#### Using a Statewide HIE to Promote Information Technology Adoption by Physicians



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# **Discussion Topics**

- Overview of DHIN
- Implementation Approach
- Technical Design
- Promoting physician adoption of information technology
- Considerations

#### **Overview of DHIN**





#### Purpose of the DHIN

- Created statutorily in 1997 as a public instrumentality of the State of Delaware
  - To advance the creation of a statewide health information and electronic data interchange network for public and private use.
  - To be a public-private partnership for the benefit of all citizens of Delaware
  - To address Delaware's needs for timely, reliable and relevant health care information.





## **DHIN Membership**

- Consumers
- Delaware Health Care Commission
- Delaware Healthcare Association
- Delaware State Chamber of Commerce
- Delaware state government agencies
  - Department of Technology and Information
  - Division of Public Health
  - Department of Insurance
  - State Budget Office
- Insurance providers, including Blue Cross Blue Shield of Delaware, Coventry and Delaware Physicians Care
- Large employers, including AstraZeneca and Bank of America
- Medical Society of Delaware
- University of Delaware



# **Project Vision**

Develop a network to exchange real-time clinical information among all health care providers (office practices, hospitals, labs and diagnostic facilities, etc.) across the state to improve patient outcomes and patient-provider relationships, while reducing service duplication and the rate of increase in health care spending.



### Implementation Approach





# Missing Clinical Information

Clinical information missing in 13.6% of primary care visits

- Lab results 6.1%
- Dictation 5.4%
- Radiology results 3.8%
- H&P 3.7%
- Medications 3.2%

Judged to:

- Adversely affect care 44%
- Delay care 59%

("JAMA", January 2005)



# **Cost Reductions**

- Results Distribution Costs
  - Reduced chart pulls
  - Filing, copying, faxing, mailing, receiving
  - Productivity saving
    - Calling
    - Referring
    - Looking for missing information
- Cost Avoidance
  - Visits
  - Lab tests
  - Imaging studies





# Considerations

- Clinical software and infrastructure model
  - Information reliability, security, availability Doctors only give you one shot to get it right...
- Project Governance
- Cultural Alignment
- Sustainability
- Partnership Approach



# Phase 1 - Results Distribution

#### Who contributes?

- 3 Hospital Systems and LabCorp
  - 85% Laboratory testing across the state
  - 81% Admissions across the state

#### What data is contributed?

- Laboratory & pathology
- Reports (face sheets, discharge summaries, radiology and other transcribed documents)
- Harmonized demographics
- 36 interfaces
- Implemented in 6 months



# Phase 1 - Results Distribution

- Who uses the data?
- Physicians
- Physician office staff
- How is that data distributed to users?
- Web-based clinical inbox
- EMR integration
- Auto printing and auto faxing

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# Phase 2 – Patient Record Inquiry Who contributes?

- Hospitals
- Commercial laboratories
- Stand-alone imaging centers
- Pharmacies and PBMs
- Medicaid

#### What new data is contributed?

- Medication history
- Medical images
- Additional data providers



#### Phase 2 - Patient Record Inquiry

#### Who else uses the data?

- Emergency Departments
- Public Health
- How is data distributed to users?
- Web Clinical Inbox
- EMR Integration
- EMR-Lite
- Auto Printing and Faxing

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#### DHIN Functional Priorities by Year

2006-2007	<ul> <li>Secure results delivery with inbox management</li> <li>Security access controls</li> <li>Audit processing</li> <li>EMR interfaces</li> <li>Master patient index harmonization</li> </ul>
2007-2008	<ul> <li>Inquiry</li> <li>Viewing of patient-centric data</li> <li>Public Health reporting</li> <li>Consumer participation</li> <li>Medication history</li> <li>eOrdering</li> <li>ePrescribing</li> </ul>



