



Engaging Physicians in Health Information Exchange:

Driving Improvement in Quality, Safety and Efficiency of Healthcare

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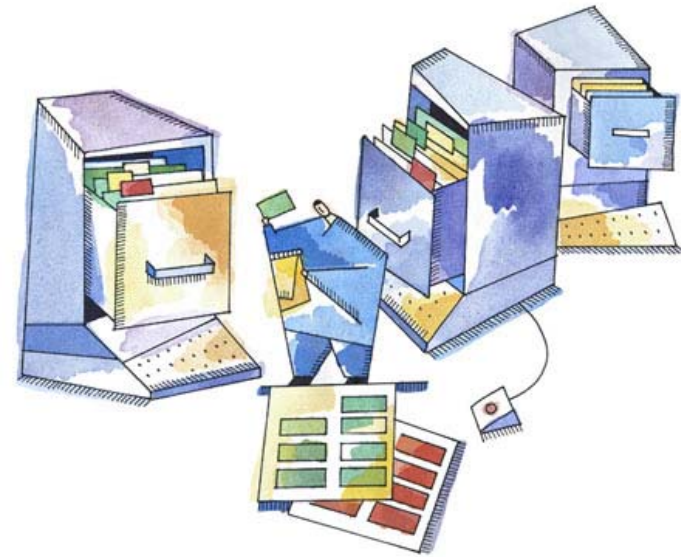
eHealth Initiative and Foundation

Today's too often reality...



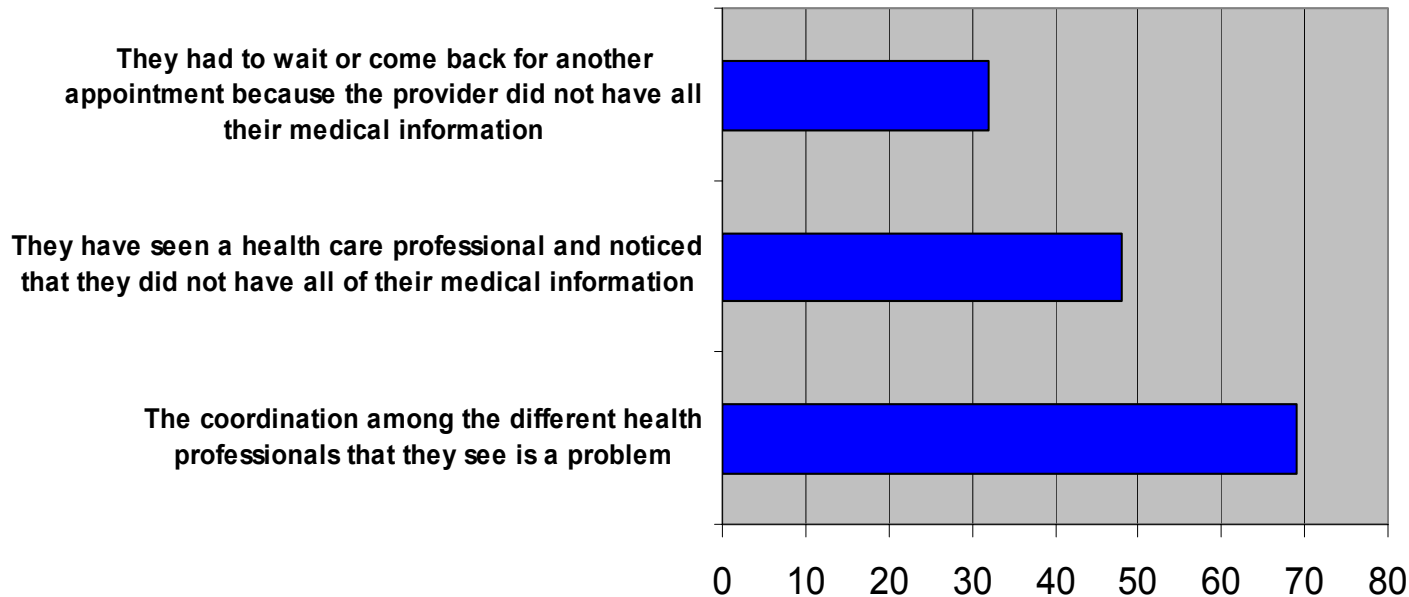
Have you ever had an afternoon like this?

