

Performance Strategies



Connecting Physicians to Improve Community Care

Vol. 1, Issue 2, 2007

Connecting with Your Physician Community



By Jeanne Ward
President and Chief Executive Officer
Oconee Memorial Hospital



By now it's clear a connected healthcare community makes healthcare safer, supports delivery of the highest quality care and increases patient satisfaction. While the benefits of connectivity may be clear, how to go about it is not always that obvious.

In our rural community, [Oconee Memorial Hospital](#) (OMH), a 160-bed private, not-for-profit facility located in Seneca, S.C., has experienced great success in facilitating adoption of electronic health records (EHRs) by playing a supporting role to a unique, physician-led initiative.

Supporting a Physician-Led Connectivity Model

In late 2005, struggling with paperwork and growing regulatory and liability issues, visionary independent physicians in our area approached OMH to participate in the selection of a standardized EHR system. It was during the vendor selection process that the physicians began to see the value of creating a community-wide electronic health information exchange network.

Their connectivity model centered on the creation of an independent, third-party entity called [Foothills Health Information Network](#) (FHIN). A private, not-for-profit corporation, FHIN is an Application Service Provider (ASP). FHIN facilitates access by area physicians to McKesson's EHR and practice management solutions via the data center hosted by OMH. OMH also provides maintenance, technical support, training and other administrative services to FHIN on a contractual basis. In addition, we offer the use of our hospital marketing resources to help with promotional activities — a key part of FHIN's success.

FHIN's funding model was set up to be self-sustaining and covers the costs of licenses, implementation and maintenance for the EHR system. As a result, it gives every physician throughout our community an opportunity to participate. FHIN also is on the front lines of onboarding new members and has its own applications support staff.

By the end of 2007, FHIN expects to have 20 physicians on the system. These providers represent eight different practices, including specialties, such as general surgery, nephrology and rheumatology. Looking ahead, the goal is to increase the number of participating end users and integrate the system with Oconee's emergency department. The long-range goal is to expand the EHR system to providers outside of the local service area.

Working in the Background to Our Advantage

For our part, OMH has accomplished quite a lot in its supporting role. By providing physicians with access to a connected clinical solution, FHIN is making it much easier for all participants to adopt a system that eventually will be integrated with our own hospital's EHR.

In fact, while some may disagree with the approach of working in the background and quietly offering up resources, particularly for a hospital in an increasingly competitive environment, we have seen it as integral to achieving our goals. First and foremost, we are fulfilling our commitment to delivering patient-centered care. We are enabling practitioners to focus on what they do best, which is caring for patients, not installing hardware and software. Our work with FHIN also has furthered our aggressive information technology strategy. In short, our collaboration is helping us to improve care coordination, quality and capacity.

CONTINUED ON PAGE 2

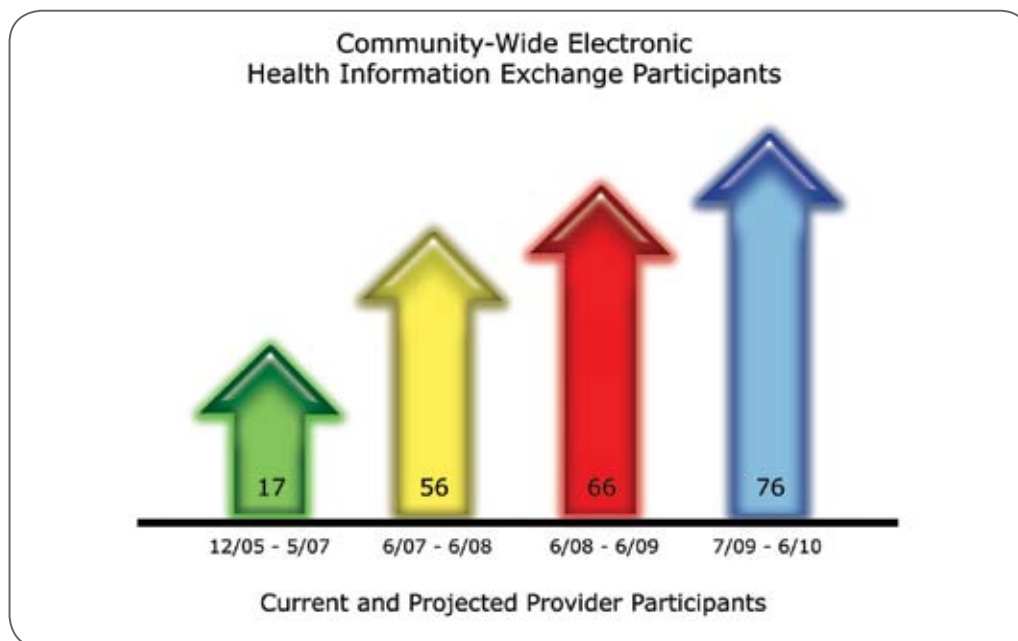
Connecting with Your Physician Community (Cont.)

