

# Performance Strategies



Increase Physician Alignment Using IT Benefits

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## Hospitals Are the Key to Physician Success during Times of Healthcare Transformation



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### A Renewed Partnership

As often happens in difficult times such as the current economic crisis, the idea of physicians coming together with hospitals and seeking the protection of large groups and organizations is becoming ever more appealing.

Just as all politics are local, so are the relationships between physicians in their offices and the hospitals in which they practice and treat their patients. They are defined hospital by hospital and community by community. The smaller the location, the closer and the warmer the relationship; the larger the location, the more problematic.

Today, shared needs are binding physician to institution in new ways, creating partnerships that promise to facilitate great change and potential benefit. In the next few years, we can expect to see a transformation of the way medicine is practiced. The process will not always be easy, but its successful outcome will largely be determined by how well physicians and healthcare organizations work together.

### Data is the Key

Perhaps the greatest change is coming in the way physicians collect and handle patient data. We are now on course to implement comprehensive [electronic health records \(EHRs\)](#) that will make doctors more efficient and improve the long-term health of patients.

When prospects for connecting hospital information systems with physicians were first raised, the question most often asked by physicians was: What benefit do I get from this relationship?

I recall one presentation in which a moderator asked physicians about their willingness to share patient information, exam findings and discharge summaries. The response: "Absolutely not. That information belongs to us and the patients. We wouldn't even think of sharing it."

Those ideas now seem outmoded. The concept of physicians and hospitals working together as a team, sharing tests and diagnoses to better serve patients, has taken hold. When we can avoid duplicate and unnecessary tests, we save money. When physicians can access complete past histories and test results all in one place, a diagnosis is more informed, and treatment can begin faster.

That's the ideal, and in some locations, it's beginning to happen as EHRs become available across care settings. For most physicians, however, easy access to information is still evolving.

### Driving Alignment

The realities of modern practice in 2009 are driving a much closer relationship between physicians and hospitals. We need each other in order to practice high-quality, cost-effective medicine. This superior form of practice creates a bi-directional opportunity for hospitals to help in building systems that can share data across a city or region, not just within a single office or institution.

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## Hospitals Are the Key to Physician Success during Times of Transformation (Cont.)

Hospitals are in a unique position to facilitate the adoption of EHRs throughout the local medical community. To be successful, these institutions must first understand physicians and the environment in which they practice. They must spend time communicating with physician leaders, not just the technophiles who are eager to embrace the latest technology. Well-respected physicians who buy into EHR initiatives will become the thought leaders in adoption.

### Adapting to New Technology

Hospitals can also help physicians understand and absorb the impact of change on their practices through process redesign and clinical integration of healthcare IT. This adoption can be better facilitated when physicians realize that the long-term gains in productivity and patient safety will be worth the short-term inconveniences.

Physicians must also be inspired by more than better scheduling and claims management. IT truly offers the promise of making healthcare better by making the physician better able to practice. For example, data repositories of information enable physicians to:

- Follow patient health and ensure proper scheduled care
- Track and evaluate the physician's own performance

Any quality emphasis that doesn't involve specific actionable data is an empty promise. Consider the use of anticoagulation drugs in the treatment of blood clots. Although a part of major treatment guidelines, a recent study found a major academic medical institution where less than 15% of patients were in fact receiving prophylaxis. Why? During the many handoffs that are so much a part of modern medicine, the reminder to do so is overlooked or never given. Technology ensures that these alerts become a vital part of the patient record.

Healthcare is about to undergo a far-reaching technological transformation that many will find exhilarating or even a little scary. How well physicians navigate those changes will be largely determined by the strength and quality of their relationships with their most important partner — the hospital in the community.

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### Creating a Community of Care — Hospital, Practices and Patients

[Spartanburg Regional Healthcare System \(SRHS\)](#) recognized the challenge of connecting the community to provide the best care across its settings. SRHS is a regional healthcare system that provides care in three counties in South Carolina and two counties in North Carolina, from birth to hospice. The system wanted to increase physician alignment to improve the continuity and quality of care to their patients.

Solution? They created a virtual health information exchange, the Regional Physician Network, using [connectivity services](#). By sharing patient results information from the inpatient EHR with both employed and affiliated physicians, SRHS has been able to bridge the settings of care. The shared results automatically update the practice EHR and are immediately available for treatment and diagnosis decisions. In turn, physicians can designate whether to share the results with their patients. If designated, the results are added to the patient's personal health record (PHR).

The provider-patient communications service enables patients to communicate online with their physicians in [webVisits®](#), which are reimbursable by many payors. Patients can also make online requests for appointments, refills and referrals. In addition, physicians can use [secure messaging](#) to collaborate with other physicians. The online services also include [e-prescribing](#) for the affiliated physicians, which automatically sends the prescription to virtually any pharmacy, advises the patient, and enters the information in their PHR.

"When you cover a wide geographic area," says Ray Shingler, SRHS vice president of support services and CIO, "you need to have a strategy that not only includes your employed physicians but also includes independent area physicians. Our strategy is to create "stickiness" for both physicians and consumers to the services we offer. Greater convenience and the ability to improve patient care through online data exchange is an important benefit to both physicians and their patients. It provides a differentiator for us in our efforts to attract independent physicians."

Currently, 53 of 250 employed physicians and 43 of 138 community physicians are enrolled for the services.

## Events

### **18th Annual AMDIS Physician-Computer Connection**

July 15-17, 2009  
Ojai, Calif.

**Congratulations to 2009  
AMDIS Award Winners:**

**Jonathan Morris, M.D., MIO**  
**WellStar Health Systems**

**Matt Sprunger, M.D., CMIO**  
**Dupont Hospital**