- Patient waiting in the room for follow up of emergency room visit
- Records not yet received
- How long does patient wait?
How long do you wait?
- What assumptions do you not want to make...



Public Interest in Health Information

Consumer Experience with Patient Safety and Quality Information Percentage who say...



Source: Kaiser Family Foundation/AHRQ/Harvard School of Public Health *National Survey on Consumer's Experiences with Patient Safety and Quality Information*, November 2004

Overview:



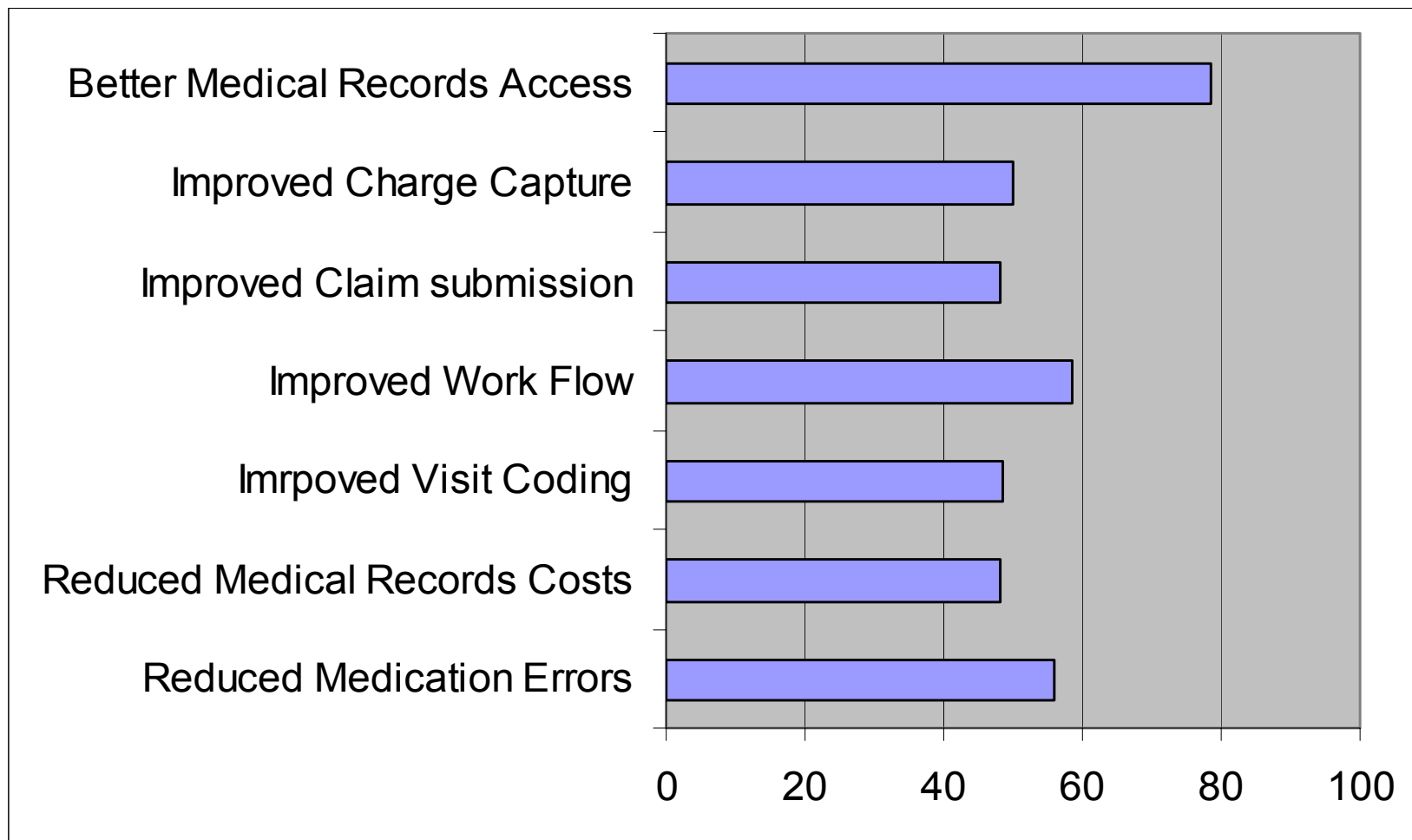
Physicians and HIE

- Current stats and experiences
 - Physicians and Health Information Exchange Experiences
- What do health care providers want
 - Lessons learned for success
- HIE and the Doctor Patient Relationship
 - Trust: balancing quality of care with privacy

