Through 2008, physician bonding will remain a central priority for most hospital, IPAs and Healthplan CEOs.

To thrive in the healthcare market, progressive organizations must use technology to tie physicians to the organization.

During this presentation, we will concentrate on quick-win solutions that facilitate physician bonding, such as:
- Medical Informatics teams,
- Proactive physician profiling,
- Web enabled applications (electronic imaging, clinical forms, policy and procedures, and
- Intranet access to clinical research and results.

What have we tried in the past? Successes and Failures.

How do you determine which issues to attack first - what do physicians want?.

How are hospitals using technologies to “Bond” with their physicians today.

Case studies and “value” propositions for all stakeholders

What should we be considering in the future?
Mark Anderson, FHIMSS, CPHIMSS
Healthcare IT Futurist

- CEO of AC Group
  - Currently Conducting PMS/EHR Searches for > 100 Practices
  - National Speaker on EHR - > 380 sessions since 2001
  - Semi annual report on Vendor product functionality and company viability
- 34+ Years In Healthcare IT
  - CIO Position at Three Multi Facility Regional IDN’s
  - Installed over $1B in technologies since 1972
  - Former CIO of a 2,300+ physician (500+ Practices) IPA

Disclosure

- Speaking at numerous professional associations and at vendor meetings (over 100/Year)
- White Papers on the use of technology
- Serve on numerous conference boards
- EHR Search and Selections (> 100 Practices)
- DOQ-IT and CMS EHR Selection Tool
- NO Revenue from any vendor based on any Sales or increase in Revenues

What issues are physicians interested in?

- Maintain or improve Quality
- More timely and accurate payments from carriers.
- Save time and money.
- Allow them to see more patients per day.
- More productive organization’s.
- Provide information about their organization’s.
Vision

“Technology is simply a catalyst that will empower providers to drive meaningful changes in care.”

“People love progress … but hate change”
Bonding With Physicians

- Government and States
- Healthplans and Payers
- MSOs
- HBMA (Healthcare Billing Mgt Assoc)
- IPAs
- PHOs
- Hospitals

Marketplace Drivers for Ambulatory EHRs

- Health Plans
- Regulatory Forces
- The Physician
- Employers
- Operational Effectiveness
- Patient Safety
- Consumers
- Vendor Marketplace

National Initiatives

“By computerizing health records, we can avoid dangerous medical mistakes, reduce costs and improve care.”

- President George W. Bush, State of the Union Address, January 20, 2004
National Goals

- Put information and communication technologies to work
- Patient information at the point of care.
- Develop a health information exchange that connects the systems of various local health care providers so that they can coordinate care better.
- Plan, develop, implement, and evaluate a patient indexing system that allows public and private health care providers to share patient data.

What is the government’s involvement in EHRs?

- Congress – What till 2008
- Personal Health Record Initiatives
- Setting Standards
- CMS and P4P
- Setting Guidelines
- Relaxation in Stark Law

Therefore hospitals could become your new friend or foe

Health Plan Bonding

- Providers
  - Eligibility
  - Referrals Submission
  - Referral Inquiry
  - Pre-certification
  - Outpatient Authorization
  - Authorization Status Info
  - Claim Status
  - Request Materials
  - Chat Room
- Employers
  - Enrollment
  - Eligibility
  - Claims Status
  - Check Billings
  - Replace ID Cards
  - Search for Providers
- Brokers
  - On-Line Enrollment
  - Check Eligibility
  - Check Commissions
  - Check Billings
  - Replace ID Cards
  - Search for Providers
  - Replace ID Card
- Members
  - Eligibility
  - Status Change
  - Address Change
  - Change PCP
  - Search for provider
  - Check Benefits
  - Check Claims
  - Request Materials
  - Replace ID Card
  - Forms on-Line
  - Supply/DMD
  - Rx Refill/Mail Order

Employers

- Enrollment
- Eligibility
- Claims Status
- Check Billings
- Replace ID Cards
- Search for Providers
Payer EDI Trends

- By 2008/09 payers will have implemented new administrative systems which will increase the % of electronic claims from < 36% to > 95%, will improve auto-adjudication from < 18% to > 80%, and will increase auto eligibility and referrals from < 25% to > 88%.

