HIE and the Small Physician Practice

What does Health Information Exchange (HIE) mean to the small physician practice? How can physician practices get engaged with an HIE? These are just some of the key questions many physicians and their office staff have today. Small physician practices are a key and significant stakeholder group for HIEs to target. According to the Center for Health Care Strategies, 60% of physicians (either self-employed or in physician-owned groups) work in practices with four or fewer providers, and roughly 65% of all physician office visits occur in practices of this size.1

So how can the physician get involved in an HIE? First, there is the process of learning about HIE. A multitude of information on this topic appears on the Internet —so much information that it becomes too much and too complicated to sift through for the practicing physician. Ideally, there would be a single industry point of reference that provides the required information in an easy-to-read and easy-to-understand format. While there are many places to find this information, each with varying degrees of quality and readability, finding them can be difficult. Some good examples can be found at the following websites:

- [HIMSS.org](http://HIMSS.org) (HIE and Ambulatory sections)
- [healthit.hhs.gov](http://healthit.hhs.gov)

Second, interested physicians should research who is involved in health information exchange in the local area, looking to engage other physicians, including the large healthcare systems and local Departments of Health (DOH). Chances are they are planning or have already begun the process of bringing their physician practices into the local HIE. Regardless of whether a physician is part of a particular healthcare system, these stakeholders can provide valuable information on the clinical and financial benefits of being part of an HIE.

Lastly, interested physicians can reach out to other HIEs that engage physician practices. This will be critical if there are no HIEs in the physician’s local area. Here are some good examples:

- 70% of Wisconsin physicians participate in local exchanges.2
- 75% of ambulatory physicians in New Hampshire use hospital-based HIEs.3
- A total of 234 HIEs are active in the country (73 of which are operational).4

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1 Center for Health Care Strategies, Inc., Technical Assistance Brief, July 2010
2 Physicians Practice, Can a State HIE Get You Connected? Vol 21 No 4
3 IBID
How Will HIE Ultimately Benefit the Small Physician Practice?

The industry has demonstrated that there are clinical quality improvements by having an electronic health record (EHR), a prerequisite of participating in an HIE, but it can be shown that there are financial gains that come along with this as well. At a recent New York State HIMSS meeting, Dr. Salvatore Volpe, MD, FAAP, FACP, CHCQM, presented the following data about his practice:

<table>
<thead>
<tr>
<th>Category</th>
<th>Charts Day</th>
<th>Minutes Chart</th>
<th>Total Time</th>
<th>Cost Hour</th>
<th>Annual Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chart handling and searching</td>
<td>136</td>
<td>5</td>
<td>680</td>
<td>12</td>
<td>$35,088</td>
</tr>
<tr>
<td>New chart creation</td>
<td>10</td>
<td>10</td>
<td>100</td>
<td>12</td>
<td>$5,160</td>
</tr>
<tr>
<td>Transcribing, filling and managing ($1,200/month)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$14,400</td>
</tr>
<tr>
<td>Chart Storage (140sq ft, $2800/month)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$33,600</td>
</tr>
<tr>
<td>Charting supplies: Charts, encounter forms, progress notes, lab sheets, history forms, problem lists, printing and photo copying</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$10,000</td>
</tr>
<tr>
<td>Total savings each year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$98,248</td>
</tr>
</tbody>
</table>

This specific example may not be indicative of all practices, but it clearly illustrates the key areas for savings and just how much this practice has been saving since they moved to an EHR. Couple this with the incentives being provided by the federal government and it seems to be an easy financial decision.

Conclusion

The decision to move toward an EHR is not going to be an option for very long. Small practices will have to take the time and effort to begin the process of converting their paper records and joining an HIE. Understanding what is involved and how these changes will impact you is the first step in this process. Fully understanding the clinical and financial benefits will better prepare the practice for this coming change.

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4 ehealthinitiative.org, Health Information Exchange
5 HIMSS NYS / SUNY Downstate Student Informatics Conference, Salvatore Volpe, MD, FAAP, FACP, CHCQM, September 23, 2011
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