Most Important Features of the EHR-User's Experiences



Texas Medical Association 2006 Member Survey



HIT and HIE :Value for Patients



- The true promise of coordinated care along the entire care continuum, and improved relationships with all care givers
- The ability to better manage their personal health information and records
- The ability to improve the physician-patient dialogue and relationship



HIT and HIE: Value for Clinicians



- Doing well while doing good
- Gaining a deep understanding of their individual, group and practice's performance in delivering quality care to patients
- Initiating and tracking QI programs
- Better management and coordination of their patients' care



Current Status: Physician offices with EHR's- what functions are being used

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Electronic Prescribing:	Percentage
Paper Print Out of Prescriptions	56%
Direct Fax of E-Prescribing to Local Pharmacies	48%

Drug Interaction Checking:	Percentage
Drug - Drug	71%
Drug - Allergy	62.5%
Drug - Dose	54%

Computerized Orders for Tests:	Percentage
Laboratory tests	42%
General Imaging / Diagnostic Tests – CT MRI Mammography	42%

Current Status: Physician offices with EHR's- what functions are being used

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Test Results:	Percentage
View Only	62.5%
View and Verify (Attest) Results	37.5%

Clinical Notes Entry:	Percentage
Template	71%
Dictated Entry	54%

Decision Support:	Percentage
Reminders for Screening / Prevention/ Immunizations	50%
Chronic Disease Guidelines Support Reminders	42%
Do you use any disease specific patient registries?	30.4%
Do you report quality measures electronically to any outside organizations?	9%

“HIT” from “HIE”...is There a Difference?

Health Information Technology (HIT)

- Local deployments of technology to support organizational business and clinical requirements

Health Information Exchange (HIE)

- Infrastructure to enable data sharing between organizations



HIE: Opportunities to consider



Accountability:
quality-safety-cost
scorecards

**Patient record
access/communication:**
patient portal, e-visits,
reminder/recall

**Emergency alerting
and situational awareness:**
PH alerts, system status
ER saturation

Collaborate:
shared case
management tools

**Send/receive a
message/document:**
d/c summaries,
consultation results

**Surveillance
outbreaks,
underserved,
disease trends**

Get paid:
claims, claims
attachments

Receive results:
labs, imaging,
dispensing records

**Decision support
powered by ALL
meds, allergies, etc.**

Query:
patient eligibility,
allergies, diagnoses,
meds, labs, other providers
immunizations

