Indiana Network for Patient Care: Operational & Sustainable

J. Marc Overhage, MD, PhD, FACP, FACMI

President and CEO, Indiana Health Information Exchange Professor of Medicine, Indiana University School of Medicine Senior Investigator, Regenstrief Institute

Regenstrief Institute

- Eliminate the logistic problems associated with the paper record Standardize the care process. Deliver information in a more organized and useful way. Actively process this record and provide decision support to clinicians.
- Analyze and understand the data to improve the health of populations of Medicine

INDIANA UNIVERSITY

INPC Project Goal

Demonstrate the feasibility, benefit and sustainability of a community wide electronic medical record system in patient care.



http://www.inpe.org

INPC Data sources

- 22 hospitals from the 5 major hospital systems (99% of non-office care) and community hospitals
- National and regional laboratories
- Local radiology centers
- All four homeless care systems
- Public health departments (county and state)
- Approximately 1/3 of ambulatory physicians



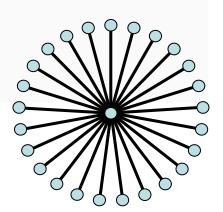
INPC Data

- In the system:
 - 7 million registration "events"
 - 48 million orders
 - 900 million coded results
 - 12 million dictated reports
 - 8.8 million radiology reports
 - 25 million prescriptions
 - 480,000 EKG tracings
 - 45 million radiology images

