Nationwide Health Information Network Forum

Overview of Indiana HIE Activities

Victoria M. Prescott, JD General Counsel and Business Development Specialist Regenstrief Institute

Presented – January 26, 2007

Indiana Landscape

Indiana state laws favorable to HIE uses:

Treatment, Research, Public Health, Healthcare Operations (e.g., Quality)

- Indianapolis MSA has 1.6MM people which is 25% of state population
- Indianapolis has 5 major hospital systems that are highly competitive
- ~3,900 physicians in Indianapolis



Current HIE Activities in Indiana

- Results Delivery / Clinical Messaging
- Sharing Patient Clinical Data at POC
- Deliver Med Hx for Med Reconciliation
- ePrescribing
- Decision Support (e.g., reminders)
- Quality Reporting
- Research (e.g., de-identified)
- Public Health (e.g., biosurveillance)



Indiana Approach

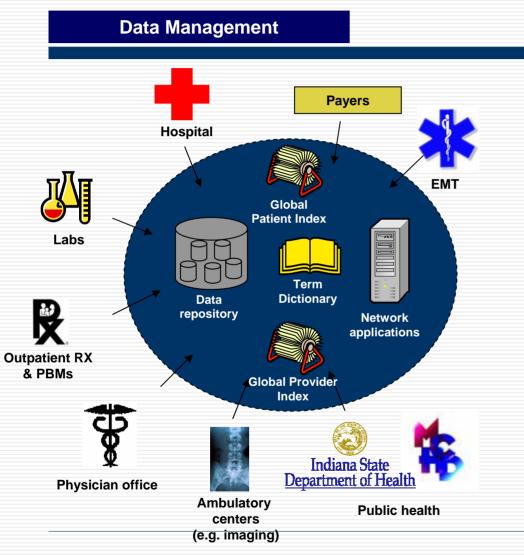
- Did not happen overnight
- Trust-building over time



- Started small (just 2 Hs, just labs)
- Focused on what is most valuable info for providers to know for treatment
- Mutual agreement on uses
- Considered multiple uses of data from day one

