RHIO Planning and Development:

Leveraging Your Valuable Document Assets and Solving Interoperability Issues Today
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As regional health information organizations (RHIOs) continue to move forward and evolve across the country, each organization has its own unique composition and definition of size, structure, funding, and data sharing and delivery methods.

When it comes to the data side of the equation, the prime focus, to-date, has been the sharing of digital information and the implementation of Health Level 7 messaging standards (HL7) that support Web-based, real-time data sharing between RHIO members. Missing from the equation so far has been the role of non-digitized, document assets that comprise a significant portion of the clinical information necessary for a complete patient medical record.

Since the goal of a RHIO is to enable inter- and intra-organizational sharing of patient information to improve quality of care and patient safety, how can an organization leave much of the clinical information sitting on the shelf or in the file room?

Rather than wait to solve the problem of how to incorporate ALL data into a developing RHIO, paper-based documents can easily and quickly become part of a RHIO’s data sharing strategy with technology that is currently available.

Leverage Document Assets Sooner, Rather Than Later

According to the American Health Information Management Association’s (AHIMA) Practice Brief, *Electronic Document Management as a Component of the Electronic Health Record* (source: e-HIM resources), implementing an Electronic Document Management System (EDMS) is important not only to eliminate paper, but most importantly to manage the organization’s valuable assets – documents. If documents are not managed, according to AHIMA, organizations risk increased liability and most of all, information loss – which in the end defeats the purpose of wanting to improve patient safety and quality of care, and form a RHIO in the first place.
Perhaps an even more pressing reason for RHIOs to include document assets into their data sharing strategy is that studies show that EMR adoption is still at the earliest stages of adoption.

According to a Health Information Management Systems Society (HIMSS) Analytics 2006 report, as published in the May 18, 2006 issue of Healthcare Informatics, the research arm of HIMSS finds that three-fifths of organizations are on the road to EMRs, but 39 percent are not far enough along to have core functionality, or a clinical data repository. According to Dave Garets, the president and CEO of research group, “we’re making progress, but we’ve got a long way to go.”

As hospitals and other stakeholders grow and expand a RHIO, stakeholders will find that many participants simply do not have enough information in digital form, yet they have an enormous amount of information in document, non-digitized form ready to flow into the medical record system. Or, even if a hospital has gone further down the road to a fully developed EMR system, many important pieces of the clinical picture – consults, referrals, path reports, dictation, older diagnostic reports – are still sitting in a room or on the shelf.

Rather than viewing documents as an albatross, a noose around the neck that takes up space and administrative time and cost, documents can be viewed immediately as a precious resource and organizational asset that can flow easily and cost-effectively into the hospital IT system and be shared among the RHIO members to form complete patient medical records.

**Document Imaging Handles Non-Digitized Information and Interoperability Issues**

Integrating non-digitized documents into a RHIO can be done easily and quickly. Scanning historical and more current paper-based documents can be turned into standard TIFF images, which are then linked, or attached, to the appropriate electronic medical record.

As a user (physician, payer, coder, business office, case manager, etc.) accesses a patient’s electronic medical record, any and all clinical or administrative information that originated in paper form is now automatically part of the record.
and can be opened up and viewed as an attachment. Since the document is now in a standard format, it doesn’t matter what data language or sharing technique is selected, paper documents can now easily become electronic attachments.

**Why Wait for Total Interoperability?**

Perhaps the greatest barrier to RHIO formation is the task of converting more than 1,000 document types within clinical systems to an interoperable format. Instead of waiting for total interoperability among systems, E2E (electronic to electronic) feeds can be implemented to provide complete access to clinical information which is currently housed in various HIS formats.

Formerly known as Computer Output to Laser Disk (COLD) feeds, E2E fed documents combined with the scanned paper image, produce a clean and organized electronic record, which can be shared in a RHIO environment. Each RHIO is unique, but document management with E2E allows hospitals to capture all data residing in different systems and convert all those formats – even proprietary ones - into one, common format and accommodate every possible RHIO scenario.

First, some hospitals will simply want to contract an outside vendor to manage the document scanning, indexing and management, enabling them to integrate any and all documents into their EMR system and achieve legally complete medical records for sharing with their RHIO partners.

Second, while some RHIOs might be able to maintain a centralized repository for data sharing, most hospitals will need help with the linking and relaying of their data among RHIO members. In this instance, an outside vendor can initially take their HL7 data stream and manipulate it so that it fits within the RHIO structure and at the same time, integrate and embed the scanned document images into the HL7 transaction, as one complete process.
Leverage Your Valuable Asset

Every hospital has a large, valuable asset waiting to be tapped. In the context of EMRs and now RHIO development, paper documents need to be available and integrated into the patient record or missteps and failures will occur along the way.

Current EMRs are like icebergs. Users see the tip of the iceberg, but have no idea what lurks hidden away from view. Document management solutions, such as scanning, imaging and E2E feeds, can turn valuable patient documents into images, or transmissible data, for healthcare stakeholders to see the entire patient care picture. Hospitals can now bring this valuable asset forward into the future as RHIOs develop and we move towards the ultimate goal: a national health information network.

For More Information About Document Management Solutions for RHIOs, contact:

Brett Griffith – President and COO, Alpha Systems
bgriffith@alpha-sys.com or 800-732-9644

James L. Oakes Jr. – Principal, Health Care Information Consultants LLC
joakes@hciclcc.com or 703-352-6545