



HealthData Management

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Louisiana HIE Expands Rural Data Access For Physicians, Patients via Federated Model


With \$13 million in funding, the Louisiana Rural Health Information Exchange (LAHRIX) created a partnership featuring the Louisiana State University (LSU) Health Sciences Center in Shreveport and 24 of the 44 members of the Rural Hospital Coalition. With physician rotation, telemedicine and distance learning programs for clinicians, LAHRIX now provides wired “medical homes” for more than 500,000 patients in the states rural population and facilitates electronic communications among some 2500 clinicians.

Background

Since Hurricane Katrina hit the Gulf Coast in 2006, LSU has served as the state’s only Level I trauma system and source of specialty care for the uninsured and underinsured. The federal government has designated every parish in Louisiana as a medically underserved area. While urban areas in Louisiana report 800 patients per physician, rural areas document more than 2000 patients per physician. The majority of Louisiana residents live in rural areas.

Implemented in March 2008, Phase I involved development of a portal infrastructure featuring Richland Parish Hospital and LSU’s Shreveport campus. Phase II, slated to take place in the upcoming months includes additional implementation at the remaining rural facilities and integration of information from areas such as lab, radiology and real-time bedside monitoring.

In evaluating the information systems of the seven hospitals that participated in the year-one pilot in March 2008, LAHRIX quickly realized that technological innovation had not taken root in rural Louisiana healthcare; clinicians still resorted to overnighting or faxing patient records. The question was simple: how would LSU physicians secure easy access to patient information from multiple and varied rural hospital information systems?



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The Planning

With the mission of providing equal access to quality primary care and eliminating health disparities, LAHRIX set upon its goals to improve patient safety, enhance quality care and ensure strong referral patterns and electronic information sharing among providers.

LAHRIX laid down long-term plans to provide rural hospitals electronic patient record technology and to enhance continuity and quality of care through simplified access to patient summaries. Farther down the road are plans to provide seamless interaction with LSU HSC-S specialists through integration of LAHRIX and three LSU clinical systems.

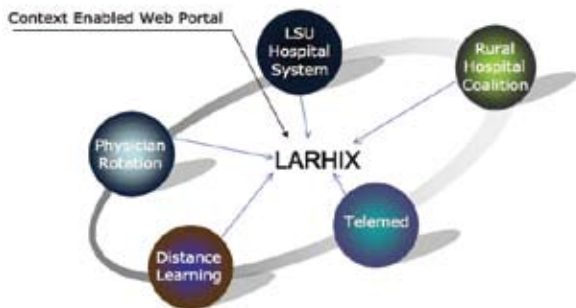
The Vendor Search

LAHRIX quickly rejected the notion of asking LSU physicians to access the distinct information systems of multiple rural facilities. Instead it opted for the creation of a unique vendor consortium and launched a search for suppliers that had demonstrated leadership and experience with open systems and interoperability standards in healthcare.

LAHRIX’s detailed request-for-proposal asked vendors to respond to elements such as focus, vision, product packaging, and architecture design, as well as requirements such as availability, desktop impact, ease of deployment, authentication, and support of offline users, network, and think-client/portal applications. Other requirements fell into the broad categories of technology, integration, and portal technology.

LAHRIX screened more than 16 vendors on how well their solutions would support or facilitate open architecture and standards, ease of administration, reduced costs of ownership, application service provider-based hosting, context-enabled dashboard views, Web single sign-on and light client/browser-based access with no downloads or applet/archival controls. The network also insisted that vendor technologies delivered interoperability with major suppliers such as McKesson, Siemens, Cerner and GE Healthcare.

LAHRIX Overview



In searching for a Web portal, LAHRIX rejected the concept of a central data repository. Nor did LAHRIX want to struggle with the politics of data location and ownership in various locations and on the Internet.

The Results

Out of 16 RFP respondents, Carefx (integration) and CA (identity and access management) performed best on the broad criteria of technology, integration, security, and portal. Carefx and CA, in particular, stood out because their joint solution uses no central data repository and offers a real-time secure layer that sits between physicians and the

rural hospital. Integrating CA SiteMinder and Identity Manager solutions with Carefx Fusion provides an integrated offering that streamlines sign-on procedures, simplifies and secures access to real-time patient data, protects patient privacy and supports compliance regulation requirements.

Whether physicians are at LSU or on a rotation at a rural hospital 200 miles away, they can now click into a Web portal that offers the same look, feel, navigation and access to patient information.

Physicians can more easily monitor patients who have returned home or are in need of follow-up care from a rural physician's office. Physicians benefit from real-time Web portal access to patients' EKG, temperature, and blood pressure readings, while patients benefit from fewer appointments and reduced medical and travel expenses.



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LAHRIX is proud to have joined forces with its vendor consortium partners and rural hospitals to transform and make accessible years of LSU and hospital data. In little more than a year, physicians at LSU and in rural areas of Louisiana have transitioned from faxing medical records to viewing patient medical information in real-time via a Web portal. Such results are a tribute to the power of collaboration in meeting the needs of the medically underserved in rural areas. ●

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