Mapping a Changing Healthcare Landscape

Results of a Regional Health Information Organization Survey

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Introduction

Collaborative, consortium, exchange, alliance: These are a few of the descriptive terms within the names of the many new entities formed or forming to securely and efficiently transmit patient information. On a state, local or community-wide basis, they address issues such as patient safety, population health improvement, cost reduction and reporting compliance.

RHIO—for regional health information organization—is a well-known acronym for these entities, one that alludes to the goal of developing a nationwide system for exchanging health information.

Conducted by *Healthcare Informatics* magazine in collaboration with the American Health Information Management Association (AHIMA) and the Association of Medical Directors of Information Systems (AMDIS), with financial support provided by McKesson and EMC, this survey provides insights into RHIOs and can assist people contemplating the implications of sharing information beyond the traditional walls of their organizations.

Fielded electronically between September 1 and September 16, 2005, using a list compiled from *Healthcare Informatics* subscribers and AHIMA and AMDIS members, the survey yielded a total of 1,157 useable surveys, including responses from:

- 671 healthcare information management professionals
- 98 healthcare IT professionals
- 122 general & financial managers
- 96 physicians
- 48 additional physicians identified as chief medical information officers
- 31 other clinicians
- 52 consultants
- 39 in other healthcare positions

Selected data from the survey are presented in this report. Results may not add to 100% because of rounding or the allowance for multiple responses.

Background

This study on RHIOs is the second in a series of activities undertaken by *Healthcare Informatics*, AHIMA and AMDIS, with funding support from McKesson and EMC. Previously, a roundtable discussion on RHIOs was produced and featured experts with divergent roles within the healthcare community. Results of that activity were published in the October issue of *Healthcare*

Informatics and the November issue of *Journal of AHIMA*. An interactive Webinar on the same topic, slated for January 2006, will build from the quantitative results of these study results and the qualitative results of the "Roundtable on RHIOs" presentation. Watch upcoming issues of *Healthcare Informatics* Extra or visit www.health care-informatics.com in the weeks ahead for date, time and registration information to participate in the Webinar on RHIOs.

Survey Overview

This study offered ample evidence that RHIOs are rapidly emerging but not all with the same characteristics and not all at the same pace. The survey cast a wide net using a sample compiled from multiple sources. Fifty-five percent of survey respondents provided details about the progress of RHIOs in their communities. Among those 625 respondents, 15 percent indicated that their organization was currently participating in a RHIO, and another 49 percent answered that their organization planned to participate in a RHIO. The remaining 36 percent said they did not expect their organizations to participate in a RHIO in the foreseeable future.

Awareness of RHIO development varied by profession, with chief medical information officers being the most knowledgeable group of respondents regarding the RHIO status of their organization. Given the rapid rate of RHIO formation however, it is expected that awareness and participation levels will continue to improve among all professionals in all types of healthcare facilities and organizations.

While funding dominated the list of challenges that confront RHIOs already in operation, technology issues rank highly among the obstacles facing those in the planning stages. Leadership issues present themselves as the stumbling block where there is no plan to participate in a RHIO.

This survey also offers unique insight into the anticipated roles of select groups of healthcare professionals in the planning and implementation of RHIOs. For example a slim majority of respondents in operating RHIOs indicated that both HIM professionals and physicians had full involvement in the RHIO planning process.

The tables on the following pages provide additional details of the survey findings.

Exhibit 1: Which of the following best describes your organiza-tion's participation in a RHIO?

