

EXCHANGE AGENT

Among health information exchanges, Grand Junction, Col.-based Quality Health Network is a rare bird—it's actually flying. Incorporated in summer 2004, QHN became operational in the fall of 2005. Each month, it now routes "hundreds of thousands" of clinical messages—including lab results, radiology reports, referral requests, surgical and ER notes, progress notes, discharge summaries and other transcribed documents—to 340 area physicians, says Executive Director and CEO Dick Thompson. QHN's federated data brokerage model is sustained by contributions and fee-for-service revenue from three local acute care hospitals, area physicians and other providers, plus a local payer, Rocky Mountain Health Plans. "We are in the shipping and receiving business," says Thompson, who attributes the data exchange's success as much to trust as technology.

On QHN's Reach

We reach nearly every category of provider in the county: acute care hospitals, surgical centers, ambulatory care providers, home health, public health, behavioral health, safety net providers, extended care facilities, urgent care centers, emergency departments and pharmacies. We touch a total of 84 organizations and more than 200 pharmacies. We cover nearly 3,500 square miles with a population of 150,000.

On Making HIEs Work

You have to achieve a level of trust among the participants. We have an unstated covenant that patient information exists to improve outcomes and is not to be used for proprietary purposes. Participants have to trust that their exchange partners won't violate that covenant.

On Privacy and Security

As an industry, we have to balance the need to share clinical information with appropriate privacy and security. Achieving the right balance takes time. It was a major obstacle for us. •

—Gary Baldwin

Bonus material

■ See the May online issue of *Health Data Management* for the complete interview.