

SMRTNET Mission, History, Objectives and Development Plan August, 2008

Mission

The mission of SMRTNET, which stands for Secure Medical Records Transfer Network, is to provide a publicly managed, non-profit capacity for health providers to exchange health data for treatment and the improved quality of patient care.

History

A representative group of health care providers in Tahlequah, Oklahoma applied for a federal grant through the Agency for Healthcare Research and Quality in 2004. A planning grant was awarded and over a period of a year the group researched best practices in health information exchange from around the nation. The group was subsequently awarded a three year implementation grant to construct a network, build a database of all Oklahoma health providers to enable Oklahoman's to locate providers that meet their criteria, and to use the network as a method to improve public health through the adoption of evidence based and cost effective health care practices.

The provider group is among the most complex and inclusive in the nation. They include a hospital (Tahlequah City Hospital and also administrative host), public health through the Oklahoma State Department of Health, a native American tribe through the Cherokee Nation, a federal healthcare entity through Hastings Indian Hospital, a community health center through NEO Community Health Centers, mental health through the Bill Willis Community Mental Health and Substance Abuse Services, and a university through Northeastern State University.

As a result of their research and work it became clear that providers in Oklahoma could not afford to build multiple networks, each requiring a minimum of \$ 1.5 million and three years to construct, especially given that three out of four network efforts fail. And, even if constructed, the networks would frequently not be able to exchange information with one another. As a result, the group developed a network developing utility. The utility includes all the tools and technology needed for any group to form or join a network including governance, clinical criteria for exchange, quality improvement assessment, a nationally recognized data exchange member agreement, twenty seven patient privacy measures, a business plan, patient data from all members, and interoperational technology for all provider types, including laboratory and pharmacy.

SMRTNET Objectives:

- Improve healthcare outcomes by furnishing healthcare providers current demographics, diagnosis, medications, laboratory results, providers, immunizations, allergies and reactions from all participating providers and data sources via a secure connection to the internet at no or very low cost

- Lower the cost of healthcare for all Oklahomans by reducing duplication of services due to the lack of shared health information
- Encourage providers to adopt electronic health records by assuring that their data can be shared with other providers
- Improve patient safety and lower the cost of medications by providing medication history and diagnosis, including an electronic prescribing system to all participating providers
- Allow specific care groups to develop specific and separately managed electronic data sharing networks while at the same time allowing all groups to share data
- Develop patient and provider trust by managing the network through a public non-profit body
- Develop a universal data sharing agreement which fits with federal and state law to enable the legal sharing of information between all providers
- Develop statewide impact showing financial and quality improvements in Oklahoma through the deployment of interoperability
- Deploy a variety of methods to utilize the shared information including a community health record, electronic prescribing and chronic condition management
- Eliminate the average \$ 1.5 million cost for new networks and three year development time for groups to form networks
- Work with providers and patients and provide a personal health record to help transition Oklahoma to a circumstance in which patients feel more involved and empowered to help manage their own healthcare
- Develop publicly available and understandable information to help patients understand how their privacy is protected
- Help change Oklahoma health status by using the system to help focus on specific statewide health problems using national and state experts to identify core health problems that can be commonly impacted in a cost effective way

Development Plan

1) Develop a broad based team that is representative of all Oklahoma provider types and use these to develop and encourage a process for health information exchange adoption in Oklahoma.

Status: Accomplished in 2004 by combining public health, hospital, community health center, university, mental health, federal government and native American tribe. Also included are physicians and pharmacies.

2) Assess national best practices in the areas of privacy, data transmission and storage, quality improvement, governance and oversight, exchange agreements, return on investment and sustainability. Review these with representative team and build best practices into the network

Status: Accomplished in all areas in 2005

3) Build a start-up network in 14 counties in northeast Oklahoma beginning with a community health record and electronic prescribing to help build infrastructure and “lessons learned”.

Status: Data system accomplished. To be distributed at no charge to provider offices as soon as new data sharing agreement is finalized.

4) Utilize lessons learned to develop methods so that other networks can use network building tools to establish consensus around governance, privacy, exchange agreements, clinical issues, quality improvement, return on investment, and sustainability

Status: Accomplished. Tools were used to develop consensus among eleven hospitals who want to start a community based network in Oklahoma City. There are active discussions going on in Tulsa to utilize the same process there.

5) Aggregate large data base of patient records.

Status: By fall of 2008 records of over 800,000 lives will be in the network.

6) Offer additional services such as personal health record, clinical messaging and hub service and condition management.

Status: Personal health records, clinical messaging, hub service are all available subject to Board and SMRTNET management committee approval. Condition management to be available by late 2008.

7) Study and consider making appropriate methods to make data available to third party sources with individual patient permission.

Status: Under development.

- 8) Monitor and assure that data in SMRTNET will be compatible with evolving standards as provided by the National Health Information Network.

Status: Operating