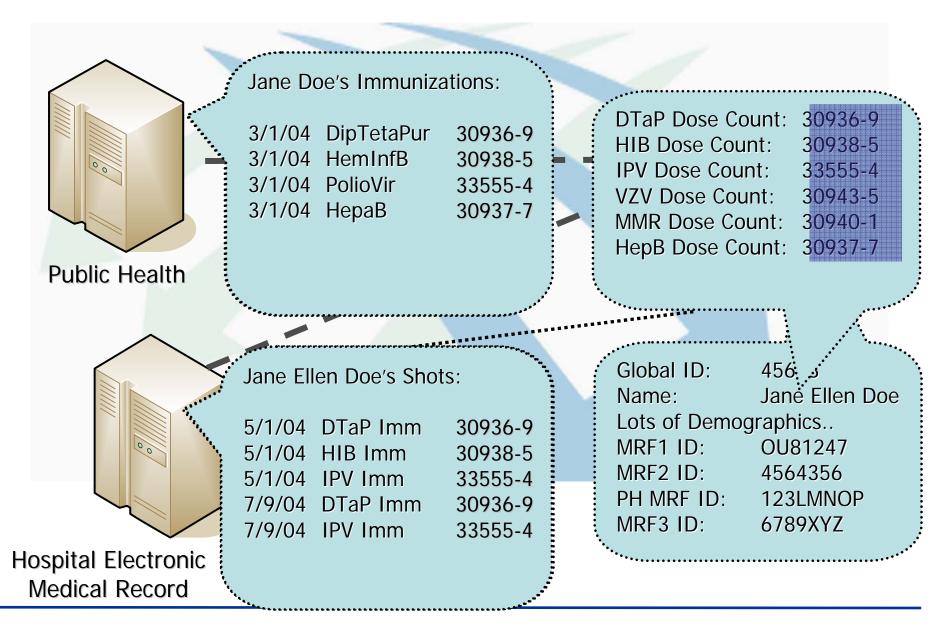


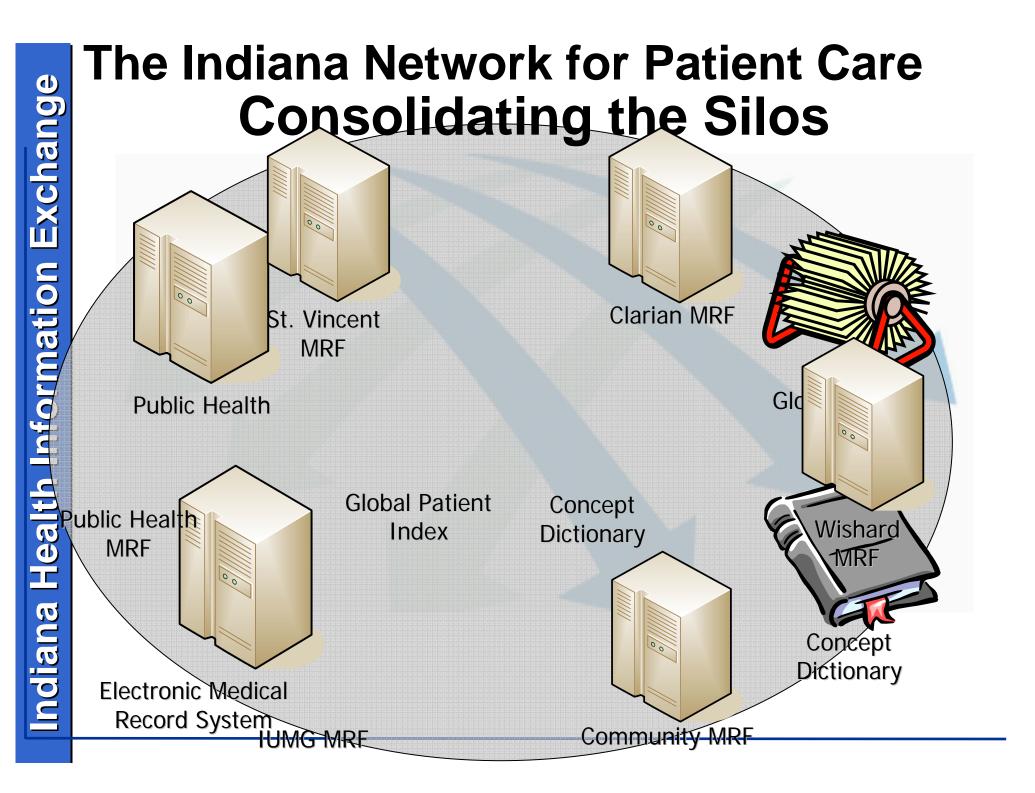
Data shared by all institutions

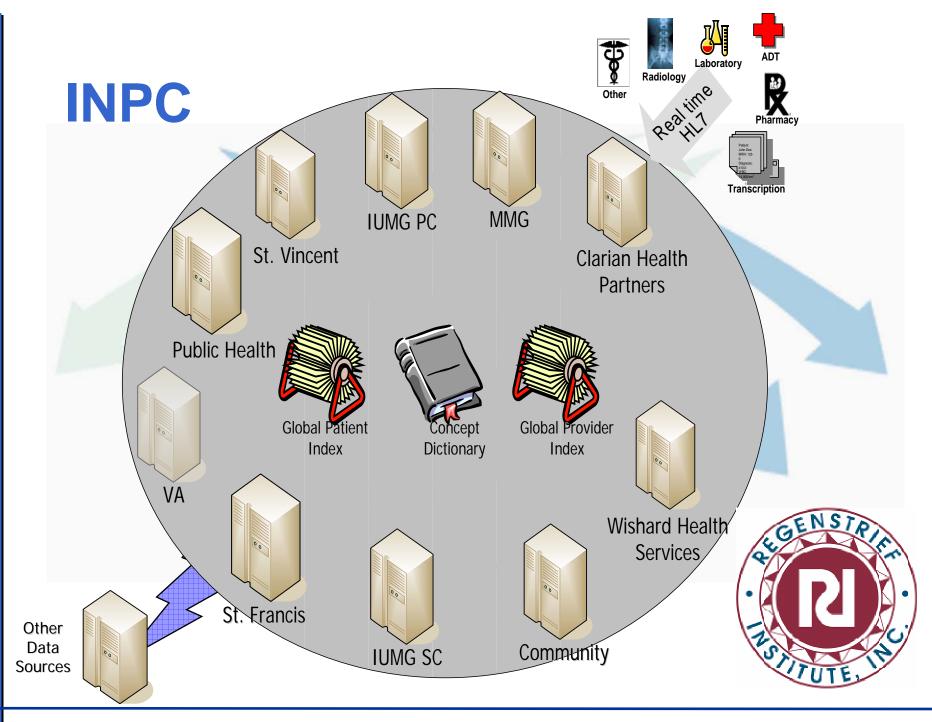
- All ED and outpatient visits
- All hospital discharges (dx, procedures)
- All inpatient laboratory results
- All outpatient laboratory results
- Immunizations
- All discharge summaries/admissions summaries
- All operative notes
- All radiology reports
- All surgical pathology reports
- Inpatient medications
- Tumor registry data



