Winona Health among Most Wired Hospitals

Website, WinonaHealth.org

Winona health’s Community Memorial Hospital has been named on the Most Wired-Small and Rural winner’s list, according to the 2006 Most Wired Survey and Benchmarking Study released in the July issue of Hospitals & Health Networks magazine.

“Winona Health is pleased to be recognized again for our progressive use of technology,” said Mike Allen, Winona Health CFO. “In addition to connecting healthcare providers through Electronic Medical Records, our goal is to use technology to improve the patient experience -- from increasing patient access to information to using technology in our clinical areas to improve patient care.”

The nation’s Most Wired hospitals and health systems are helping consumers take charge of their health care by providing more tools via the Internet, according to results from the seventh annual Most Wired Survey.

“Consumers are doing everything from booking travel to managing their finances from their living rooms,” said Alden Solovy, executive editor of Hospitals & Health Networks, the journal of the American Hospital Association (AHA). “The Most Wired hospitals provide the same opportunities with health care.”

The nation’s Most Wired also are using information technology to improve quality, satisfaction and patient care by investing in technology to streamline business and clinical practices; to reduce medical errors; and to improve clinical outcomes, as follows:

- 99 percent of the Most Wired hospitals provide digital radiology images in the hospital inpatient setting, compared with 72 percent of the Least Wired hospitals (defined as the 100 hospitals scoring lowest on the survey);

- 92 percent of the medical records at Most Wired hospitals are available digitally, compared with 61 percent at Least Wired hospitals; and

- 36 percent of medications are ordered electronically by physicians in Most Wired hospitals, compared with 2 percent among Least Wired hospitals.

“We want to meet the community’s healthcare needs in the most patient-centered, effective and financially responsible way,” noted Allen. “Effective use of technology helps us to achieve that goal.”

The Most Wired Survey is conducted annually by Hospitals & Health Networks magazine, which uses the results to name the Most Wired hospitals and health systems. It focuses on how the nation’s hospitals use of information technologies for quality, customer service, public health and safety, business processes and workforce issues.
Winona Health’s Community Memorial Hospital received a Minnesota Hospital Association’s Innovation of the Year in Patient Care Award for its Community-wide Integrated Electronic Medical Record (EMR).

“Every year we receive many worthy entries for the annual awards,” noted John Manning, MHA’s director of communication. “… [O]ur judges found the material we received about your nominee to be one of the most impressive of all.”

Winona’s community-wide, integrated EMR is a rare innovation in a rural community and small health system. The implementation of this system was four years in the planning and involved the work of many:

“It was a vision by area physicians and the hospital to have all information about our patients in the same database,” explained Mike Allen, Winona Health CFO. "A single EMR database would be accessible wherever the patient may be and would move with the patient through the health system."

Winona Health -- working with Cerner, a healthcare software company, Family Medicine of Winona P.A. and Winona Clinic -- began making this vision a reality in 2000. By February of 2002, Family Medicine and Winona Health’s Rushford Clinic were piloting the integrated EMR software. A year later, CMH "went live" with the medical record software, and Winona Clinic implemented the software in the spring of 2004. So Winona area patients’ medical records now are accessible to healthcare providers throughout the community.

“This integrated EMR improves the quality of care we provide with its instantaneous documentation of and accessibility to patient information,” Allen emphasized. “Quick access to patient information through all healthcare entry points is a definite benefit to our community.”

Dr. William Davis, partner in Family Medicine and Winona Health’s medical director for health information, already has seen the value of the EMR, which allows him to track patient data and generate prescriptions in the exam room, triggering pharmacy orders.

But “the biggest benefit,” he noted, “is immediate access to patient records any place, any time. I have patients calling me at home, and I look at their record: It’s right there. It’s hard to beat that. And electronic prescribing is a huge advantage. All patient meds are listed on the record; the interactions are documented; it avoids errors.”

The community-wide EMR also means better healthcare services for Winona area residents entering CMH’s Emergency Department (ED). After a quick registration, all information entered from previous clinic, hospital, and outpatient visits automatically is displayed on ED computers -- from allergies and medications to lab results. So ED staff know they have access to a patient’s most recent health data, allowing them to determine any changes in the patient’s health status.

