

**mhin**

**Michiana Health  
Information  
Network**

# Transitioning from HIE to RHIO

## Indiana HIMSS Conference

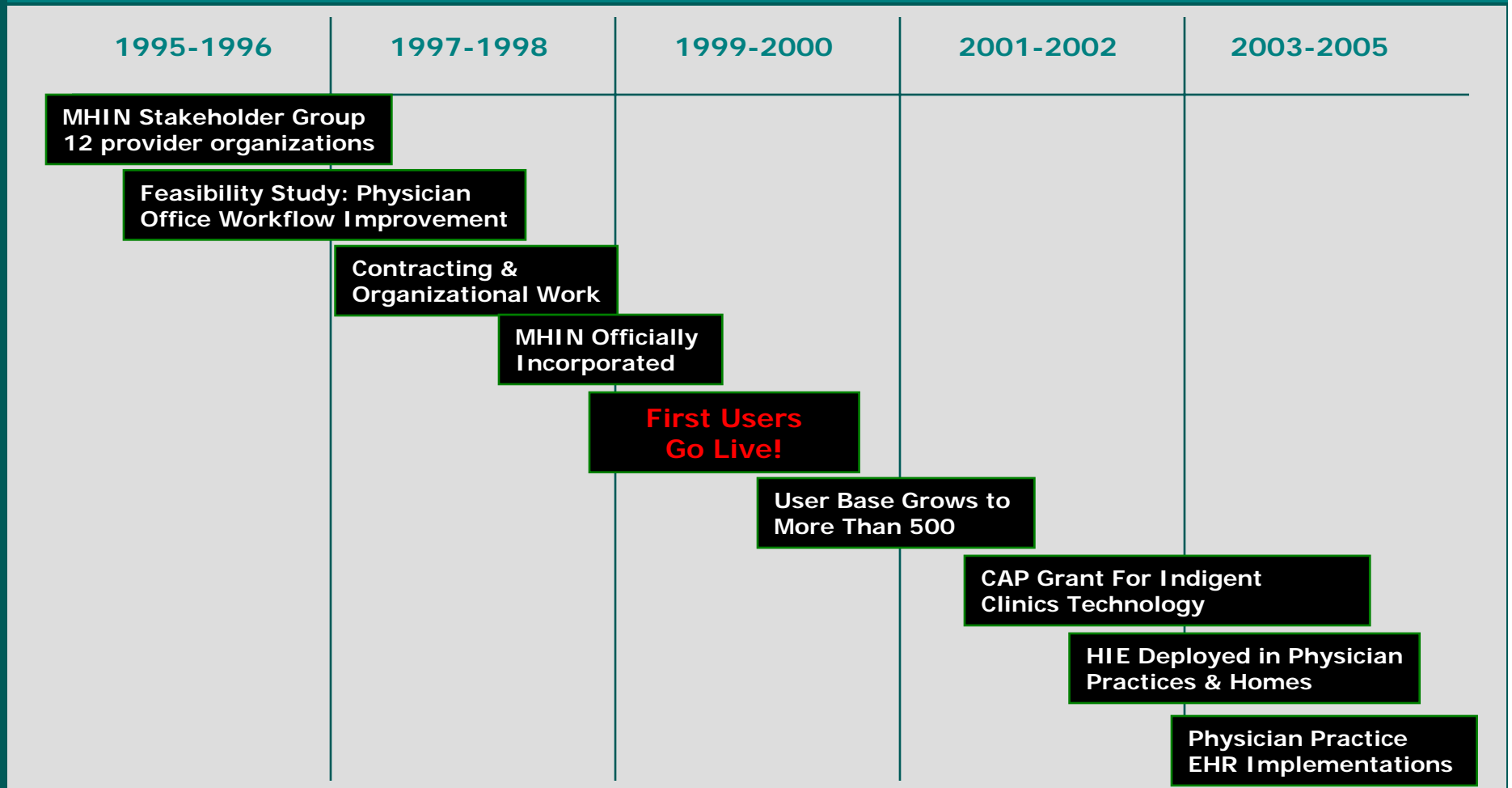
June 14, 2006

**Alan Snell, MD,MMM**  
**Chief Medical Information Officer**  
**Saint Joseph Regional Medical Center**  
**Chair, MHIN Board of Directors**



