Grassroots approach builds connected health community

Physician retention, practice survival, quality of care fuel decision.

By Rebecca Armato

To date, the buzz surrounding effective health information exchange (HIE) has more or less been centered on academic medical centers, integrated delivery networks (IDNs) and independent entities, such as regional health information organizations (RHIOs) that have been engineered for the sole purpose of sharing data.

But, from Huntington Memorial Hospital’s perspective, there is a strategic element missing from this approach: a community hospital and physician-led collaboration with the patient as the focal point. In 2009, leadership at the 635-bed, not-for-profit hospital recognized the importance of building a more efficient, connected healthcare community to continue its commitment of continuously improving the delivery of high-quality patient care now and for future generations. To achieve this, it turned to physicians and other clinicians on the front lines of patient care to find out what strategy might make the most sense for all involved. Acknowledging that genuine health information communication occurs between private practice-based physicians who practice in different settings, Huntington Memorial Hospital consequently adopted a grassroots approach to building healthcare connectivity for the community it served.

The hospital is deeply committed to its “right care, right place, right time” mission and believes this can be actualized by making all relevant health information quickly and securely available at the point of care, irrespective of organization, geography, technology, device or care setting. Determined to more effectively deliver care to the residents of the community, Huntington leadership felt a responsibility to engage physicians and invest in connecting hospital-based and office-based care environments. Huntington knew this was possible with the help of new technologies – with all-important physician buy-in – but only if those technologies worked together in a platform supporting interoperability.

Physician retention, practice survival, quality of care fuel decision

Three primary considerations drove Huntington’s efforts from the start: the desire to support physicians, the need to retain physicians in the community and an imperative to deliver cost-effective, high-quality care.

Located in Pasadena, Calif., right in the backyard of several acclaimed medical centers, and in a market that had a higher cost of living and lower reimbursement rate than much of the rest of the country, Huntington was acutely aware that physicians had choices, including being tempted to move their practice elsewhere or retire under the complexities the healthcare industry faced. But leadership likewise realized that physicians would be less inclined to leave medicine, or the community, if the hospital could help them by placing current, comprehensive patient information in their hands within their normal workflow at the point of service. Prior to 2009, the choice for community providers to view hospital-generated patient information or results was between mail, fax or physically logging into the hospital’s information system. All of these efforts were labor intensive, time consuming and outside of efficient workflows.

Leveraging information technology to create collaboration between all care settings serves to improve quality and lower the cost of providing and receiving care. The right technology and infrastructure could place lab results, imaging studies, ED reports, discharge summaries and other information into physicians’ hands quicker, so they could begin to deliver care faster. By informing the clinical decision-making process with greater amounts of relevant information instantaneously, physicians would be better equipped to diagnose and treat appropriately, thereby achieving improved outcomes.

Community physician buy-in facilitates universal participation

Leadership knew that physician engagement and buy-in was vital and began its development process by undertaking a market assessment of local physician practices – inviting physicians’ opinions, seeking information about existing technologies (how easily and comprehensively they were
being used, how much value did they provide), and exploring workflow, care coordination and operational challenges that could be addressed.

With the state of the physician ecosystem clearly understood, Huntington determined that the most logical starting point was with electronic prescribing, which was rolled out in February 2010. Physicians who were considering adopting technology to improve care provision and practice operational efficiencies embraced the new functionality as a baby step into technology adoption, prompting Huntington to immediately expand its efforts. By June it had selected the Allscripts Community Record and interoperability platform to serve as the foundation for Huntington Health eConnect (HHeC).

Over the course of the past year, Huntington Hospital has been building the infrastructure for HHeC and is beginning with pilot practices and extending to other physician groups. Throughout the process, HHeC has been met with support and enthusiasm.

**Keys to success**

The reason for this high degree of success and engagement is straightforward: communication. Leadership at Huntington Hospital was committed to nurturing dialog with community practices and throughout its own organization. Its communications plan suggested that hospital staff involved with HHeC’s development spend time visiting physicians’ offices to help physicians understand what to consider when selecting and adopting technology, and what provides the greatest value to them and the patient care they provide, including the importance of information exchange required for care collaboration available through HHeC. Because these meetings were held on their turf, they accelerated the level of trust, understanding and collaboration between the practices and Huntington.

Huntington also offered a series of educational seminars for community doctors on relevant topics such as electronic medical records (EMR), the process of EMR selection and adoption, federal incentives available and how to qualify, how to create efficiencies and reduce cost within their practice, and how to correlate the exchange of information with the quality and efficacy of care delivery. In 2010 and 2011, nine events were held, located at a central location, with both lunchtime and evening sessions scheduled for the physicians’ and their staffs’ convenience. More are scheduled throughout the remainder of 2011.

Huntington likewise held meetings inside the hospital to share the challenges physicians in private practice face in dealing with all the paper modes of clinical information sharing, federal and state regulations, mandates and engaged department staff in figuring ways to improve process in care coordination with community physicians. These sessions triggered a shift, with personnel realizing its mission was not just contained within the walls of the hospital. The organization realized that with physicians, Huntington “treats, heals and saves 11,000 patients a day.” One thousand patients are cared for in the hospital and 10,000 are seen in physician offices – and all are in the community Huntington is committed to serve.

Huntington also took pains to develop a brand for this new connected community of health, Huntington Health eConnect. Because the implementation was grassroots with community physician engagement, Huntington HHeC became our technology rather than the hospital’s interoperability platform. With community healthcare team engagement in the process from the beginning, it is naturally embracing health information exchange as its own.

Physicians who were considering adopting technology to improve care provision and practice operational efficiencies embraced the new functionality as a baby step into technology adoption, prompting Huntington to immediately expand its efforts.

The HHeC project likewise took into account the various levels of technology experience community physicians display. While the Pasadena area attracts many young physicians, not all are techno-savvy, and there were older physicians who were hesitant about adopting technology. Some simply were inexperienced and others – particularly those nearing the end of their careers – were concerned about the cost and value of investing in technology.

The Huntington Hospital team took care to work closely with the physicians who were unfamiliar with EMRs to provide information, reassurance and guidance. And Huntington acknowledged that physicians with five or fewer years left to practice should not feel compelled to invest heavily in a new system to participate in this new connected health community. Instead, it worked with its interoperability vendor to develop a secure portal so these physicians could participate in HHeC without purchasing their own EMR. To further encourage adoption, Huntington HHeC not only can deliver results directly into physicians EHRs, but can provide a launch button to go from EHRs into a collaborative view within their normal workflow.

While the development and implementation of Huntington HHeC is an ongoing process, hospital staff and community physicians alike are viewing the collaborative effort as a positive success. Patient information is available when and where it's needed to support patient care decisions, and caregivers throughout San Gabriel can collaborate in unprecedented ways – functioning as a truly connected healthcare community.

HMT

www.healthmgmttech.com

HEALTH MANAGEMENT TECHNOLOGY

September 2011

17

Reproduced with permission of the copyright owner. Further reproduction prohibited without permission.