Currently participating in a RHIO — 15.5%

Will probably be participating in a RHIO in less than 12 months — 20.3%

Will probably be participating in a RHIO in more than 12 months — 28.5%

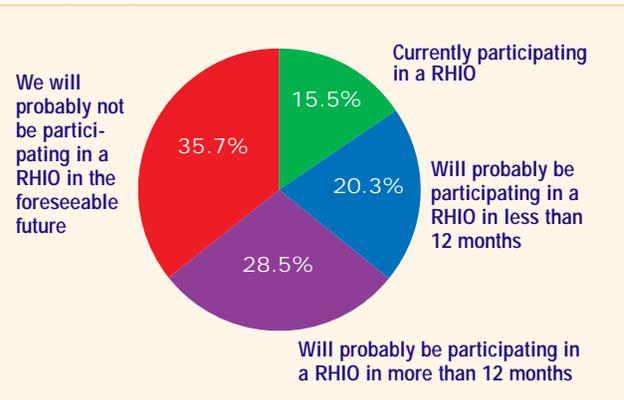We will probably not be partici-pating in a RHIO in the foreseeable future — 35.7%

Exhibit 1: RHIOs are developing along different timelines in different regions, according to respondents familiar with health information exchange activity in their area.

Exhibit 2: To the best of your knowledge, what stakeholders are/were primarily responsible for the initial creation of the RHIO in your area?

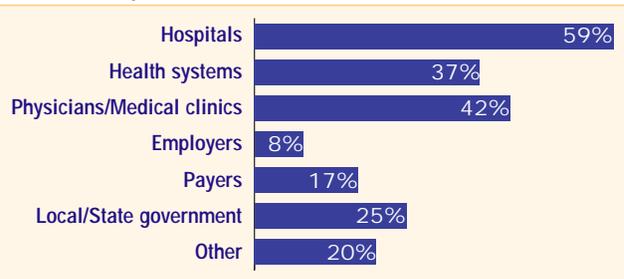| Stakeholder	Percent
Hospitals	59%
Health systems	37%
Physicians/Medical clinics	42%
Employers	8%
Payers	17%
Local/State government	25%
Other	20%

Exhibit 2: While provider organizations were cited most often as the stakeholders responsible for the creation of RHIOs, local and state governments were also frequently indicated and the federal government led the list of write-in answers. Hospitals comprise the largest stakeholder group. That health systems and physician groups are also well-represented as founding stakeholders demonstrates that RHIO value extends to many types of provider organizations.

Exhibit 3: To the best of your knowledge, what are/were the primary drivers behind the creation of this RHIO? (Up to three answers allowed)

Driver	Percent
Reduce healthcare costs by streamlining information flow in our community	57%
Reduce healthcare costs by reducing redundant imaging, labs, etc. in our community	29%
Improve the health of citizens in our community	58%
Reduce the potential for medical errors	34%
Improve patient care by promoting specialized centers of excellence in our community	15%
Strategic shift in the delivery of healthcare in our community from one of competition to one of collaboration	14%
Alignment of healthcare delivery in our local area with national initiatives	22%
Don't know	4%
Other	14%

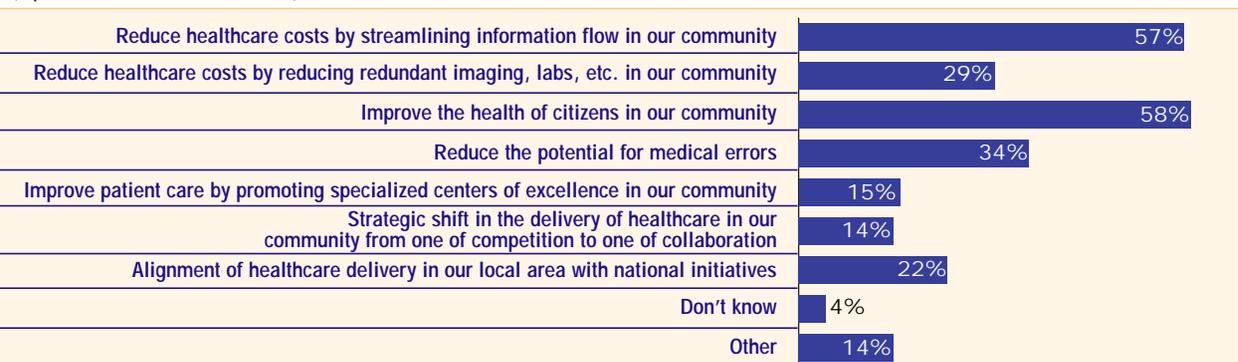Exhibit 3: "Improving the health of citizens in our community" was most frequently selected as the primary driver behind the creation of existing RHIOs, followed closely by "Reducing healthcare costs by streamlining information flow in our community." Looking beyond the familiar "improve health and reduce cost" responses, reducing medical errors emerged as the next most often cited reason for implementing a RHIO.

