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Central & Southern Ohio Chapter

transforming healthcare through IT™

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CSO HIMSS Spring Conference 2013

Expanding Meaningful Use to the Point of Care

Glenn Loomis, MD

President & CEO

&

M. Todd Philippe, MD

Physician Superuser

St. Elizabeth Physicians

St. Elizabeth Physicians

HIMSS

Central & Southern Ohio Chapter

transforming healthcare through IT™

- **345 Providers**
 - 284 Physicians
 - 61 Mid-Level Providers
- **1,266 Associates** (including providers)
- **25 Specialties**
- **80 Locations**
 - 31 Primary Care
 - 3 Hospitalist
 - 11 Heart & Vascular
 - 5 OB/GYN
 - 1 Express Care
 - 3 states / 8 Counties
- Served approximately **276,000 patients** in 2012
- **>1 Million visits** in 2012
- **>\$150 Million** in revenue
- 21 of 26 PCP offices designated Level 3 PCMH
- Participating in the CMMI Comprehensive Primary Care Initiative

25 Specialties

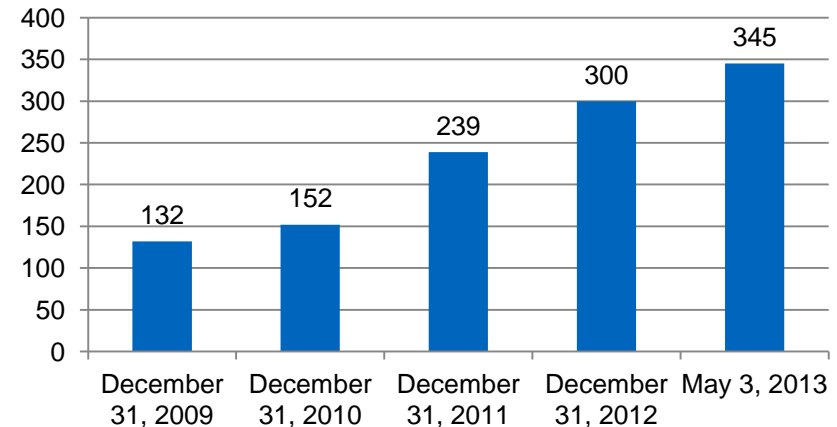
Primary Care

- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine/Pediatrics
- Hospitalists
- After Hours Care
- Express Care

Specialty Care

- Bariatric Surgery
- Behavioral Health
- Breast Surgery
- Cardiology - electrophysiology, interventional
- Endocrinology
- Gastroenterology
- General Surgery
- Nephrology
- Neurology
- Neuro-Oncology
- Obstetrics & Gynecology
- Orthopedics
- Pain Management/Spine
- Pulmonology
- Rheumatology
- Surgical Oncology
- Vascular Surgery
- Wound Care

Number of Providers



MAYO CLINIC

CareNetwork
Member

If it was only this easy!!!

We have an EMR **+** We turned it on **=**

**We met Meaningful Use &
Patient Care Improved**

Instead, we found...

