ACHE of Western PA and HIMSS Present
Joint program on Regional Health Information
Organizations (RHIOs)

By John Fries

In the past few years, members of the healthcare community have been engaged in a significant amount of discussion focused on information management, especially as it relates to what will eventually become a national electronic medical record. In recent months, regional health information organizations (RHIOs) have sprung up across the country. The goal of RHIOs is to provide patients and health care providers with secure access to medical records both on regional and national levels. The good news is that information technology and data management continue to advance.

Last month, the American College of Healthcare Executives (ACHE) of Western Pennsylvania joined with the Western Pennsylvania chapter of the Health Information Management Systems Society (WPHIMSS) to present a program entitled, "RHIOs and the Cutting Edge of Health Information technology: A National and Regional Perspective." David E. Clark, MIM, director of Integration & Interoperability, HIMSS Industry Affairs, provided a national perspective on RHIOs, while Jay Srini, Vice President of Emerging Technologies at the University of Pittsburgh Medical Center, provided a regional view. In addition to her role at UPMC, Srini also serves on the board of the Pennsylvania e-Health Initiative and is a board member-elect for national HIMSS.

The program, held in the Warrendale headquarters of Hospital Council of Western Pennsylvania, was moderated by Barry Ross of Turn-Key Solutions. A lifetime member of HIMSS, Ross had recently returned from the HIMSS annual conference and exhibition in San Diego, CA, at which keynote speaker Dr. David Brailer, whom President Bush appointed as national coordinator for health information technology, underscored the need for RHIOs.

David Clark opened his presentation by declaring a need for change as it relates to health information technology on a national level. "Health care is very political," he said. "And funding is a problem. Also, capitalism hinders the national agenda because vendors want their technologies to be the defacto standard, and state laws prevent data sharing across state borders."

He discussed two studies that provided estimates of between $337 billion, over a ten-year implementation period with subsequent $78 billion annual cost savings, and $162 billion annual cost savings that the U.S. health care system would realize from the United States moving from paper to electronic health records. He also talked about other countries—Germany, China, India and the United Kingdom among them---that are now building health information technology infrastructures to meet anticipated future needs. "India has a largely rural population, and most people live at least 100 kilometers from a major city or hospital," he said. "They're now developing a plan to address a growing need for

health care delivery. In Germany, they plan to have a 'smart card' technology system in place this year. And the U.K. has committed $10 billion over ten years for their NIT system—and, they're completely redesigning their clinical informatics systems."

Back home in the U.S., he said the Nationwide Health Information Network (NHIN) project is shaping up as a hybrid of regional hospital and physician networks with local or regional governance overlays. "Dr. Brailer has been given a $100 million budget," said Clark, "which isn't going to go very far when you consider what we need to do."

Clark said the Commission on Systemic Interoperability, which was created by Congress under the Medicare Modernization Act, recommends a three-part plan for RHIOs that focuses on adoption by physicians, interoperability and development of standards and connecting hospitals. The American Health Information Committee, a federally chartered task force whose role includes making recommendations to the Department of Health and Human Services (HHS), has identified five specific priority areas for RHIOs: bio-surveillance, consumer empowerment, chronic disease management, quality measurement and electronic prescriptions. He also noted that HHS, through the Office of the National Coordinator, now has national contracts with four consortiums to build prototype architectures: Accenture, CSC, IBM and Northrop Grumman are now developing functional and performance requirements, integration profiles, implementation guides, security and privacy protocols and full architecture.

On the regional level, Jay Srini hailed Congressmen Tim Murphy (R-PA) and Patrick Kennedy (D-RI) as being among the first elected officials to propose legislation that would cover health information networks. She added, "We need adoption and certification. We also need to find ways to break the gridlock in adoption; that is eliminate risk and provide incentives to help increase information technology adoption among physicians." She said that HHS has formed four major work groups to explore needs in the areas of bio-surveillance, chronic care, consumer empowerment and electronic health records.

When it comes to regional networks, she said, discussion is needed to address how the RHIOs themselves would work. "For example," she asked, "under the Pennsylvania e-Health Initiative, would a RHIO cover only Pennsylvania residents or Pennsylvanians wherever they go? In other words how would cross-state issues be handled? Would a state RHIO act as a hub for other community-based initiatives that may cross state lines and represent the flow of patients and physicians across state borders?"

She also said the Pennsylvania e-Health Initiative needs more consumer representation, and urged anyone who had an interest in participating to become involved.

According to Srini, each RHIO needs to be shaped to meet the needs of the local region it will serve. She also noted that there are several challenges that need to be addressed. "Right now," she said, "RHIOs are loosely defined, and they're all in different stages of development. And, because they're such a new concept, there's not an existing model that can be copied or adapted; nor are there standards." She also said that mission and values established by RHIOs need to be translated into practical lessons, and that short-term and long-term financing strategies need to evolve."

Srini said the mission of the Pennsylvania e-Health Initiative is three-fold: to enable use of information technology to improve health care quality and efficiency; to ensure patient

safety for all Pennsylvanians; and to ensure secure, confidential access to health information that will enable individuals and communities to make the best possible health decisions.

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