Exhibit 4: Which types of organizations are currently participating in this RHIO?

Organization	%
Hospitals	88%
Medical clinics/Group practices/Other ambulatory care	74%
Long-term/Post- or Sub-acute care facilities	20%
Behavioral/Mental health facilities	31%
Public health clinics	35%
Independent diagnostic facility (i.e., Radiology, Lab, Pharmacy)	29%
Independent specialized treatment facility (i.e., Physical Therapy)	8%
Other provider settings	27%
Pharmacy benefit management companies	12%
Health plans	30%
Employers	13%
Consumer groups	4%
Healthcare IT vendors	20%
Don't know	7%
Other	9%
No answer	3%

Exhibit 4: While hospitals and clinics are the dominant entities currently participating in RHIOs, the demographic trends of an aging nation contrast sharply with the level of RHIO participation from long-term and post-acute care facilities. The involvement of consumer groups may be seen as too low. Employer and payer groups, which stand to benefit from RHIOs, are also underrepresented.

Exhibit 5: Funding, a common obstacle among both existing and developing RHIOs, comes typically from grants and from investments by stakeholder organizations.

Exhibit 5: To the best of your knowledge, how is this RHIO funded?

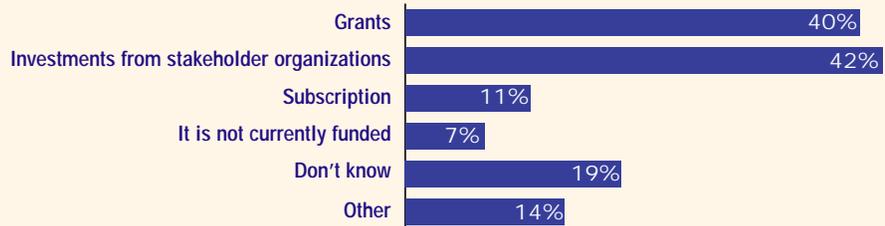| Funding Source	%
Grants	40%
Investments from stakeholder organizations	42%
Subscription	11%
It is not currently funded	7%
Don't know	19%
Other	14%

Exhibit 6: RHIOs currently in existence are already sharing a wide variety of data, with clinical and emergency data the leading types. That the sharing of administrative and claims data trails the sharing of clinical data reinforces the notion that care quality improvement is a leading driver of RHIO formation.

Exhibit 6: What types of data will initially be exchanged within the RHIO?

Data Type	%
Emergency department data	58%
Inpatient administrative data	45%
Outpatient administrative data	46%
Clinical data	71%
Diagnostic data	58%
PACS images	24%
Pharmacy data	35%
Enrollment/eligibility data	26%
Claims data	14%
Don't know	6%
Other	8%
No answer	2%
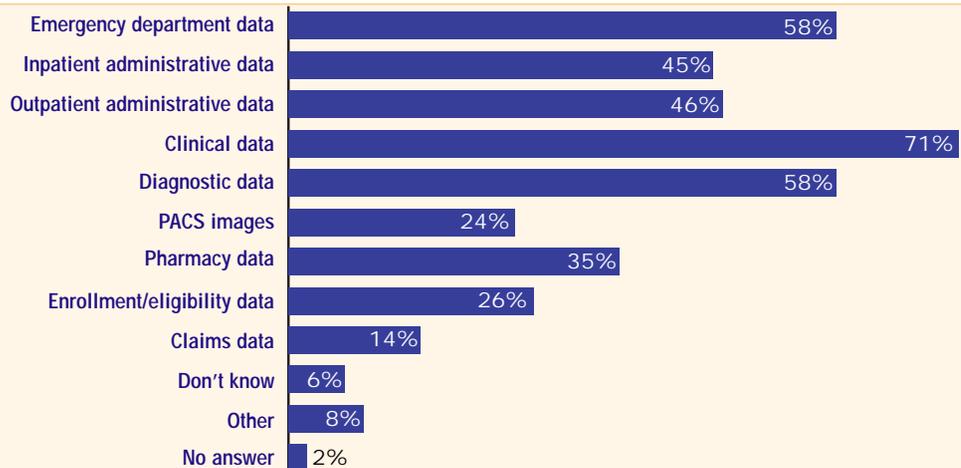
Exhibit 7: What other types of data will likely be exchanged at a later stage?