Consolidating the Silos







Sustainability

IHIE

Indiana Health Information Exchange



Founded in 1969 by Sam Regenstrief

- Affiliated with IU School of Medicine
- ~\$12M annual budget largely from federal grants

Pioneers in medical informatics

Standards: HL7, LOINC

EMRs: RMRS, INPC

ICareConnect K BioCrossroads

Founded in 1999 by 50 community physicians -Central Indiana Coalition to **Reinvent Health Care**

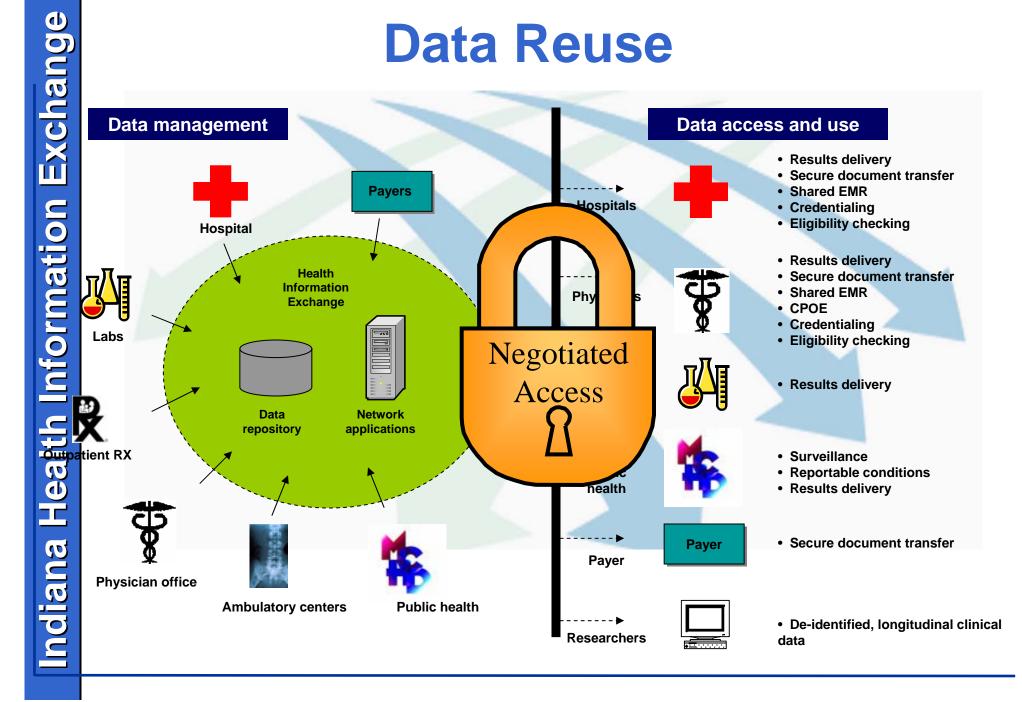
Early seed funding from Health & Hospital Corporation of Marion County

Initiated community clinical messaging concept

Founded in 2002 by the **Central Indiana Corporate** Partnership

Economic development organization promoting academic/industry collaboration in life sciences

http://www.ihie.org



Services (Data Re-use)

- Clinical abstracts
- Results review
- Clinical messaging
- Medication history/Medication reconciliation
- Clinical quality data services
- Research
- Electronic laboratory report for public health
- Syndromic (statistical) surveillance
- Adverse Drug Event (ADE) detection
- Integration efficiencies



