Indiana Health Information Exchange: April 2006 Overview

Illinois e-Health Records Taskforce Conference Call April 10, 2006

Thomas P. Penno Chief Operating Officer Indiana Health Information Exchange

Illinois Department of Public Health . Rod R. Blagojevich, Governor . Eric E. Whitaker, M.D., M.P.H., Director

electronic health records taskforce





- Founded in 1969 by Sam Regenstrief
- Affiliated with IU School of Medicine
- ~\$12M annual budget largely from federal grants

Pioneers in medical informatics

Standards: HL7, LOINC EMRs: RMRS, INPC

ICareConnect BioCrossroads

Founded in 1999 by 50 community physicians -Central Indiana Coalition to **Reinvent Health Care**

Early seed funding from Health & Hospital Corporation of Marion County

Initiated community clinical messaging concept

Founded in 2002 by the **Central Indiana Corporate** Partnership

Economic development organization promoting academic/industry collaboration in life sciences

Initial Organizations and Board

- Biocrossroads CEO
- City of Indianapolis Mayor
- Clarian Health Partners CEO
- Community Health Network -CEO
- Health and Hospital Corporation – CEO *
- Indiana State Department of Health - State Health Commissioner *

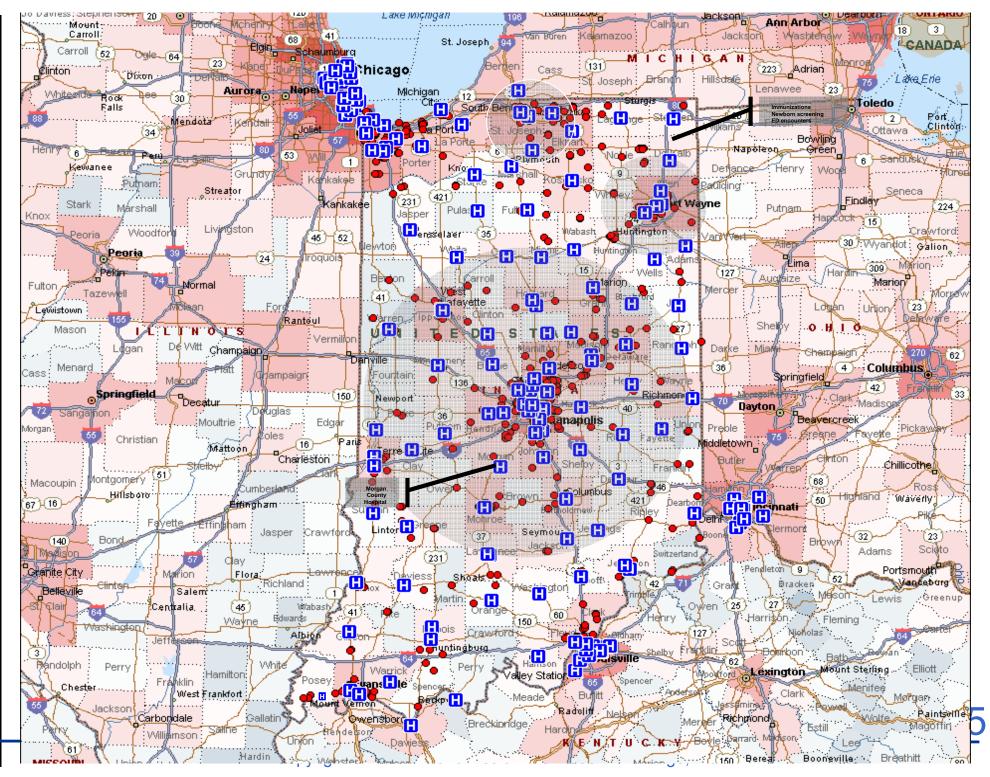
- Indiana State Medical Association - President
- Indiana University School of Medicine - Dean
- The Indianapolis Medical Society - President
- Marion County Health Department - Chief Medical Officer *
- Regenstrief Institute CEO
- St. Francis Hospital and Healt
 CEO
- St. Vincent Healtcare CEO
- At large (2) * *

- The Indiana Health Information Exchange (IHIE) is a non-profit venture backed by a unique collaboration of Indiana health care institutions. Our vision is to use information technology and shared clinical information to:
 - Improve the quality, safety, and efficiency of health care in the state of Indiana,
 - Create unparalleled research capabilities for health researchers,
 - Establish a model of health information exchange for the rest of the country.

