

**Thank you for the opportunity to provide input as you face the tough job of determining the future of IT adoption in healthcare.**

**Very briefly, I represent an organization called Mississippi Health Partners, which is a Physician Hospital Organization comprised of some 15 hospitals and in excess of 800 physicians.**

**The technology to connect providers as if everyone worked in the same office setting is not new but let's face it, in rural MS, we have providers that still file claims hard-copy and don't even have access to the Internet in their practice.**

**Let me also set the stage by admitting to a new revelation, MS is ranked at the top of most negative health care status rankings. Just recently MS was identified as the most obese state. I am sure that Southern Fried Chicken and Fried Catfish have nothing to do with this new ranking. Understand you can't achieve status like this without years of hard work!**

**So, we are technology and health status challenged in a state in which our providers are often located in some of nations most rural and poor areas creating unique financial and technical challenges for a myriad of reasons as well. A little over one year ago, I moved to MS from Vanderbilt University Children's Hospital and will tell you our health care providers and hospitals are second to none.**

**In a real effort to change the health status of our patient population, our leadership made a calculated and tough decision to adopt our own HIE to change the healthcare paradigm from the status quo to improve outcomes, improve communication and **improve efficiencies. In addition we wish to improve both the patient and provider experience.****

**My purpose today is to relate our story and I hope you will be able to utilize this as you move forward with policy recommendations that will affect **all of us who are** on the absolute front line of the healthcare delivery system.**

## CHALLENGES:

### 1. Interface or interoperability:

We have **at least 30** different EMR systems in our community. It doesn't take a genius to ask how are all of these different systems going to communicate with each other and our HIE. Interfacing requires both the EMR and the HIE vendor must agree to create the interface and **then the question arises**, "who is paying for that?" **Some of** our physicians **may not** understand what interfacing is, let alone, telling them they **may** incur upwards of \$50,000 just to interface. **Some physicians** think owning an EMR is all that is required for stimulus. I think **the** lack of interfacing **standardization** and the cost to create interfaces is a serious **problem**.

## SOLUTION:

Award the hospitals interfacing money to connect the physicians to their respective laboratories, radiology and transcription services. The hospitals have technical resources to "carry the providers across the finish line" of connectivity and interoperability, but they can not be forced to carry the financial burden on their own. Then, mandate for certification, that EMR vendors must be willing to interface.

### 2. State HIE:

MS like many states has received Federal Grant monies to create a State-wide HIE. The State HIE **poses serious concerns for us**. We have no grant monies **to support our adoption effort** and now **if** the state requires our participation, we will have to pay for our own **HIE** and the State HIE. There is absolutely no way our physicians and hospitals should be forced to pay for two HIE's. How is that keeping with the mandate that State HIE's "enhance" what is already going on

in the state?

**SOLUTION:** require the State's to spread some of their ARRA grant money to local HIE efforts throughout respective states to help them attain sustainability. The State should maintain oversight but should not duplicate efforts already taking place in the state. Sustainability is the biggest long-term concern anyway!

### 3. ARRA Confusion:

I have endured several presentations on Meaningful Use and came away with less understanding **than** before I arrived attended. In reality, my physicians are focused on seeing 30-40 patients a day **simply** to break-even don't have time to **conduct the** research and devote time to understand what Meaningful Use **really** means. Most are skeptical that the money will even materialize.

**SOLUTION:**

Create a Meaningful Use Guide for Dummies! Again, the physicians are closely tied to hospitals and let's engage the hospitals to lead the effort to connectivity and interoperability in the exchange of data to produce the positive affects of this technology.

### 4. Insurers buying HIE's:

Folks, are you acutely aware that the fox is now guarding the hen house? Insurers with HIEs will be able to access "results" and **then will try** to direct care. We think insurers owning HIE's conflicts with the medical home concept and the providers efforts to deliver quality and cost efficient healthcare.

**SOLUTION:** Require Insurers that want patient data (i.e. results of a lab test) from providers to pay for that data. This will help in sustainability.

## **5. Stimulus Money:**

**Biggest revelation, many high end or elite physicians/practices don't care nor want the stimulus funds. They don't treat Medicare or Medicaid.**

**SOLUTION: HIE has to bring value beyond stimulus funds. Connectivity with colleagues and patients will enhance their experience!**

## **SUCSESSES:**

**1. In only six months of implementation, we have 100 providers enrolled and 2,000 patients enrolled**

**2. We electronically and securely deliver Lab results, radiology and transcription reports to our physicians and patients.**

**3. Through private initiative, not federal mandate, MHP made the decision to change outcomes and connect with providers **as well as the** patients. We are the first in the State to create this patient-centric connection.**

**4. We enable each patient to create a Personal Health Record with clinical data pushed to their dynamic PHR. We think the patient value will create sustainability!**

**Now! I kindly ask for you all to facilitate what we are already doing in MS.**

**Simplify Meaningful Use, create a reasonable time-line for adoption that will mirror interface technology and the mandate to interface and require the states to figure out how they can maximize their use of federal funds within the state that will help local HIE Efforts and not double our costs.**