Driving Transformation in the Ambulatory Setting with the Electronic Health Record

Proceedings from the Executive Roundtable Held April 27-28th
at the University of Chicago's Gleacher Center

Transcribed and adapted for publication by:
Allscripts, LLC
Chicago, Illinois

May 2006

On April 27th and 28th, at the University of Chicago's Gleacher Center, executives from 45 of the leading medical groups in the United States met to investigate best practices in using an Electronic Health Record (EHR) to transform healthcare. All of the executives are currently conducting or exploring advanced initiatives leveraging EHR technology to enhance patient care and practice efficiency.

The meeting took place as part of the 2006 Allscripts Client Experience conference. The session focused on the future of healthcare and joined many of the most well respected thought leaders in the industry to help drive discussion on transformation.

This synopsis highlights a number of the breakthroughs presented at the executive meeting: For more information, visit Allscripts at www.allscripts.com.

Driving Transformation in the Ambulatory Setting With the Electronic Health Record

Using Personal Health Records to Redefine Patient Outreach

Nancy Griest
Vice President, Medical Group Services and Chief Information Officer, Brown & Toland Medical Group

Nancy Griest is Corporate Director of Information Technology for Brown & Toland Medical Group, a San Francisco-based Independent Practice Association with nearly 1,500 physicians in San Francisco and throughout the Greater Bay Area. Prior to joining Brown & Toland, Ms. Griest was a Senior Manager with First Consulting Group, where she worked with insurance companies, health plans, and provider organizations. She earned a Bachelor of Arts degree in Economics from Northwestern University and holds an MBA from the University of Chicago Graduate School of Business.

Internet users who have long desired the ability to create online personal health records for themselves and their families recently had their wish granted by Brown & Toland Medical Group. We are the first independent practice association in the nation to introduce a Web-based personal health record (PHR) to our entire community.

The new service, called iHealthRecord, gives Brown & Toland patients the ability to create portable, secure online health records at any time and from any place, as well as medication adherence plans, health education and a host of other services to enhance the patient-physician relationship. In the spring of 2005, we began advertising iHealthRecord to patients in a series of unprecedented radio and print ads throughout the Bay Area. The high-profile ads stress the convenience and added safety of having a portable health record for yourself and your family that can instantly tell emergency personnel what medications you're on and share other information that could be vital to saving your life.

The iHealthRecord was created by San Francisco-based Medem, the nation's largest physician-patient communication network, founded by a coalition of national medical societies, including the American Medical Association. Medem recently made the service available, free of charge, to all Americans via the Web and the private Web sites of its 100,000 physician customers.

What makes Brown & Toland's use of the personal health record unique is the added benefit of interconnectivity with our TouchWorks Electronic Health Record (EHR) from Allscripts. Brown & Toland was one of the first IPAs in the nation to introduce an EHR to our entire network of physicians when we launched the clinical labs results module of TouchWorks in November 2004. (By the way, Allscripts, which has a strategic relationship with Medem, is the first EHR provider in the nation to incorporate the iHealthRecord into its offering).

The integration of the TouchWorks Electronic Health Record and the iHealthRecord personal health record is of vital importance to Brown & Toland, and we have committed to spending $12 million over 10 years to help our doctors go paperless with TouchWorks and the Flowcast™ practice management system from IDX (now a part of GE). The combination of iHealthRecord and TouchWorks enables our providers and patients to have what they demand, which is real-time access to clinical information.

Brown & Toland has already begun to reap financial benefits from the decision to go paperless with Allscripts. We received $3.2 million last year from a large pay-for-performance program, scoring in the top 10 percent of California medical groups and IPAs enrolled in the state-sponsored initiative.

Brown & Toland's physicians also benefit in other ways from our embrace of TouchWorks and iHealthRecord. By spreading the cost of the EHR across the network and offering buy-on bonuses and hardware dollars, the IPA can bring our hundreds of physician practices live on the system for a price they could not approach in the marketplace, including implementation, training and support.

Many Brown & Toland doctors have been eager to switch to an EHR but have not been willing to pay the costs. The new model essentially removes the financial and IT-maintenance hurdles and lets the group's physicians focus on running their practices. For our patients and for the broader Northern California community, it's a clear win.

