Achieving Hospital-Physician Alignment with EHR

Understanding EHR integration at the system level for employed and affiliated physicians

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TODAY’S PRESENTATION

Jon Karl
Director
CDW Healthcare

Mike Mytych
President
Health Information Consulting, LLC
Jon Karl
Director, CDW Healthcare
AGENDA

- CDW Healthcare overview
- Strategic Options for alignment using EHRs
- Challenges and overcoming obstacles
- Best practices and key findings from the industry
- Examples of successful EHR hospital-physician alignment
- Questions & answers
CDW HEALTHCARE OVERVIEW

• Leading provider of technology solutions and services focused exclusively on serving the healthcare marketplace

• Customers include more than 15,000 healthcare organizations nationwide – ranging from small rural providers to large integrated delivery networks

• Dedicated account management team with deep healthcare expertise – includes technology solution architects and engineers

• Design customized solutions, assist customers with implementation and provide long-term management of those solutions

• Member of leading healthcare I.T. industry associations including:
CDW HEALTHCARE I.T. SOLUTIONS AND SERVICES INCLUDE:

**Unified Communications**
- VoIP/Telephony
- Conferencing & Collaboration

**Virtualization**
- Server Virtualization
- Storage Management
- Client Virtualization

**Clinical Enablement**
- Clinical Applications
- PACS
- Digital Signage

**Software Services**
- Core Software Management
- Software Installation
- CDW Software Asset Manager
- Dedicated Microsoft Practice

**Security**
- Gateway and Network
- Secure Remote Access

**Point of Care**
- Mobile Carts & Wall-mounts
Mike Mytych
President
Health Information Consulting, LLC
mmytych@hicllc.com
ACHIEVING HOSPITAL PHYSICIAN ALIGNMENT WITH EHR
COMMON HOSPITAL STRATEGY OBJECTIVES

• Enable “network” care delivery
• Enable care coordination across the enterprise
• Facilitate EHR use among employed and affiliated physician clinics
• Acquire data for analytics and new delivery programs
• Establish foundation for comprehensive disease management
• Raise Consumer / Patient satisfaction
• Meet Meaningful Use
• Organize our affiliated physicians
  » Reduce EHR market fragmentation
  » Lower our costs of interoperability and maintenance
EHR STRATEGY CONSIDERATIONS

- Full service EHR program or enabling EHRs through vendor partnerships
- Relationship owner
- Primary care and specialty practices
- One vendor or multiple vendors
- Market and geographic issues
- Plan to support technology and communications
- Decide on your EHR approach
  - Extension of the enterprise EHR system
  - Offering of the enterprise EHR vendor’s ambulatory system
  - Physician Services Business to support the EHR
  - Selecting and marketing “preferred” EHR vendors
  - Business and delivery approach: SaaS, ASP, Non-hosted
PHYSICIAN VIEW OF HOSPITAL EHRs

Key Questions Commonly Heard From Independent Physicians:

• Does it offer as much as other options for my type of practice?
• Is there the clinical workflows that support our productivity?
• What is the impact on practice management and/or billing office?
• Am I locked in to this hospital or will it meet my needs with other hospitals where I may practice?
• What impact will it have on my patient’s view of my practice?
• The EHR is just one part of my practice environment and will they help me with all of my technology needs?
• Is this cost effective and will it help me meet Meaningful Use?
• What happens to my patient records if we decide to get divorced?
Health Status / Care Plans / Consent / Advance Directives / Identification

Demographics
- Insurance
- Current Meds
- Allergies
- Family History
- Social History
- Medical History
- History of Present Illness
- Wellness Scores
- Health Risk Assessment
- Immunizations

Imaging results
- Lab results
- H&P
- Medications
- New problems
- Other

Primary Care Provider / Medical Home

ED / Urgent Care / Walk in Clinics

Specialty Physician Self Referral

Hospital Screening Event

Imaging results
- Lab results
- H&P
- Medications
- New problems
- Other

Hospital Outpatient Clinics / Cancer Centers

Same Day Surgical Center

Hospital Inpatient Care

Specialty Hospitals: Children’s Behavior Health

Imaging results
- Lab results
- H&P
- Medications
- New problems
- Other

Home Care

Rehabilitation O/T, P/T etc.

