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Nation looks to Mergetics' model

Joe Meyer slings health information for a living, so his world hit hyperdrive this month.

The head of Mergetics can thank President Barack Obama and his \$20 billion stimulus plan for health-care information technology. Upward of \$5 billion may be spent on developing health information exchanges -- clearinghouses for medical records and patient information -- and Mergetics aims to be a major player.

"The emotions run from pole to pole -- euphoria to terror," Meyer said. "This potentially is a huge opportunity."

Mergetics is the commercial side of the Indiana Health Information Exchange, a 5-year-old effort that the journal *Health Affairs* called "the most advanced communitywide clinical data sharing" system.

More on that in a second. Here's why Meyer is terrified. Congress is putting Obama's words into legislation, and it's doing it faster than the Acela train can make its run to New York City.

"The logistics of this legislation is simply staggering," said David Johnson, head of BioCrossroads, which was key to establishing the local health information network.

The House of Representatives has moved its version, which includes provisions that would make exchanging health information more difficult. The Senate is expected to vote today on a less restrictive version. A compromise version is expected by mid-February.

And funding is included in these bills. Typically, programs are enacted, and then another round of legislation to pay for them follows. The process can take months, if not years; Obama should have a bill to consider less than six weeks after he called for it.

Here's where what *Health Affairs* thinks of the Indiana system becomes important. Congressional staffers don't have much time to fiddle with language. They'll rely on examples of what has worked and write that into law.

That's why Dr. Marc Overhage, head of the Indiana Health Information Exchange, sent a letter to key lawmakers Jan. 12. The letter details why his exchange works:

- » It puts records and information in the hands of doctors when and where they need it, whether in the office or at the hospital.
- » It gives doctors a chance to see what others are doing, creating a best-practices forum.
- » It saves \$26 per emergency room visit.

One extrapolation shows health information exchanges could save \$450 billion a year in health costs. It's a compelling argument for including health information exchanges in the stimulus bill, especially if it's based on Indiana's example.

Collaboration is what makes the local exchange work. The nine board members who signed the letter include heads of local hospital chains; Dr. Thomas Inui, head of the local Regenstrief Institute; and Wayne DeVeydt, WellPoint's chief financial officer.

History helps, too. Regenstrief has worked for 35 years with Wishard Memorial Hospital to figure out how to better handle patient records. Its researchers developed the software that makes the local exchange work.

The local exchange covers 40 hospitals across the state. More than 10,000 doctors participate, and the records of more than 6 million patients are in the system. The nonprofit is self-sustaining, with a \$5.5 million annual budget covered by fees and grants.

Fear may drive the locals when it comes to Congress, but they have a compelling case and they're telling it well.

Will Congress listen?

THE INSIDERS

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