Testimony of Randy McCleese, St. Claire Regional Medical Center

Panel 2 Questions

(Please answer as many or as few of the questions as your experience and/or the time allows.)

1. As you assess your readiness for stage 2, what objectives pose the greatest challenge? What is your approach for addressing those challenges?

The objectives that require capital dollars for implementation cause the greatest concern. Small and rural hospitals survive on razor thin margins and capital is hardly available for those items that provide direct patient care. Additional money will be needed for interfaces such as those for public health.

The patient portal will also cause significant problems from two directions. First, there must be implementation of a technology that many patients do not know how to use or do not have ready access to use. St. Claire serves a significant population that is at or below the poverty level, has relatively low education and generally lags behind in the adoption of technology. Secondly, a patient portal to access the patient's continuum of care record that is housed in multiple systems is a significant capital outlay. (The alternative to implement multiple patient portals for all systems causes great concern because a patient would have to learn more than one portal.)

Quality measures' reporting is a third area that poses significant issues. The multitude of state and federal agencies and organizations that require reporting is significant and there seems to be little in the way of standardization of how they want and need their data. Substantial resources (human and systems) are being focused on the required reporting. Synchronizing several of these report requirements would substantially reduce the provider efforts and allow more resources for direct patient care.

2. What guidance or actions by HHS may be most conducive to increased adoption of the public health reporting standards?

Public health reporting requires the outlay of money to obtain an interface. This is a significant cost for providers in a rural environment and is focused more on population health than individual health. From a priority standpoint, rural providers are trying to focus more effort on patient health. Focus on both patient and population health at the same time competes for precious dollars.

Secondly, the issue arises of patient matching when providing data to a data warehouse where a patient's record may be submitted from multiple providers. There are significant issues with matching data for a patient within an enterprise with multiple vendor systems much less trying to match that patient's data in a public database. Until there are some standards on patient identification/patient matching, there will be problems with this issue.

3. What meaningful use objectives do you believe should be given highest priority for their inclusion in Stage 3 and why?

Not sure

4. What kinds of resources do you believe most important and useful for ONC and CMS to provide or to support so as to improve the ability of hospitals to effectively and economically achieve Stage 2 and 3?

The adoption of standards for matching patients and treatment consent are the two areas that ONC and CMS should provide significant support and resources in the foreseeable future. Patients are treated by multiple providers and each provider/vendor system utilizes their own method of patient identification. There needs to be a standard method of matching patient data among all providers and vendor products. This could and should help to reduce the long term cost of interfacing data, sharing patient data and providing patient care.

The second area is adoption of more uniform consent. As earlier stated, patients are treated by a variety of providers and each has their own method of obtaining consent to treat. This creates problems when the patient moves from provider to another and especially when treatment is for the same or similar condition.

5. What have you found to be the most effective use of HIT to enable consumers to be active participants in their own healthcare?

To date, the Internet has been the most effective because consumers tend to research whatever they can about their condition. In our rural environment, the availability and use of this information is somewhat limited because of more limited access than in an urban environment.

While a very worthy goal, a patient portal will take significant time for "the masses" to utilize. It is a novelty for those tech savvy patients but will be similar to the Internet inasmuch as adoption will take many years. Many rural providers do not have a patient portal and have problems funding the acquisition of the technology.

What are the most important barriers meaningful use could address to promote more effective patient engagement?

The biggest barrier to effective patient engagement in meaningful use is cultural. There is a significant portion of our population that does not have, do not want and do not use computers or other devices to access their health data online. Many of these people expect the physician or other provider to be the keeper of their record and have no desire to access the data.

6. Do you currently send and/or receive electronic transitions of care information with other healthcare providers including skilled nursing facilities (SNF) and home care agencies (HC) caring for your patients and if so: What actions have you taken or believe should be taken to overcome barriers to interoperability?

Information is being submitted on all hospital patients to the state health information exchange. Patient data is available via the exchange for patients that have been seen at our facility or other facilities. Any facility that is connected to the exchange has this capability whether it be a SNF, home care agency, primary care provider or other

provider. See the response to Question 4 for suggestions on how to overcome a couple of the barriers to interoperability. The state exchange has a significant number of staff members that are dedicated to matching patient data that comes from different providers and different vendor systems. This is a cost that could be reduced or eliminated if more standardized methods of patient data matching are implemented.