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A New Day in Healthcare for You and for Us
Part II – NextGen Health Information$^@$ Exchange
(HIE$^@$) By James L. Holly, MD
Your Life Your
Health *The*
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Last week, we described SETMA's launching of NextMD$^@$, a secure web portal published by NextGen$^@$. This portal has been adopted by SETMA to provide our patients with a secure means through which to maintain their own "personal health record," to communicate with their personal healthcare provider about their personal health, and to access resources which will help patients take charge of and participate in the management of their own healthcare. Access to this service costs SETMA's patients nothing, except they must have a person e-mail account through which to access the web portal.

Challenges to Healthcare Providers – EHR and Meaningful Use

Today, healthcare providers face a number of challenges. One of them is the imperative to adopt electronic health records (EHR) by 2014. The American Recovery and Reinvestment Act (ARRA), which was signed into law in 2009, provided $19 Billion for financial initiatives to be paid for the encouragement of the adoption of EHR. On March 23, 2010, the Patient Protection and Affordable Care Act became law. This sweeping health reform legislation required the U.S. Department of Health & Human Services (HHS) to develop programs to promote the implementation of health information technology (HIT).

Based on the requirements of these two laws, in July, 2010, the Centers for Medicare and Medicaid Services (CMS) published the final rule for "Meaningful Use" of a Certified EHR system. All 865 pages of this rule details the functions a medical practice must perform with an EHR in order to be eligible for incentive payments in 2011, 2012, 2013 and 2014. In 2015, no further incentives will be paid but if a practice is not using an EHR and fulfilling "meaning use" standards, they will be penalized by having their reimbursements decreased. In a future article, we will discuss "meaningful use." SETMA currently performs all functions required for "meaningful sue."

Challenges to Healthcare Providers – Medical Home

From February 16, 2009 until April 12, 2010, SETMA worked on transforming into a Patient-Centered Medical Home$^@$ (PC-MH). This pilgrimage is detailed in dozens of articles and numerous electronic tools all if which are posted on our website at www.jameslhollymd.com.

Many of the functions needed for the transformation of healthcare are common to medical home and to "meaningful use." The principle concepts of medical home are the coordination of care in order to increase patient safety and patient access to care, and the placing of the focus upon the patient in order to have them as the central focus of all care. Both of these are gauged to increase the patient's control over and participation in their own care.

SETMA has been awarded PC-MH recognition by the National Committee for Quality Assurance (NCQA) and is seeking certification from the Accreditation Associations of Ambulatory Health Care for medical home as well. Yet, even as we are successful in these efforts, we continue to expand our services and to transform our model of care to bring 21st Century health knowledge to our patients in a 21st Century method and means.

The ideal of medical home is that all patient information would be shared in a HIPPA-compliant, secure means to all providers and organizations who treat that patient. SETMA has had a security firm thoroughly analyze our systems to make sure that they are secure and that all appropriate and necessary steps have been taken to guarantee that level of security.

Challenges to Healthcare Providers – Information Exchange

One element of medical home, meaningful use and of transformation of a medical practice is the ability to exchange information between healthcare organizations and healthcare providers.
Because SETMA has already invested over $6,000,000 in health information technology and because we know how important information exchange is, we have determined to make this available to Southeast Texas as our contribution to the increasing of safety, efficiency and excellence of the healthcare an the health of our friends and neighbors whether or not they are patients of SETMA.

With the health information exchange in place, a patient who is seen at Baptist Emergency room one night and who goes to Christus emergency room the next night will not have to have the same tests repeated. Also, a patient who is getting narcotics at multiple locations would be immediately known to all who had appropriate access to their health record.

Patient safety due to accurate medication and problem lists will be enhanced no matter where the patient seeks care.

Challenges to Healthcare Providers – Cost of Transformation

Transformation is a process which begins and which is sustained from within the core of an organization and of an individual. External pressures whether of circumstances or of legislation cannot produce transformation. However, whether reformation or transformation, expense is a major issue.

There are financial incentives available for the next few years in order to help healthcare

providers make this transition. Presently, there are three programs: Physician Quality Reporting Initiative (PQRI), ePrescribing and "meaningful use."