As Dr. Davis noted, “The EMR allows us to get the most current patient information anytime, anywhere … This is beneficial.”
Integrated community health systems also are aligned with current national health goals: Dr. David Brailer, the government’s health IT coordinator, has publicly emphasized the role communities play in creating an interconnected health system. He believes that “community data exchanges” are the key building blocks to a wired national healthcare system.

To ensure its integrated health system not only improves patients’ outcomes but also respects their privacy, Winona Health, its affiliates, and the two independent physician clinics formed a joint healthcare organization to ensure HIPAA compliance throughout the newly integrated system.

“We’ve put something together in Winona that is far more powerful than an integrated electronic medical record,” Allen explained. “It has connected our community and improved how we provide patient care.”
KANSAS CITY, Mo. - (BUSINESS WIRE) - Feb. 10, 2006 - In the southeastern corner of Minnesota, the residents of Winona are experiencing firsthand the benefits of a connected healthcare community. Together with Cerner Corp., Winona Health is offering a unified approach to care both in and out of the hospital with electronic personal health records free to the public and an integrated network that is increasing both productivity and effectiveness.

Winona Health, the region's primary care network incorporating independent clinics, has employed a broad approach to health information management since 2000, enabling the more than 26,000 residents to coordinate care with doctors, nurses and other healthcare providers. Today, clinicians at Winona Health are able to provide safer patient care by utilizing a full suite of Cerner solutions, including automating patient registration, scheduling and clinical orders, as well as emergency, pharmacy, radiology, laboratory and other clinical services.

In developing pervasive electronic medical records (EMRs), Winona Health has increased volume of radiology exams by 25 to 30 percent without adding staff and eliminated lost studies and incomplete charts. Winona Family Health, a part of the Winona Health community network, has increased the ability to capture charges by 40 percent through improved documentation and coding.

"This integrated EMR improves the quality of care we provide with its instantaneous documentation of and accessibility to patient information," said Mike Allen, Winona Health chief financial officer. "Quick access to patient information through all healthcare entry points is a definite benefit to our community."

Winona's community-wide EMR system enables patients' medical records to be accessible to healthcare providers throughout the community, which also translates to better healthcare services for residents entering the community hospital's emergency department. After registration, any information entered from previous clinic, hospital and ambulatory visits -- from allergies and medications to laboratory results -- is displayed on computers in the emergency department. As a result, the emergency department clinicians know they have a person's most up-to-date health data, allowing them to determine changes in status.

For Winona's team of physicians and clinicians, the dedicated use of health IT has resulted in numerous accolades. In 2002, Winona Health was named one of the 100 Most Wired Hospitals, and in 2003, 2004 and 2005, it received the nod as one of the nation's Most Wired Small and Rural Hospitals. Also in 2004, the Minnesota Hospital Association gave Winona its Innovation of the Year award in patient care for community-wide, integrated electronic medical record, as well as its Patient Safety Improvement award.

"Winona Health is capturing the possibilities of a truly unified care system," said Trace Devanny, Cerner president. "Winona's carefully measured results demonstrate how technology can enhance safety through the elimination of paper charts, as well as increase coding efficiency and workflow."
Winona Health is a 99-bed locally owned and operated community hospital whose primary mission is to meet the lifelong healthcare needs of the regional community. More than 50 physicians in 13 specialties, 875 staff members and 300 volunteers serve the community's healthcare needs through Winona Health's nursing home, assisted living, clinics, hospice and home care affiliates.

Winona Health will exhibit how they are using Cerner's solutions in booth 2813 on Feb. 13, at the annual Healthcare Information and Management Systems Society (HIMSS) conference being held at the San Diego Convention Center, Feb. 12-16. Winona Health will showcase its community health record, patient management, radiology and imaging solutions.

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Electronic Medical Records; EMR benefits addressed by Winona Health, Cerner

26 March 2006

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2006 MAR 26 - (NewsRx.com) -- In the southeastern corner of Minnesota, the residents of Winona are experiencing firsthand the benefits of a connected healthcare community.

Together with Cerner Corp., Winona Health is offering a unified approach to care both in and out of the hospital with electronic personal health records free to the public and an integrated network that, according to Cerner, is increasing both productivity and effectiveness.

