

Effectively Using the PHO Structure to Develop, Implement & Manage a Health Information Exchange

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WPHO

WASHINGTON PHYSICIAN HOSPITAL ORGANIZATION, INC.

- Founded 1994
- A partnership of The Washington Hospital and 220 Physicians
- Located in Southwestern Pennsylvania (25 miles south of Pittsburgh)
- Serve tri-county, suburban and rural communities

WPHO Members



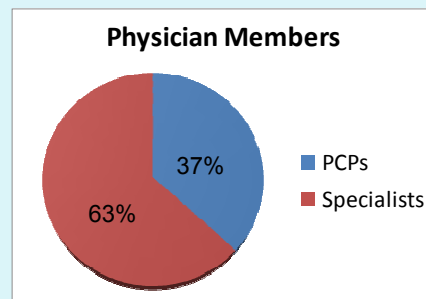
- Founded 1898
- Full service, community teaching hospital
- 274 Beds
- 17,000 annual admissions
- 700,000 outpatient visits



WPHO Members

220 Physicians

- 37 Specialties
- 100 practices with various structures
 - Employed by the Hospital
 - Owned by the Health System
 - Owned by competing Health Systems
 - Community non-profit organizations
 - FQHC's
 - Independent private practices



Evolving Role of WPHO in Clinical Integration Initiatives

- 15 years of credibility with Hospital and member practices
- Success in Pay for Performance programs
- Success with early health information technology efforts
 - Catalyst for early use of the internet
 - WPHO-supported IT applications (including secure e-mail)

Health Information Technology Penetration/Adoption Challenges

- Penetration of electronic records solutions
 - By 2007, 30% of WPHO practices had adopted some form of EMR
- Neither the Hospital nor WPHO could mandate a single EMR solution
 - 15 different EMR solution in place in WPHO practices
 - Practices demanded interfaces with the Hospital
- Provider resistance to technology



A Health Information Exchange!



Washington Health Information Network

Health Information Exchange (HIE) Development Strategy

- Initial involvement of WPHO and its physician leadership
- Researched existing technology and vendors
- Developed goals
- Selected a technology business partner
- Developed financing model
- Developed legal agreements

Health Information Exchange (HIE) Development Strategy continued.....

- Built the Clearinghouse/Data Repository
- Customized user friendly functionality
 - Development of global search capabilities
 - Organization of inbox features & document tree
- Developed implementation plan and training strategies
- Identified roles and responsibilities of all involved parties for ongoing management

Health Information Exchange (HIE) Development Strategy continued....

Project Goals

- To provide *real-time* clinical and financial information to providers
 - Initially from Hospital systems to physicians
 - Ultimately bidirectional
- To interface with disparate EMR software in physician offices
- To provide information to physicians without EMRs through a portal/dashboard
- To significantly reduce paper results reporting
- To promote clinical integration by sharing of clinical information to enhance decision-making and improve patient safety
- To facilitate implementation of clinical guidelines

WHIN Functionality

Communicate key clinical data

- Lab/Anatomic pathology reports
- Radiology results
- Cardiac Cath Lab/Cardiac special procedures reports
- EKGs
- Admission History & Physical reports
- Consultation reports
- Discharge summaries
- Procedure reports (operating room, endoscopy, etc.)

Support clinical care coordination

- Emergency Room visit notification to primary care physicians

WHIN's Two Components

Enterprise Access

- Web-based inbox
- Global search function
- Free to all WPHO providers
- Funded by WPHO

