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## Local company working to link electronic medical records

### Local company could be in line for stimulus funds with electronic record-keeping

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The patient was sitting in the waiting room at Dr. Tom Deas' office when he collapsed, disoriented and confused.

He hadn't been in the office in years, and his medical files were out of date. Deas turned to his computer, however, and quickly found a cache of records from a recent hospital visit that indicated the man was diabetic and could be dehydrated.

The patient quickly responded to treatment.

"We basically went from knowing nothing to having a pretty good understanding of his problem," said Deas, a Fort Worth gastroenterologist.

The computerized system Deas used is part of a new Fort Worth-based medical network called Sandlot, a health information exchange company created by the physician-owned North Texas Specialty Physicians to link doctors, hospitals, labs and pharmacists into one easily accessible system.

It's just the sort of program that could be in line for some of the \$19 billion in federal stimulus funds set aside for the computerization of healthcare records, officials say.

Sandlot is among the most advanced of a small number of information exchanges in the country — and is believed to be the only one in Texas that provides access to physicians.

"The stimulus is directed at trying to jump-start the process, to get more physicians involved," said Deas, a Sandlot board member. "This project clearly could be an ideal place for some of that stimulus money to go.

"We are looking into how that will be distributed."

The new federal law creates incentives for physicians and hospitals to make "meaningful use" of information technology, and also sets aside \$2 billion in funding for health technology infrastructure. The Obama administration plans to name a task force to determine how to distribute the funds, expected to be available in 2011.

### What is it?

Converting to electronic record-keeping can cost a physician as much as \$60,000, industry experts say, particularly when lost office time and transition costs are factored in. Just the price of the software — and the required license to use it — can be \$25,000 or more.

Even then, the software does not link physicians with hospitals or laboratories. That's where Sandlot comes in.

Sandlot is a wholly owned subsidiary of North Texas Specialty Physicians, an independent group of about 600 doctors that was formed more than a dozen years ago to handle insurance negotiations, paperwork and other issues for member physicians.

After several years of startup work, Sandlot began operating in December and now has about 800 doctors, seven local hospitals and the records of more than 1.1 million patients in Tarrant County. The company is working to add more members, including four large Dallas hospitals, said Deas, a former president of the specialty physicians group who sits on the boards for both the group and Sandlot.

Sandlot will work with physicians who have already converted to electronic record-keeping to help them get into the network and will help physicians set up an electronic system that can be linked, said Telly Shackelford, Sandlot's chief executive.

Sandlot collects a monthly fee for the network, perhaps \$200 or so for a typical practice, Shackelford said. Hospitals also pay a monthly fee to participate once their electronic system has been linked into the network.

Linking medical records electronically will improve care for patients as well as improve efficiency in doctors' offices, Deas said. The man who collapsed, for example, was treated promptly without being sent to the emergency room, where he likely would have incurred additional costs for ambulance service, treatment and tests that might have duplicated previous ones, he said.

The system also can alert doctors when a prescribed medication might interact with one the patient is already taking, and can provide notices about when patients are due for follow-up appointments or tests.

### Nationwide push

Health officials say the conversion to electronic records can save millions of dollars or more per year in healthcare costs, but getting doctors to go digital can be difficult.

Only 5 to 10 percent of physicians use electronic systems in a meaningful way, and many rely on them as "glorified cash registers and word processors," said Sidney Ontai, a Plainview family physician who is a member of the Texas Medical Association's ad hoc committee on health information technology.

The association has created an online tool to help physicians evaluate available software, based on reports from physicians about the programs they use. And federal stimulus funds could provide as much as \$44,000 in incentives over six years to doctors who sign up early for the program, according to an association assessment of the program.

"Our increasingly mobile population makes such automated exchange absolutely critical to be able to help determine, for example, whether a patient has had a cholesterol test in the last five years per guidelines, or the result of a colon cancer screening that might have been two years ago, or the name and dosage of the white pill the patient can't remember," Ontai said.

Still, Ontai said many doctors he knows are not likely to use the stimulus funds because of a drop in office productivity during the conversion.

Another key concern is patient privacy.

Claudia Williams, director of health policy and public affairs for the Markle Foundation, said some patients may not want information about prior illnesses to be widely accessible. Whether to keep those records private should be discussed, said Williams, whose New York-based group works to apply information technology to matters of health and national security.

"People are very reluctant to share their information with their employers and their health providers," Williams said.

Shackleford said Sandlot relies on doctors and hospitals to obtain the necessary patient clearance for medical records, and said many local hospitals only include records for patients who opt into the system. Providers who have an official relationship with the patient are the only ones allowed to access the information, Shackleford said.

## Looking ahead

Sandlot — using incentives of its own and special pricing in some cases for physicians — wants to link as many patient records in North Texas as possible.

"We are apolitical," Deas said. "All we want is more information. Everybody who participates contributes information, but they also gain information or access to that information."

And the benefits may be more concrete. Deas has created two new exam rooms in his office in an area that once housed patient records.

"The complexity of the care we deliver is so different than it was 50 years ago," said Deas, whose father was also a physician.

"You need the help. The more information you have about people, the better off you are."

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