Regional Health Information Organizations (RHIOs): Impact on HIM Curricula and Careers

Rebecca Reynolds, RHIA, MHA, Assistant Professor and HIPAA Coordinator and Mary McCain, Professor and Chair, Health Information Management Program, \University of Tennessee Health Science Center, Memphis, TN

University of Tennessee HIM takes the lead

After the closing and relocation of two hospitals, the remaining providers in the Memphis medical center became concerned about their success and decided to work together in an attempt to realize cost savings, monitor patient care and continue to provide healthcare to all citizens in the Memphis-Shelby County area. The group became known as the University Medical Center Coordinating Council (now University Medical Center Alliance – UMCA) and included representatives from the University of Tennessee Health Science Center, UT Bowld Hospital, UT Medical Group (UTMG), The Regional Medical Center, Methodist University Hospital, LeBonheur Children's Medical Center, St. Jude Children's Research Hospital and the VA Medical Center. See Table II for information about each facility. One of the first focuses of this group was to control costs and provide healthcare services to the TennCare population in Shelby County. (TennCare is the state of Tennessee's Medicaid waiver project). The UMCC leadership realized the need to coordinate patient visit information from the various providers in the community and to bring the patient information together electronically. Henry Herrod, M.D., Dean of the UT College of Medicine, approached Mary McCain, Chair, UT HIM program, about the possibility of coordinating patient information among the various facilities. McCain seized the opportunity to be involved with this project and met with the Executive Committee and said that this information sharing was ongoing now and the HIM departments were the center of this activity. With that, the Executive Committee of the Alliance charged McCain with forming a task force to explore the possibilities.

The idea of electronic data sharing among facilities was new ground for HIM. Previous work with Kam Shams of The Shams Group regarding data warehousing and knowledge management led McCain to contact Shams to brainstorm about the possibilities with this project. At the same time, an Internet search was done to discover what other projects were out there that could be used as models for the Memphis project. Information from the Santa Barbara Care Data Exchange project was used as a topic to lead initial discussions.

Using her contacts with HIM professionals in the Memphis facilities, McCain identified potential group members and comprised a group that included HIM, IT and senior leadership from the UMCC facilities. The executive sponsor for the group was Henry Herrod, M.D., Dean of the College of Medicine and Bill Rice, President of the Alliance. The group was named the EMPI Task Force and became a subcommittee of the University Medical Center Coordinating Council. The need for a champion for a project like this cannot be underestimated. People are very busy with various daily demands that the charter for a project like this one must come from a position of authority and respect to command attention and compel very busy professionals to engage in a project with an unknown outcome or future.

EMPI Task Force created

The EMPI Task Force, chaired by Mary McCain, began meeting in February of 2002 and by the fall of 2002 sent Requests for Information to several vendors to explore the options for the project. The first order of business for the EMPI Task Force was to determine the data model for the project. This was not a technical model but rather a conceptual model of what data elements would be shared, where they would reside and how clinicians would access the system. This was a high level model but was necessary in order to engage vendors. It is important to determine this structure within your group and not be too open to the desires of the vendor community.

The EMPI Task Force requested information about products vendors provide for the creation of an enterprise wide patient database containing complete demographic and registra-

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tion information for each patient including reason for visit and a web browser interface to allow authorized providers access to all computerized patient information residing in any of the patient information or electronic record systems belonging to the institutions of the University Medical Center in a phased approach.

Table I--Information requested from each vendor

1. Company background and financial viability
2. Reference information
3. Similar projects and experience and status of projects
4. Description of hardware and software needed for each of the three phases as listed below. *Note: It is anticipated that there will be steps within the phases. For example, the MPI function could be accomplished as the first step in Phase 1; then add the ability to access patient clinical information from the systems as the second step.*
5. Explanation of software for MPI function, to include clean-up, algorithms, merging, quality control, and ongoing maintenance.
6. Training, implementation, and ongoing support and how it is included in pricing, how long provided and by what method (on-site, remote)
7. Fee structure/licensing fee – base and ongoing
8. Sample contract
9. Personnel requirements

EMPI Task Force recommendations

The UMCC felt this was a good project to explore but there was no funding available for the health information exchange project. Instead of disbanding the group, the EMPI Task Force began to seek grant funding for the project. A sub-group of the EMPI Task Force that included Mary McCain, Rebecca Reynolds and Chuck Fitch continued to meet and discuss grant finding possibilities with the UT Telemedicine program and staff from the UMCC. This group met during the summer of 2003 on funding ideas. In the fall of 2003, the EMPI sub-group submitted an on-line Request for Capabilities (RFC) statement to be considered for invitation to submit a full RFP to the Connecting Communities for Better Health Program.

The Health Information Exchange (HIE) project became known as MATCH - Memphis Metro Area Technology Collaborative for Health - and is basically what the EMPI Task Force members have been recommending to the UMCA Executive Committee for some time now based on our months of investigation, vendor visits, consultative visits, etc.

The funding opportunity would allow UMCC facilities to utilize the UT Medical Group Allscripts/IDX infrastructure and conduct a pilot health information exchange (HIE) project among UTMG Pediatrics, Methodist-LeBonheur, the Church Health Center, Christ Community Health Clinic, Memphis Managed Care (TLC), and the Health Loop clinics. The EMPI (Enterprise Master Patient Index) would serve as the foundation of the HIE pilot. New partners for the health information exchange could be added a business model developed to enable the project to be self-supporting. The Connecting Communities funding was for 18 months. The plan is for the EMPI Task Force to become the MATCH Steering Committee and hopefully the same members will remain.