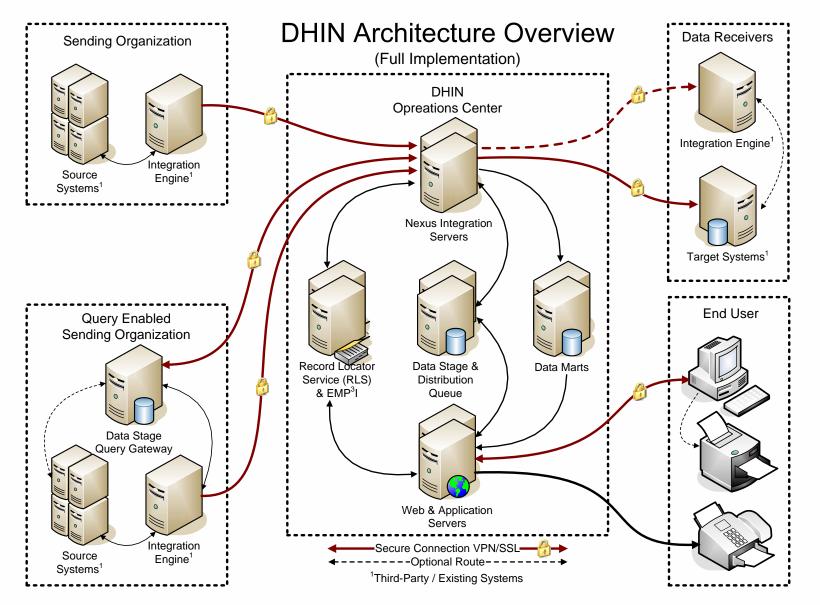
#### DHIN Functional Priorities by Year

2008-2009	<ul><li>eSignature</li><li>Patient portal</li></ul>
2009-2010	<ul> <li>Benefit eligibility and claims processing</li> <li>Population health</li> </ul>
2010-2011	<ul> <li>Chronic care management</li> <li>Incentive and outcome management</li> </ul>
2011-2012	• Data warehouse

## **Technical Design**







**Delaware Health Information Network** 



# **Technical Design**

- Leverages existing technical infrastructure within healthcare organizations to create a utility allowing providers to retrieve data on their patients
  - Data transmitted from each data sender to a datasender-specific DataStage (cache) via existing interface engines in current HL7 standard format using TCP/IP over a secure VPN
  - Leverages the Internet for ubiquitous access and reduced technical needs in the provider's office



# **Technical Design**

- Designed around an Enterprise Architecture
  - Framework specifically designed to support the business objectives of healthcare organizations and providers
  - SOA (Service Oriented Architecture)
    - Abstracts data into services that can consumed by external sources
      - EMRs
      - Automatic faxing and printing
  - Leveraged data architecture that can make data available through UI, third party EMRs, printing and faxing as required by the receiving organizations
  - Confederated data model housing data in segregated repositories



# Data Management

- Hosting
  - Hosted in Perot's Plano Technology Center
- Platform
  - Built on Microsoft DNA
    - .Net v2.0; SQL Server 2005 Enterprise; Windows Server 2003 Enterprise
- Security
  - 128-bit SSL encryption
  - Robust security and access control model
  - Complete auditing and logging
- Scalability & High Availability
  - Load balanced web servers
  - SAN infrastructure
  - Clustered database servers
  - Redundant firewalls & network infrastructure
- Disaster Recovery
  - Provided by SunGuard in coordination with Perot services

# **Promoting Physician Adoption**





# Physician User Adoption Goals

- There are approximately 1800 physicians practicing medicine in Delaware
- Three-year adoption goal: 1500 users
  - Phase 1-results delivery: 100
  - Phase 2-inquiry: 800
  - Phase 3-inquiry and added data: 600



# Success of the HIE is dependent on physician adoption

- Elimination of current process to drive adoption
- Design supports physicians regardless of their level of technology adoption and can manage need along the adoption curve
  - "Un-connected" physician
  - Physician interested in adopting technology
    - DHIN supports an EMR-Lite
      - Provides a starter set of data for physicians interested in adopting an ambulatory EMR

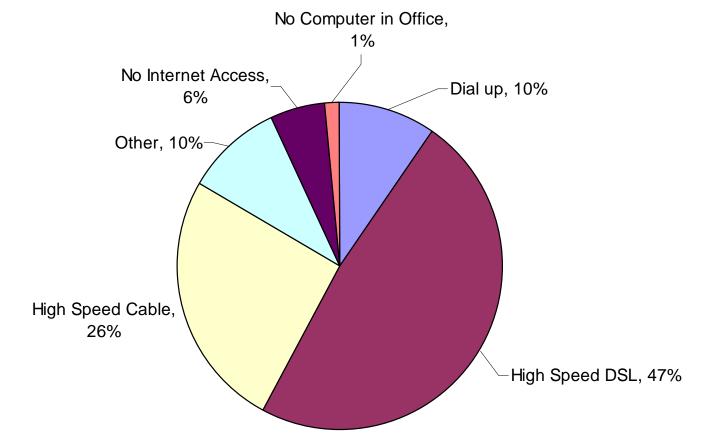


# Success of the HIE is dependent on physician adoption

- Physicians interested in adopting technology
  - eOrdering
  - ePrescribing
  - Results management
- Supports physicians who have adopted an EMR
  - Direct EMR integration from the Utility



