

The Socially Responsible HIE

Finding the Optimal Mix of Service and Sustainability

QUESTION: What is the singular property that transforms **health information exchange (HIE)** from a “maybe” to a “must have” industry solution?

ANSWER: A compelling mission whose clinical and economic value is widely acknowledged and measurably demonstrated.

As a relatively immature industry, HIE is experimenting with a number of business and technology architectures in an effort to find the optimal mix of service and sustainability.

There is no single solution set, no secret sauce of sustainability. HIE is driven by environmental factors that are variable and contain many moving parts.

There is, however, a problem set that HIE is uniquely positioned to address in any environment: the healthcare needs of the underserved and the uninsured. The problem: the underserved, including the homeless and the poor often have complex medical and social needs that the healthcare industry is poorly equipped to address in a comprehensive way.

This highly mobile group of patients truly need a community approach to their healthcare needs, but providers are mainly focused on individual episodes of care. This population, more than any other, can truly benefit from the care coordination and medical home characteristics of HIE.

The HIE that targets the underserved

is defined by a formal charter of social responsibility to the community. The “socially responsible” HIE is a healthcare coalition that includes hospitals, federal-qualified health centers, public health, social services, clinics, medical practices and civic organizations. It’s a community of providers and advocates that extends the reach of the HIE to entire populations of patients.

But what does social responsibility mean in the context of HIE? First, it’s about introducing equal access to care, for those least likely to receive it—the poor, the shut-in, the homeless and the rural patient. It’s about care coordination, focused on the medical home, the chronically ill, and population health. It’s about serving the greatest good, by establishing earlier, more effective, holistic interventions in the health issues of vulnerable patients. Finally, it’s about economic rationality—channeling routine, often unreimbursed medical care from its most expensive venue, i.e., the emergency room, to more accessible, less costly locations.

The aim of the socially responsible HIE is to provision a medical home for the “super users” and underserved who consume a disproportionate share of healthcare resources, without necessarily receiving adequate care. Everybody wins—the hospital (which faces a lower burden of uncompensated ER visits), the provider (who has a complete patient record to work with) the patient (who receives consistent, coordinated care) and the taxpayer (whose tax burden for the services delivered to the uninsured is eased).

In every respect other than its client base, the socially responsible HIE is structured and behaves like any other HIE. It employs the same tools—the EHR, the data repository, the record locator service, and offers the same functionality—clinical messaging, test results, e-prescribing and CDS. Those technology tools are being provided by HIE vendors with a commitment to social responsibility.

Unlike a typical HIE construct, the mandate of the socially responsible HIE extends beyond clinical data sharing. For the underserved, it acts a clearinghouse for services, such as mental health, social services, correctional health, elderly care, and patient education. Its distribution network is eclectic and includes social service agencies, neighborhood associations, correctional facilities, volunteer clinics and churches. This inclusiveness at the community level represents the truest application of what HIE is meant to be.

So if the socially responsible HIE is a win for the entire community, why isn’t

TECHNOLOGY: THE SOCIALLY RESPONSIBLE HIE

every HIE structured in this way? First, the volume of dissimilar stakeholders—among them public and private health, the business community, local government and social services—make the planning and governance aspects a multi-year prospect.

Second, the out-of-whack reimbursement methodologies for both Medicare and Medicaid make this, at most, a break-even proposition for providers. Third, this is a challenging patient population to manage—often mobile or distant, unwired, without transportation and disproportionately unhealthy. Fourth, there isn't much incentive for commercial payers and their physician panels to climb on board, since their patients aren't the primary beneficiaries. Finally, the economics of the socially responsible HIE rest heavily upon grant funding.

Despite these obstacles HIEs tasked to impact vulnerable patient populations—the poor, the chronically ill, the uninsured and the homeless are growing organically around the country in cities like Camden, Austin, Los Angeles, Memphis and Kansas City. One such story is unfolding in Savannah, GA where the newly launched [ChathamHealthLink](#) is addressing the related issues of cost, access and coordination of care for the underserved. Like so many other metropolitan areas in the U.S., Savannah's healthcare system is straining under the weight of caring for the poor in its communities.

To address this need, in 2004 the Chatham County Safety Net Planning Council (CCSNPC), a county-wide planning body tasked with improving healthcare for the uninsured and underinsured was formed. CCSNPC stakeholders included two hospitals, MedBank, The Community Cardiovascular Council, The United Way, Step UP Step Savannah, three volunteer clinics and two Federally Qualified Health Centers (FQHC).

In 2005 the Council determined that health information technology was key to addressing gaps in care. Patty Lavelly, CIO of Savannah's Memorial Hospital and Chair of the HIE IT Consortium, describes the HIE decision. "Our approach to HIE is

AS A RELATIVELY IMMATURE INDUSTRY, HIE is experimenting with a number of business and technology architectures in an effort to find the optimal mix of service and sustainability.

firmly rooted in community. We've established a public/private partnership that is targeted directly to meet the healthcare needs of the underserved. Our immediate aim is to create a medical home for our lower income residents, and to move routine care from the emergency room into the exam room."

Business leaders have also played a pivotal role in promoting HIE. Gary Rost, Executive Director of the Savannah Business Group, explains. "The business community [and particularly, self-insured employers] view HIE from a population health perspective. We recognize that the benefits of HIE extend to better management of chronic conditions, improved outcomes, the creation of accountable health organizations and the move to value based payment for services."

Operationally, the non-profit Savannah HIE acts as a hybrid model that integrates with EHRs:

For Patients. A longitudinal summary medical record in the ChathamHealthLink database, a reduction of paperwork, testing, delays in appropriate care and a reduction in medical errors.

For Providers. Complete, secure, easily accessible electronic records, and communication among providers through secure, safe protected electronic portals with information updates in real time.

For the Community. Unduplicated records and accurate counts of patients served, the ability to follow trends in access and health outcomes, and a secure repository of patient records in case of emergency evacuation.

ChathamHealthLink intends to broaden its base of users, in step with its fundamental mission—to serve the community. That's going to require an incremental, measured growth strategy, according to Paula Reynolds, Executive Director of the HIE, "We've learned that for ChathamHealthLink to be socially responsible, we must stay focused on the patient and the community, and not be distracted by technology for technology's sake. Building a healthcare coalition takes a lot of time and a deep commitment—it demands diligent self-assessment, an open mind and a clear vision."

HIEs like ChathamHealthLink provide a glimpse of where health information exchange should ultimately be headed, growing beyond a limited circle of providers to include the larger universe of services linked to population and community health. The socially responsible HIE demonstrates that in spite of the fragmentation, the parochialism, and the inefficiencies that plague our healthcare system, HIE can be a force multiplier that yields a higher order of care to those who need it—meaning all of us. **JHIM**



Rick Krohn is President of HealthSense, Inc., a consultancy specializing in healthcare strategic marketing, communications, business development and technology application. He can be reached at 912-220-6563.