

NCHICA 15th Annual Conference & Exhibition

**Adapting to the Reality of Healthcare IT:
A Whole New World**

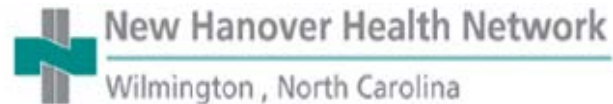
September 20-23, 2009 • Grove Park Inn, Asheville, NC



"The Future Ain't What It Used To Be"

Applying Yogi Berra's Wisdom to Hospital-
Physician Partnerships

Presented By:



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- Introductions
- Objectives
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Introductions



- Avery Cloud, CIO, New Hanover Regional Medical Center
- Gail Hinte, HIMformatics
- Yogi Berra, Hall of Fame Catcher & Architect of “Yogiisms”
 - Unfortunately a “Damn Yankee”



G	AB	R	H	2B	3B	HR	RBI	SB	BB	SO	BA	OBP	SLG	TB	SH	HBP
2,120	7,555	1,175	2,150	321	49	359	1,430	33	704	414	.285	.348	.482	3,643	9	52

Objectives



- Discuss the need for an ambulatory strategy
- Review various ambulatory strategies, including costs, benefits, and risks
- Describe NHRMC's approach to ambulatory strategies and deployment

Better Stated: **“If you don't know where you are going, chances are you'll end up someplace else”**



Ambulatory Focus: Renewed Interest

AHHH, Memories



- Remember when a physician portal WAS your ambulatory strategy?
 - Physicians got access to required inpatient clinical information from their offices...and they were happy
 - Physicians generally did NOT want the hospital to “meddle” with their practice
 - Hospital executives were happy to comply... other inpatient initiatives were at front and center

- Nothing lasts forever
 - Practice acquisition is hot again
 - Competition for physician loyalty has heightened
 - Inpatient and ambulatory clinical information integration is viewed as critical to achieve the EHR
 - And of course.....

Along Came HITECH



Medicare Incentive Payments

75% of Medicare Part B allowable charges or caps listed below – whichever is lower

Maximum Medicare Incentive Payments

2011	2012	2013	2014	2015	2016	Total
\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$0	\$44,000
-	\$18,000	\$12,000	\$8,000	\$4,000	\$2,000	\$44,000
-	-	\$15,000	\$12,000	\$8,000	\$4,000	\$39,000
-	-	-	\$12,000	\$8,000	\$4,000	\$24,000

Penalty for failure to implement by FY15 → reduction of reimbursements by 1% in 2015, 2% in 2016, etc..

Medicaid Incentive Payments - (requires Medicaid share of 30+ %)

Can receive Medicare OR Medicaid Incentives

Maximum Medicaid Incentive Payments

2011	2012	2013	2014	2015	2016	2017	2018	Total
\$25,000	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$0	\$0	\$65,000
-	\$25,000	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$0	\$65,000
-	-	\$25,000	\$10,000	\$10,000	\$10,000	\$10,000	\$0	\$65,000
-	-	-	\$25,000	\$10,000	\$10,000	\$10,000	\$10,000	\$65,000
-	-	-	-	\$25,000	\$10,000	\$10,000	\$10,000	\$55,000
-	-	-	-	-	\$25,000	\$10,000	\$10,000	\$45,000

Not to exceed \$63,750

Physicians are reaching out...and if you don't know your strategic approach it's likely that: **“The other teams could make trouble for us if they win”**



Developing Ambulatory Strategies

But just remember, you may need a “thick skin” as the strategies are evaluated and pursued because:

“Anyone who is popular is bound to be disliked”

Ambulatory Strategies

Consider All Aspects of “MU”



What constitutes a “meaningful user”?

