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HEALTH MATTERS

The future of e-health care on display in Newport

By Richard Asinof
Contributing Writer

When a 63-year-old patient called Aquidneck Medical Associates on Aug. 23 and complained of numbness in her left arm, nurse Michelle Gilmore advised her to go immediately to the emergency room at Newport Hospital, believing the patient may have suffered a stroke.

The patient indeed had had a stroke, and over the next week, the future delivery of health care services in Rhode Island – employing an integrated system of electronic health records and interconnections – was on display.

Although the patient's primary care doctor was away on vacation, Gilmore, as part of the medical team of the Level III patient-centered medical home at Newport's Aquidneck Medical Associates, was empowered to respond to the potentially life-threatening, triage situation.

Aquidneck Medical Associates is in the vanguard of adoption of electronic health records, one of the first practices in Rhode Island to achieve federal "meaningful use" designation and receive federal incentive awards. As a leading participant in the state's "direct" pilot program that interconnects physicians, the practice had, in its own innovative approach, expanded its direct connection to link up with the emergency room at Newport Hospital.

That link-up went live in August, the first emergency room in Rhode Island to participate in the program. As a result, it enabled an immediate, seamless flow of information regarding the patient's care and diagnostic tests between the hospital and internist Dr. Harold Sanders, of Aquidneck Medical Associates, who was covering for the doctor on vacation.

And, upon the patient's release on Aug. 31, Gilmore was able to follow up immediately with her and review her medications, as well as schedule a follow-up appointment.

"Now, no patient falls through the cracks," Sanders said. "Someone is always looking out for you." Sanders praised both the staff and the outcomes achieved for patients. "We're very proud that we have been able to achieve this [level of interconnectivity] so quickly," he continued, with the goal of improving a patient's care.

On Sept. 8, the Rhode Island Quality Institute, the prime mover behind the direct pilot program, launched an effort to promote the adoption of direct's electronic interconnections – both in between Rhode Island physicians as well as between physicians and hospitals and their emergency rooms – as part of its federally funded Beacon Communities initiative. The goal is to create full participation by the health care sector in a secure, statewide, e-mail communications system, according to Gary Christensen, the Institute's chief information officer and chief operating officer.



PBN PHOTO/BRIAN MCDONALD

CHECKING IN: Nurse Michelle Gilmore, patient Charles A. Hall Jr., center, and Dr Harold Sanders, in an examination room at Aquidneck Medical Associates.

On Sept. 15, the Institute was scheduled to hold a Meaningful Use Vanguard ceremony at its Providence headquarters honoring physicians who achieved meaningful use of their electronic health records systems to date – and their commitment to improving the quality of patient care through health-information technology.

Concurrent to the rollout of the direct program is another Rhode Island Quality Institute initiative, currentcare, which enables electronic health records to be shared and stored as part of a Rhode Island health-information exchange. When patients give consent to their doctors, information is sent electronically from HER systems to the ongoing database established under currentcare.

One of the big pushes now under way is to enroll all nursing homes and long-term care facilities in Rhode Island. As of Sept. 2, 81 homes have been recruited and signed a letter of agreement. With only three more to go to achieve 100 percent enrollment in the state's health-information exchange, Rhode Island may become be the first in the nation to do so, according to A. Jeffrey Newell, chief project officer at Quality Partners of Rhode Island, which is conducting the campaign on behalf of the Quality Institute.

As a result, there will be a completed loop of data sharing, helping long-term care facilities enroll patients and have access to currentcare. In turn, treating physicians, whether in a nursing home, at a specialist's office, or in a hospital emergency room will have access to timely, accurate information at the clinical point of care.

"This has been a very big focus of our work," said Christensen, who also praised the state's Medicaid program in helping to fund the roll out of currentcare to the state's long-term care facilities.

From a point of reducing hospital readmissions, he continued, there is great value for nursing homes. "If a patient has consented, doctors would be able to look up the medical records of that patient and put together a care transition plan, supporting the ways a facility can be best prepared for people coming into that facility."

And, when a physician's patient has been discharged from a hospital, he or she would also automatically receive an electronic notification, Christensen continued. "This will set a work flow that [has the potential to] dramatically improve readmission rates," he said. If the patient has consented to join currentcare, the provider will have immediate electronic access to admittance, discharge and transfer information from hospitals.

Christensen hopes that currentcare will be able to begin to provide such services to long-term care facilities within a September-October time frame.

While the currentcare system is currently live now, Christensen expects that the health-information exchange will achieve a critical mass sometime during the fourth quarter of 2011.