Digital Communities:

- Patient Index
  - Patient asks if there are records for his/her patient
  - Index sends location of any records
  - Source sends index information

- Source
  - Provider asks for and receives records
  - Message Transfer
  - Records are sent to Provider

- Individual Care Providers
  - Source: © 2004 The Markle Foundation

The Connected Healthcare Community

- Patient-centric design
- Disparate IT systems are unified through a shared information architecture
- Collaborative Care Model
- All providers have access to complete, up-to-date patient information
Community Projects

- Colorado Health Information Exchange (COHIE) - [Denver, CO]
- Indiana Health Information Exchange (Central Indiana Healthcare Collaboration) - [Indianapolis, IN]
- MA-SHARE MedsInfo e-Prescribing Initiative [Waltham, MA]
- MD/DC Collaborative for Healthcare Information Technology - [Baltimore-Washington Metropolitan Area]

Community Projects

- Santa Barbara County Care Data Exchange [Santa Barbara, CA]
- Taconic Health Information Network and Community - [Fishkill, NY]
- Tri-Cities TN-VA Care Data Exchange - [Kingsport, TN]
- Whatcom County e-Prescribing Project - [Bellingham, WA]
- Wisconsin Health Information Exchange - [Milwaukee, WI]

Taconic Health Information Network

- Four competing hospitals and one reference lab (23 interfaces) sharing clinical results
- Physician portal, CDR, EPI, Results Viewer, Secure Messaging, Tx Signing in production at go-live
- Three EMR vendors sign interoperability agreement with data exchange
- Multi-tiered P4P funding established by payers and employers
- 1000+ users (400 physicians) using a shared data exchange
- System live and users trained within 90 days of kickoff
Hospital Bonding

- CHINs
  - 1990’s approach to bond with physicians
  - Connect physician to the hospital
  - Before Internet adoption
  - Before Stark Law Relaxation
  - Before Physicians used computers in their office
  - Before there was a real need

- CPOE
  - Mostly failed
  - 9% of hospitals have CPOE operational

- Hospital based EMR Documentation
  - Mostly for Nursing and hospital staff

- Access to Hospital based Ordering and Results
  - Affects only about 12% of orders

- Ambulatory EHRs
  - Just starting with changes in Strake Laws

Estimated EHR Penetration

- Source: AC Group annual survey, October 2006
When will Physicians Purchase

Source: AC Group annual survey of buying patterns

Implementation Gap

The EHR Process

Refer in
Appointment Scheduling
Check-in
Pre-exam

Refer out
Check-out
Post Exam
Exam

Billing

Charge Codes

Implementation

Gap

Source: AC Group annual survey of buying patterns

The EHR Process
Patient Data is Transferred Via Secured Medical Grade Network

Total Proposed Annual Costs

Hospital Projects
- Memorial Herman in Houston
- Avera Healthcare in South Dakota
- Memorial Hospital Savanna, GA
- St Cloud Hospital, FL
- Hoag Memorial, CA
EHR Failure rate

- Through 2007, the EHR failure rate continues to increase.
- When asked, “1 year of EHR installation, are you seeing 80% of your patients using the EHR for charting, ROS, HPI, Evaluation, coding, orders and results reporting”.
  - 73% of the physicians (3,245) indicated that no, they were NOT using the EHR for 80% of their patients.
  - Why, are 73% of the physicians NOT fully utilizing the EHR after 1 year?

Man-hours for EHR implementation

Let’s look at different delivery options
RHIO or Health Information Exchange

Organizations that enable the mobilization of healthcare information electronically across organizations and disparate information systems within a region or community.