Open Scheduling to Reduce Costs, Increase Patient Satisfaction

Douglas B. McKeag, M.D.
Chairman of the Department of Family Medicine, Indiana University School of Medicine

Douglas B. McKeag, MD, MS, is Chairman of the Indiana University School of Medicine's Department of Family Medicine. He is the OneAmerica Professor of Preventive Health Medicine and the Director of the IU Center for Sports Medicine. In addition, Dr. McKeag chairs the Indiana Arthritis Initiative – an outreach of the Indiana State Department of Health. Dr. McKeag serves on the editorial boards of nine medical journals and is the author of two books – one for the International Olympic Committee's Sports Medicine Series, and a Second Edition of his popular textbook, "Primary Care Sports Medicine." He received his medical degree from Michigan State University.

Finding the right solution to rising healthcare costs is decidedly not an academic matter. That's why Indiana University Family Medicine has renounced the traditional academic medical center in favor of something completely new – "the office of the future."

In the past, the mindset of academic medical centers was 'we'll build our clinic and they will come.' IU Family Medicine decided to escape that antiquated and flawed model by partnering with OneAmerica Financial Services in Indianapolis to make care far more accessible for patients.

How accessible? In July, 2004, IU Family Medicine at OneAmerica Center opened as the first and only medical practice in downtown Indianapolis, within one block of 7,000 employees and also one block from the state legislature. OneAmerica paid the clinic's start-up budget and our monthly rental payments in return for the promise of cost savings. In one stroke, thousands of patients who might otherwise have been forced to visit a distant medical center – with 30 to 40 clinics lodged in one large campus – could receive medical care virtually without leaving work.

And thanks to our implementation of the TouchWorks Electronic Health Record from Allscripts and the open scheduling system that the EHR aids, those same patients now can see a doctor with as little as five minutes' notice. That is significant for downtown employers because lost productivity due to employee doctor's visits is a major cost burden. In fact, by the time we reach our one-year birthday in July 2006, IU Family Medicine at OneAmerica will have saved OneAmerica more than $1 million in productivity gains.

Open Scheduling is nothing more than a commitment to dedicate a small percentage of appointments to planned visits, and a willingness to cater to unplanned visits. What gives the scheduling its juice is our new clinic's all-electronic clinical information system. Freed from the hierarchy and inertia of the academic medical center, IU Family Medicine OneAmerica was able to quickly implement a paperless clinic centered on TouchWorks EHR. TouchWorks' seamless interface with our patient scheduling system by IDX (now a part of GE) lets the clinic quickly access physician schedules both onsite and in other IU clinics.

Patients rave about the results. Forty percent of our patients who responded to a survey said that seeing their doctor at IU Family Medicine OneAmerica Center saved them between two and eight hours of missed work time.

More than anything, the IU experience is proof that medical practices can build successful partnerships with the business community. In fact, at a time when employers' views of healthcare are increasingly negative, such a partnership can renew business's faith in medicine, which is essential to the broader effort of using information technology to refocus the healthcare system on prevention, early detection, self-management and best practices.

With the support of employers and the right information technology, we can attain a 21st Century system that can save lives and save money. It *is* possible to build the office of the future, and IU Family Medicine at OneAmerica Center is living proof.

On-Site Employee Health Care: How Will it Impact Your Practice?

Kelly Victory, M.D., FACEP
Chief Medical Officer, Whole Health Management, Cleveland, OH

Kelly Victory, MD, is medical director of Cleveland-based Whole Health Management, Inc., which manages on-site clinics for dozens of major employers and has cared for more than 5 million patients. Dr. Victory is a board-certified Emergency Medicine and Trauma specialist, with over 13 years of clinical experience. Prior to joining Whole Health, Dr. Victory co-founded R.S. Gordon & Associates Inc., a medical expert consulting firm that specializes in medico-legal case review and care quality reviews for hospitals. Dr. Victory received her bachelor's degree from Duke University, studied literature at Oxford University in England, received her master's in clinical psychology from the University of Illinois and her doctor of medicine from the University of North Carolina.

It's no secret that employers are disturbed by the rising cost of providing healthcare for their workers. According to Hewitt and Associates, a major human resources services firm, US employers spend between $6,000 and $8,000 per worker for health insurance. Discouraged by the failure of managed care to control costs, companies from Sprint to Pepsi are choosing an alternative that could have big consequences for many physician practices – they are providing their own health care in on-site clinics.