Extended Care

Long Term Care

Hospice

Personal Health Records (PHR)  CCD  Electronic Health Records (EHR)

Health Information Exchange - HIE

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PHYSICIAN EHR ALIGNMENT FACTORS

- Inter-enterprise (owned)
  - Patient ID
  - Provider ID
  - Security – roles and access rights
  - Medications
  - Allergies
  - Problem lists
  - Diagnosis codes – ICD10
  - CPT codes
  - Order catalogues
  - Reporting / BI / DW
    » HIM / legal definition
    » Patient rights / expectations
    » Others
PHYSICIAN EHR ALIGNMENT FACTORS

• Intra-enterprise (affiliates)
  - Patient ID
  - Provider ID
  - High volume orders / results
  - CCD
    o Medications
    o Discrete labs (non-high volume)
    o Discharge summaries
    o Other
  - Disease Management
  - Medical Home support
  - ACO support
  - Others
HOSPITAL - PHYSICIAN EHR CHALLENGES

• Support of disparate vendors over time
• Compliance with ONC / CMS & meeting Meaningful Use
• Lack of clinic resources
• Disparate technologies in the practices
• Specialists preferences
• Lack of vendor capabilities for true interoperability
• Long term support issues - releases
• Long term data standards migration – LOINC, RxNorm, Snomed etc.
• Ongoing provider mergers and acquisitions
EMPLOYED PHYSICIAN / CLINIC ISSUES

• Practice management system
• Infrastructure
• Compliance with corporate I/T standards
  » Security
  » Bandwidth
  » Supported technologies
  » Storage
  » Disaster recovery / business continuity
• Existing EHR that is not part of the enterprise offering
• Past medical records
• Interfaces to modalities
• Timing of implementation versus timing of the deal
• Orders and results
• Single sign on and context management
• Access to clinic data from the hospital setting
• Workflow changes
• Analytic normalization
• Culture shock
BEST DEMONSTRATED PRACTICE

- 1,100 Bed multi hospital
- 1,100 potential affiliated providers
- Practices ranged from solo to 56
- Market had 15% EHR penetration
- Hospital operated Cerner EHR
- Hospital had a history of supporting physicians in other services
- CIO had experience with supporting physician systems
BEST DEMONSTRATED PRACTICE

Strategy Summary

• Set up a full MSO approach with Per physician per month pricing, help desk, implementation team and analyst optimizers
• ASP hosted solution from NextGen
• HIE as an option to connect to other EHR with modified support
• Possible support of multiple vendors
• Initial focus on specialists
• Technical services partner to manage all non-EHR issues
• Build on small successes and demonstrate competence
• Increase speed and methodologies for implementation
CRITICAL SUCCESS FACTORS

• Approach the physician market as your “customers” – this is not an I/T project
• Define the organization’s goals and EHR strategy be it an extension of your enterprise EHR or selecting the best EHR to meet the needs of your physicians
• Determine if you are a full service provider or will you create vendor relationships that provide those services
• Select the right EHR vendor(s) that meet the daily workflow needs of the physician regardless of specialty or group size
• Ensure that the vendors you work with are of the highest quality as they represent you to your physicians
• Have a well defined approach to health information exchange
• Understand what you can accomplish, acquire the required resources and make sure you have C-Suite commitment to the program
QUESTIONS OR COMMENTS?

Jon Karl  
Director  
CDW Healthcare

Mike Mytych  
President  
Health Information Consulting, LLC

For additional information, call 888.584.4239 or visit CDW.com/communIT  
For a listing of local live events, visit CDW.com/muevents
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