The cost of getting an information exchange up and running in Southeast Texas will include:

1. Software costs
2. Hardware costs
3. Management
4. Security

The first year's cost will be over $500,000. SETMA is prepared to make this initial investment for the benefit of our community. After the first year, the Board of Directors of the Information Exchange, which will include a majority of non-SETMA providers and organizations, will assess a non-profit-based users' fee, based on the on-going cost of operating and expanding the HIE. . The cost will be levied based on the size of the participating organizations. No cost will be levied for SETMA for years 2-6. This will be a small accommodation for SETMA's original contribution. After the sixth year, SETMA will be accessed a pro-rata share of the ongoing costs like everyone else. It is expected that the cost to an individual provider would be in the hundreds of dollars rather than thousands of dollars and that the cost to the largest organization would be in the thousands rather than in multiple tens of thousands. But, whatever the cost it will be transparent to all participants and no participant will make a profit except as we all realize cost savings while the quality of our care increases. .

NextGen Health Information Exchange[@]

The next step in the "new day in healthcare" is the launching of NextGen Health Information Exchange[@] (HIE[@]). HIE is a secure data repository that stores, displays and electronically exchanges complete patient records to members of a patient's medical-home team, i.e., hospital, home health, specialists, hospice, physical therapy, etc. NextGen's experience in connecting dozens of regional medical communities through HIE, it is clear that here is no cookie-cutter approach to implementing a connectivity solution. Each communities HIE will look different.

SETMA's deployment of NextGen's HIE[@] will provide:

- Easy exchange of data for all community participants, including practices with non-NextGen EHRs or none at all.
- A single-point connection, eliminating the need for point-to-point interfaces, to share lab or test results, ER visits, referrals, medications, allergies, and more, in real time.
- The ability to access – within workflow – only the patient information needed or new to the record.

- A foundation to help ensure eligibility of American Recovery and Reinvestment Act (ARRA) incentives under 'meaningful use' criteria.

SETMA's deployment on NextGen's HIE$^@$ will also provide:

- Ease of data exchange with practices using 3rd party or no EHRs
- Secure, content-rich, and transparent to end-user
- Single-point connection to share clinical information in real time
- True interoperability among disparate systems
- Easier documentation and reporting (health quality and disease management)

Other Benefits for HIE$^@$ users, particularly hospitals, emergency rooms and other outpatient care facilities are:

- Faster access to reliable patient information at the point of care
- Reduced drug-to-drug and drug-to-allergy interactions
- Ability to alert providers to 'drug-seekers'
- Decreased redundant test and administrative costs

Cast History of a Hospital's Use of HIE

(Editorial Note: This case study is based on the use of NextGen;
however, the intent is to show how valuable the sharing of
information is, regardless of the system which is used.)

"The course toward interoperability and Health Information Exchange (HIE) sometimes starts on an unlikely path. Just ask Doylestown Hospital, a community-focused 209-bed facility located in the Doylestown, Pennsylvania, suburbs just north of Philadelphia. Their course began with the Y2K scare —when community physicians came to them with fears their billing systems for their practices couldn't handle the transition. The hospital responded by establishing an applications services provider (ASP) organization to assist them with the purchase of a new practice management system at cost. A few years later, when the practices wanted an electronic health record (EHR) system, they again turned to Doylestown Hospital to help negotiate licenses.

"Then in 2006, the idea for interoperability and the exchange of patient data as a way to improve patient care and safety became a feasible option— and one that the community was interested in pursuing. It was then that the hospital founded the Doylestown Clinical Network (DCN)—a partnership with independent physicians in their community dedicated to providing high-quality, community-based health care through the use of HIE…

"Now, DCN practices are able to access critical information (demographic data, allergies, medications, histories and problems, lab and test results) within workflow, in real time, through a single-point connection with NextGen HIE – resulting in greater overall patient care, efficiency, and quality, as well as:

"According to Richard Lang, vice president and CIO for Doylestown Hospital, "The DCN — through the use of NextGen HIE—represents a model of genuine interoperability that helps us lead the national HIE conversation with proof that connectivity with other healthcare providers leads to improved patient care."

"... Doylestown Hospital is one of only 53 hospitals nationwide with 5-star ratings for both patient safety and satisfaction. Plus, they were the only Philadelphia-area hospital to receive all 3 cardiac specialty excellence awards from HealthGrades® in 2009 (for cardiac care, cardiac

surgery and coronary intervention). Thus, it seems their ultimate goal of more efficient; better quality patient care has been achieved.

"However, that doesn't mean their work is finished. Now that a solid HIE framework has been laid, their efforts are focused on expanding the network so they can help more patients in the future."

Southeast Texas and the Future

The future of healthcare in Southeast Texas will depend upon innovation and collaboration. It is SETMA's hope that this effort will result in our own "Doylestown story," As all area hospitals, including south and mid county participate and has more and more health care providers determine to increase the quality of care all of our patients receive by participating in the information exchange, we will see improvement in care, increase in safety, decrease in cost and a realization on the part of our entire community that we all care much more about our patients than about anything else.