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## Louisville health information exchange expands scope

Experiment may enroll 300,000

By Patrick Howington  
[phowington@courier-journal.com](mailto:phowington@courier-journal.com)  
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[phowington@courier-journal.com](mailto:phowington@courier-journal.com)  
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Planners of a Louisville-area electronic network of health records hope to enroll 300,000 to 500,000 patients -- at least three times the number originally envisioned.

The ambitious undertaking, which could become a national model, is intended to reduce medical errors and costs -- for example, by heading off unnecessary tests or dangerous medications.

The network, an idea that grew out of research at the University of Louisville, initially aimed to include 100,000 patients.

But the board of the Louisville Health Information Exchange, a nonprofit group planning the effort, has decided that "we needed to go bigger," said Judah Thornewill, its interim executive director.

The organization seeks to establish a Louisville-area "health record bank" that would store and sort data provided by doctors, hospitals, health insurers, laboratories and other sources.

Then, for example, an emergency-room doctor could quickly consult an enrolled patient's medical records to check for drug allergies or other vital information before beginning treatment.

Patients would have access to their records and could control their use.

Leaders of the Louisville Health Information Exchange, or LouHIE, will share their latest ideas for the electronic network at a community forum next week. The exchange is a consortium of health-care providers, insurers, government groups, employers, unions and others.

The forum, at 4 p.m. Tuesday at the Kentucky Center, could be the first of several such events as the plan evolves.

Money to maintain the health record bank probably would come from a small monthly fee paid on behalf of enrolled patients by their employers, health insurers or union health plans.

Increasing the number of people involved in the health record bank would reduce the amount needed per person. Instead of about \$5 a month as originally estimated, the fee might be \$1 or \$1.50, Thornewill said.

The payoff would be in lowered health-care costs as well as better health, LouHIE says.

It estimates the system could cut health-care spending in the Louisville area by more than \$100 million a year by reducing waste, duplication, medical errors and fraud. That is based on a pool of 500,000 people in the electronic system.

Enlarging the pool beyond the 100,000 initially planned would make health-care providers more willing to invest in the necessary information systems because more of their patients would be involved, Thornewill said.

It could also make the system more useful to health-care researchers who would mine data from it.

But reworking the network's original scope means it will take longer to implement.

Planners once hoped to have it operating by January. Now, Thornewill said, they will use 2007 to build the network and perhaps get a pilot program going.

The full system could be operational in 2008 or 2009, he said.

To cover first-year startup costs, LouHIE hopes to raise \$800,000 from prospective participants, such as large employers or government groups.

Reporter Patrick Howington can be reached at (502) 582-4229.

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