



Knowledge, Innovation, and Teamwork  
across the Community of Care



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# Disclosures

- The speaker is completely convinced that the EHR is the most important project SCMG will ever accomplish.

"The (paper) medical record is an abomination ... it is a disgrace to the profession that created it. More often than not the chart is thick, tattered, disorganized and illegible; progress notes, consultant's notes, radiology reports and nurses notes are all co-mingled in accession sequence. The charts confuse rather than enlighten; they provide a forbidding challenge to anyone who tries to understand what is happening to the patient."

**Bleich, H., MD, Computing Vol 10 no 2, p70, 1993.**

# The Present State of the EHR

How many of you are using  
some type of computerized data  
entry or storage of clinical  
information?

# The Future of the EHR



# Why an EHR?

## It's the right thing to do!



# Sharp Community Medical Group

- Largest IPA in San Diego County
- Approximately 220 PCPs
- 500+ active specialists
- >150,000 covered HMO lives
- Provides HMO contract access, referral management services, pharmacy management for private practices
- SCMG CONNECT is the largest single investment ever by SCMG
- Goal 150+ practices, 300+ physicians



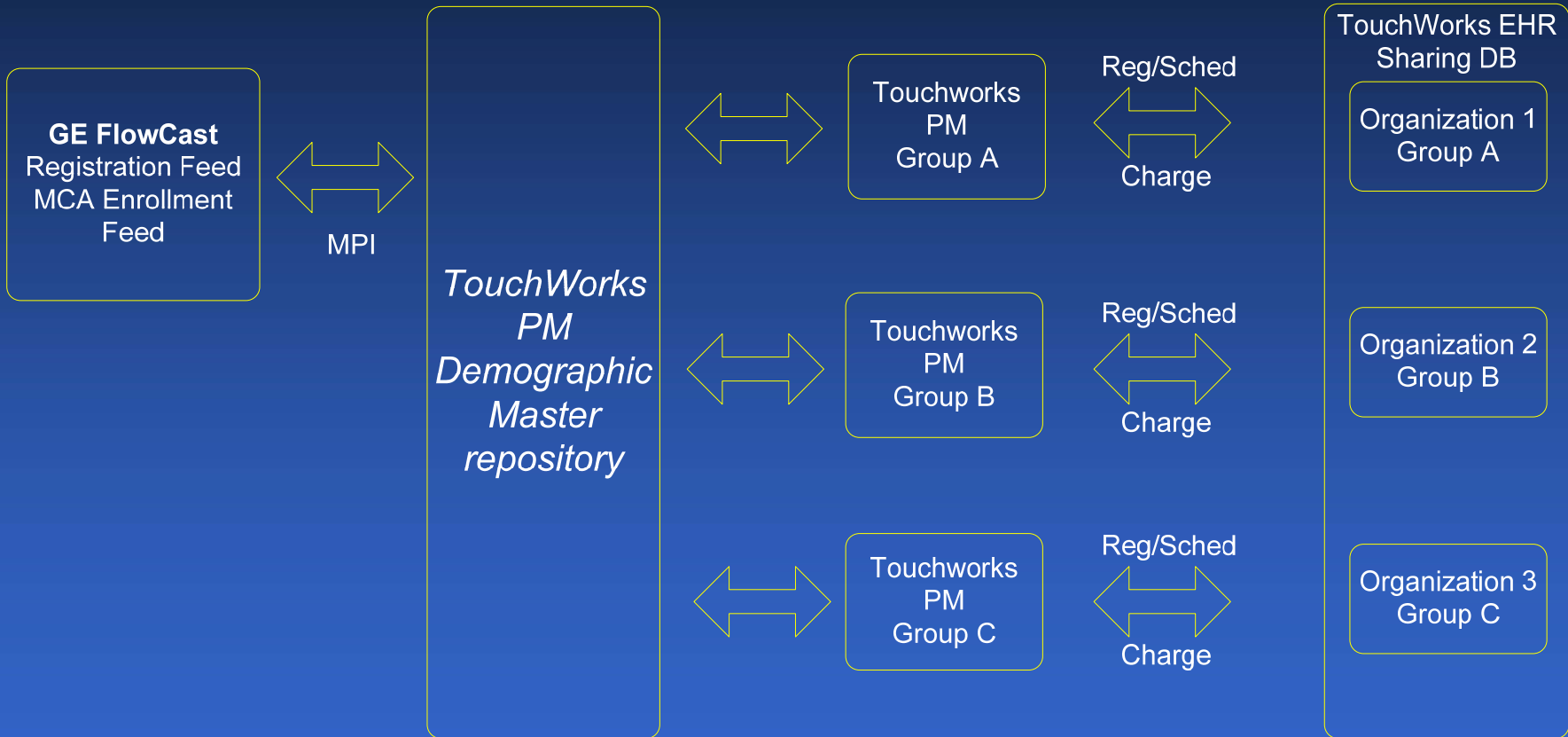
# SCMG CONNECT

- Shared EHR with separate PMS
- Used for all patients, not just SCMG patients
- Vendor: Allscripts (Enterprise EHR®)
- Remote hosting, Citrix access
- History to date
  - Board commitment, 2 rounds of consulting
  - Physicians Advisory Committee
  - Vendor selection and contract
  - Hosting agreement
  - Staffing
  - Workflow analyses and baseline data collection
  - Implementation Plan, Communication, Newsletter
  - Design and Build
- Go-live PM 9/08, EHR 4/09
- ONGOING SALES, IMPLEMENTATION, SUPPORT



# Database Structure

## Sharp Community Medical Group Data Architecture Proposal



# Interfaces

- PM to EHR
- Labs
- Radiology Reports
- Hospital documents
  - Dictated reports



SCMG.ORG

## The Scroll

The Newsletter of the SCMG  
Electronic Health Record



Volume 1, Number 1, September 2007

### From the SCMG Medical Informatics Officer

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### Did You Know?

