

AN HIE BY ANY OTHER NAME....

By Kipp Lassetter

The passage of the American Recovery and Reinvestment Act (ARRA) on February 17th, 2009 rocketed the U.S. healthcare industry into action with the promise of \$19.2 billion in economic stimulus funding. With the Obama administration's vision to optimize the current U.S. healthcare IT infrastructure via electronic data exchange and rapidly increase electronic health record (EHR) adoption to 90-percent for physicians and 70-percent for hospitals by 2019, the metaphorical fire was lit.

As indicated by the administration, EHR adoption alone is not sufficient to guarantee reduction in costs and improvements in healthcare. Organizations must also exchange and integrate discrete data across disparate care locations and information systems; otherwise, provider EHRs become yet another silo of vital patient information.

In response to the ARRA, many hospitals and health systems are deploying infrastructures to connect hospital information systems to provider EHRs. Often called hospital-based HIEs, their primary goal is to automate transactional exchanges such as ordering tests and distributing results, but many also standardize, organize, and aggregate patient data, providing secure, anywhere, anytime access for clinicians. This interoperable clinical data exchange is considered an essential component of the ability to demonstrate "meaningful use" of EHRs, assisting physicians and hospitals to qualify for receipt of Economic Stimulus funds.

Regional health information organizations (RHIOs) and state-wide HIEs are also experiencing increased adoption. While their focus is ultimately on standardization and aggregation of information for broad consumption and use, they must leverage low level transactional exchanges to connect to sources across the community.

We predict an emerging trend in which technology platforms of hospital-based HIEs and community HIEs connect to form expansive health information exchanges, truly a network of networks. By connecting these systems, state-wide and other large-scale efforts can speed adoption, decrease deployment time and cost, and quickly attain business sustainability.



How likely is this prediction to come true? Today, hospital-based HIEs are growing at a rapid pace. For example, more than 700 hospital HIEs are deploying Medicity's Care Collaboration Platform in communities across the U.S. to connect hospitals, physicians, and EHRs. At the same time, regional and state-wide initiatives, including California, Delaware, Mississippi, and Oregon, are either operational or quickly coming online with health information exchanges. This momentum is leading to a convergence of hospital and community HIEs, which will accelerate the building of an infrastructure to achieve the goals of the ARRA: meaningful use of EHRs, improved efficiencies, and enhanced patient care.

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