- ✓ Uses a certified EHR in a meaningful manner, which includes the use of electronic prescribing (e-prescribing)
- ✓ Uses a certified EHR that can accommodate the electronic exchange of health information to improve quality
- ✓ Submits information on clinical quality measures, as chosen by the Health and Human Services (HHS) Secretary, for the reporting period

Ambulatory Strategies

Levels of Integration



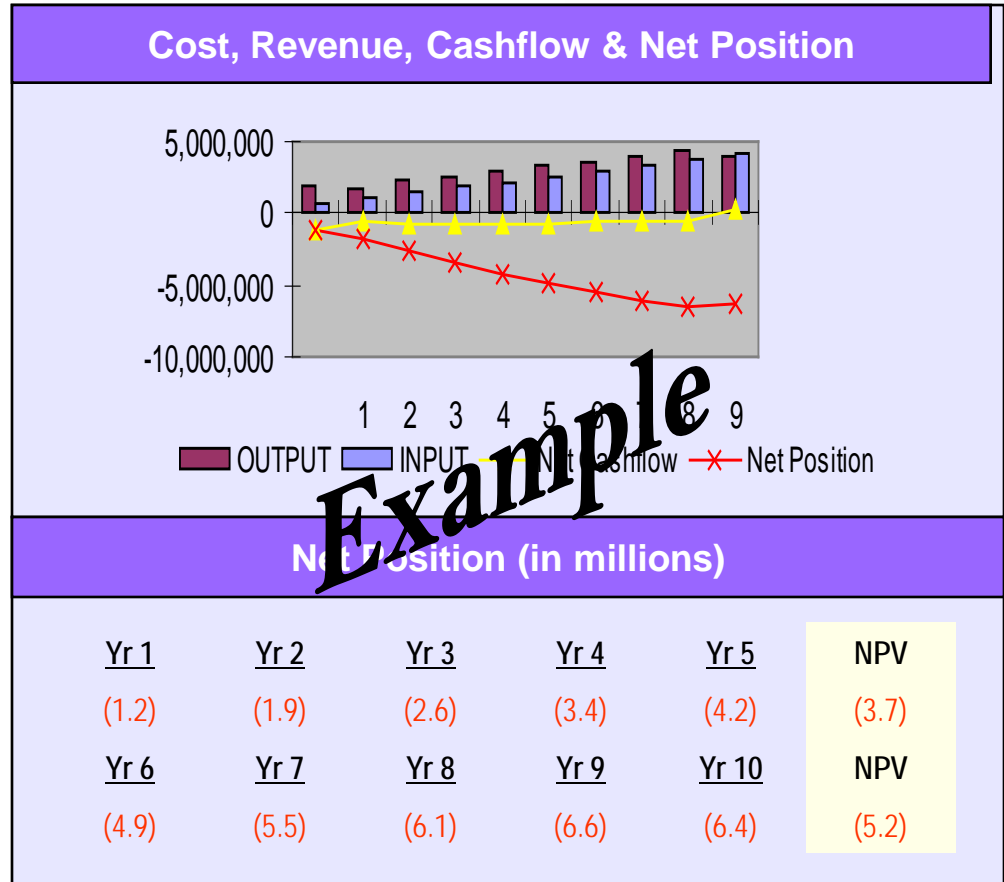
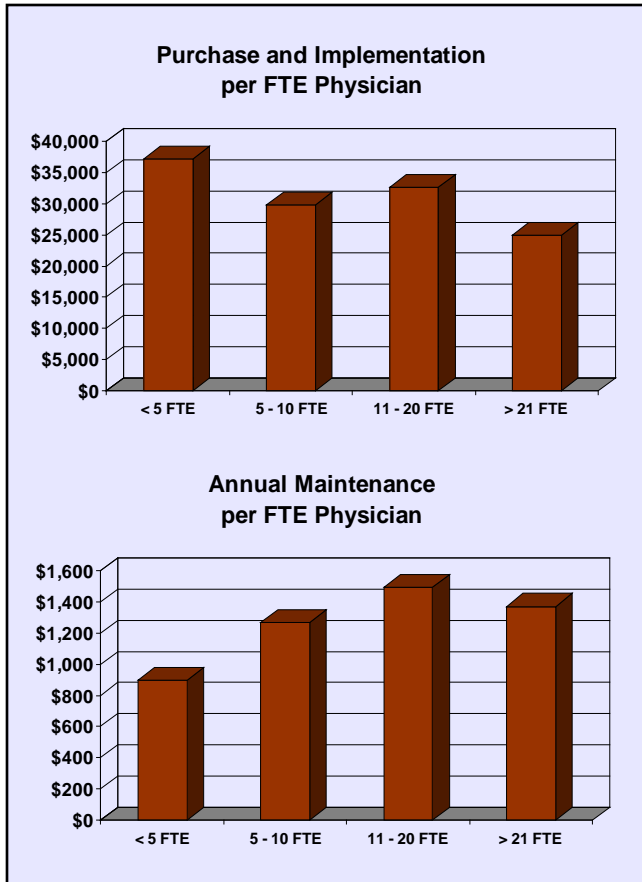
There are many levels of integration you can achieve with physicians – your strategy should address the level of integration to pursue depending on the type of practice and costs.