Winona Health, the region's primary care network incorporating independent clinics, has employed a broad approach to health information management since 2000, enabling the more than 26,000 residents to coordinate care with doctors, nurses, and other healthcare providers. Today, clinicians at Winona Health use a full suite of Cerner solutions, including automating patient registration, scheduling, and clinical orders, as well as emergency, pharmacy, radiology, laboratory, and other clinical services.

In developing pervasive electronic medical records (EMRs), Winona Health has increased volume of radiology exams by 25-30% without adding staff, and eliminated lost studies and incomplete charts, Cerner states. Winona Family Health, a part of the Winona Health community network, has increased the ability to capture charges by 40% through improved documentation and coding.

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Small and Rural Hospitals:

CREATIVE APPROACHES TO I.T. TRUMP LIMITED RESOURCES

Haugh, Richard
1 October 2006
Hospitals & Health Networks
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Keeping up with information technology in the face of growing demands for quality care, patient safety and outcomes measurements isn't just for the big guys. Small and rural hospitals have the same needs—just fewer resources to meet them.

WINONA (MINN.) HEALTH

Another way of leveraging limited information technology resources for quality patient care is to hook up with a vendor. Winona Health partnered with Cerner Corp., Kansas City, Mo., in 2000 in a grand experiment to wire the entire town and create a communitywide electronic health network.

Winona Health comprises the 99-bed Community Memorial Hospital, a 166-bed nursing home, three assisted-living facilities, two physician clinics, home care and hospice programs, a pharmacy and a foundation. With Cerner, Winona Health offers an integrated electronic medical record that ties in its system facilities. It also offers free electronic personal health records to the public and provides an integrated network that is increasing both productivity and effectiveness.

"We want to meet the community's health care needs in the most patient-centered, effective and financially responsible way we can," says Mike Alien, Winona Health's chief financial officer. "Effective use of technology helps us achieve that goal."

Winona Health is the region's primary care network and enables more than 26,000 residents to coordinate care with doctors, nurses and other health care providers. Clinicians at Winona Health aim to provide safer patient care by using Cerner's full suite of solutions, including automated patient registration, scheduling and clinical orders, as well as emergency, pharmacy, radiology, Laboratory and other clinical services.

The integration efforts have paid off. By using an EMR, Winona Health increased the volume of radiology exams up to 30 percent without adding staff and eliminated lost studies and incomplete charts. At Winona Family Health, a part of the Winona Health network, the ability to capture charges increased by 40 percent through improved documentation and coding.

"The integrated EMR improves the quality of care we provide because of its instant documentation and its quick access to patient information," says Alien. "Quick access to patient information through all health care entry points is a definite benefit for the community."

Providers throughout the community can access patient records, which also translates to better care for residents entering the system through the hospital's emergency department. After registration, any
information entered from previous clinic, hospital and ambulatory visits from allergies and medications to laboratory results is displayed on computers in the ED. As a result, emergency department clinicians know they have a patient's most up-to-date health data, allowing them to determine changes in status.

Alien believes Winona's partnership with Cerner made it easier to create such an extensive IT system than if the hospital had tried to do it by itself. He says it's no different from constructing buildings: A solid relationship with a builder will result in a better building.

"It's a lot of dollars for anybody," he says. "You have to decide if you want to go really deep with somebody or try to look for the lowest bid on everything all the time. It's one element I'd say is critical."

VITAL STATISTICS

WINONA (MINN.) HEALTH
PRESIDENT AND CEO: Rachelle Schultz
IT DIRECTOR: Rod Hughbanks
NUMBER OF BEDS: 99
NUMBER OF EMPLOYEES: 930
NUMBER OF IT EMPLOYEES: 14 including 6 FTEs from Cerner Corp.
IT OPERATING BUDGET AS PERCENTAGE OF TOTAL OPERATING BUDGET: 2.4%
IT CAPITAL BUDGET AS PERCENTAGE OF TOTAL CAPITAL BUDGET: 20%
Online Messaging Opening Clinical Doors

By Zack Martin, Managing Editor
1 May 2006

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When one of his patients complains about a back strain, William Davis, M.D., doesn't necessarily need a face-to-face encounter to diagnose and treat the problem.

