



“Revolution to Requirement”

HIT: 2010 to 2015

www.pulseinc.com

“Soccer is the game of the future...
...and it always will be!”

Rob Strasser
CEO, Adidas USA



But Soccer In America Never Had This Momentum!

- More than \$20 Billion in Grants and Incentives Condensed Into Five Years
- “Meaningful” EHR Adoption and Use Incentives
- Regional Extension Center Grants
- “Beacon” Community Grants
- Community College HIT Training Grants

- Will it be enough to get HIT momentum?

62 Regional Extension Centers Up & Running Now

- Provide training and support services to assist doctors and other providers in adopting EHRs
 - Offer information and guidance to help with EHR implementation
 - Give technical assistance as needed
- The goal of the program is to provide outreach and support services to at least 100,000 priority primary care providers within two years.
- Pulse is engaged with all 62 REC grant organizations right now.

What Will The Beacon Communities Do?

- Build an infrastructure of interoperable health IT and standards-based information exchange to show the promise for health IT.
- Offer evidence that widespread adoption of health IT and exchange of health information is both feasible and improves care delivery and health outcomes.
- Provide a roadmap for other communities to achieve meaningful use on a community-wide basis.

Beacon Community Grants

\$12 to \$16 Million Each

- Tulsa (OK)
- Stoneville (MS)
- Brewer (MN)
- Danville (PA)
- Salt Lake City (UT)
- Indianapolis (IN)
- Spokane (WA)
- Buffalo (NY)
- New Orleans (LA)
- Rochester (MN)
- Providence (RI)
- Grand Junction (CO)
- Concord (NC)
- San Diego (CA)
- Hilo (HI)

More just added..

Who's Going To Do All This HIT Work?

- Independent studies indicate a shortfall over the next five years of approximately 50,000 qualified health IT workers required to meet the needs of hospitals and physicians as they move to adopt electronic health care systems. 50,000.



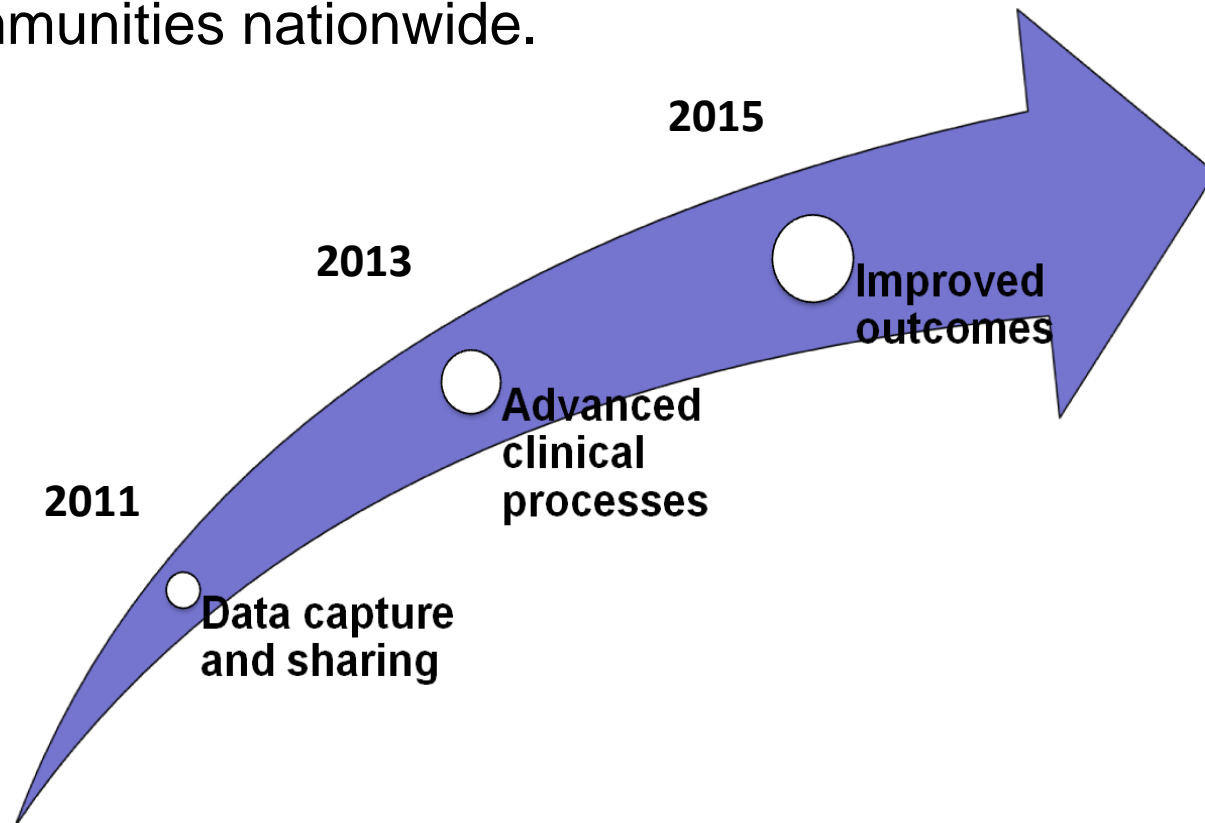
Health IT Workforce
Development Program
\$80 Million