The hard work of the EMPI Task Force and the decisions and recommendations of the Task Force made the group realize how much ground work had already be done here in Memphis and that without collective efforts, there is no way that the project could be competitive or begin to make an effort to get this funding.

Transition to RHIOs in Tennessee

The project made the first cut for consideration but did not achieve the funding. Another Tennessee project was funded in East Tennessee. Shortly after this news, Tennessee's Governor established a Regional Health Information Organization pilot project to share TennCare patient information in a three county area that includes

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Table II *(All volume information as of June 2002)*

Phase 1

University of Tennessee/William F. Bowld Hospital
(merged July 2004 with Methodist University Hospital)
- 103 beds (medicine, medicine subspecialties, transplant, urology, general surgery
- from 1968 to 1988, part of the Med
- 1988 on, UT facility
- 68,000 approximate entries since 1988
- MEDITECH 1994-2004

UT Medical Group
- 400 physicians (locations in the medical center, East Memphis, Germantown
- 1.5 million in MPI
- IDX since 1997 and Allscripts since 2002

Phase 2

Regional Medical Center
- 370 staffed beds (of 620)
- MEDITECH implemented 4/2003
- MPI entries – 2.6 million encounters (approximately 893,300 patients)
- back to 1941 – Microfiche and TPA system MPI
- Annual admissions 15,200
- ER and ambulatory surgery 78,811
- Outpatient clinic visits 109,000

Phase 3

Methodist University Hospital
(principal adult teaching hospital for UT)
- 696 beds
- Methodist legacy system now – Cerner implementation April 2003 – Fall 2003 with PowerChart – full implementation of Cerner through entire system 60 months)
- 2.5 million entries (estimated by information systems in 'white paper')
- MPI back to 1921 on roll microfilm
- Annual admissions 28,945
- ER visits 50,829
- Ambulatory surgery 6,309

LeBonheur Children's Medical Center
(Part of Methodist Healthcare system)
- 225 beds
- Softmed; Methodist Health Systems – legacy system to adopt Cerner April 2003
- Softmed back to 1997 – HIS (Access database) back to 1989; all of the MPI information is scanned from manual card file back to 1952.
- Inpatient discharges 9,882
- Observation days 7,314
- ED discharges 67,483
- Ambulatory clinics 12,888
- Dialysis 1,809
- Outpatient diagnosis 58,068
- Same Day Surgery 4,591
- Total MPI patients/year 162,035 est.

Memphis (Volunteer eHealth Initiative). This initiative received one of the AHRQ grants. The MATCH group members were assigned to RHIO workgroups. Rebecca Reynolds is the current chair of the HIPAA group and the members are currently working on security issues of common interest. Reynolds is coordinating the eHealth Initiative Group with the city-wide HIPAA group.

During the fall, the Volunteer eHealth Initiative held a series of workshops and advisory group meetings to discuss issues related to legal issues, including privacy and security; clinical issues; technical issues and financial issues. MATCH members were able to contribute to these meetings and had a great deal of background knowledge about existing systems. The Design process is ongoing. The Volunteer eHealth Initiative is now known as the Mid-South eHealth Initiative. The Mid-South eHealth Initiative continues to meet and has begun sharing test data. The MATCH project is still seeking funding and will be a complementary effort to the Mid-South e-Health Initiative.

Lessons Learned from MATCH RHIO involvement

1. HIM professionals need to be involved at the early stages of these projects. HIM professionals contribute knowledge of how the data is used, of clinical workflows, of patient identity manage-

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ment, of coding systems and terminology.
2. Identify a champion who will support the involvement of HIM professionals.
3. There are lots of issues with HIPAA that require an operational understanding to implement.
4. Don't be bogged down by the details. These projects move more slower than you think so there is time to work on the operational issues later.
5. Build relationships with key players in the organizations involved. Take the initiative to reach out to physicians, informaticists, upper management and others involved in the process or who can influence the process.
6. HIM skills are necessary to make these projects successful. HIM adds value to the work group that may not initially be recognized.

Implications for HIA/HIT Education

Faculty members need to become educated about RHIOs so the information can be shared with the students. HIA and HIT students need to realize the job opportunities that RHIOS and other health information exchange projects with electronic record initiatives will provide.

Curriculum changes

* Awareness of industry trends
* Assertiveness and leadership skills
* Build skills to be comfortable with IT professionals
* Knowledge of standards necessary to drive these data sharing projects
* Knowledge of data elements necessary to support patient care
* Growing Healthcare Informatics programs is one NHII recommendation. Need for master's program in HIM and Informatics
* Transition management and leadership
* Project management
* Need to revamp clinical experience
* Get out of the HIM department to find large provider groups and other sites ripe for clinical data exchange, IT departments, decision support, research functions
* Data analysis projects for faculty and students; cut back on repetitious rotations
* General IT courses may not cover this information.
* Cannot turn over all "IT issues" to the general IT faculty.
* Find experts in the community; e.g. RHIAs at corporate HIM level, IT, QIOs, vendors
* IT Advisory Committee to oversee IT curriculum

Faculty development

* Find out what's going on in your community
* Attend AHIMA, AMIA, HIMSS and other meetings
* AHIMA or college faculty stipends
* Educate yourself --data analysis, data warehousing
* Recognize the shift from managing paper to managing images to managing discrete data

References

McCain, Mary. "MATCH Documents," University Medical Center Alliance. EMPI Task Force. 2002-2005.

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