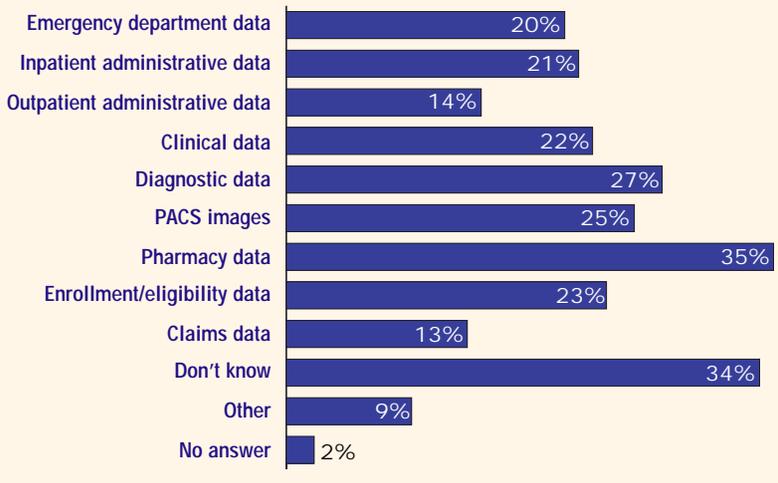| Category	Percent
Emergency department data	20%
Inpatient administrative data	21%
Outpatient administrative data	14%
Clinical data	22%
Diagnostic data	27%
PACS images	25%
Pharmacy data	35%
Enrollment/eligibility data	23%
Claims data	13%
Don't know	34%
Other	9%
No answer	2%

Exhibit 7: While respondents expect that both administrative and clinical data will be exchanged at a later date, no single type of data dominates the horizon among a majority of RHIO participants. Pharmacy data leads the list of data that will be exchanged at a later date, followed closely by "Don't know."

Exhibit 8: Which of the following methods is your RHIO using to link patient records?

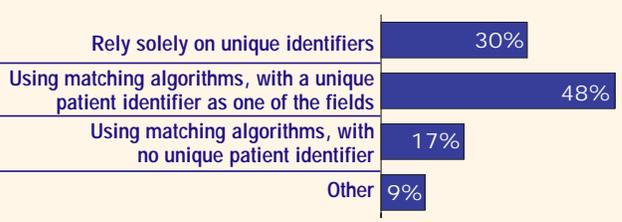| Category	Percent
Rely solely on unique identifiers	30%
Using matching algorithms, with a unique patient identifier as one of the fields	48%
Using matching algorithms, with no unique patient identifier	17%
Other	9%

Exhibit 8: RHIO participants who were familiar with their methods for linking patient records indicated that they most frequently used matching algorithms with a unique patient identifier as one of the fields.