Health IT Workforce Development Program

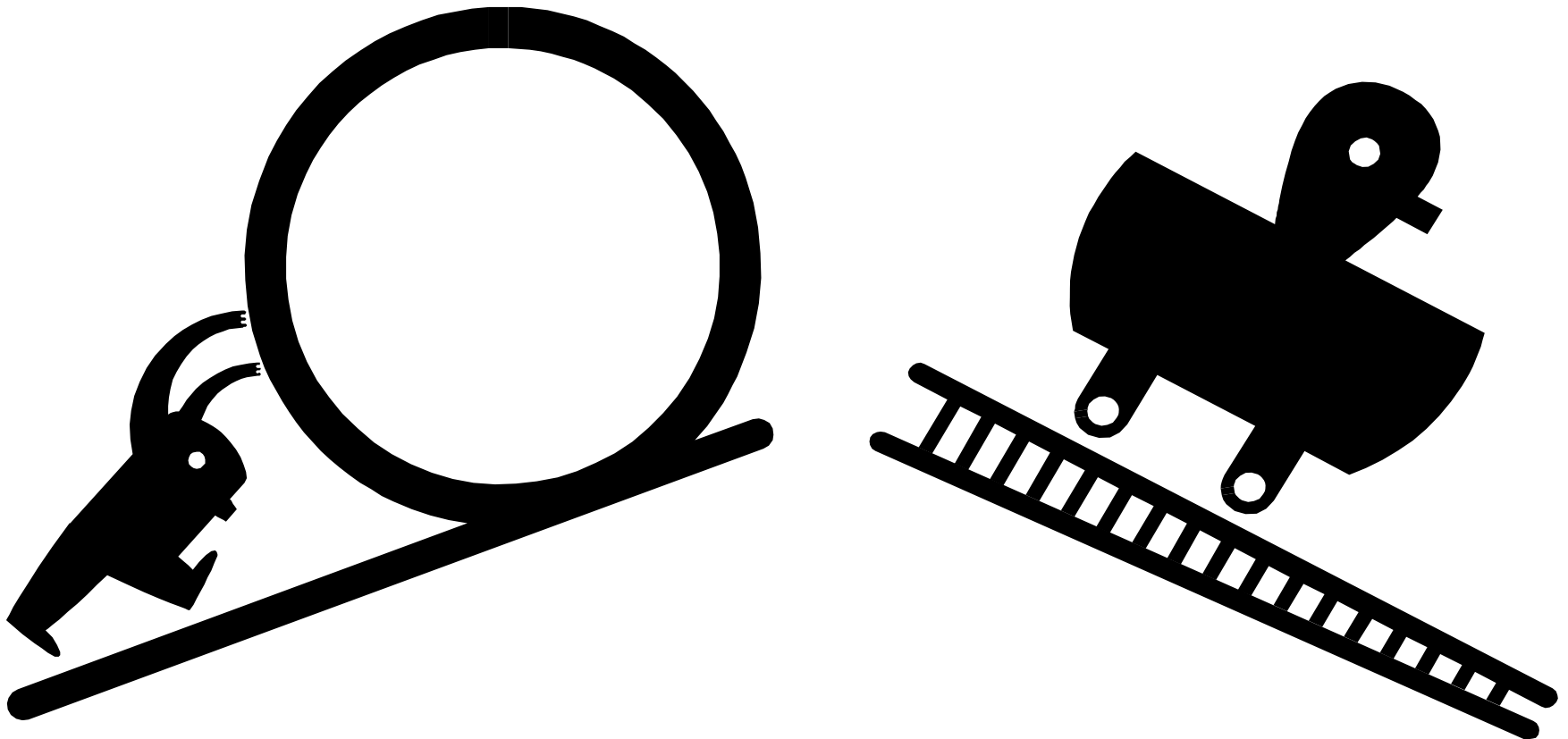
- A community college training program to create a workforce that can implement and support an electronic healthcare system
- Educational materials to construct core instructional programs
- A competency examination program to evaluate trainee knowledge and skills acquired
- Additional university programs to support advanced degree training

The Governments' Transformative Vision Is Driving HIT Today

- Building the infrastructure, adoption and workforce that will enable healthcare information technology to enhance the efficiency, patient care and outcomes in healthcare communities nationwide.