Clinical Abstract & Results Review

DEMO, JOHNATHAN DOE #9999999998 Phone:925-1443 Age:54yr Race:B Sex:M

EMERGENCY CARE ABSTRACT

ER CHIEF COMPLAINT

VOMITING/DIARRHEA/BACK PAIN/HEADACHE 06-MAY-98

HISTORY & PHYS			CHEMISTRY (con	cinued)		URINE STUDIES	(continue	d)
DX & COMPLAINTS	14-	JAN-97	CHEM 16		24-APR-97	COMMON URINE STUDIES		27-JAN-9
diabetes mellitus		1	SGPT (ALT)	28 UNITS		CREAT : URN		14-AUG-9
TB active		1	СК	109 UNITS	16-JAN-91		0.56*L G/TV	
anemia othr		1	AMYLASE	<30*L UNIT		CREAT CLR RATE	NO SPECIM(a	
foot ulcer[s]		- I	GGT	40 IU/L	24-APR-97		a or be been (a	24-APR-9
urine retention		ł				CREAT SER	0.6 MG/DL	
decubitus ulcer			HEMATOLOGY			CREATININE : URN	19.0*L MG/D	
			BLOOD CELL PROFILE		24-APR-97			_
E.R. DIAGNOSIS	24 -	APR-97	WBC	3.5*L THOU	CU MM			
hyperglycemia		1	RBC	3.88*L MIL		THYROID STUDIES	3	
otitis media		1	HGB	12.5*L (a)	G/DL	THY	-	05-JAN-9
crush injury		1	HCT	37.3*L ¥	-	T3 UPTAKE RATIO	0.78*L	00-0MM-3
		1	MCV	95.9*H fl			0.10-11	
BLOOD TYPE		i	MCH	32.2*H PG		PULMONARY		
PRENATAL ABO RH		APR-97	MCHC	33.6 G/DL		BLD GAS PANEL 1		24 - APR - 9
INDIRECT AGT	NEGATIVE	i	RDW	15.5*H ¥		TEMPERATURE	98.7 (a)	DEG F
Rh	positive	l l	(a) From IUMC Lab			HGB	12.5*L (b)	
ABO GROUP	AB	Í				(a) From MEDICINE		
ANTIBODY SCREEN	neg 05-1	FEB-91	DIFFERENTIAL		24-APR-97			
		i	PLT EST	DECREASED		, the second bab		
VITALS		i				CARDIOVASCULAR		
OUTPATIENT VITALS	24-1	APR-97	COMMON HEMATOLOGY ST	UDIES	24 - APR - 97	CARDIAC ECHO		22-NOV-8
WEIGHT LBS	98 LBS	i	PLT CT	82.0*L THOU		cardiomegaly mod		22-NOA-8
SYS BP SITTING	116 MM HG	i	RETIC CT	5.7*H ¥	-	LV motion nml		
DIAS BP SITTING	81 MM HG	İ	VITAMIN B12 LVL	1013 PG/ML				
PULSE	71 /MIN	Í	FOLATE LVL	6.0 NG/ML				20-MAR 0
TEMPERATURE	98.7 (a) DEG I	F İ	IRON-SATURATION	38*H ¥		normal sinus rhythm		30-MAR-9
(a) From MEDICINE		i				Binub Inyth	", HOTMAI EC	3
		j.	ROUTINE COAG		24 - APR - 97	RADIOLOGY/NUCLE		
INPATIENT VITALS	12-1	FBB-91	PT CONTROL	12.0 SEC		CHEST PA & LATERAL	MAN MAD	
WEIGHT AUTO	91.6 LBS		PROTIME (ISI1)	17.8*H SEC				11-FEB-9
TEMP AUTO ORAL	97.5*L DEG F31-J	JAN-91	INR	1.4*H		right		
PULSE AUTO		FEB-91	APTT PATIENT	DUPLICATE (a) SEC	fluid NOS		
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Visit/Procedure Notes Nurse/PA/PT/OT/Diet			Lipa	se"								7 { } 9				8 { } 9	UNITS/L
Cytology			Aca	panel	1			Cancelled									

