



## Austin health care collaborative's database breathes life into improving outcomes

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*Pediatric nurse Brenda Bartosh administers a nebulizer treatment to Avery Berger at the Lone Star Circle of Care in Georgetown. Lone Star is among the local health care providers behind the Integrated Care Collaboration, which operates the ICare system, a health information exchange. Use of ICare's database has been instrumental in improving outcomes for many asthma patients.*

Since 1997, the Integrated Care Collaboration — a nonprofit made up of the region's health care providers, foundations and nonprofits — has been working and investing in technology that enables caregivers to contribute to a database, share patient information and use the data to make better medical decisions. As a result, the region is more than a few steps ahead of other Texas markets in developing and using health care information technology, health IT experts said. It has captured the attention of similar organizations, as well as the National Coordinator for Health IT under the U.S. Health and Human Services Department.

Today the ICC, which owns and operates Austin's regional health information exchange, or HIE, is growing thanks to grants and member funding. The ICC's HIE, called the ICare system, has data for nearly 1 million patients at 70 locations throughout Central Texas. **Pete Perialas**, CEO of LoneStar Circle of Care, considers the ICC a community asset. "It really is on the leading edge of accountable care," said Perialas, who is a member of the ICC's board of directors. "It's the best-kept secret."

Dr. **Kenneth Shine**, the executive vice chancellor of health affairs for The University of Texas System, said he isn't aware of another Texas city with an HIE as comprehensive as ICare. Shine was part of the team that established the blueprint for the ICC. "It could easily be the leading organization of its kind in the country," Shine said. "They've developed a model of care in which they have the electronic record, and they have been able to demonstrate decreasing hospitalization, decreasing emergency room visits. That they've been able to get hospitals to support them because of the benefits ... is extraordinary."

The ICC is getting a further boost from the HITECH Act of 2009, which called for unprecedented federal investment in health IT. The government's goal is to replace paper files with electronic medical records, and for health care providers to use those records in meaningful ways that result in better outcomes for patients and lower health care costs.

In recent months, the ICC and its sister organization, Centex, which offers support services, have added about nine new employees, and there are plans to hire about 10 more staffers for both organizations. The plan calls for hiring software developers, database architects, high-speed communication specialists and analysts. The ICC has about 15 to 17 employees. It has set aside nearly \$4 million to buy and develop software that will allow it to grow further.

"Because we are ahead of the general health care industry and environment, we are going to spend a lot of time conceptualizing what we want the new system to do," Perialas said. "There is no real road map for this."

Among the newer tools that the ICC is working on are patient portals that will enable patients to interact with their health care providers. Perialas describes such a portal as a highly secured interface through which patients will be able to view their personal data, check test results and generally monitor their health. "Effectively, patients are being partners in their own health care," Perialas said.

The ICC hopes to have it ready by the end of 2011.

**Aaron McKethan**, director of the Beacon Communities Program for the Office of the National Coordinator for Health IT, agrees that the ICC has one of the more successful technology platforms in the region and the country. He attributes that to the ICC's approach to building technology. "They first start with the business problem," McKethan said. "They are not just building giant architecture, they are solving real problems. It helps them use the technology more effectively."

One such business problem was caring for asthmatic patients. To keep such patients healthy and out of emergency rooms, the ICC developed a program that uses information in ICare's database to identify asthma patients who need better management of the disease. Patients are identified through asthma-related ER and repeated outpatient visits and inpatient hospitalizations. From 2007 to 2009, the program enrolled more than 1,000 patients with asthma.

**Christopher Valmores**, clinical manager at the Seton Asthma Center, said Seton tracks how often those patients go to the ER and how long they stay symptom-free. "We measure the quality of life. ... That's really what it is about," Valmores said. Seton's involvement in the program has resulted in adopting best practices related to asthma, Valmores said, such as requiring all registered nurses to have asthma certification. Meanwhile, the ICC estimates the asthma program has yielded \$2.4 million in annual local health care savings, along with benchmarks that have been critical in gaining participation among doctors and health care providers.

"This is the connection between health care providers and doctors in individual practices. We can see what we can do when we actually collaborate. It's best for the patient," Valmores said.

The ICC has started similar programs focused on obesity and diabetes.

Perialas said one of the biggest challenges is getting more doctors and health care providers to participate. More participation from ICC members would facilitate greater data collection, increased connectivity and better decision making, Shine said, adding that how far the ICC goes depends largely on funding. "If you can keep an uninsured patient healthy and out of the hospital, you save everybody resources," Shine said. "These organizations made that more efficient and improved the quality of life and the quality of care. ... And the model that they've come up with, which many times is working with the hospitals, is a very smart model."

McKethan said health care leaders in Dallas have looked to Austin as a model. He plans to visit the ICC early next year. The ICC is "one of a few around the country that aren't talking [about health IT], but are actually delivering it already," McKethan said.

***ICC's Beginnings:*** *The Integrated Care Collaborative was started by the leading hospitals and nonprofits in the region. "When we were doing our research on access to health care in Texas, which became a code red report, we identified that among the most expensive parts of the health care system was the way the uninsured go from one place to another to get care," said Dr. Kenneth Shine, executive vice chancellor of health affairs for the University of Texas System. "As they went from one place to another, they would have tests repeated, X-rays repeated. People would give them prescriptions for medication not knowing what other people had given them."*