

# Performance Strategies



CEOs Share Journeys Toward Meaningful Use

Vol. 3, Issue 5, 2009

## Leveraging Connectivity to Improve Overall Population Health



By George Dawson  
President and CEO, Centra  
Lynchburg, Va.



### Centra Stats At-a-Glance

- 528 hospital beds on three campuses
- 447 long-term care beds
- Not-for-profit integrated healthcare delivery system, including comprehensive rehabilitation, long-term care, senior living community, mental health, home health, and physician and specialty practices
- 33,000 annual inpatient admissions
- 228,000 annual outpatient visits
- 91,000 annual ED visits
- 5,980 employees
- 544 physicians, of which 132 are employed
- Awards include Top 100 Cardiology Hospitals, Magnet® designation for nursing excellence, Forbes Safest Hospital in America recognition, Press Ganey Beacon Award, Most Wired Hospital from *H&HN Magazine*, 2008 McKesson VIP Award.

With our strong provider integration and high degree of connectivity, [Centra](#) is well positioned to show the nation what can be achieved when advanced clinical and financial applications are supported with advanced IT infrastructure with the aim of improving community health and patient safety.

With advanced IT infrastructure and high bandwidth, we are building the kind of clinical repository that can be mined to perform true population-based analytics. Ultimately, we want to improve the health of our population by leveraging high-bandwidth connectivity across our facilities and physician practices.

Centra was created more than 20 years ago by the merger of two acute-care hospitals, Lynchburg General and Virginia Baptist, serving the greater Lynchburg area in central Virginia. In 2006, Southside Community Hospital in Farmville joined Centra as an affiliate. Today Centra serves 500,000 people in a large geographic service area with a mission of “Excellent Care... Every Time.”

### Our Journey to Improving the Health of Our Population

Centra began a journey toward this vision a decade ago, and along the way partnered with McKesson on a \$30 million transformational project to design, build, test and implement 24 new applications to integrate financial and clinical processes. Centra began this undertaking, with a clean enterprise master patient index (EMPI). While it was a challenging undertaking because of the attention we paid to our EMPI, today Centra has a single medical record number for 500,000 people.

In October 2005, our two acute-care Lynchburg-based hospitals were live on all applications. This effort involved retraining 4,500 users, including 1,100 nurses. It began paying dividends immediately.

- Moving to bar-code medication administration reduced late medication delivery by 80%.
- In the ED, we’ve seen a 75% improvement in radiology turnaround time.
- Requiring physicians to sign charts electronically improved chart deficiencies by 55%. Now that they’re electronic, multiple clinicians can access them from anywhere.

**NEXT PAGE**

## Leveraging Connectivity to Improve Overall Population Health (Cont.)

These results and more earned us the [2008 McKesson VIP Award](#).

Since last October, Centra has focused on achieving full implementation of electronic nursing documentation. At 92%, we're almost there. We saved CPOE for this later phase, knowing it would be a huge undertaking. You don't want to just automate existing order sets; you first want to improve them.

We also began leveraging the expertise gained at the two main campuses to deploy the same suite of applications at our affiliated hospital, targeted to be completely live by the end of this year.

### **Building the Infrastructure for National Data Mining**

Over the past 18 months, we have begun acquiring several specialty practices, including ED, cardiology, urology, obstetrics and mammography. We also have fostered strong cooperation by forming joint ventures with physicians for imaging, ambulatory surgery, gastroenterology and more.

Even with these closer physician relationships, however, interoperability and standardization have been challenging. As in any community, we have thought leaders who have already purchased their own EHRs. We're offering to host a system, but many practices prefer to purchase systems on their own.

In addition, authorized physicians can all see inpatient records via the hospital portal, but there are barriers to automated community physicians exchanging data with each other. Most are willing to share information on medications, allergies and laboratory results, but beyond that, there are privacy issues. Even EHRs that incorporate electronic transcriptions don't create discrete data that can be mined.

Without an eye toward creating standard, discrete data, we won't accomplish anything. I'm not suggesting that advanced analytics be part of the definition of "meaningful use" initially, but if we don't start building the infrastructure to get there, we will never get there.

Even with these challenges, strong physician alignment has opened doors to explore ground breaking care delivery models. For example, Centra is conducting a pilot study with the American College of Cardiology to build a comprehensive cardiac clinical repository that automatically links to the National Cardiovascular Data Registry so physicians receive real-time, evidence-based guidelines. This connectivity will enable automated quality reporting and benchmarking adherence to ACC/American Hospital Association clinical practice guidelines. Ultimately, the goal is to reduce instances of coronary artery disease, the No.1 cause of death in our community and nationwide.

We know this connectivity will lead to better patient care, efficiency, quality and safety, and care that's affordable, and makes a lasting impact on future generations.

*A farsighted leader, George Dawson led the merger of Lynchburg General and Virginia Baptist hospitals in 1987 to form Centra, and serves as Centra president and CEO. He also spearheaded the creation of Piedmont Community Health Plan, a joint venture between 185 physicians and Centra for the purpose of proactively managing care in central Virginia. He has served at the forefront of addressing issues for Virginia's hospitals and health systems with the same innovation and vision that has been a signature of his healthcare career. Recently, he received the national Partnership for Action Grassroots Champion Award from the American Hospital Association, in partnership with the Virginia Hospital & Healthcare Association, for his exceptional leadership in generating grassroots and community activity in support of a hospital's mission. Before joining Centra, Dawson held leadership positions at Virginia Baptist Hospital in Lynchburg and Holston Valley Community Hospital in Kingsport, Tenn. He also held the ranks of lieutenant and captain while serving as medical administrator in the U.S. Army. Dawson is an adjunct professor at Virginia Commonwealth University, Medical College of Virginia, and is a Fellow of the American College of Healthcare Executives.*

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### ***Viewpoints on Meaningful Use*** **Government Policymakers**

#### **Kathleen Sebelius, Secretary U.S. Department of Health & Human Services (HHS)**

“Through health information technology, [the stimulus] lays the foundation for a 21<sup>st</sup> Century system to reduce medical errors, lower healthcare costs and empower health consumers,” she said. “In the next five years, HHS will set the standards for privacy and interoperability, test models and certify the technology and offer incentives for hospitals and doctors to adopt it.”

Sebelius made these remarks in testimony before the Senate Finance Committee prior to confirmation, according to [an article in Healthcare IT News](#).

#### **David Blumenthal, National Coordinator for Health IT**

“The forthcoming definition of the “meaningful use” of health information technology will set the direction of the Obama administration’s strategy for health IT adoptions” ... “The definition will inform everything that we do that is related to health IT.”

Blumenthal made these remarks during a meeting of the National Committee on Vital and Health Statistics, an advisory panel to HHS, according to [an article in Government Health IT](#).

#### **Mark Leavitt, Chair, Certification Commission for Healthcare Information Technology (CCHIT)**

“First, documentation of meaningful use should be fully electronic, not manual. Second, today’s certified EHRs are inherently capable of collecting ‘meaningful use’ measures as part of normal operation” ... “The measures would be tailored to different practice domains, and the benchmarks for incentive payments would be raised every two years.”

Leavitt gave [this testimony](#) to the National Committee on Vital and Health Statistics, according to CCHIT’s EHR Decisions Web site.