

Orlando is ahead of curve on medical file sharing

A regional electronic health-care network will start operating on a limited basis early next year.

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The dream of an electronic health-care network -- with the payoff of improved medical care for patients, greater efficiency for providers and reduced costs for both -- is more than two decades old.

Giving doctors in hospitals, clinics and their own offices fast and secure access to patients' medical histories can save time, money and lives.

Long stymied by a multitude of hurdles, including fierce competition among providers and privacy concerns among patients, electronic health-care networks are finally on the upswing. Officially known as "regional health information organizations," or RHIOs, there are now as many as 200 nationwide, including at least five in Florida.

Earlier this month, the Central Florida Regional Health Information Organization, which has been on the drawing board since February 2003, received a state grant for \$108,000, an amount to be matched by the Winter Park Health Foundation.

The grant will pay for a full-time project director along with research and development that will allow the local RHIO to start operating on a limited basis sometime early next year, said Becky Cherney, who chairs the organization.

"Five years from now, I see 60 to 70 percent of the [Central Florida] health-care market in this system," predicted Cherney, whose primary job is president and chief executive officer of the Florida Health Care Coalition. The coalition of major employers in Central and South Florida is dedicated to improving the quality, and reducing the cost, of health care in the region.

The challenge in creating a regional health-information network will be to induce small- and medium-sized doctors' offices to join in, Cherney said.

Many of the major players are already on board. When the Central Florida RHIO activates in the first quarter of 2007, it will include the region's two biggest health-care heavyweights, Florida Hospital and Orlando Regional Healthcare, plus one of the largest doctors' groups, Physician Associates of Florida.

Others participating in the pilot phase, which Cherney expects will last about two years, include the Healthcare Center for the Homeless, the Orange County Primary Care Access Network, and the Cognoscenti Health Institute.

Central Florida is on the leading edge of a nationwide RHIO movement, Cherney said. While there may be hundreds on paper, she put the actual number at somewhere between 20 and 50, most of which are in planning stages.

But with the support of President Bush, RHIOs are on the rise. Bush has established a national office for health-information technology, with the goal of having a national electronic health-care network by 2014.

"We've had the same dream for decades," said Donald Mon, a spokesman for the American Health Information Management Association in Chicago. Back in the 1980s, the concept was known as the Community Health Information Network. The idea back then was to house all medical data in one central location.

That proved unworkable, Mon said, with health-care providers concerned about competitors having access to proprietary information, and patients concerned about privacy and confidentiality.

RHIOs work differently, Mon explained, because the patient information remains with each health-care provider. If a patient shows up at a hospital emergency room, "the hospital says, 'Does anyone have information useful to me on this patient?' Other hospitals and doctors' offices in the RHIO can look at it and say, based on that specific request, 'Yes, we have information.' "

But the information sent would have to be relevant to the request, Mon added. "For example, if you're treating John Q. Public for coronary heart disease and I saw him for a broken ankle from football, I decide the issues are unrelated, and I don't send it."

The potential for RHIOs to include patients' lab results in an electronic network promises big cost savings. Cherney said 22 percent of patients' lab tests never get used. "There's enormous duplication, because the [lab] results are in one place, with no access" for other health-care providers.

Providing access while protecting privacy isn't easy, but information technology has reached the stage where health-care providers "can maintain a proprietary [medical records] system and still share information on a common basis," said Andrew Crooks, president and general manager of Cigna Healthcare of Florida.

Not everyone is enamored with RHIOs, however.

"While sharing health information is important, there's been a little too much hype that making information easier to access will solve all our problems -- particularly if it costs a lot of money," said Dr. David Kibbe, director of the American Academy of Family Physicians' Center for Health Information Technology.

"RHIO activity is focused on large institutions, while most health care is delivered in small- and medium-sized health-care practices," said Kibbe, who added that more than two-thirds of family physicians are in offices with fewer than a half-dozen doctors.

"There's agreement that health information should be more accessible and able to be shared," Kibbe said. "I simply don't think it takes billions of dollars for new infrastructure to create this" network.

Previous efforts to link health-care providers electronically "got hung up on cost, politics and market competition," Kibbe pointed out, predicting a similar fate for most RHIOs.

Mon acknowledged the challenges but said things are different now. Even small medical practices have strong incentives to invest in electronic records.

"Doctors' offices that don't implement health-information technology won't achieve quality improvements," he said. And once such technology is implemented, possibly spurred by government incentives, hooking into RHIOs will be much easier.

The current poster child for successful RHIOs is in Indianapolis, developed by the Regenstrief Institute at the Indiana University School of Medicine. The institute's director, Dr. Clement McDonald, is considered a pioneer in the field of electronic medical records.



McDonald acknowledged that RHIOs start out focusing on large institutions, but that's by necessity. He likened a young RHIO to a phone company with no phones. "The first sale is a tough one, but you have to get to the point where you have enough who want to participate so the cost for each participant goes down. That's why you have to start with big organizations, with large databases."

The Regenstrief Medical Record System, which traces its roots to 1972, when the institute created electronic records for 32 diabetic patients, has been a functioning RHIO for the past five years. More than 2 million patients are now in its database.

"If a patient goes to an emergency room at any [major Indianapolis] hospital, their critical information for ER care is available from all [those] hospitals to that ER doctor," McDonald said. "We have that same ability when they're hospitalized. That speeds up the process of care, avoiding excess duplicate testing and possibly avoiding errors."

And the system isn't just for big hospitals. Regenstrief now has 90 percent of the city's small doctors' offices receiving electronic information, McDonald said.

It will be years before most other RHIOs reach that level, said Mon of the American Health Information Management Association. But with the combined backing of government and large health-care providers, "there's much more focus on this issue today and much more optimism this is going to work."

Cherney, of the Central Florida RHIO, agrees.

"Whether we're taxpayers, health-care providers or patients, we're paying for inefficiencies in the system," she said. "When people can see the tangible benefits [for RHIOs], the demand will build."

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