GI Procedures Face Sheet

Appointment History Orders

ENCOUNTERS Brief

Detailed

PRESCRIPTIONS

Inpatient Outpatient Surgery Log

в	ILIRUBINS-FX	19-Jul-99 04:20	28-Jun-95 06:08	03-Jun-95 14:29	09-Oct-90 08:01	11-Feb-90 09:38	07-Jun-88 22:03	18-Sep-87 13:02	15-Jul-87 06:00	04-Dec-86 06:00	16-Nov-86 06:00	15-Nov-86 06:00	13-Nov-86 20:40	U
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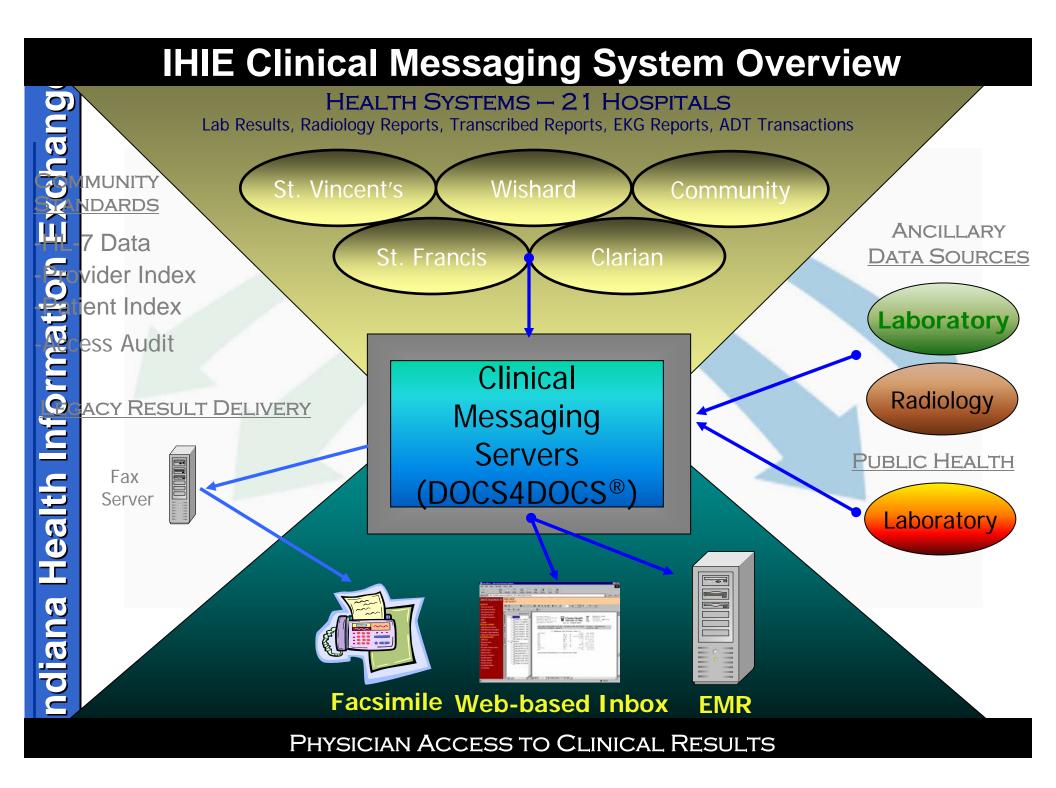
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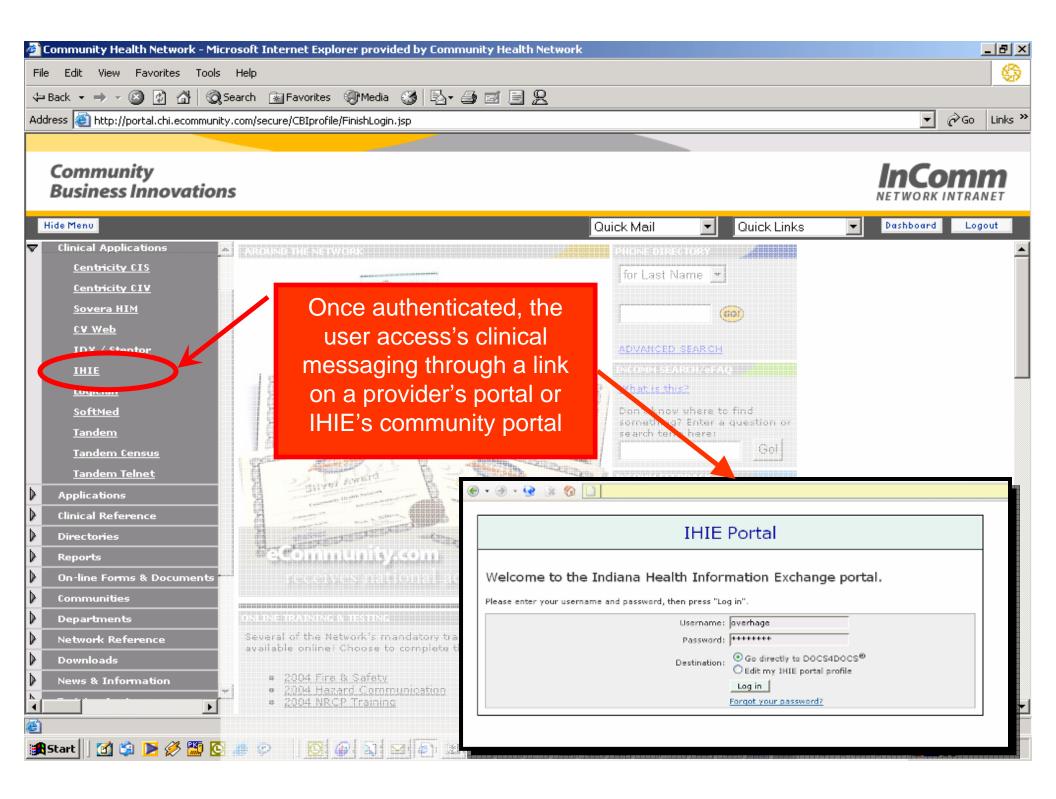
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Γ	Albumin (sma)	3.2*L {p} የ	3.6*L {p} የ	3.4*L {p} የ	3.1*L {p} የ	4.2 {p} 9	3.4*L {p} የ	3.8 {p} 9	3.9 {p} 9	g/dL				
Γ	Alk phos (sma)	169*H {p} የ	205*H {p} የ	212*H {p} የ	324*H {p} የ	143*H {p} የ	145*H {p} የ	123 {p} የ	122 {p} 9	UNITS/L				
Γ	Bun (sma)	3*L {p} የ	2*L {p} የ	5*L {p} የ	3*L {p} የ	6*L {p} የ	2*L {p} የ	2*L {p} የ	6*L {p} የ	mg/dL				
Γ	Calcium (sma)	8.3*L {p} የ	8.7 {p} 9	8.4 {p} የ	8.7 {p} 9	9.1 {p} ?	8.7 {p} 9	9.2 {p} 9	8.9 {p} 9	mg/dL				
Γ	Chol (sma)	85*L {p} የ	88*L {p} የ	107*L {p} የ	100*L {p} የ	109*L {p} የ	104*L {p} የ	104*L {p} የ	94*L {p} የ	mg/dL				
Г	Creat (sma)	0.5 {p} የ	0.4 {p} 9	0.6 {p} የ	0.5 {p} 9	0.4 {p} 9	0.4 {p} 9	0.3*L {p} የ	0.5 {p} የ	mg/dL				
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Clinical Messaging







