



CSOHIMSS 2nd Quarter Newsletter, Fiscal Year 2006-2007

December 31, 2006

HIMSS Connecting Communities Regional Forums

Review of Conference

By Stephen A. Wood, FHIMSS

In 2006, HIMSS and eHealth Initiative joined forces to present a series of educational programs focused on Health Information Exchange (HIE) and RHIO (Regional Health Information Organization) initiatives. CSOHIMSS was fortunate to have representation at the second of these educational programs on December 14th in Chicago. This conference provided a very good update on progress that is being made in the development of HIE and RHIOs. Each of the regional forums is designed to give both a national perspective as well as a regional perspective. This conference, therefore, had several regional speakers representing Ohio, Kentucky, Indiana, Illinois and Michigan. Several of the speakers commented that the Midwest is leading the development of HIE and RHIOs nationally. Ohio is fortunate to have a number of very interesting activities within the state and among our neighbors as well.

Key Points – General Observations:

There was a tremendous amount of information exchanged and at the end of this report there are links to the substantial amount of resource information that was assembled for this conference. It is well worth your time to review these materials, if not for now, perhaps for future reference. Reflecting on the conference itself, there were several overlapping themes that capture the current status and particularly the issues and challenges facing HIE and RHIO development. Here are some thoughts from the conference:

Trust:

Regional health exchanges and in their more mature form, Regional Health Information Organizations, must deal with the issue of trust on many levels. In this context, trust means the ability to protect and use health information in a way that makes all the stakeholders comfortable. The topic of Privacy and Security was discussed in several different presentations and the message is clear that protection of health data is a key success indicator for any of these initiatives. The first speaker, Marc Overhage, MD, PhD, Research Scientist, Regenstrief Institute, Indianapolis, IN, stressed that protecting privacy is a critical issue that must be addressed by any initiative dealing with the exchange of health information. Privacy relates to everyone, patients, providers, employers and payors. Each stakeholder has their interest in this topic and if it is not addressed in the design of the initiative, the project will almost certainly fail. The Trust issue is between health care organizations, between physicians and health systems, between providers and payors, between employers and payors and of course between the patient and all of the above. The essential theme is that the data that is exchanged must be used for the purpose intended. If all parties are not comfortable with the use of the data, then that is an easy target for resistance to change or even justification for not participating in the initiative. A related topic is the general resistance to change that must be overcome in order to move forward with electronic health exchange.

Integration vs. Interoperability:

Several speakers touched on the topic of interoperability and this does appear to be a key element when talking about any form of HIE. The basic point, is that any successful HIE or RHIO initiative must be developed around the concept of interoperability. Projects that start with an assumption that all parties have to use the same technology/vendor are not going to succeed beyond the limits of that solution. No matter how large the health system, at some point the patient will leave the boundaries of that health system. Therefore, the only successful strategy must be based on use of interoperability. The term interoperability assumes a set of standards that will allow all parties to exchange data in a consistent manner with the ability to use the data. Unfortunately, many of the provider entities (supported by their vendors) want to solve the HIE problem by implementing proprietary solutions and thus control the process and access to data. Vendors are resistant to interoperability since a part of their business model is based on revenue generated by developing custom interfaces. Within a given health system that strategy will work, but when talking about regional health exchange, even at a local level, that model will fail. When talking about region-to-region and/or then state-to-state HIE, interoperability is an absolute must. So at the very foundation, HIE and RHIO projects need to address interoperability.

CSOHIMSS Jane A. Blank Annual Scholarship

Deadline Extended!!!

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 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 28, 2007**. Good luck!

Member Spotlight

**Beverly L. Bell, RN,
CPHIMS, FHIMSS**

CSOHIMSS would like to extend special recognition to a prominent member of our Chapter, Beverly Bell. In the November 2006 HIMSS Election, Beverly won a seat on the HIMSS Nominations Committee with her two-year term beginning on July 1, 2007. This is a great achievement for any

Stark Regulations – Warranty of Interoperability:

Steve Fox, JD partner, Pepper Hamilton LLP, Washington DC, covered the topic of the how to comply with the new Stark Rule changes. This should be an important topic for those who work at hospitals for large health systems. As originally proposed earlier this year, there was widespread dissatisfaction with the draft rule changes. The good news is that the government did make substantial modifications to the proposed Stark rule changes. However, the bad news is that there are still some fairly strict standards that must be met before health care organizations can offer electronic health technology to physicians and group practices. For any organization that chooses to provide hardware, software and related services to support HIE they must be able to warrant that the solution meets the government definition of interoperability. In simple terms, a health organization can subsidize the use of an EMR or other HIE services, but that product must be able to connect to ANY other health system. Mr. Fox encouraged that all new contracts with vendors contain language that requires compliance with the Stark definition of interoperability. This provision will be a challenge to health care administrators who are responsible for its implementation. If your organization plans to implement an EMR or HIE project that would invoke Stark regulations, you need to do some serious homework. Mr. Fox's presentation would be a good place to start.

