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Health exchange pushes patient record access

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BY ELIZABETH BASSETT

A patient who hadn't been in to this particular doctor for four years came in for an appointment. While in the waiting area, the patient suddenly became weak and incoherent.

In the time since the last visit, the office had switched to electronic medical records, and the referring physician had not faxed over any medical records, and if the staff couldn't find some kind of medical history to potentially help, then an ambulance would have to be called to take the patient to an emergency room.

Through the electronic medical record, though, the staff was able to find a continuity of care record, a document updated by other physicians in Tarrant County who had seen the patient. The CCR listed a recent hospital admission, a complete list of diagnoses and problems, medications, allergies and lab studies. The staff saw that the patient had diabetes, congestive heart failure and other conditions, and was able to treat the patient on-site.

This incident really did happen, and the saving grace in the incident was SandlotConnect, a health exchange for physicians within Tarrant County. A doctor can access medical records, lab tests, hospital admission information and more through a portal in an electronic medical record program or just over the Internet. All of the information is secure and HIPAA-compliant, but it's also quickly available and is revolutionizing the continuity of health care in North Texas.

SandlotConnect was formed in 2005 and is wholly owned by North Texas Specialty Physicians, a multi-specialty independent physician association with about 600 physician members. The idea of a health exchange had been discussed for some time at the board level, said Dr. Tom Deas, a senior partner with Gastroenterology Associates of North Texas and medical director of the Fort Worth Endoscopy Center. Deas was president of the board at the time, and when the board gave the thumbs-up to developing a network, SandlotConnect was formed.

Telly Shackelford joined as CEO of SandlotConnect in March 2006. As the director, he furthered research into how best to form some kind of health network. He looked at electronic medical record programs physicians were using and which ones worked best and how to connect them all. While there's plenty of EMRs available, he said, the interconnectivity still is challenging. "The EMR developers are figuring this out too," he said.

For physicians and patients, having some sort of medical information widely available is a matter of giving better care, saving time and money spent on paper records, and also avoiding mistakes or interactions that come with misinformation, Deas said. After all, when a patient goes to a physician, he or she may only come with their memory – which isn't always reliable – and a few faxed items from another doctor.

"They're not walking in with their charts in their hand," he said.

SandlotConnect has more than 850,000 health records, and adds about 5,000 records a week, Shackelford said. About \$8 million went into building and developing the exchange, and many physicians, labs, some Texas Health Resources hospitals, and an imaging center contribute and use information through it.

Over the past several years, SandlotConnect developed a relationship with two EMR providers, Allscripts EMR and NextGen EMR. The company would help guide physician offices through installing and using the best EMR for the office, and then would also train them how to use the EMRs in conjunction with SandlotConnect. With an EMR, physicians can print records, send communication, refer patients, send prescriptions, and replace their paper records. Through North Texas Specialty Physicians, some physicians could get training, support, license and maintenance for free for three years, and the board just approved another 100 licenses for offices.

Deas and Shackelford said switching to an EMR isn't without its problems. An office has to decide what information from a paper chart needs to be put into the EMR, and there's training that has to take place. A physician needs to get used to taking notes or making changes on a computer instead of in a paper chart during a patient visit.

Northeast Tarrant Internal Medicine Associates is in the process of switching over to an EMR and Kerri Cooper, the office manager, said once that is incorporated into daily practice the group will undergo training to use Sandlot Connect.

"It's a challenge," she said. "We're trying to get ahead in the future because eventually the government's going to require...physicians to be on electronic medical records." Going through the various stages to be completely wired and interconnected is a serious commitment, Cooper said.

A study from the National Ambulatory Medical Care Survey found in 2005 only 10 percent of office-based physicians are considered to be using full EMR systems. Many physicians may use them partially – SandlotConnect offers some information free to physicians online – but getting EMRs into every office will take some time.

In the meantime, SandlotConnect is eyeing Dallas and the rest of North Texas. Health care itself is fluid in the area – a patient may go to Dallas for one physician, or may work in Fort Worth but live in Dallas – and it would only be appropriate to provide information within the region. Shackelford said he would not be surprised if many years into the future there are several large regions in the United States, with each region having its own health exchange. Deas said value comes with growth.

"The more doctors you have on it, the more valuable it becomes," he said.

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