RHIO Disaster Response

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RHIOs will likely evolve and mature at a pace that the marketplace and individual respective community can tolerate, and that labor in a spirit of volunteerism can support, while disaster situations move at a rapidly accelerated pace. With this session, we contrast to live projects regarding Medication History, the MA-SHARE MedsInfo project, and the Hurricane Katrina Medication History project, two projects that on the surface accomplished the same end state, but with very different models for timeline, resourcing, privacy and security, and technology. Speakers will be key “on-the-ground” individuals involved in both efforts

- Evaluate how to accelerate RHIO projects and acknowledge the real market obstacles that they face
- Understand what’s worth arguing about and who wins, and who loses, when data flows freely
- Assess decision making in a time of crisis and identify the emergence of new market forces in times of crisis
- Recognize when everyone helps, no one helps and the challenges of mixing market driven corporate goals with the goals of emergency response
- Think like a disaster to avoid being one
Reprioritizing HIT in the Post-Katrina Nation: Going Forward

HIMSS Electronic Health Record Vendors Association

HIMSS RHIO Symposium

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HIMSS EHRVA

- Formed in 2004
- 40 members
  - EHR vendors companies
  - Large and small companies serving ambulatory and acute care provider organizations of all types
- Key initiatives
  - Interoperability
  - Accelerated EHR adoption
  - Certification
  - Standards harmonization
- Membership is open to HIMSS corporate members who design, develop and market EHRs in the US

HIMSS EHRVA collectively serves the vast majority of healthcare providers in the US

Impact on Patient Care

- Physical destruction of untold volumes of paper records in hospitals and private practices
- A vacuum of knowledge regarding medical history, prescriptions and conditions of evacuees receiving treatment in shelters
  - A general problem to be addressed
- An inability to standardize, aggregate, share and organize new patient information
  - Another general problem to be addressed
Call to Action

- **Immediate**: Support EHRVA members' customers in recovering their systems
- **Mid-Term**: Address the idea of 'single' or interoperable EHRs for data collection in shelters
- **Longer-Term**: Develop infrastructure for ongoing support of evacuees as they received care nationwide
  - Same challenges as presented by MMWR concept

Response Challenges

- **Timing**: All responders were challenged with quickly finding the best means to leverage resources.
- **What Not to Do**: Introduce a single EHR
  - Complexities in training and deployment in an already stressed situation
- **What to Do**: Harnessed EHR vendor activity and goodwill to optimize strong willingness to support the situation

Strategy: Use What is Available

- "First things first" – Medication History
  - Result: Collaboration of prescription information holders such as Medicare, Medicaid and retail pharmacies to create www.amrhihealth.org database
- **Access to Medical Records**
  - Result: Gulf States RHIO idea emerged as a virtual network linking health information data and providers
  - Result: EHRVA recommendation to accelerate interoperability by applying principles of the EHRVA RHIO Interoperability Roadmap
    - Build on existing infrastructure and plans
    - Leverage current HIS/ EHRs infrastructure
EHRVA Contribution

- Communications and Coordination:
  - EHRVA maintained consistent communication with members in support of their affiliated clients and evacuees.
- Facilitation of Access to Medical Records:
  - Shelters: EHRVA focused on leveraging EHRs / HIT by identifying operational solutions and extending them into disaster response care settings. EHRVA continues to support HHS Katrina Prepare program to standardize best practices.
- Lessons learned from real-life:
  - Harris County Hospital physicians saw 1,000 patients a day in the Astrodome by extending their operational bubble. SMART 
    mobile devices.
  - A sole vendor client of General Medical Technologies took a single server to a shelter to support care of evacuees.
- Gulf States RHIO:
  - Accelerated work towards EHRVA RHIO Interoperability Roadmap.

Recommendations Meet Reality

- Reactive Mode: EHRVA challenges to execution were common to many responders
  - Response was too late to add value to Hurricane Katrina victims at the level that is possible and desirable.
- Stumbling Blocks: Even basic information needs are challenging:
  - Timing was critical and much EHRVA time was spent establishing situation parameters to calculate effective response - e.g., requirements at shelters and client sites.

Lessons Learned

- Be prepared
  - Timing is crucial.
  - Ongoing sharing to respond with a plan when response is necessary.
- HIT crisis response is not an ‘all or nothing’ scenario:
  - ‘Edge’ systems (i.e., EHRs) have appropriate roles but paper and manual processes still have a place in responding and sharing information.
- Stay aligned with priorities.
  - Be pragmatic; HIT must support ‘first things first’ in the response hierarchy.
- Use what is available - trained people, established systems.
- Minimize new processes
  - Don’t add stress to a stressed situation.
Leadership in Disaster Response & Preparedness

- Leverage workflow knowledge
  - Incrementally build a response protocol for future
- Identify nationwide mechanisms
  - Take advantage of vendors' ability to build linkages
- Agree on a single standard
  - Convergence to a single standard to share patient summary data supports rapid response to emergency situations.