

State launches online medical records exchange

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Buoyed by a \$10 million federal grant, state health officials and industry leaders on Friday celebrated the launch of a Web-based medical records exchange that has been the subject of talk and planning since Hurricanes Katrina and Rita. Authorities tout the Louisiana Health Information Exchange as a way to link disparate health care providers, from primary care doctors to hospitals and pharmacists, so they can collectively provide better and cheaper patient care.



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The Health Care Quality Forum is seeking participation by the largest hospitals in the state, including Ochsner Health System, the Louisiana State University public hospitals and the Franciscan Missionaries of Our Lady Health System, which has committed to manage the public hospital being built in St. Bernard Parish, shown in this rendering.

"The idea is that no matter where you are ... you could get in an accident, be taken to any emergency room in the state and doctors would have your records available," said David Callecod, chief executive officer of Lafayette General Medical Center, one of two participants in a recently concluded offline pilot for the exchange.

That vision depends on exchange organizers persuading enough providers to join the network, which eventually must support itself through

subscription fees by participating medical enterprises.

The build-out and launch is financed by federal money included in President Barack Obama's 2009 economic stimulus package, which included money for every state to develop and expand their capacity for electronic medical records. Gov. Bobby Jindal tapped the **Louisiana Health Care Quality Forum**, an independent not-for-profit agency, to get the network online.

At its launch, the new Health Information Exchange involves Callecod's hospital system and the Opelousas General Health System, both multiple-campus enterprises that share a patient base in Acadiana.

But Cindy Munn, executive director of the Health Care Quality Forum, said her organization is pursuing all hospitals in the state, with an emphasis on the largest systems: Ochsner Health System, the Louisiana State University public hospitals and the Franciscan Missionaries of Our Lady Health System. All include multiple hospitals, along with primary and specialty care clinics.

Providers must have established their own individual records systems to participate in the exchange. In technological terms, the exchange is simply a Web portal that connects those systems, allowing all providers access to the information with a login and password to the encrypted site.

Expanding the subscribers is key for two reasons. First, subscriber fees, calculated as a portion of net annual patient revenue with guaranteed caps, are necessary to maintain the system. Lafayette General has committed to paying no more than \$150,000 per year. Opelousas General's cap is \$125,000. The federal support was intended to get the system online, and state Health Secretary Bruce Greenstein, who praised the development, said he has "no intention of this becoming a direct appropriation" in the state budget.

Besides revenue, the system must connect as many patients as possible to yield tangible benefits for patients and to prove financially justifiable for providers.

Munn said all three large systems have participated in the planning process. They could join as soon as early 2012, she said. "Our focus right now is on what we can do to make the exchange valuable for them," she said.

Efforts to reach technology executives from LSU's hospital system and Ochsner, the largest public and private players in the New Orleans regional market, were not successful Friday. The Franciscan system, based in Baton Rouge, will enter the New Orleans market soon. The system has committed to manage the public hospital being built in St. Bernard Parish and another planned for eastern New Orleans.

The forum has pitched to all hospitals and systems that, with a subscription, any affiliated physician also will gain access to the system. Another benefit is to effectively satisfy existing reporting requirements -- from daily hospital censuses to cases of diseases the government tracks in registries -- imposed by the Department of Health and Hospitals. Rather than spend staff time sending information to the state, it would be available as a matter of routine via the exchange.

Munn said her organization also wants to attract insurers, whose claims databases represent perhaps the most complete treatment histories of many patients.

The federal agency responsible for overseeing Medicaid and Medicare has authorized state Medicaid programs to participate in the new state exchanges, as long as they are joined by private insurers with a comparable market presence. Munn said the obvious target in Louisiana is Blue Cross Blue Shield, the dominant private insurer in the state.

Munn's group contracted with Orion Health, a California-based company, as the technical provider for the exchange. She declined to share the details of their deal, but said the planning and launch commanded "less than 10 percent" of the state's \$10 million health information technology grant.

The rest of that money has been used to support a separate Rural Health Information Exchange linking rural physicians to hospitals and an incentive program to help physicians expand their use of electronic records in their offices. The rural exchange is expected to continue as a distinct entity.

Greenstein and others said they envision expanded capabilities for the system in the future, including sophisticated analyses of patient data and outcomes. For example, the system could generate comparisons of hospitalization rates of diabetes patients in the New Orleans region and those in the Shreveport region. Such data generation now takes considerably more manpower at his agency and is always old by the time it is compiled, he said.

Authorities expressed few concerns about security.

Jared Lormand, chief information officer for the Opelousas system, confirmed that he has gotten inquiries from patients. But he noted the full encryption at all entry points to the system. "It's as safe as paying credit card bills online," he said.

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