

Testimony for **Health IT Policy Committee (HITPC) and HIT Standards Committee (HITSC)** 1/29/13

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This document supplements my testimony at the hearing and is meant to illustrate the history of Health Information Exchange at Atrius Health

Atrius Health is the parent corporation of six multi-specialty ambulatory medical groups in Eastern Massachusetts. Atrius Health includes over 1000 physicians and many Advanced Care Practitioners (NP's, PA's etc.). Throughout the network we care for over 1,000,000 patients or about 15% of the population of Massachusetts. The oldest group (Dedham Medical Associates) has been in existence 75 years and the largest (Harvard Vanguard Medical Associates) has used electronic patient records for 20 years. The groups all use Epic Ambulatory from Epic Systems in Verona, WI as their electronic record software. Over 700 eligible providers successfully attested for Stage 1 of Meaningful Use for the 2011 calendar year. Reliant Medical Group, the newest member of Atrius Health is on a separate instance of Epic but all of the remaining groups are on a single instance. An instance means that a patient is identified as one individual through the network and all of the software is on a single platform. Except for patients seen at Reliant, health information exchange is unnecessary through the Atrius Health network. Because we do not own or operate any inpatient facilities, our priority for information exchange is with our hospital partners and community organizations (skilled nursing facilities, visiting nurse association etc.). Our patients are seen at over 30 hospitals. Our primary tertiary partner is Beth Israel Deaconess Medical Center in Boston.

We view Health Information Exchange on multiple levels and feel that no single mechanism of exchange meets the needs of all of our clinicians in the care of our patients. The goal is to make sure that our clinicians have all of the information accessible to them as they care for our patients, and that outside facilities also have all of the information they need from us. For over 5 years we have had secure and encrypted email tunnels between Atrius Health and our major tertiary hospital systems. This has enabled clinicians to email securely about patients directly. We have also used this channel to deliver discharge summaries from our hospital partners to our Health Information Management Department, which then manually uploads these documents into Epic and sends them to the appropriate clinician for review and acknowledgement. Over time, we have added Emergency Room notifications and discharge summaries, as well as Admission and Discharge notifications from inpatient stays. The notifications are now close to real-time but the actual documents depend on timely completion by the hospital staff. Most of our outbound communication to hospitals has relied on postal letter or manual fax. In 2006, we began the CHAPs (Community Hospital Ambulatory Practices) project with one of our affiliate community hospitals. Upon registration in the hospital emergency room (ER), a query would go to our Epic system and automatically download a clinical summary to the ER if there was an exact patient demographic match in our system. The accuracy rate was 70-80% so the majority of the time the information was quickly available to the ER and then the corresponding ER summary would go directly to the Primary Care Clinician (PCP) at Atrius Health after the ER visit was completed.

While the CHAPs project was successful and is still in use today, it would be difficult to reproduce without standardization and we have never extended it to our other hospital partners. In addition, there are many circumstances other than the ER where access to patient information is important. Several years ago, in conjunction with adding the Beth Israel Deaconess Medical Center as our tertiary partner, we worked with them to create a "Web Portal" to their Online Medical Record (OMR). With the Web Portal, from within a patient's chart in Epic, an Atrius provider can click a button, which uses Patient demographics to identify and match the patient within the Beth Israel OMR, and then display a full web-

based “View” of the medical record at the Beth Israel. A clinician can access notes, lab results, appointment details, imaging results and more at another institution in less than 10 seconds. We have now enabled web portals to 8 institutions and 3 of them can use that same technology to view information in our Atrius record when our patients are in their facilities. We limit access to the portals to members of the clinical team and have extensive audit and policies to support their use. The overwhelming popularity of this feature highlights its value to clinicians and patients. Unfortunately, each institution and each version of an electronic patient record that they have requires separate work and maintenance to install a web portal. Reliant Medical Group has taken an additional avenue, and moves all lab test results and imaging results from one of their affiliated hospitals directly into their Epic database to make it easier for their clinicians to retrieve in the future. We use a standard Epic product, called Care Everywhere, to view same patient information between Reliant and the rest of Atrius Health.

On October 16, 2012, Atrius Health participated in the “Golden Spike” moment for the Massachusetts Health Information Exchange. Named the “HIWay”, it enables the secure transmission of standardized patient clinical summary documents between participating institutions. It currently supports the ability to send a transaction and receive one, and within a year we will be able to “query” the network for a record and retrieve it, as well as submit information to the Massachusetts Department of Public Health (MDPH). While it does not currently support more than we can do already, the Massachusetts infrastructure and plan includes the “Last Mile” to connect any willing provider in Massachusetts to the HIWay. The wider the network of participating providers the more value we will see from this vital project. Additionally, Reliant has secured a federal grant for the IMPACT project, designed to standardize an electronic transition of care form for skilled nursing facilities that will transmit via the HIway.

Finally, Atrius Health participates in two different efforts with the MDPH. The first, Electronic Support for Public Health (ESP), does extensive analysis daily on our data and automatically reports new cases to MDPH of statutory reportable diseases, including sexually transmitted diseases such as Chlamydia or Syphilis and more complex diseases such as Hepatitis B. A second project, MDPHnet, is

part of the Federal Query Initiative project, and allows the MDPH to send a query to our ESP database to look at the prevalence of existing disease, such as the number of patients with obesity, diabetes, or how many patients received Influenza vaccine. The MDPH can receive answers to their questions without ever exposing our patient data to them, thereby increasing the power of our data without sacrificing patient privacy.

Our experience with health information exchange continues to evolve and the need for the correct information about the patient to be rapidly and conveniently available to the clinician within the context of their native electronic record is the motivation behind our efforts. It is clear that a combination of alternatives will be needed to maximize the opportunity. A safe and secure “HIWay” to deliver documents, reports, summaries and notifications will handle a high volume and include all providers to set the base infrastructure. Operational support and action based on these notifications will enhance the care of our patients and allow us the opportunity to intervene to prevent hospital re-admissions and reduce morbidity in our sickest patients. A query architecture should enable the retrieval of records for emergency care and for new patients. Hopefully this architecture will be used to help reconcile medication lists and to reduce medication errors caused by redundant prescribing. A “view” platform can be used to see more comprehensive records over time between trusted partners in a network. We do not yet have the standards to view images from multiple organizations but one can foresee that in the future.

The greatest obstacles to the success of these endeavors lie in two areas. First, a broad base of participants is needed for the success of any large-scale public effort. Grant money and scaled pricing will hopefully be enough to engage all clinical communities in the use of a common infrastructure. This will be necessary for intra-state as well as interstate transactions. In addition, engaging the community so patients understand the value of this work and finding a mechanism to balance privacy rights with the need for accurate and timely information will also be required. Efforts to “segregate” portions of the patient record are not likely feasible. While we can exclude behavioral health notes, trying to split the medication list to avoid showing anti-depressants as an example

is fraught with danger. Patients should have the right to audit where their record has gone and who has the right to view, send or receive their records. A consent architecture will be necessary to manage this over time. We look forward to continuing to participate in the State and Federal efforts to enhance the safe and secure transmission of patient data.