If there is any advice I can offer in seeking strategies to connect with your community, it is this:

- Conduct an honest self-analysis on your IT credibility in the community.
- If that is intact, then start looking for ways to partner with physicians — now. There are bound to be a variety of grass-root e-prescribing initiatives under discussion in your own backyard.
- Join in dialogues with your local community and physician groups.

Regardless of who drives the initiative, through the local hospital's participation, it will make for safer care and better patient outcomes in the community. And that's what it's all about.

Jeanne Ward is President and CEO of Oconee Memorial Hospital in Seneca, S.C. She is a registered nurse, joining OMH as the Director of Nursing in 1974. Jeanne Ward developed nursing standards of care for OMH that later served as a model used by the Joint Commission.



Learn More

[Hospitals Giving the Gift of Technology](#)

[FHIN and Oconee Select McKesson for e-Prescribing and EHRs](#)

[McKesson's Horizon Ambulatory Care™ Receives 2006 CCHIT Certification](#)

[Appalachian Regional Healthcare Connecting Physicians with McKesson's Electronic Health Record](#)

[Case Study: Medical Associates Clinic](#)

Performance Strategies



Connecting Physicians to Improve Community Care

Vol. 1, Issue 2, 2007

PPRNet: A Physician Tool for Enhancing Clinical Outcomes



*Steven Ornstein, M.D.
Director, Practice Partner Research Network (PPRNet)
Professor of Family Medicine
Medical University of South Carolina, Charleston, S.C.*



Since the first tentative steps toward the creation of electronic health records (EHR), the emphasis on converting paper records to searchable electronic files has been largely driven by the desire for greater efficiency and the hope for enhancing routine care. Yet, their use by primary care physicians in group or solo practices in the U.S. has lagged far behind large groups (still only 30%) and their European counterparts. And for those that did embrace these solutions, there were no EHR-based clinical benchmarking tools or services that readily could be used by the independent primary care practice.

Providing a Physician Network to Benchmark Care

In 1995, the [Practice Partner Research Network \(PPRNet\)](#) was formed to provide physicians with tools to improve patient care. A joint effort between the Department of Family Medicine at the [Medical University of South Carolina \(MUSC\)](#) and [Practice Partner®](#), a developer of electronic health records in Seattle, Wash. (acquired by McKesson in 2007), PPRNet has become a groundbreaking concept in practice-based quality improvement and research.

Our idea was to form a network of primary care physicians, all using this same system. By extracting data from their patient records, we could produce a longitudinal patient database and begin the first effort to create benchmarks for clinical care among small independent practices or individual groups within a large practice.

We chose Practice Partner Patient Records as the EHR for the research network, in part because we were familiar with it (we were using it at the MUSC Family Practice Residency), as well as for its popularity among primary care practices. Andy Ury, M.D., Practice Partner founder and now VP and general manager for McKesson, also shared our strong belief that EHRs could be key to improving quality of care and was instrumental in starting and supporting the network.

On a day-to-day basis, PPRNet provides management of the network, designs and implements research projects and works directly with participating practices. The practices provide de-identified patient data to PPRNet monthly by running a simple utility program, which extracts clinical data from their Practice Partner EHR software. To facilitate longitudinal analysis, an encrypted patient identifier is assigned by the extract program prior to receipt by PPRNet. In exchange, the participating practices receive quarterly reports, measuring their performance against more than 80 clinical benchmarks based on performance across the entire network.

Today PPRNet includes more than 700 providers and data from more than 1.8 million patients in 38 states. By connecting these care providers, we are able to provide a clear path to improving patient care through consistent benchmarks for the treatment of specific clinical conditions.

CONTINUED ON PAGE 4

PPRNet: A Physician Tool for Enhancing Clinical Outcomes (Cont.)