Funding for Sustainability:

Several presenters touched on this topic, but one session Funding for Sustainability: the Business Model presented by Robert Steffel, MS, CEO Greater Cincinnati HealthBridge, Inc. Cincinnati, OH and Helen Hill, Director of IT Consulting, Covansys/Henry Ford Health System, Ann Arbor, MI was dedicated to this topic. After Trust and Interoperability, the ability to create a financially sustainable business model is another major challenge. HealthBridge continues to be a beacon for others on how to build and sustain a business model. Though initially started with a capital infusion, HealthBridge is now a self-sustaining model based on membership fees and service fees. In most cases, HealthBridge has been able to create clear ROI (Return on Investment) for its members. Simply stated, members save money by paying HealthBridge to handle HIE functions for them. This model has evolved over the past ten years, but still functions on the basic principle of providing ROI for its members. Very few HIE or RHIO initiatives have been able to get to a sustainable business model. Most of the speakers at this conference were still in the early stages of development and were looking for initial sources of funding to get started. Helen Hill described what she felt were the three stages of building a business model. The first phase was based on initial grants, gifts or seed money from a government. This led to the second phase that would still need capital infusion and earned income as the organization started to generate revenue. The third phase would be based on membership fees, transaction fees and service-based fees that would generate sufficient revenue to sustain the mission. Miriam Paramore, Principle, Advantage MD Board Chair, Louisville Health Information Exchange, Louisville, KY talked about eventually adopting a PMPM (per member per month) type of funding system for their HIE. The issue of how to provide value and especially ROI to HIE and RHIO stakeholders continues to be a challenge.

Role of Public Health and State Government:

One of the interesting themes of this conference was the emerging role of public health in the development of HIE and RHIO projects. Several speakers mentioned the need for Public Health to be a key participant in HIE and RHIO initiatives at the state level and a couple of speakers even went so far as to suggest that public health was the glue that could hold these initiative together. This makes sense because public health tends to take a more community wide look at health care issues.

Exchange of health information for bio-surveillance is another driver for public health entities. There were two speakers, Janet Olszewski, MS Director of Michigan Department of Community Health, Lansing, MI and Jonathan Dopkeen, PhD Assistant Director, Illinois Department of Public Health, Springfield, IL who spoke about their state's initiatives and involvement with the development of HIE and RHIO efforts. Both talked about what they saw as the state's role in this process and about their individual efforts. It was very encouraging to see high level state officials becoming engaged in the development of regional and state wide health exchange. The role of state government may be a key to development of RHIOs nationally.

Sources of Information:

One of the huge benefits of attending this forum was the large amount of information that was assembled to support the program. The following is a link to the HIMSS/HIE-Forums web site where the presentations and several whitepapers that were assembled for this conference are all available. There is a wealth of information contained in the white papers and each of the speaker's PowerPoint presentations are there and available for your review.

HIMSS and eHI - Connecting Communities Regional Forums:

<http://www.himss.org/HIEForums>

For those interested in Ohio specific information here are two links on this topic that will be of interest and well worth the time to review.

Ohio Health Policy Institute – HIT Roadmap:

individual and helps promote CSOHIMSS on the national stage.

Since 1998, Beverly has been a Fellow of CSOHIMSS. Her career started in cardiac care nursing management. While working at Good Samaritan Hospital in the mid-1980s, she was the project manager of the implementation team that installed a nursing documentation, order management and results reporting system.

In 2000, Beverly joined Healthlink which was acquired by IBM in the summer of 2004. Beverly has had the opportunity to work in a variety of roles such as Vice President of a Service Line and Vice President of Client Services. In September 2006, Beverly completed a 9 month obligation for IBM that enabled her to travel to 17 countries performing a combination of operations and sales support. Today at IBM, Beverly provides consulting services, participates in internal methodology development, and the sales process. Beverly continues to enjoy establishing new business relationships in the healthcare industry.

While at the CSOHIMSS 1997 Spring Conference, Jane Blank had introduced the thought to Beverly of becoming involved with the chapter. For those of you that know Jane, you know how exciting she makes everything sound. Thus Beverly embarked on a multi-year commitment to the chapter board of directors. Positions included; Past President (03), President (02), Treasurer (01), Secretary (00), Membership Coordinator (99), and Clinical Sys. Liaison (98).

