

Vermont hospital keen on integration

December 03, 2009 | Bernie Monegain, Editor

WINDSOR, VT – Mt. Ascutney Hospital and Health Center could be the "poster hospital" in demonstrating how difficult it is for small hospitals with reasonable aspirations for interoperability to achieve their goals.

That's how Glenn Thornton, computer programmer and interface analyst at the Windsor, Vt.-based hospital, sees it.

On the one hand, he's thankful for the integration engine (Rhapsody from Orion Health) that makes it possible for the disparate systems at the 99-bed hospital to work together. The Rhapsody engine integrates applications in the hospital's information system (CPSI), lab system, outpatient electronic medical record (Allscripts), emergency department, external reference labs, regional health information exchange and PACs.

"Without that we would be back in the dark ages, and spending a lot more money," he said. "Because every time you need something changed, modified, enhanced, added subtracted, that's going to cost you every time you pick up the phone."

On the other hand, Thornton said he imagines how much easier the sharing of data could be.

"If these integration tools were embedded in these applications where the client only had to pay one time for it, then that's really going to be a huge cost savings for the end user," he said. "I don't know of any application – inpatient, outpatient, whatever – that offers integration – an integration tool – built in to their application."

Two reports published earlier this year from KLAS, a healthcare IT market research firm, support Thornton's take on how much more challenging it can be for small, rural hospitals to find the right technology at the right price.

In assessing EMR vendors, KLAS found three that targeted small hospitals like Mt. Ascutney: Healthland, CPSI and HMS.

"For all of the rated products, only about 50 percent of the provider comments regarding functionality and upgrades were positive, suggesting significant gaps with the current offerings," said KLAS research director Paul Pitcher.

"The solutions providers are requesting the most are the options vendors are pursuing the least," said Jeremy Bikman, executive vice president of research and strategy at KLAS, in a separate report. "Providers are essentially saying, 'Help us use your system more effectively,' and very few vendors have answered the call."

Thornton would like to see "a very simple application" that incorporates all aspects of what it takes to run an outpatient clinic and an inpatient hospital, along with bed-tracking and ED, a lab, purchasing, HR, "that's affordable at the small, rural hospital level."

"I don't know of any that encompass all aspects of the environment," he said. "They're not priced well for small organizations. There are the big fish like Cerner and Epic that do have applications that would meet the needs of the smaller rural hospitals, but they're not focused on the small fish. They're only worried about the big fish. The vendors really don't want to deal with small organizations."

Some applications may not work for smaller organizations, Thornton said. His advice? Consider what your organization can absorb, "because with every application there's support and what have you that all encompass part of that."

"Everybody's looking at integration engines or some other way of being able to share data more readily," Thornton said, because that's where healthcare is going.

"It's where we can share information not only across applications but across borders as well." n

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