



## Ambulatory Care Trends & System Selection Strategies

### Bonding Physicians to Hospitals

Date:	Tuesday, May 22
Session Start Time:	8:00 am
Length of Presentation:	45 minutes

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## Agenda

- 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.

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## Agenda

- 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 stake holders
- What should we be considering in the future?

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## 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



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## 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

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## 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.



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# Vision

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

“ People love progress ... but hate change”

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# Information Overload



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Patient

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# Bonding With Physicians

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

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# Marketplace Drivers for Ambulatory EHRs



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# 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

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## 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 share patient data.

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## 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

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## 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/DMC
- Rx Refill/Mail Order

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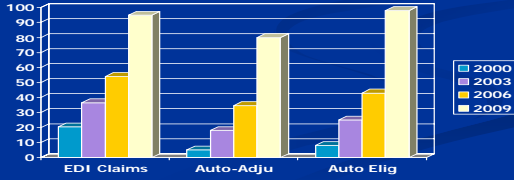
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## Payer EDI Trends

- 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%.



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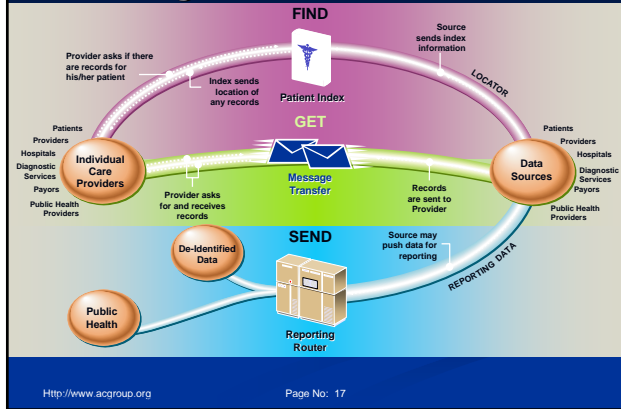
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## Digital Communities:



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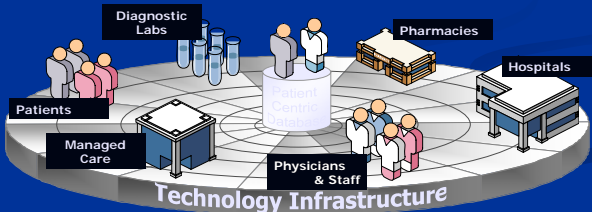
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## The Connected Healthcare Community

- 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



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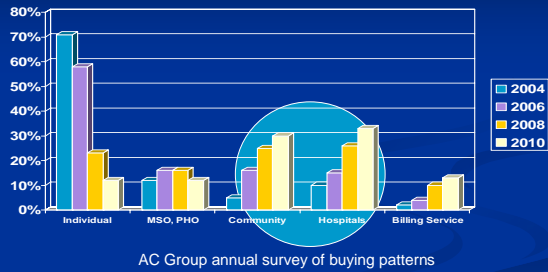
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## Who will be purchasing? % of sales by Organization



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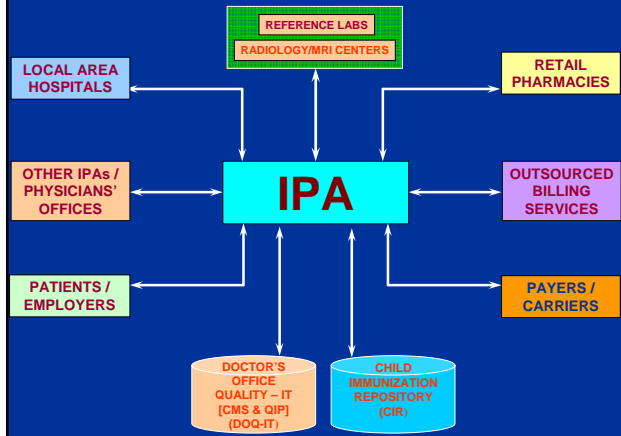
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## Workflow Involving Outside Entities




