

CONNECTING COMMUNITIES REGIONAL FORUMS

Creating the Vision...Living the Reality



Building Trust

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What you already heard...or will hear....

- Hard knocks from the field
- Sustainability
- Planning for the unexpected
- **Building trust**
- Stark
- "Break outs" - clinical engagement; simplifying secure exchange
- Role of the state
- Visions for the future

You are here...

A grey speech bubble with a black outline, containing the text "You are here...". A line extends from the bubble to the right, pointing to the "Building trust" bullet point in the list above.

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The Demonstration Region: 3 counties



Tennessee borders 8 other states
 Our initiative covers 3 counties and includes Memphis. (1 million people)



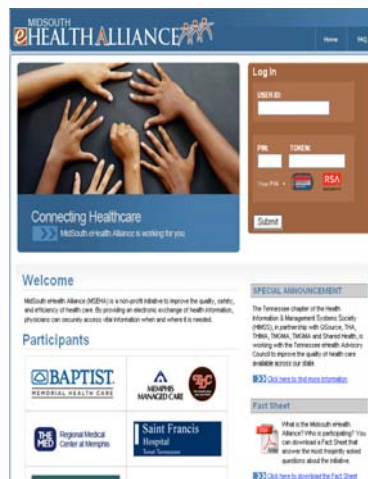
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The MidSouth eHealth Alliance – a 501(c)(3) corporation

Broad Participation

- Baptist Memorial Health Care Corp. (4 facilities)
- Christ Community Health (4 primary care clinics)
- Methodist Healthcare (7 facilities including Le Bonheur Children’s Medical Center)
- The Regional Medical Center (The MED)
- Saint Francis Hospital & St. Francis Bartlett (Tenet Healthcare)
- St. Jude Children’s Research Hospital
- Shelby County/Health Loop Clinics (11 primary care clinics)
- UT Medical Group (300+ clinicians)
- Memphis Managed Care/TLC (MCO)

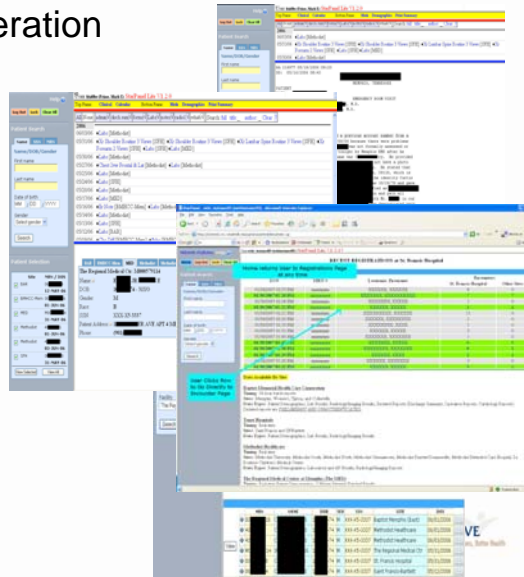


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Our system is in operation

- **Data available today**
 - Patient identification/demographics
 - Lab results
 - Encounter data: date of service, physician and reason
 - Dictated Reports
 - Imaging studies
 - Cardiology studies
 - Discharge summaries
 - Operative reports
 - Emergency room summaries
 - History and Physicals
 - Diagnostic Codes
 - Some medication history
- **Data available in the future**
 - Medication history
 - Allergies



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We measure progress and “get things done”

Over 200 users

- ED Staff including clinicians, registrars, and unit secretaries
- Between 70 and 95 percent of registered users used the system last month
- Since May, 2006, 900,000 encounters; more than 90,000 lab tests per day
- Records are currently sought on about 40% of ED visitors
- For these visitors between 30 and 60% have information from other sites

Anecdotally, our system affects care

- Impact on patients with chest pain
- Avoidance of CTs and MRIs
- Avoidance of admissions

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Not Just Data. Better Health.

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Trust evolution

- Strong persuasion or “burning platform” required when trust does not exist; unite against a common “foe”
- Governance focused on those who contribute and get things done
- Focus on data sharing agreements - patients and the public as the “common ground”
- Evolution of governance - inclusion
- Integration into a transformed health care community



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It's about local policy

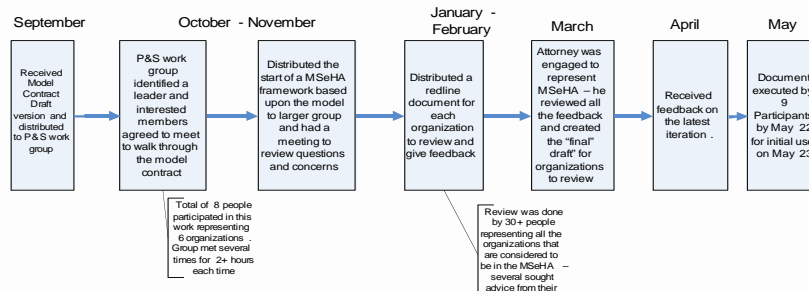
- Major barriers are not legal; primary barriers are local policies and workflow!
- Records are media, not paper.....(think Internet vs. book)
- People do not interpret / implement HIPAA uniformly
- Abstract discussions concerning pre-emption, protected health information, are important...but....
- We also know that the legal analysis will be ongoing and will include banking and consumer law as well as areas currently under investigation in many states
- We managed to execute agreements without a comprehensive, state-wide legal review