Exhibit 9: Is your RHIO using a data dictionary to facilitate the query, exchange, reporting and comparison of information between different healthcare enterprises?
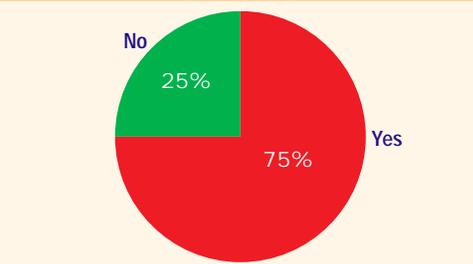
No 25%
Yes 75%

Exhibit 9: Among RHIO participants familiar with the details of the data exchange, three-fourths are using a data dictionary.

Exhibit 10: Are there multiple RHIOs operating in your area?

No answer 2.1%
Yes, and we belong to more than one 14.4%
Don't know 24.7%
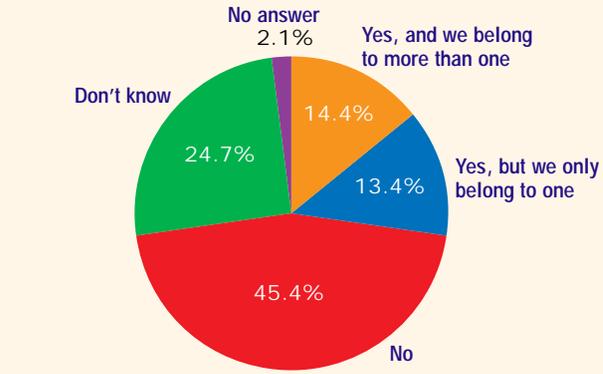Yes, but we only belong to one 13.4%
No 45.4%

Exhibit 10: Multiple RHIOs operating within a community are not uncommon, with 27 percent of respondents reporting access to more than one. 14.4 percent of respondent organizations participate in more than one RHIO.

Exhibit 11: Please check those statement(s) that best describe the role of HIM professionals in the planning and implementation stage of the data exchange in your RHIO?
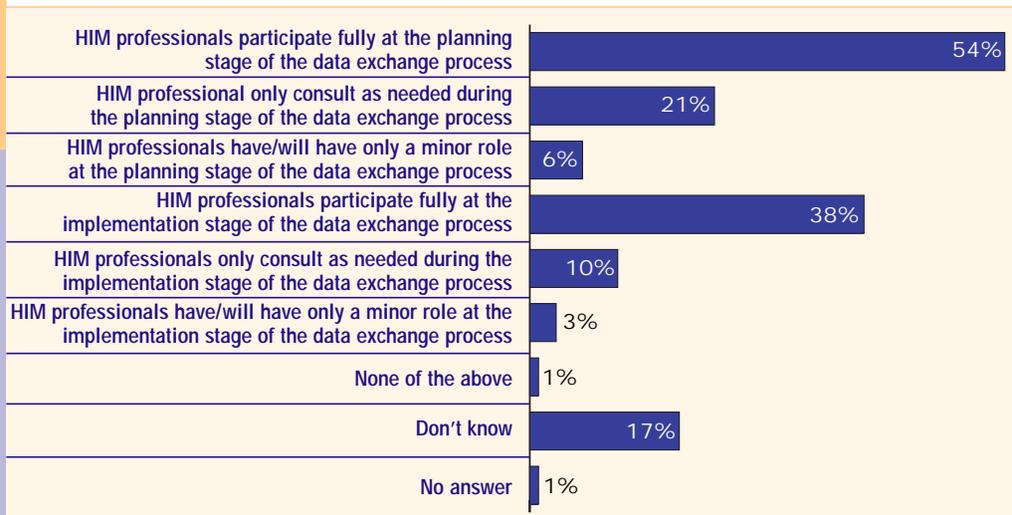
Statement	%
HIM professionals participate fully at the planning stage of the data exchange process	54%
HIM professional only consult as needed during the planning stage of the data exchange process	21%
HIM professionals have/will have only a minor role at the planning stage of the data exchange process	6%
HIM professionals participate fully at the implementation stage of the data exchange process	38%
HIM professionals only consult as needed during the implementation stage of the data exchange process	10%
HIM professionals have/will have only a minor role at the implementation stage of the data exchange process	3%
None of the above	1%
Don't know	17%
No answer	1%

