



Indiana Health
Information Exchange
2007 Annual Report

Introduction

As patient care evolves further towards specialization and individualization, it is not surprising for a patient to visit a handful of physicians, technicians and specialists over the course of just a few days, each with their own unique ability to contribute to that individual's health and well-being. Life-changing decisions are made based upon data that may come from a collection of these different sources. The more accurately, quickly and readily this information is available, the better these decisions will be and, most importantly, the better the outcomes for the patient.

The *Indiana Health Information Exchange* comes from a strong history of efforts to streamline the healthcare industry, and securely provide information at the most critical time: the point-of-care. Specifically, the



Presentation to community seeking health information exchange services.

organization builds on nearly four decades of success from its partner institution, the *Regenstrief Institute, Inc.*, an international leader in medical informatics and healthcare research.

Introduction

2007 was a year of growth for the *Indiana Health Information Exchange*. The organization began the year with 18 employees and ended the year with 32. The *Indiana Health Information Exchange* nearly doubled the number of providers using its services, which now covers 30% of the Indiana population.

The *Indiana Health Information Exchange* remains one of the leading national efforts to find realistic and consistent solutions to the technical, policy and security challenges associated with health information exchange and remains committed to patient privacy.

Ultimately, healthcare is about decision-making. The *Indiana Health Information Exchange* creates the connections and fosters collaboration to enable clinicians to make the right decision, at the right time, for the right patient, to evolve patient care.



Health Information Landscape

The health information exchange concept attracted both praise and scrutiny in 2007, in part because of the demise of several high-profile exchanges.

One thing is clear, however. Information technology is dominating the national discourse as a way to achieve savings and improve value, quality and safety in the U.S. healthcare industry.

Below is a snapshot of some of the more revealing studies conducted in 2007 on the status of health information exchange development and Americans' attitudes toward health information technology.

eHEALTH INITIATIVE

Fourth Annual Survey of Health Information Exchange at the State, Regional and Community Levels

Highlights include:

- 125 communities across the U.S. are looking for secure exchange of health data.
- The most difficult challenge for health information exchange efforts continues to be the development of a sustainable business model (90%).
- Start-up funding sources most cited were hospitals, federal grants/contracts and state agencies. 1/3 of all health information exchanges received start-up funding from private plans.

Health Information Landscape

A recent *Wall Street Journal Online/Harris Interactive* indicated that a majority of Americans believe electronic medical records can reduce healthcare costs while improving patient care. Yet the number of physicians using an electronic medical record still hovers below 20% nationally. The juxtaposition of these figures reveals the gap between perception and reality in the healthcare technology debate. The [Indiana Health Information Exchange](#) can help fill this gap.

WSJ ONLINE/HARRIS INTERACTIVE HEALTH-CARE POLL

Benefits of Electronic Health Records Seen as Outweighing Privacy Risks

Wall Street Journal / Harris Interactive poll indicated the majority of Americans believe that electronic medical records can reduce healthcare costs while improving patient care.



**HEALTH
AFFAIRS**
The Policy Journal
of the Health Sphere

The State Of Regional Health
Information Organizations:
Current Activities And Financing

“I think there is a pathway forward (for regional health information organizations), and you have to take advantage of what folks have successfully done.”

- J. Marc Overhage, M.D., Ph.D

Response to Harvard study about future of RHIOs

New Headquarters

Key hires:

- Chief Medical Officer
- Vice President of Business Development
- Vice President of Strategic Development
- Marketing and Public Relations Director
- Expansion of IT staff

Due to growth and success, in January 2007 the *Indiana Health Information Exchange* successfully exited the

Indiana University Emerging Technologies Center, becoming the business incubators' second successful graduate. The organization currently employs 32 professionals.

The *Indiana Health Information Exchange* is building out the rest of its space at its headquarters at 846 N. Senate Ave., Suite 300, Indianapolis, Indiana.



East end of the Indiana Health Information Exchange office.



The Indiana Health Information Exchange has room to accommodate growth.

