

# Rules for Developing a Health Info Exchange

BY JOYCE FRIEDEN

WASHINGTON — If you're trying to develop a health information exchange to share electronic health record data with other providers in your area, Dr. Larry Garber has some advice for you.

Dr. Garber, an internist who is medical director for informatics at Fallon Clinic, in Worcester, Mass., outlined his 10 rules for developing a health information exchange (HIE) at the eHealth Initiative Conference:

**10. Remember that patients are lousy historians.** "It's up to our information technology infrastructures that we build to deliver the vast majority of health information to providers at the point of care," rather than relying on patients to deliver the data, said Dr. Garber, who is also vice-chair of the Massachusetts eHealth Collaborative.

**9. Don't let physicians and patients become a bottleneck to HIE.** "It's hard enough to get emergency room physicians to look at something right under their noses, let alone to start thinking about a consent process," he said. "And patients cannot be expected to use their personal health record as a way of controlling the flow of data."

**8. Create a statewide enterprise master person index (EMPI).** Each state should have statewide universal consent forms that a patient can sign once and that apply throughout the system, Dr. Garber said. But to ensure that the consent form that John Smith signed applies to him whether he is in his primary care physician's office, a specialist's office, or the hospital, an EMPI is needed to make sure all the John Smiths are the same person.

The EMPI also helps with reconciling continuity of care documents. "What do I do when I get 20 medication lists and 20 allergy lists?" he said. "You can only [solve that problem] if you have an EMPI recognizing that these are all the same person."

**7. Don't promise to segregate specially protected information such as HIV status or mental health issues.** "In order to make that work ... the systems will have to err on the side of not sending information, and as a result we will have a true Swiss cheese of data being exchanged," Dr. Garber said. In Massachusetts, health care organizations tried an HIE in which emergency departments filtered out potentially protected data. "It turned out that the resulting medication lists were useless and the project had to be stopped," he said. "You're either all in or all out. It's dangerous [to withhold information], and patients don't understand the implications of not letting certain data flow."

**6. Keep the overhead low.** The local HIE that Dr. Garber helped start had its software written internally in order to avoid paying licensing fees. The HIE also hosts its servers in its own data center, and the exchange members did not create a legal entity—such as a regional

health information organization—in order to avoid paying attorneys' fees. As a result, the exchange's operating expenses are \$7,000 annually, he said. "This may take a little more [money] in other communities, but the bottom line is that you have to lower operating fees if you want the HIE to be sustainable."

**5. Store the data based on the content, not on the source.** "When the data is stored, you need to file it properly," Dr. Garber said. "If you have outside electronic documents coming in, don't put them in an 'Outside Records' folder; they need to be integrated with the rest of the data. If I want to find the last MRI of the brain, I want to look in the imaging section and find the last MRI regardless of where it was done. File labs with labs and radiology with radiology."

**4. Make the electronic health record (EHR) "one-stop shopping."** "I only want to go look in one place for information; I don't want to have to go outside the EHR to a different portal to look for things," he said. "I want one place with one common user interface."

**3. Re-use data.** The beauty of an EHR is that you can take the data and repurpose it, according to Dr. Garber. For example, the clinic uses claims data to populate medication lists, past medical history, and past surgical history.

**2. Don't require people to think.** "If you want some process done consistently correctly, you have to kind of take the brain out of [it]," he said. For example, if a hospital needs to have patients sign consent forms for HIV testing, "when patients are checking in and being registered, don't ask the registration clerk to check if they have consented or need to consent; let that process happen automatically—the consent form appears when it's appropriate, it doesn't appear when it's not appropriate." The same should be true for ordering health maintenance and disease management tests.

**1. Remember that this is the real world.** "Don't forget that we're dealing with the real world and real people," Dr. Garber said. "Our patients are our friends and ourselves. Everything we do affects real people and their health and their happiness. That also includes the physicians and nurses and staff that work in these organizations; everything we do affects [them] as well."

No one should expect physicians and staff to be filling out forms "just for the sake of collecting data so someone can do some analysis on the back end. Data collection should be a byproduct of the care that we give. So remember everything we build is affecting real workloads of real people." ■

**Disclosures:** The conference was sponsored by Ingenix, the American Medical Association, and several other industry groups and trade associations. Dr. Garber did not disclose any conflicts of interest related to his presentation.