Exhibit 12: Please check those statement(s) that best describe the role of physicians in the planning and implementation stage of the data exchange in your RHIO?
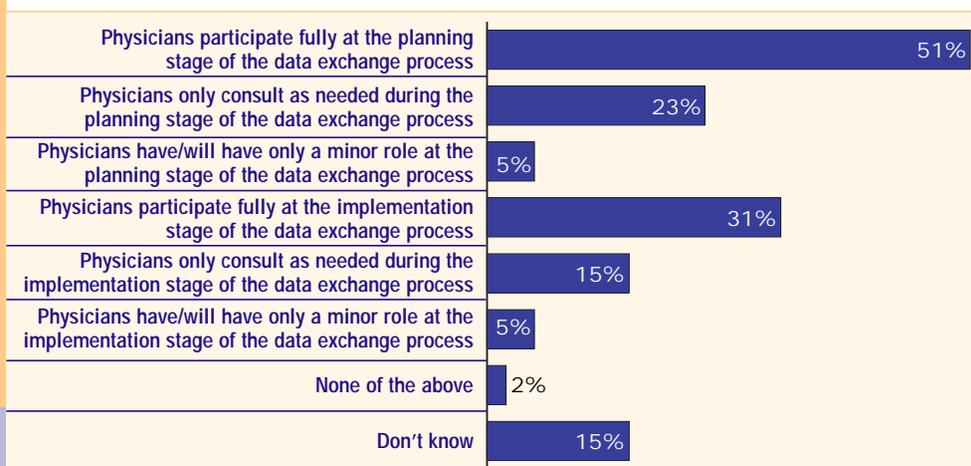
Statement	%
Physicians participate fully at the planning stage of the data exchange process	51%
Physicians only consult as needed during the planning stage of the data exchange process	23%
Physicians have/will have only a minor role at the planning stage of the data exchange process	5%
Physicians participate fully at the implementation stage of the data exchange process	31%
Physicians only consult as needed during the implementation stage of the data exchange process	15%
Physicians have/will have only a minor role at the implementation stage of the data exchange process	5%
None of the above	2%
Don't know	15%

Exhibit 13: What are the biggest challenges you face in creating your RHIO?
(Up to three answers allowed)

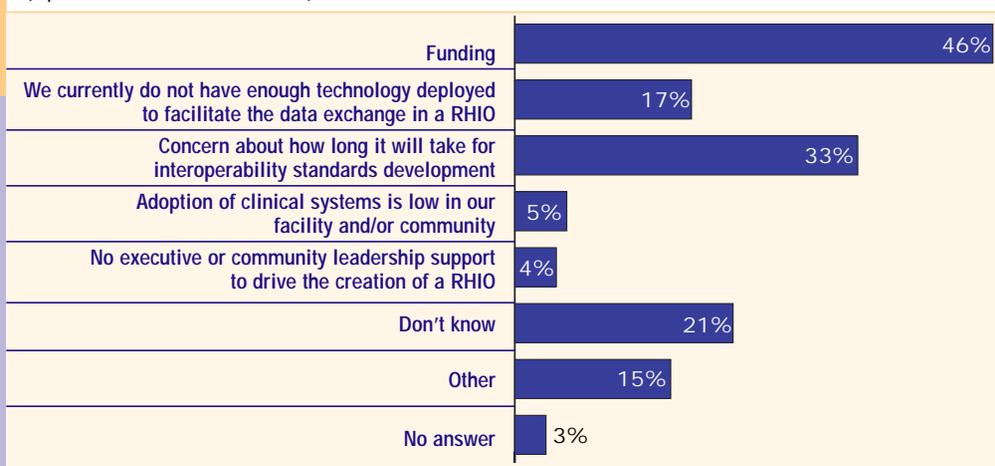| Challenge	%
Funding	46%
We currently do not have enough technology deployed to facilitate the data exchange in a RHIO	17%
Concern about how long it will take for interoperability standards development	33%
Adoption of clinical systems is low in our facility and/or community	5%
No executive or community leadership support to drive the creation of a RHIO	4%
Don't know	21%
Other	15%
No answer	3%

Exhibit 14: (Among those who are not currently participating in a RHIO but plan to in the future) If you are not currently participating in a RHIO, why not?

