

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

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“Looking Toward the Future”



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Understanding the Future to  
Prepare for the Present

- Health
- Information (Medical Records)
- Exchange (Electronic Transfer/Display)

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### Core Concepts of HIE

- Key Attributes
  - Patient Privacy
  - Secure Records
  - Providers Proficiency

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### 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)

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### Core Concepts of HIE

- Implications for Health Care
  - Improved Patient Safety
  - Improved Quality of Care
  - Cost Containment- Less Duplication
  - Care Of The Uninsured

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## Core Concepts of HIE

- Provider to Provider Discussion
  - The Hallway/Lounge/Phone Conversation
  - Facilitates Specialty Consultation
  - Facilitates Patient Satisfaction

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## 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

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## How Records Move Across Care Settings

- Continuity of Care Document (CCD)
- The document is expressed as an XML typically via an HL7 interface and can flow from one provider's EMR to another.

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## CCD

- 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

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## 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

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INITIATIVE	OBJECTIVES	GOALS
<b>HEALTH-e PATIENT</b> Enhanced Healthcare Delivery Model	Integrated Community Health Disease Management Prevention	• Aggregate Reduction In Overall Healthcare Expenditures • Healthier Patients & Community
<b>HEALTH-e TRANSFORMATION</b> Sustainability And Continued Utilization Of The PHR	• Points Store • Patient Accountability • Transparency In Transitions Of Care • Social Networking • Education Via The PHR	• Increase Patient Participation In Care • Greater Patient Adherence To Medications • Rewarded Healthier Behaviors
<b>HEALTH-e TRANSITIONS</b> Integration Into Practice And Enhance Functionality Of HIT For Patients And Providers	Daily Health Not Episodic Care Patient Trainers Disease Management Condition & Immunization Reporting	• Reduced Readmissions • Improved Transitions Of Care • Meaningful Use Criteria
<b>HEALTH-e COMMUNITY</b> Patient Engagement	Health Age Education PHR & Home Vital Sign Monitoring Prevention	• Improved Public Health • Reduced Unnecessary Admissions • Medication Reconciliation
<b>HEALTH-e INTEGRATION</b> Beacon Community Eligibility	Electronic Health Records & Continuity of Care Documents Health Information Exchange	• Fewer Duplicate Tests • Meaningful Use Criteria

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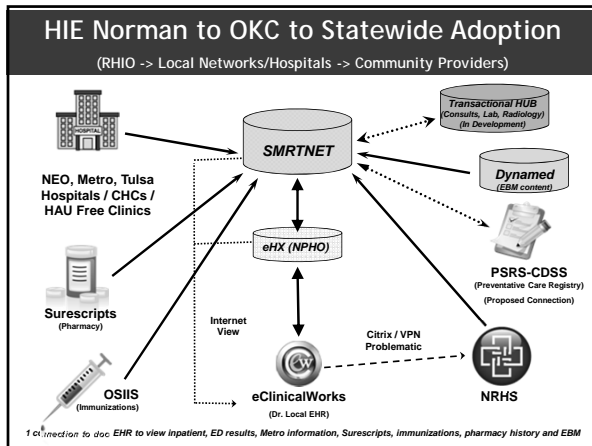
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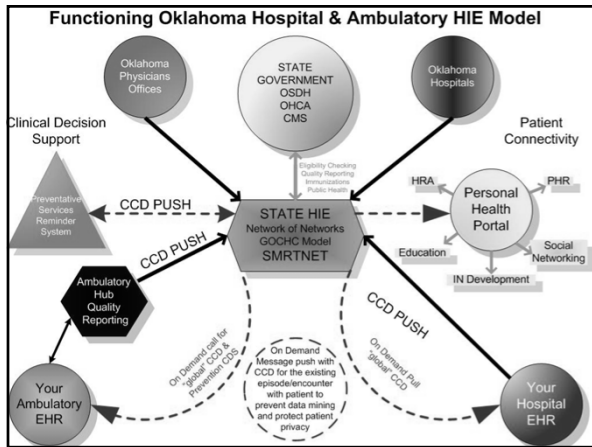
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- ### EHR/HIE Finish Line
- Create patient accountability in their care and a viable medical home model
  - Disease management and public health initiatives
  - Tear down the walls that create transitions of care
  - Reduce overall healthcare expenditures

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**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"

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**Participating Hospitals in the Oklahoma City Metro**

• OU Medical Center	• Moore Health Center
• St Anthony's	• INTEGRIS Southwest
• INTEGRIS Canadian	• Midwest Regional
• Norman Regional	• Mercy Health Center
• Edmond Medical Center	• Oklahoma Heart Hospital
• INTEGRIS Baptist	

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## Current Status

- Low Hanging Fruit:
  - Labs
  - Vitals
  - ICD9's
  - Encounter History
- Next Steps: Reports and Dictation
- "Hard Start" Winter2010

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## 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

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## Back From the Future



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### Rural EHR Office Adoption Rates

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

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### Rural Connectivity Issues

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

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### 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?

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**EHR Certification**

- CCHIT currently the “gold standard”
- New Certifying Bodies via ONC
- “Meaningful Use”
- Live vs “In Development”

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**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

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**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

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## Norman's Ambulatory Adoption

- 150 licenses sold
- 135 providers live on the system
- Strong local support and "best practice" methods for installation and practice management based on local practice patterns and provider needs.

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## 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

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## Hospital

- Big Picture Early Wins for Hospitals
  - Preparation for "Meaningful Use and ARRA payments
  - Increased outreach opportunities to referring physicians

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## 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)

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## 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

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Questions?

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