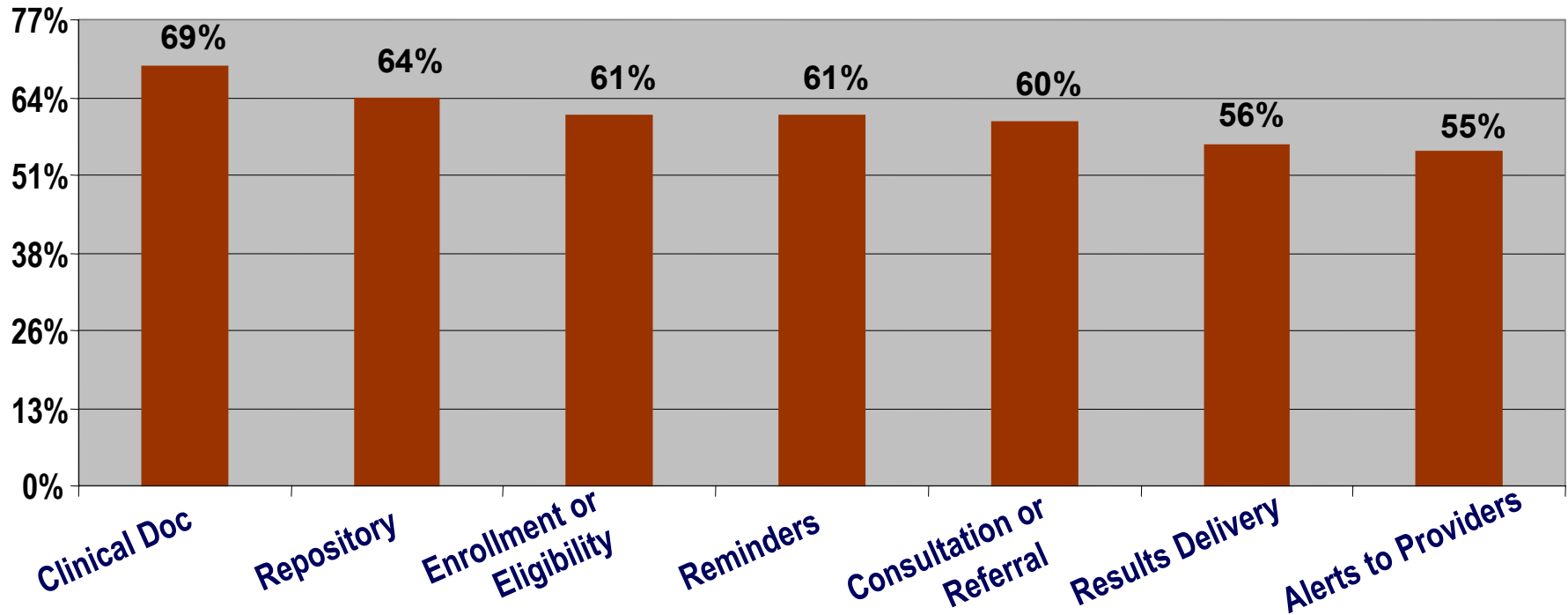
**Order tests,
medications,
referrals**

Today's Health Information Exchange Initiatives: What Are They Doing?



Primary focus continues to be on supporting care delivery

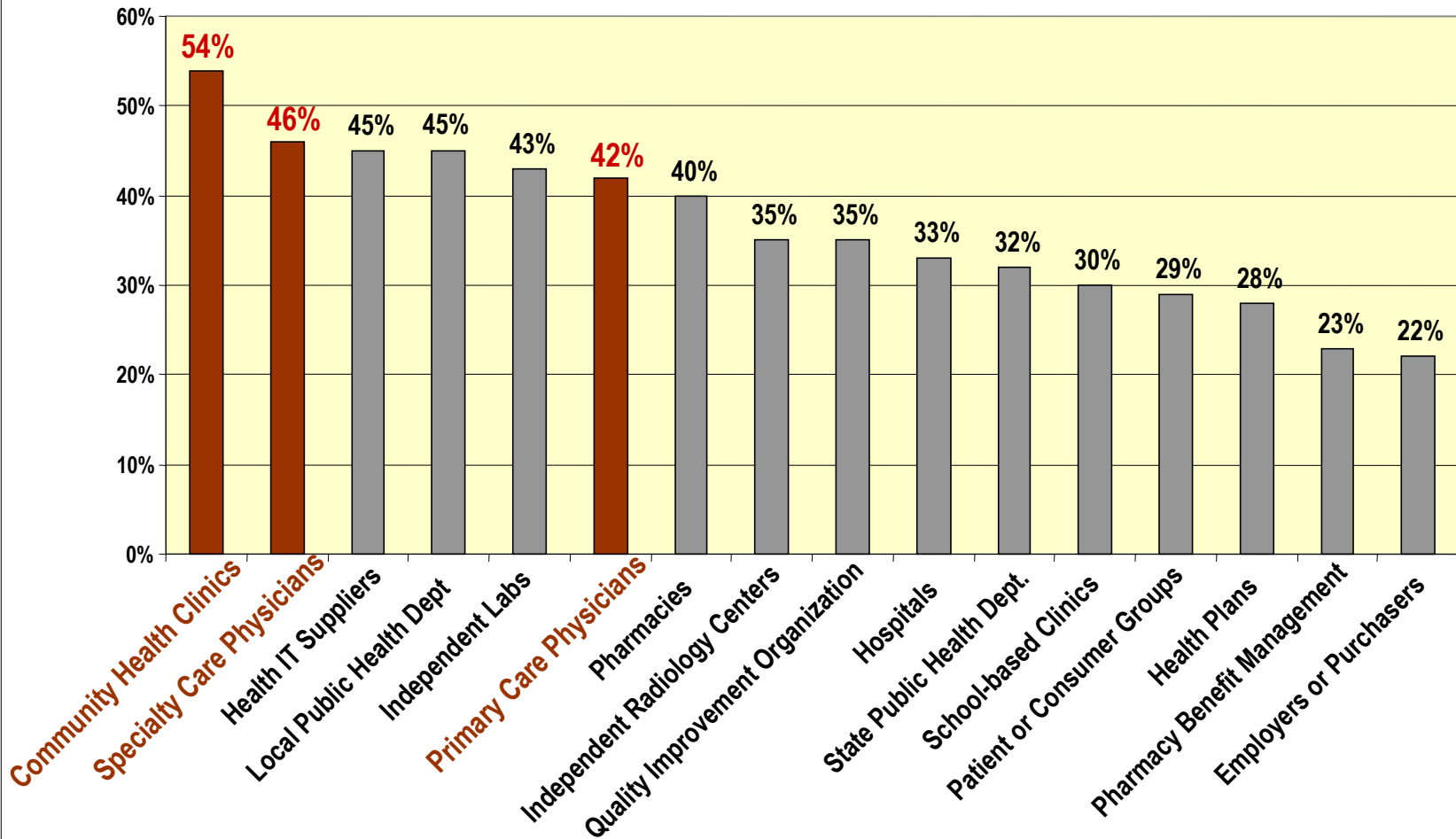
Functionalities to Support Patient Care Current and Within Next Six Months: Advanced Stage Initiatives