Indianapolis MSA, Indiana

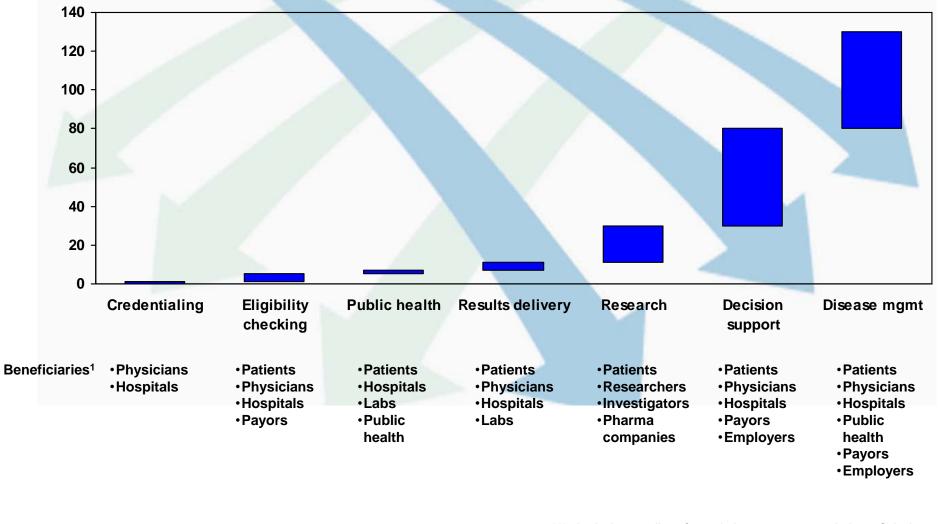
- 12th largest city in U.S.
- 1.7 million population base
- Referral center for much of the state (7 million)
- Home to Indiana's only medical school
- Regenstrief Institute, Inc.
 - Competitive hospital environment
- Minimal managed care





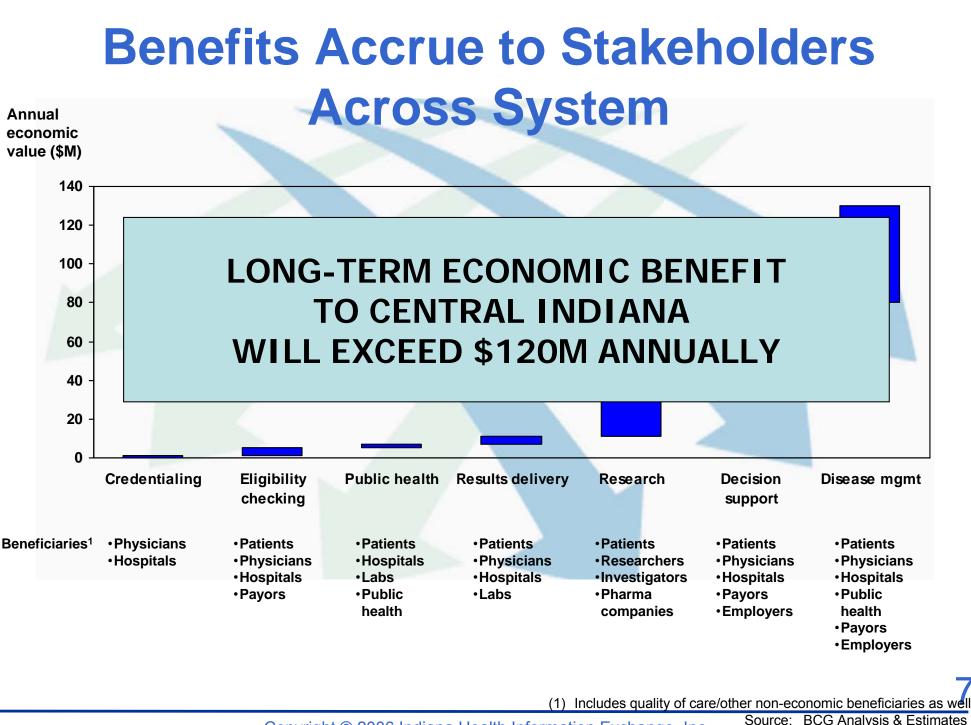
Benefits Accrue to Stakeholders Across System

Annual economic value (\$M)



