

Transforming Healthcare

Regional Health Information Will Connect Westchester Physicians (Part 2 of a Series)

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Consider this scenario: You become ill with severe flu-like symptoms at 11 p.m. one night while on a business trip in Buffalo, over 300 miles from your home. You are not sure if you have a fever from food poisoning, or maybe your symptoms are due to an exacerbation of a pre-existing health condition. You are traveling alone and are transported to the nearest hospital by ambulance. You are dizzy, confused and nauseous by the time you arrive at the hospital, barely able to concentrate, let alone list your medications, allergies, and test results from your recent diagnosis of diabetes to the intake nurse. Instead, the hospital is able to access your collective medical data within an electronic health record (EHR) compiled from multiple sources across geographical regions within its network via a computer portal. Within minutes, the hospital has your most current or real-time information such as blood work, MRI reports, lab charts, approved medication formularies from your insurance company with prescriptions and physicians notes, and is able to expedite an appropriate diagnosis and safe treatment regimen for you.

This hospital could be part of one of the burgeoning models of regional collaborations across the country that are referred to as Regional Healthcare Information Organizations or RHIOs—multi-stakeholder organizations working together to connect communities with the objective of improving the quality of health care and safety for patients. Collaboratives are made up of a broad range of constituencies including hospitals and other healthcare providers, physicians and physician groups, health plans, employers, public health agencies and patients. Through the implementation of interoperable, or compatible, connectivity technology RHIOs can access a patient's clinical data at the point of care in any given region.

Clinicians need access to the right data at the right time to make the best clinical decision and treatment decision." The Stellaris collaborative has evolved since 1996 to include four hospitals, one of which is White Plains Hospital Center, covering over one-third of acute care in the county with one-half billion dollars in combined revenue and over 1,000 voluntary physicians on staff. According to Nizza, Stellaris has spent "tens of millions of dollars" of its own revenue to implement an information technology (IT) transformation within its network of hospitals, enabling them to access a single electronic medical record and standardized data elements such as registration and billing. Stellaris implemented Meditech software into its network, which is used by more than 1,300 community hospitals in the country and within healthcare markets throughout the world, says Nizza. Yet, unlike a RHIO, Stellaris is not currently hooked into other healthcare communities regionally. "But this [IT software] prepares us so that we have the infrastructure to plug in—connectivity wise—to whatever the ultimate solution will become" says Nizza.

However, whether that ultimate solution shakes out in terms of a viable business model that works best nationally, regionally or locally for interoperable healthcare delivery is currently being tested and debated within healthcare communities across the country.

Governance, IT initiatives and RHIO networks

Dr. Simeon Schwartz, CEO of Westchester Medical Group (WVG), a multi-specialty physician practice which has been using EHR technology since 2002, feels that because RHIOs utilize "thousands of access points to retrieve clinical data" they would be too difficult to govern effectively. He points out that WVG physicians can access a patient's medical information in a "point-to-point" fashion within their own healthcare network of hospitals and labs through the use of a standardized EHR system. However, with RHIOs, Schwartz says, "Anybody can pull up that information, and from a security standpoint, I feel it would be unmanageable."

Yet, increasingly, federal and state IT initiatives are gaining momentum toward what could possibly be, in the distant future, the creation of a nationwide database where an electronic records system could identify individual patients out of millions of individuals and then link the patient to the record.

In 2004 the federal government released a nationwide report based, in part, on numerous studies linking medical errors to incorrect or inaccessible medical information and as a result, urged hospitals across the country to develop IT systems within their networks to better manage patient records, reduce medical errors and streamline medical costs. Thirty-eight state legislatures have introduced 121 bills, with 36 signed into law, focusing on IT for 2005 and 2006. In May 2006, New York State provided \$52.9 million to 26 regional health care networks as part of its Health Information Technology (HIT) initiative to help expand the use of technology and improve patient care. Each network received a two-year \$5 million HEAL NY grant to develop and expand RHIO implementation within their healthcare communities. Stellaris applied for the HEAL NY grant and was not funded, but Taconic Independent Practice Association (IPA) in Fishkill was, and will soon be deploying strategies for RHIO implementation into Westchester County.

"The Taconic IPA changed its direction about six years ago to focus strictly on quality and I was in charge to lead that effort," says John Blair, M.D., president and CEO of the IPA, a network representing approximately 3,500 independent physicians (comprising over 500 practices) in the Hudson Valley. Blair says he began to look into incorporating information technology within the IPA in the late '90s after observing hospitals and healthcare delivery systems around the country. "Those with the technology and those who were interconnected, in the aggregate, did a better job," he says, noting that "improved quality of care and safety were clearly demonstrated."

In 2001 the IPA began a pilot project to connect community physicians to hospitals, health insurers, and laboratories to transmit clinical and insurance data electronically. "THINC [The Taconic Information Network and Community] RHIO grew out of this project as a not-for-profit organization to improve the quality of healthcare [in the Hudson Valley Region] through the use of health information technology," says Blair. As a recipient of the HEAL grant, the THINC RHIO is expected to "push out" to the eight counties in the Hudson Valley Region including Westchester. "My guess is that two years from now, well over half the doctors that are in the project will be Westchester County doctors," Blair says.

Bringing Solo Practitioners into the RHIO Mix

Implementing comprehensive electronic health record technology into a medical practice can range anywhere from \$18,000 to \$45,000 per physician for a small practice, making it cost prohibitive for most solo practitioners. Yet, without interoperability among all healthcare providers within a regional setting, "there is less complete information at the point of care for patients," says Blair.

Dr. Peter Foley Rizzo, president of The Westchester Medical Society and orthopedist with a solo practice in Bronxville, is in the process of implementing his own software system which he hopes will be up and running in the next two months. He says that small practices in the county have been "financially punished by cutbacks in health care" while the larger healthcare institutions are moving ahead by implementing connectivity technology. However, Rizzo has purchased his own software system which he says cost him about \$30,000 if "you break it down to include time and effort." He mentions several other solo practices that are currently in the process of installing their own systems and says that the software he purchased will allow him to be regionally interoperable when the time comes.

Dianne Koval, director of physician services for MedAllies which manages all the technical implementation and operations of the THINC RHIO, says that small practices deliver over half of the health care in this country. "We need to bring small practitioners into the mix and we are just beginning to talk to some [medical] groups in Westchester," she says.

"Westchester County is ideal for this in the sense that most of the medical practices are [comprised] of solo and small practice groups," Rizzo says. "Coming on board with this financial sacrifice [software] will reinforce my ability to continue as a solo practice and I think my patients appreciate that," says Rizzo.