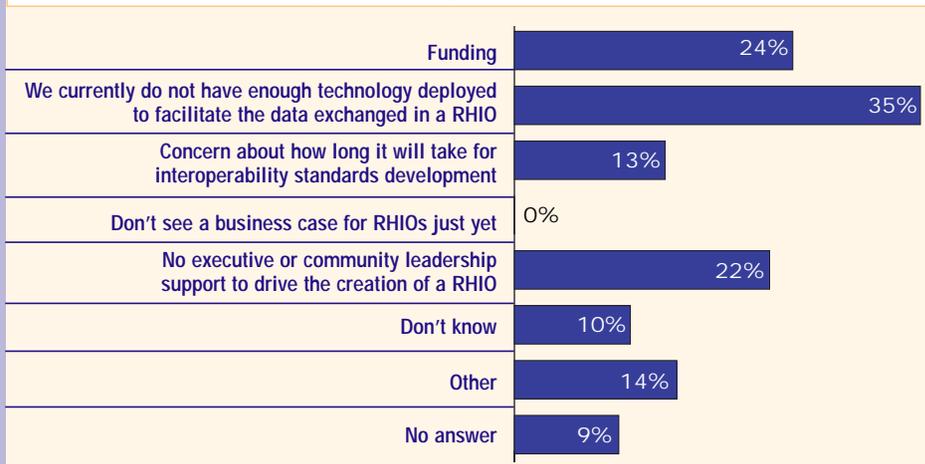|	
Funding	24%
We currently do not have enough technology deployed to facilitate the data exchanged in a RHIO	35%
Concern about how long it will take for interoperability standards development	13%
Don't see a business case for RHIOs just yet	0%
No executive or community leadership support to drive the creation of a RHIO	22%
Don't know	10%
Other	14%
No answer	9%

Exhibit 14: Among the respondents whose organizations plan to participate in a RHIO in the future, funding ranked second behind an inadequate amount of technology currently deployed as reasons why they are not currently participating in a RHIO.

Exhibit 15: (Among those who are not currently participating in a RHIO and do not plan to in the foreseeable future) If you are not currently participating in a RHIO, why not? (multiple answers)

Funding	26%
We currently do not have enough technology deployed to facilitate the data exchanged in a RHIO	36%
Concern about how long it will take for interoperability standards development	11%
Don't see a business case for RHIOs just yet	20%
No executive or community leadership support to drive the creation of a RHIO	43%
Don't know	11%
Other	9%

Exhibit 15: Among the respondents whose organizations do not anticipate participating in a RHIO in the foreseeable future, a lack of leadership was the most frequently cited reason followed by an inadequacy in the amount of technology deployed.

Exhibit 16: What best describes your work setting?

Provider setting	
Hospital/Health system	51%
Medical clinic/Group practice/Other amb. care	15%
Long-term/Post- or Sub-acute care	8%
Behavioral/Mental health	5%
Public health	1%
Independent diagnostic facility	<1%
Independent treatment facility	1%
Other provider setting	<1%
Nonprovider setting	
IHDN/System–headquarters/Admin. site	2%
MCO-headquarters/Admin. site	2%
HIM specialty setting	2%
Academic institution	4%
Consultancy	5%
Vendor	2%
Other, nonprovider setting	2%

Exhibit 17: Which of the following best describes your title/responsibility?

Healthcare information manager/professional	58%
General/Financial manager	11%
Healthcare IT/IS professional	8%
Physician	8%
Chief medical information officer	4%
Consultant	4%
Other clinician	3%
All other	3%