#### Physician Access to Technology

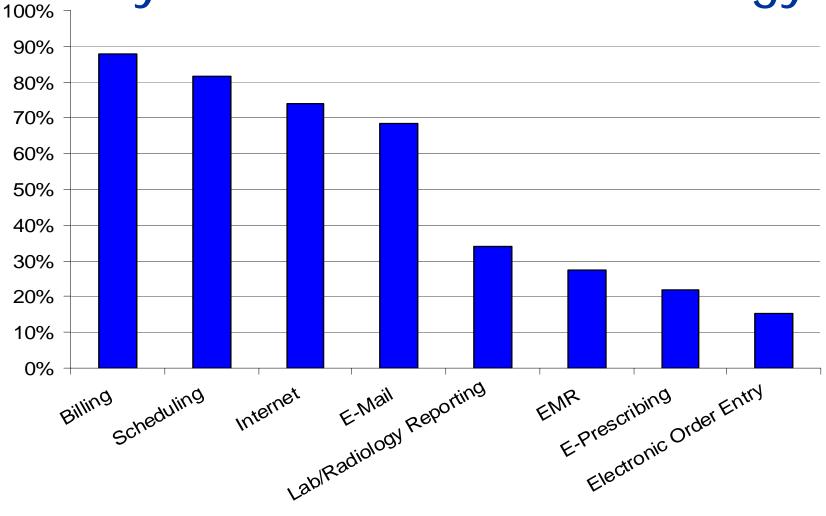


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# Physician Use of Technology

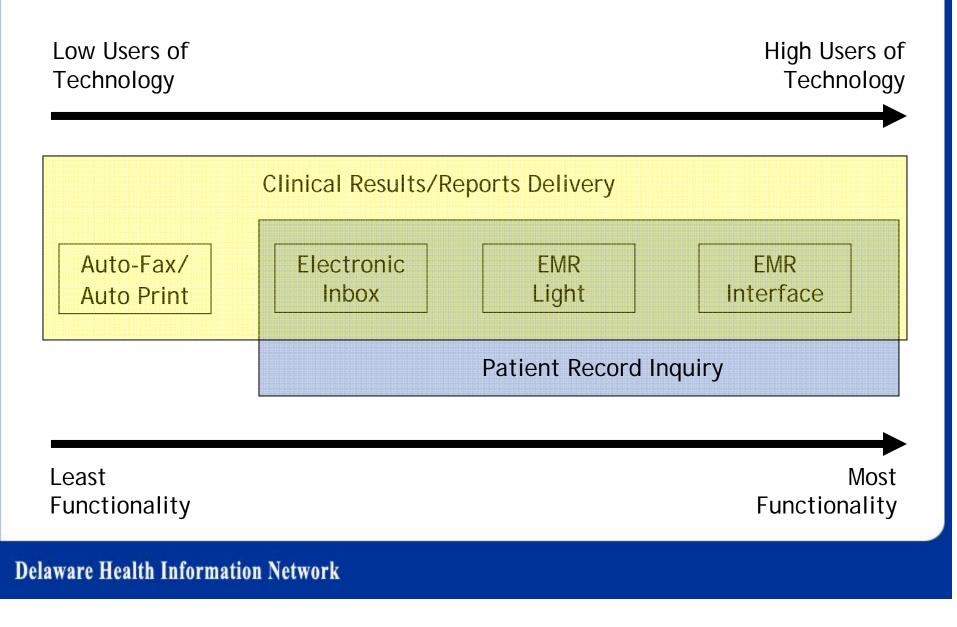


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#### **Delaware Health Information Network**