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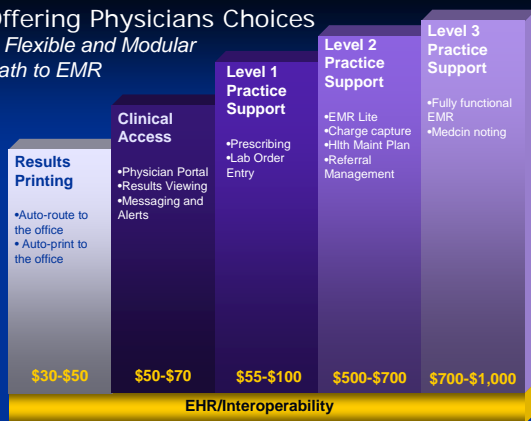
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## Offering Physicians Choices A Flexible and Modular Path to EMR



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## 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]

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## 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]

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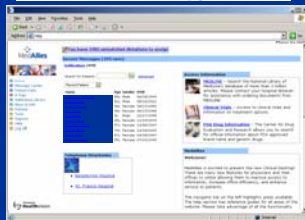
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## Taconic Health Information Network

- 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



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## 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

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## Hospital Bonding

### ■ 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

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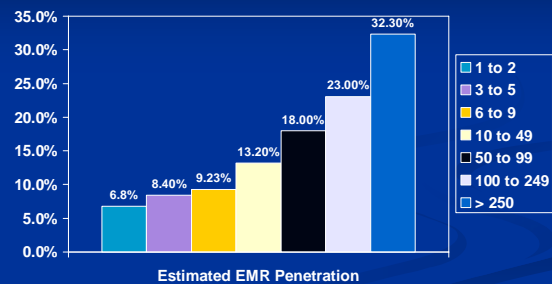
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## Estimated EHR Penetration



Source: AC Group annual survey, October 2006

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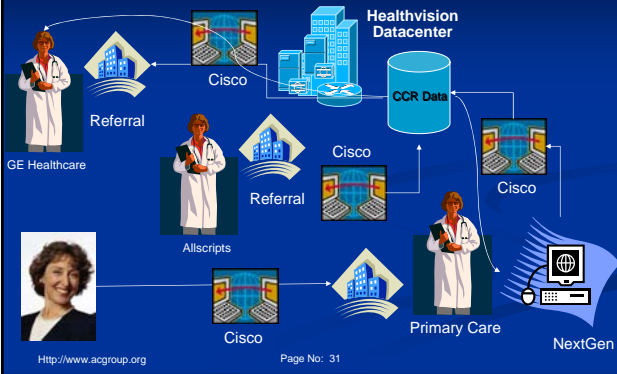
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## Patient Data is Transferred Via Secured Medical Grade Network



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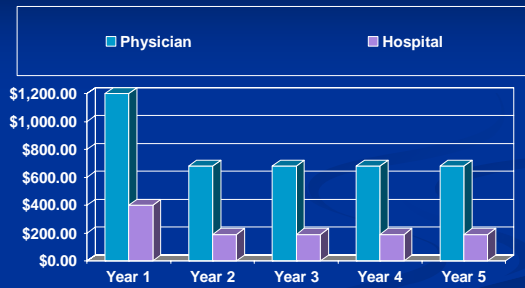
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## Total Proposed Annual Costs



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## Hospital Projects

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

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## 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?



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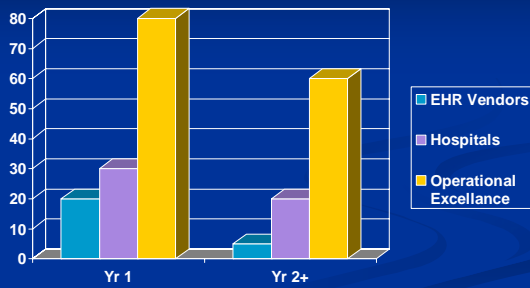
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## Man-hours for EHR implementation



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Lets look at different delivery options

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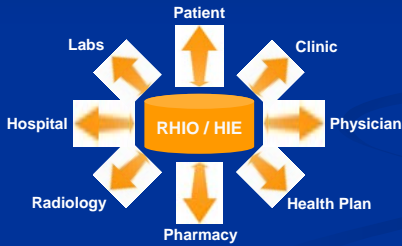
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## RHIO or Health Information Exchange