Changing Perceptions of EHRs

The prevailing model in ambulatory care has long been to treat specific conditions when patients choose to visit the office. PPRNet changes that paradigm. Using treatment benchmarks and the encrypted patient identifier, the physician can determine which patients require specific screenings and treatments. The practice can then become proactive in reaching out to those that need care, but may not be following recommended treatment plans.

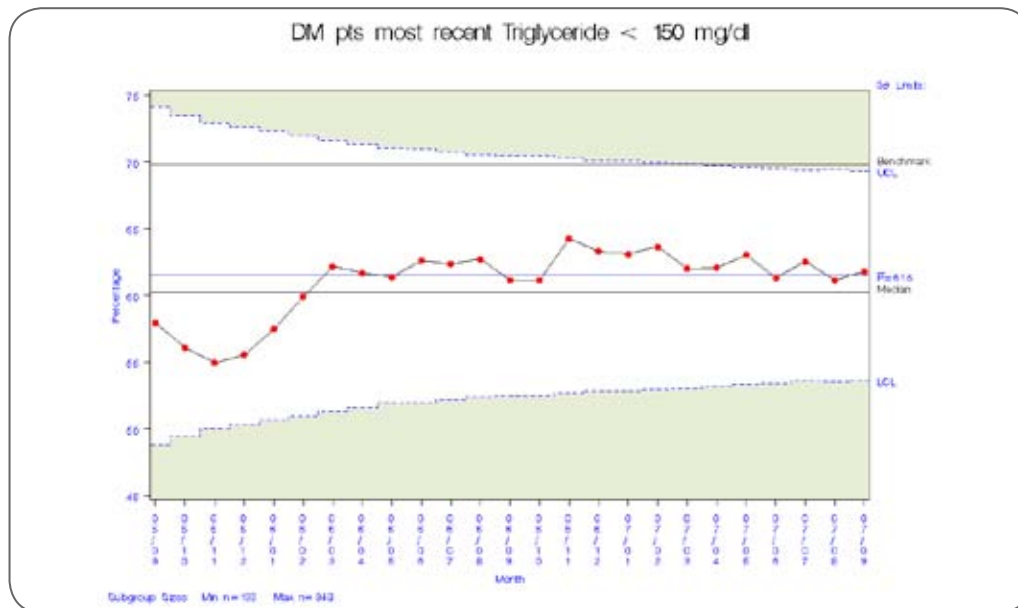
For example, at one practice, the PPRNet quarterly report showed one physician that only half of all his eligible patients are up to date on colorectal cancer screening. In comparison with other groups, the achievable benchmark was 66 percent. Seeing these comparisons creates a goal that may not have been apparent without empirical data.

Yet, from the very beginning we realized that it is not enough to just provide data. Practices need strategies to help them meet treatment targets. To do that, we visit physicians and their staffs to develop specific improvement methods. We also host annual network meetings where physicians can share best practices.