Are clinicians involved?



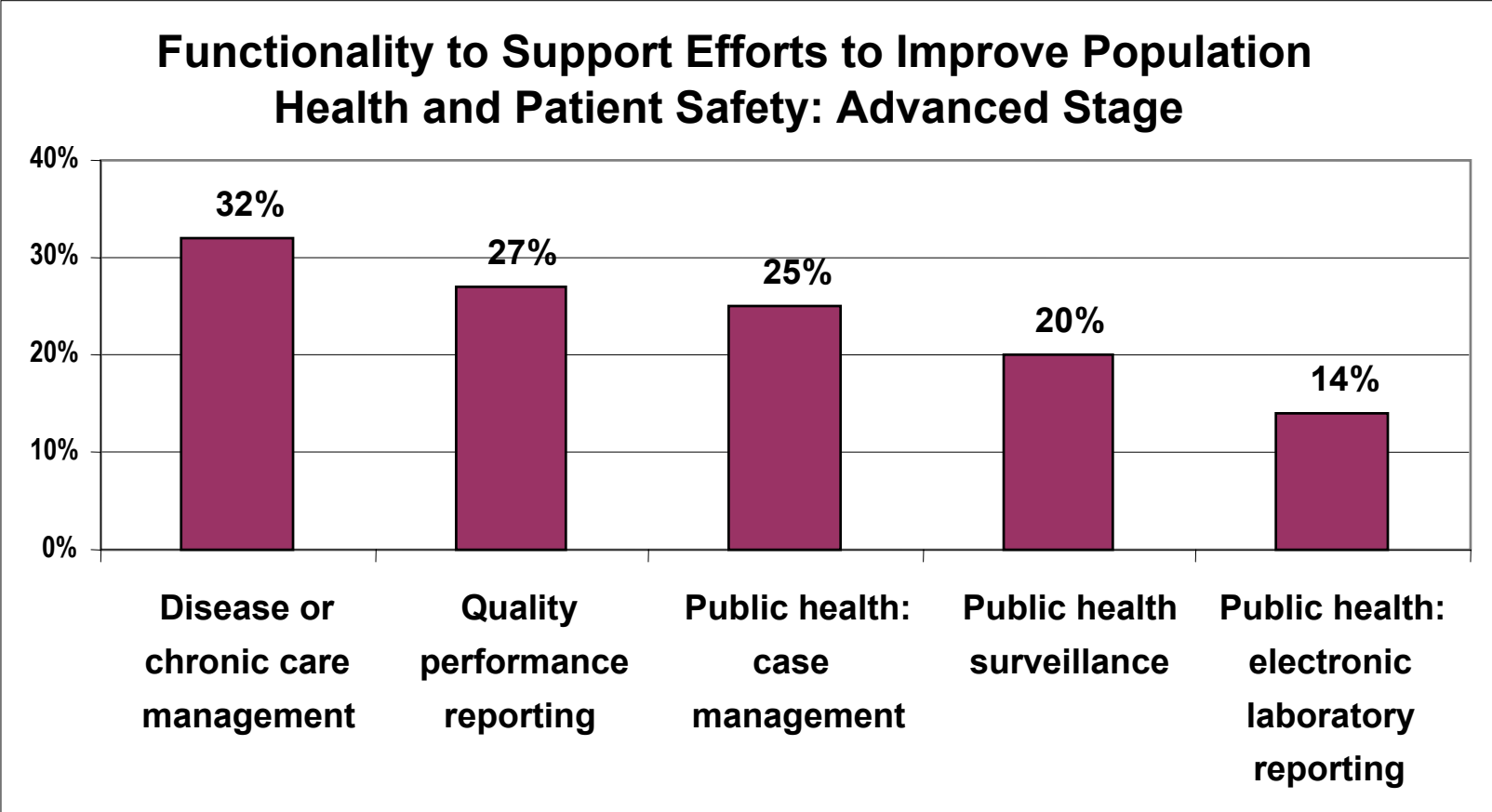
Stakeholder Involvement in HIE Efforts: All Respondents