■ The Five Stages toward Meaningful Use Acceptance

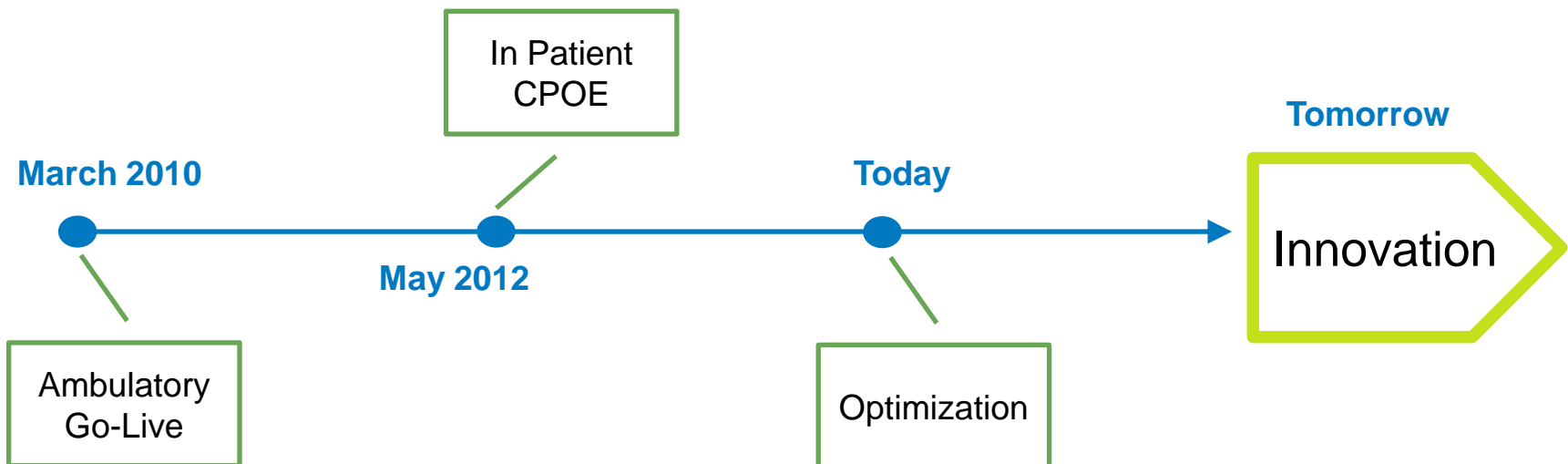
1. Denial – “They will not make us Go-Live”
2. Anger – “If I have to click 1 more button I will lose it”
3. Bargaining – “If you hire me 2 scribes, I will stay”
4. Depression – “This profession has been ruined”
5. Acceptance – “Maybe this is not the end of the world”

...it was not quick, nor easy

Moving beyond checking boxes to improve patient care

■ Our 4 part journey...

1. Ambulatory Go-Live
2. Inpatient Go-Live with CPOE
3. Optimization and System Redesign
4. Innovation and the Future of Providing Care



Part 1 – Ambulatory Go-Live

■ The patient's perspective

- The end of the patient – provider interaction
- HIPPA concerns
- Medication list and problem list are up-to-date
- Direct email access to my provider

Part 1 – Ambulatory Go-Live

■ The provider's perspective

- The end of the provider-patient interaction
- So many boxes to check
- Patients will email me – really???
- More boxes to check
- Results can be auto released!?!?
- So tired of checking boxes
- Spending more time for less patients

Part 1 – Ambulatory Go-Live

■ The administrator's perspective

- How much longer until everyone is live on the system?
- We need to attest
- How can I make this easier on everyone?
- How will this lead to better care for the patients?

Part 2 – Inpatient CPOE

■ The patient's perspective

- The patient – provider relationship has changed, but it is not ruined (with some exceptions)
- I review my problem list and medication list to ensure accuracy
- Sending an email is much easier than making a phone call
- Many of my doctors are now connected
- My information moves smoothly between IP and OP

Part 2 – Inpatient CPOE

■ The provider's perspective

- Too many boxes to check
- The provider-patient relationship could be saved if I didn't have to do all this secretarial work
- With emailing patients, there is good, bad, and ugly
- Uggghh ...
 - ... the discharge process
 - ... medication reconciliation
- “I'm the world's most highly paid ward clerk!”

Part 2 – Inpatient CPOE

■ The administrator's perspective

- We attested for ambulatory Meaningful Use Stage I
- Our providers may revolt
- Patient care was not improved by checking boxes
- Is there really a benefit to this EMR thing? It really costs a lot!

Part 3 – Optimization

■ The patient's perspective

- I am receiving meaningful data about my own health
- I can provide input back to my provider
- I use my patient portal to contact my provider and for making / cancelling appointments
- I realize the patient – provider relationship is not limited to time spent in the exam room
- What else can I be doing online?

Part 3 – Optimization

■ The provider's perspective

- This system requires delegation of responsibilities to preserve the interaction in the exam room
- Although we have made progress, we need to find ways to leverage the potential of the EMR
- There are still so many boxes
- We need tools / processes to make ...
 - ...my Care better
 - ... my Life easier
 - ... my Day shorter

Part 3 – Optimization

■ The administrator's perspective

- Patient care is a continuum
- All employees and providers require the opportunity to work to their potential
- The EMR can and should allow both scenarios to occur
- How can we get our EMR vendor to work with partners that will make us more innovative?

Part 4 – Innovation & the Future of Providing Care

■ The re-design of how we deliver care

- Greater interaction outside the exam room
- Leverage technology
 - Telemedicine
 - e-Visits
 - Patient entered data
 - Other stuff we're not thinking of yet
- Increase patient engagement in their health care
- Provide better outcomes
- Just starting ...