



PRACTICAL SOLUTIONS FOR THE GI PRACTICE

IT: When Will *Use* Get *Meaningful*?



Rebecca Armato
Executive Director, Physician & Interoperability Services, Huntington
Memorial Hospital
August 2013

Putting the pieces together

Disclosure

- Daughter of DO, Sister of MD
- 30+ Years Healthcare – Physician Services
- CCHIT Board of Commissioners (ONC-ATCB)
- ACO Framework
- No Stock Ownership in Any EHR or IT Company
- Executive Director of Physician and Interoperability Services, Huntington Hospital
- Represent HMM on state, national HIE activities
- 90 MPH w/ Gusts Up to 120 MPH



Conflicting Perceptions



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Spoiler Alert: Technology Doesn't Solve Bad Business

Farzad Mostashari (@Farzad_ONC) on Twitter



Farzad Mostashari

@Farzad_ONC
Washington, DC

National Coordinator for Health IT
healthit.gov

3,094
TWEETS

175
FOLLOWING

10,337
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Farzad Mostashari @Farzad_ONC

+1 "Anyone who deploys tech solutions without reconsidering workflows & policies is in for a rude awakening."
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Washington, D.C.
June 27, 2013

Technology Alone Isn't Healthcare's Savior



Rebecca Armato

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Anyone who deploys tech "solutions" without reconsidering workflows and policies -- and doing other heavy lifting -- is in for a rude awakening.

5

40

266

121



submit

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EMR Vendors' Dirty Little Secret

- Vendors Don't Want Interoperability
- Interoperability = Portability
- Conflicting Federal Mandates Keep The Target Moving
- 'Macgyvering' is Prevalent

Real Stories from the Front Lines

- No One Speaks The Same Language
- Everyone wants to Receive – No One Wants to Give
- Nothing in Life is Free

Switching EHRs is Hard

**Wrong Decision Will Co\$ Much More Than
\$timulus Funds**

No 'Lemon Law' For EHRs



Putting the pieces together



Putting Things Into Perspective

\$44,000 Over 5 Years = 2.5 Hours/Day \$13/Hour Employee

Or

15 Minutes/Day \$100/Hour Physician

- Improve Patient Safety
- Improve Care Outcomes
- Improve 'Cost' of Care
- Improve Practice Viability
- Improve Your Quality of Life



Putting the pieces together



Meaningful (Successful) Technology Adoption In Your Practice – Hope is NOT a Plan

Key Areas to Focus

1) **Patient Registration**

Demographic & Clinical History Entry

2) **Scheduling (Dr & Patient)**

3) **Clinical Documentation**

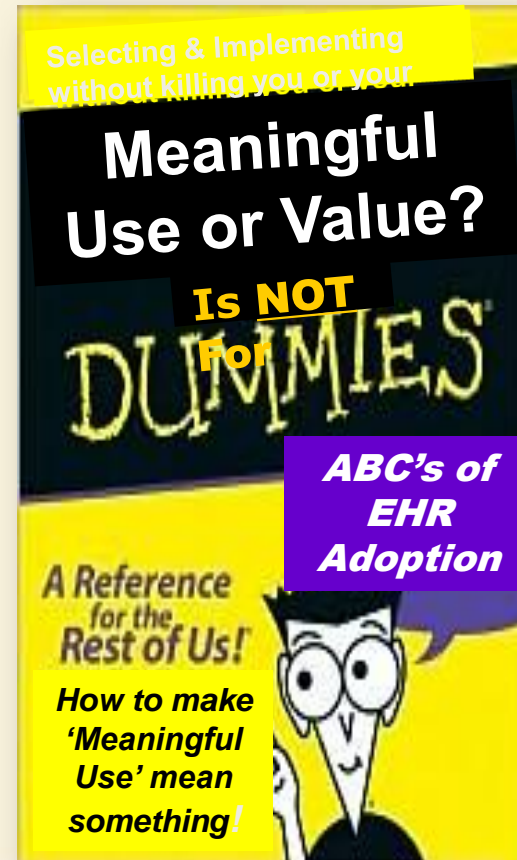
Leverage Speech Recognition, Templates/Order Sets (CPOE), Disease Mgmt/Quality/Outcome Rpt, Remote Secure Access to EHR

4) **Accounts Receivable**

Charge Capture, Claims Submission, Patient Statement & Payment Posting, Management Reporting