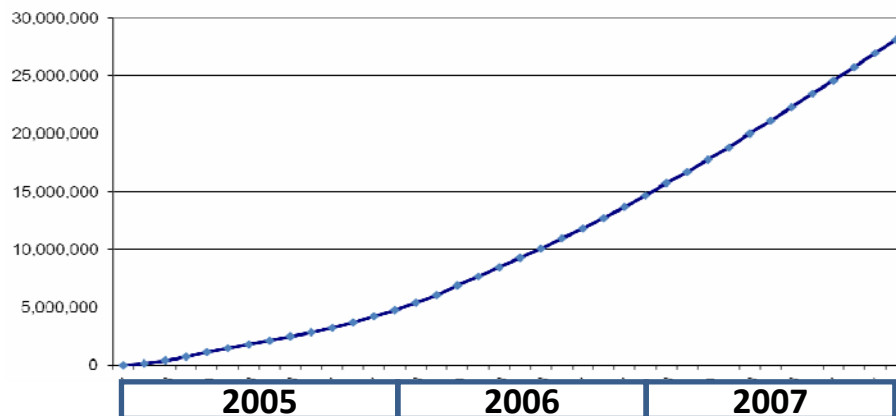
DOCS4DOCS[®] Clinical Messaging Service

2007 was a year of rapid growth for the *DOCS4DOCS service*. In January 2007, 4,000 providers were using the service. Throughout the year, the number of providers has almost doubled while customer service remains at its highest quality and patient privacy remains a top priority.

* DOCS4DOCS service statistics:

- 33 hospital clients statewide
- 7,213 providers
- 2,445 practices

* End of 2007



Cumulative clinical messaging delivery statistics.

DOCS4DOCS® Clinical Messaging Service

Other notable milestones for the *DOCS4DOCS service* include new functionality to securely deliver messages directly into electronic medical records. Besides hospitals, the *Indiana Health Information Exchange* continues to expand its data providers: PA-Labs and Mid America Clinical Labs are scheduled to join the *Indiana Health Information Exchange* in 2008 (see Appendix A).

“I always know that you will follow up and treat our customers (well). This is very reassuring for me.”

*- Florie Amos, RN, Clinical Informatics Specialist
St. Francis Hospital Centers*

“It is so wonderful to be able to just go in and print what is needed and hand it to the doctor - it’s great!”

*- Dr. Adelsperger’s office
Indiana Oral and Maxiofacial Surgery*

“The top physician complaint used to be, ‘I never get my results.’ IHIE has virtually taken that problem away. Whenever we have any issue, we contact IHIE and the staff immediately takes care of the problem. We no longer have to worry about result distribution issues or complaints. The amount of time we spend working on reports has been reduced by 90%!”

*- Becky Foxx, Physician Support Specialist
St. Vincent Health*

Quality Health First (SM) Program

According to the Milken Institute, the cost of treatment and lost productivity caused by chronic illnesses in the U.S. is more than \$1.3

Quality Health First program statistics:

- Over 1,000 Indianapolis-area primary care physicians committed to participate in program.

Health plans committed to program:

- Centers for Medicare and Medicaid
- Anthem
- M-Plan
- MDwise

trillion per year and, if left unchanged, costs could reach \$6 trillion by 2050.

The *Quality Health First program* was designed by the *Indiana Health Information*

Exchange and dedicated

employer leadership through the *Employers' Forum of Indiana* to directly address this problem by bringing together healthcare providers and healthcare plans to cooperatively improve patient care.

The program concept is simple: The *Quality Health First program* generates reports based on clinical *and* claims data to identify for physicians their patients who have chronic diseases and how well those patients are doing. It also provides the physician with a summary of care across all of their patients along with comparisons to

Quality Health First (SM) Program

Physician groups committed to program:

- Clarian Health Partners
- Community Physicians of Indiana
- Indiana University Medical Group
- Methodist Medical Group
- St. Francis Medical Group
- St. Vincent Physician Network
- The Care Group

their peers in the community.

The *Quality Health First program* reached a milestone in 2007 by distributing quality reports to physicians.

While the program is initially being implemented in the Indianapolis area, discussions to implement the *Quality Health First program* are in progress in the Greater Lafayette, Indiana area and northern Indiana.

Ultimately, this program is expected to reduce healthcare costs from improved quality of care, fewer complications and better adherence to evidence-based medical practices.

The *Quality Health First program* has landed the *Indiana Health Information Exchange* with national recognition and participation in

Quality Health First (SM) Program

federal projects related to healthcare quality and improvement initiatives, including the Better Quality Information to Improve Care for Medicare Beneficiaries Project (as one of 6 national pilot sites) and the Center for Medicare/Medicaid Value-Driven Health Care Community Leader Designation.

The *Indiana Health Information Exchange* is part of the *Healthy Hoosiers Alliance*, along with *WellPoint, Inc.* and *Eli Lilly and Company* to achieve an improvement in the health and well-being of patients in Indiana, with a special emphasis on diabetes care and management. This new alliance will steer the implementation of new approaches to the care system to align incentives with positive patient outcomes.

