Innovator Profile

The sixth in a series of eight profiles, offering expanded coverage of our Healthcare IT Innovator award winners announced in the September 2004 issue

Physician-Led Data Sharing

"If you want a community effort, everything has to be neutral," says John Blair.

by Charlene Marietti

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A. JOHN BLAIR III, M.D.
President and CEO Taconic Healthcare Information Network, Fishkill, N.Y.

When John Blair became president and CEO of 2,300 member Taconic IPA four years ago, he knew the organization needed to get started on a technology initiative. "We realized we needed to digitize our region," says the practicing physician, "but we also realized the great difficulties of physician adoption, technology costs and integrating the community facing us." That initiative, the Taconic Health Information Network and Community (THINC), has steadfastly pursued its goals to provide connectivity to the community and nudge physicians toward a community-based electronic health record (EHR).

Named one of nine "Connecting Communities for Better Health" networks by the Foundation for eHealth Initiative in 2004, THINC differs from other community and regional networks by being physician-driven and focusing strictly on technology and a narrow band of functionality. Its products and services, now being phased in, are offered as a set of integrated applications accessible via a Web portal.

The major challenges for Blair have been modifying organization-centric mentality and physician workflows, finding a sustainable business model and convincing payers to work together. THINC's strategy has been to systematically address each of four key business areas--infrastructure, physician portal, pay for performance and evaluation through validated research.

Phase one in THINC's plan toward a communitywide EHR was to lay the infrastructure foundation for an all-inclusive data exchange. Community physicians, payers, hospitals, reference laboratories, pharmacies, employers and consumers are all part of the master plan. The national reference laboratory LabCorp, Burlington, N.C., 150 physician practices and four of eight regional hospitals are exchanging data across the network. Quest Diagnostics, Teterboro, N.J., is slated to join, and negotiations are under way with the other regional hospitals.

In January 2005, a 90-day implementation project with Healthvision, Irving, Texas, was completed, expanding on a clinical messaging system. The four current member hospitals and reference lab were integrated; a community portal was constructed; and a master patient index (MPI), patient-centric repository and results management software were implemented to consolidate patient results, viewing, transcription signing and secure messaging.

E-prescribing, with connectivity to pharmacies through SureScripts, Alexandria, Va., is scheduled for rollout by July. St. Paul, Minn.-based RxHub's pharmacy benefit manager will add critical access to formularies. Blair credits electronic signature functionality with facilitating the bidirectional data flow of admissions/discharge, inpatient laboratory, radiology and transcription data. Order entry is coming soon.

Almost every aspect of the network will be outsourced, but THINC intends to make training and support its primary competency. It plans to provide trainers to physicians at a 1:50 ratio through MedAllies, Taconic IPA's cooperative venture with MVP Health Care, Schenectady, N.Y., a nonprofit managed care organization for which Blair serves as chairman and CEO.

EMR, the higher goal

The next hurdle is the electronic medical record (EMR). "This is not going to be easy," says Blair. An appropriate EMR must be able to accept results from all data sources, incorporate business rules for medical necessity checking with lab orders, and perform knowledge coupling for decision support at the point of care, plus allow Healthvision to host it and be interoperable with THINC-defined data sets.

At present, NextGen, Horsham, Pa., and Allscripts Healthcare Solutions, Chicago, are working on interoperability documents for the network. Can competing vendors work side-by-side? "We'll find out," says Blair. "I'll tell you 'yes' when I know there are two practices using different competing systems, and those doctors are seeing patients and tapping on screens and one system is populating the other and the system doesn't degenerate and has sub-second response, like it normally would."

The network will use a single clinical data repository that will house certain essential data elements. Standardized Continuity of Care Record elements and to-be-determined quality measures will form the backbone. Data sets will be transferable into a physician of record's EMR through the MPI. Blair expects this to be operative by third quarter 2005.

EMRs can save physicians money through reduced transcription costs, some charge capture benefits and other efficiencies, but Blair sees the real benefits going to the at-risk entity, whether it is a capitated physician group, a payer or the government (through the Centers for Medicare and Medicaid Services). "We believe the savings more than pay for the technology," Blair states.

THINC's approach is two-fold and interrelated: Get physicians to use interoperable EHR systems for a monthly fee (currently estimated at $600/month), and get payers to reward physicians for improved quality. Blair hopes to convince payers to engage physicians through bonuses. He plans, in exchange, to give payers a say in the integrated technology platform capabilities. Dollars earned through such payments will substantially offset costs of the EMR.

One payer has been offering physicians who use the clinical messaging system 40 cents/month per member. Another payer is slated to join the network, and self-insured giant IBM, Armonk, N.Y., reportedly backs the initiative. Blair expects that e-prescribing will draw additional pay-for-performance funding.

Persuading the opposition

Blair's proudest accomplishment has been getting "organizations with very organization-centric mentalities to see the bigger picture and to see how this kind of project will truly benefit the community." THINC members are enthusiastic about the project, due at least in part to Blair's efforts.

Through the monthly newsletter, "TaconicTALK," he discusses network progress and technology-related topics that will affect them, such as EMRs and EHRs, portals, health information exchanges and EHR certification.

Blair knows he needs proof of a self-sustaining model, so evaluation and validated research are part of his organizational strategy. It's not enough to extrapolate experiences, such as those of Kaiser Permanente, Oakland, Calif., or Partners Healthcare, Boston, which operate under very different business models. He intends to show that the project can have important effects "where 80 percent of healthcare happens--with small, independent practitioners and competing community hospitals." It should take about two years, Blair says, for the pilot to show "proven significant enhancements to quality and safety and reductions in cost."

Charlene Marietti is editor of Healthcare Informatics.