

Modernizing Healthcare Communication

Your medical information:

... exactly where you need it
... when you need it.

Gail Amundson, M.D., F.A.C.P.

President and CEO

Quality Quest for Health of Illinois

Calcium
Cholesterol
Triglycerides
HDL cholesterol
LDL cholesterol
Cholesterol/HDL

clinic

Pre Assessment

Anaesthetic Clinic

3

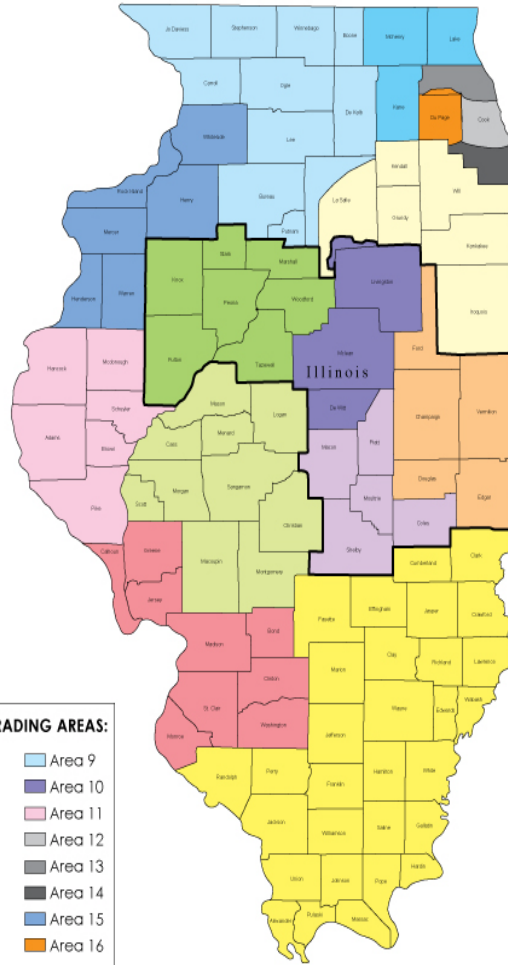


Our Planning Grant

Bloomington, Champaign, Decatur, Peoria



HEALTH INFORMATION EXCHANGE PROJECT



Our planning covers 4 of the 16 medical trading areas, covering 20 counties across Central IL

- 20 counties
- 29 hospitals
- 20 health departments
- 2,500+ independent healthcare providers

Big Job, Small Timeframe

- Early success factors include:
 - Project manager started Day One – June 25, 2009
 - Identified strong co-chairs for each region to give us a diverse leadership team for immediate decision-making
 - 3 full-time Regional Coordinators are dedicated to regional engagement
 - Recognized the need to lead with education, rather than jumping into decision-making

Governance Structure for Planning

Over 160 People Involved

Executive Advisory Council

4 Regional Councils:

- Peoria
- Decatur
- Champaign
- Bloomington

6 Workgroups:

- Governance
- Technical
- Clinical Data
- Financial Sustainability
- Legal / Privacy
- Communications

- *Hospitals*
- *Practicing Physicians*
- *Federally Qualified Health Centers*
- *Laboratories*
- *Pharmacies*
- *Health plans and insurers*
- *Local health departments*
- *Behavioral healthcare providers*
- *Outpatient rehabilitation facilities*
- *Long-term care providers*
- *Dental providers*
- *Academy Institutions*
- *Consumers and consumer groups*
- *Quality improvement organizations*
- *Healthcare and professional associations*
- *Medical societies*

Our Year at a Glance

- **July - August** – Project launched; governance established
- **September - October** – Workgroups start by examining best practices, national standards, lessons learned from other HIE's, etc.
- **November - January** – Workgroups present initial findings, general direction
- **Feb – April** – Workgroups present preliminary recommendations
- **April – June** – Workgroups present final recommendations
- **End of June** – Final plan prepared for the State

The background of the slide features a warm, yellowish-green gradient. On the left, there are several circular surgical lights. On the right, a portion of a clinic sign is visible, with the word "clinic" in a stylized font, a smaller sign that says "Pre Assessment" and "Nursing Clinic", and a large white number "3" on a dark background.

What We've Learned So Far

- **Governance:** With 4 MTA's working together, we are able to tap the strengths of each region.
- **Provider Participation:** AMAZING energy, organizations very willing to be a part of the process. Many community participants.
- **Encouraging EHR Adoption:** First time we've seen the HIE movement aligned with state and federal funds. Good timing for this work to be happening.
- **Assessing Current Levels of Adoption:** We are proceeding with 2 assumptions: 1) that our HIE will have to connect with MANY different systems and 2) that there will be many providers that do not yet have a functioning EHR.

The background of the slide features a warm, yellowish-green gradient. On the left, there is a close-up of surgical lights. On the right, a sign for 'clinic 3' is visible, with a smaller sign below it that reads 'Pre Assessment' and 'Ambulatory Clinic'.

What We've Learned So Far

- **Identifying HIE value:** The patient experience is what always feels the most compelling; we continue to return to those stories as a way of remaining focused on what is really important.

Connecting ambulatory providers early is important.

Ultimately, perceived value is what will make the HIE sustainable. We'll be conducting some focus groups in the months ahead to help us determine exactly what HIE services would be most beneficial to providers in our area. If we will prioritize and design around those services.

The background of the slide features a blurred image of surgical lights on the left and a green clinic sign with the number '3' on the right. The sign also includes the text 'clinic', 'Pre Assessment', and 'Anesthesia Clinic'.

What We've Learned So Far

- **Incorporating large systems & stakeholders:** Some of our largest, most wired providers are less involved in the planning process.

- Investments in HIT are a competitive differentiator.

National labs are not actively engaged.

We have local pharmacy but not chain pharmacy participation.

The background features a warm, yellowish-green gradient. On the left, there are several circular surgical lights. On the right, a sign for a clinic is visible, with the word 'clinic' in a stylized font, a smaller sign below it that says 'Pre Assessment' and 'Nursing Clinic', and a large white number '3' on a dark background.

Important to Remember

HIE is NOT a mysterious unknown.

LOTS of medical information is shared currently. In fact, most of us EXPECT our healthcare information to be available when and where we need it.

HIE simply gives us a way of doing it:

- ... minus the headache of carrying paper records around with us;
- ... minus the hassle of showing up at appointments and finding that important referral paperwork or labwork hasn't made it there yet;
- ... minus the dependence on our memory to recall every doctor we've seen, every procedure that's been done, every prescription we've taken.



For more information

Joy Duling, Project Director

Quality Quest for Health of Illinois
(309) 202-1599
joy@QQhie.com

Gail Amundson, MD, FACP

Quality Quest for Health of Illinois
(309) 282-8823
GAmundson@QualityQuest.org

Bloomington Regional Coordinator:

Ruthann Lipic
Illinois State University
(309) 438-5295

Champaign Regional Coordinator:

Kathleen Roley
Champaign-Urbana Public Health Dept.
(217) 531-2936

Decatur Regional Coordinator:

Kyli Streckfuss
Comm. Health Improvement Center (CHIC)
(217) 454-9433