Dr. J. Marc Overhage said, “I passionately believe (Quality Health First) will improve quality. This is where we have a real chance to make a real difference in healthcare.”

Grants

The *Indiana Health Information Exchange* has received several grants for 2007, including the following:

- Supporting Regenstrief's \$2.5 million contract from the *Office of the National Coordinator for Health Information Technology* to begin trial implementation of a Nationwide Health Information Network.
- \$1.7 million grant from *Regenstrief Foundation* to support the participation of small primary care practices in the organizations' Quality Health First program.
- \$1.3 million *Indiana Medicaid Transformation Grant* to implement a health information exchange in Evansville, Indiana; working closely with Regenstrief.
- \$1.25 million from the *Delmarva Foundation for Medical Care* for a two-year project to evaluate quality and public reporting activities for Medicare/Medicaid beneficiaries.
- \$270,000 contract from the *eHealth Initiative Foundation* to participate in interviews about health information exchange business models.

Leadership Committees and Appointments

The *Indiana Health Information Exchange* serves in a leadership capacity on committees and other appointments for the following organizations:

- American College of Physicians Medical Informatics Subcommittee
- American Health Information Management Association Steering Committee
- American Health Information Management Association State Level Health Information Exchange Steering Committee
- Certification Commission for Healthcare Information Technology
- Connecting for Health Steering Committee
- Delmarva Foundation's Better Quality Information to Improve Care for Medicare Beneficiaries Project Data Conquerors & Project Management Committee
- Delmarva Foundation's Better Quality Information to Improve Care for Medicare Beneficiaries Project Executive Committee
- eHealth Initiative Foundation Board of Directors
- eHealth Initiative Foundation Connecting Communities for Drug Safety Collaboration
- Health Information and Management Systems Society Regional Health Information Organization Indiana Chapter Liaison Roundtable
- Health Information and Management Systems Society Indiana Chapter Advocacy Liaison Roundtable
- Indiana Health Informatics Corporation Board
- National Committee on Vital and Health Statistics
- Networking and Information Technology for the President's Technology Advisory Group
- St. Vincent Health Board of Directors Planning Committee

Awards and Recognition

Winner: Aligning Financial and Other Incentives category for the eHealth Initiative Improving Healthcare Quality through Information and Information Technology Awards.



Dr. Greg Larkin and Randy Howard accept the award on behalf of the Indiana Health Information Exchange and the Employers Forum of Indiana.

Finalist: Indiana University Kelley School of Business Indiana Entrepreneurial Awards of Distinction.



Certificate of Recognition: Better Quality Information to Improve Care for Medicare Beneficiaries Pilot from the Secretary of the U.S. Department of Health and Human Services.

Marketing and Public Relations

The *Indiana Health Information Exchange* spent 2007 increasing its presence through speaking engagements and conference participation. The staff had over 40 national, regional and local speaking engagements. The organization was prominently mentioned in various local, regional and national conferences/meetings, including a keynote at the *Cleveland Clinic's Medical Innovation Summit* by Eli Lilly and Company CEO Sidney Taurel.

Value, relevance key to HIE success

By John H. Himmelfarb

The healthcare industry has seen the growth of multiple health information exchange (HIE) initiatives in the past year, but a patient care and business case must be demonstrated and supported by a physician, administrator, provider and/or discharge system. For most hospitals, this is a highly complex process.

Medicare history information gathered from a high-volume, high-accuracy, high-visibility, high-visibility program is a key to success. Quality reporting, an important but often overlooked issue, is another example of how HIEs can provide VALUE.

Quality reporting, an important but often overlooked issue, is another example of how HIEs can provide VALUE. Quality reporting and reporting of information to providers and payers to enable a full and accurate quality program. Additional information the HIE could include standardized measures and health information and health services, often standard and following standard information.

A recent Health Information Foundation study that evaluated a handful of existing HIEs revealed that successful HIEs are patient focused, not just data focused. It is important to work with a well-defined business case - one that states immediate value and relevance to the business. Building the information necessary for a health information exchange based on one "value" is generally a recipe for failure.

John Himmelfarb is the president of business development for the Indiana Health Information Exchange. He has worked in the healthcare industry for over 20 years, with experience in healthcare information technology, business development and IT strategy planning.

A healthy way to exchange medical data

MY VIEW
Dr. J. Marc Overhage


A Wall Street Journal Online/Harris Interactive poll released last year indicated that a majority of Americans believe electronic medical records can reduce health-care costs while improving patient care.