Involvement, Effort, Value

	Provide Information	Share Information	Integrate Information
Description	Broadcast access to limited hospital-based information; Educate on viable EMR vendors and HIE options	Exchange of patient data between inpatient and outpatient records	Integrated patient chart with multiple contributors
Solution	Portal Educational Sessions	Health Information Exchange Vendor(s) of Choice	Integrated EMR
Information Flow/ Benefits	One way: Hospital to Practice	Multi-way: Hospital to Practice, Practice to Hospital, Practice to Practice, Practice to Ancillary	None necessary – common record used by all stakeholders

Ambulatory Strategies

Understanding Costs



*Source: Medical Group Management Association, University of Minnesota, AHRQ

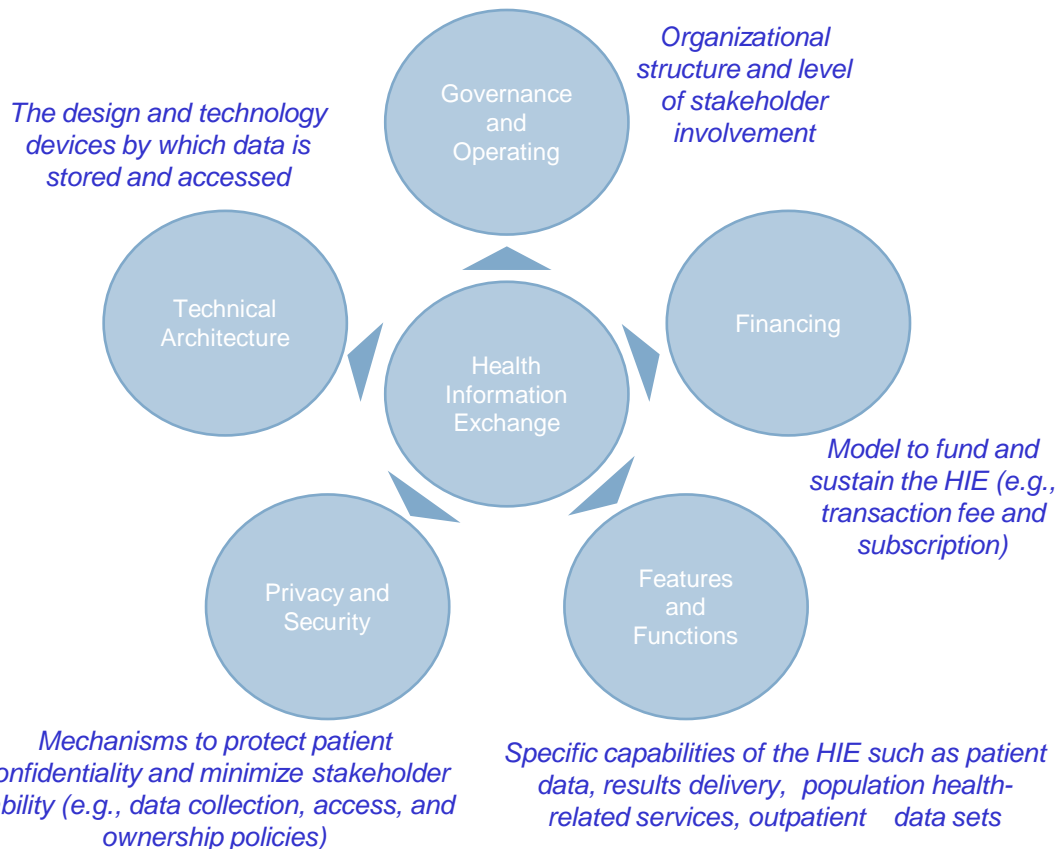
If you can't respond to the "cost question", you might as well say:
"If you ask me a question I don't know, I'm not going to answer"