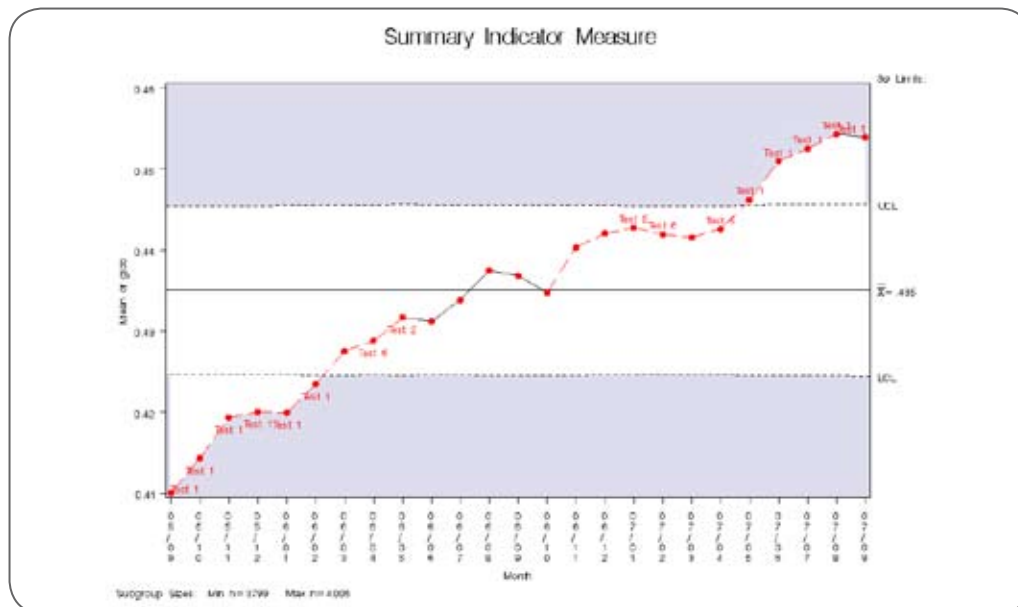
Knowledge Empowers Improvement

As one physician told me, "Before I got these reports, I just assumed my patients were getting excellent care. When I got the reports, I could target those areas that needed improvement. In other words, you think you've followed recommended tests on everyone because you are well trained and well intentioned, but until you see the data you just don't know where you really stand."

Dr. Steven Ornstein is a researcher and Family Medicine practitioner in Charleston, S.C. He joined the faculty of the Department of Family Medicine at the Medical University of South Carolina in 1985 and is one of the founders of PPRNet and currently serves as director.



This sample PPRNet report shows over time the percentage of the practice's diabetes mellitus patients with their most recent Triglyceride reading at less than 150. The graph also shows the median and benchmark (approximately top 10th percentile) of PPRNet member practices.



This sample report shows the PPRNet SQUID™ (Summary Quality Indicator), which helps quantify improvements in the practice quality-of-performance indicators. The report reflects the average proportion of quality processes and outcomes that are up-to-date and under control among patients in the practice.

Learn More

[Transforming EHRs from Data Repositories to Tools for Quality Improvement](#)

[OMNI Medical Group: EHR Yields Positive ROI](#)

[Practice Partner® Receives 2007 CCHIT Certification](#)

[Practice Partner Receives 5-Star Rating from AC Group](#)

[McKesson Introduces Practice Partner Complete at 2007 MGMA](#)

[McKesson Recognized for Excellence in Customer Service](#)

Performance Strategies



Connecting Physicians to Improve Community Care

Vol. 1, Issue 2, 2007

Hospital-Sponsored EHRs: Four Options



*By Keith MacDonald
Director of Strategic Services
Culbert Healthcare Solutions*

With recent relaxation of the Stark laws, hospitals are aggressively seeking electronic health record (EHR) solutions that improve the electronic exchange of information with their employed and community physicians. For patients and the caregivers who treat them in both inpatient and outpatient settings, having a single, shared patient record addresses many of today's healthcare delivery challenges.

By expanding the information technology (IT) already in place and making careful decisions on ambulatory EHRs, hospitals can provide significant community benefit and perhaps even pave the way for more expansive community efforts.

Start with the Basics: Remote Access, Anyone?

Building a community-wide EHR is clearly a difficult and expensive proposition for any hospital to consider. For starters, hospitals should begin by offering community physicians easy access to the electronic patient information the hospital already has.

- Web portals and browser-based applications offer an easy way to make test results and transcribed reports available to off-site physicians.
- More robust Web portals offer value-added capabilities for electronic physician-to-physician communication and referral management.

Making it easier for community physicians to manage patients admitted to or discharged from the hospital not only improves patient care, but will increase physicians' overall satisfaction with the hospital.

But That's Not an EHR

One significant drawback of remote access to hospital-based systems and Web portals is that these solutions fall short of a true EHR. Physicians with the challenges of a busy clinical practice often find that hospital-centric systems don't meet their needs. Before investing in a wholly new EHR solution; however, hospitals should consider installing the ambulatory EHR provided by their hospital IT vendor.

- An integrated ambulatory EHR offers the best and perhaps only way to achieve a truly integrated community patient record that spans the inpatient and ambulatory settings.
- With one shared database and functionality that supports the workflow of an outpatient practice, community physicians can benefit from improved practice support and seamless exchange of information with the hospital.

Installing and supporting an ambulatory product; however, is not an easy undertaking for most hospitals, since it requires integration with a practice's billing system and staff with a keen understanding of practice-based workflow.

CONTINUED ON PAGE 7

Hospital-Sponsored EHRs: Four Options (Cont.)

Hosting Standalone EHRs

Some physicians prefer a solution specifically targeted to the ambulatory market. As a result, many hospitals are considering offering community physicians a standalone EHR.

