

HCA

Date: 1/28/16

HCA Commits to Consumer Access, Transparency and Use of National Standards for Advancing Health Information Technology

We [HCA (Hospital Corporation of America)] share the principle that to achieve an open, connected care for our communities, we all have the responsibility to take action. To further these goals, we commit to the following principles to advance interoperability among health information systems enabling free movement of data, which are foundational to the success of delivery system reform.

1. **Consumer Access**: To help consumers easily and securely access their electronic health information, direct it to any desired location, learn how their information can be shared and used, and be assured that this information will be effectively and safely used to benefit their health and the health of their community.
2. **Transparency**: To help providers share individuals' health information for care with other providers and their patients whenever permitted by law, and not block electronic health information (defined as knowingly and unreasonably interfering with information sharing).
3. **Standards**: To implement Federally recognized, national interoperability standards, policies, guidance, and practices for electronic health information, and adopt best practices including those related to privacy and security.

HCA Commitments:

1) In support of **Consumer Access and Transparency**, we are developing and implementing a patient portal, known as *MyHealthONE*, to assist patients in accessing, understanding and using their health data to better manage their care, receive more effective treatment for medical conditions, and improve their health.

HCA is committed to promoting health through a combination of advanced digital technologies and care coordination. *MyHealthONE* is a digital access point that provides consumers and patients with easy and secure access to electronic health information. *MyHealthONE* is integrated with a number of related technologies dedicated to supporting patients' and caregivers' online access to health information, as well as to optimizing the patient care experience across digital, telephonic and face-to-face encounters. HCA's goal is that pertinent information supports optimal patient care at every touchpoint in the care continuum, in a manner that respects a person's privacy and the individual's decisions.

HCA and integrated partner digital services platforms will experience over 60 million visits in 2016. These visits will allow patients to address medical and health-related questions, schedule care services, review personal health data, pay bills, and when authorized, manage the care of a loved one. These data will also support HCA providers in delivering coordinated care: For example, over 1.5M patients will coordinate follow-up appointments

after an ER or Urgent Care visit, and HCA staff will use data to assure safe care for approximately 270,000 patients transferred into HCA facilities.

“This is not just an investment in technology,” says Milton Johnson, CEO of HCA. “We are investing in the health and wellness of the communities we serve by empowering and guiding healthcare consumers to make educated decisions about their care. A person rarely has a single encounter in the healthcare system, and HCA is committed to working internally and externally to create a seamless, coordinated experience for all healthcare consumers.”

2) We have adopted Federally-recognized, **National Interoperability Standards**, policies, guidance and practices in support of Consumer Access and Transparency and to advance care quality.

HCA’s early adoption of the Federal standards required for the “meaningful use” of health information technology (under the HITECH Act) provides a progressively robust platform for a learning health system, continuous quality improvement, and scientific research.

A significant example of the use of standards-based health information was the REDUCE MRSA study, conducted across 43 HCA-affiliated hospitals. In conjunction with the CDC, AHRQ, and academic partners (Harvard, Rush, UC/Irvine), a three-arm comparative effectiveness trial was conducted demonstrating that the “universal decolonization” of patients with an antiseptic sponge-bath and antibiotic nose-drops (chlorhexidine and mupirocin, respectively) on admission to intensive care reduced not only MRSA by 37 percent, but on top of all known best practices, reduced *all* potentially life-threatening bloodstream infections by 44 percent. (Huang *et al*, *New Engl J Med.*, 2013;368:2255-65) A follow-on study demonstrated that in addition to saving lives by reducing infection by nearly half, this approach saved \$170,000 for every 1,000 patients decolonized. (Huang *et al*, *Infect Control Hosp Epidemiol.* 2014;35(S3):S23-31)

While the results of REDUCE MRSA are significant, the speed of research is also notable. This study included over 74,000 patients and was completed in only 18 months, at a cost of less than \$3M, including supplies. At the request of NIH, a follow-on study assessing “universal decolonization” for general medical and surgical patients outside of the ICU completed enrollment in December, 2015. The study, known as ABATE, enrolled over 600,000 patients at more than 50 HCA-affiliated hospitals and was possible because of standardized and interoperable health data.

“We are committed to being a learning health system, and responsibly using ‘big data’ for the continuous improvement of quality, safety and patient outcomes,” says Jonathan Perlin, MD, PhD, President of Clinical Services and Chief Medical Officer, HCA. Dr. Perlin was the inaugural chair of the HHS Health IT Standards Committee, and served in this role for over five years. “This is the point of interoperable health information: better and safer care at the bedside, informed care over time and across locations, and learning that opens the era for precision medicine.”

HCA Contact:
Vic Campbell
Senior Vice President, Government Affairs
HCA
615-344-2053

email: Vic.Campbell@HCAHealthcare.com