Growing Focus on Disease Management, Quality Reporting, and Population Health



Advancements in functionality to support improvements in quality and safety are evident. In addition to traditional uses to support care delivery, a number are now expanding functionality



Physician Experiences in Health Information Exchange Initiatives: HIE Features Physicians Have Experience With



Electronic Access to:	Number/Percentage of Yes Responses
Outside Laboratory Results	100%
Outside Imaging Results	87.5%
Hospital Admission and Discharge Notes	87.5%
Emergency Department Notes	75%
Other Provider's Outpatient Encounters / Visit History	12.5%
Clinical Data from Claims / Payer Data	62.5%
Medication Histories from Other Providers (sites)	12.5%
Public Health Reporting and Surveillance	37.5%
Web Based Disease Registries	25%

For physicians practicing in regions with Health Information Exchange organizations, the most common features are Lab and Radiology information exchange

eHealth Initiative Practicing Clinicians Working Group, March 2006

Physician Experiences in HIE Initiatives: Ranking of Most Valuable Aspects of HIE



HIE Function
1. Outside Laboratory results
2. Medication histories from other providers (sites)
3. Other provider's outpatient encounters/visit history
4. Hospital admission and discharge notes
5. Outside imaging results
6. Emergency department notes
7. Claims/payer data
8. Public health reporting and surveillance
9. Web based disease registries

Currently, access to outside lab results is one of the most valuable aspects of HIE per working group members

eHealth Initiative Practicing Clinicians Working Group, March 2006

Physician Experiences with Health Information Exchange: Results of Laboratory Data Exchange Focused Survey

eHealth Initiative Practicing Clinicians Working Group, April 2006



Summary :

- 70% of respondents experienced extra steps in workflow for access to electronic lab results, yet:
 - 60% have improved efficiency in delivering care from electronic lab access; Most common efficiencies identified:
 - Less time looking for labs
 - Less forgotten or misplaced labs
 - Improved documentation of follow up of lab results
 - Less wasted time for patient in the office
- If not fully enabled with lab connectivity:
 - Most common limitation is current EHR does not support online ordering of labs

Physician Experiences with Health Information Exchange: Results of Radiology Data Exchange Focused Survey

eHealth Initiative Practicing Clinicians Working Group, April 2006



Summary :

- Working group access to online radiology information is less common, but where available, 71% of working group members with access can view reports of tests ordered by all providers
- Currently, radiology reports do not directly integrate into EHR most of the time from the experience of working group members
- Radiology HIE access-Impact on patients and practice- most common responses from working group members:
 - Less time spent looking for radiology results
 - Reduced patient wait time
 - Fewer misplaced or forgotten results
 - Increased efficiency in turnaround time for results