# Michiana Health Information Network

Owners- Saint Joseph Regional Medical Center  
and the South Bend Medical Foundation



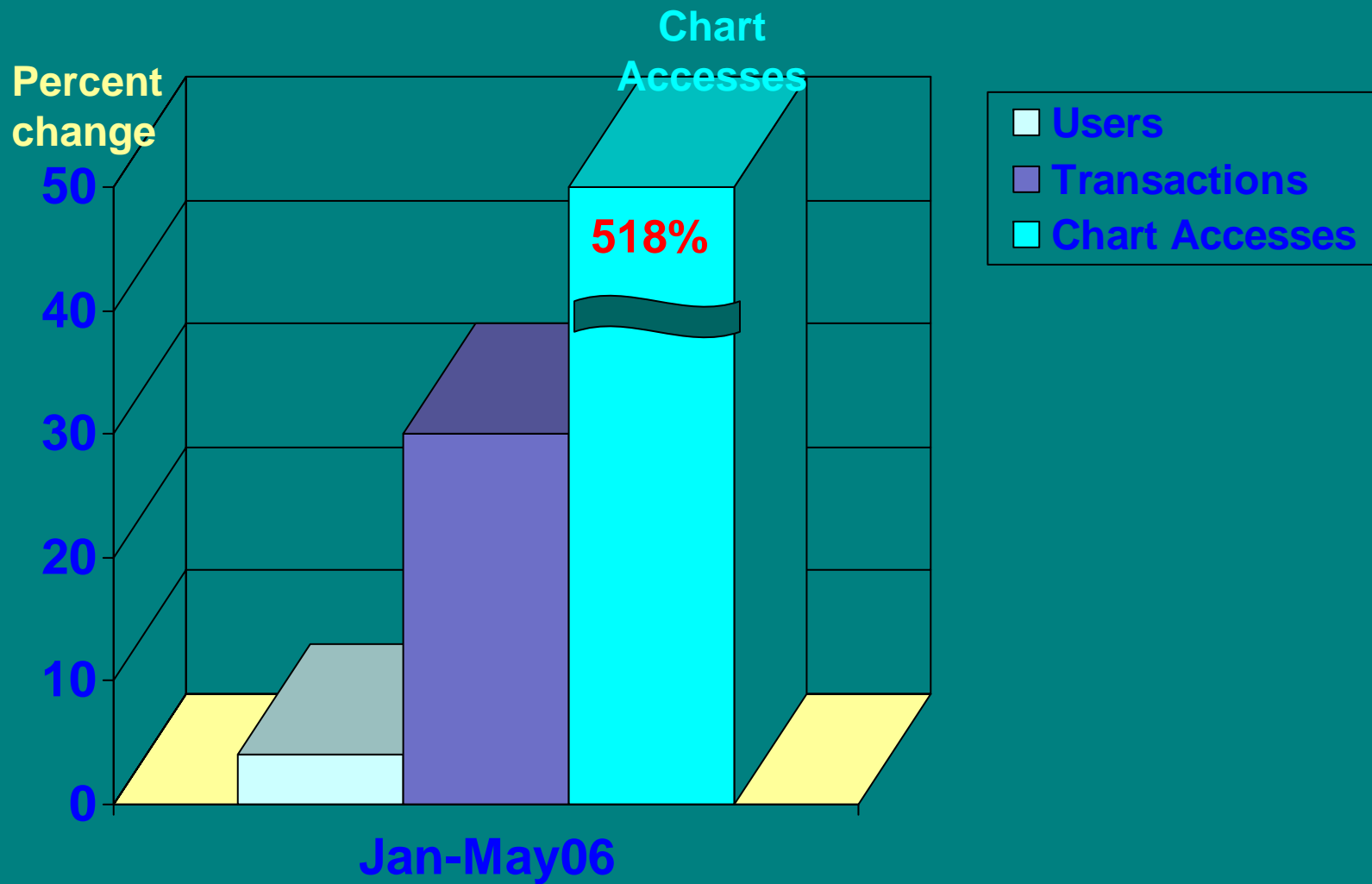
# MHIN Stats – May 2006

- Health Information Exchange
  - 403 physicians
  - 1106 practice/clinical staff
  - 398 hospital/technical staff
  - 50 outpatient clinics/physician offices
  - Clinical information for 275,000+ patients
  - Over 1.2 million data transactions monthly
  - More than 23 data sources from hospitals, labs and imaging centers feed the repository

# Ambulatory EHR

- Integrated EHR- Cerner
  - 60 Primary Care Physicians, 6 Specialists
  - Residency programs- 45 residents, faculty
  - Specialty MSO- 50 more specialists
- Independent EHR-
  - IMPAC-done
  - Under consideration
    - E-Clinical Works, A-4 (Allscripts), Next Gen, Emdeon

