

HIT Standards Committee Implementation Workgroup Testimony

Panel 3: Implementation Support – Health Information Exchange

Linda Reed

VP and Chief Information Officer

Atlantic Health - Morristown, New Jersey

January 11, 2011

Good morning and thank you very much for the opportunity to present to you a bit about the Health Information Exchange journey in the state of New Jersey and at Atlantic Health. I am Linda Reed and I serve as the VP/CIO for Atlantic Health, as well as the president of **Jersey Health Connect**, a regional HIE collaborative comprised of fifteen health systems, hospitals, physician groups and a long term care facility in Northern New Jersey.

As noted in the most recent PCAST report, in other industries, "...the standardization of simple universal methods for the exchange of information across multiple platforms and organizations...has resulted in new products that knit together fragmented systems into a unified infrastructure. The resulting 'network effect' then increases the value of the infrastructure for all and spurs rapid adoption". Based upon my recent experience, this is a very perceptive statement. It is the data that makes an electronic health record valuable, especially if that data crosses the continuum of care and can knit together the disparate components of patient care for a care provider. While we are steadily making progress in the area of data exchange, there are issues to be addressed in the pursuit of HIE and they fall into a few categories:

1. Organizational readiness – provider capability
2. Governmental criteria and definitions
3. Industry capability, innovation and competition

Today health information exchange is the hot topic and every company involved in HIT is offering an HIE solution. Unfortunately, HIE is not just about the technology – it includes appropriate use cases and the incorporation of acquired data into the physician EMR work flow. In various discussions with physicians in my organization, it is clear that they want autonomy in choosing technologies, but also expect to be able to send and receive data at will. The trouble is that many of them do not know what is required for this or whether they have capable systems. So, step one...get physicians on an EMR...but make sure it is a connected/connectable EMR. This is the conversation we have had with our newly established NJ REC.

Approximately four years ago, Atlantic Health began searching for a way to assist our affiliated physicians with the acquisition and implementation of electronic medical record systems for their offices. As we dug deeper into the capabilities and infrastructure available in many of these small private practices, it became clear that implementation of a full-blown EMR into these practices was not only going to be complex challenge for physician adoption, the workflow changes incurred would significantly impact patient scheduling and practice revenues for an extended period.

HIT Standards Committee Implementation Workgroup Testimony

Panel 3: Implementation Support – Health Information Exchange

Linda Reed

VP and Chief Information Officer

Atlantic Health - Morristown, New Jersey

January 11, 2011

For Atlantic Health, this was an HIT challenge unlike any we had met to date. AH has long been a steady adopter of HIT. With nursing documentation in place for over ten years, we have consistently implemented new technologies and worked as an early adopter and beta site with our core HIT vendors, including CPOE, bed-side medication validation and community data exchange. We were the pilot customer for McKesson's meaningful use version of the Horizon Clinical platform and have a solid plan in place for 2012 certification.

Our road to information exchange got started in the quagmire of office based EMR's. A little over three years ago we brought in a technology that would provide "EMR-lite" functionality for our doctors. This was a way for them to ease themselves and their practices into automation. Doing some early work with our vendor and other customers, we quickly added functionality to allow the distribution of results from AH to first a viewer and then directly into the office EMR if or when one was present. As such, here is an example of our first barrier – vendor unwillingness. There are huge hurdles each time we want to create interoperability between vendor products. It is not so much the technology, the majority of certified vendors do have the ability to send and receive data, it more about protectionism and revenue.

The first set of challenges has to do with vendor activities and include:

1. Vendor cooperation
2. Expense to create the initial data exchange
3. On-going charges to physicians and other providers
4. Forcing providers to purchase redundant exchange tools

The proprietary nature and mind set of current vendors and their products does not allow for easy data exchange. Additionally, while certified as 'interoperable' vendors treat intersystem data exchange a 'one-off' and discourage physician offices from pursuing data exchange through high development fees and recurring maintenance fees.

While there are hurdles, there are also successes. Three years after we began rolling this technology out to our affiliated physicians we are happy to report that approximately six – hundred physicians and thirty eight thousand patients use it in varying degrees. Physicians can exchange secure e-mail with patients, perform e-prescribing and have auto renewals for medications. Patients can request appointments on-line, manage their own personal health record and opt for web visits if offered. Additionally, we have had great physician feedback where we have been able to establish data feeds into their office EMR's. Recently, our vendor has added the functionality needed to become a certified EMR for those that wish to stay on this system. *The consensus from those physicians with integrated data is that we have finally*

HIT Standards Committee Implementation Workgroup Testimony

Panel 3: Implementation Support – Health Information Exchange

Linda Reed

VP and Chief Information Officer

Atlantic Health - Morristown, New Jersey

January 11, 2011

provided them with a tool that makes a difference for them.

Given that connectivity and data exchange is the key to better and more effective care, Atlantic Health worked with a number of local providers to form a collaborative HIE organization, incorporated as Jersey Health Connect. Forming this entity was one way for the CIO's of a number of health providers in the northern New Jersey region to begin filling a gap. After much discussion and a full year of meetings, the state HIT commission was not able to bring together a cohesive HIE plan, and providers around the state took action. Then the preliminary MU criteria indicated that participation in an exchange would be required. This spurred a flurry of activity and significant interest in joining our exchange.

Given that Atlantic Health and a couple of other hospitals had a robust implementation of the same HIE technology, the JHC collaborative agreed that it would use that platform as the base. At the same time, the ONC put out a call for HIE grant applications.

Given the lack of progress in the state, the NJ HIT Commission asked for those of us who had created HIE organizations to submit proposals to them. The commission then evaluated the proposals and selected four to include in the state HIE grant application, one of which is JHC. I have submitted the original proposal Jersey Health Connect submitted to the state commission as back ground information regarding our plan and the technology. That was the easy part. JHC has spent the better part of a year organizing, setting up by-laws, getting legal opinions and creating sharing agreements. We have huge concerns, a few about the technology available today – many more about security and privacy – but the most about on-going funding and sustainability.

Creating, planning and operating an organization like this is a lot of work – much of it being done by the same people trying to achieve 'meaningful use' for our organizations as well as help our physicians become 'eligible providers'. This leads me to the second category of issues noted earlier, governmental criteria and definitions. The vacillation of the HIE requirement in the stage one MU criteria did not help our cause. It only served to allow some organizations to back out of commitments and put off focus on interoperability. It is imperative to the success of HIT that all EMR's be connected EMR's. A connected EMR is vendor independent, based on standards and affordable. The popular analogy is banking and the ubiquitous ATM card – how far would banking be today if they had charged every customer thousands of dollars for that card?

Clear data exchange and identity matching standards are keys to interoperability and data exchange. While ONC has made strides in this area there is still room for clear definitive

HIT Standards Committee Implementation Workgroup Testimony

Panel 3: Implementation Support – Health Information Exchange

Linda Reed

VP and Chief Information Officer

Atlantic Health - Morristown, New Jersey

January 11, 2011

standards. This in turn would drive innovation and competition which then would then improve the quality and variety of products while driving down costs.

While it is clear the early ‘meaningful use’ rules focused on the adoption of EMR’s, the true benefit to patients, physicians and the public will only come with the ability to create, locate and share data that can improve communication regarding care and enhance the ability to track, measure and quantify outcomes of care.

Thank you for your time and attention. This is an exciting time for healthcare IT, the challenges and complexities are necessary steps in our transition to fully electronic records.