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Trust took time and effort from many people



Our overall approach was to do as much work as we possibly could without incurring legal fees

MSeHA = Mid-South eHealth Alliance P & S = Privacy and Security



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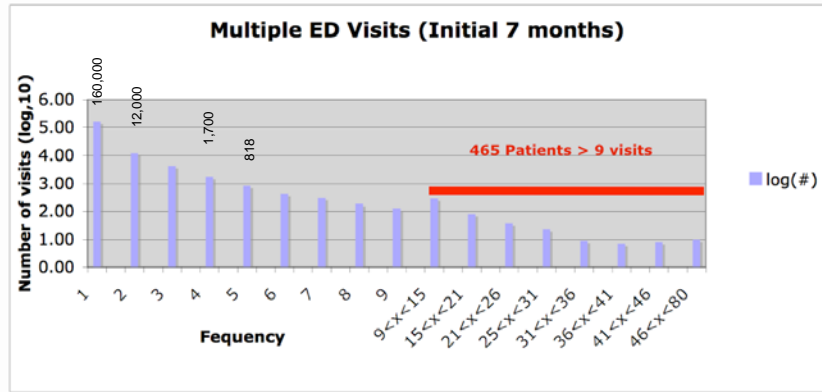
Examples of Issues

- Who would have access to the MidSouth eHealth Alliance data?
- Would we allow a patient to “opt out” of the RHIO? At what level would this take place (record, institutional, regional)
- Would we notify the patient in some way that their data was being shared?
- What would we audit and track?
- What policies do we need to have in place?
- Who will write policies?
- Who will enforce them?



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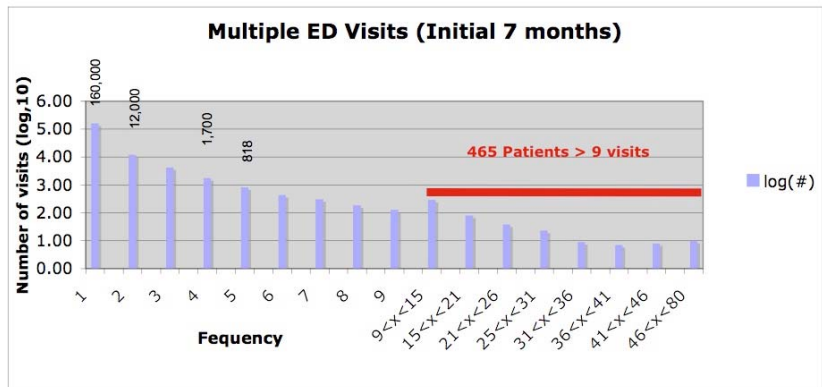
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High frequency of repeat visits



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The real opportunity: find alternatives to ED care

This individual had over 40 ED visits to multiple emergency departments within a 7-month periods.
Options:
- more effective treatment in ED
- more effective care outside of ED

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Our course it is not sustainable (yet).....

- Nothing about American health care is sustainable
- Incentives are misaligned
- Complexity – even on “simple” issues like eligibility and e-prescribing – is crippling to innovation
- Population-based work may conflict with patient-specific interests and elevate public / practitioner concerns
- Health plans are pursuing multiple options
- Traditional EHR vendors are focusing on core markets
- Proliferating personal health records
- But the “horse is out of the barn”

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Previous

- [The MidSouth eHealth Alliance Data Sharing Agreements and Supporting Documents](#)
- [FORE / AHIMA Report](#)
- [The Tennessee eHealth Advisory Council](#)
- [Tennessee one of 9 States Participating in HHS / AHIMA Study](#)
- [Governor Brademas, Healthcare Leaders Launch Campaign to Help Thousands of Tennessee Physicians Start e-Prescribing](#)
- [Volunteer eHealth Initiative Described in Recent AHRQ-funded Report](#)
- [Technical Advisory Panel Member Featured in Wall Street Journal](#)
- [Doctors Explore Prescription Usage](#)
- [Harvard and Industry Partners Announce Open-Source, User-Centric Identity Management Project](#)
- [CareSpark to co-Sponsor May 6 EMR Meeting](#)

Tuesday, September 26, 2006

The MidSouth eHealth Alliance Data Sharing Agreements and Supporting Documents

As of September, 2005, the MidSouth eHealth Alliance (MSeHA) and the AHRQ/TN State regional demonstration project is receiving comprehensive clinical data (labs, reports, diagnoses, etc.) from 15 organizations and is in operation in several emergency departments in the greater Memphis Area.

Our work led us to conclude that data-sharing agreements are critical. This process was based on data-sharing and other documents from the Markle Connecting for Health Policy Group. The process took much longer than expected but served as a vital means of bringing over 50 people within the region to a more common, patient-centered goal.

The MidSouth eHealth Alliance is a non-profit company chartered specifically to manage the data exchange demonstration project and is supported by multiple sub-groups and an inclusive operations committee working continually on updating policies and procedures. We present on this site three documents produced in the course of our work.



<http://www.volunteer-ehealth.org>