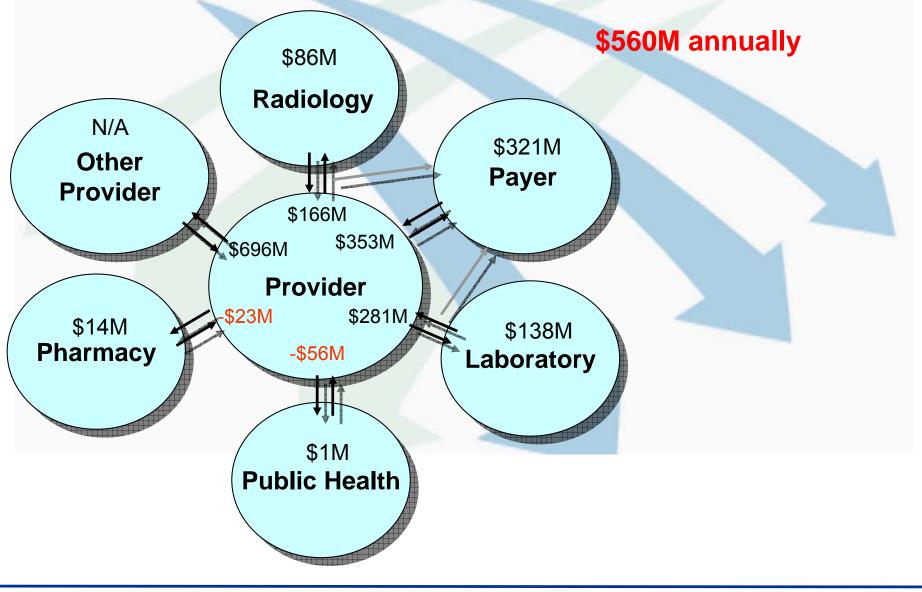
(1) Includes quality of care/other non-economic beneficiaries as well

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How much to the inefficiencies of health information exchange cost in the Indianapolis MSA

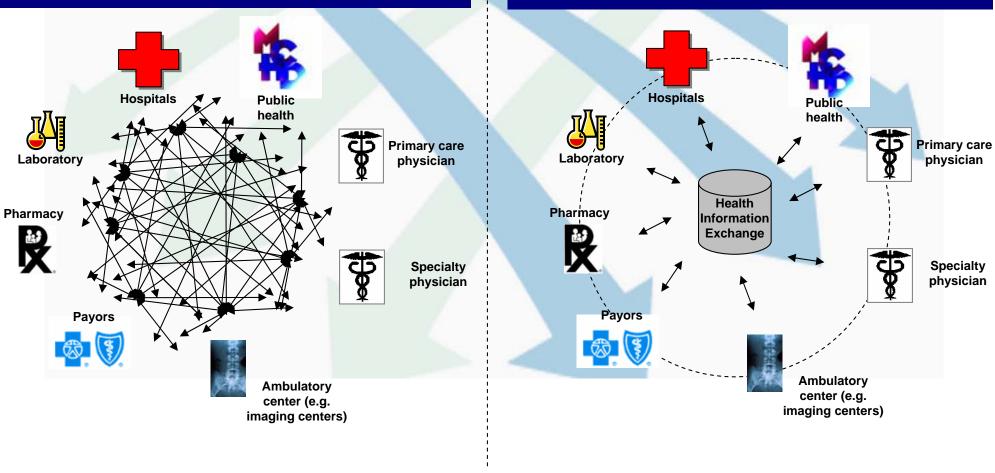


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"Wiring" Healthcare

Current system fragments patient information and creates redundant, inefficient efforts

Future system will consolidate information and provide a foundation for unifying efforts



Built on the Indiana Network for Patient Care ...

INPC Project Goal

Demonstrate the feasibility, benefit and sustainability of a community wide electronic medical record system in patient care.



