



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



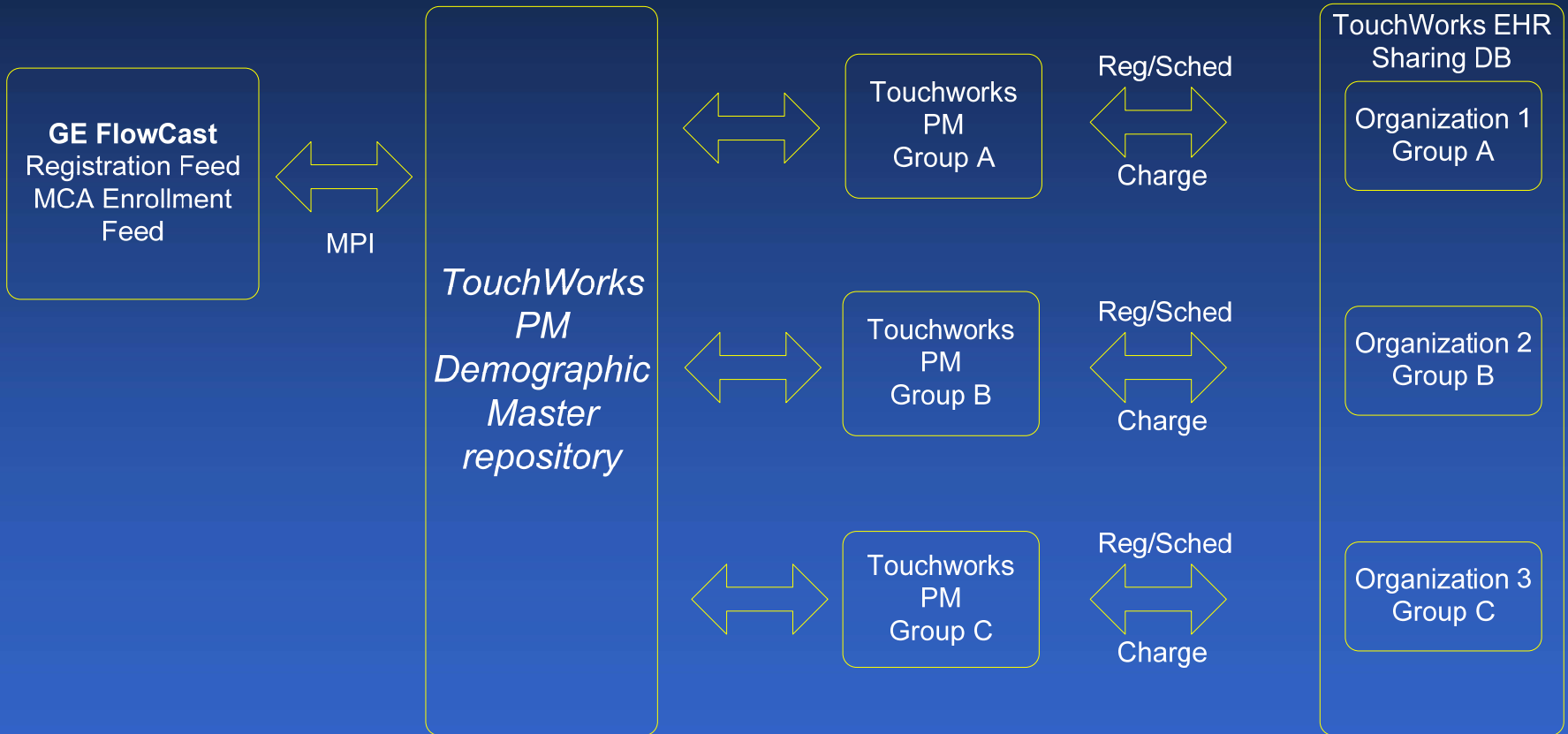
SCMG CONNECT

- 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



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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.’

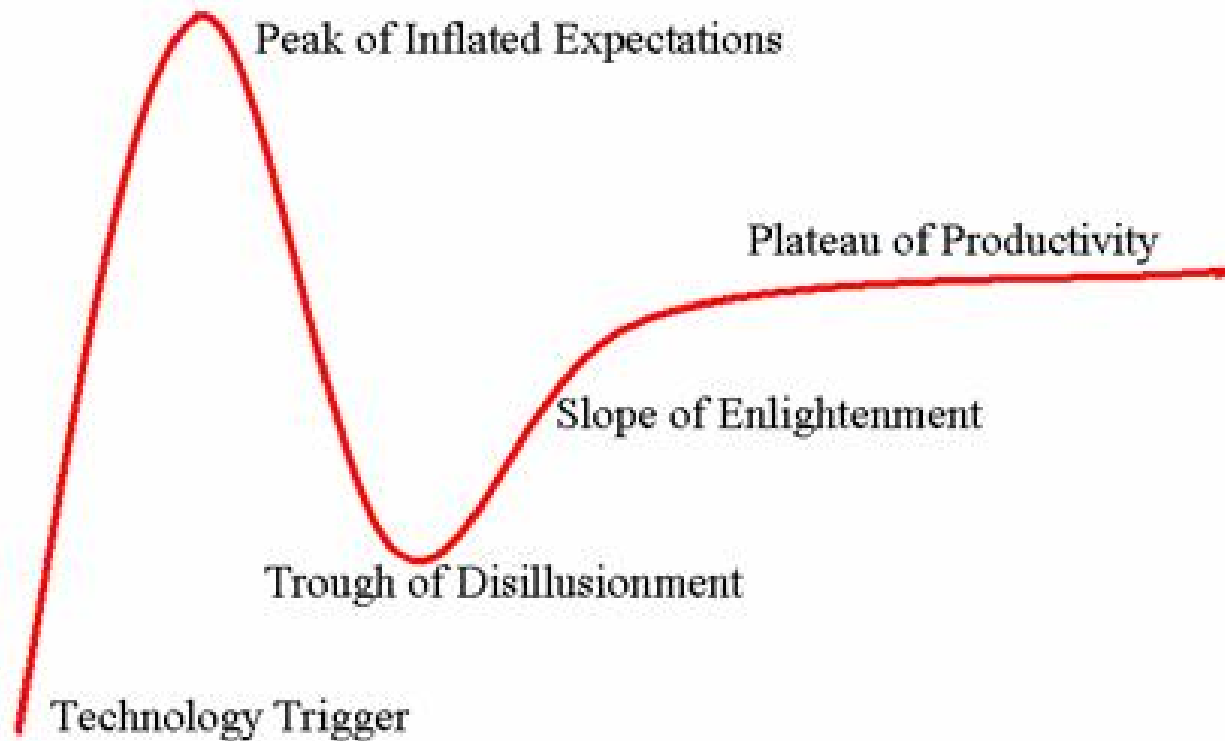
If a process was bumpy and cumbersome in a paper-based scheme, reproducing it in an electronic format isn't necessarily going to help.”

- 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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