Ambulatory Strategies

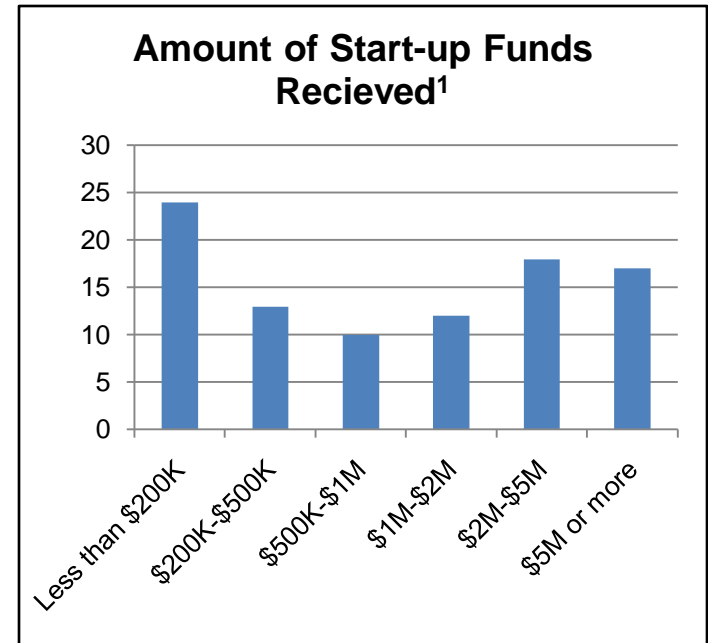
Understanding HIE Requirements & Costs



It is Complex....



