



Workgroup for  
Electronic Data Interchange

## **WEDI 4C Initiative**

### **Vision Statement**

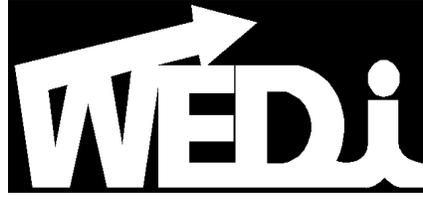
WEDI's *vision* is to have integrated electronic clinical and administrative information management and transaction systems throughout the health care industry that continuously improve the quality, safety, cost-effectiveness, and efficiency of healthcare delivery.

### **Mission Statement**

The Strategic Initiatives Workgroup's Mission is to foster integration of electronic clinical and administrative information management and transaction systems in the healthcare industry.

WEDI will accomplish its mission through an *open national forum*, its education and outreach programs, and participation in strategic partnerships, by supporting:

- Development by the healthcare industry of clinical data content, electronic health record (EHR), secure information infrastructure, and interoperability standards that will lead to affordable and common efficient clinical and administrative workflow processes and transactions for providers and payers.
- Adoption by providers of clinical data content, EHR, and interoperability standards that will lead to affordable, efficient, and secure interchange of medical information.
- Adoption by health plans of common, minimal data content standards that are sufficient for adjudicating administrative transactions initiated by providers.
- Articulation of easily understandable benefits and returns on investment (ROI) to vendors of electronic clinical, administrative, and interoperability systems as incentives for fostering integration, innovation, openness, and availability of such systems.
- Articulation of easily understandable benefits and returns on investment (ROI) to providers, health plans, and consumers of healthcare services as incentives for adoption of clinical, administrative, and interoperability standards.



FOUNDATION

## *Empowering Rural Healthcare Providers* An Initiative of the WEDI Foundation

- **The WEDI Foundation Mission**

- The WEDI Foundation's mission is to enhance the quality of healthcare delivery and public health through *efficient deployment of information and technology applications*.

- **The Rural Healthcare Market**

- Rural healthcare, the rural practice, and the rural physician have been a key to our national growth since the 18<sup>th</sup> century American Revolution. A recent study<sup>1</sup> highlighted problems in the provision of healthcare in rural settings today:

“Challenges facing rural health care include scarcity of local medical resources and distance between patients, physicians, and facilities. Many rural areas have insufficient numbers of primary care practitioners, including, physicians, physician assistants, and nurse practitioners, while all rural areas have problems with access to specialty care.

For patients, the need to travel away from home and from local providers for medical care results in a range of difficulties: time away from work; additional expenses; and the complications of coordinating care in different locales. The likelihood that information will be missing or incomplete is greater and this may cause delayed or fragmented care.

Rural physicians and other care providers are likewise impacted by the problems of scarcity and distance, resulting in limitations on productivity, communications, and ongoing education. Rural providers have much more difficulty communicating with other providers and specialists. They have few opportunities for conferences and training without travel; and limited access to medical knowledge and research work. These factors result in much lower efficiency, more travel time to visit patients in hospitals and nursing homes, fewer face-to-face patient visits, and more time on the telephone with other providers and with patients.”

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<sup>1</sup> Fran Turisco and Jane Metzger, *Rural Health Care Delivery: Connecting Communities Through Technology*. An ihealthreport prepared by First Consulting Group for California Healthcare Foundation, Oakland, CA: December 2002. This document is available via Internet at [www.chcf.org](http://www.chcf.org). The quote appears on page 7 of the document.

- **WEDI Foundation’s Rural Healthcare Initiative Program**

- WEDI Foundation’s three-year rural healthcare initiative is a *pilot* to evaluate the effectiveness of a program designed to mitigate these problems and to be a teaching model of best practices and lessons learned for rural healthcare. This program will be comprised of:
  - Training physicians who are or will be practicing in rural environments on the use of 21<sup>st</sup> century *electronic revolution* administrative and clinical tools and applications and connectivity protocols;
  - Deploying these tools, applications, and connectivity protocols so that rural physicians can communicate and collaborate<sup>2</sup> with patients, rural and tertiary hospitals, and specialist physicians in urban areas<sup>3</sup>;
  - Providing interfaces and integration between applications and systems and to improve workflow efficiency in rural practices;
  - Building administrative infrastructure and network that supports rural physician communication and customer service functionality; and
  - Building user-friendly access for rural physicians and staff to connect to information tools and support, including medical resources, research, and best practice databases available in “hospitals, academic medical centers, library service providers, and training centers.”<sup>4</sup>