One of the challenges with this approach is that integration with the hospital's inpatient system is not easy or widely attempted. Except for test results, standards for exchanging clinical data have not yet been defined. Unique point-to-point interfaces will be needed, and the hospital may still end up with a solution that can't readily produce a single integrated patient record.

Physicians Who Already Have an EHR

Unfortunately, none of these approaches will be of interest to physicians who have already installed an EHR in their practice. As mentioned above, integrating each of these community-based EHRs with the hospital's inpatient system is not easily accomplished. New vendors are emerging, however, that specifically focus on the integration of inpatient and ambulatory applications using remote-hosted interface engines.

Getting Started: Key Decisions

Given that there are at least four options to consider, hospitals should begin by confirming their own starting point as well as that of physician practices in their community.

- What solutions does the hospital's current inpatient vendor offer (Web portal, ambulatory EHR, integration tools)?
- Which community physicians already have an EHR?
- Which physicians are interested in using an EHR offered through the hospital?
- Are physicians interested in maintaining their own practice management/billing system, or are they interested in upgrading to one that's integrated with the EHR?
- What investment is the hospital willing to make in installing and supporting a community-based EHR?

While undertaking the implementation of a community-based EHR can be an uncharted and expensive undertaking for hospitals, the benefits to the hospital, to community physicians and to patients can be significant.

[Keith MacDonald](#) is the director of strategic services at Culbert Healthcare Solutions, a healthcare consulting firm in Woburn, Mass. Keith has a twenty-year career in healthcare and was formerly a research director with First Consulting Group in Lexington, Mass.

Hospital-Sponsored EHRs: Four Options (Cont.)

HHS Announces Demonstration Project to Encourage Use of EHRs

In a bid to move forward the adoption of technology to reduce medical errors and improve quality of care, Health & Human Services (HHS) Secretary Mike Leavitt announced on October 30, 2007, a five-year demonstration project that will encourage small to medium-sized physician practices to adopt electronic health records (EHRs).

The project will link higher Medicare payments to use of EHRs at the community level, where 60 percent of patients receive care. Participating physicians will receive additional Medicare payments for completing tasks online, including ordering prescriptions and recording lab test results. Doctors who use the most technology and score highest in an annual evaluation will receive the highest payments.

The project will be open to participation by up to 1,200 physician practices starting next spring. During the five-year project, it is estimated that 3.6 million consumers will be directly affected. In the first year, physicians will be reimbursed at higher Medicare payment rates if they have adopted an EHR system. In the second year, payments will increase if the physicians report quality-of-care statistics to HHS. In the third year, payments will increase again if physicians show improvement in the quality of care.

The EHR must be certified by an HHS-recognized body to meet certain clinical quality measures. Currently only the Certification Commission for Healthcare Information Technology (CCHITSM) is recognized. McKesson's [Horizon Ambulatory Care™](#) solution became CCHIT-certified in 2006. Its [Practice Partner® solution](#) is one of only eight products that have received 2007 CCHIT ambulatory EHR certification. Certification is valid for three years. Read the HHS [press release](#).

Learn More

[MRI's Ninth Annual Survey of EHR Trends and Usage](#)

[Harris Interactive: Physician Alignment through IT](#)

[IRS Rules In Favor of Not-For-Profit Hospitals Subsidizing EHRs](#)

[Relaxation of Stark Rules: Seize the Opportunity](#)

[Evolution of the EHR: A Roadmap](#)

[Atlanta Paper Features McKesson High Tech Healthcare](#)

[What Physicians Say about RelayHealth](#)

Performance Strategies



Connecting Physicians to Improve Community Care

Vol. 1, Issue 2, 2007

Connect Your Physician Community with the Right Solution



*By Tom Leonard, Senior VP and General Manager
Ambulatory Solutions
McKesson Provider Technologies*

Physician adoption of information technology remains a critical issue for the healthcare industry. Even with industry forces like consumerism and pay-for-performance, the rate of EHR adoption in the physician office has only reached 18% – a gap we must bridge quickly if we are to continue to make improvements in the care we deliver within our communities.

How can we as an industry achieve broad-scale EHR adoption and utilization? The relaxation of Stark rules created an opportunity for hospitals to leverage information technology (IT) to drive closer physician relationships. Hospitals have invested heavily in clinical and financial systems, as well as in people to build, run and deploy them, so they are well positioned to assist in the extension of EHRs to the practice.