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### Questions From Our Users

We will be happy to address user submitted questions in



# Benefits of the EHR

- Access to the chart
- Quality and safety
  - More efficient delivery of current care
    - Reductions in medical errors (e.g., drug-drug, drug allergy)
    - Drug recalls
    - Legibility
  - New and expanded services
  - Patient education and instruction
- Expert systems/content
  - Health maintenance
  - Best practices
  - Literature access
- Does provide positive return on investment



“Many group practices may believe that the single greatest barrier to obtaining an EHR is cost. Although cost is certainly a substantial consideration, often the greatest barrier is overcoming resistance to the change process...”

# Finances

- What are the costs
  - Software licenses
  - Implementation
  - Interfaces with hospitals/labs
  - Hardware (hosting servers)
  - Hardware (office infrastructure)
  - Human resources (operations)

# Physician Offices—ROI

- **Increased Revenue**
  - Better coding (10-15%)
  - Better HCC management
- Paper chart savings
  - Hard cost of paper and folders
  - Real costs of chart pulls
- Transcription costs can be eliminated
- Soft cost improvements from efficiency gains
- **Potential PPO revenue increase with SCMG PPO**
- Immediate access to information
- P4P reporting will be easier and accessible

# Medical Group—ROI

- Decrease in resource utilization
  - Accessibility to tests ordered
  - Disease and population management
  - Best practice maintenance and adherence
  - Each 1% improvement in medical utilization: \$1.5 million
- Decrease in administrative resources
  - More efficient referral process
  - Efficient communication of clinical information
- P4P reporting becomes much easier
- Maintenance of full risk with hospital partners
- Pharmacy and formulary incentives
- Leverage negotiation with plans

# Advantages of Allscripts Enterprise EHR

- Top tier of ambulatory EHRs
- Vendor will be around
- Many large medical group users
  - George Washington Medical Group
  - St. Jude Medical Group
  - Brown and Toland
  - HealthCare Partners
  - Sharp Rees-Stealy
- Rich content (CareGuides, order sets)
- Note entry: templates, typing, voice or handwriting recognition, dictation...

