



## Volunteer eHealth Initiative

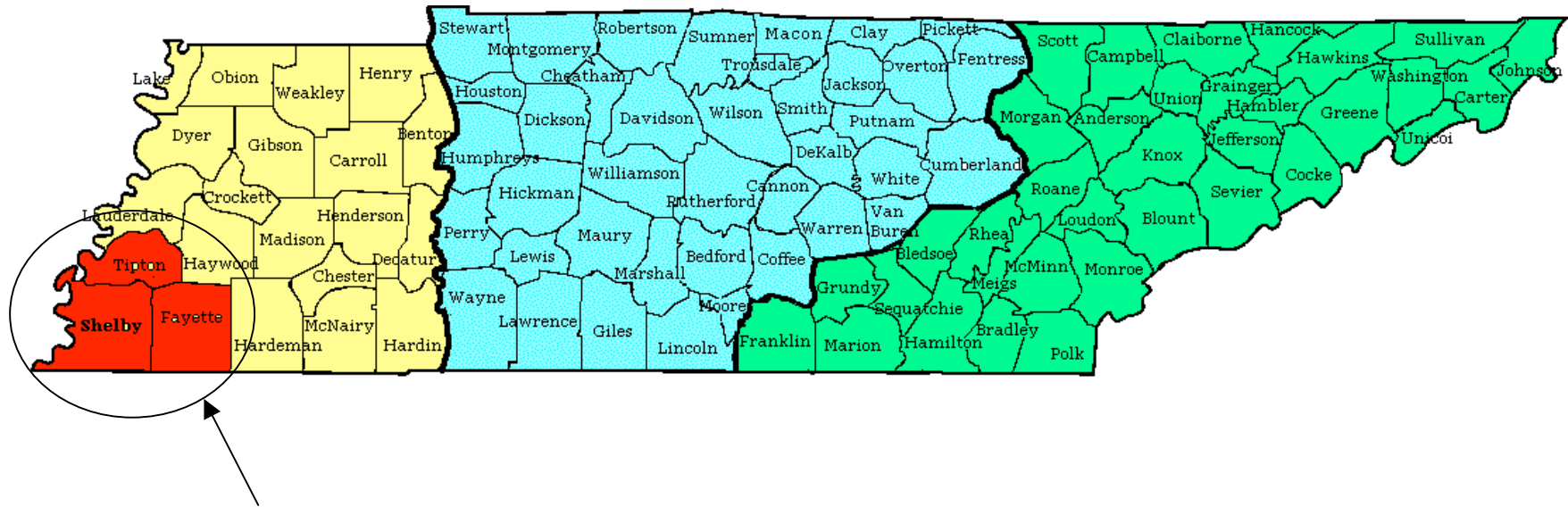


## *State Perspective and Front Line Evidence*

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# Which TN Initiative are We Talking About?



*Our initiative covers 3 counties and includes Memphis.  
Other initiatives include Shared Health (Blue Cross / Cerner); CareSpark (Tri-Cities – NE TN); eastern TN Health Information Network; Tennessee borders 8 other states. It is a long state  
Tri-Cities are 370 miles from Canada and 430 miles from Memphis! (Same as San Diego to San Francisco)*

## Why Memphis?

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- Major financial and management problems at the Regional Medical Center (“The MED”)
- A large concentration of uninsured and Medicaid patients
- A governor committed to improving health care who wanted to start with the major hospitals and then use the infrastructure to improve rural care. “portfolio of initiatives”
- A recognition that the problems of “the MED” are regional care delivery problems
- A region committed to improving quality & care for all
- An interim technology solution available through Vanderbilt and implemented at the request of the Governor

## What Did We Do?

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- A six-month planning exercise. Focused on technical and governance issues. Major immediate ROI work focused on practical gains that could be realized in emergency departments
- Submission and acceptance of a proposal to AHRQ to be a state-regional demonstration project
- Appropriation of additional funds from State of TN
- Organization
- Implementation
- Go live with 12 sources and pilot deployment in an emergency department in less than two years.

# Our Approach

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- We are building a system to understand the issues critical to more effective use of health information
- We want to understand the business case, the technical issues, the privacy issues, and the organizational issues
- We do not claim to have “the answer” but only to ask some of the “right questions”
- Our system is working in Memphis today
- Our system will be replaced at some future date through an open bidding process. Timing will depend on extent to which the nation can arrive at standardized approaches.
- We are not “the final vendor.”

## Our Core Stakeholders (Basis of our Board)

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- Baptist Memorial Health Care Corporation – 4 facilities
- Christ Community Health – (3 primary care clinics)
- Methodist - Le Bonheur Children's Hospital
- Methodist University Hospital
- The Regional Medical Center (The MED)
- Saint Francis Hospital & St. Francis Bartlett
- St. Jude Children's Research Hospital
- Shelby County/Health Loop Clinics (11 primary care clinics)
- UT Medical Group (200+ clinicians)
- Memphis Managed Care-TLC (MCO)

## Our “Extended” Stakeholders

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- Other health plans
- Business Coalition
- Clinical labs
- Vendors
- Pharmacy information suppliers
- Quality Improvement Organization
- Some e-Prescribing initiatives

## Core Data Elements

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- Demographic information
- Hospital labs
- Hospital dictated reports
- Radiology reports
- All other relevant clinical information hospital can make available in electronic format
- Allergies (when standards arrive)
- Retail pharmacy medications (2007)
- Ambulatory notes (2007 – 2008)

## The Process

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- Planning (June 2004 – January 2005)
- Implementation (October 2004 – present)
- Memoranda of Understanding / Bus. Assoc. Agreements
- Secure data connections and data feeds
- Test data (June 2005) and production data (Aug 2000)
- Multiple regional workshops
- Formation of 501(c)3 – MidSouth eHealth Alliance
- Implementation of legal and policy infrastructure largely based on Markle Connecting for Health Framework
- Pilot work in the Med Emergency Department (May 2006)

## The Technology

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- Based on Vanderbilt systems in use for over a decade
- Minimal impact on data “publishers” – they send us what they can in whatever format they have
- Each organization has its own “vault” for data – so it functions as a “decentralized” model without the overhead of same. Integration occurs only when a query is made.
- Some data are normalized (e.g., labs) and others are just tagged
- MPI based on Markle Record Locator Service
- Secure Web browser for access – later a “utility” for vendors
- No ability to do “global” queries for population work, etc.

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

## Next Steps

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- Refinement of system and roll-out in all emergency departments
- Re-build infrastructure to be completely open-architecture and component-based. Integrate emerging standards.
- Integrate with medication history and other sources of plan and laboratory information
- Build business model for a “utility” supporting all certified point-of-care systems in use in the region
- Expand use to public health, quality initiatives
- Prepare for an open bidding process in approx. 2008

## What It Took

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- Leadership – from the Governor and other state officials
- Commitment – from the health care leaders in Memphis
- Focus – didn't try to do it all at first; focused on EDs
- Low-profile – no promises that can't be kept
- Evolution – evolve to standards, no “big bang”
- Common challenges – understanding that plan-based systems, quality initiatives, P4P and other changes are best addressed through dialogue and evolution
- Passion from the clinical community – the “wow” factor from emergency department physicians
- Legal and policy infrastructure
- Understanding of the core informatics issues (e.g., identity management, MPI, standards)

## More information

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- <http://www.midsoutheha.org/>
- <http://www.volunteer-ehealth.org>
- <http://healthit.ahrq.gov>
- <http://www.hhs.gov/healthit/>
- <http://www.ehealthinitiative.org/>

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