a total of 2,600 users statewide. Its capabilities at this point are access to lab, radiology, pathology, patient admissions/discharge/transfer and interface with the public health department for biosurveillance. Testing is also being completed for patient record searches.

To foster participation among the less technologically inclined, DHIN has improvised some network facets, such as making allowances for physicians still using paper

charts, setting up a Web-based clinical inbox for results viewing and supporting direct integration into electronic medical records.

"It's important to note that what DHIN does well is meet the technology along with the adoption curve," said Rebecca Little, Medicity senior vice president. "They offer lots of flexibility."

EMPOWERING CLINICIANS

Nine months into WHIE's pilot program, the exchange in Pemble's nine-county Milwaukee district comprises 13 hospitals and some 100 service providers. Microsoft's Amalga platform provides connectivity between hospital emergency departments and community physicians for patient history and workflow data.

"If the physicians see something, they can drill deeper," Pemble said. "We provide the information, but the clinician still makes the decision."

Getting payer and employer buy-in has been a stumbling block for other networks, but their involvement in the Milwaukee

exchange has been a tremendous catalyst for its progress, Pemble said.

"I can't speak to why payers and employers haven't joined other efforts, but we have been very fortunate to have that kind of representation at the table," he said. "Our payers realize they gain value if a physician is able to prevent a duplicate test or avoid a hospital readmission."

Adding case managers to the loop should also provide a benefit, Pemble said, because they can refer patients to primary care providers, diverting them from costly ER services. As an integrated private-public sector network similar to the Delaware network, WHIE is also aggregating data and making it available to the health department for biosurveillance.

LEADERSHIP ESSENTIAL

Birmingham, Ala.-based MEDSEEK has been instrumental in getting two successful RHIOs off the ground in western North Carolina and Ontario, Canada. Director of sales Brad Hawkins says both of these networks credit the same attributes for their progress: the strategic vision of executive leadership, plotting measured goals and forging a strategic partnership with the vendor.

Using an aeronautic analogy, Hawkins said: "If you shoot for the moon all at once, you will stall and crash to earth. The goal should be to reach a satellite, then another and then aim for the moon."

The North Carolina RHIO, for instance, started with four hospitals before expanding to 16 across Appalachia. The Ontario network focused on two separate zones surrounding Toronto before tying them together.

"MEDSEEK can put all the technology in place that you want, but there has to be the time and money spent and a degree of effort needed," Hawkins said. "It's not magic, it's architecture." ■

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PREMISE

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manage our demand," said Mark L. Anderson, senior vice president of information systems for YNHHS. "Since 2000, we've seen a 20 percent increase in annual discharge volume."



Jay Deady

The Premise acquisition caps off a busy year for Eclipsys, which acquired Enterprise Performance Systems, Inc. (EPSi) of St. Louis last February and MediNotes of Des Moines, Iowa, in October. Deady says both acquisitions have boosted the company's bottom line and provided Eclipsys with a stronger portfolio of IT solutions for healthcare providers looking for hard ROI in challenging economic times.

"The acquisition of Premise, together with our acquisition of EPSi last spring and the availability of our Sunrise Clinical Analytics, helps build out a world-class solution set that supports direct patient care-related activities as well as operational performance management," said R. Andrew Eckert, Eclipsys' president and CEO. ■

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