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Five Questions With: Charles Hewitt

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Sometime later this summer, currentcare will enable health care providers access to patient data across the portal known as the Health Information Exchange, a key component of health care reform in Rhode Island, advancing the quality, safety and value in the health care delivery system.

The person behind the data is Charles Hewitt, who as the director of program management of the Health Information Exchange at the Rhode Island Quality Institute, is responsible for currentcare. This is an encore career for Hewitt, who as an IT executive at Textron Defense Systems led the transition from mainframe to client-server computing technology. He also served as the interim CIO at Avco Financial Services, and most recently, CIO for the city of Providence.

PBN: When do you expect that currentcare will go live? What remains to be done?

HEWITT:

With respect to enrolling patients and receiving clinical data, currentcare is live. On April 5, currentcare began receiving lab test results from East Side Clinical Laboratories. Additional providers will start sending lab results during July. Hospital admission, discharge and transfer transactions will begin flowing into currentcare later this summer. Medication history data will also be available this summer. With regard to enabling access to support patient treatment, this summer currentcare will begin notifying doctors of hospital discharge events. In addition, currentcare will enable access via the provider portal later this summer. Achieving successful provider access to patient data depends on two major prerequisites: patient enrollment, because currentcare only receives data for patients who have enrolled; and sufficient clinical data about the patient to be helpful to the health care provider.

PBN: Serving as the director of the Health Information Exchange program is an encore career for you. How does it compare with other your other career challenges?

HEWITT:

The biggest difference is the mission of the work. For me, it is incredibly exciting and satisfying to be involved in advancing the quality, safety and value of health care. Rhode Island is one of a handful of places that are leading the advancement of the American health care delivery system. I am delighted to be a part of it.

The program itself has some unique characteristics that make it more challenging than those I've worked on in the past. For example, the diversity and number of the stakeholders, the relationship to the national health care agenda, and the policy and legal implications of exchanging protected health information all contribute to making this a particularly challenging endeavor.



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"FOR ME, it is incredibly exciting and satisfying to be involved in advancing the quality, safety and value of health care," said Charles Hewitt, director of program management of the Health Information Exchange at the Rhode Island Quality Institute.

PBN: How secure will the information be that is part of the Health Information Exchange?

HEWITT:

Highly secure. The Health Information Exchange system uses the same standards and technology that are used in the payment card industry. In addition, the Health Information Exchange and its users are bound to comply with laws and policies that strictly control access to, and the use of, the data.

PBN: The Centers for Medicare & Medicaid Services recently began sending out checks to physicians who have successfully demonstrated meaningful use. Do you think this will be an impetus to speed the transition to adopting electronic health records?

HEWITT:

Yes, the incentive payments certainly help. Besides the payments, the Rhode Island Quality Institute's Regional Extension Center, which provides services to physicians to help them adopt electronic health records, is an important element in raising awareness and speeding the transition.

PBN: After currentcare is fully operational, what do you see as the next challenge for the Health Information Exchange in Rhode Island?

HEWITT:

The greatest challenge is to implement a way to sustain and advance currentcare when it is operational.

The costs associated with operating currentcare are substantial – although small in relation to the value of the benefits it enables. The benefits, however, are distributed unevenly across the many stakeholders in the health care system, and finding an acceptable way to pay the cost of providing the benefits is proving to be very difficult.