How To Make It From Revolution to Requirement Move From Government Push to Market Pull



HIT Adoption Is Gaining Momentum Now

“Reimbursement concerns are driving EMR adoption among small physician practices more than the promise of federal incentive payments...

...of 269 practices with 10 or fewer physicians that took a survey, 17 percent said they would implement a new EMR by the end of 2011...(Up from 9% in the previous years' study)”

Survey conducted by healthcare communications network NaviNet

Community Connectivity: From Revolutionary to Required

“...the electronic "revolution" in health care is still in its infancy. But the numbers in some cases have doubled the trend is expected to accelerate over time.”

**Bloomberg
Businessweek**
June 17th 2010

'Walled Gardens' Exist Today...

- 'Walled gardens' have been created by hospitals, IPA's and others with an interest in leveraging physician and patient information



- Success has been limited, as physicians have displayed an reluctance to the economic limitations these closed networks placed on their practice.

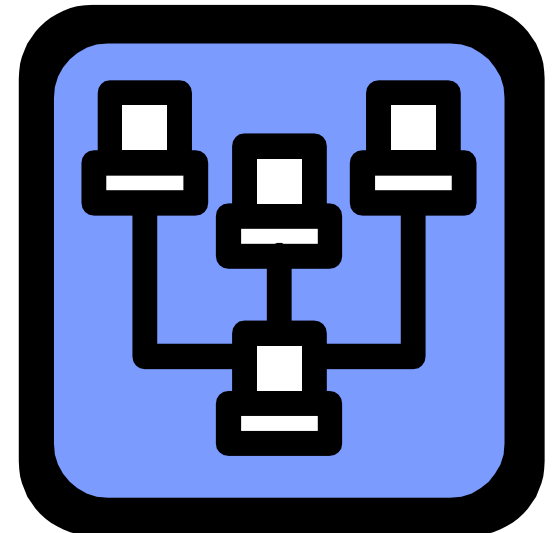
Strategic HIT Decisions Made Today Are Critical

- The entire medical community is looking for efficiency, those that fit into the standardized electronic workflow of the community will be preferred and grow.
 - Physicians Referrals
 - New Physicians
 - Patients
 - Labs/Hospitals
 - Payers



Consider your Electronic Trade Area Workflow Today

- Who will you need to connect with?
- Who will want to connect to you?
- How will the connections be enabled?
- When will it no longer be 'optional'?
- What will your electronic trade area workflow look like?



“Referring”/“Referred To” Physicians

- Increasingly expect discreet data back, data that can work in their EHR, improving their care and efficiency.
- Discreet data fits into their workflow, supporting their efficiency and patient care
- Paper will not fit into their electronic workflow, increasing their costs to receive, retain and utilize
- Disincentive to continue referral programs to a physician sending something other than discreet standardized data



Recruiting Expectations

- There's a physician shortage, so what's going to make your practice competitive in recruiting?
- Young physicians are looking for practices that have the tools they have been trained to expect
- Young physicians are looking for practices prepared for future success
- Young physicians will increasingly expect EHR, at a minimum



Patient Expectations

- Portals, electronic prescribing, and other products engage patients in HIT,
- physicians with electronic patient engagement become more attractive to patients.
 - Patients will expect the convenience of e-Prescribing
 - Empowers patients to engage in understanding and updating their health information
 - Builds confidence in modern image of the practice



Payer Expectations

- Electronic workflows are more cost effective for payers, they are already implementing programs to reward practices
- Penalties for non-electronic workflow, it is more costly to handle and increasingly the exception to the workflow