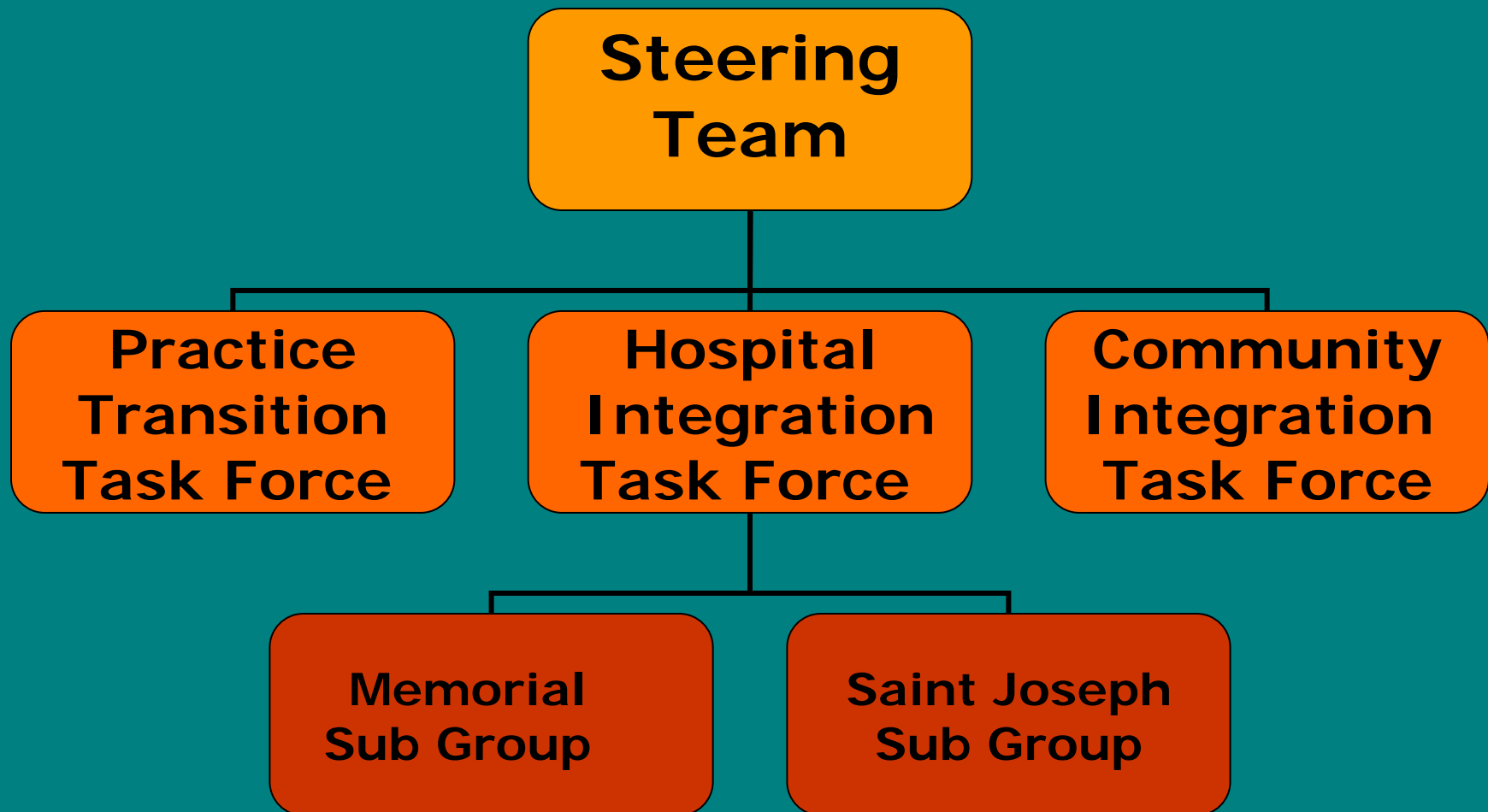
# MHIN Utilization Jan-May 06



# Community Planning for RHIO

- Physician IT group meets in 2004 to expand HIE
  - Developed an e-health vision for the community
  - Requested that both hospitals share data with HIE
  - Obtained commitment of both hospitals, lab and key physician practices to do planning
- Community-wide planning Jan-Nov 2005
  - Funding from physicians, both hospitals, lab and MHIN
  - 60 planning participants; 23 physicians involved in planning; untold numbers involved in surveys and studies

# Collaborative Planning Structure




# Physician Practice Survey

- In March of 2005, surveys were mailed to 192 medical practices
- The survey gathered data on:
  - Number of active practitioners
  - The current level of electronic use of each practitioner and staff
  - The medical referral region of the practice

# Practice Survey Results

- Work flow problems created by
  - Duplicates
  - Looking for paper charts
- Disparity in maintaining tracking system for ordered procedures
- Challenges of signing on electronically to all needed applications
- Work flows contributing to ROI study
- What is impact on the practices for these inefficiencies -- \$ and quality of care?