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	□ Akosa Anthony N	2004 07/16 Radiology 10:38 PM (Clarian)	Xray Knee Standing									
	III Akosa Anthony N	2004 07/16 Radiology 10:38 PM (Clarian)	Xray Foot 2 Views									
	III Akosa Anthony N	2004 07/16 Radiology 10:28 PM (Clarian)	Xray Knee 3 Views									
	□ Akosa Anthony N	2004 07/14 Radiology 10:16 PM (Clarian)	Xray Chest PA and Lateral									
	III Akosa Anthony N	2004 07/16 Radiology 10:28 PM (Clarian)	MR Brain - Head - Without then With Contrast									
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	III Akosa Anthony N	2004 07/19 Radiology 10:44 PM (Clarian)	Xray Elbow									
	III Akosa Anthony N	2004 07/13 Radiology 10:26 PM (Clarian)	Xray Hand Min 3 Views									
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Medication Reconciliation



Patient Medication History:

Date: 12/07/2004

Patient Id: 2222 SCHNUR, BERT L Name: Address: 63050 DOB: 04/19/1945

Gender:Male

Medication History Date Range: 12/08/2003 - 12/07/2004

DISCLAIMER: Certain information may not be available or accurate in this report, including over-the-counter medications, low cost prescriptions, prescriptions paid for by the patient or non-participating sources, or errors in insurance claims information. The provider should independently verify medication history with the patient.

Summary:

Drug Name	Olde	est	Most	Re	cent #of	
-	Fill Date	Fill D	ate	Fill	s	
DIGITEK 250 MCG TABL	.ET	- 08/	/01/20	003	08/01/2003	1
DIGITEK 125 MCG TABL	.ET		/01/20	003	07/01/2003	3
LANOXIN 50 MCG/ML EI	lxir	04/	/01/20	003	05/01/2003	2
Pharmacies:						

Key Reported Pharmacies ADVANCERX.COM 1 2 WAL-MART #2514

Pharmacy Phone 877-831-1324 651-456-6325

Key Reported Prescribers A JEFFRIES, RHONDA _____

Detail Information:

DIGITEK 250 MCG	TABLE	t (Di	GOXIN)		
Fill Date Qty	Days	Pre	scriber	Pharmacy Source	
08/01/2003 30	30	A	2	RXHUBPBM	
DIGITEK 125 MCG	TABLE	T (DI	GOXIN)		
Fill Date Qty	Days	Pre	scriber	Pharmacy Source	
07/01/2003 30	30	A	2	RXHUBPBM	
06/01/2003 30	30	А			
02/01/2003 30	30			RXHUBPBM	
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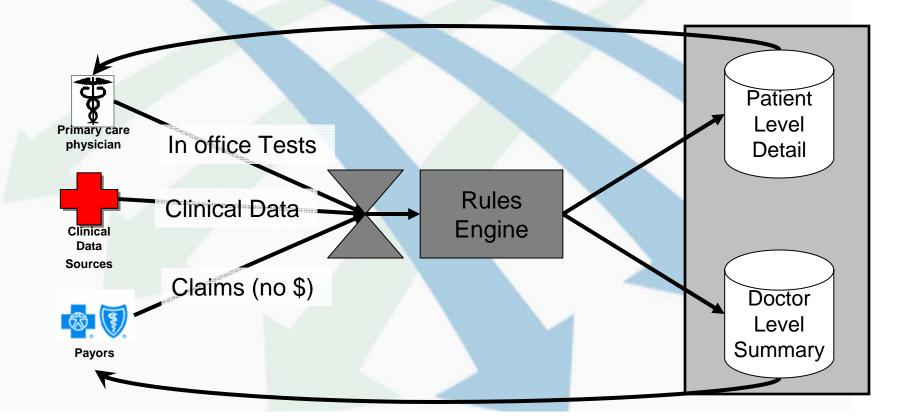
Clinical Quality Data Services

- Pay-for-Value with common measures and a payors including efficiency in contribution
- Commercial, M. Scall and Meccare Payors
 (we have)

600,000 lives

- Combines clinical and claims data
- Initially focused on primary care
 - Cardiovascular and Oncology to follow

Clinical Quality Data Services



Benefits

- Physicians
 - Full detail on their own patients
 - Summary comparisons
 - Overall
 - Population (commercial, Medicare, Medicaid)
- Health Plans and PHOs
 - Full detail on their own members
 - Summary information across all patients by:
 - Participating physician
 - Specialty
 - Population (commercial, Medicare, Medicaid)

Start Up and Operations Costs

- Start up costs
 - \$3 \$4 million
 - being raised from foundations and grants
- Estimated operating costs
 - \$2 million per year
 - Does not include participation/performance incentives
 - Significant fixed costs that can be shared more widely as additional participants join