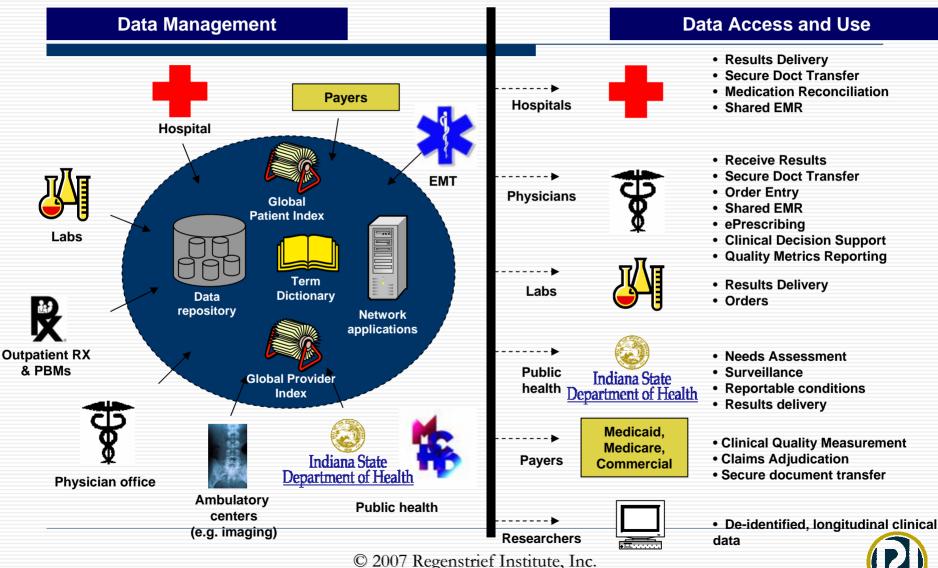


Mantra: Data Reuse

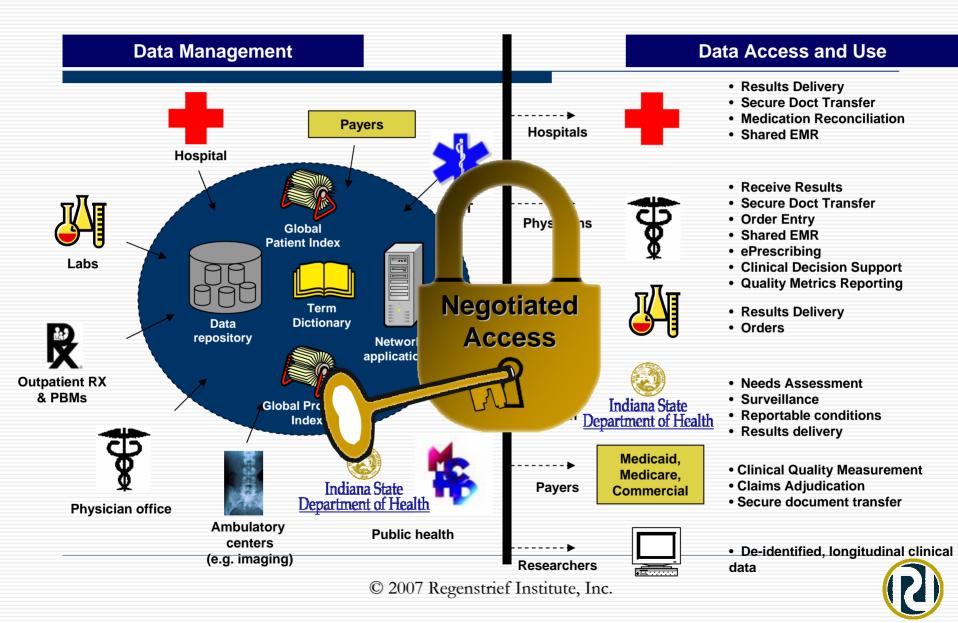




Mantra: Data Reuse



Mantra: Data Reuse



Data Sources:

- 29 hospitals (99% of non-office care)
- Regional and national labs
- 4 homeless care systems
- Local radiology centers
- Public health departments (county and state)
- > 1/3 ambulatory physicians
- Pharmacy Benefit Managers
- Payers (Medicaid, commercial)





- Types of Data:
 - Lab Results
 - Radiology
 - Pathology
 - Transcribed Notes
 - EKG
 - Admission, Discharge, Transfer
 - Medications
 - Physician Orders
 - Death records
 - Vital signs
 - Immunizations







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Statistics:



- > 95 data feeds coming in
- > 900,000,000 records
- Data on > 3,000,000 patients
- Receive > 5,000,000
 messages per month
- > 10 terabytes of data



Push clinical abstract to printer in ED





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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	ICAL	CHEMISTRY (con	tinued)	URINE STUDIES (continued)
DX & COMPLAINTS	14-JAN-97			97 COMMON URINE STUDIES 27-JAN-92
diabetes mellitus		SGPT (ALT)	28 UNITS	CREAT:URN 47 MG/DL 14-AUG-90
TB active		CK	109 UNITS 16-JAN-	
anemia othr		AMYLASE	<30*L UNITS	CREAT CLR RATE NO SPECIM(a) ML/MIN
foot ulcer[s]		GGT	40 IU/L 24-APR-	
urine retention		ł		CREAT SER 0.6 MG/DL 16-DEC-89
decubitus ulcer		HEMATOLOGY		CREATININE:URN 19.0*L MG/DL
		BLOOD CELL PROFILE	24 - APR -	
E.R. DIAGNOSIS	24-APR-97	WBC	3.5*L THOU/CU MM	A A A A A A A A A A A A A A A A A A A
hyperglycemia		RBC	3.88*L MILL/CU MM	THYROID STUDIES
otitis media		HGB	12.5*L (a) G/DL	THY 05-JAN-90
crush injury		HCT	37.3*L ¥	T3 UPTAKE RATIO 0.78*L
		MCV	95.9*H fl	
BLOOD TYPE		MCH	32.2*H PG	PULMONARY
PRENATAL ABO RH	24 - APR - 97	MCHC	33.6 G/DL	BLD GAS PANEL 1 24-APR-97
INDIRECT AGT	NEGATIVE	RDW	15.5*H ¥	TEMPERATURE 98.7 (a) DEG F
Rh	positive	(a) From IUMC Lab		HGB 12.5*L (b) G/DL
ABO GROUP	AB			(a) From MEDICINE
ANTIBODY SCREEN	neg 05-FEB-91	DIFFERENTIAL	24-APR-	
		PLT EST	DECREASED	
VITALS				CARDIOVASCULAR
OUTPATIENT VITALS	24 - APR - 97	COMMON HEMATOLOGY ST	UDIES 24-APR-	7 CARDIAC ECHO 22-NOV-89
WEIGHT LBS	98 LBS	PLT CT	82.0*L THOU/CU MM	cardiomegaly mod
SYS BP SITTING	116 MM HG	RETIC CT		91 LV motion nml
DIAS BP SITTING	81 MM HG	VITAMIN B12 LVL	1013 PG/ML 16-OCT-	
PULSE	71 /MIN	FOLATE LVL	6.0 NG/ML 11-MAY-	
TEMPERATURE	98.7 (a) DEG F	IRON-SATURATION		00 normal sinus rhythm, normal ECG
(a) From MEDICINE		1		A A A A A A A A A A A A A A A A A A A
		ROUTINE COAG	24 - APR -	RADIOLOGY/NUCLEAR MED
INPATIENT VITALS	12-FEB-91	PT CONTROL		37 CHEST PA & LATERAL 11-FEB-91
WEIGHT AUTO	91.6 LBS	PROTIME (ISI1)	17.8*H SEC 24-APR-	11-155-91
TEMP AUTO ORAL	97.5*L DEG F31-JAN-91	INR	1.4*H	right
PULSE AUTO	80 /MIN 12-FEB-91	APTT PATIENT	DUPLICATE (a) SEC	fluid NOS
				****** 100

