Organization and Governance: Getting Started in HIE and Gaining Stakeholder Participation

The RHIO as Convener and Catalyst: The Birth of EHR of Rhode Island

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RI Quality Institute

- Statewide multi-stakeholder collaborative with the mission of improving health care quality, safety and value
- Catalyzed in 2001, incorporated in 2002
- Freestanding Not-for-Profit 501(c)3
- Funded by participant contributions, grants, contracts and payment for services
- 22 Board members
  - Hospitals, physicians, nurses, pharmacists, consumers, health insurers, professional associations, the QIO, business, academe and state government
  - One organization/person--one vote on the Board
  - Consensus is the primary decision-making mode
- High levels of participation beyond the Board
- Lean structure

The Principles that Guide the RI Quality Institute

- Collaboration—first and foremost
- Real improvement in quality, safety and value is required
- Focus on system improvements that none of us can achieve alone
- Transparency—the "right to know"
- Commitment to a patient/consumer-centric system with an emphasis on patient control, privacy and security
- Senior leaders required

Rhode Island Quality Institute

Board of Directors

RIQI Committee of Chairs

RIQI Health Information Technology Committees

| Standards Committee | Consumer Advisory Committee | Electronic Prescribing Committee | Clinical IT Leadership Committee | AHRQ Project Steering Committee | Policy and Legal Committee | Admin. Data Sharing Committee | Sustainability Committee |

AHRQ Project Management Committee

AHRQ Project Subcontracts and Working Groups

| Consumer Engagement | Provider Engagement / Advisory Panel | Evaluation | Technical Solutions Grp | Data Sharing Partners Grp |

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Clinical IT Leadership Committee (CITLC)

- Key physician leaders invited to join a group with the following purpose:
  - *To advise and make recommendations to the Rhode Island Quality Institute Board and state-wide participants on two major topic areas:*
    - *Electronic Health Records*
    - *Incentive/Payment Systems*

- The CITLC convened on July 6, 2004

RIQI's Purpose in Forming the Clinical IT Leadership Committee

- Fragmentation spawns errors, poor quality and waste

- Can we avoid hardwiring more fragmentation into the new system?

- Could we, perhaps, maybe, with a little luck…narrow the list of EHRs adopted in RI?

Key Steps Along the Path
How EHR of RI Emerged from the CITLC

By May, 2005, the CITLC had accomplished the following things:

- Built a greater understanding among participants of the big picture vision for HIT in Rhode Island

- Learned about the national efforts

- Discussed, debated and shared perspectives on the benefits of EHRs as well as concerns

- Participated with BCBSRI in a statewide survey of primary care practices on clinical office systems, which was illuminating and created a baseline for measuring progress in the future

How EHR of RI Emerged (cont.)

- Learned which EHRs were endorsed by professional organizations

- Developed a set of our own selection criteria and created our "short list" of EHR vendors

- Learned how Coastal Medical approached the evaluation of vendors, including the processes and tools they used

- Gained insight into a variety of group purchasing strategies, ranging from "hunting license" models to the "Super-VAR" models (VAR=Value Added Reseller)

- Made significant strides toward an unprecedented level of collaboration for all the right reasons

A Snapshot of EHR of RI

- Five Founders:
  - Kent Hospital PSO
  - Women and Infants' PSO)
  - Coastal Medical
  - Lifespan/Physicians PSO
  - Thundermist Health Center

- *Competitors* formed as a separate, physician-led company to close the EHR adoption gap in RI

- Entered into a long-term partnership with an EHR vendor that evolve over time and result in higher quality, safer and more efficient care

- Are receiving contributions from insurers and other stakeholders to make this succeed

The Vision of EHR of RI:
To Close the EHR Adoption Gap in RI

- Help all RI physicians deliver higher quality, safer care and substantially lower the barriers of entry to HIT by:
  - Decreasing the cost of purchase of a high-end EHR
  - Decreasing the risk of purchase of an EHR
  - Decreasing the cost and complexity of connecting to the statewide Master Patient Index
  - Providing strong implementation support locally
  - Providing excellent maintenance support locally

Key Factors

- There was a clear vision at the state level along with a set of principles that served as guideposts

- The group learned *together* about:
    - the vision and the principles
    - the national and local landscape and activities
    - What a good EHR looks like if the goal is to improve quality and safety and equip physicians for a P4P environment
    - How group purchasing might help all physicians

- Physician leaders stepped up in a big way and acted for the good of the community rather than in self-interest

- Ironically, it is turning out to be in their self-interest, even though that wasn't and isn't the intent

Replicating This Back Home

- Create the conditions for something like this to emerge:
  - Articulate a clear and compelling vision
  - Establish strong guiding principles (and practice them)
  - Invite the early adopter/opinion leaders to participate
  - Learn together and spend time together
  - When leaders emerge (and they will)-organize the meetings and stand back and let them lead
  - Give them a big stage on which to perform

Creating the Conditions (cont.)

- Keep in mind that a monopoly isn't the goal
- Consider linking with/creating the larger HIT stakeholder venue (RHIO) in your region in order to generate:
    - alignment with other initiatives
    - support (financial and otherwise)
    - encouragement
    - expectation and onus
    - hope

Back

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Beyond the Headlines >> *Written by Joseph Conn / HITS staff writer*

R.I. emerging as hotbed of healthcare IT

Story originally published March 1, 2006

A company formed by four competing Rhode Island physician organizations to jointly negotiate the purchase of a common electronic medical-records system on behalf of 1,300 doctors has signed a contract with eClinicalWorks, the physician leader of one of the participating groups said this week.

Mark Jacobs

Additionally, in the tiny state that is fast becoming a hotbed of healthcare IT, a 155-physician independent practice association, Rhode Island Primary Care Physicians, has formed its own for-profit company, Polaris Medical Management, that developed from scratch and is selling its own EMR and practice-management software system as well as claims-clearinghouse services, all targeting primary-care doctors. So far, about 100 physician members of the IPA and another dozen nonmember doctors are using the EMR system, according to that group's leader.

Finally, Rhode Island Gov. Donald Carcieri, a Republican, has asked the state Legislature for $20 million to complete development of a technological infrastructure to provide statewide healthcare information connectivity, according to Laura Adams