FACILITATING HEALTH INFORMATION EXCHANGE

The New Jersey Health Information Technology Extension Center aims to help more healthcare providers realize the potential benefits of HIEs by tackling adoption challenges head-on.

Compiled by Scott Westcott, Contributing Writer

Central to the effort to deliver better patient care while driving down costs is finding ways to more efficiently store and share vital patient information. An HIE helps doctors, nurses, pharmacists, and other healthcare providers securely access and share a patient’s vital medical information electronically — improving the speed, quality, security, and cost of patient care.

Still, most Americans’ medical information remains stored on paper — in filing cabinets at various medical offices, or in boxes and folders in patients’ homes. In the state of New Jersey, a concerted effort is under way to change that to better facilitate an HIE, particularly for at-risk populations. The New Jersey Health Information Technology Extension Center (NJHITEC) is focused on assisting New Jersey healthcare providers in their significant use of health information technology through outreach efforts, consultation, and support for primary care providers serving at-risk populations.

Donald Sebastian, president of the New Jersey Innovation Institute, has been involved with the effort since its launch. Here, he shares his insights on the challenges and opportunities of facilitating an HIE.

Q: What are some of the biggest challenges that physicians in your region face when it comes to an HIE? How do you help them?
A: The cost of integration is the single biggest challenge affecting our physicians, not only as part of our exchange but across the state and nation. Their EMR vendors charge anywhere from $2,500 to $30,000 to connect to an exchange, with no integration. Providers are then stuck having to go to two separate systems to get information on their patients — their practice EMR and data in the exchange via portal access. We are focused on negotiating on their behalf, working with other entities that may be inclined to pay for the integration such as hospitals or accountable care organizations (ACOs).

Q: What is the general perception physicians in your region have about an HIE?
A: I would say perceptions are mixed. Some providers see the benefits and the potential of an HIE, but unless they get the level of integration they want, then the EMR is only a digital replica of their paper files without any real power to achieve productivity gains or better clinical outcomes. We work collaboratively with physicians to help them understand the value propositions of being part of our HIE. In addition, we are also the regional extension center with more than 8,000 physician members, many of whom we have helped navigate through Meaningful Use and continue to do so. As their trusted adviser, they also know that being part of an HIE is part of Meaningful Use Stage 2 requirements, which makes adoption, in some cases, easier for physicians to understand and buy into.
What tools and training do you find most physicians need to leverage and embrace an HIE?

A: Remember they already have an EMR and an HIE — so in a sense they have the tools they need. More essential is workflow redesign and practice transformation. The healthcare world is changing fast, and physicians need to move from a model that pays for every patient visit to a model in which they get compensated for the quality services they provide. It’s important for physicians to learn how to transform their practices in a way that will align with that model. The way they practice, the way they think, and how they treat their patients all need to change. The New Jersey Innovation Institute has all of the assets to help them do that.

What technology infrastructure is necessary for a successful HIE? What platform does NJHITEC leverage/recommend?

A: We use HEALTHEC’s HIE solution. The product integrates all of the data points needed, not only to move clinical data from one hospital or physician to another, but also with the capability to store that information in a clinical data repository and apply the rules and analytics needed for population health management. The product allows for a 3-D view of patients in which all of their quality, claims, and clinical data can be reviewed to get a risk score for population management purposes. Their care manager application then allows you to process the top 3 percent of your patients, which accounts for 30 percent of your cost.

What success stories can you share regarding your members successfully leveraging an HIE to improve patient outcomes?

A: I can recall one patient in particular. When we came across this patient we found he had been to one of the hospital emergency departments 70 times in 90 days to treat his gout — a condition that can be commonly treated in a physician’s office.

We informed the hospital’s leadership, and their social workers were able to intervene and save the organization and the insurance company thousands of dollars by moving the patient from the ER to the appropriate physician office for treatment. It was a win for the hospital as well as the patient, who was able to receive more ongoing and targeted care for the condition.

In the old, non-HIE world, this would have been a real challenge. We would not have the benefit of a consolidated view of the many visits this patient made to any of the seven hospitals that are in the network. Patients who routinely go to multiple locations in a given area are now seen in a consolidated way whenever they go to one of the network hospitals. A reduction in the duplication of radiology and lab tests has also been of value, as well as being able to track patients presenting to the emergency rooms with flu symptoms. The ability of the technology to more effectively identify these situations is going to benefit both care providers and patients over time. 📚