Davis, like many doctors, used to wrap up such simple cases via a telephone call, giving basic care instructions and writing a prescription or two. When the Internet became commonplace, he started exchanging messages with patients via a secure Web site to treat colds, bumps and bruises quickly and save his patients the hassle of coming in for appointments.

But talking on the phone and answering lengthy text messages often tied up more time than an office appointment. And the remote encounters can create a financial black hole for Davis, a member of Family Medicine of Winona and chief medical information officer for Winona Health in Minnesota, a delivery system with a 99-bed community hospital and three physician practices.

Patients and insurers weren't charged for the encounters, which means every minute Davis spent on the phone or typing a reply was preventing him from generating revenue for his practice.

"Doctors made a huge mistake when they gave away the phone," he says. "You call a lawyer on the phone and they charge you."

But Davis has found a more profitable and efficient way to remotely communicate with patients. Early this year Winona Health installed "e-visit" online messaging software-from Kansas City, Mo.-based Cerner Corp.-that enables patients to log on to a secure Web site that uses templates and logic-based health questionnaires to document online communications. Not only does the structure of the e-visits enable him to treat patients faster, he is also reimbursed for treating patients covered by HealthPartners, a Minneapolis-based payer organization. "E-visits offer a second chance for managing patients who don't need to be seen," Davis says.

Physicians and patients have been communicating via the Internet since e-mail addresses starting showing up on business cards. Patients from the get-go have been begging for online messaging—it saves them the time, expense and stress of going to the doctor's office, which means they can get a prescription cold medicine or painkiller that much faster.

Patients treated at Asheville, N.C.-based Carolina Internal Medicine Associates are willing to pay out of their own pocket for an online doctor's visit, says Kenneth Kubitschek, M.D., managing partner at the medical group.

The practice charges $25 to $50 for an online encounter, with the average visit costing $35, he says. That compares with $50 to $75, depending on complexity, that the practice is reimbursed by Medicare for an office appointment. The group is considering an annual fee for online visits, which are conducted using messaging software from MedFusion Inc. and Misys Healthcare Systems, both based in Raleigh, N.C.
"Besides the price advantage, excluding insurance, for patients for avoiding an office visit, there are other advantages as well," Kubitschek says. "These may include no loss of time from work, no gas expense, no hiring of babysitters and no urgent care visit in another town."

Patient satisfaction

Research supports Kubitschek's conclusions. A study of 5,727 Blue Shield of California and ConnectiCare members who communicated online with physicians found that 50% were less likely to miss work due to illness. In addition, 70% of patients rated online messaging "good to excellent" compared with a phone call. That percentage climbed to over 90% for patients who had a physician response to their message by the next business day.

The study was conducted from June 2000 through May 2002 by researchers from the University of California at Berkeley and Stanford University.

Online messaging, however, has generated less enthusiasm among physicians and managed care organizations.

For doctors, the biggest concerns are time and money: While Web messaging has the potential to save them time, many fear they instead will be inundated with messages, which is truly terrifying if they aren't reimbursed for working online.

In addition, there are some legal concerns. Many physicians are wary that exchanging electronic messages may cause them to run afoul of data privacy and security regulations of the Health Insurance Portability and Accountability Act. Also, if a patient says his left arm is tingling and a physician does not immediately reply to tell them to get to the hospital, some doctors worry they could be vulnerable to a malpractice suit.

Payers, for their part, have been reluctant to reimburse for Internet encounters because many aren't convinced online visits will yield significant savings or improve quality. Another factor is that commercial payers typically follow the lead of Medicare, and the federal agency does not reimburse for online encounters, though it is exploring the idea of paying for virtual visits, according to a Medicare spokesperson who asked not be identified.

However, the tide seems to be turning. More sophisticated online messaging software has enabled online encounters to become more structured-and secure-than e-mail exchanges and made it easier and faster for physicians to work online. And a growing number of payers are reimbursing for online visits as they identify financial and clinical benefits.

While physician/patient messaging software has improved, some doctors still are reluctant to open the online door to their practices.

