

Role and Value of HIT in the Inland Northwest

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Rationale for HIT

- Improving quality of care
- Increasing operational efficiency
- Reducing costs
- Utility of HIT is limited without electronic health information exchange

HIT in Rural Health Care

- HIT has the potential to have greater impact on rural health systems than urban systems
 - Provide access to resources that otherwise are not available to patients or providers
 - Allow for more efficient operation of facilities that have limited staff and limited budgets
 - Better support for patient care which often must be delivered in multiple different communities

Obstacles

- Money
 - HIT is expensive -- to acquire, to implement, and to maintain
- Expertise
 - Rural communities may not have access to individuals with expertise to help make decisions regarding HIT
- Personnel
 - Once installed, HIT support requires staff with certain skills

Collaboration as an Approach

- When individual organizations cannot overcome obstacles to HIT, collaboration between multiple organizations can be a solution
- Pros:
 - Leveraging existing budgets and other resources
 - Shared decision-making
- Cons:
 - Time-consuming
 - Shared decision-making

Inland Northwest Health Services

- Established as a collaboration to provide shared services for hospitals and physician offices
- Serving a large, rural region
 - 29 counties across eastern Washington and northern Idaho (54,356 sq. miles)
 - Approximately 24 people per square mile
- 55 hospitals (including 36 CAH)

Scope of INHS Today

- 34 hospitals, with over 4400 beds, participating in an integrated information system, with a single patient identifier
- More than 50 clinics and 400 physician offices able to view hospital, laboratory and imaging data
- More than 1,000 physicians accessing patient records wirelessly in hospitals via personal digital assistants
- 68 hospitals, clinics and public health agencies connected to the INHS telehealth network

Hospital EMR

- A common Electronic Medical Record system operates in all hospitals, with standard data structure and view
 - Visit Histories and Patient Demographics
 - Cumulative Laboratory results
 - Radiology exam profile/reports
 - Transcription reports including e-Sign
 - Computerized Physician Order Entry
- Each patient has a unique Master Patient Index (MPI), one regional record – currently more than 2.6 million

Physician Office EMR

- Electronic Medical Record Server Farm: 38 clinics, 250 providers, 1250 users
- Interfaced with hospital systems HIS, PACS, Reference Lab
- Interfaced to practice management systems (demographics & scheduling)
- 24 x 7 help desk/data center
- Fully integrated day one



HIT in Rural Communities

- 22 of the hospitals on the INHS integrated information system are located in rural communities
- HIT in Rural Hospitals
 - Admission and Billing
 - Patient Records
 - Modules for Different Hospital Units
- All physician offices in north Idaho are using a common EMR

Leveraging the System

- Beacon Community of the Inland Northwest
 - Promote cost efficiency by reducing use and costs of emergent and inpatient care for diabetes-related complications
 - Improve quality of care by leveraging health information exchange (HIE) to increase compliance with diabetes preventive health services
 - Promote population health by improving access to diabetes preventive health services information by public health agencies

How?

- Identify key diabetes management practices
- Connect all participating providers to secure HIE for sharing patient information
- Provide access to centralized care coordination services to providers without that capacity
- Implement tools to help participating providers track their patient population outcomes
- Provide training and support in using the tools and best practices

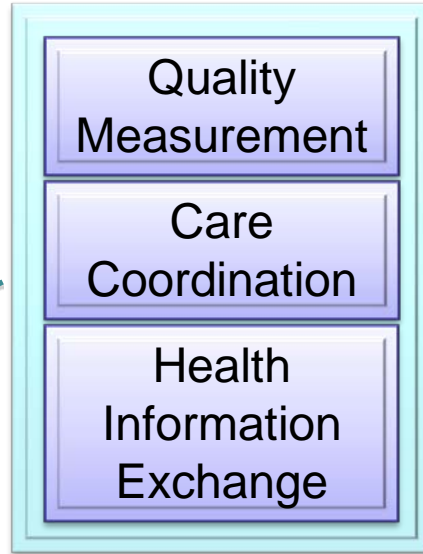
Primary Care
Provider
EMR



Primary Care
Provider
EMR/Disease
Management
Application



Specialty
Care
EMR



Long Term
Care EMR



Pharmacy
Information
System



Hospital
Information
System



Impact on Rural Patients

- Standardization of data assures that hospitals are consistent across the region, improving health care quality
- Information technology foundation allows coordination of care and regional adoption of best practices leading to improved outcomes
- Providers have better access to real time patient information, including specialty care reports, saving time and effort

Impact on Rural Health Care

- Secure, remote access to patient information, regardless of where the care was delivered
- Shared services approach reduces cost of entry and maintenance, and simplifies EMR implementation
- Support in achieving meaningful use of health information technology, leading to enhanced payments from CMS
- Positioning for modified payment models such as bundling or Accountable Care Organizations

Thank You

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