

FROM THE TECH EDITOR

An HIE analogy too far?

By **MICHAEL McBRIDE**, *Technology Editor*

Imagine that you're buying a car, but you can purchase only the body from the dealer. You must buy the engine, drive train, and transmission separately from different manufacturers. What do you think the odds are that, once it's all assembled, the car will purr like a newborn kitten? Pretty slim, I'd say.

You might think, "Wouldn't it be better if the manufacturer that built the body also installed the other parts and ensured that it all ran smoothly before I bought it?" That wouldn't seem unreasonable, would it?

Similar ideas exist in the healthcare industry. In fact, before "best in breed" came along and gained popularity, integrated healthcare products basically were the norm.

But those were the early days of health information technology (HIT), when manufacturers tried to fulfill all the needs of a physician's practice in one bundled product. For the most part, this approach didn't work very well. "Plug-and-play" modules worked sporadically, and data exchange outside of a practice was years in the distance. Many practices found themselves stuck in neutral with integrated, nonfunctioning software modules.

DREAM SCENARIO

The ultimate goal for HIT-wielding healthcare providers is that their critical systems—electronic health record (EHR) systems, practice management, billing and reimbursement—all smoothly exchange rich patient data with no stop-and-go interpolation/interpretation needed, within and between individual practices, as well as within regional health information exchanges (HIEs) and between labs, payers, hospitals, and patients.

Wouldn't that be great? It'd certainly be an improvement over what we have today.

Everyone exchanging secure, accurate, and timely patient data without a knock or ping or pothole? It might not be that far down the road.

Recent advances by individuals advising the Office of the National Coordinator for Health Information Technology (ONC), as well as the affiliated groups involved in the Health Story Project (www.healthstory.com), which include HL7 International, the American College of Physicians, the Health Information Management Systems Society (HIMSS), and the American Health Information Management Association, among others, lead me to believe that the day of rapid HIE is dawning, and it will be as revolutionary to today's healthcare industry as was the combustion engine to the late 19th-century transportation industry.

Healthcare leaders also recognize this trend. Thus, healthcare's renewed interest in integrated systems. Rumor has it, the "gold ring" is within our grasp.

Integration became a kind of dirty word for a while there, but it's back, and it means business.

DOCTORS ARE DRIVERS

At the risk of overextending the original analogy, today, the car is the regional healthcare system, the technology of which is built and supported by the vendors; the engines are the practices and hospitals; the transmissions are the databases and disease registries; the fuels are the codes and standards; and, of course, the drivers are the physicians, health plans, and patients.

Even further, HIEs are healthcare's highway systems, with the multitude of electronic data interfaces their off and on ramps. If you don't drive, you might want to take lessons.

A working standard for data in-



teroperability is so crucial that without it, the industry might as well go back to wet modalities and paper records. Without it, most of the innovations of the past decade will be for naught.

Once we have a standard, however, rich data exchange, enabled by truly compatible system interoperability, will transform today's aging healthcare system into the health network superhighway of the future.

BIG NEWS

The HIMSS annual meeting in February this year delivered on many promising topics:

- **Payment reform**, which, for example, in the form of payment bundling, relieves much of the burden from the billing and reimbursement side of accountable care organizations. Health plans like it, and it's one of the notable ideas that truly has a chance to help lower the cost of healthcare.
- **Meaningful use stage 2 requirements**, which were much anticipated (see the cover story beginning on page 20 for all of the details).
- **Proximity detection technology**, whereby you are recognized as you move throughout hospitals on your rounds. It offers to alleviate some of the necessity for you to constantly log into hospital information systems dozens of times each day. Soon, you'll nudge a little gold badge on your chest and utter "computer" to get its attention. It's only a matter of time.
- **Value-based purchasing**, which promises to be controversial. Cloud computing will get its say and might show off some new security technologies.

The dark horse will be ICD-10 implementation and its precursor, ANSI 5010, both of which are running neck-and-neck as the most feared and loathed healthcare IT requirement since computer log-ins.

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