

Project Title:	Participation by Primary Care Practices in Health Information Exchange in Minnesota
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Organization:	University of Minnesota
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Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Synthesis and Dissemination

Summary: This contract seeks to assess factors that influence small- and medium-sized primary care practices in Minnesota to participate in community-wide electronic health information exchange (HIE), defined as the exchange of electronic health information among multiple stakeholders such as hospitals, laboratories, ambulatory practices, and quality organizations. Assessments will focus on both the perceived benefits and barriers to HIE participation.

Specific Aims

- Conduct a systematic literature review of HIE, with emphasis on application to primary care practices. **(Achieved)**
- Determine the motivation and barriers to primary care practice participation in HIE. **(Ongoing)**
- Create a report that integrates the factors that affect participation in a community-based electronic HIE. **(Upcoming)**

2008 Activities: In 2008, the project completed a literature review of HIE and primary care clinics. We identified and secured agreements to participate from nine primary care practices in Northeastern Minnesota, West-central Minnesota, and the Twin Cities metropolitan area. By the end of 2008, eight of the nine practices had completed the survey and we had completed four site visits. Key informants for the site visits included clinic administrators, medical directors, and information technology staff.

Preliminary Impact and Findings:

Extent of EMR and HIE implementation

Most sites reported using electronic practice management systems for patient scheduling and registration. In most cases, this system was also used for referrals. Prescription-writing and -refills and laboratory communications were often electronic as well. Electronic methods to order radiology tests and obtain results were less common. Several data partners—including patient health records administrators, pharmacy benefit managers, and physicians outside the clinic—were not reported by any clinics. Sharing laboratory information was more common than sharing radiology and pharmacy information. Several clinics shared immunization records with the public health department. Also less common was data sharing with local hospitals and with payers.

Benefits

At this point, we cannot make a list of broad themes relating to benefits based on formal qualitative analysis of the data, but we can provide a representative selection of themes based on investigator impressions from the site interviews. These themes are related to efficiency, cost savings, and quality.

Barriers

Not one interviewee denied that the cost of buying an electronic medical record (EMR) system can impede adoption of electronic HIE. Some practices found ways to reduce the cost burden; for example: through Federal and State funding mechanisms related to EMR/HIE or with budgeting strategies that kept all costs from being funded entirely out of operating capital. In other words, cost is a problem in some practices, but in others it is a lower-level problem because the practices have figured out ways to manage them.

Lack of interoperability is an issue, not just among different commercial EMRs, but even between EMRs provided by the same vendor. Contrary to common belief, lack of appropriate technologies doesn't seem to be a major problem. It is technically possible to write programs to bridge different electronic systems. The issue is: who stands to benefit from the connection and, therefore, has a vested interest in providing leadership and resources to bring this about?

Security/privacy concerns

The importance of security and data privacy was acknowledged, yet there was confusion about how HIPAA regulation should be applied to electronic HIE and some skepticism that HIPAA regulations were being applied fairly.

Selected Outputs

None Available.