In a rapidly changing environment, hospitals can play an active role in connecting physician members of the healthcare community by supporting their efforts to deploy EHRs and drive safer, more efficient patient care. There are a number of different models emerging that leverage the hospital's position as the hub of the local community of providers.

The two customers featured in this issue, MUSC and Oconee, have each found innovative ways to support physicians in their community by delivering enabling technologies to drive safer, more connected care. Their success began with an understanding of their physician community and a clear focus on their organizational goals.

Bridging the Adoption Gap

How can hospitals help bridge the adoption gap? The most effective strategy is to create the right technology and service solution for the right physician practices. It involves leveraging the hospital's IT infrastructure to automate physician practices clinically and administratively, connect them to the hospital, and help them improve financial performance.

Developing the right solution involves knowing your unique physician base as well as understanding their unique needs. Communities have different mixes of hospital-employed and affiliated physicians, and a range of specialties and referral relationships

Strategic or Hospital-Employed Physicians: These physicians are high referrers, with practices closely aligned to the hospital. Critical needs for them include:

- Fully integrated electronic health records that follow doctors throughout the health system
- Access to medical images in real time – anytime, anywhere across the health system
- Practice management systems for efficient office operations
- Revenue management solutions to improve financial performance
- Connectivity with the referral and hospital network.

CONTINUED ON PAGE 10

Connect Your Physician Community with the Right Solution (Cont.)

Affiliated Physicians: These physicians have different needs. Integration to the hospital is less critical, or in some cases, undesirable. Automation for them focuses on throughput to see the number of patients needed to support the practice. Critical needs for them include:

- EHRs to help document patient care
- Efficient practice management systems to streamline practice and billing
- Help managing the revenue cycle and secure connectivity to the referral network

Finding the Right Solution that Improves Care and Performance

Healthcare is a community-driven model of care. However, no single solution will work for every community. The right solution will provide all the components needed by employed and affiliated physician practices – electronic medical records, practice management systems, billing services – along with a network to connect them with the key stakeholders in the care delivery process. It will support the unique ways healthcare is delivered within the community. And it will achieve the organization's goals or mission by balancing budget considerations, the hospital's preferred role, and the local competitive environment.

Finally, it means working with the right partner to help navigate the many decisions and available options as you engage with the physician community to deliver high quality, safer care in a financially responsible manner. Are you ready?

Tom Leonard is senior vice president and general manager of Ambulatory Solutions for McKesson Provider Technologies. He is responsible for three solution lines: Physician Practice Solutions, Extended Care Solutions and Revenue Management Solutions. Tom has more than 17 years executive, business development and operations experience.

Poll Finds Availability of EHR and Online Patient Services Would Influence Physician Selection

A Wall Street Journal Online/Harris Interactive Poll of more than 2,600 U.S. adults conducted in September 2006 found that a physician's use of healthcare information technology would influence their choice of a physician a great deal or to some extent.

Respondents indicated they are interested in accessing electronic health records (EHR) and other online means for communicating and transferring medical information. More than half of the respondents said whether or not a physician provides these services would influence their decision in selecting a healthcare provider.

- More than 70% of the respondents indicated they would like to communicate with their physicians via e-mail, receive reminders of needed visits or medical care, and use the Web to schedule their visits.
- More than 60% want to receive test results via e-mail and capture their medical information in an EHR.
- At the same time, the survey showed that roughly three-quarters of patients are not currently receiving these online services.
- Respondents also believe an EHR can significantly reduce the cost of healthcare (60%), improve the quality of care (68%) and reduce medical errors (55%).

Respondents said the availability of these services would influence their choice of a physician a great deal or to some extent for e-mail communications (62%) and for availability of an EHR (54%). [Review the poll results.](#)

RelayHealth provides [secure online communication services](#), including online consultations, bill management, schedule requests and results delivery. webVisits® consultations are reimbursed by payors such as Aetna, Blue Shield of California, Cigna and ConnectiCare.

Related Solutions

[Horizon Ambulatory Care™](#)

[Horizon Practice Plus™](#)

[Horizon Practice Complete™](#)

[Horizon^{WP®}Physician Portal](#)

[Practice Partner®](#)

[Practice Partner Complete](#)

[Revenue Management Solutions](#)

[RelayHealth Connectivity Solutions](#)

[Connecting PhysiciansSM Program](#)