**EXAMPLES**
- Health-e-LA
- Taconic IPA
- Greater Valley RHIO
- Imperial County Department of Public Health’s information exchange

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Managed Service Organization (MSO)

An organization that provides administrative, technical and clinical decision support to healthcare providers. MSOs may be hospitals, IPAs, or medical groups that are extending their clinical application to community partners.

**EXAMPLES**
- St. Joseph’s Heritage extending to providers
- Kaiser Permanente and Memorial Care – both integrating HIPAA-compliant systems with discussion of future extension plans
- Healthcare Partners
- Long Beach GME and public health information exchange

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Consortium or Network

A member-based organization that deploys health IT applications specifically to member or non-member community clinics.

**EXAMPLES**
- Council of Community Clinics in San Diego (PMS, billing, QNAP)
- Coalition of Orange County Community Clinics (Homagrima PMS)
**HIT Adoption Options**

**Application Models**
- **Independent Applications**
  - Self-Hosted
  - Outsource

- **Shared Applications**
  - Network ASP
  - MSO, Hospital, Medical Group
  - Vendor ASP / TSO

**Implementation Options**
- **Vendor ASP / TSO**
  - MSO; Hospital; Medical Group

- **Network ASP**
  - A community health clinic organization that works to include EHRs in health centers through a standard implementation.

- **Outsourced**
  - A clinic has an agreement with a separate entity to operate and assume all aspects of the software implementation.

**Self Hosted**
- Hardware, software, and support are all run and controlled by the clinic.
- Unique implementation with clinic-specified configuration and customization options.
- Data remains on the clinic run site.
- Clinic has a direct relationship to the application vendor.

**Outsourced**
- Data is hosted on a dedicated server.
- Access to the application is via the internet.
- The relationship with the application vendor varies.

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**Benefits to the Physician**
- **Clinical Integration**
- Reduce operating cost > 8%
- Improve Revenue Capture > 5%
- Lower costs = 40% reduction
- Monthly fixed costs with local support
- Pay-for-performance - $5K-10K
- Interfaces to all sources
- Data exchange between Primary Care, Specialists, and Hospitals
- Contract terms and conditions
- P4P

**SELECTING A PMS/EHR**

**Which Vendors**
### Market Segmentation

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<th>Function</th>
<th>PMS</th>
<th>Secured Message</th>
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<th>EMR Lite</th>
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### What type of Clinical Products are Providers Really interested in?

- **Full EHR**: 35%
- **EMR**: 30%
- **EMR Light**: 25%
- **Charting System**: 20%
- **None**: 5%

<table>
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<tr>
<th>Year</th>
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<td>25%</td>
<td>20%</td>
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</table>

### Market Change over time

Over 380 vendors claiming to sell EHRs

- **Messaging**: 400
- **DIM**: 350
- **Charting**: 300
- **EMR Light**: 250
- **EMR**: 200
- **EHR**: 150

Selecting the wrong vendor could cost you over $50K per provider.
Is “Light Better”?  
- If over 30% of providers prefer an EMR Light product, why are only a few vendors providing a “light product”?  
- Less “change” and more “progress”  
- Lower cost of entry  
- Benefit realization in days, not months  
- So what is an EMR Light and is their a real market for it?

Bottom Line  
- Technology can improve your operations  
- Technology can help improve reimbursement  
- Technology can help reduce costs  

However  
- Technology alone does nothing  
- It’s the staff that makes it all work  
- Computers are dumb – they only do what you tell them to do – but they are thousands of times faster than we are  
- Don’t leap into EMR until you are ready  
- Take an incremental approach toward automation

BOTTOM LINE  
- Physicians need help when it comes to technology  
- Physicians need local support  
- Physicians need help with contracts and pricing  
- The community needs to share data  
- 80% of the data is in the office  
- Let’s empower the physician
For More Information

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Questions