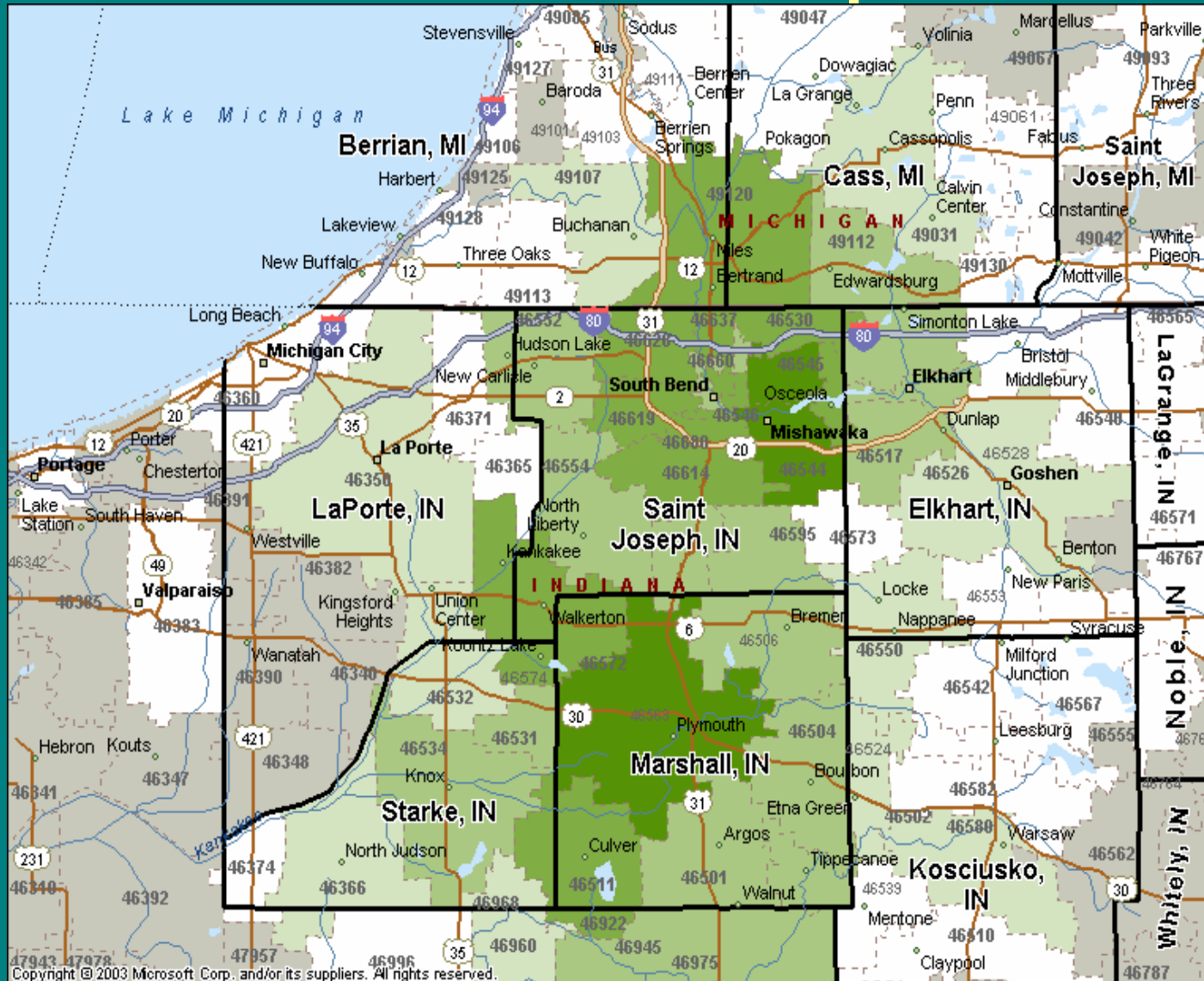
# Physician Practice Electronic Migration Path

<i>Stages</i>	<b>1. Paper delivery to practice</b>	<b>2. Centralize paper delivery</b>	<b>3. Electronic delivery to inbox; staff electronic</b>	<b>4. Electronic inbox – staff &amp; physician electronic</b>	<b>5. Electronic delivery to EHR system</b>
					
<i>Features</i>	Random delivery of paper reports	Organized delivery of paper reports	Electronic results to Inbox; inbox used by staff, not physician	Electronic results to inbox with actionable features used by physicians	Electronic inbox + added functionality from EHR
<i>Impact on Admin Work flow</i>	--	Reduces staff time	Reduces staff time further	Reduces staff time further	Reduces staff time further
<i>Impact on Clinical work flow</i>	--	Rapid access to record updates	Faster access to record updates; better control	Improvements in work flow and clinical care	Major improvements in work flow, clinical care

