

Q&A: Lahey's Path To HIE Leads Through Portal

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Lahey Clinic depends on keeping its referring physicians satisfied. Implementing a health information exchange (HIE)—by way of a physician web portal—is one way it has been able to do so, said Peter K. Dempsey, MD, CMIO and vice chair of the department of neurosurgery at the 500-physician multispecialty group practice in Burlington, Mass., during a recent interview with *CMIO*.

Can you provide some background about Lahey's need for a physician web portal?

Maintaining contact with our referring doctors is a huge issue. As a specialist, I need to make sure the people who send me patients get the necessary information back [to] manage those patients once they leave my care.

For a long time, our efforts have centered around trying to keep our referring doctors happy and making sure they feel like they're part of the care team and involved in the care process. We were looking for a technical means by which to accomplish that. ... We're in a very competitive environment and we need to keep those referring doctors happy [and] connected to Lahey. We thought by offering a physician portal, that would help keep them in the family, so to speak.

Was single sign-on a key differentiator?

We have multiple disparate databases: We have a lab system, radiology results, PACS, dictation—anything you can imagine. First, we did with this application [Orion Health's Concerto Portal] was to use it for our internal doctors because they were having to log in to multiple systems to get data, in order to aggregate all information for internal docs.

The external docs get the same information by logging into LaheyView [a view-only application]. They can see data, from Jan. 1, 2005, until today, any lab information, radiology results, consult notes, op reports, discharge summaries, scanned documents, portions of inpatient record ... anything they need to see they can get to by entering single physician portal. Single sign-on was huge; otherwise, they'd have to [access each database separately].

When did the physician portal system go live?

We went live in 2008. When we first brought up the system, we knew that in order for it to be of any value to our internal docs, we would have to have data for them to review. We converted the data so it would go into the new data repository. [In addition,] we kept things like operative reports and discharge summaries dating back to 1999.

Was implementation a lengthy process?

We wanted to develop this sometime in late 2006, so it took us over a year to get it up and going. One of the issues was that we were one of the first [organizations] to use a new clinical data repository that Orion Health had designed. We were an alpha customer for that clinical data repository, so that took a while. All of our ancillary systems were in place; we were feeding data to a legacy mainframe system so we had been collecting the data for a long time. Therefore, we didn't have to figure out all the interfaces from the different ancillaries; we had been dealing with that for a long time.

Designing the screen layout was pretty straightforward as well.

Do you have improvement metrics or results you can share?

It's tough to measure, but I can tell you we have about 1300 non-Lahey physicians signed up to access the system. In terms of usage, for the first year or so, we noticed that it was one of those out-of-sight, out-of-mind things. We would give a demonstration to referring docs and we would sign them up, and for the first couple of days, we'd get a couple of hits, and then it would just trickle off.

We worked on a notification system whereby if a patient associated with that referring doctor has any kind of clinical activity at Lahey, we will generate an email message to that provider telling them that their patient has had some activity at Lahey. Since we've been doing that, we've been getting much more usage, [and] feedback has been totally positive.

[Another result] was a little bit of a surprise to us: A group that has found this incredibly valuable are post-acute care [facilities]—skilled nursing, rehab, hospice. They appreciate it because they may get a discharge summary when that patient arrives at the rehab, but the discharge summary is often very superficial and doesn't have a lot of information they might need. They can log in to LaheyView and all the data that the patient had during their hospitalization is at their fingertips.

They were sort of an unintended beneficiary of the system; we didn't plan to distribute it to them, but they have been one of our greatest users. The patient data travels with the patients.

We have also had several ER docs log in to look at results including ECG strips. They can pull up the rhythm strip and see whether there are changes from previous results. Same for imaging, they can get a chest x-ray and compare it using the PACS.

Does Lahey plan to establish HIE with non-Lahey providers?

We've gone about it through the individual providers. Also on our plan [is] to get another facility to put in their version of LaheyView and then connect the systems together. [The challenge is] the financial investment—they need to develop the business model to pay for it. Everybody agrees with the concept [of HIE], but when it gets down to paying for it, that's where it gets hard. That's true of HIEs all over country.