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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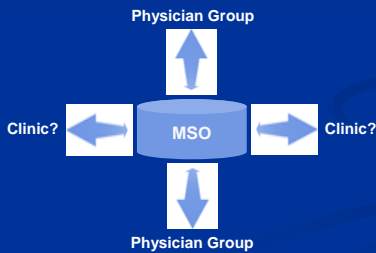
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## Managed Service Organization (MSO)

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 installing Epic with discussion of future extension plans
- Healthcare Partners
- Long Beach DHHS and public health information system

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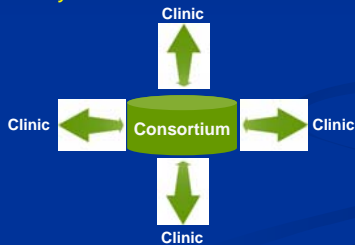
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## Consortium or Network

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, Dentrix)
- Coalition of Orange County Community Clinics (homegrown PMS)

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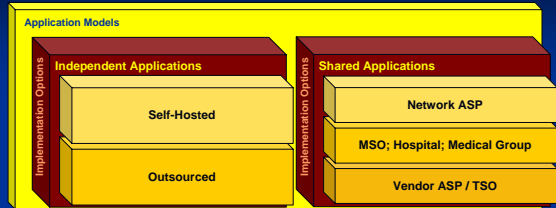
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# HIT Adoption Options



**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:**

- Clinic has an agreement with a separate entity to operate and support their hardware and software application
- Accessed provided over a network or the internet
- Application is hosted on dedicated hardware
- Relationship with the application vendor varies

**Network ASP:**

A community health clinic organization that works to integrate CHC's in their area through a standard EHR implementation

**MSO, Hospital, Medical group: Management Services**  
 Organization of large ASP that focuses on providing a standard EHR implementation to multiple types of organizations (hospitals, medical groups, community clinics). Typically provides an additional level of service such as billing, implementation and/or training.

**Vendor ASP/TSO:** An organization that purely provides technology hosting for a group of organizations. Typically provides independent application outsourcing as well.

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# Benefits to the Physician

- Clinical Integration
- Reduce operating cost > 8%
- Improve Revenue Capture > 3%
- 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

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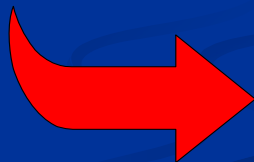
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# SELECTING A PMS/EHR

## Which Vendors




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## Market Segmentation

Function	PMS	Secured Message	DIM	Charting	EMR Lite	EMR	EHR
Billing	X						
Scheduling	X	X	X	X	X	X	X
Labs		X	X	X	X	X	X
Transcription		X	X	X	X	X	X
Paper Doc			X	X	X	X	X
E-Prescribe				X	X	X	X
E & M Coding					X	X	X
Standards/CCR						X	X
National Alerts						X	X
Chief Complaint						X	X
Health Maint.							X
PHR							X

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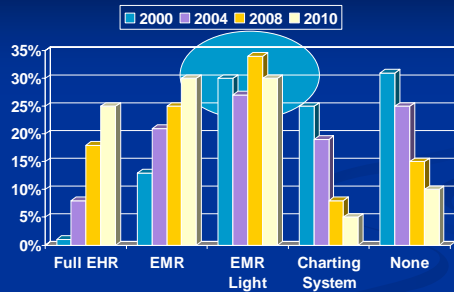
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## What type of Clinical Products are Providers Really interested in?




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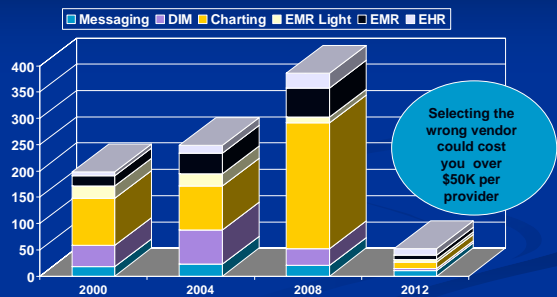
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## Market Change over time

Over 380 vendors claiming to sell EHRs




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## 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?

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## 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

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## 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
- Lets empower the physician

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# For More Information

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# Questions



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