# Initial Selection of Practices

- PCP focused
- Willingness to standardize
  - PM and EHR
  - Hardware
  - Billing
- Will serve as physician champion to others
- Participation in design committees

# Goals/Lessons Learned

- Make it financially attractive and prove ROI
- Remind people at all times why we're doing this
- Understand the workflows; address practice challenges
- Create buy-in with design and build (at least offer...)
- CME for content review
- Don't assume computer literacy
- Make content relevant: Notes, CareGuides

# Goals/Lessons Learned (2)

- Implementation can be incremental
- Scanning should be selective
- Lighten schedule during go-live
- Make it work for providers at the point of care
  - Speed of navigation
  - Documentation in the exam room
  - Readability of the note
- On-site presence during the go-live
- Customer service is king
- Remind docs to keep an open mind

“[A] product that is meant to improve workflow management can't simply fit into the existing workflow. It needs to change it for the better. Otherwise, ‘there is a risk of paving the cow path.’

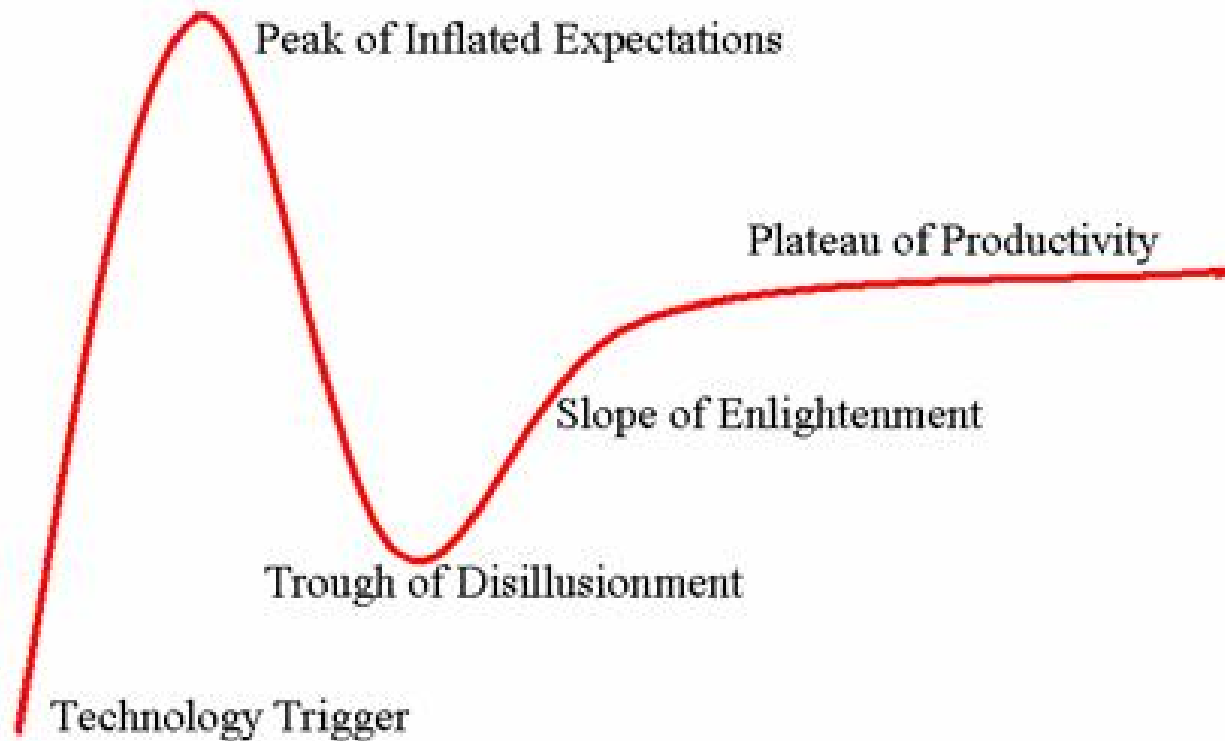
If a process was bumpy and cumbersome in a paper-based scheme, reproducing it in an electronic format isn't necessarily going to help.”

- Sam Brandt, Vice President of Clinical Informatics, Siemens Medical Solutions

# Pre-Implementation Thoughts

- Prepare paper charts
- Look for the opportunities to improve efficiencies in the office
- Have realistic expectations
  - Time
  - Money
  - Change
- Don't upgrade hardware or buy peripherals without a long range plan
- Remember the six-month rule

## Gartner Hype Cycle



# Any Questions

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