

Perspective: Georgia county HIE to go live in March

Channel:

Source: Patty Enrado,
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Chatham County Safety Net Planning Council ([CCSNPC](#)) is on the fast track with the build out of its Chatham County Health Information Exchange ([HIE](#)). CCSNPC chose its health IT vendor, Orion Health, in October and anticipates the pilot project going live in March 2010.

CCSNPC was founded in 2004 by the Chatham County Commission and includes providers, government, advocates, employer representation, funders and consumers to help address the uninsured and underinsured problems in the county, said Patricia Lively, chair of CCSNPC's IT Consortia and senior vice president and CIO of [Memorial](#) University Medical Center, one of two hospitals systems in Savannah. Of the more than 251,000 residents in Chatham County (2008 data), between 44,000 and 60,000 are uninsured – 24 percent of the population at the high end, she said. The state of Georgia's uninsured rate is between 17 to 18 percent of the population. Both percentages are above the national average, she pointed out.

Access and capacity are problems for the uninsured people, who typically go to the emergency departments (EDs) for healthcare, Lively said. The pilot HIE, which will connect Memorial University Medical Center's ED and one Federally Qualified Health Center (FQHC) in the county, is expected to decrease costs of duplicative and unnecessary tests, as well as help provide appropriate care in the right setting. "We're hoping to intervene and get patients to the appropriate venue for their healthcare," she said.

The project has come a long way. The Georgia Dept. of Community Health chose CCSNPC's HIE as one of three state demonstration projects. One of the major challenges was the lack of EMRs among the providers. "You need EMRs to be able to exchange clinical data. We needed to ensure that all parties have the capability to exchange data," she said. The free clinics were able to get EMRs through grants, and the FQHC purchased one with their funding. Thus far, four of the six clinics have EMRs and are ready to exchange data, Lively said. "It took creativity to bring EMRs to these clinics," she said. Lack of IT support created a challenge in pulling it all together, but through the grants CCSNPC was able to implement new secure interfaces, she said.

When the infrastructure is in place, providers will be able to exchange data, message and participate in public health recording through a secure Web-based portal. The infrastructure will also have a master patient index and record locator service.

CCSNPC chose a central data repository to exchange data because it's the only infrastructure model that allows access to outcomes data, which will enable providers to impact population health, Lively said. A central data repository model requires consensus on governance and privacy and security policies, among other policies. Historically, policy-making is major obstacle for RHIOs and HIEs. But it hasn't been a problem for CCSNPC. "We have been in place since 2004 to address the healthcare issue," she explained. "We have already worked through the barriers for other issues. We already brought the competitors to the table. This has paved the way for our health information exchange discussion. It's made a difference."

To date, the Chatham County HIE has been funded by state grants and a Health Resources and Services Administration grant to purchase equipment and software, which covers funding for the next 12 months, she said. The business model has not been developed because CCSNPC wants to establish the HIE's value to the community based on usage, Lively said. The first goal once the HIE is up and running is to measure the effectiveness of the pilot. Once that is done, CCSNPC will solicit funding from stakeholders to keep it going.

"We're here for a common goal – ensuring access for the uninsured and underinsured, and improving patient care and the quality of healthcare for consumers," Lively said. The HIE pilot would serve the county, but CCSNPC hopes to include all regional healthcare providers, including the remaining safety-net providers, regional hospitals, private providers and public health department.