Operations Funding Model

- Assume only 500,000 out of 1,700,000 lives have a "sponsor"
- Total approximately \$0.33 PMPM for data services

Proposed Operations Funding

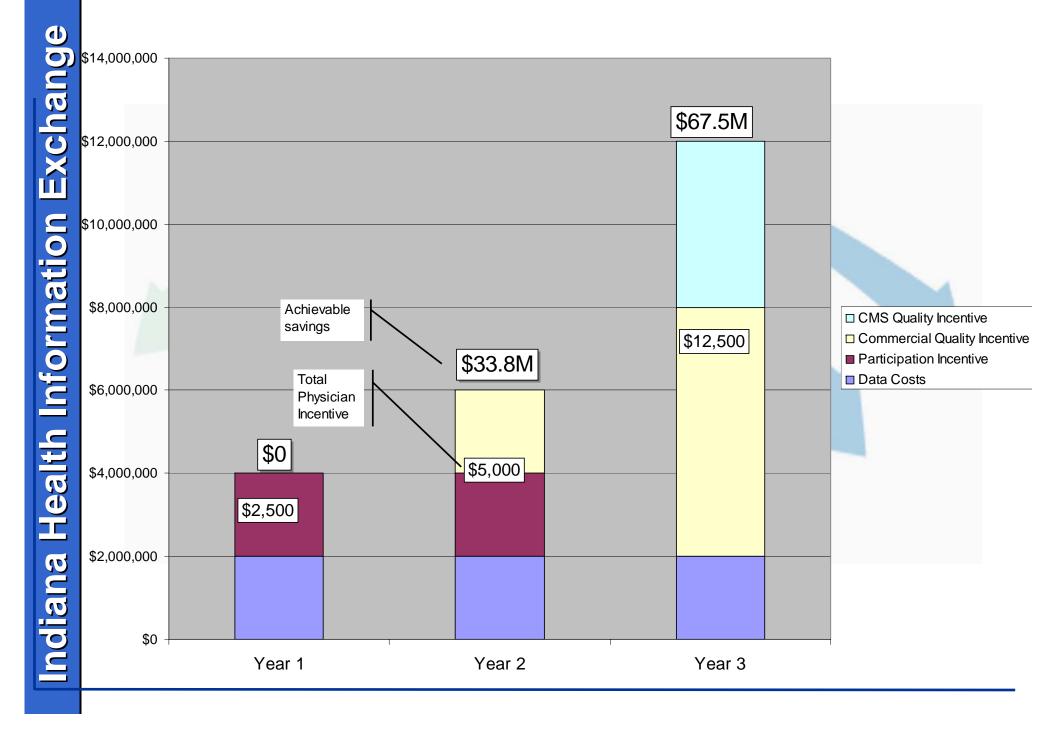
Physicians

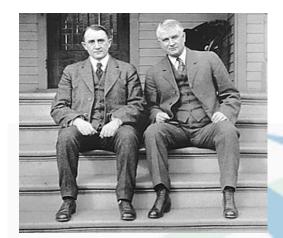
- Paid-to-play first and second year to
 - to use information to manage patient care
 - provide necessary information (lab values)
 - Target incentive \$2,500 per year per provider
 - depending upon proportion patients covered by program
- Participation Fee
 - \$1,000 per FTE
 - Provides incentive to actively engage
 - Ensures legitimate "seat at the table")

Proposed Operations Funding

Health Plans and/or PHOs

- Operations
 - \$0.21 to \$0.25 PMPM
 - depends upon total patient volume
- Participation incentives
 - pay to play first two years
 - \$0.15 to \$0.30 PMPM to participating physicians
 - 2.5% fee schedule increase
 - Pay for value begins in year 2 and grows in year 3
 - Medicare incentives appear in year 3





It (has become) necessary to develop medicine as a cooperative science; the clinician, the specialist, and the laboratory workers uniting for the good of the patient. Individualism in medicine can no longer exist.



William James Mayo, M.D., Commencement Address, Rush Medical College, Chicago, IL (1910)

J. Marc Overhage, MD, PhD

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