"The greatest source of resistance is fear that there is this latent demand for our time that lurks out there amongst our patients," says Eric Liederman, M.D., director of medical informatics at Kaiser Permanente HealthConnect Northern California. "If we take down the walls and remove the frictions in the system that slows people's access to my time then all this latent demand will be unleashed and there will be a tsunami of time requirements. And then it will be a race between divorce and bankruptcy."

Winona's Davis, before he implemented the Cerner e-visit software, exchanged "unstructured" messages with patients for five years.
Early on patients weren't limited on the length of messages they could send. That was revised and limited to 1,000 characters after a doctor received a three-page letter via the messaging system, Davis says.

The Cerner software is designed to do more work upfront to provide Davis and his colleagues with more specific information than an unstructured message from a patient.

The software offers patients a choice of different symptoms from which to choose from. The embedded clinical logic of the application then generates more specific questions. For example, if a patient has a cough, the application asks if it is dry or phlegmy, and what color the phlegm is.

Patients also are advised that online messaging should not be used for acute symptoms, like chest pains. If someone logs on with a serious problem they are instructed to either call their doctor or paramedics.

The structured messaging software differs from an unstructured system, which is similar to e-mail. The weakness of unstructured messaging is that patients are not prompted to provide clinically significant details, and when those details are lacking patients and physicians may end up sending messages back and forth until a doctor has the necessary information to provide treatment.

Even with structured messaging systems, some patients veer off course with their correspondence. At the University of California-Davis Health System, physicians sometimes express annoyance about patients using online messaging for reasons other than medical purposes, says Karen L. Mo, M.D. The delivery system uses physician/patient messaging software from Emeryville, Calif.-based RelayHealth Corp.

"It's sometimes a little frustrating when people just use it to be social," Mo says. "I usually give out my personal e-mail for stuff like that. Or I advise that that is not what it is meant for. The main thing is to be clear on your boundaries. Once those are established it enables me to do things much more efficiently. And my patients are very happy to know they can reach me without going through a 'middle man' and they get their exact words to me and I get my exact words to them."

If those boundaries are established, studies have found, physician/patient online messaging can increase productivity rather than diminish it. Liederman, who previously worked at UC-Davis, was a principal researcher on a study released last year that found that physicians using the delivery system's online messaging system averaged 2.54 additional patient visits per day, which translated into an extra $95.34 in revenue.

"There is no uptick in the volume of work with online messaging," Liederman says. "The efficiencies associated with secure messaging make the transaction better for everyone."

The Northwest Physicians Network, a Tacoma, Wash.-based independent physicians organization, has calculated an 8.5 to 1 return on investment with its online messaging system, thanks in part to the technology's ability to streamline the mundane tasks of a typical day at the office- making appointments, refilling prescriptions, providing patients with lab results and automating the physician referral process.

"The system is handling all referrals and moving protected health information from physician to physician for consults," says Rick MacCorck, M.D., director of quality improvement at the network. "It's also handling scheduling and prescription refills. All these workflow enhancers result in cash savings to an independent office."
The group includes 400 providers representing primary care and more than 30 specialties. It is using EMR and messaging software from Malvern, Pa.-based Siemens Medical Solutions.

One seven-physician practice saved $4,000 in administrative costs in the first year of using the messaging system, MacCornack says. The Northwest Physicians Network is having its members turn that savings back into information technology, such as EMRs, he adds.

The technology also enables patients to create a personal health record. Physicians can upload lab results, EKGs, X-rays, MRIs, anything that can be digitized to the system, MacCornack says.

This became helpful when a patient was in Boston and thought he was having a heart attack, MacCornack says. The patient gave his log-on information to the doctor and pulled up a month old EKG to compare with the new one. The doctors in Boston were able to compare the previous one with a current one to show that everything was normal.

Helping out at the office

Online messaging also can help reduce the length of in-office visits, Liederman says. "One of my colleagues tells a story about a patient that had ongoing shoulder pain and in the course of the back and forth they came to the conclusion that he was going to give the guy a steroid injection," he says. "The guy comes in for the injection and the whole thing took three minutes. When people come into the office after sending a secure message the office visit time is cut in half because the history has already been taken."

