
Steps for Sustainable Health Information Exchange

Step 1: Build from Simple Fundamentals; Harvest Low-Hanging Fruit

While the art of medicine is primarily focused upon healing, the medical decision making process is inexorably an information science. Modern advancements in medical technology provide a vast and invaluable array of information to our healthcare professionals. Despite these advancements, however, the struggle to effectively share this information between different clinical services and disparate healthcare organizations continues.

A broad vision for health information technology and exchange includes improving efficiency of care delivery, reducing administrative burdens, ensuring affordability and access of healthcare and providing the right information to healthcare providers at the right time for more informed decision-making. Health information exchange (HIE) provides for the sharing of clinical and administrative data across the boundaries of health care institutions, health data repositories, and States. The full potential is going to take time and multiple-steps to achieve.

Health information exchange includes core fundamentals such as participation, connectivity, data use agreements, privacy and security, record location, basic functionality, and return on investment. Our proposal for a sustainable model starts by focusing on these issues. For the next decade we need systems where institutions at different levels of sophistication may participate, be connected and have sustainable arrangement for sharing data where there is a business advantage. These institutions will migrate to more sophisticated systems on time frames related to their circumstances and return on investment. We should not let this fact be the enemy of the good.

The ability to aggregate health data and conduct analytics that can provide clinical and business intelligence for utilization management and other purposes will help drive down cost and improve quality. Yet again, we must have some patience about how this happens. Such aggregation capabilities within a given institution are sometimes far along. It may be possible to do some of this at the level of a health information hub or data clearinghouse. For now, however, such possibilities have to be considered add on services and not core. Those who access such services would pay more. Presumably, they would do so where the return on investment or requirements warrant.

We have simplified a business model that fits. In our proposal:

- Providers collect and own information.

- Such information is web-enabled and managed both inside the organization and in a health information utility
- Records located in a utility are owned by the provider
- The utility charges by subscription or unit of transaction for access to such data
- Added functionality may come from electronic health record software inside of institution, additional data management or analytics, and secondary use applications.

The model we propose allows return on investment for basic steps and additional return for valued added services where those are specifically requested. This can deliver well-defined value to participants; particularly within our currently fragmented system that fosters duplication and redundancy. Any assessment of the health care enterprise has dozens and dozens of operations and functions that do not rely on sophisticated electronic health record technology. However, the ability to have electronic health records or other data available for access within a few moments lends toward faster, more efficient processes. It may mean the difference between quality and lack of quality. Or it may simply save by replaces paper-based reports that were delivered to physicians or others by fax, postal mail, or courier.

If one just looks at this simple dimension, one can capture referral management, consolidation of important records, timely availability of records, reduction in duplication of tests and services, access to records for showing disabilities, access for showing eligibility, and access for patients. It turns out there are also many additional parties who legitimately are involved with records of various types. This could include accreditation organizations, payers, tissue and organ donation services, disability insurers, and others. Look at the definition of health care operations and the other areas described under current privacy and security regulations. Many of these users pay for information. They will certainly pay for access where it is securely, and appropriately available through the internet. Obviously, such a system needs very good security and identity management for those accessing the information. Again, focusing on fundamentals will pave the way as the Nation works on more interoperability and more sophisticated systems of exchange.

Cogon Systems, Inc. (COGON) is a Pensacola, Florida - based health information technology and consulting firm with locations in Ft. Lauderdale, FL and Washington, D.C that facilitates healthcare connectedness.

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