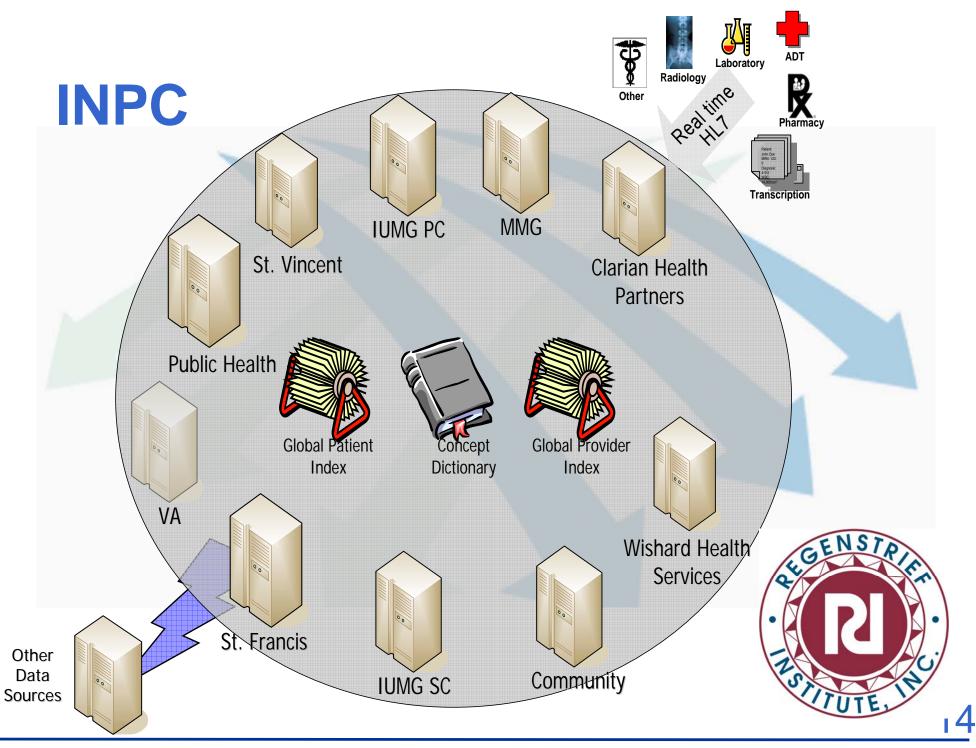
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INPC Data sources

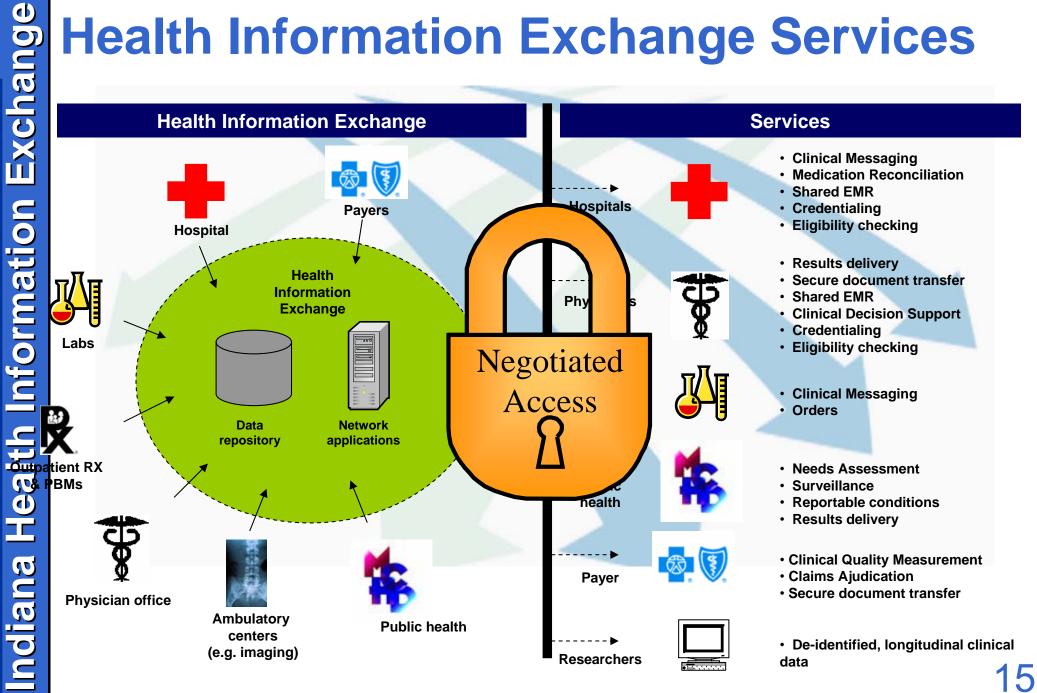
- 24 hospitals including the 5 major hospital systems (99% of non-office care) and community hospitals
- National and regional laboratories
- Local imaging centers
- All four homeless care systems
- Public health departments (county and state)
- Approximately 1/3 of ambulatory physicians

- 7 million registration "events"
- 60 million orders

- 900 million coded results
- 20 million dictated reports
- 8.8 million radiology reports
- Hundreds of millions prescriptions
- 750,000 EKG tracings
- 45 million radiology images