## POLICY & PRACTICE

WANT MORE HEALTH REFORM NEWS?  
SUBSCRIBE TO OUR PODCAST — SEARCH  
'POLICY & PRACTICE' IN THE iTunes STORE

### Egg Donation \$ Exceeds Limits

Despite guidelines that egg donor compensation not generally exceed \$5,000, many agencies and private couples are advertising payouts of \$10,000 and more. For one thing, the couples are willing to pay the highest prices for eggs from women with good SAT scores, according to a study published in the March-April issue of the Hastings Center Report. Aaron D. Levine of the Georgia Institute of Technology, Atlanta, analyzed 105 advertisements for egg donation from 63 different college newspapers. He found that about half offered compensation of \$5,000 or less, in line with the guidelines from the American Society for Reproductive Medicine. The remaining ads, 52, promoted payments of more than \$5,000. Under the society's guidelines, amounts between \$5,000 and \$10,000 require justification, and payments of more than \$10,000 are not considered appropriate. The study noted that nearly a quarter of the ads offered compensation above \$10,000, with one ad offering \$50,000 for an "extraordinary egg donor."

### Clash Over Religion-Based Policies

Nearly 1 in 10 primary care physicians in the United States has experienced a conflict over patient care policies with a hospital or practice affiliated with a religion, researchers from the University of Chicago reported online in the Journal of General Internal Medicine. Such entities hold about one-fifth of all U.S. hospital beds, according to the report. About 43% of primary care physicians have practiced in religion-affiliated hospitals, and about 19% of them experienced conflicts stemming from policies that, for instance, prohibit certain reproductive and end-of-life treatments, the researchers' cross-sectional survey found. Younger and less religious physicians are more likely to experience conflicts than are older or more religious peers, the researchers reported. Most primary care physicians said that the best way to handle conflicts between clinical judgment and religious policy is to refer patients to another hospital.

### Reducing Minority Teen Pregnancy

New federal legislation would aim pregnancy prevention programs at teenagers in minority communities. The need there is great, according to Rep. Lucille Roybal-Allard (D-Calif.), who sponsored the legislation. More than half of Hispanic and African American teen girls will become pregnant at least once before age 20, she said. The Communities of Color Teen Pregnancy Prevention Act of 2010 (H.R. 5033) would expand the number of competitive federal grants available for teen pregnancy programs in mi-

nority communities. It would also offer grants for research into the prevalence and social causes of pregnancy and births among minority teens. "While addressing teen sexual behavior is complex, we know that an effective strategy to reduce teen pregnancy in minority communities involves sexual health education that takes into consideration cultural and linguistic differences," Rep. Roybal-Allard said in a statement.

### What Is Sex?

Adults in their 20s have narrowed their definition of what it means to have sex, with only 20% of college students surveyed defining oral-genital contact as sex. That's compared with about 40% in similar surveys conducted in 1991 and 1999. These latest findings are based on online responses from 477 students at a large state university. The survey asked students about their views on whether they would say they "had sex" if they engaged in certain behaviors. While 98% defined penile-vaginal intercourse as sex, 78% defined penile-anal intercourse as sex. Those views are similar to the results in the earlier surveys. The attitude toward oral sex is significant, according to the study authors, because it carries significant risk for transmission of sexually transmitted diseases. Sex education programs need to give increased attention to oral-genital contact and provide preventive measures, the authors wrote. The study is available online and will be published in the June issue of Perspectives on Sexual and Reproductive Health.

### U.N.: Maternal Health a Priority

The United Nations is working to create a plan to improve maternal and newborn health. The Joint Action Plan calls on governments, foundations, corporations, and U.N. agencies to address preventable deaths during childbirth. The U.N. estimates that each year hundreds of thousands of women and girls die during pregnancy and childbirth. An additional 10 million to 15 million of these women face illnesses or disabilities caused by pregnancy complications. "No woman should die bringing life into the world," U.N. Secretary-General Ban Ki-moon said in a statement. "We must create a seamless continuum of care that helps to improve the health of women from pregnancy through childbirth and builds the foundation for a healthy society." The secretary-general called on developed nations to increase their financial commitment to maternal and child health and for developing nations to make this area a real priority. The issue will be addressed at a U.N.-sponsored meeting in September.

—Mary Ellen Schneider