

Halfpenny for your thoughts



What is the Right Connectivity Strategy for My Outreach Program

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

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and how about them U of A Wildcats; I think they have a real chance this year in the NCAA!

Let's review the environment. In many areas of the country, the penetration rate of physician of EHR/EMRs will drive from a lowly 20% to nearly 80%. This adoption rate is fundamental to the changes necessary to drive more effective and efficient healthcare. But let's also be honest, too; it is also driven by funding from good old Uncle Sam. These physicians and physician groups will also want to comply with meaningful use criteria to qualify for stimulus funding to underwrite their costs of entering the new electronic medical record and health record era.

Meaningful use criteria, as many already know, in stage one, two and three begin and then accelerate sophisticated use of these systems. Early stages mandate the storage of discrete data like lab which comprises nearly 80 to 90% of the potential data within an EMR. Let also not be modest; laboratory diagnostic data represents probably the largest data source for diagnostic efforts of physicians. No bias here! Later stages mandate Order Entry so drug-to-dug, drug-to-disease interactions can be checked, and – drum roll, please – laboratory ordering which eliminates errors, reduces manual data entry, (there is a solid ROI behind clean orders and getting paid, but that's another blog) and promoting quality and efficiency across the spectrum of care.

It only makes sense. Reality check number one; there are at least 375 different EMRs out there that we know about. We are learning about new ones on the pace of a couple per month. It is the Wild West, and it sort of feels like a there is a stampede coming over the hill doesn't it?

If you are one of the 75% of hospitals laboratories in America with an outreach program or are a reference lab, you could be facing this stamped and that's actually not the worse part. The worst part is they are all DOCTORS!!!! (By the way, I hope our Chief Medical Information Officer does not read this blog, but I couldn't help throwing that analogy in. You should see him when he is mad; he turns all sort of funny shades of red and purple! Anyway...) So, you are facing the stampede and wondering what's the right strategy. Okay, let's start with the options.

Option 1. My IT department controls an Interface Engine. Why can't I just connect my orders and results to it, and let them connect to all the different EMR's? Sounds simple, right?

Here are a couple questions to ask yourself. Does your IT department have a lot of extra time on their hands? Have they already completed the ICD9 to ICD10 and 4010 to 5010 conversions? Are they prepared to handle the stampede? Can they deal with 375 different EMR systems? Are they good with doctors?

Option 2. I could use the physician access system/portal vendor I am currently doing business with! Sounds good, doesn't it? If you are using one of them, they probably already have some connections out there. You have used them for quite some time. You like them or maybe not.

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

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Okay, here are a couple questions to ask yourself. Are they prepared to handle the stampede? Can they scale to the demand you have and all of their other customer's needs, too? Is EMR connectivity a sideline or are they really in this business with both feet? How is there service now? What might it be like when things get really crazy?

Option 3. Use the local HIE. This one usually comes from corporate. "We don't want you wasting time building interfaces to EMR's, because we have that covered with this here strategic relationship with the state's HIE!"

Okay, you have got my pattern figured out. Here are some questions to ask yourself. Who is faster at building interfaces to my clients' EMR, the HIE or my competitor? Can you afford to wait? Does the HIE initiative take care of the special requirements and workflow of lab order and result processing? How are the specimens going to be received? Will I be able to get paid with the information they are sending? How will MRN, Event, Episode or Account Numbers be associated with the order when transmitted to the LIS? Will the physician be presented with ask-at-order-entry-questions? Will an ABN get printed, signed and will the transaction contain an indicator of same? Is the HIE technology biased in any way that might prevent it from interfacing really well to all my customers EMRs?

(Note to reader: some HIE technology vendors are also EMR vendors and may not play nice with other EMRs or heavily influenced by your competitor. You get the picture. Their goals may not coincide with your goals to protect and grow your business. At the worst case, you might want your own strategy in place or at least a backup!)

Option 4. Find a vendor who does this for a living: just this.

Big Finish – I hope you find the rather weak attempts at humor and analogy not too distracting. There is merit within each option and other's I haven't mentioned, but I pick on each pretty hard for a purpose. There is a large demand for connectivity now and we expect it to grow. Your strategy and options deserve careful consideration and potentially a multifaceted approach. If you already have a strategy, great, what's your back up plan? If you don't have a strategy, it's probably time to start the process. I welcome any and all comments, thoughts, concerns as long as they are positive and constructive, for the rest I'd like to introduce you to our CMIO; he'd love to hear from you!!!!

(Note to reader: Our CMIO, Dr. Gai, is actually an incredibly smart, nice, and visionary individual. His face doesn't turn red when he gets mad either. I've never actually seen him mad, and I enjoy his company. I just made all this up to see if he would read my blog!) ☺



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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