5) **Care Collaboration**

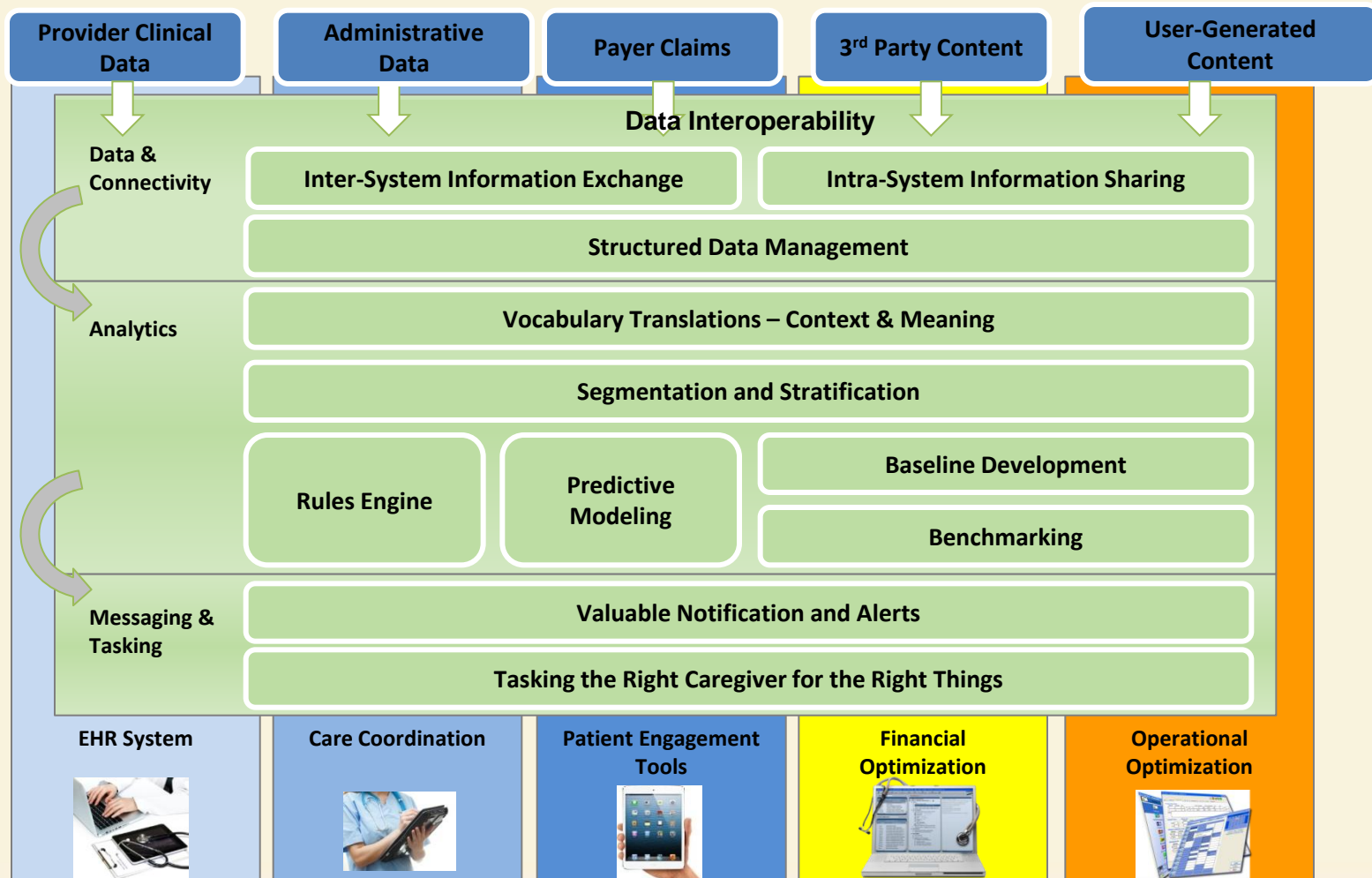
Consult, Referral, Care Transition, Patient Communication, Med History, Formulary, ePrescribing, Electronic Orders & Results Receipt, Visit Summary/Care Instructions