...And Costly



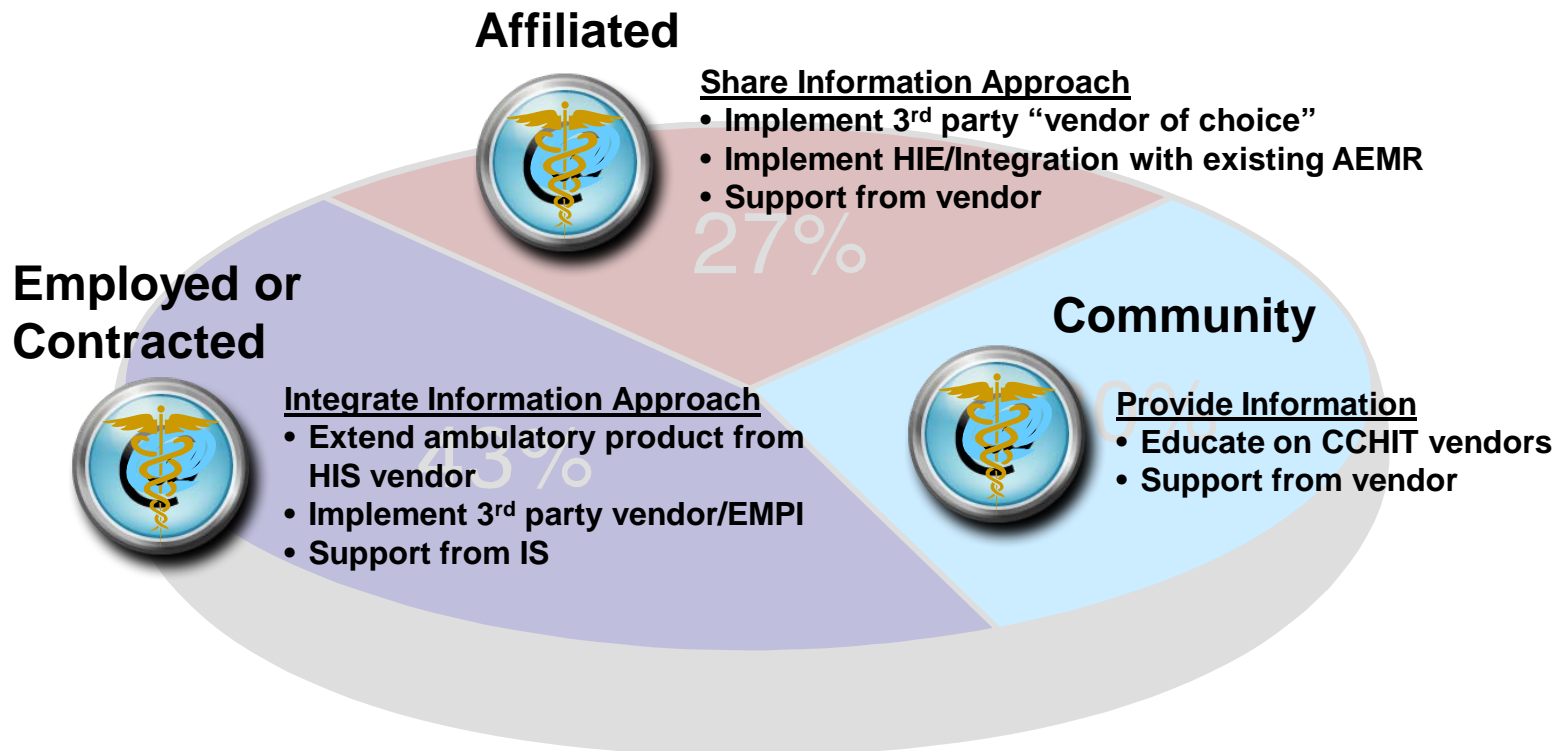
Source: "Migrating Toward Meaningful Use: The State of Health Information Exchange", eHealth Initiative, 2009

Ambulatory Strategies

Example Offerings by Group



Multiple strategies may exist depending on the relationship between the hospital and the physician, the cost of the strategy, as well as IS' ability to support ambulatory approaches.



Ambulatory Strategies in NC



Involvement, Effort, Value

	Provide Information	Share Information	Integrate Information
Sample Organizations	<ul style="list-style-type: none"> • Novant/ChoiceHealth • Lenoir Memorial 	<ul style="list-style-type: none"> • Novant • Moses Cone (affiliated) • FirstHealth 	<ul style="list-style-type: none"> • HealthSpan/UHS • Carolinas HealthCare System • Moses Cone (employed)
Solutions	<ul style="list-style-type: none"> • Portal • Educational Sessions • Vendor(s) of Choice 	<ul style="list-style-type: none"> • Health Information Exchange • Vendor of Choice for employed or affiliated physicians 	<ul style="list-style-type: none"> • Integrated EMR (typically one EMR vendor)
Benefits	<ul style="list-style-type: none"> • Providing unbiased education by a trusted source • Assisting physicians with selecting marketplace vendors 	<ul style="list-style-type: none"> • Minimizing the EMRs that require integration to the hospital • EMRs can be supported by health system • HIE integrates practices with AEMRs 	<ul style="list-style-type: none"> • Consolidate all clinical data • Give providers complete access to information unencumbered by space and time • Streamline communications among providers and between provider and patient
Risks	<ul style="list-style-type: none"> • Not creating an EHR • Not tying physicians to health system 	<ul style="list-style-type: none"> • EHR integration requirements may be costly • EMPI considerations • HIE governance/cost/sustainability/privacy • Integration/support requirements for PM 	<ul style="list-style-type: none"> • Can be higher cost for health system and providers • Pace of physician adoption • Access to experienced resources

