

Utah Health Information Network Evaluation Method Summary

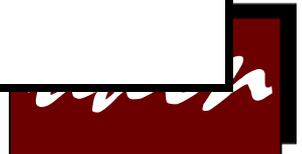
AHRQ 2006

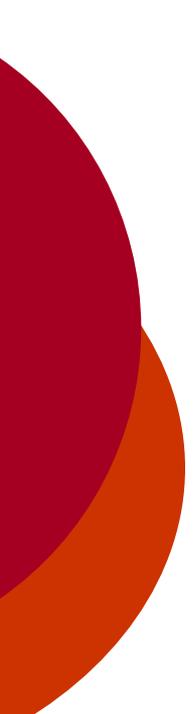
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UWIN Pilot

Submitter	Receiver	Message	Format
Hospital	Providers (clinical messages) Payers (claim attachments)	Discharge summaries, etc.	HL7, pdf
Clinics	Hospitals (clinical messages) Payers (claim attachments)	History and Physicals	HL7, pdf
Payer/PBM	Hospitals, clinics, pharmacists	Medication Histories	NCPDP, pdf
Labs Hospital labs	Providers	Lab results	HL7





Goals of Pilot

- Demonstrate value (both clinical and administrative) of these exchanges
- Test whether it works to use the same format(s) for both clinical and administrative messages that are communicating the same information
- Focus on workflow challenges to endpoints
- Make technology easy and inexpensive



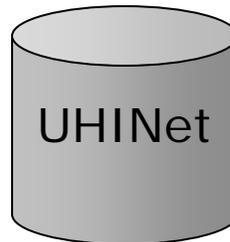
UHINt: Keep it simple

Discharge Summary Send:

- Create file as HL7, pdf, tif
- Put file in designated directory
- Pick up the file with UHINt
- Address with UHINt
- Send

Discharge Summary Receive:

- As soon as the user logs onto UHIN hub, the file is downloaded to their directory
- User selects which file to view
- View with UHINt
- (Print or send file to EMR)



Users control IT development costs



Evaluation

- We will evaluate one or two of the pilot messages
 - Probably won't evaluate the impact of all the messages
- The choice will depend upon adoption rates for each message



Medication Histories: Settings

- From Payers/PBMs
- To clinics, pharmacies, hospitals



Medication Histories: Operational Outcomes

1. Satisfaction w/ the process for obtaining and using the medication history (survey)
2. Number of times medication history is needed but unavailable (survey; check sheets or logs)



Medication Histories: Clinical Outcomes

1. Number of times physician changes prescribing based on medication history or uses medication list for drug reconciliation (survey; logs or check sheets)
2. Number of ED, clinic visits and hospital admissions w/ diagnosis codes for ADEs (administrative data)



Discharge Summaries: Settings

- From hospitals
- To clinics and payers (as claim attachments)

Discharge Summaries: Operational Outcomes (before and after)

1. Satisfaction w/ the process for obtaining d/s (survey)
2. Number of times d/s is needed but unavailable (survey; check sheets or logs)
3. Frequency and amount of time spent obtaining, sending and processing d/s, (survey; workflow observation and analysis; check sheets or logs)



Discharge Summaries: Operational Outcomes

4. Frequency of duplicated work; i.e. obtaining/processing d/s more than once (check sheets or logs)
5. Cost of obtaining d/s (extrapolated from 2 – 4 above)

Discharge Summaries: Clinical Outcomes

1. Patients receiving care following recommendations from the d/s
 - Recommendations abstracted from d/s.
 - Determine if recommendations are followed by examining administrative data
 - e.g.
 - for patients admitted for pneumonia: chest x-rays w/in 30 days of discharge
 - for patients admitted for AMI: beta blocker rx w/in 90 days of discharge or ACE inhibitor rx w/in 90 days of discharge



History and Physicals: Settings

- From clinics and hospitals
- To hospitals and payers (as attachments)

History and Physicals: Operational Outcomes (before and after)

1. Satisfaction w/ the process for obtaining H&P (survey)
2. Number of times H&P is needed but unavailable (survey; check sheets or logs)
3. Frequency and amount of time spent obtaining, sending and processing H&P (survey; workflow observation and analysis; check sheets or logs)



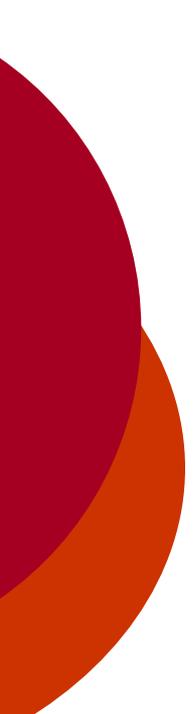
History and Physicals: Operational Outcomes

4. Frequency of duplicated work; i.e. obtaining/processing H&P more than once (check sheets or logs)
5. Cost of obtaining H&P (extrapolated from 2 – 4 above)



Lab Results: Settings

- From labs and hospitals
- To clinics



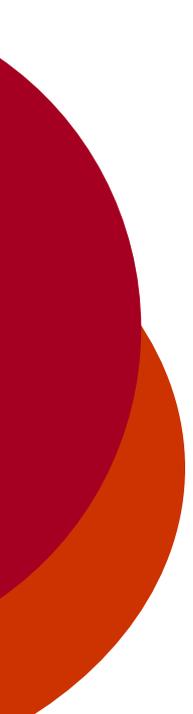
Lab Results:

Operational Outcomes (before and after)

1. Satisfaction w/ the process for obtaining lab results (survey)
2. Number of times lab results are needed but unavailable (survey; check sheets or logs)
3. Frequency and amount of time spent obtaining, sending and processing lab results (survey; workflow observation and analysis; check sheets or logs)

Lab Results: Operational Outcomes

4. Frequency of duplicated work; i.e. obtaining/processing lab results more than once (check sheets or logs)
5. Cost of obtaining lab results (extrapolated from 2 – 4 above)



Lab Results: Clinical Outcomes

1. Duplicate tests