

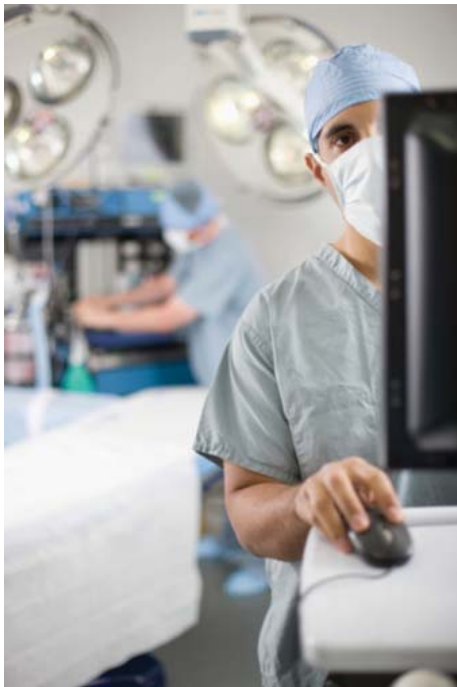
Halfpenny for your thoughts



Back to the Past with a New Exploding Market

by Mitch Fry, EVP of Sales and Business Development at Halfpenny Technologies, Inc.

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What is the most closed hospital information system (HIS) system available today? Who are open vendors? Sunquest, Cerner, McKesson. Do they have a proprietary integration engine? No, they partner with vendor neutral solutions. Will they coexist with competitors solutions, or allow the hospital to make best in class and best in service choices without penalty?

Historically, open systems architecture and service philosophy has been the topic of many tradeshow seminars, not to mention the promise of most vendors in the HIS market today. It wasn't always that way. Why? Their constituency wanted the ability to choose specific solutions that best fit their departmental or enterprise needs without bias.

It is a rare hospital that buys all of its IT from a single supplier. Many will argue that a single supplier just does not exist that can competently supply all. Therefore, their clients want a fundamental ability to simply choose and an ability to interoperate without bias. Popular terminology then and now includes 'best in class,' 'best in suite,' 'best in service' or 'open architecture.' Can you imagine all the hundreds of vendors trying to work out how to integrate with each other? This is just one of the reason HL7 gained adoption.

Users wanted their systems to work together efficiently, with full functionality and without the penalty of high costs of proprietary integration. From this desire or requirement, open tools were developed to promote this concept of open systems, called integration engines. These engines currently sit in the middle between systems to transfer data allowing all systems equal access and could even conformed to specific formatting requirements. They work very well within this environment and nearly all hospitals have one. They are the clinical, administrative, and ADT information highway within a hospital, and they are open to all applications capable of connectivity.

These engine vendors, not surprisingly, were and are NOT owned by the major HIS vendors. Why? It would be a clear and loud conflict of interest. Would a major HIS vendor be incented to invest in connectivity to its competitors? Absolutely not! An engine vendor that is vendor neutral is very incented; in fact, that is how they make money. It is fundamental to their value. So, many forward-thinking HIS vendors partnered with engine vendors, like McKesson, who used ITC or DataGate for example.

So what is happening now? It is sort of 'Back to the Past!' There is a new exploding market, with nearly 400 different ambulatory EHR vendors and growing. Market adoption is going from 20 to 80% in the near term future, an astounding rush to connect with suppliers of clinical information. So the value and promise of an EHR is gained, not to mention stimulus money, but the vendor tactics are as old as the hills!

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Halfpenny Technologies, Inc. is a leading provider of clinical data exchange solutions.

Back to the Past with a New Exploding Market

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It seems every vendor with a bias, or ax to grind, wants to control/own the information highway. EHR vendors are developing HIEs that work well with their EHRs but not with others. Big surprise, insurance companies are buying HIE companies. Now this is scary and service providers for laboratory are also trying to own the highway to the physicians EHR. How open are they going to be if they allow another laboratory service provider to play on their highway they lose money? It is fundamental.

But who loses the most? The physician receives one choice free and clear, however, the other choices, if available at all, will come at a penalty, of time, money availability or choice. To trade with other service providers, they will be strapped with multiple point-to-point interfaces that, when evaluated individually, may be cost prohibitive or the expense of operating on multiple highways, which is actually a lot harder than it sounds.

Even though the service providers, out of the goodness of their hearts, are offering to put their proprietary infrastructure in place, it may not be worth it. It reminds me of a Trojans bearing gifts. Don't be fooled. A service provider who is recommending an open solution is listening and taking a broader view of the market. Look for suppliers who are promoting open systems architecture and mean it. 



About the Author

Industry veteran Mitch Fry has over 25 years of senior leadership experience within the healthcare information technology market. He started at Sunquest Information Systems, leading the acquisition teams for companies, assets and technologies while writing and executing business plans for new market opportunities, and managing various supplier, technology, marketing and VAR relationships as the VP of Business Development and Strategic Relationships and VP of Product Management. Prior to Halfpenny, Mitch was SVP of Business and Corporate Development and Sales for TELCOR, where he raised capital, created and managed many marketing and sales relationships and started and managed the company's contracts department. Contact Mitch at mfry@halfpenny.com.

About Halfpenny Technologies

Halfpenny Technologies is a leading provider of clinical data exchange solutions, enabling hospitals and laboratories to integrate with disparate physician EMR systems. Halfpenny's SaaS-based ITF-Hub® provides a reliable, secure platform to exchange clinical, financial and administrative data while reducing complexity and costs. Additionally, a consolidated stream of LOINC mapped data can be routed to constituents for other initiatives, including HIE, ACO, HEDIS, PQRI and various health plan reports. ITF-Portal® is a Web-based order entry and results reporting system to rapidly search and retrieve various clinical reports. ITF-GoDoc® is a mobile app to access lab, pathology, radiology and other clinical results reports securely. ITF-GoDoc® MobileOE is a mobile CPOE system for secure billing, ask-at-order entry questions, specimen types and medical necessity compliance.

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