Rules for Developing a Health Info Exchange

BY JOYCE FRIEDEN

Washington: If you're trying to develop 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.

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 hope that problem if you have an EMPI recognizing that these are all the same person.

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 EMPI 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. You can't mix and match. You have to tell the hospital it only needs to send out one kind of information, and patients don't understand the implications of not letting certain data flow.

Keep the overhead low. The local HIE that Dr. Garber helped start had its software and computer network 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 were $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 a patient, 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," he said. "If I can't find it there, maybe it's outside the EMPI, and I want to look at it on 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 re-purpose 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 consistent- ly 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 regist- tered, don't ask the registration clerk to check if they have consented or need to consent, let that process happen automati- cally—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 main- tenance 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 physi- cians and nurses and staff who 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 hold hospitals and physicians accountable for the care that we give. So remember every- thing we build is affecting real workloads of real people.

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

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 couple, the obstacles will be worth paying 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, Al- lanta, 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, pro- moted 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 also noted that about 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 physi- cians in the United States has experi- enced a conflict over patient care poli- cies with a hospital or practice affiliated with a religion, researchers from the University of Chicago re- ported online in the Journal of Gen- eral Internal Medicine. Such entities hold about one-fifth of all U.S. hospi- tal beds, according to the report.

About 43% of primary care physi- cians have practiced in religion-affili- ated hospitals, and about 19% of those experiences conflicts stemming from policies that, for instance, prohibit cer- tain reproductive and end-of-life treat- ments, the researchers' cross-sectional sur- vey 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 physi- cians 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 preg- nant at least once before age 20, she said. The Communities of Color Teen Pregnancy Prevention Pilot Project (HR 5033) would expand the number of competitive federal grants available for teen pregnancy programs in mi-

What Is Sex?

Adults in their 20s have narrowed their definition of what it means to have sex, with only 20% of college students sur- veyed 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 experiences with oral sex. "Many adults felt they had "had sex" if they engaged in certain be- haviors. While 98% defined penile-vaginal intercourse as sex, 78% de- fined penile-anal intercourse as sex. Those views are similar to the results in previous surveys. The attitude to- ward oral sex is significant, according to the study authors, because it carries significant risk for transmission of sex- ually transmitted diseases. Sex educa- tion programs need to give increased attention to oral-genital contact and provide preventive measures, the au- thors wrote. The study is available on- line 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 cre- ate a plan to improve maternal and newborn health. The Joint Action Plan calls on governments, foundations, corporations, and U.N. agencies to ad- dress preventable deaths during child- birth. 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 ill- nesses or disabilities caused by preg- nancy 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 childbearing and into the postnatal period for a healthy society.

The secretary- general called on developed nations to increase their financial commitment to maternal and child health and for de- veloping nations to make this area a real priority. "The issue will be ad- dressed at a U.N.-sponsored meeting in September.

—Mary Ellen Schneider