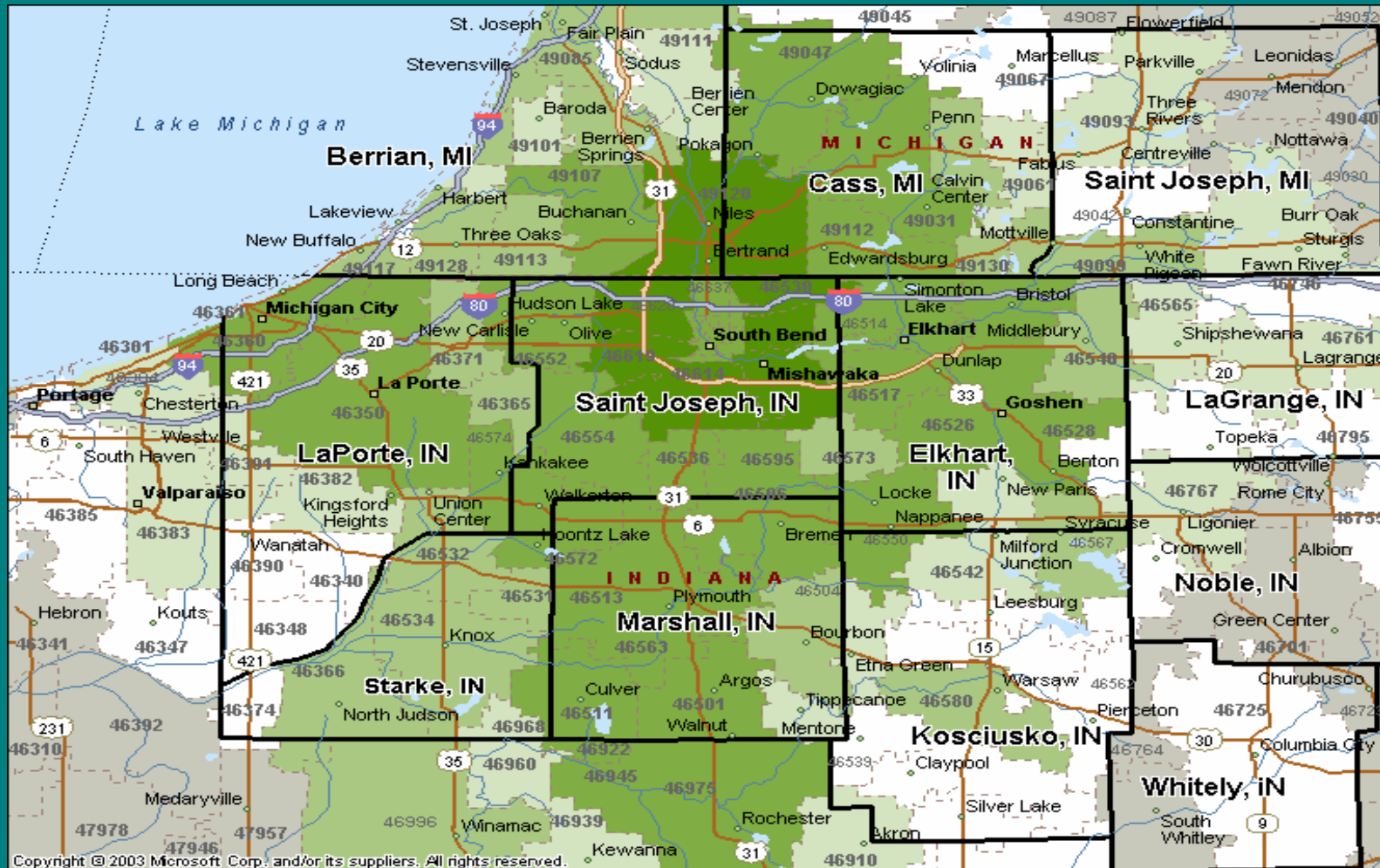
# Vision and Goals

- **Vision**
  - In order to assure the highest quality of health care for the people of our community, we envision a secure, dependable integrated electronic health system
- **Three and Five-year Goals**
  - In 3 years, the South Bend area will have a fully integrated inpatient and outpatient HIE
  - In 5 years, the HIE will be utilized by 100% of the practices and providers and 90% of the users

