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Arkansas Office of Health Information Technology

News & Updates

A personal account for the use and need of SHARE

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'Round here, the benefits of having electronic medical records connected through a health information exchange seems like a no-brainer. But then, lots of things look good on paper (or paperless, as the case may be).

It's good to get beyond the rhetoric and see a real-world reminder of the effects an HIE would have on the quality of health care.

I got just such a reminder recently.

A close acquaintance, we'll call him Bob, has had severe back problems for several years now. Bob's gone through multiple surgeries, months of rehab and gotten the opinions of countless specialists, all to no avail. He is limited to lying on either side or standing. Sitting is not possible without considerable pain. He can suck it up and drive for short distances, but the pain keeps him confined to about a 20-mile radius of home.

He recently got a shot of hope after seeing a new doctor. The new doctor believed a certain surgery would give Bob considerable relief from his pain. And after the surgery, Bob did experience great relief for about two weeks. Then the pain came back with a fury, but in different places than it had been before. Worried that he had overexerted himself or in some other way re-injured his back, Bob called his doctor, and the doctor suggested Bob get an MRI taken of his back, just to see what was going on.

Bob's doctor works at one hospital, while Bob's insurance will only pay for MRIs at another hospital. A week after getting the MRI, Bob returned to his doctor to discuss the results. But when he got there, the doctor did not have the MRI images from the other hospital. Bob and his wife were told by a nurse that the other hospital was supposed to mail the images to Bob's doctor, but had not yet done so.

The nurse then asked if Bob's wife would be willing to drive to the other hospital and pick up the images in person. She did so, and after a very painful long while, Bob was able to meet with his doctor and go over the results of the MRI.

And while Bob is grateful that everything worked out, he was surprised that there was not a simpler method of transferring his medical records from one place of care to another. He described it as "an unnecessary gap in the process."

"Doctor-to-doctor, hospital-to-hospital, that information should just be there to be had," Bob said. "To me it was kind of silly that my wife had to go over there and get it."

We agree, Bob. It *should* be as simple as your doctor downloading images from another health care entity.

And with the upcoming implementation of SHARE, it soon will be.



A broader meaning of Stage 2 for Meaningful Use

With the recent announcement of New Proposed Rule Making (NPRM) for Stage 2 of Meaningful Use, the following provides an overview the changes and focuses on the emphasis of a more patient-centered health information exchange.

Stage 2 lays out three requirements that will standardize the health care system over time. First, Stage 2 standardizes data formats to simplify how information is both captured and shared across disparate IT systems. Second, it is emphatic that patients be able to access and

easily download their healthcare records for their own use. Third, it expands the scope of tracked quality metrics to include specialists and to reflect outcomes as well as care coordination.

To qualify as a stage 2 "meaningful user" of electronic health records, providers need to comply with, and track 20 functional metrics and 12 clinical quality measures. The proposed rule requires providers to have at least 10 percent of their patients "view, download, or transmit" their health information to a third party.

Stage 2 removes the barrier to lack of access to data through reporting so many quality measures and downloaded patient records. The transparency facilitated by far deeper, richer, and more timely and specific information will enable payers, consumers, and employers to pay differently for care.

While the meaningful use program has specific security requirements for providers, it will be important for existing privacy rules and security requirements to be rigorously enforced. Patients will need confidence to contribute their health data to datasets. Providers will need similar confidence to encourage their patients to access their data and use the tools that will emerge.

Providers will be well served to view stage 2 not as a requirement to better use their electronic health records, but as a foreshadowing for how to compete and thrive in the future of health information exchanges. A future where a provider's ability to deliver reliable outcomes, economic value, and exceptional patient experiences will soon be transparent to peers, competitors, payers, and, most of all, patients.



HIE Council Meeting - March 26, 2012

The regularly scheduled HIE Council meeting will be held on Monday, March 26th at 1 pm.

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To confirm your attendance, please contact a member of the OHIT staff at 501.410.1999.

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