Physicians at GroupHealth Cooperative of Puget Sound often send patients a message before an appointment to find out if there's anything specific the patient wants to cover while in the office, says Ted Eytan, M.D., medical director of informatics and Web services at the cooperative. GroupHealth is an independent physicians association that operates a health plan. The organization has been using messaging software from Madison, Wis.-based Epic Systems Corp since 2001 and averages 4,000 to 4,500 secure messages a week.

One of the group's physicians handles more than 50% of his patient encounters online. Overall, the cooperative conducts about 15% of patient encounters through the secure messaging system, Eytan says.

Paying off for payers

Online messaging is evolving into an effective way for physicians to point and click through the routine patient encounters-treating common ailments and long-time patients who have frequent yet easily treatable complaints. In addition, some physicians are using the technology to keep in touch with patients with chronic diseases or check up on those who have conditions that need to be monitored but not necessarily via office visits.

Blue Shield of Massachusetts, for example, is sponsoring a pilot program that enables patients with problematic skin conditions to send digital photos to dermatologists so the doctors can track their condition on a weekly or even daily basis.

Messaging also is evolving into an effective cost-savings technology for payers, in part because payers reimbursing for online encounters are paying less.

Blue Shield of Massachusetts in October 2003 started offering more than 200 physicians access to RelayHealth messaging software. The software is used for more than 100 online physician/patient encounters per week.
encounters per month. But the Blues plan typically pays physicians about $30 for a virtual visit, including a $5 to $10 patient copay, which is about half of what it reimburses for an office visit.

"It's a less intensive visit," says Vin Plourde, vice president of provider services at the Blues plan. "Physicians can do more Web visits in an hour than brief in-office visits. They can work through one of the Web visits in about seven minutes." Only about a third of the physicians using the online messaging system apply for reimbursement. Plourde adds. "Most physicians view it as a value-added service."

Many payers that are reimbursing for online physician/patient encounters are, like Blue Shield of Massachusetts, paying about half of what they typically pay for an office visit, says Mark Bard, president at New York-based Manhattan Research.

Putting it together

While online messaging systems can streamline care delivery and lead to savings for providers and payers alike, the technology also has the potential to create its own workflow problems.

Getting all staff members on board often is the first challenge. "When you bring in anything new you run into technology issues and people don't always have time to learn it," says Craig Lanway, CIO at San Ramon, Calif.-based Hill Physicians Medical Group Inc. "Sometimes the staffs are not very technology literate either."

Hill Physicians, which operates a health plan, has more than 3,000 physician members and is affiliated with 20 hospitals in northern California. Some of the physician practices in the group weren’t equipped with high-speed Internet access to check messages. In addition, some office staffs had a hard time adjusting their workflows to use the technology, Lanway adds.

In addition to staff resistance, a lack of integration sometimes can make online messaging systems feel more like a burden than a benefit. Winona Health, before it implemented e-visit software, used a Web-based messaging system from Cerner that required physicians to log into a standalone Web site to check for messages, says Davis, the chief medical information officer.

Physicians didn’t check often for online messages because to do so required them to continuously log into the messaging site.

The new e-visit system integrates with the delivery system’s electronic medical records system, also from Cerner. When a physician logs into the EMR, they are shown a list of patient messages they’ve received. When they click on a message, the patient’s EMR comes up on screen.

Reasons for reluctance

Some doctors are taking await and see approach to online messaging as they sort through a growing list of new technology options.

Blue Shield of Massachusetts, for example, has a number of technology initiatives underway, including ones for EMR adoption, deploying a regional health information organization and providing physicians with electronic prescribing technology, says Plourde, the vice president of provider services at the plan.

"There are a lot of new technologies out there and I don't think everything has sorted itself out," Plourde says.
Online messaging also has to be sold to patients, and while the majority are eager to go online with physicians, explaining the ins and outs of online communications can be a tough sell.

Winona Health, for example, learned how to get patients to not sign up, Davis says.

After deploying the system the delivery system took out newspaper ads and told patients to go online and register to use it.

But after registering online the patients would have to go to a clinic and show a driver's license or state ID to validate the account. This extra step took too much time and effort and only 700 of the 3,000 patients that originally registered followed through with the validation. The caused Winona to change the way they register and validate patients. "Now, we're getting people registered when they're in the office," Davis says.

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photo, Eric Liederman

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