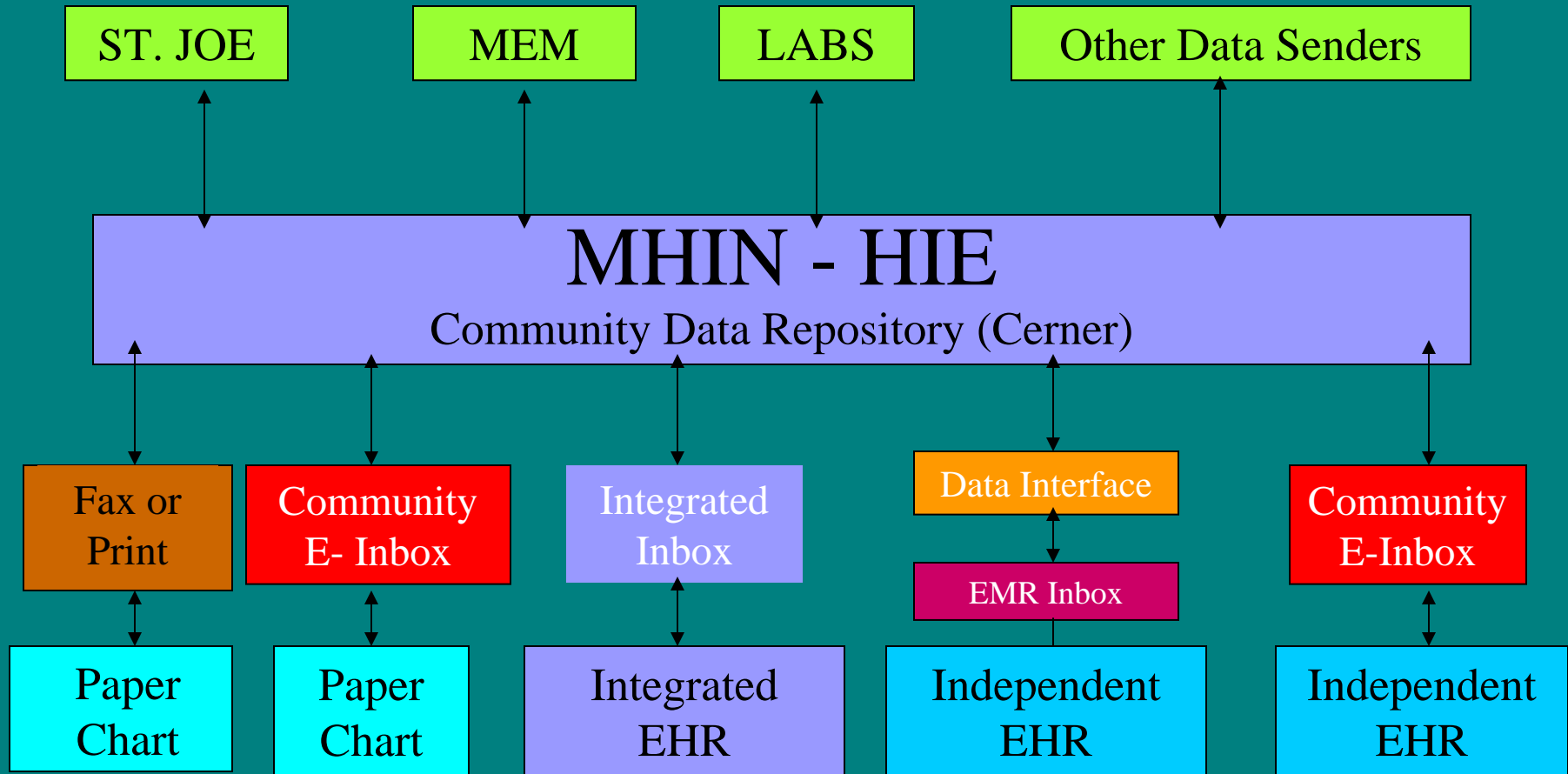
# Patients - Hospitals



# Patients – Practices

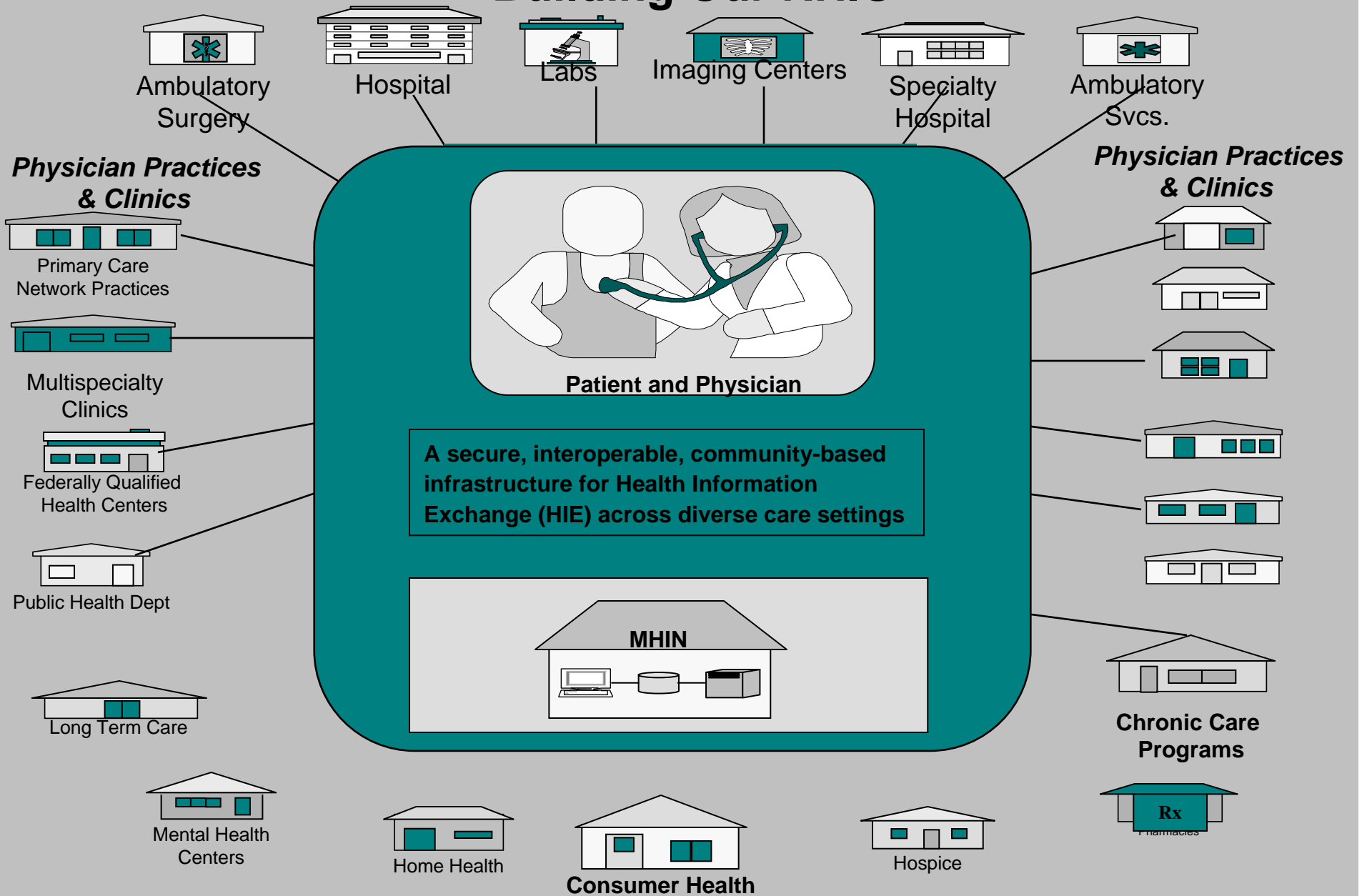


# Data Flow Future State



E-Clinical Works A4  
Emdeon Next Gen

# Building Our RHIO



# Key Lessons Learned

- Must be physician driven
- Leaders must focus on “community”, not individual practice or hospitals
- Inclusive, not competitive
- Focus on flow of information and changing work flow processes
- It is not about the technology, it's about creating improved and more efficient patient care processes

# THANK YOU



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