Health Information Exchange Services



Clinical Abstract & Results Review

DEMO, JOHNATHAN DOE #9999999998 Phone:925-1443 Age:54yr Race:B Sex:M

EMERGENCY CARE ABSTRACT

ER CHIEF COMPLAINT

VOMITING/DIARRHEA/BACK PAIN/HEADACHE 06-MAY-98

DX & COMPLAINTS diabetes mellitus TB active anemia othr foot ulcer[s] urine retention		14-J AN-97	CHEMISTRY (CO CHEM 16 SGPT (ALT)			COMMON URINE STUDIES	(continue	-
TB active anemia othr foot ulcer[s]			SGPT (ALT)			COMMON URINE STUDIES		27-JAN-9
anemia othr foot ulcer[s]				28 UNITS		CREAT: URN		14-AUG-9
foot ulcer[s]			CK	109 UNITS	16-JAN-91	CREAT-TM: URN	0.56*L G/T	
			AMYLASE	<30*L UNITS		CREAT CLR RATE	NO SPECIM(a	
urine retention			GGT	40 IU/L	24-APR-97		No bibein(24-APR-9
						CREAT SER	0.6 MG/DL	
decubitus ulcer			HEMATOLOGY			CREATININE : URN	19.0*L MG/1	
			BLOOD CELL PROFILE		24-APR-97	(a) NO SPECIMEN RE		
R. DIAGNOSIS		24-APR-97	WBC	3.5*L THOU/	CU MM			E C
hyperglycemia			RBC	3.88*L MILL		THYROID STUDIES	8	
otitis media		Í	HGB	12.5*L (a)		THY	-	05-JAN-9
crush injury		1	HCT	37.3*L *		T3 UPTAKE RATIO	0.78*L	00-044-9
		ĺ	MCV	95.9*H fl			0.10.1	
BLOOD TYPE		ĺ	MCH	32.2*H PG		PULMONARY		
RENATAL ABO RH		24-APR-97	MCHC	33.6 G/DL		BLD GAS PANEL 1		24 - APR - 9'
INDIRECT AGT	NEGATIVE		RDW	15.5*H ¥		TEMPERATURE	98.7 (a)	DEG F
	positive	l	(a) From IUMC La	b		HGB	12.5*L (b)	
ABO GROUP	AB					(a) From MEDICINE		G/ DE
ANTIBODY SCREEN	neg	05-FEB-91	DIFFERENTIAL		24-APR-97			
			PLT EST	DECREASED				
VITALS						CARDIOVASCULAR		
UTPATIENT VITALS		24-APR-97	COMMON HEMATOLOGY	STUDIES	24-APR-97	CARDIAC ECHO		22-NOV-89
WEIGHT LBS	98 LBS		PLT CT	82.0*L THOU		cardiomegaly mod		22-NOV-85
	116 MM HG	;	RETIC CT	5.7*H ¥		LV motion nml		
DIAS BP SITTING	81 MM HG	3	VITAMIN B12 LVL	1013 PG/ML				
PULSE	71 /MIN		FOLATE LVL	6.0 NG/ML		•		30-MAR-98
	98.7 (a)	DEG F	IRON-SATURATION	38*H ¥		normal sinus rhythm	m. normal PC	
(a) From MEDICINE		Í				i internet bands inyem	m, normar EC	9
		i	ROUTINE COAG		24-APR-97	RADIOLOGY/NUCLE	AR MRD	
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PULSE AUTO	80 /MIN	12-FBB-91	APTT PATIENT	DUPLICATE (a)	SEC	fluid NOS		

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Visit/Procedure Notes Nurse/PA/PT/OT/Diet	[🗆 Lipase''						7 {I} የ				8 { } 9	UNITS/L
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	🗆 Albumin (sma)	3.2*L {p} የ	3.6*L {p} የ	3.4*L {p} የ	3.1*L {p} የ	4.2 {p} 9	3.4*L {p} የ	3.8 {p} 9	3.9 {p} የ	g/dL
	🗆 Alk phos (sma)	169*H {p} የ	205*H {p} የ	212*H {p} የ	324*H {p} የ	143*H {p} የ	145*H {p} የ	123 {p} 9	122 {p} 9	UNITS/L
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	🗆 Chol (sma)	85*L {p} የ	88*L {p} የ	107*L {p} የ	100*L {p} የ	109*L {p} የ	104*L {p} የ	104*L {p} የ	94*L {p} የ	mg/dL
	🗆 Creat (sma)	0.5 {p} የ	0.4 {p} የ	0.6 {p} የ	0.5 {p} P	0.4 {p} 9	0.4 {p} 9	0.3*L {p} የ	0.5 {p} የ	mg/dL
•	New Messages									