Putting the pieces together

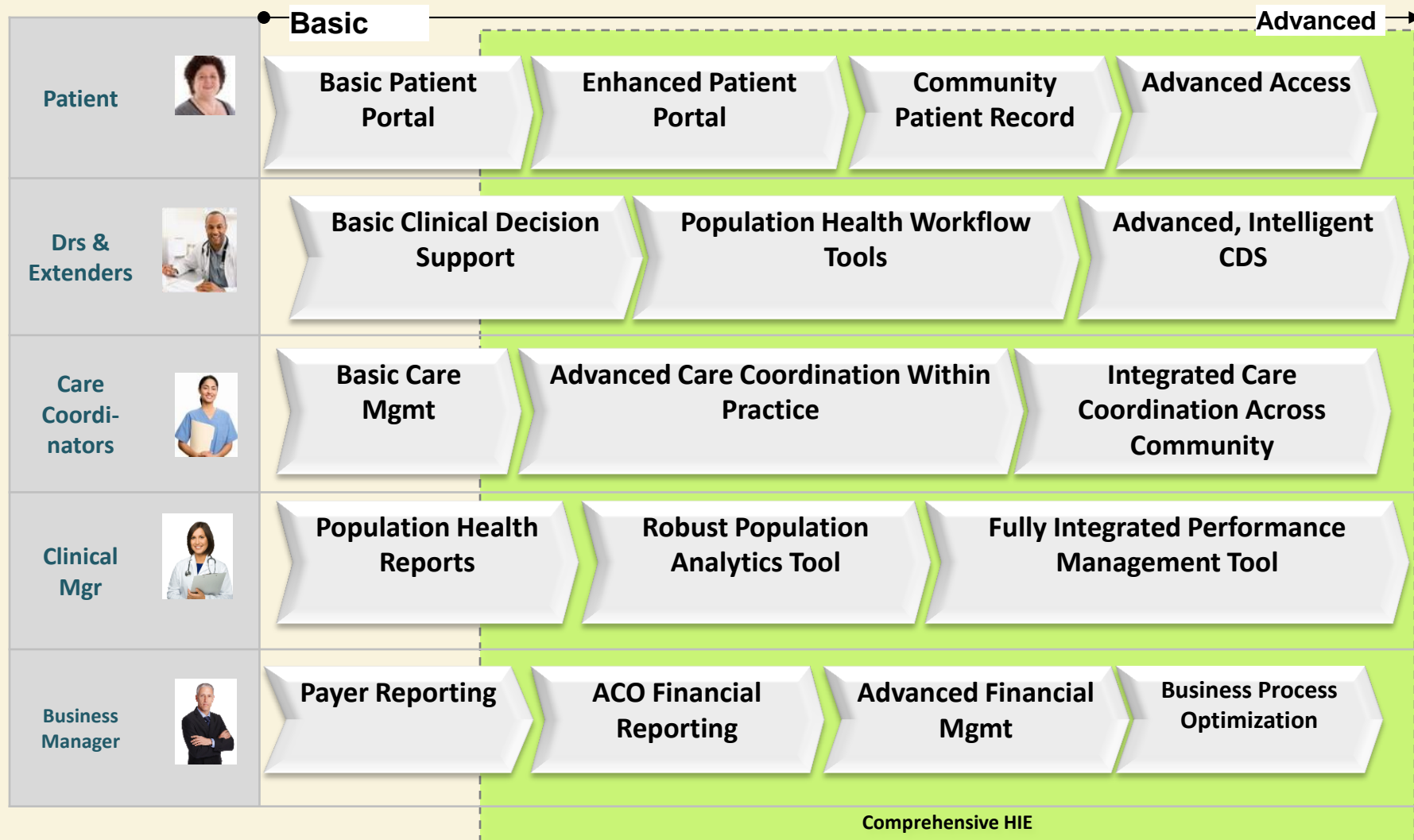


ACOhOh



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Opportunities for Technology's *Enablement*



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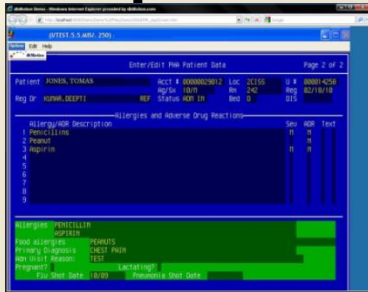
Update on Our Efforts...