- Online access to clinical data on a patient in the hospital is limited by:
 - Time
 - Location
 - User







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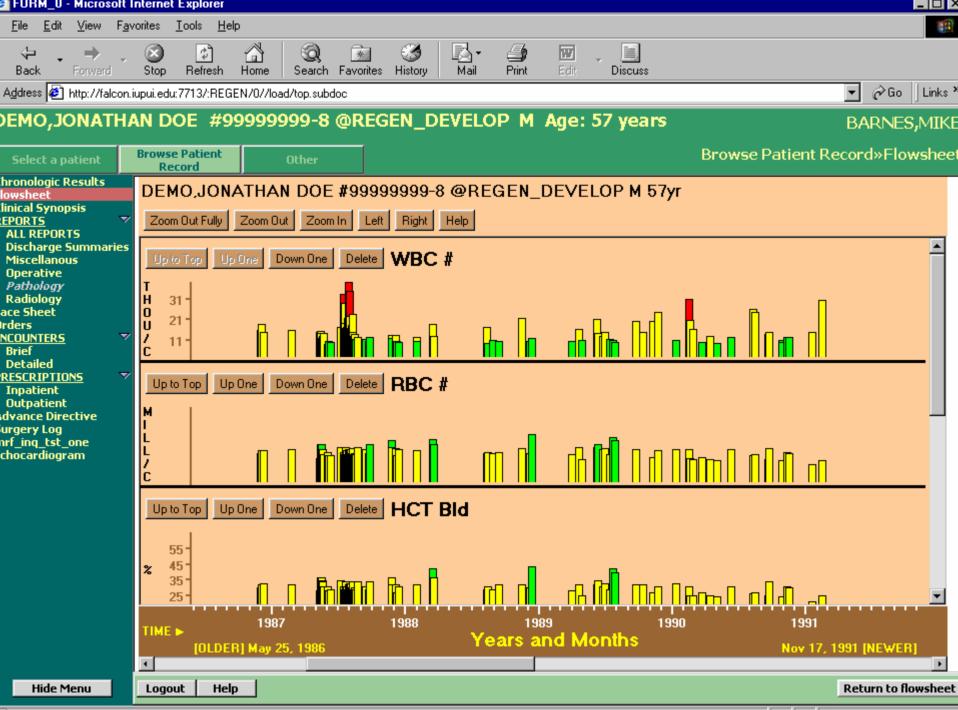
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Cardiology Operative Pathology Radiology Visit/Procedure Notes Nurse/PA/PT/OT/Diet	Ggtp Bill (dir' _{H ()?}	331*	H { } የ 254*H {	0.5*H { የ	n} 0.3	{n} የ 1	.1*H {o} የ	0.7*H {o የ	<pre> TS/L TS/L </pre>
Cytology GI Procedures ace Sheet ppointment History riders NCOUNTERS	C Aca p	ndir	ancelled Ward {} 9				1	0.8 {o} 9	0.5 {o} 9	
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	SMA12'	06:00	18:58	17:13	06:00	16:02	06:29	14:43	06:00	Units
	□ Albumin (sma)	3.2*L {p} ?	3.6*L {p} ?	3.4*L {p} ?	3.1*L {p} ?	4.2 {p} 9	3.4*L {p}		3.9 {p} P	g/dL
	□ Alk phos (sma)	169*H {p} የ	205*H {p} የ	212*H {p} ?	324*H {p} ?	143*H {p} የ	145*H {p}		122 {p} 9	UNITS/L
	□ Bun (sma)	3*L {p} የ 8.3*L {p} የ	2*L {p} ?	5*L {p} ? 8.4 {p} ?	3*L {p} የ	<mark>6*L {p} የ</mark> 0.1 մո ւջ	2*L {p} ?	2*L {p} ? 9.2 {p} ?	6*L {p} ? 8.9 {p} ?	mg/dL mg/dL
	☐ Calcium (sma) ☐ Chol (sma)	8.3 L {p} Y 85*L {p} ?	8.7 {p} ? 88*L {p} ?	0.4 {p} Y 107*L {p} Y	8.7 {p} የ 100*L {p} የ	9.1 {p} ? 109*L {p} ?	8.7 {p} ? 104*L {p}		0.9 {p} Y 94*L {p} ?	mg/dL
	Crior (sma)	0.5 {p} P	0.4 {p} 9	0.6 {p} 9	0.5 {p} 9	0.4 {p} P	0.4 {p} 9	0.3*L {p} f	0.5 {p} 9	mg/dL
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New Messages