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OVERHAGE, JOSEPH M

Medication Reconciliation

(Supplied by Regenstrief & INPC)

Patient Medication History:

Date: 12/07/2004

Patient Id: 2222 Name: SCHNUR, BERT L Address: 63050 DOB: 04/19/1945

Gender:Male

Medication History Date Range: 12/08/2003 - 12/07/2004

DISCLAIMER: Certain information may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Summary:

Drug Name	Oldes		est Most Recent #of				
_	Fill Date	Fill Dat	te Fill	s			
DIGITEK 250 MCG TABL	ET	08/01	1/2003	08/01/2003	1		
DIGITEK 125 MCG TABL	.ET	02/01	1/2003	07/01/2003	3		
LANOXIN 50 MCG/ML EI	LIXIR	04/0	1/2003	05/01/2003	2		

Pharmacies:

Key Reported Pharmacies	Pharmacy Phone
1 ADVANCERX.COM	877-831-1324
2 WAL-MART #2514	651-456-6325

Key Reported Prescribers A JEFFRIES, RHONDA

Detail Information:

DIGITEK 250 MCG	TABLE1	f (DIGOXIN)		
Fill Date Qty	Days	Prescriber	Pharmacy	Source
08/01/2003 30	30	A 2	RXHU	IBPBM

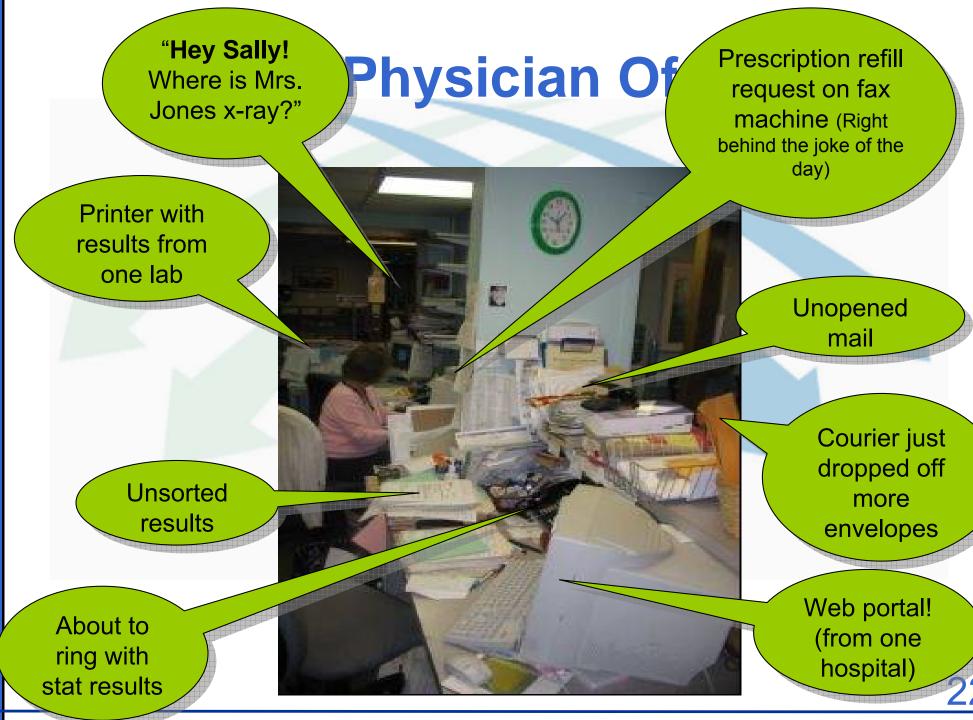
DIGITEK 125 MCG TABLET (DIGOXIN)

Fill Date Qty	Days	Pres	scriber	Pharmacy	Source
07/01/2003 3	D 30	А	2	RXĤU	JBPBM
06/01/2003 3) 30	A	2	RXHU	JBPBM
02/01/2003 3) 30			RXHUE	3PBM

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DOCS4DOCS Clinical Messaging

