

CSOHIMSS 2nd Quarter Newsletter, Fiscal Year 2005-2006

December 31, 2005

On Our Way to RHIO

Let the Journey Begin

By Stephen A. Wood, FHIMSS

There is a tremendous amount of discussion and activity around the development of RHIO in the United States. RHIO stands for Regional Health Information Organization. The term is straightforward enough but determining a clear, precise definition of a RHIO has proven to be a difficult task. At a conference held by the Ohio Health Information Symposium in Columbus Ohio, several speakers talked about RHIOs but many attendees came away from the conference still searching for a clear definition.

Review of the conference information and current literature on RHIOs reveal a growing interest in the topic. An optimistic viewpoint would be to anticipate that over the next few months more clarity about what a RHIO should be and do will emerge, especially in light of the HIMSS National Conference in February 2006. Regions differ around what the various entities involved in the RHIO are willing and able to do based on their organizational structure and technological skill set. Even allowing for these regional differences, some core defining principles need to exist for RHIO to be effective.

There are still a number of barriers that exist which hinder the forward momentum of RHIOs. A key element of a RHIO is the ability of health care systems to exchange patient data. These barriers include:

- **Lack of Electronic Health Record (EHR) Systems:** With most health care organizations not having EHRs, patient data often does not exist in a form that is readily transferable.
- **Limited Data Standards around EHRs:** There are several HL-7 standards that have been implemented to move portions of the data in medical record such as demographic and laboratory data, but the healthcare industry still has a long way to go in defining other portions of the health record.
- **Lack of Willingness to Work Together:** Historically, health care organization and institutions have been competitors in the healthcare market. Now they must find a way to work collaboratively toward the goal of improved health care for their patients who often receive their health care from several different organizations.

In spite of these barriers, there are clear signs that progress is being made and some RHIO have boldly moved forward and are creating models for the rest of the country. Let's review some of the help that is on the way.

Role of the Federal Government

The key organization to watch here is The Office of the National Coordinator for Health Information Technology (ONCHIT) within the Department of Health and Human Services. Led by David J. Brailer, MD, Ph.D., ONCHIT has been charged with the goal of providing a majority of Americans with an electronic medical record within ten years. This project is called the Framework for Strategic Action. Two of its core strategies are to promote the development of RHIO and to facilitate interoperability on a national scale through the creation of a National Health Information Network (NHIN). As of the writing of this article, ONCHIT had funded several projects to develop RHIO prototypes. HHS has pledged \$139 million over the next five years to provide direct assistance to these pilot programs and other related activities. Results of these projects will help to define the future of both RHIOs and the NHIN. Given the importance of this topic, there does not appear to be sufficient funding to achieve the key goals indicated, but it is a start. Currently, private funding is driving many of these activities and that is a very good sign. The Federal Government has a role to play in this initiative, but the major driver in this process needs to be the health care industry.

Role of HIMSS-The RHIO Federation

In response to these important changes in our industry, HIMSS has initiated a program called the RHIO Federation. The goal of this program is to provide both local and national support for RHIO initiatives throughout the country. The first step for the RHIO Federation is to identify RHIO projects and to register them with the Federation. There is no fee or obligation to become a member of the HIMSS RHIO Federation and participation is open to all current HIMSS members.

The Central and Southern Ohio HIMSS RHIO Federation liaison is: Stephen A. Wood, FHIMSS, Healthcare Perspective, LLC, 614-844-6728 hcpw@aol.com. If you or your organization is interested in participating in this new program, feel free to contact Stephen Wood directly. HIMSS is actively looking to identify and register all current RHIO initiatives. The goal is to develop a comprehensive national network of RHIO allowing for an active dialogue and exchange of information. HIMSS plans to provide educational and outreach programs, advocacy services, and real-world tools to RHIO professionals. The RHIO Federation has three focus areas that will help define RHIO nationally:

1. **Business rules:** How RHIO conduct business including operating rules, governance, financial structure.
2. **Harmonization:** Methods for executing daily business, sharing data and identifying standards for these functions

Tristate Luncheon at 2006 HIMSS Conference

CSOHIMSS is pleased to announce that we will again join forces with several local chapters at the 2006 HIMSS National Conference in San Diego, California this February. The goal of this union will be to continue a new annual tradition of the Tristate Luncheon (Indiana, Kentucky, and Ohio). Past luncheons have been received with great praise and success. This year promises to be the biggest and best yet with the inclusion of the Northern Ohio HIMSS Chapter.

If you are attending the 2006 HIMSS Conference, this is an event you will not want to miss. The Tristate Luncheon is FREE to our members and will be held on Feb. 13, 2006, from 12:00pm - 1:30pm.

If you are interested in attending, please go to the CSOHIMSS Web site for more information. Some of the details, such as guest speakers are still being finalized, but you can still register for the conference by e-mailing us at contactus@csohimss.org.

Thank you and we look forward to seeing you in San Diego!