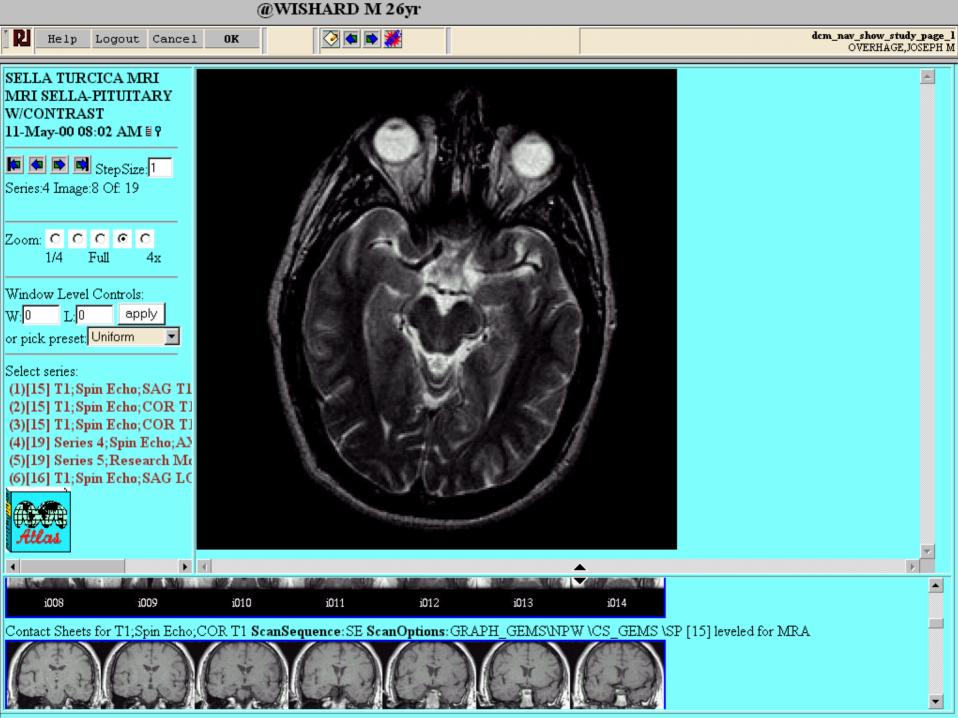
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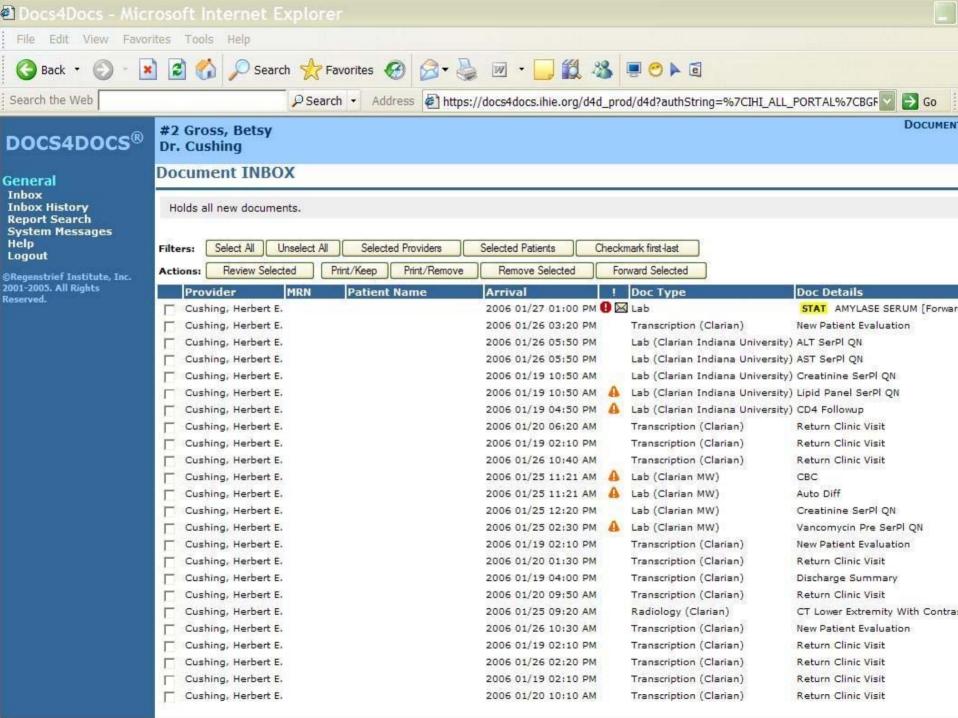
Internet



