

# PROVIDER SETS EXAMPLE

## *Long Term Care And HIE A Perfect Match*

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Providing quality care for older adults who often have several chronic illnesses, need multiple medications, and receive care from multiple providers in various settings requires a high degree of seamless care coordination. Electronic medical records (EMRs) are essential to establishing and maintaining that coordination. Better care coordination means less redundant testing, fewer medication errors, reduced hospital admissions and re-admissions, better patient safety, and accurate quality reporting.

Ninety percent of the 20,000 residents who live in Erickson Retirement Communities, based in Baltimore, have an electronic chart. Once a resident leaves the community for urgent or emergent medical care, however, coordinating care can be challenging.

Erickson was therefore highly motivated to form a health information exchange (HIE) to provide a better quality of care to residents once they went outside the community's gates.

### **Immediate Access**

Erickson's functional EMR is at the center of a vast interoperable coordination effort among its long term care facilities, medical centers, home health, institutional and retail pharmacies, laboratories, specialists, outpatient rehabilitation, and regional hospitals, as well as the resident portal, which allows residents to access their health records from a personal computer.

A collaborative project between Erickson Retirement Communities and St. Agnes Hospital, Baltimore, established instant patient data exchange between their respective EMR systems, marking the first time in the United States that such a system has been developed between a hospital and a continuing care retirement community.

HIE systems are effective in deliver-

## TECHNOLOGY IN HEALTH CARE

ing efficient and secure health care data interchanges while proving the value of technology in health settings. When high-quality emergency care is urgently needed, it is critical that immediate access to the patient's up-to-date and accurate medication history and current medication regimen be within easy

reach of medical experts. The HIE also improves the hospital experience for patients, families, physicians, and hospital staff. Doctors can act with more confidence without having to do a lot of unnecessary tests.

The HIE allows residents from Charlestown, an Erickson campus, to

be referred to St. Agnes for inpatient services, as well as emergency care, with their medical records electronically shared between the two institutions.

Ninety percent of Charlestown residents use St. Agnes, and the HIE facilitates the exchange of information such as patient demographics, allergies, medications, discharge summaries, and clinical summaries. It allows for both viewing and importing of standards-based clinical documents between the clinical information system at St. Agnes and the EMR system used by Erickson.

The data are transferred between the two systems within four minutes of a registration or discharge at the hospital—as well as outpatient surgery centers and doctors' offices—not just the emergency room.

### Response Positive

Erickson went live with St. Agnes in October 2007 by providing information, including advance directives, medical/surgical history snapshots, recent labs, and medication lists, to the EMR system.

Erickson's decision to join the St. Agnes HIE was based purely on mission and vision. John Erickson, founder and chairman, approached the hospital with the concept, and the executive leadership supported participation both financially and operationally. The total expenditures for joining the HIE was more than \$100,000, but it was jointly shared by the two entities.

St. Agnes provided Erickson with its discharge summary form, which includes discharge instructions, new treatments or medication changes, doctor follow-up, and home health care information, if pertinent.

Initial tests of the system were met with an overwhelmingly positive response by St. Agnes and Erickson physicians, with more than 90 percent of them giving it positive ratings.

The joint venture also received a prestigious "Finalist" award for interoperability from the Health

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Information and Management Systems Society's Microsoft Healthcare Users Group.

One of the main challenges in implementing this HIE was the technology. There were many unknowns because the software is in its infancy. Erickson worked closely with its vendor company

to create doctor-friendly technology, giving them physician input and expertise, which provided a clinical framework for the technology developers.

Barriers always exist in data integration, especially with the qualitative nature of clinical data.

Many of the qualitative data issues

are being solved by an emerging body of standards. External organizations like Health Level 7, or HL7, are helping to clarify and compartmentalize each piece of unique information, and industry participants have established a higher degree of standardization within their organizations.

Resident privacy is another factor to consider when joining or creating an HIE. Erickson made sure all safeguards were in place to protect residents' privacy. Meeting the expectations of customers has been the ultimate challenge; it requires supplying providers with high-quality clinical information while keeping customer confidentiality protected to the highest degree.

On average, 15 Charlestown residents access St. Agnes for tests, consults, procedures, or hospital admissions each working day. This streamlines patient registration and improves the quality of clinical documentation. Redundant testing is also reduced.

Since its inception, Erickson has been able to access thousands of hospital documents, thereby reducing the need for imaging and indexing these documents into the Erickson EMR.

### More Exchanges Planned

Additional HIEs are in planning phases—Erickson and Maryland's three largest hospital systems have collaborated to begin a statewide patient information exchange. The nonprofit joint venture of Erickson, Johns Hopkins Medicine, MedStar Health, and the University of Maryland Medical System will allow for the secure exchange of patients' health information among medical providers. The four collaborating partners formed the Chesapeake Regional Information System for our Patients (CRISP). CRISP will start with the exchange of medication information and then expand to other patient information such as medical and surgical histories.

CRISP was born out of a recognition, on the part of local and regional



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health systems, that working together to share health information would be far more beneficial to the partners' patients and actually improve their competitive positions, not erode them.

Erickson provided the vision and seed money to convene the work groups, which began the process of crafting the necessary infrastructure, workflow, and use cases needed to make the exchange of health information a viable possibility in Maryland.

CRISP will develop recommendations on a broad range of policies, principles, and designs for the secure exchange of patient information across multiple provider settings.

The groups' hard work has paid off: CRISP was recently named as the state's formally designated HIE.

**Widespread Support**

Long term care is still emerging in the world of health information exchange. While many facilities have IT systems for care planning or the minimum data set, there is still much to do. The Certification Commission for Health Information Technology is developing certification criteria for interoperability, which will help facilities participate in the meaningful use of health IT.

Selecting a vendor that is capable of meeting certification criteria is just the starting point. While the criteria are not yet defined, producing and absorbing a continuity-of-care document will be an essential function that provides entry into the world of HIE.

Hospitals are anxious to provide support for interoperability and transition of care information. Vendors are

*BILL RUSSELL, MD, vice president of clinical informatics at Erickson Retirement Communities, has helped move clinical informatics past the core functionality of individual applications to a functional health record that supports professional staff at the point of care and builds the data set necessary for decision support and analytics.*

capable of providing some technical support, but facilities will need significant resources for training and implementation, not just for the clinical applications but also for integrations.

Up to \$10 million in funding was approved recently by the state's Health Services Cost Review Commission to

build Maryland's HIE. The funding, which will come from adjustments to hospital reimbursement rates, positions Maryland to apply for further funding through the American Reinvestment and Recovery Act of 2009 later this year, according to a statement from CRISP. ■



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