Forecast 2010: Hospitals

HIEs To Transform

By James K. Lassetter, M.D., CEO, Medicity

In 2010, expect to see shifts in the approach to health information-exchange (HIE) governance and innovative developments in the way health-information exchange is architected. As hospitals monitor the evolving meaningful-use definition, many are proactively moving beyond the basics of electronic health-record (EHR) selection and are exploring their options for HIEs.

For 2010, expect to see growth in self-governed, hospital-based HIEs – sometimes called regional cooperatives or organic HIEs – as providers strive to achieve greater care coordination and quality, while containing costs.

Under the organic HIE model, hospitals and health systems collaborate directly using common HIE technology to connect hospitals, affiliated physician practices and ancillary service providers. These health systems effectively take a bottom-up approach to HIE implementation, liquefying data at the foundation for easy exchange. Deploying technology in an incremental fashion, stakeholders achieve rapid time-to-value for the HIE-user community, while enabling deployment of higher-level services, such as patient-identity resolution, either in parallel or after initial efforts are begun.

Also expect to see the cloud-computing architecture that underlies much HIE functionality progress to a next-generation model: client-cloud computing. This technology makes services running in the cloud available to client applications running locally, and vice versa. Client applications are installed in user locations – integrating to local systems, such as EHRs, in a physician practice – and meet customized work-flow needs, while ensuring that functionality persists, should access to cloud services become unavailable.

Clients leverage cloud services to perform broader HIE functions, such as posting data into a registry or evoking a vocabulary-standardization service to transform data from a local proprietary format to a standardized format. The client-cloud architecture thus complements local work-flow requirements, while effectively connecting providers to regional and national HIEs through cloud services.

This synergistic approach to information exchange that penetrates the point-of-care in such a customizable manner will promote HIE adoption and will also stimulate growth of dynamic-care teams that will realize a continuum of collaborative care for patients.

Lastly, client-cloud computing will stimulate the production of a new generation of composite healthcare IT applications that run on the client platform to perform specific work-flow or care functions that leverage both the data exchanged across the HIE and services in the cloud – and that can be selected, downloaded and deployed in minutes through an application store.

For more information on
Medicity solutions:
www.rsleads.com/001ht-224