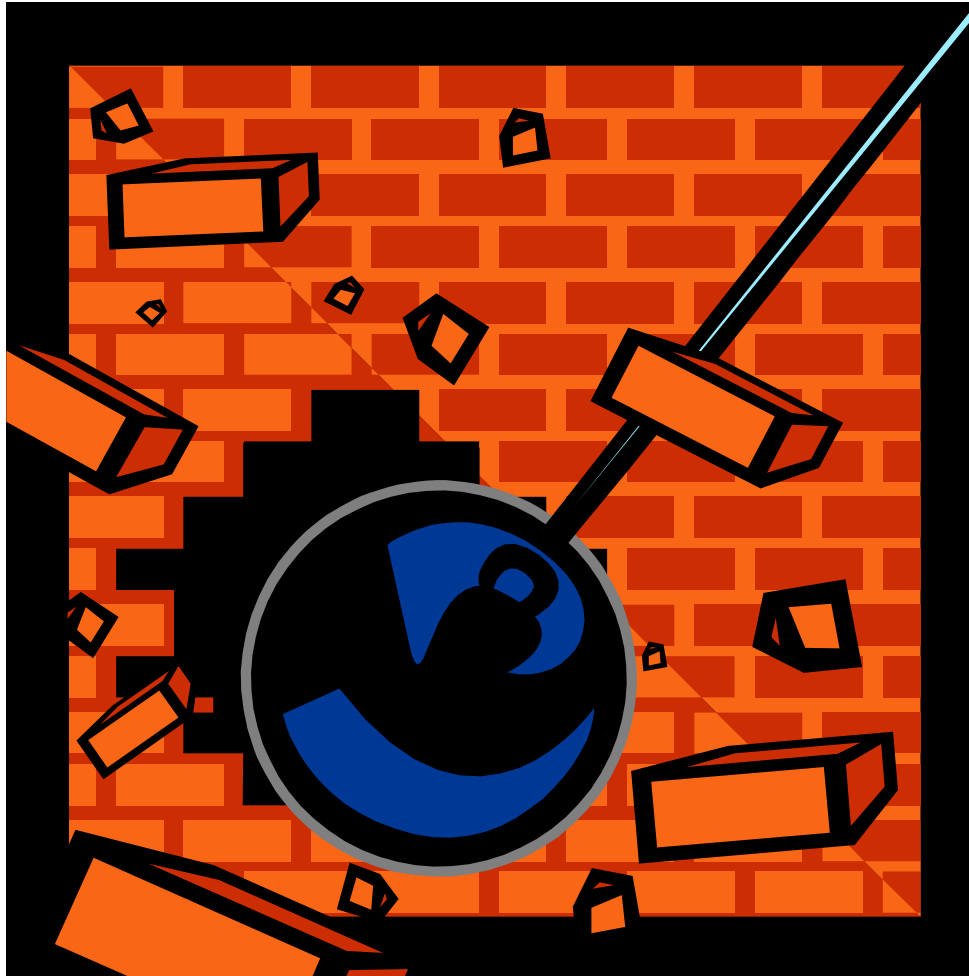
Hospital/Lab Expectations

- Electronic orders and results reduce costs for labs, this efficiency will improve speed and costs
- Discreet data returned from labs can more easily be charted and shared to improve patient care/outcomes
- Standardized languages for import/export enable data to move between hospitals and practices, allowing practices to remain independent, yet utilize data available to hospital owned practices

High Interoperability is Critical

- The community is looking to work with those who can interact within an efficient electronic workflow, those who cannot will increasingly be locked out, as a 'drag' on efficiency.
 - Physicians referrals
 - Hospitals
 - Labs
 - Patients
 - Payers
 - Government Agencies
 - NGO's
 - Clinical Trials

The Future Is Open, Don't Wall Yourself In Today



Planning Starts Now

- Invest in an HIT future that makes your practice an efficiency hub in your community
- High interoperability Solutions
 - Standardized/Coded data
 - Open engagement strategy
 - Complete solution
- Active Awareness and Engagement With Your HIT Network
 - HIE's
 - Labs
 - Hospitals
 - Patients

What Should You Look For To Be 'Future Proof'?

- High Interoperability Standards
- Import/Export Platforms
- High Interoperability Network Engagement
 - HIE's
 - HIE Vendors
 - Immunization Registries
 - Hospitals
 - Hardware
 - Labs
 - Card Processors
 - Payers
 - NEW! – Microsoft Healthvault

How is Pulse 'Future Proof'?

- Standardized languages throughout
 - SNOMED®
 - LOINC®
 - ICD9/10
 - CPT
 - HL7
 - CCD/CCR
- Fully codified data – not all EHR's are created equal. Many EHR systems allow non-standardized data
- Platforms for export and import



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