Replication of Health Information Exchange Framework Across Oklahoma

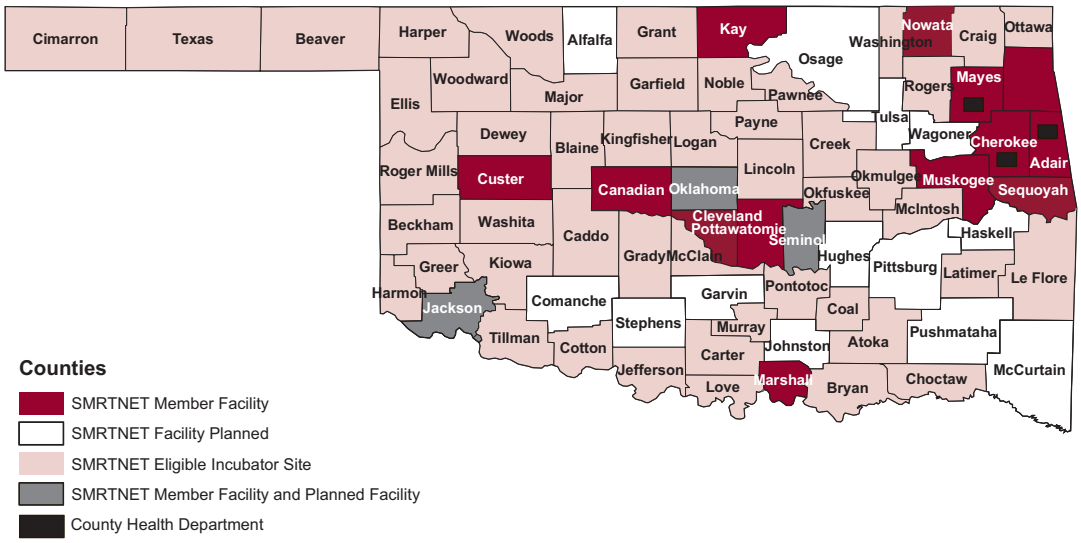
In the United States, patients often see multiple clinicians for care, and their medical information is scattered across various providers. This system can be fragmented, less efficient, and as such, inappropriate or insufficient care may be provided. States like Oklahoma are addressing this fragmentation via a health information exchange (HIE), which can make it easier for providers to share patient information.

Oklahoma's health status is consistently ranked as one of the lowest in the Nation, regularly falling anywhere from 46th to 49th place over the past decade. Its health care system also ranked low in national efficiency rankings (Commonwealth Fund, 2009). To improve quality of care and reduce fragmentation, seven Oklahoma health organizations and a county government entity partnered on a pair of AHRQ-sponsored grants to build an easily replicable and potentially cost-effective framework for HIE. The developed framework consisted of task forces organized around five primary areas—clinical task force, privacy task force, legal task force, technology task force, and governance task force. Since the grant period ended, the partnerships have successfully replicated the HIE framework in additional counties in Oklahoma at low cost, as shown in Figure 1. The HIE is now financially self-sufficient, running on member fees and contributions from networks in development; it receives no grant or other government funding. The Secure Medical Records Transfer Network (SMRTNET), a publicly owned utility company operated by its members, runs the HIE. SMRTNET members include hospitals, community health centers, mental health agencies, public health agencies, universities, and Native American health agencies.

Although it is still too early to know for sure, the SMRTNET model appears to be transferrable to other States, as evident in recent SMRTNET activities in developing an HIE in Tampa Bay, Florida. The model's success in Oklahoma has led to conversations between SMRTNET staff and hospitals and providers in other States as well, including Illinois (Chicago), Iowa, and North Carolina.

FIGURE 1

Oklahoma SMRTNET Facilities, by County



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