Ambulatory Strategies

Summary



- Physician practices face many issues, especially with meeting “meaningful use”.
- Hospitals and health systems have an opportunity to deploy solutions that strengthen ties with employed, affiliated, and community physicians.
- Many potential solutions and models exist, from very simple to very involved.
- Each organization needs to identify the solution that is appropriate, and viable, for them.

Bottom line...be prepared and don't be subject to Yogi's limitations:
“I knew I was going to take the wrong train, so I left early”



NHRMC and Its Ambulatory Strategy

About NHRMC



- Not-for-profit health care system serving southeastern North Carolina and northeastern South Carolina.
- Teaching hospital, regional referral center, and Level 2 Trauma Center, providing a wide range of health care services.
- In addition to its main campus, NHRMC offers general hospital services at Cape Fear Hospital in Wilmington and Pender Memorial Hospital in Burgaw.
- New Hanover Regional Medical Center is the 9th largest health care system in the state with a dedicated team of 4,700 employees, 490 physicians, and 760 active volunteers.

NHRMC's Employed Physicians (CHA)



Growing the ambulatory market is one of NHRMC primary strategic initiatives.

- More than 25 employed physicians managed by Carolinas Physician Network (CPN)
 - Use IDX practice management system supported by CPN
- Average group size of independent practices is 2 providers and ranges from 1 to 9 providers
- Covers most primary, specialty, and major subspecialties
- Providers consist of physicians with some physician extenders (Physician Assistants, Nurse Practitioners)
- Community practices use a variety of systems, such as A4, Sage Medical and Allscripts

Ambulatory Working Assumptions

Jan 2009 (pre-HITECH)



- Practices will continue status quo with technology support in areas such as PCs, telecommunications, EMR support. NHRMC IS would have no support requirements.
- NHRMC would not offer EMR products in the near-term.
- ½ NHRMC FTE resource would be assigned to work with CPN to manage the physician practices; no other dedicated IS resource would be required.
- CPN would provide Help Desk services and back-end financials/reporting for employed physicians.
- Support for community physicians, beyond portal, was not considered

In short, CPN was responsible for ambulatory IS support plan and, “theoretically”, IS had minimal responsibilities.

Ambulatory Working Assumptions

Jan 2009 (pre-HITECH)



- **Prior recommendations related to physician practice support were made based on 2008 discussions prior to HITECH.**
- **NHRMC was to provide very limited support to CHA physicians – mostly infrastructure support.**
- **An HIE solution would likely supersede an integrated EMR**

Practice Status	Short Term	Med Term (1 - 2 Yrs)	Long Term (3+ Yrs)
No EMR	<ul style="list-style-type: none">• IDX• Infrastructure (connectivity) and device requirements	<ul style="list-style-type: none">• HIE solution (e.g., RelayHealth)	<ul style="list-style-type: none">• McKesson HAC
Some Clinical IT Tools	<ul style="list-style-type: none">• IDX• Infrastructure (connectivity) and device requirements• Vendor contract and relationship management	<ul style="list-style-type: none">• HIE solution (e.g., RelayHealth)	<ul style="list-style-type: none">• HAC
Standalone EMR (can stand alone, without PM)	<ul style="list-style-type: none">• IDX• Infrastructure (connectivity) and device requirements• Vendor contract and relationship management	<ul style="list-style-type: none">• Relevant components of an HIE solution	<ul style="list-style-type: none">• Existing EMR or HAC
Integrated EMR (cannot stand alone without PM)	<ul style="list-style-type: none">• IDX• Infrastructure (connectivity) and device requirements• Vendor contract and relationship management• Interim EMR or duplicate data entry to IDX	<ul style="list-style-type: none">• Relevant components of an HIE solution	<ul style="list-style-type: none">• Interim EMR or HAC

