

SMRTnet update

7/24/07

We are pleased to announce that our community efforts to build an electronic system of sharing patient health information has made great progress and is now in testing mode using specially trained “super-users” in each partner agency. It has been some time since we sent anything out to you about the network as we have been spending all of our energies building it. Unifying all of this information, providing electronic prescribing and a personal health record all within a HIPAA compliant environment has been an immense task. The network we have been building has been named SMRTNET for secure medical records transfer network.

Over the next few months we will be sending you updates every week or two. These will be especially important as we are preparing you as staff to utilize the system.

An interoperable medical network for providers, patients, and their support systems

SMRTNET has been built by a collaboration of twelve agencies involving over sixty health professionals and several national experts. These improvements are funded over three years by a combination of \$ 1.5 million from the Agency for Healthcare Research and Quality “Improving Health through Health Information Technology” and \$ 1.9 million by the provider agencies resulting in an overall commitment of \$ 3.4 million in personnel, time, and equipment.

Committed Agencies

Agency commitments to plan and operate the innovations are from Bill Willis Mental Health and Substance Abuse Center, Cherokee Nation Health Services, Hastings Indian Medical Center, NEO Community Health Center, Northeastern University, Oklahoma State Department of Health, and the Tahlequah City Hospital as administrative host for the grant.

Number of Patients and Geographical Area

It is estimated that the number of unduplicated patients among the SMRTNET provider agencies in their initial test areas are 200,000. However, the systems listed below are designed to be available statewide once they have been tested and are ready for deployment.

THREE HEALTH INNOVATIONS DEVELOPED AND FUNDED BY PARTICIPANT AGENCIES

1) Improve Patient Safety, Quality of Care and Lower the Cost of Healthcare through Electronic Health Information Exchange

What Is It?

To aid in the patient's treatment, and with the patient's notification, providers will be offered a resource to rapidly access patient care information from other providers who have also seen the patient.

Why Are We Doing It?

Patients use many providers to meet their healthcare needs. These include pharmacies, physicians, emergency rooms, mental health, dentistry, optometrists, specialists, and dentists among many others. Providers require an accurate and complete medical history to treat patients. Some advantages of electronic patient health exchange are:

- Improving patient safety
- Improving speed of treatment
- Eliminate the need to read others handwriting
- Reduce duplicate testing
- Improve coordination of medication
- Do "real time" population based health assessment
- Be a primary resource in case of bioterrorism and pandemic disease outbreaks
- Preserve the patients record in times of disaster (example Katrina hurricane)
- Easily build a "team approach" to treatment and prevention across providers

How Will It Work?

With the patient's notification agencies and providers will make available the patient's electronic health information to other providers who require it for treatment purposes. This information will be passed between the providers using a highly secure HIPAA compliant electronic resource which will be supplied through the AHRQ grant and overseen by the provider/participants technology and privacy professionals. Providers may read information, but will not be able to "write" information into any other system without specific agreements between the providers. Patients may "opt out" of the system at any time.

Initially the clinical taskforce has identified the following as information to be made available in to providers:

Demographics

Diagnosis

Pharmacy

Allergies and reactions

Laboratory results

History

Immunizations

Health risk/prevention factors

Other information may be added over time to comply with an evolving national standard of core health information named the continuity of care record.

Services to be provided include:

- A community record which consolidates all information about the patient into a single view so providers can see a comprehensive view of the patients care and conditions
- Electronic prescribing which allows prescribers to access a system which identifies the best drugs for a condition, identifies relative costs, selects the correct dosage, identifies negative interactions with other drugs or allergies the patient may have, and sends the prescription electronically to the pharmacy for the patient
- A personal health record which allows the patient to input data into their own electronic health record and at the same time audit who has accessed their records

Privacy is assured by the technology, security, patient information and notification, data exchange and network agreements, all coordinated by nationally recognized privacy experts and agency privacy officials.

2) Improve Prevention Outcomes for Patients Based on Cost Effective Evidence Based Research

What Is It?

A state wide prevention science taskforce has reviewed prevention activities and help the community select prevention activities that would be cost effective and show a strong probability of improving health for patients and the community. The participant agencies and providers have agreed to use a common approach focusing five common prevention efforts using evidence based prevention activities across all providers.

Why Are We Doing It?

Healthcare costs in the United States are nearly two and a half times higher than the remaining twenty nine industrialized countries. At the same time, according to the World Health Organization, the United States ranks 37th in overall population health. One of the primary reasons for this relates to the need for “smart” prevention efforts that are applied consistently in a coordinated way by all the patient’s providers.

The average health of Oklahomans’ ranks nationally at 50th in the nation. Health in northeast Oklahoma is for the most part worse than the average for Oklahoma.

The ability and willingness for the majority of providers from so many backgrounds to coordinate efforts, develop a common strategy based on science and cost effectiveness, and monitor these using health information technology is unique in the United States.

How Will It Work?

- A prevention science taskforce was assembled from the participant agencies and other expert resources. These include Partners for Prevention, a national research group focusing on science based prevention and outcome research, and Cerner, contractor for the integration software, which currently has over 150 hospitals as client systems. Other participants include the Oklahoma State Department of Health, Office of the Governor of Oklahoma, the Oklahoma Department of Mental Health and Substance Abuse Services, Cherokee Nation, Tahlequah City Hospital, Hastings Indian Medical Center, NEO community health center, and Northeastern State University. The group reviewed prevention science using cost effectiveness and positive outcomes as a “filter” to recommend priorities. As a result, the group recommended cholesterol screening and compliance with prevention measures, blood pressure screening and compliance with prevention measures, the use of aspirin to prevent heart attack and stroke, tobacco use and alcohol abuse.
- The results have been assembled into a presentation and presented to the participant agencies/providers through the Cherokee County Community Health Coalition. The coalition adopted these goals and a questionnaire to support them.
- Participants will develop an interagency approach to prevention including protocols, monitoring through health information technology, and marketing. Pre and post measured will be developed to evaluate the success of the efforts over several years.

3) Improve Access to Health Services through Web and Telephone Support Twenty Four Hours a Day.

What Is It?

OKHealthfinder is a resource for all Oklahomans to assist them in easily locating a wide variety of health providers. These would include physicians, dentists, mental health, optometrists, and community health centers, among many others.

Why Are We Doing It?

- The grant partners performed a survey of clients who were waiting for services in their facilities during the planning grant. Across all the agencies over seventy percent said they would use and benefit from a single source to help them locate needed health services in their area.
- By tracking requests we will be able to do a real time community needs assessment of healthcare needs that are being met and not being met. This information will be fed back to the providers and serve as a basis for improving health services in northeastern Oklahoma.
- Additional questions and surveys will help the area also understand the educational and support needs for residents.

How Does It Work?

- A website is developed and in operation at www.Okhealthfinder.com. Over the next year up to twenty six types of health providers have added to the database. A survey of clients showed that over forty two percent of clients had easy access to the internet. The website is co-sponsored by the AHRQ grant and the Rural Health Institute.
- At the same time a “twin” toll free telephone number is available twenty four hours a day will also be made available and will parallel the website for those who live in northeast Oklahoma. The phone line is staffed by the Cherokee County 911 dispatchers. Additional personnel time needed to staff the line will be made available through the grant.

Next time: More detailed updates and a few issues about security