

# Microsoft, General Electric unite to improve health care data

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In a downtown Bellevue, Wash., high-rise last week, the doors opened to a new health care joint venture formed by two of the world's largest companies: Microsoft and General Electric.

Caradigm, as the 50-50 joint venture is called, is aimed at bringing together Microsoft's strengths in developing large-scale data platforms with GE Healthcare's expertise in building health care applications.

The idea is to create a system that will allow health care organizations to better track individual patients, as well as to take advantage of the ability to bring together, and make sense of, large amounts of data from disparate sources.

The overall goal is to deliver better care at lower costs. "The premise is we'll be better together than separate," Caradigm CEO Michael Simpson said last week of the two companies coming together. He also said a smaller joint-venture company would be able to act more nimbly than two giant companies.

Caradigm employs 600 in offices in Bellevue; [Salt Lake City](#); Andover, Mass.; Chevy Chase, Md.; and other cities. The company is expected to employ about 750 people eventually.

The niche Caradigm aims to fill is related to the greater amounts of available electronic [medical data](#) and the drive toward interoperability - the ability for different health care systems and information from those

systems to work with and relate to each other.

Those trends are happening worldwide, Simpson contends, and in the U.S. are being spurred in large part by the U.S. government. The HITECH Act of 2009, for instance, offers incentives for hospitals and physicians to use [electronic health records](#).

But just digitizing the information led to the creation of different "silos" of data - with [medical records](#) being separate from [analytical tools](#), for instance, or one company's offerings being unable to work with another company's.

Caradigm aims to create a layer that brings all that data together, allowing for easier data sharing and permitting clinicians to aggregate data so they can learn from it and use it strategically.

"Caradigm creates the big umbrella to bring all those silos together," Simpson said.

Microsoft and GE Healthcare each brought their own technologies to the joint venture.

Microsoft brought Amalga, a platform that allows [health care organizations](#) to pull data from the hundreds of systems a typical hospital uses and amalgamate them into a common database.

It also brought Vergence, which allows caregivers to log in to different systems in the context of a single patient; and expreSSO, a smaller version of Vergence.

GE Healthcare brought eHealth, a health-information exchange that connects multiple systems across a community; and Qualibria, which allows caretakers to obtain and share best practices and build them into

an organization's work flow.

Caradigm is combining Amalga, eHealth and Qualibria into one platform, standardized on the Amalga platform, said Neal Singh, Caradigm chief technology officer.

Dr. Dick Gibson, chief health care intelligence officer at Providence Health & Services, based in Seattle, says Providence has been using Amalga for the past year and a half and "it's one of the first products I've seen that puts real patient data from a hospital in front of a clinician in real time" and in a way that was straightforward and easy to analyze.

Bringing together that kind of data from all the silos in a health-care organization - and having that available to caregivers in real time - is deeply needed, said Mark Anderson, CEO of Strategic News Service, a technology-analysis firm.

"The amount of information that doctors should have compared to what doctors do have today would shock the pants off anyone," he said.

The problem is there's little incentive for each hospital or insurance company, or vendors to those hospitals, to link up with others.

"They each want their own silos to work," Anderson said. "They're all building vertical things: You buy this thing of mine; you should buy the other thing of mine. They consider it a competitive advantage to not share."

"One of the benefits of having two big kids (Microsoft and GE Healthcare) come to the playground is that they probably have the muscle" to make a common platform for sharing medical records stick, he said.

Others wonder if Caradigm's approach is the best.

"It's positioned as being unique. But it's unclear what the unique part is," said Dr. Tom Wood, chief medical-information officer at Swedish Health Services in Seattle. "I think they would say they're trying to lay on top of that (electronic records) and provide that sharing space. It's unclear how they're going to do that without a lot of cooperation or government intervention."

Ben Loop, senior director of analytics at Siemens Healthcare, which offers its own health-care IT solutions, said the problem, as he sees it, is that "the industry is moving so quickly that it might not make sense to have another proprietary layer like that."

What might happen, he said, is that interoperability and data-sharing standards may become so open that a layer such as Caradigm may not be needed.

In that case, health-care IT will "probably run on open standards, rather than go with their hat in hand to a data aggregator and interpreter like Caradigm," he said.

But such standards may take a long time to achieve, said a Caradigm spokeswoman. "True seamless integration remains elusive in [health care](#)," she said. "The unique and highly flexible underpinnings of Amalga allow organizations to move forward today, enabling them to get the intelligence needed to make positive impact now - without waiting for standards that may take years to complete."

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