### From Paper to EMR Adoption



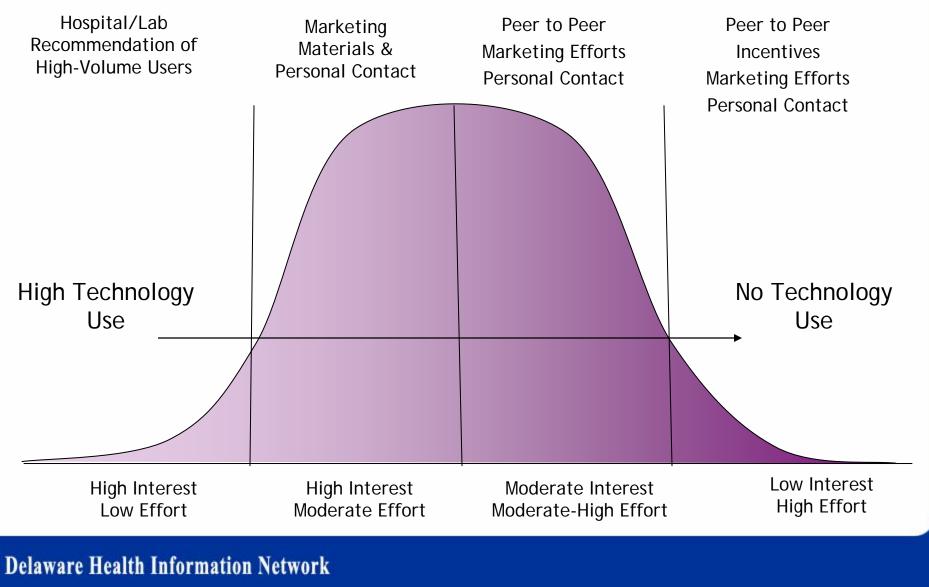


## Interest in DHIN

- 85% of primary care providers are interested in participating in DHIN
- 10% would be willing to pay per transaction
- Those currently using EMRs are twice as likely to participate in DHIN
- Those using the least technology in their practices are least likely to participate in DHIN
- Those using EMRs are willing to pay more for access to DHIN data

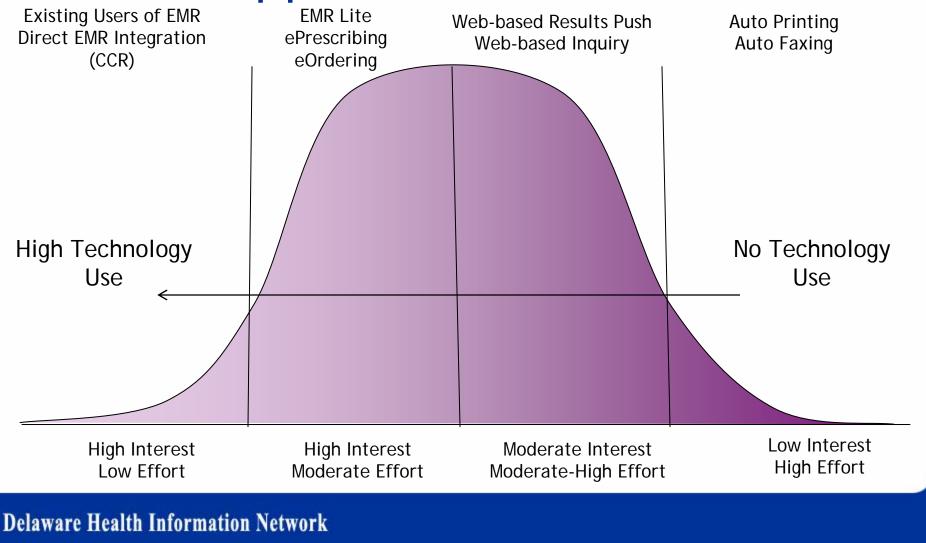


# Marketing Approach





#### Marketing Approach Tied to Applicable Function



#### Information exchange like EMR implementation is a journey...

#### And all good journeys take time...



#### ... the Journey Involves:

- Planning and consensus building
- Creating a business model
  - Leveraging funding sources
  - Migrating to self sustaining HIE
- Defining the clinical model
  - Information reliability and availability Doctors only give you one shot to get it right...
  - Utilizing data to improve clinical process and outcomes
- Establishing multi-stakeholder governance
- Marketing and communicating to diverse audiences
- Creating cultural alignment



#### Never discourage anyone... who continually makes progress, no matter how slow.

~ Plato

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#### **Questions?**

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