Right Information, Right Place, Right Time, Right Device

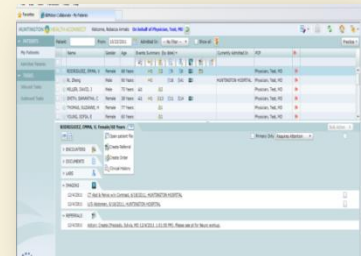
HUNTINGTON HEALTH eCONNECT
Serving the San Gabriel Valley

Community Patient Record

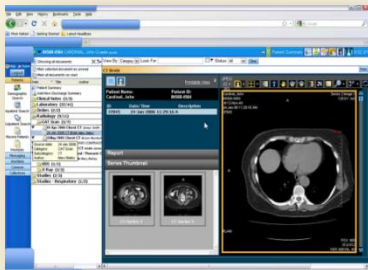
Hospital EMR



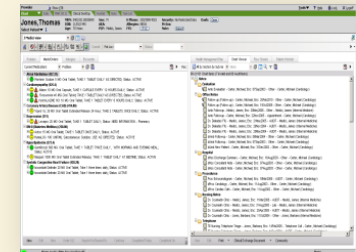
Drs w/o EMRs



Imaging Centers



Drs w/EMRs



Other Hosp, SNF, ASC



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Community Care from Hosp EMR Within Workflow

New Sticky Note View Sticky Notes Tear Off Attach Change Suspend Charges Charge Entry Exit Calculator Message Sender AdHoc PM Conversation Depart Communicate

TST, EIGHT DOB: 06/29/78 Age: 35 years Dose Wt: Error Sex: Female
Allergies: Allergies Not Recorded (Resus. Status) Error Isolation: Error Inpatient FIN: 0002000021 [Admit Dt: 7/25/2013 9:23 A

Menu

- MAR
- MAR Summary
- Activities and Interventions
- Interactive View and I&O
- Orders + Add
- Results Review
- Form Browser
- Notes + Add
- Reference
- Medication List + Add
- Immunization Schedule
- Advanced Growth Chart
- Diagnoses and Problems
- Allergies + Add
- Histories
- Demographics
- Overview**
- Infusion Documentation
- Chart Views
- HHcC (HIM)

HHcC (HIM)

EIGHT TST Physician

Name: **TST, EIGHT** Age: **35 Years** Gender: **F**

Summary Encounters Conditions Allergies Medications Test Immunizations Clinical Documents

Summary Declare Emergency

Allergies There is no more data available

Date	Allergy To	Reaction	Facility	Severity
6/4/2012	Ibuprofen	Aplastic Ane...	HUNTINGTO...	High
5/14/2012	Sulfonamides	Anaphylactic ...	HUNTINGTO...	High
5/14/2012	Penicillin G	Angioedema	HUNTINGTO...	High
6/4/2012	hydrocodone bit	Acne-like	HUNTINGTO...	Moderate

Medications There is no data available.

Date	medication	SIG
No results found, possibly due to your search criteria		

Encounters More data may be available

Some information cannot be displayed due to organization policy! To ov...

Admission Date	Type	Facility	Attending
7/24/2013 13:05	I	HHA	
7/9/2013 10:52	I	HHA	Adatia, Navin ...
7/1/2013 09:01	Ambulatory	HUNTINGTON H...	Weissman, Jo...
5/29/2013 14:56	I	HHA	

Problems More data may be available

Date	Category	Problem
No results found, possibly due to your search criteria		


Labs There is no more data available

Collected	Test	Specimen	Facility
7/24/2013 09:37	BMP	Blood	HH
7/23/2013 13:28	PTT	Blood	HH
7/23/2013 08:25	C Urine	U Cath	HH
7/19/2013 14:15	ABS	Blood	HH
7/19/2013 14:11	ABO/Rh	Blood	HH

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Community Population Health


Patient's Recent Events (46 patients out of 46)
Welcome, Ar...

Patient's Recent Events (46)

▼ PATIENTS	Action	Patient:	From:	Admitted In:	Show all
Practice Patients			5/2/2013	-- No filter --	
▼ RECENT EVENTS					
Patient's Recent Events (46)					
Admitted Patients					
▼ TASKS					
Outbound Tasks					
Inbound Tasks					
▼ WORKING LIST					
My Working List 1					
My Working List 2					
▼ DISEASE MANAGEMENT					
Diabetic Patients (Practice)					
Asthmatic Patients (Practice)					
HF Patients (Practice)					
CAD Patients (Practice)					

SMITH, SAMANTHA, C, Female/40 Years

ENCOUNTERS

- 6/13/2013 Un...
- 6/11/2013 Ou...
- 6/6/2013 Ind...
- 6/6/2013 Em...
- 6/6/2013 Outpatient, 3/10/2011, HUNTINGTON HOSPITAL, Linsey, Michael S MD
- 6/6/2013 Outpatient, 1/4/2011, HUNTINGTON HOSPITAL, Linsey, Michael S MD