Beverly eagerly accepted the challenge of becoming Certified Professional in Healthcare Information and Management Systems (CPHIMS) by taking the exam the first year it was offered. She encourages everyone to take this certification if they have not already done so.

Chapter involvements lead to involvement at the national level of HIMSS. Beverly has participated on various task forces & committees; including the Fellow Communications Task Force (2005), the CPOE Task Force (2003), and her recent elevation to the Nominating Committee.

Through multiple years of involvement, Beverly has been able to achieve Fellow Status. Again, Beverly recommends pursuit of this opportunity.

<http://www.healthpolicyohio.org/pdf/HITRoadmap.pdf> (Note: This is a 3 Mbyte file)

This is an excellent overview of the situation in Ohio.

Privacy and Security Solutions for Interoperable Health Information Exchange:
http://hispc.pbwiki.com/f/VWG_InterimAssessment_20061102.pdf

This report focuses on specific issues that will need to be addressed in Ohio.

Conclusion:

The United States is slowly moving towards the exchange of health information as a way to improve quality and efficiency in the health care system. How this plays out in Ohio will have direct affect on every healthcare organization and to each of us individually. It will be extremely interesting to see how things develop in this area as we enter 2007.

Tristate Luncheon at 2007 HIMSS Conference Ohio, Indiana, & Kentucky HIMSS Chapters

CSOHIMSS is pleased to announce that we will again join forces with several local chapters at the 2007 HIMSS National Conference in New Orleans, Louisiana 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 2007 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 Tuesday, February 27th, 2007, from 11:30pm - 1:00pm.

If you are interested in attending, please go to www.csohimss.org for more information. Some of the details, such as guest speakers are still being finalized, but you can still register for the conference by following this link: [Register Securely Online](#).

Thank you and we look forward to seeing you in New Orleans!

CSOHIMSS Announcement: New Board Position Chapter Board for Fiscal Year 2006-2007

Do you want to be on the CSOHIMSS Chapter Board?

The CSOHIMSS Chapter Board is proud to announce the creation of a new board position. We are calling on all CSOHIMSS Chapter members who may be interested in serving on the Board for the 2006-2007 Fiscal Year.

- Public Relationship Chairperson

Details about this position have yet to be defined as it has not yet been added to the Chapter ByLaws. This means....you can help create the details and responsibilities of this position!

Additionally, all CSOHIMSS Board Positions come with the benefit of one year National HIMSS dues paid, as a thank you for the volunteer commitment and service to the Chapter.

If you are interested, please submit your name for consideration to contactus@csohimss.org as soon as possible. Since the position is currently not an elected position, the Board will appoint this position at our discretion. So, hurry up and submit your name soon! Current Board members are always listed on the Left Panel of the most recent Newsletter as well as on the Chapter Website at: www.csohimss.org.

All Board positions come with seat on the Board of Directors for the chapter and will carry with them either a one year or two year term. FYI, if you are ever interested in becoming a chapter President, serving on the Board for a minimum of one year is a prerequisite. Also, get plugged into what is going on at the chapter level and have an influential voice in what activities and conferences our chapter sponsors.

If you are interested in becoming more involved in chapter activities or if you are interested in volunteering in any other capacity, please contact Chapter President Debbie Murphy, at contactus@csohimss.org.

Should you want to contact Beverly, she can be reached at Bellbe@us.ibm.com.

Success Story Fall Conference '06

This past October 25th, the CSOHIMSS Chapter held their semi-annual regional conference in Columbus, Ohio. The theme of this conference was *Improving Healthcare Business Processes*.

With five speakers, four sessions, and dozens of attendees, the CSOHIMSS Fall Conference 2006 was another great success for our chapter's continuing education initiatives.

Copies of the presentations are available for download on the in the [Resource Center](#) of the CSOHIMSS Website. Additionally, the handouts of presentations from previous conferences as well as past Chapter Newsletters can also be found in the [Resource Center](#). In addition, the CSOHIMSS website always tries to obtain and make available presentation from any event the chapter is associated with so that those who were unable to attend can still benefit from the information presented. If you have trouble downloading a desired document, feel free to [contact us](#) for assistance.

For those of you who are interested in learning more about what's going on at our neighboring chapters, visit their websites at: <http://www.bluegrasshimss.org>, <http://www.indianahimss.org>, & <http://www.nohimss.org> or you can get involved more with our own chapter.

Board Members for Fiscal Year 2006-2007

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