And then came HITECH...and as Yogi puts it best --

“I really didn’t say everything I said”

“Meaningful User” Process

EMR and HIE



- The executive team via our Information Systems Steering Committee (ISSC) determined the need to provide EMR and HIE functionality to both employed physicians and offer product and services to the community physicians
- New activities
 - Selection process initiated to identify an ambulatory EMR solution for employed and non-employed physician practices
 - Our HIE strategy to connect NHRMC, physicians, outreach labs, and imaging centers is multi-dimensional:
 - * Working with CCHA to develop an HIE strategy
 - * Conducting an abbreviated HIE vendor assessment process for NHRMC to consider NHRMC-specific needs

Our revised ambulatory strategy

EMR Status	Employed Physicians	Non-Employed Physicians
No EMR	<ul style="list-style-type: none"> • Implement EMR and HIE • EMR/IDX interface developed by CPN 	<ul style="list-style-type: none"> • Implement EMR and HIE • Negotiate PM/EMR interface with EMR vendor
Existing EMR	<ul style="list-style-type: none"> • Negotiate EMR/IDX integration cost with CPN • Implement HIE 	<ul style="list-style-type: none"> • Implement HIE

Ambulatory Strategies



We are evaluating both “Integrate Information” and “Share Information” strategies to determine if McKesson HAC, or another vendor, can provide the right solution for our physician community.

	<i>Involvement, Effort, Value</i>		
	Provide Information	Share Information	Integrate Information
Description	Broadcast access to limited hospital-based information; Educate on viable EMR vendors and HIE options	Exchange of patient data between inpatient and outpatient records	Integrated patient chart with multiple contributors
Solution	Portal Educational Sessions	Creation of specific, predefined transactions Health Information Exchange Vendor(s) of Choice	Integrated EMR
Information Flow/ Benefits	One way: Hospital to Practice	E-Prescribing Scheduling Multi-way: Hospital to Practice, Practice to Hospital, Practice to Practice, Practice to Ancillary	None necessary – common record used by all stakeholders

NHRMC Ambulatory Initiatives

Required IS Support



- “Meaningful use”
 - EMR and HIE solutions must be available
 - Practice Management integration solutions for affiliated physicians must be considered
- Ambulatory services
 - In reality, significant support resources have been required for physician practices and imaging centers even when we had “minimal responsibility”
 - Currently developing an ambulatory support structure plan:
 - * Required resources and skill sets
 - * SLAs
 - * Communication plans
 - * EMR/HIE deployment plans
 - * A menu of provided services and estimated costs
 - * Charge-back structure

Words of Wisdom from Yogi



- **“We’re lost, but we are making good time”**
 - Make the IS ambulatory strategy a structured, organization-wide initiative (e.g., via your IS Steering Committee). Be sure that all stakeholder expectations are understood and aligned.
- **“I knew exactly where it was, I just could not find it”**
 - Develop and document your ambulatory strategy. Don’t assume that the organization understands the significant IS infrastructure and support requirements of a new customer base (physician practices, imaging centers, outreach labs).
- **“You should always go to other people’s funerals. Otherwise they won’t come to yours”**
 - Assess what other organizations are doing in building an ambulatory structure – it has very different elements and customer support requirements than an inpatient environment. Reach out to your CIO network, to your vendors, to your consultants for guidance and best practices.



**Famous Last Words:
“It’s tough to make predictions,
especially about the future”**

Questions or Discussion?



Avery Cloud

Avery.Cloud@nhrmc.org

(910) 815-5790

Or

Gail Hinte

ghinte@himformatics.com

919-426-5222