Actions: Open patient file, Create QuickNote, Create Referral, Create Order, Clinical History

Primary

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Valuable Improvements

- Real-time result delivery to physicians (into their EMR or into HHeC In-Box)
- Notification their patients are in ED, unnecessary work-ups avoidable if communication within work-flow
- Improve Case Managers' Visibility & Timeliness to Information
- Improve availability of physician office notes patient presents at hospital ED
- Improve availability of ED/IP information when patient sees their primary after a hospitalization
- Avoid duplicative testing, OP or IP, or testing delays due to incomplete information
- Leverage value of hospitalist care by providing 'over the shoulder' view of care provided to their patients to physicians in the community
- Leverage Dictation and Speech Recognition for Improved Content & Availability of Care Documentation



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Keep Your Eyes Open and an Ear to the Ground

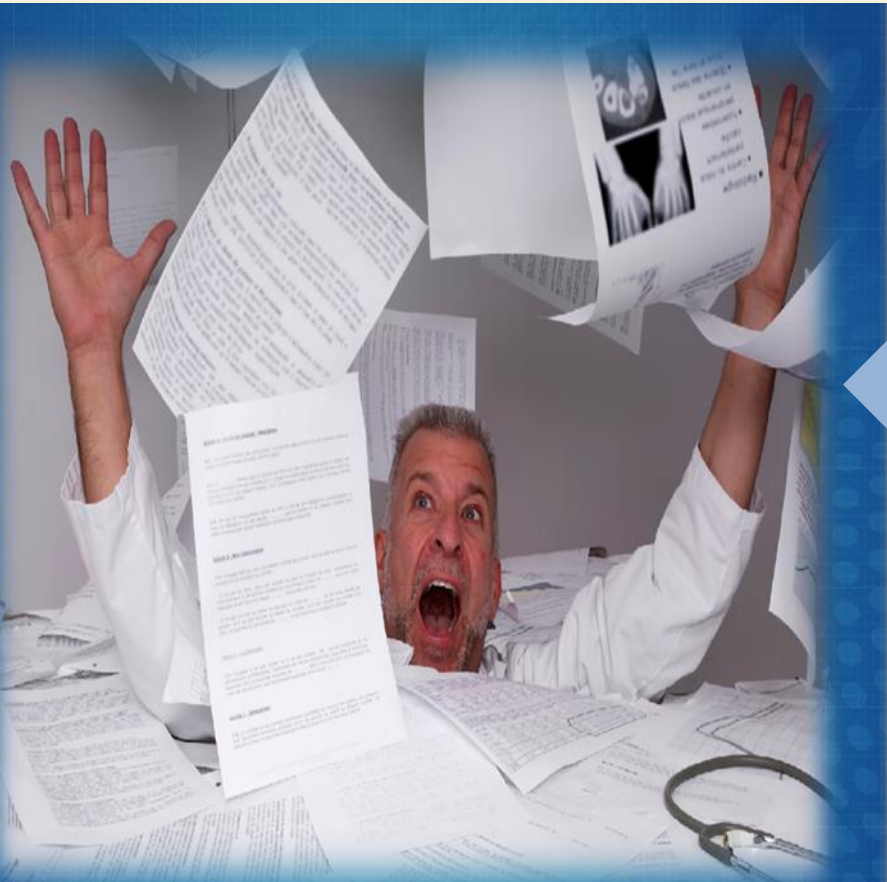
- ✓ *Federal Mandates*
- ✓ *Payment Models*
- ✓ *ACOs*
 - Know What's Going on In Your Community
 - Don't Sign Anything Without Reading
 - Ask Questions Until You Understand
 - Hospitals & Payers are creating narrow networks



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Disruptive ? Destructive - If not approached correctly...



We've Failed if
All We've Done
is Moved From
This

To This
"Clickaholism"



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Physicians Are National Treasure & Natural Resource

Too Close to Becoming an Endangered Species

Don't Go Quietly Into The Night!

- Focus on enabling operational improvements that ensure financial viability of your practice
- Collaborate and focus your energy and attention on *patient treatment, medical advances and discoveries*



**Practice One More Day
Touch, Heal, Save One More Life**

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It's Going to Get Worse Before it Gets Better

But we will survive this...



For More Practical Solutions go to th



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Putting the Pieces Together for GI

www.asge.org/practicalsolutions



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