Issues in Statewide RHIOs
Maine’s Experience To-date

Get Connected Knowledge Forum
June 27-29, 2005
MMC PROFILE

- 606 beds/Average Daily Census of 453
- 6 campuses
- Tertiary/academic medical center
- 18 residencies/fellowships: 206 residents
- 1,117 physicians
- 1,500 nurses
- Medicare Case Mix Index of 1.95
- 31,000 inpatients
- 230,000 outpatient visits

MaineHealth
Serving 10 Maine counties with:

- 11 community hospitals
- 1 psychiatric hospital
- 17 physician practices
- 5 home health agencies
- 6 long-term care facilities
- 2 occupational health agencies
The rest of Maine

- Delivery Systems
  - Eastern Maine Healthcare – Bangor
  - Central Maine HealthCare – Lewiston/Auburn
  - MaineGeneral HealthCare – Augusta/Waterville

MaineHealth’s e-Health History

- NetLink at MMC in mid-1990s
  - Dial-up access to legacy systems and patient demographics
- MaineHealthLink (CareVision) 2000
  - Legacy systems (including PACS)
  - CDR
  - "EMR-lite"
  - More....
Fledgling RHIO

- Integrated with MaineHealth Enterprise Patient Index (EPI) in use at 6 hospitals (soon to be 8) and 20 owned practices
  - EPI absolutely essential prerequisite
- High level of physician participation
  - Currently 700+ physicians using portal in 196 practices
- "Generic" interface for two-way data exchange with practices

Fledgling RHIO (cont.)

- The "bundle"
  - Prescriptions
  - Lab Orders
  - End-of-visit
  - Referral Management
  - Patient-to-practice
MaineHealthLink Connectivity

MMC → Physician Offices → Patients
Lab → Imaging → CDR

Other Hospitals In the system

THE CONNECTED COMMUNITY

While MaineHealth was at work...

- ....the other healthcare delivery systems were working on building similar capabilities.
  - EMMC - Cerner and GE
  - CMMC - Cerner and GE
  - MGH - Eclipsys and HealthVision/Allscripts
    - (MH - Eclipsys/Meditech and HealthVision/GE)
  - (Vendors working together will be important)
Maine Health Information Network
Technology MHINT

- Project based at Maine Health Information Center (MHIC) in Augusta
  - MHIC spearheaded Maine's CHIN efforts in 1990s
- Funded by 3 stakeholders
  - Maine Health Access Foundation
  - Maine Quality Forum
  - Maine Bureau of Health
- Multi-phase project
  - Phase I to establish feasibility completed in Dec 04
  - Phase II to solidify partnerships and secure funding

MHINT Phase I Conclusions

- There is sufficient proliferation of EMR Technology in Maine's hospitals and physician practices to provide a robust early stage database of patient-specific clinical information.
- There is consensus among stakeholders in Maine's healthcare delivery networks that Maine is ready to begin the process of planning and development for a statewide clinical information sharing network.
- Although incomplete, national efforts to create standards for data sharing have been initiated and are sufficiently developed to permit the creation of a statewide clinical data sharing network.
MHINT Phase I Conclusions (cont.)

- The technology currently exists and the vendor market is sufficiently developed to allow for the creation of a statewide clinical data sharing network.
- A cost-benefit analysis demonstrates that there are substantial potential health care expenditure savings that might be realized with the implementation of a statewide clinical data sharing network.

MHINT Phase I Conclusions (cont.)

- Funding may be available from a number of potential public and/or private sources to capitalize the development of a statewide clinical data sharing network.
- Preliminary estimates indicates that the operating costs of a statewide clinical data sharing network may be affordable through one of several methods of expense assessment.
Local reinforcement of findings

- Growth/use of MaineHealthLink encouraging; new applications (CIR) well received
- Barriers to physician computer use falling rapidly
  - IOM-driven CPOE in hospitals (98% at MMC)
  - Reliance on E-mail
  - Practice Mgmt. Systems & EMRs in practices
  - Benefits from systems like PACS
- Strong interest expressed:
  - in acquiring EMR over next three years
  - in two-way data exchange with hospitals
- Incentives being offered for e-Prescribing

Challenges

- Costs/Funding
  - Phase I was encouraging but major funding has yet to be secured
  - Substantial costs must be borne by delivery systems
  - Physicians will pay for value (but not too much)
- Perception of CHIN with a new wrapper
  - Potential of “wait and see”
Challenges (cont.)

- Geography
  - Large state, small population
    - 1M residents, 3 population centers, rural
- Technical
  - Broadband not available everywhere
  - Shift to ASP models results in new technical issues
    - Being resolved but still challenges; physicians not known for patience for such things

Challenges (cont.)

- Data = competitive advantage?
  - Not all view sharing of clinical data as “the right thing to do”
- Privacy/confidentiality
  - HIPAA provides framework but applications lacking tools for compliance
  - Maine has special protection for HIV, substance abuse, mental health
  - Consumers will expect data sharing once concerns of privacy and confidentiality are addressed
- Much development needed; not yet “off the shelf”
- Vendor interoperability only in early stages of discussion; real standards not yet available
Time for Optimism?

- While start-up funding is a challenge, it will be forthcoming
- Delivery system-based efforts are succeeding
  - Most agree clinical data area for collaboration
- Stakeholders are coming to the table and voicing support
- Physicians say they want to participate
- National efforts will provide incentives
- It’s the “right thing to do”