

# Performance Strategies



CEOs Share Journeys Toward Meaningful Use

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## Struggling Financially in a Highly Competitive Urban Market



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### Solaris Stats At-a-Glance

- 341 beds
- Continuum of care including an acute-care hospital, inpatient and outpatient rehabilitation centers, long-term care, homecare and hospice
- 32,000 annual inpatient admissions
- 400,000 annual outpatient visits
- 50,000 annual ED visits
- 700 physicians, of which 95 are employed

[Solaris Health System](#) places a high emphasis on quality and safety, and we see clinical IT as an avenue to radically improve both. With a background in accounting, however, I look at everything through a sharp financial lens. Shortly after becoming CEO in 1992, and realizing that Solaris was self-insured for malpractice and general liability, it was evident that the avoidance of major medical errors was the key to future financial security. Meaningful use to me meant putting in systems to avoid errors.

Early on, our biggest challenge was convincing the Board of Trustees to invest in IT. Not surprisingly, their first question was, "What is the return on investment (ROI)?" Usually, determining ROI means looking back three years later and asking, "Is this system being used the way it was intended to be used? Are we exchanging information? Are clinicians logging on?" The answers to these questions point to whether or not the organization is achieving beneficial use of the systems. The question is — how does beneficial use translate to meaningful use from the government's perspective.

### Paperless Environment Still Elusive

With board approval in hand, Solaris began making large investments in IT: \$34 million between 2003 and 2005, \$10 million between 2006 and 2008, and a current annual IT operating budget of \$15.8 million. As a result, our acute-care hospital is almost fully automated with pharmacy robotics, closed-loop medication management, clinician order entry, physician portal, document imaging, electronic nursing and surgery documentation, electronic transcription and PACS. We've measured our use along the way, with results that include:

- 85% of physicians use the portal to review and complete charts, which has eliminated chart deficiencies
- 12.5% reduction in nursing documentation time
- 93% compliance with bar-code medication administration procedures
- 25% reduction in medication administration timing variances

To date, most of our metrics have focused on use; ultimately they must focus on outcomes. This applies to the nation overall, but we need time to get there.

## Struggling Financially in a Highly Competitive Urban Market (Cont.)

### Without Adoption, Interoperability Is Meaningless

I'd like to say we have achieved a paperless inpatient environment, but physicians still handwrite progress notes. At the end of a patient's stay, the manual chart is scanned and combined with electronic information so the entire chart can be accessed and completed via the portal. This alone is a huge physician satisfier.

Solaris has also deployed an ambulatory EHR to its 95 employed physicians. We made a conscious decision to buy a system that doesn't communicate with our inpatient EHR because the physicians overwhelmingly liked it. Without adoption, interoperability is meaningless.

### Acknowledging the Economic Downturn

Given our location in the New York metropolitan area, we have been greatly affected by the recession. We are struggling to improve revenue management and cash flow. These setbacks have hampered our efforts to continue our EHR roll-outs, particularly CPOE, which is a huge undertaking during the best of times. Other initiatives we've had to postpone include granting consumers online access to health information and strengthening our IT infrastructure to comply with business continuity and disaster recovery planning needs.

HITECH has brought a much-needed sense of urgency to the state of our nation's healthcare records. Given the current economic environment, however, can we achieve meaningful use in the near term?

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### Viewpoints on Meaningful Use

#### Health Information Management Systems Society (HIMSS)

"In the final phase [of requirements], which must commence in FY15, HIMSS believes the mature definition of 'meaningful use of certified EHR technology' includes at least four attributes:

- A functional EHR certified by the Certification Commission for Healthcare Information Technology (CCHIT);
- Electronic exchange of standardized patient data with clinical & administrative stakeholders using the Healthcare Information Technology Standards Panel's (HITSP) interoperability specifications and Integrating the Healthcare Enterprise's (IHE) frameworks;
- Clinical decision support (CDS) providing clinicians with clinical knowledge and intelligently-filtered patient information to enhance patient care; and,
- Capabilities to support process and care measurement that drive improvements in patient safety, quality outcomes, and cost reductions."

HIMSS recommends that milestones be set in four incremental phases of not less than two years that are made increasingly stringent. It also recommends that the U.S. Department of Health and Human Services (HHS) publish data standards for output of EMR data and address the gap between certified EHR technologies, open source and best-of-breed technologies. Read the [full comments](#) submitted by HIMSS to the National Committee on Vital and Health Statistics.