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Lab Results Key to R.I. HIE

Preventing duplicate lab tests part of long-term sustainability

By Jennifer Prestigiacomo



Currentcare (Providence, R.I.), Rhode Island's statewide health information exchange (HIE), started flowing data in April from East Side Clinical Laboratory Inc. (East Providence, R.I.). Getting East Side Clinical online is the first prong in its master sustainability plan to save Rhode Islanders money by averting duplicate lab tests and procedures.

Gary Christensen, chief operating officer and CIO at the Rhode Island Quality Institute (RIQI), says that there were two possible ways to begin data exchange in his state: either gather all the records from one organization, or try to get the same type of record across several organizations.

Currentcare opted for the second strategy and is targeting labs first. Christensen says currentcare decided to go after the largest laboratories in the state first, East Side Clinical Laboratory—which annually assists an average of 240,000 unique patients, totaling 900,000 annual patient encounters—and Lifespan (Providence), which comprises 60 percent of lab business in the state. Lifespan, Care New England (which will share labs and admit discharge transfer (ADT) messages), South County Hospital (Wakefield, R.I.), Blackstone Valley Community Health Center (Pawtucket, R.I.), Quest Diagnostics (Madison, N.J.), and Surescripts (Arlington, Va.) have signed agreements with RIQI to submit consented patient information to currentcare by the end of July.



Gary Christensen

Sustainability Through Claims Assessment

Until last year, private grants funded currentcare, until last year when the funding stream changed to grants from the American Recovery and Reinvestment Act (ARRA), as RIQI received a \$5.28 million for health information exchange to build out data infrastructure. As Christensen acknowledges, grants won't last forever, so for sustainability options, Currentcare's board chartered Boston Consulting Group to find out how to create value for stakeholders. After analyzing who would actually reap the benefits from an HIE in Rhode Island, it was determined that the benefit would be widespread, so a public utility model made the most sense. Boston Consulting Group came back with recommendations to focus the Rhode Island HIE on avoiding duplicate lab tests and procedures, and backed this up with statistics that showed currentcare with a \$6 million investment could generate more than a \$100 million return.

Boston Consulting also did a second study of HIE models being used around the country. What the consulting group found that would work best for Rhode Island would be similar to Vermont and its HIE Vermont Information Technology Leaders (VITL).

"The path that the board elected to pursue was a model that has worked very successfully in Vermont, where they pursued legislation and created an investment fund with a lot of oversight to drive the build out of the Vermont roadmap," says Christensen. "We did something similar; we have worked with the community to encourage legislation that is being debated now up on the hill that may result in a .13 percent assessment on claims."

The assessment on claims, Christensen says, will generate roughly \$8 million a year, which will be 43-percent return on investment to the state with just labs results alone. The cost per employee per year will be roughly \$9, and compared to an average lab test costing \$23, Christensen believes this is the route to go, rather than a usage fee model.

"In Rhode Island we have a very heterogeneous environment where we have lots of independent doctors, a number of different hospital systems, so in our state usage fees for the HIE data aren't going to fly," Christensen says.

"Moreover, we have a philosophical problem with that because the whole point of this is to make sure that the patient's data is available when it's needed regardless of whether someone's willing to pay for it or not."

Reducing Readmission Rates

The RIQI is also the steward of the \$15.91 million Beacon Community Grant, which is focusing on reducing readmission rates and creating care transitions necessary for patient-centered medical homes (PCMHs). Christensen says that it is already capturing and reporting quality measures to the Office of the National Coordinator for Health IT (ONC) and to the PCMH programs. RIQI is currently working on a project that should go live in Q3 that will create data-driven notifications, based on ADT feeds, to notify providers that a patient has been admitted to the hospital, and staff care coordinators to make follow-up care calls and visits to patients. "One of the things we're doing is creating a vehicle for which there's visibility and a feedback loop around quality data—the results that are being produced by the practices in the patient-centered medical home community—there's nothing like focusing on metrics to drive behavior and performance," he adds.

Rhode Island was the first in the country to use the ONC's Direct Project to facilitate the sharing of referrals from a primary care physician (PCP) to a specialist. In the next couple of months, the care transitions project will start bringing the hospitals that already do faxed provider notifications online. "We're in the process of launching a statewide roll-out of DIRECT as a means for all doctors, first with the Beacon doctors, to have this very handy tool by which they can share PHI with doctors they are referring to and back and forth in a secure email," Christensen says.