Several weeks ago, I spoke to a local group about this issue: whether electronic medical records and other similar technology can save health care and chip away at the nation's \$2 trillion health-care bill.

In that discussion, I opined that electronic medical records, while holding great potential, are not a panacea to growing health-care costs. They require up-front expenses to purchase and implement complex software pack-

aged, these kinds of technological solutions must be easy to use. These solutions also must complement existing workflow practices, policies and other procedures. The success of the exchange in local emergency departments enables us to expand to outpatient centers.

It also must demonstrate value. In the Indianapolis area, it is estimated that the system saves \$26 per emergency department visit by eliminating duplicate tests and other money-guzzling activities. Multiply that figure by the number of emergency department visits - in a recent year there were 471,640 in Indianapolis - and the savings become very tangible. Nationally, the savings could reach



Overhage

Progress on e-health exchange efforts

Initiative continues to advance but face significant challenges to become self-sufficient.

Tyler Chin

RECENT ADVANCES in electronic health information exchange around the country have made significant strides over the past year toward becoming "fully operational" but still must address major hurdles to ensure long-term survival, according to a recent report by the eHealth Initiative.

In a survey of health information exchange collaborators, the Washington, D.C.-based public-private collaboration-based HIE organization to support their progress against a criteria composed of six stages of development. Sixty-five or 66% of the 109 respondents in 45 states and the District of Columbia reported that they are at advanced stages of development. Of those, 66 reported that they are in the implementation phase and 25 are or expect to be "fully operational" within six months, up from 16 in 2006.

As defined by the eHealth Initiative, "fully operational" exchanges are those in which disparate health care organizations are transacting at least one clinical transaction among themselves.

"It is not that there's been substantial progress" based on the fact that exchanges that are in the implementation or operational phases had to overcome social and cultural barriers to reach those stages, said J. Marc Overhage, MD, CEO of Indiana Health Information Exchange, a nonprofit exchange in Indianapolis. These types of barriers are the toughest to get past, because it requires convincing organi-



Indianapolis Coalition for Patient Safety

Since it was founded in 2003, the *Indiana Health Information Exchange* has housed the *Indianapolis Coalition for Patient Safety*. The *Coalition* provides a forum for

Indianapolis-area hospitals to share information about best-practices and work together to solve the most concerning patient safety issues in Indianapolis hospitals in



Coalition Chair Dr. Glenn Bingle, Coalition Vice Chair Dr. Donald Kerner and Coalition member Dr. Lisa Harris talk with a reporter.

a non-punitive setting. The *Coalition* announced key milestones during a news conference on August 1, which included representatives from all participating hospitals.

Hospitals' teamwork improves safety

6 local systems see 'fairly spectacular' results from their unusual partnership

The *Coalition* also held an 'Executive Session' in November which brought together leaders from the city's major hospital networks and other local health care leaders, along with national patient safety experts. During this event, the Coalition announced member hospital patient safety hero award winners.

Appendix A

DOCS4DOCS service clients:

Clarian Health Partners

- Clarian Arnett Medical Center Lafayette
- Clarian North
- Clarian West
- Indiana University Hospital
- Methodist Hospital
- Riley Hospital for Children

Community Health Network

- Community Anderson
- Community East
- Community North
- Community South
- Indiana Heart Hospital

Morgan Hospital & Medical Center

St. Francis Hospital & Health Centers

- Home Hospital Lafayette
- Saint Anthony Crown Point
- St. Clare Medical Center Crawfordsville
- St. Elizabeth Medical Center Lafayette
- St. Francis Beech Grove

- St. Francis Mooresville
- St. Francis South Campus

St. Vincent Health

- Pediatric Rehabilitation Center
- Seton Specialty Hospital Carmel
- St. Vincent Carmel
- St. Vincent Indianapolis
- St. Vincent Mercy Elwood
- St. Vincent Women's Hospital Indianapolis / Carmel
- St. Vincent Stress Center Carmel

Wishard Health Services

Indiana State Department of Health

In Development:

- Deaconess Hospital
- Deaconess Gateway Hospital
- Howard Regional Health Services
- St. Joseph Kokomo
- Saint Anthony Michigan City
- St. Mary's Hospital Evansville
- St. Margaret Mercy Hammond
- St. Margaret Mercy Dyer
- St. Vincent Heart Center
- Alverno Clinical Labs
- Mid America Clinical Labs
- PA-Labs