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**CHINs were nothing more than RHIO early adopters**

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In late November, 2004, I interviewed executives of 1990s community-based information collaboratives to gather data for emerging regional health information organizations for a study funded by the eHealth Initiative's Connecting Communities for Better Health program. It was nostalgic, because I once worked for the largest vendor of community health information networks, IMS MEDACOM.

In Healthcare IT News in November, Lori Evans, a top adviser to David Brailer, MD, national coordinator for healthcare information technology, noted that technology has come a long way since CHINs.

She's right. When I started with IMS MEDACOM, the Internet was an academic fascination. If a doc had a PC, it was an Intel 286 running on DOS. Technology was expensive. Storage was sparse.

Some CHINs were linking community stakeholders electronically. That worked if a physician wanted to e-mail Dr. Smith across town, but it wouldn't get him to Dr. Jones in Seattle. The Internet made that element of a CHIN obsolete.

The CHIN era didn't have any national leadership. Today, we have Dr. Brailer. Physicians of the CHIN era were uncomfortable with computers; today's physicians were raised on video games and the Internet.

Also, during the CHIN era, success was arguably found primarily with medical claims. That's largely under vendor control today. In fact, vendors acquired several CHINs. Contrary to popular belief, CHINs didn't die. They simply evolved.

On the clinical side, little information was automated outside the hospital. The only drivers were improvements in efficiency and savings from turning off paper reports. Today, we have the Institute of Medicine studies highlighting high error rates driving us toward automation.

Privacy and confidentiality were also issues in the mid-1990s, but mostly for community health information management systems. The big differences between these systems and CHINs were that the former sought to create a data repository; CHINs simply moved data. While privacy and confidentiality are still issues, HIPAA serves as a baseline.

CHINs simply weren't the debacle that many portrayed them to be. As one interviewee said, "CHINs weren't failures; they were early adopters – people who had a vision."

Many of these visionaries struggled with the same challenges that RHIO organizers confront today, and they have the scars in their backs to prove it. Those responsible for RHIOs should

not forget about the early adopters. There's no sense making the same mistakes that were made eight years ago.