

HIE connects Western Washington's critical access hospitals

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The Western Washington Rural Health Care Collaborative ([WWRHCC](#)) has a formidable challenge. The nonprofit health network comprising 10 critical access hospitals (CAHs) serves some 288,000 residents who for the most part are elderly and uninsured, underinsured, or are Medicare/Medicaid beneficiaries.

Access to specialists such as orthopedic doctors or cardiologists is difficult for a population living in an isolated and underfunded region, said Andrea Perkins-Peppers, HIM/IT director for [Forks](#) Community Hospital. "Being a collaborative, that is something that we've been able to provide more easily and with less

travel," she said.

In 2007, WWRHCC [received](#) a \$1.4 million FLEX CAH Health IT grant, which required the health network to enable connectivity between three of its CAHs and each of their respective rural health clinics to share pharmacy information. The health network was looking for a vendor that could deliver an interface to essentially create one system out of the three disparate systems at the hospitals. WWRHCC was also focused on only having one system for the pharmacists to learn. After an RFP was released, WWRHCC held a one-day vendor fair and oversaw demonstrations by 10 vendors. Perkins-Peppers said that the selection of Orion Health was based on the vendor's "impressive" portal, its clear understanding of what the health network wanted and its honesty in what was possible and what was not.

Orion Health built the platform at the first hospital and trained the IT staff there. The IT staff was then tasked with bringing that knowledge to the other hospitals that desired inclusion in the project. "That was the ideal," she said. Once the three hospitals were chosen, however, one hospital dropped out and another took its place. Five IT staff members from two hospitals that were not involved in the implementation were tapped to help, but eventually couldn't commit their time. "The biggest challenge was the staff time," Perkins-Peppers said. With the high turnover of IT staff and time limitations, the health network relied on Orion Health to provide those resources.

The FLEX CAH Health IT grant also allowed WWRHCC to share information for trauma patients with a large tertiary hospital, which the health network has successfully done with Seattle-based [Harborview](#) Medical Center. Now physicians at Harborview's emergency department can access information for trauma patients that are en route to their facility. WWRHCC can scan handwritten notes and send them electronically to the ED physicians.

The connectivity is still in the early stages. While at first encountering physician resistance, buy-in was achieved when physicians were able to sign in and get the information they needed all in one place, she said. When the telepharmacy project began, pharmacists were brought to the table early on for their input. "At the close of the [pharmacy] project, we found that we had a health information exchange," she said. "We came at it backwards." Perkins-Peppers said if WWRHCC were to do the project over again, the health network would have approached the physicians in the beginning, announced that they were building an HIE and then gotten physician acceptance by engaging them in the process at the start. Regardless, she said, "I also believe we can get physician buy-in now by meeting with those groups and showing them what we have."

WWRHCC will be engaged in a public outreach and education program within the next two months, as well as continue to get physicians and staff trained at new facilities, including its other tertiary partners, Seattle-based [Swedish](#) Medical Center and Port Angeles-based [Olympic](#) Medical Center. The idea is to expand the HIE so more patient information can be shared.

The health network secured another grant to enhance its HIE platform and deliver more functionalities to help eligible hospitals, health systems and physicians potentially meet meaningful use criteria, Perkins-Peppers said.

There's a significant lesson to be learned from WWRHCC's experience in building the telepharmacy project and HIE, she said. "It's important for people to realize that just because they're small and they don't have a whole lot of resources they can do a big project like this; we did it with very little IT resources and very little knowledge, just a lot of hard work and will power," Perkins-Peppers said. "It can be a really beneficial thing for the public."