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



- Incrementalism: a delicate balance of project scope with physician and practice attention span and the impact on sustainability
- Involve physicians when determining prioritization of functions
- HIE data access, usability and work flow- where the rubber meets the road
- Messaging to physicians and the role of peer influence/physician champion
- Trust and privacy in data use and the physician – patient relationship
- Culture- ultimately a local factor

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Incrementalism: a delicate balance of project scope with physician and practice attention span and the impact on sustainability

- Keeping it simple when starting out in order to realize accomplishment in a reasonable period of time
- Early, concrete (even if small) information exchange victories.
- Everything will take longer that you think it will, even with willing participants – the timing of getting physicians together both with respect to readiness and availability is extremely difficult.
- Communities need to acknowledge early on that most physician practices are very limited on their IT resources for mobilizing data

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Time and Anticipation

- It takes longer to develop and accomplish community accepted goals than usually planned.
- Work to place risk on vendors, putting pressure on them to complete the job on time, anticipate the fact that few stakeholders collaborating in the initiative will share the same feelings of intense drive and fervor for the project as founding members.

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



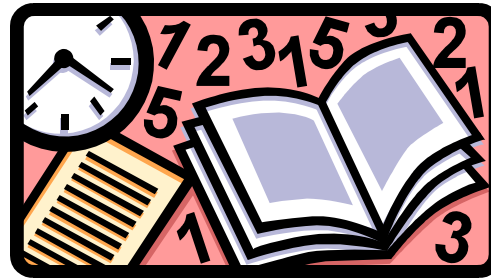
Involve physicians when determining prioritization of functions

- As the long term success of a HIE is usually predicated by regular access of information by the local health care providers, discussion with health care providers is vital when determining the rank priority of functions to be implemented.
- Interviews of a spectrum of members of the clinical team including practice managers can be used to establish, identify and rank data elements that would contribute to making better health decisions.
- The rank of priority functions to be implemented needs to be determined locally.

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Value = Relevant + Reliable + Integrated Into Work Flow



Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



*HIE data access, usability and work flow-
where the rubber meets the road*

- Lack of physician acceptance of technology will result in failure.
- Providing relevant training by and for physicians
- Acknowledge that providers and staff don't always share or articulate their concerns. They may just stop using the product and not raise an issue that might be easily 'fixed'. They may be unaware of how to access functionality that is available to them

– Source: eHI HRSA Period 1, Funded Communities 2005-2006

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



*HIE data access, usability and work flow-
where the rubber meets the road*

- Be aware that a project of this nature will affect all physicians and potentially their practice workflow. Don't try to change the provider work flow – build on it instead.
- Small practices often require additional technical support for implementation.
- Don't create any more barriers to access than necessary.
- Make sure it works all the time.
- Source: eHI 9 HRSA Period 1, Funded Communities

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Messaging to physicians and the role of peer influence/physician champion

- Identifying a clinician champion helps obtain clinician buy-in and trust, from the onset of the HIE project and longer-term through implementation and operations.
- Physician presenters need to be practicing clinicians (either Primary Care or Specialty practices).

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Trust and privacy in data use and the physician – patient relationship

- Trust and privacy form the bedrock of the patient-physician relationship
- If the HIE earns the trust of the physicians this will be communicated to their patients during medical encounters and increase the community support for appropriate and secure mobilization of health information.

Health Information Exchange and Practice Transformation: Engaging physicians- lessons learned



Culture- ultimately a local factor

- HIE initiatives are developed locally, and they need to attuned to cultural factors that may not be present in other communities and ultimately affect success-
“a pulse check on the community”

Summary: Engaging Physicians in Health Information Exchange



- Increased adoption of Electronic Health Records and participation in Health Information Exchange
- Successfully bringing health care providers into Health Information Exchange
 - Trust and Transparency- for providers and patients

Value = Relevant + Reliable + Integrated into work flow

- Placing a special focus on mobilization of information
 - **health information exchange** —to support improvements in quality can be a “win-win”



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