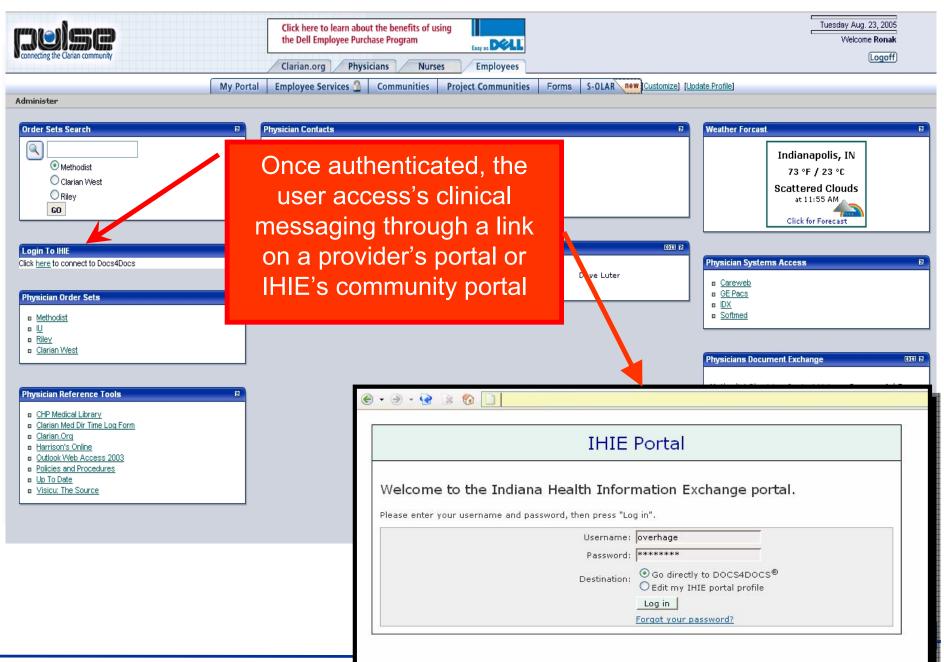




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- User authenticates to portal
- User clicks IHIE link

- Portal encodes special digitally signed URL with user name & timestamp and browser and redirected to DOCS4DOCS[®]
- DOCS4DOCS[®] maps portal name to internal account



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©Regenstrief Institute, Inc.	Actions: Review Selected Print/Keep Print/Remov		rward Selected	
2001–2005. All Rights Reserved.	Provider MRN Patient Name	Arrival !	Оос Туре	Doc Details
	Cushing, Herbert E.	2006 01/27 01:00 PM 🕕 🔀		STAT AMYLASE SERUM [Forwarded]
	Cushing, Herbert E.	2006 01/26 03:20 PM	Transcription (Clarian)	New Patient Evaluation
	Cushing, Herbert E.	2006 01/26 05:50 PM	Lab (Clarian Indiana University)	
	Cushing, Herbert E.	2006 01/26 05:50 PM	Lab (Clarian Indiana University)	68
	Cushing, Herbert E.	2006 01/19 10:50 AM	Lab (Clarian Indiana University)	
	Cushing, Herbert E.	2006 01/19 10:50 AM 🔒	Lab (Clarian Indiana University)	
	Cushing, Herbert E.	2006 01/19 04:50 PM 🔒	Lab (Clarian Indiana University)	CD4 Followup
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	Cushing, Herbert E.	2006 01/26 10:40 AM	Transcription (Clarian)	Return Clinic Visit
	Cushing, Herbert E.	2006 01/25 11:21 AM 💧	Lab (Clarian MW)	CBC
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	Cushing, Herbert E.	2006 01/25 02:30 PM 🔒	Lab (Clarian MW)	Vancomycin Pre SerPl QN
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	Cushing, Herbert E.	2006 01/20 01:30 PM	Transcription (Clarian)	Return Clinic Visit
	Cushing, Herbert E.	2006 01/19 04:00 PM	Transcription (Clarian)	Discharge Summary
	Cushing, Herbert E.	2006 01/20 09:50 AM	Transcription (Clarian)	Return Clinic Visit
	Cushing, Herbert E.	2006 01/25 09:20 AM	Radiology (Clarian)	CT Lower Extremity With Contrast
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©Regenstriet Institute, Inc. 2001-2005. All Rights Reserved.	Copy for: Cushing, Herbert E.	2	Pt:			
	Clarian Health Methodist · IU · Riley	Ri 55 In MR# :	Sex: M			
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	Test performed at Riley Hos	pital 550 N University Blv	d Indianapolis, IN 46	202		