Originally confined to rural areas, where access to medical providers is a problem, on-site primary care centers and pharmacies are beginning to appear in suburban and even urban offices of many high-profile employers. Employers contract with a management firm that recruits and hires clinical staff, and provides the center with diagnostic equipment and the technology needed to operate in an electronic world.

While only the largest companies can afford an on-site clinic, physicians everywhere have begun to ask themselves what would happen if, in the next 12 months, every one of their patients had the ability to access full primary care, urgent care, X-ray and pharmacy without leaving their worksites. The effect on many practices would be devastating.

What can physicians do to ensure they can compete with on-site clinics? One clear way for multi-specialty physician groups to ensure that they keep a slice of the big-employer pie is to adopt an Electronic Health Record (EHR). Whole Health clinics all utilize TouchWorks EHR from Allscripts to connect and automate our providers. So when Whole Health goes hunting for specialty referrals among local providers, we look first for EHR users, and preferably TouchWorks users. In fact, Whole Health refuses to enter into a relationship with organizations that do *not* have an Electronic Health Record.

Why the emphasis on the EHR? For one thing, groups with an EHR are able to instantly share patient medical records with Whole Health's clinics, ensuring continuity of care. A mobile, web-based EHR like TouchWorks also extends the availability and convenience of care by enabling clinicians to access patient medical records from home after hours. And patients can use TouchWorks to make appointments online via the iHealthRecord – another major convenience that we like to provide our patients.

Another reason for Whole Health to favor EHR users is the technology's ability to help physicians promote "healthcare" rather than "disease-care." Because the Electronic Health Record automates care management – for instance, by notifying providers when a particular patient needs to be scheduled for a follow-up visit – the system encourages clinicians to be proactive rather than reactive in their approach to care. And when it is combined with sophisticated analysis tools like TouchWorks Analytics, the EHR enables health risk assessments across an entire patient population, which drives long-term cost savings through aggressive disease management.

With the help of the Electronic Health Record, the on-site clinic is the one place in the healthcare system where cost containment goes hand-in-hand with the best medicine. Those physician practices that adopt EHRs themselves can hope to work in partnership with the on-site movement, reaping the benefits of both improved patient care and better business.

The MSO and Community Healthcare

Scott D. Barlow, M.B.A.
Chief Executive Officer, Central Utah Clinic

Scott Barlow is Chief Executive Officer of Central Utah Clinic, an 80-physician multi-specialty group practicing at 23 urban and rural locations throughout the State of Utah and more than 200,000 patients. Mr. Barlow has been in the healthcare industry for 19 years, with 15 years in group practice management. Mr. Barlow serves on various community task forces and boards, including the Nebo Education Foundation, Payson Area Kiwanis club, and is one of the Governor's appointees on the Utah Digital Health Service Commission. He holds a Bachelors Degree in Accounting and an M.B.A. in Health Care Administration.

It's not enough that Central Utah Clinic (CUC) saved more than $1 million in the first year following its implementation of the TouchWorks Electronic Health Record. Now CUC has jumped past our local hospitals and all the biggest players in Utah in setting the tone, pace and methodology for interoperability for years to come.

Just consider. CUC was recently approached by the state of Utah's Doctor's Office Quality – Information Technology (DOQ-IT) organization, which received a $5 million grant from CMS to encourage EHR adoption and interoperable medical records. One year after receiving the CMS grant, Utah's DOQ-IT program still had not managed to encourage development of a single electronic network of interoperable medical records, despite working closely with all of the biggest health systems in the state. In danger of losing its grant funding, the DOQ-IT gave up on the big systems and designated CUC as its showcase practice because our clinic had already established the only working EHR network linking providers in different practices across multiple communities.

The key to CUC's interoperability success is our Medical Services Organization (MSO) program. As a multi-specialty practice, CUC's success hinges on the loyalty of a broad community of referring physicians. To help nurture our existing relationships with partners and expand our referring base, CUC has aggressively marketed TouchWorks to small-group physicians in neighboring communities. We host the software and provide technical support, which gives physicians in small practices affordable access to a state-of-the-art EHR to improve practice efficiencies and care quality. Central Utah's MSO partners also receive the peace of mind that comes of knowing they can closely follow their patients' treatment even after referring them to a specialist.