ID	Date	Patient	Document Type	Doc Descriptor	ABB ID	Route	Physician	Ordering Physician	Assigned To	Last Comment
532143	04/17/2008	Shakespeare George	Hospital Orders	Consult			E Crisley, Bing			
532143	02/26/2008	Fauz Park	Hospital Orders	Discharge Summary			E Sample, Lisa		cc:Karaman, Charles	Call patient with equipment
532141	04/17/2008	Fauz Patient, Sandy	Hospital Orders	History and Physical			O Crisley, Bing			
531811	03/28/2008	Diaper, Anne	Hospital Orders	Discharge Summary			I Crisley, Bing			
531810	04/16/2008	Fauz Park	Emergency Visit	Emergency Visit not.			E Sample, Lisa			
531809	02/15/2008	Shakespeare George	Emergency Visit	Emergency Visit not.			E Crisley, Bing			
529872	03/27/2008	Shakespeare George	Urine	URINALYSE			I Sample, Lisa	Samatik, Lisa		
221004	11/04/2007	Assistant, Julie	Chemistry	CREATININE BUNCR	Y		Fauz Physician, James	Fauz Physician, James	cc:Vargo, Charles	Unable to reach patient
221003	11/03/2007	Assistant, Julie	CT/CTARP	CT BRAIN W/O	I		Fauz Physician, Tim	Fauz Physician, Tim	cc:DeRube, Neil	schedule a follow up visit
221002	11/03/2007	Assistant, Julie	CT/CTARP	CT CHEST W/O	I		Fauz Physician, Tim	Fauz Physician, Tim	cc:DeRube, Neil	
221001	11/04/2007	Assistant, Julie	Chemistry	COXP METABOLIC PANEL	Y		Fauz Physician, Tim	Fauz Physician, Tim	cc:DeRube, Neil	

WHIN's Two Components

Health Information Exchange (HIE)

- Interface to physician EMR
- Outsourced management of multiple interfaces
- Funding shared by Hospital and practice



Implementation Progress

- Enterprise Access – voluntary participation
 - 80% adoption within 18 months
 - Technology limitations in offices are barriers
- Health Information Exchange
 - 4 practices connected
 - 8 practices in various stages
 - Hospital-owned practices exploring transition from direct interface

PHO's Unique Role in Driving HIE

- PHO is well positioned to customize the solution to meet physician as well as Hospital needs
- Existing legal framework to integrate providers created good foundation for sharing information
- HIPAA compliance inherent in PHO network relationships
- PHO placement made this “ours” not “theirs”
- Influence vs. mandate

PHO's Unique Role in Driving HIE continued.....

- Used existing PHO forums as basis of Communication Plan to promote *WHIN*
- Extensive knowledge of practices and relationships facilitated implementation
- Customized training strategies to “fit” each physician office environment
- User management

PHO's Unique Role in Driving HIE continued.....

- Local help desk to support Enterprise Access (“inbox”)
- Outsourced interface management
- Maximizes the clinical integration implications by enabling access to real time clinical information
- Reinforces continued value of the PHO

Observations/Lessons Learned

- Building a sustainable model has a cost
- Hospital departments often don't see the big picture
- Existing hospital IT systems have limitations
- Different people get excited about different information
- Physicians & staff don't understand work flow within their own practice
- Reduction/elimination of paper reporting isn't easy

Observations/Lessons Learned

- Clear identification of physicians and practices is essential
- Physicians work outside of their primary practice
- Physician practices are variable and unique
- Just because a practice has an EMR does not mean they're ready for an exchange
- HIE will not eliminate calls to the Hospital for information

Observations/Lessons Learned

- Clarifying parties' roles and responsibilities still does not eliminate confusion
- PHO-central help desk helps identify issues
- Ongoing training and retraining is essential
- Automation magnifies existing manual process issues
- Regulatory requirements present barriers to sharing PHI

Observations/Lessons Learned

- Global access should not be automatic
- User audit of access does reveal inappropriate use
- Tracking users is not easy
- Centralized tracking and error reporting assures data integrity

Observations/Lessons Learned

- HIE is a powerful marketing tool to drive network utilization
- Reduction in duplicate testing is difficult to measure
- Reduction in testing and resource use can have implications for contracting
- HIT does impact Pay for Performance programs
- Practices will appropriately use the information in ways never contemplated

Future plans for HIE

Short Term

- To explore bidirectional communication between providers to support:
 - Transitions of care
 - Referral management
 - Communication of demographics and insurance information

Future plans for HIE

Long Term

- To interface data from physician EMRs to the repository
- To implement a continuity of care record incorporating information from multiple providers
- To incorporate registry functions for disease and preventive care management across the network
- To explore opportunities to interface with other regional health information initiatives

HIE Impact on PHO

HIE continues to invigorate the PHO;
it reinforces the organization's relevance
by establishing
health information technology
as the key operational support component of
clinical integration.