Clinical Messaging Status

- Data sources online:
 - St. Vincent lab, rad, ADT, EKG, transcription
 - Community lab, rad, ADT, EKG, transcription
 - St. Francis lab, rad, ADT, EKG, transcription
 - Clarian Health lab, rad, ADT, EKG, transcription
 - ISDH laboratory
 - Wishard Health services lab and ADT ready for pilot
- Physicians connected: 2,950 (out of 3,300)
- Messages delivered per day: ~29,000
- Expected costs savings annually : ≈\$6M
- Data sources upcoming:
 - Mid America Clinical Labs (early 2006)
 - Morgan County Hospital (early 2006)
 - Northwest Radiology (Q3 2006)
- New data sources in development: ≈20



Data Source Benefits

- Faster, cheaper more reliable results delivery
- Less effort to maintain physician contact information
- Provides economies of scale
- Frees your personnel to provide billable services rather than answering the phone and helping find misplaced or worse yet, undelivered, results
- Reduces the need to create outbound interfaces as providers adopt EMRs
- Increased provider satisfaction from a single source for their clinical results

- Laying a foundation which will enable:
 - Flow of structured data
 - Engaging physicians in transforming their practice
 - New services to improve quality, safety and efficiency
 - Clinical Quality Data Services
 - EMR "light"
 - Others...

Current Service Summary

- IHIE DOCS4DOCS Clinical Messaging
 - "Push" results to the ordering and copy to doctors
 - Fee per message delivered
- INPC Clinical Abstract
 - "Push" summary of patient's clinical data to doctor
 - No charge to INPC participants
- INPC Results Review
 - Doctor "Pulls" comprehensive patient clinical data
 - No charge to INPC participants
- Regenstrief Medication Reconciliation
 - "Push" medication history to hospital
 - Fee per medication history delivered

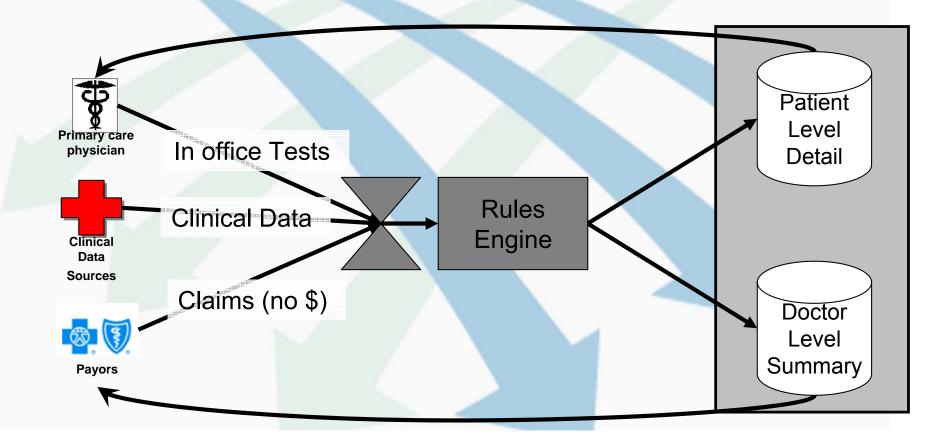
Clinical Quality Data Services

(Supplied by IHIE)

Clinical Quality Data Services

- Pay-for-Value with common measures across payors including efficiency and participation
- Commercial, Medicaid and Medicare Payors (we hope!)
 - Anthem (Wellpoint) playing leadership role
 - 600,000 lives
- Combines clinical and claims data
- Initially focused on primary care
 - Cardiovascular and Oncology to follow

Clinical Quality Data Services



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Physicians

Indiana Health Information Exchange

- Full detail on their own patients
- Summary comparisons
 - Overall
 - Population (commercial, Medicare, Medicaid)
- Health Plans and PHOs
 - Full detail on their own members
 - Summary information across all patients by:
 - Participating physician
 - Specialty
 - Population (commercial, Medicare, Medicaid)

- IHIE DOCS4DOCS Clinical Messaging
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- Doctor "Pulls" comprehensive patient clinical data
- No charge to INPC participants
- Regenstrief Medication Reconciliation
 - "Push" medication history to hospital
 - Fee per medication history delivered
- IHIE Clinical Quality Data Services
 - "Push" reminders to providers
 - Payors (health plans and employers) support costs