- **WEDI Foundation’s Rural Healthcare Initiative Objectives**

- Ensure “access to affordable, quality health care” and “improving the quality and efficiency of care delivery,”<sup>5</sup> particularly for underserved and disproportionately large elderly and minority groups living in rural areas.
- Improve the delivery of healthcare in rural environments and access to information by enabling existing rural physician practices to communicate electronically via Internet with other healthcare practitioners and institutions.
- Improve the delivery of healthcare in rural environments by enabling new medical graduates through curriculum training in final semester and continuous learning thereafter to launch new practices or convert existing practices so that they can communicate electronically via Internet with other healthcare practitioners and institutions.
- Enhance compliance with existing federal initiatives such as HIPAA Administrative Simplification standards, forthcoming federal (voluntary) initiatives such as electronic health record (EHR) and SNOMED CT standards, and facilitate electronic claims and other transactions that physicians submit to Medicare, Medicaid, and other health plans.

- **WEDI Foundation’s Rural Healthcare Initiative Phases**

- Planning (6 months)
  - Define operational and administrative, hardware, software, and training and curriculum requirements to accomplish Rural Healthcare Initiative objectives, including specific capabilities pertaining to:
    - Connectivity (ASP, Gateway, Internet models).
    - Secure email messaging.

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<sup>2</sup> “Collaboration is fundamental to the success of technology solutions.” Ibid., p. 24.

<sup>3</sup> “With up to 90 percent of specialty physicians practicing in urban areas, diagnostic specialists such as radiologists, pathologists and cardiologists are in short supply in rural areas.” Ibid., p.17.

<sup>4</sup> Ibid., p.16.

<sup>5</sup> Ibid., p.3.

- Telemedicine.
  - HIPAA Administrative Simplification transactions, privacy, and security standards implementations, compliance, and training.
  - Electronic claims clearing and payments.
  - Process models for practice efficiency.
  - Practice management for claims submission.
  - Continuing education curricula.
  - Existing information networks for medical information.
  - Electronic medical record and database development.
  - Evidence based medicine and clinical decision support.
  - Convene Project Steering Committee and Advisory Board to define hypotheses and metrics for evaluation of program successes and challenges.
- Pilot (24 months)
    - Georgia has been selected for the pilot because of a confluence of state, corporate, academic, and medical interests, resources and other factors, including, but not limited to:
      - Relatively high rural population of elderly and minorities that is underserved by limited access to high quality medical resources.
      - Georgia Information Network for Medical Information (GAIN).
      - BellSouth's commitment to facilitating communication among and between rural communities in Georgia.
      - Availability of qualified students who are interested in healthcare industry career opportunities and who are in technical institutions in Georgia, such as Georgia Tech and Savannah Technical College, to serve as interns assisting deployment, maintenance, and customer service in support of Rural Healthcare Initiative.
      - Commitments from key leaders of two academic medical centers whose graduates predominantly begin their medical careers in rural settings:
        - Dr. R. Kirby Godsey, President of Mercer University, Macon, GA, with a mission of Rural Primary Practice.
        - Dr. Louis Sullivan, President Emeritus, Morehouse School of Medicine, Atlanta, GA, with a mission in Clinical Primary Care for Minority Communities. Dr. Sullivan is former Secretary of the U.S. Department of Health and Human Resources, and a WEDI Foundation Trustee.
      - Initial commitments from corporate sponsors for financial and in-kind contributions, including Siemens Medical Solutions, McKesson, WellPoint/BCBS of Georgia, BCBS of South Carolina, and others.
      - Prospective funding from Georgia Healthcare Foundation.
- Report of Findings (6 months)
  - The WEDI Foundation's rural healthcare initiative will be under the supervision of a nationally known principal investigator with experience in managing and evaluating grant projects.
  - The final report will be an evaluation of:
    - Pilot successes and challenges, based on specification of hypotheses during the planning phase.
    - Lessons learned

- Impact of use of electronic tools, applications, and connectivity protocols on
  - Changes in patient care (e.g., fewer duplicative tests and emergency room visits).
    - Training.
    - Practice Culture.
    - Collaboration of physicians to enhance healthcare and communication with patients.
  - Key infrastructure components for provider and technology collaboration.
  - Reporting of initial and ongoing costs to support infrastructure.
- Recommendations for exportability of initiative to rural areas in other states.