DOCS4DOCS® Clinical Messaging

- Clinical results (e.g, lab) delivered:
 - Directly into the physician's EMR
 - To physician practice electronic inbox
 - Via fax
 - None are mailed
- 3,900 physicians
- Deliver > 1,000,000 results / month





Medication Reconciliation

Methodist Hospital Emergency Medicine and Trauma Center 1701 North Senate Blvd Indianapolis, IN 46206	MEDICATION HISTORY	MRN: DOB:	
Date: Mon 05/22/2005 01:23 Attending: Rougraf, Bruce		014	Account: 010001000234 Location: EMTC
PROPOXY-N/APAP 100-6	50 TAB		
Dispensed: 2005-05-13	#16 at: CVS PHARMAC	Y 1518	729 BARVOCET-N
NITROGLYCERIN 0.4 Me Dispensed: 2005-05-12 #30	G/HR PTC ordered: AZ1 at CVS PHARMACY 15187:	271 1922 EXCERT	HIROCUCCENNIS A mg /hr Tomarama 1200 (José Anitoria Marine and Anitoria
	60		a light green, oblong, scored, film-coated tab imprinted with "logo and logo" and "ST".



101.000.001.0

Nitroglycerin

0.4 mg/w

Stat First -

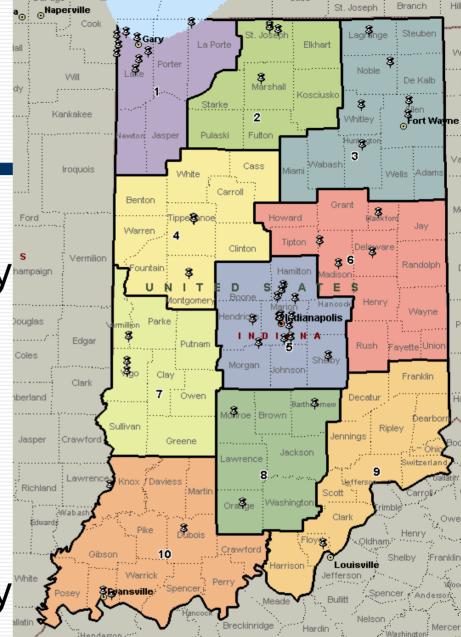
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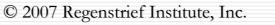


Medication Possession Ration 1.4

Public Health

- Disease Reporting
- Lab Result Delivery (thru DOCS4DOCS®)
- Syndromic
 Surveillance
 - 69 hospital EDs
 - 6,000 visits/day
- Other data delivery





Quality Reporting (Quality Health 1stSM)

- Pay-for-Value with common measures across payers including efficiency and participation (~\$10,000-\$20,000/Dr.)
- Commercial, Medicaid and Medicare Payors (> 50% of market)
 - 880,000 lives
- Combines clinical and claims data
- Initially focused on primary care
 - Cardiovascular and Oncology to follow



Quality Reporting (cont'd)

Physicians



- Full detail measures on their own patients
- Summary comparisons
 - Overall

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



Future



- Continued expansion of INPC and DOCS4DOCS®
- Continue to find ways to use the data to improve care
- Continue to add new data sources
- Continue to work with public health
- Explore possibilities with pharma
- Helping other communities/states



Thank you

Questions?

Victoria M. Prescott, JD General Counsel and Business Development Specialist Regenstrief Institute Tel: (317) 630-6277 Email: vprescott@regenstrief.org