Before TouchWorks, when we treated a patient we would send notes back to the referring physician by courier or mail. Unfortunately, the notes did not always reach the correct physician. Now with the MSO, our partner physicians can instantly see exactly how we are treating their patients. As a result, we are becoming the easiest referring source for our MSO partners because they do not have to chase down the chart or, worse, rely on their patients to tell them what occurred at CUC. They can see for themselves.

The MSO arrangement also has accelerated the EHR's return on investment for CUC. For the first time, this year we were able to inform our physicians that IT Services, traditionally an expense, actually earned a net profit thanks in part to income from services we provide our MSO partners. And signing up partners becomes easier the more we add because economies of scale allow us to spread the new costs across a wider base. For instance, TouchWorks training classes, which formerly included anywhere from four to six employees, now typically serve between nine and 10 employees – without increasing costs one penny.

Most medical practice executives spend a lot of time collaborating and building relationships with other physicians in the community. Besides all of its other benefits to CUC, the core value of the MSO program is that it strengthens care relationships with outside physicians via enhanced clinical information exchange. That's good for CUC, good for community physicians, and good for patients.

Interoperability: Will RHIOs Really Make a Difference in Patient Care?

Dan Mingle, M.D.
Assistant Medical Director, MaineGeneral Health Center

Dan Mingle, MD, MS directs the Ambulatory EHR Implementation Project for MaineGeneral Health in Kennebec, Maine and is Principal Investigator for an HIT implementation grant through the federal Association for Healthcare Research and Quality (AHRQ). Dr. Mingle is a 14-year veteran of clinical family practice in rural Maine. He served four years on the faculty of Maine-Dartmouth Family Practice Residency with a faculty appointment as Assistant Professor of Community and Family Medicine at Dartmouth Medical School. After earning his medical degree, Dr. Mingle graduated with a Masters Degree from Dartmouth's Center for Evaluative Clinical Sciences.

The ability of Electronic Health Records (EHR) to connect providers in a variety of organizations, whether they are closely associated or not, is crucial to the development of regional health information organizations (RHIOs). As the building blocks of a national health information network, local RHIOs depend above all on interoperability, enabling providers everywhere to access identical clinical information. There may be no better way to improve care quality and patient safety.

MaineGeneral is using a $1.5 million grant from the federal government's Agency for Healthcare Research and Quality to implement Allscripts Electronic Health Record (EHR) in 115 Maine physician offices serving 140,000 patients. The two-year-old RHIO connects physician offices to the hospital, pharmacies and to each other. Its cornerstone technology, TouchWorks EHR from Allscripts, enables participating physicians to monitor ongoing conditions, view X-ray results and laboratory tests, and fax prescriptions to pharmacy staff.

In the long run, the success of our RHIO – and perhaps the success of all RHIOs – hinges on our ability to establish a fully interoperable system that can pull together clinical information from all stakeholders in the healthcare system and deliver it seamlessly to physicians. With interoperability, patient safety can be enhanced using a shared allergy list and shared medication list. Quality can be improved with automated decision support, a shared problem list and shared reminders. Costs can be cut by reducing the number of duplicate tests and coordinating referrals. And profits can be increased via performance improvement, pay-for-performance initiatives enabled by the EHR, and more informed negotiations with payers.

Of course, there are plenty of barriers to achieving those goals. One important consideration is governance, which covers everything from how we relate to our outside practices and independent affiliates to who is granted access, what's adequate privacy and security for patients and what permissions should you need to use the data.

Another important consideration is the cost of running the system. Common costs facing RHIOs include the cost of running the interfaces and managing interface errors; training new users and seeking advanced training; and software and maintenance fees. Balanced against all of these costs, the system's financial benefits need to be collected, measured and analyzed. For that, the new TouchWorks Analytics module has been highly effective. We can use Analytics to write reports that let us know how patients are doing in our system and then reflect that information back to our providers so they can change processes and improve care. Analytics also lets us track and measure clinical data such as outcomes that we can then use during contract negotiations with payers to improve payment.

All of which, again, hinges on interoperability. The bottom line: If you are interoperable, if you work together with regional physicians to improve your care, and if you use data to demonstrate quality, you will be able to create a successful RHIO. Not only will the system deliver enhanced quality and improved safety at a lower cost, but you should be able to use the data you generate to negotiate better contracts and better payment. There is money to be made by saving money.