

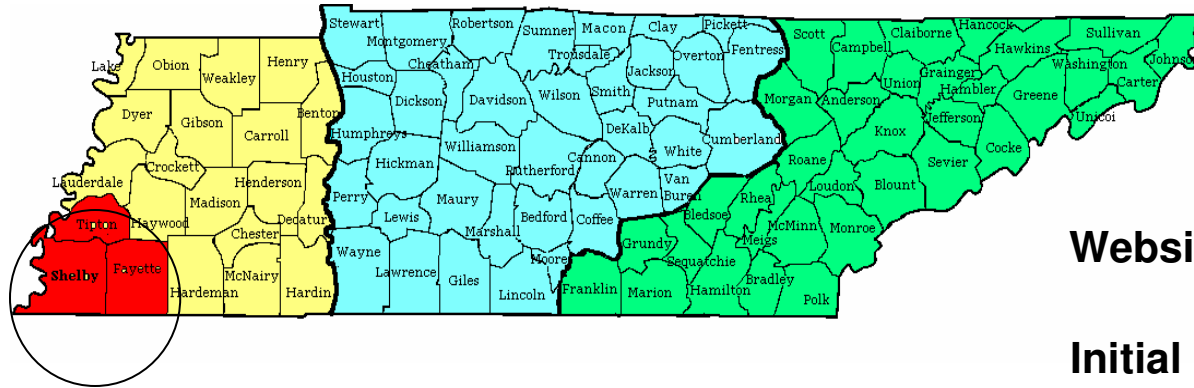


Health Information Community of Ohio Advisory Group Meeting

February 24, 2006

Vicki Estrin - Tennessee

Summary of Project - Tennessee



Website: www.Volunteer-eHealth.org

Initial Participating Organizations

- Baptist Memorial Health Care Corporation – 3 facilities
- Methodist - Le Bonheur Children's Hospital
- Methodist University Hospital
- The Regional Medical Center (The MED)
- Saint Francis Hospital & St. Francis Bartlett
- St. Jude Children's Research Hospital
- Shelby County/Health Loop Clinics (11 primary care clinics)
- UT Medical Group (200+ clinicians)
- Memphis Managed Care-TLC (MCO)

Funding Sources

September 21, 2004, Tennessee received a 5 year contract/grant from Agency for Healthcare Research and Quality (AHRQ) - total award is \$4.8 million

State of Tennessee provided additional funds in the amount of \$7.2 million for the same 5 year period

MidSouth eHealth Alliance will receive additional funding from the state to fund operations (e.g. Executive Director and local support staff)

Summary of Project (continued)



- Process Overview
 - Planned from August 2004 – January 2005
 - Created an infrastructure to support a planning process and the AHRQ project
 - CEO/local leadership team
 - Work Groups: Clinical, Financial, Technical, and Privacy/Security
 - Work Groups met a minimum of once a month in this phase
 - Governor's office was involved in all steps of the planning phase
 - January 2005 community "claimed" ownership, formed a board, kept the work groups, adopted a name (MidSouth eHealth Alliance, etc. Board celebrated one year anniversary this month and elected a new set of officers
 - Work groups meet regularly about every other month face to face and more often if needed or by conference calls in between face to face meetings
- Vanderbilt "donated" the use of its technology for the project and serves the functions of Project Management Office (PMO) and Health Information Service Provider (HISP). Vanderbilt is also charged by the state to comply with the conditions of the AHRQ contract and to support other HIT activities across the state at a planning level



Summary of Project (continued)

- Current State of the Project
 - Board celebrated one year anniversary in February
 - Formally incorporated in August 2005
 - Submitted application for 501 c3 status in January
 - On October 1, 2005 demonstrated the ability to exchange 25% of the core data elements in compliance with the AHRQ contract
 - Have 9 production data feeds and 3 test data feeds
 - Data is housed at Vanderbilt and pushed via VPN connection. Most is real time 3 feeds are batched every 24 hours
 - Working through a Regional Data Exchange agreement
 - Defining and developing policy and procedure primarily focused on Privacy and Security issues but also some operational
 - Working towards initial use in one test Emergency Department for May 2006
 - Will bring on 4 additional Emergency Departments over the summer of 2006
 - Will bring on the remaining Emergency Departments (8) through the end of 2006 and first quarter 2007

1. Value Proposition

- Need to understand the “big picture”
 - There will be losers and winners initially – someone’s repeat test is someone else’s lost revenue
 - Balanced Scorecard approach works well to better understand the value
- SW Tennessee focused on Emergency Departments to begin to define the value proposition
 - Focused on repeat tests, reduction in Observation days and ED efficiencies with estimated savings of \$24.2 million with a potential of \$48.1 over a five year period of time
 - Estimated cost per facility per year to participate \$30,000 in “sweat equity”

• For more information: <http://www.volunteer-ehealth.org/AHRQ/planning/Readiness-Framework.pdf>

2. Securing “Buy-In” From Stakeholders

- It helps to have a “heavy hitter” convene the stakeholders (in Tennessee it was the Governor)
- Build in the time for dialogue so that true consensus can be achieved. We continue to remain inclusive – we want to hear everyone’s voice.
- Convene on neutral territory until people begin “getting along”
- In Memphis, local “ownership” was important and going through the work to file for incorporation and not-for-profit status was important.
- Healthcare is local and projects will be driven locally – that needs to be a core principle; however, the state has a role in convening and setting the guiding principles for all players across the state.

3. Key Barriers and Challenges

- The players in Memphis have a long standing tradition of not getting along or playing well together.
- “Who are you (Vanderbilt) to tell us what to do?”
- The technology is hard but the policies and procedures especially around security and privacy are even harder.
- Funding for operations and legal expenses
- Coordinating with other HIT initiatives around the state

4. Key Lessons Learned

- Be willing to start small and grow big
- Start where the energy is
- Have a vendor management strategy
- Collaboration and trust are not built overnight but can be achieved when the parties are willing to work together and take ownership in the process
 - Don’t discount the naysayer – listen
 - Don’t short cut the process by eliminating the planning but be willing to jump into implementation too.
 - It is very easy to talk about what the technology can and should do but actually making it work is a different story
- Do not underestimate the security, privacy and legal issues!
 - Budget for legal fees
- There may not be an answer to the question