CSOHIMSS Jane A. Blank Annual Scholarship

The CSOHIMSS Chapter is offering our annual Jane A. Blank Distinguished Member Scholarship Award in the amount of \$1,000.00 scholarship along with a one-year HIMSS membership (\$30.00 value) to an undergraduate or graduate student studying in the healthcare information or healthcare management systems field.

Scholarships are awarded for academic excellence and the potential for future leadership in the healthcare information and management systems industry. Review criteria are focused on academic achievement, service

3. Chain of Trust: Defining standards for the sharing of data, legal documents, authentication and authorization technologies.

This new program will become an important resource to you and your organization in the months and years to come. CSOHIMSS will keep you updated on important information and events on this topic.

So What is a RHIO Anyway?

In reviewing several different RHIO initiatives from around the country, the bad news is that no two are alike. However, there appears to be at least two basic approaches that have surfaced as evolving models for the rest of the industry to study:

- Decentralized/Transactional Model: This model allows access to health information by providing online access to multiple sources of clinical data through a single portal. Result information is provided to physicians through a clinical messaging service. The key to this model is that it does not try to bring all data to a central point, but rather leaves the data at its source and either allows the data to be viewed or moves copies of the data to the requestor. Data that needs to be used by a provider is either made available for viewing or is moved to that provider's system. Generally, the moving of data is done through the use of data standards. This model may be well positioned for the NHIN because the natural evolution of RHIOs suggests a national integration implying they will eventually interconnect using data standards similar to this approach. Regionally, the HealthBridge RHIO in Cincinnati, Ohio has demonstrated themselves as a model example of this approach and was featured in the previous CSOHIMSS Newsletter.
- Centralized/Bucket Model: This approach is to bring all of the clinical data from multiple sources into a single data repository and then make it available to others. This model works very well for closely held organizations such as integrated delivery systems (IDN) that have a single corporate identity. This model can be used between organizations to gather the data into a single location but there are logical limitations to this model. At some point, the boundary of the centralized model will be reached and then data will need to move outside those boundaries using data standards.

Conclusion

Both RHIO models work and can be very effective and many RHIOs will use components of both models. Eventually, success hinges on all RHIO and NHIN development being based on standard transactions that move data from one point to another and leave the source data systems intact. The American public is very mobile and will continue to be so in the foreseeable future. The most viable EHR systems for consumers, will likely be those based on technology that allows for the assembly of clinical records from multiple locations with the ability to send those assembled records to any location desired. This is a bold vision and requires health care providers to embrace and use electronic technology in all aspects of their organizations. Having this bold vision will allow us to move forward rapidly and in unison toward our future goals. Data standards and interoperability standards are the keys and hopefully these important steps will be accomplished quickly over the next several years.

This is an exciting time for the health care industry as we finally begin to address the myriad of issues around clinical records. There is much work to be done, but the end result will be a transformed industry based on standardized exchange of clinical data that will be more efficient and more responsive to the needs of patients, providers and payors. This will be our contribution to future generations.

CSOHIMSS Spring Conference 2006

May 5th, 2006

Mark your calendars now! The CSOHIMSS Chapter is pleased to announce our 2006 Spring Conference scheduled for Friday, May 5th, 2006 at the Quest Business Center in Columbus, Ohio. This Spring, the CSOHIMSS Chapter is taking on a new set of themes our members have identified as critical and timely topics. This Spring Conference will feature sessions on the following topics.

- Several Keynote addresses
- Selection and Negotiation
- National Level EHR/Advocacy
- Disaster Recovery
- Document Imaging: Organizing the EMR
- Closing the Loop: Medication Administration Process
- Panel - Recap Strategy and Tactical discussions

Attendance to the CSOHIMSS Spring Conference 2006 will also earn you valuable Continuing Education Units towards certification renewal for CPHIMS and CHS. Attendees can earn an estimate 5+ CEU Contact Hours and documentation of attendance will be made available for all those who attend.

Past conferences have resulted in great feedback from attendees, with record-breaking attendances. To find out more about the 2006 CSOHIMSS Spring Conference, download the brochure at:

<http://www.csohimss.org/docs/CSOHIMSS-Conference-Spring-2006.pdf>

If you are interested in attending the 2006 CSOHIMSS Spring Conference, you may register online at:

<http://www.csohimss.org/calendar/calendar.html>

activities, technical skills, career goals, demonstration of leadership potential, and communication skills. The \$1,000.00 scholarship (cash award) and one year HIMSS membership is awarded to the student deemed most deserving by the CSOHIMSS Scholarship Committee.

If you are interested in applying for this scholarship, download the [Scholarship Application](#) or visit our web site at www.csohimss.org for more information. Application submission deadline is February 4, 2006. Good luck!

Member Spotlight

Marc Beasley

Marc has over 20 years experience implementing technology solutions within the telecommunications and healthcare sectors. He has served as systems analyst, network engineer, and consultant performing implementations, vendor selection and strategic planning. Marc is currently an Account Executive for Siemens Medical Solutions.

Marc has recently been elected to serve on the CSOHIMSS Chapter Board of Directors as the Program Chairperson.

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Thank you for your attention and we look forward to seeing you in November.

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