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Wright State University to help build national network for electronic medical records exchange

WSU Boonshoft School of Medicine project to provide instant access to complete records expected to improve care quality, lower costs

DAYTON, Ohio—While modern technology has transformed medical science and made remarkable new treatments possible, the way most health care records are created and maintained is widely considered outdated and inefficient.

Hospitals, physician practices and health care organizations typically generate and store their own unique records, often using paper-based forms. Sharing information to coordinate care, when it happens at all, can require a costly and inefficient effort to track down documents from dozens of offices and piece together a patient's medical history.

Now, Wright State University's Boonshoft School of Medicine is poised to play a key role in an ambitious national project to bring medical records into the 21st century.

The university joins the Nationwide Health Information Network (NHIN), a consortium working to provide a secure, integrated health information infrastructure that will connect providers, consumers and others involved in supporting health and health care. Administered through the U.S. Department of Health and Human Services' Office of the National Coordinator for Health Information Technology (ONC), the NHIN Cooperative involves Health Information Exchanges (HIEs) across the country that are developing processes for sharing standardized, patient-based digital medical records. The university is one of a select few participants chosen to receive a \$100,000 annual federal grant to develop the NHIN.

This cooperative agreement funds HealthLink RHIO, a consortium of public and private institutions working to give patients and care providers in west central Ohio access to accurate, comprehensive medical records. Administered by the Center for Healthy Communities (CHC), a community academic partnership established by Wright State University and Sinclair Community College and fiscally housed in Wright State's Boonshoft School of Medicine,

HealthLink RHIO developed and manages HIEx™ (HealthLink Information Exchange), an electronic shared community health record with a growing database of medical records for nearly 60,000 patients.

“Our goal is to provide real-time access to comprehensive patient records at the point of care,” said Kate Cauley, director of the CHC and co-director of HealthLink RHIO. “With HIEx™, rather than having to track down paper files or duplicate records housed in different offices, patients and caregivers can access a complete, accurate medical record for an individual in one location.”

Timely access to a full medical history can help care providers and patients make more effective decisions about treatment, Cauley added. Maintaining a central database of records also means patients won’t have to deal with extensive paperwork or risk losing important information every time they move, start a new job, change insurance or see a different doctor. In addition, standardized electronic records reduce the risk of potentially harmful or costly errors that can occur with handwritten, incomplete or imperfectly copied records.

Notably, electronic records are also expected to substantially reduce costs by eliminating the need to create, store and duplicate or transfer physical documents. On a national scale, the impact of implementing Health Information Technology (HIT) could result in savings of up to \$77 billion per year, according to a 2005 RAND Corporation study. President Bush and presidential candidates John McCain and Barack Obama have all emphasized HIT as a central element of their plans for national health care policy.

HealthLink RHIO is one of six organizations participating in the second phase of trial implementations of the NHIN. Building on the work of a variety of types of HIEs such as HealthLink RHIO, the NHIN will connect them to create a “network of networks” to support appropriate exchange of health information for patient care, consumer and population purposes.

Other participants selected in the second phase of the trial implementations include Kaiser Permanente, Cincinnati’s HealthBridge, the Cleveland Clinic, HealthLINC/Bloomington Hospital in Indiana and the Community Health Information Collaborative in Minnesota.

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