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The University of Nebraska Medical Center (UNMC) announced plans for what is believed to be the first time an academic organization has established a Web-based Personal Health Record (PHR) program for all its students. In contrast with medical records that are owned by doctors or hospitals, a PHR is owned by the patient and is part of a national effort to involve patients in their own health care.

Although there has been much discussion around the country about the use of PHRs by large corporations, it is believed that this marks the first time an academic organization has done so, and the use of a Web-based PHR program makes it even more unique.

In essence, students will have their own portable electronic medical records in a cutting-edge system that allows health files to move with them.

"The situation our students face is representative of one of the biggest problems in health care today," said Steven Hinrichs, MD, professor in the Medical Center's Department of Pathology and Microbiology, and director of the Nebraska Center for Biosecurity. "When our students move between training sites, their records remain in doctors' offices and hospitals. Using the personal health record approach, the medical information such as their vaccination record moves with them and information is accessible when needed."

Health and Human Services Secretary Michael Leavitt has made creation of a portable electronic medical record one of the key priorities of his agency, in fact, not only for emergency preparedness but also for routine medical care. As part of emergency preparedness efforts, all Medical Center students will be given the opportunity to enroll in the voluntary program.

Under the PHR, students will access a password-secured Web site that provides the electronic format for creation of their health record. A company based in Omaha, Nebraska, HDC 4Point Dynamics, is partnering with the Medical Center to operate and maintain the system which was originally proposed by UNMC's Center for Biosecurity.

Experts estimate electronic medical and health records could save the U.S. up to $45 billion in health care costs, said Henry Zach, president of HDC 4Point Dynamics.

The Medical Center's PHR contains nine different information categories: demographics and insurance, related parties and emergency contacts, patient and family history (chronic conditions), lifestyle/habits/directives, allergies, immunizations, medications, providers, and hospital/clinic visit information and vitals.

A key feature of the system is that each student will control his/her own PHR. They will establish and maintain their personal and family health information, and the individual can decide if their
PHR can be accessed by health care professionals and for what period of time. The approach facilitates the transportation of essential health information when the student transitions to the private sector or continues education at another institution, as commonly occurs when medical students begin their residency training.

The PHR is accessible from any place at any time using a browser with Internet connection. Health care providers can access with patient permission and update their relevant medical and visit information. In the near future, students, providers and laboratories will be able to enter lab results and the system will identify the source of the new data.

Dr. Hinrichs said both the government and private sector are looking for ways to empower the patient and give them secure access to their medical records. "The challenges are very significant and student populations have been largely overlooked," he said. "The federal and state governments are strongly encouraging these types of efforts, but the challenges are very significant and we need successful pilot projects to lead the nation into the future.

"The biggest obstacle is getting different computer health systems to interact with each other. It is called interoperability. There are hundreds of systems out there, but they typically only communicate within a single health system. It's fine if you stay in the same system, but what if you are a graduate student or nursing student and have to move two or three times during your training?"

Because of the complexities involved in integrating so many different computer health systems, Dr. Hinrichs said the decision was made to utilize a Web-based application. "Everyone is looking for Nirvana and the security challenges of the Internet are greater, but the portability is optimal," he said.

"I'm excited to be part of this groundbreaking project," said Dan Connealy, immediate past president of the Medical Center's Student Senate and a former student regent for the University of Nebraska. "The college students of today grew up using computers and the Internet. It should be easy for all of us to be comfortable working with the PHR."

Current UNMC Student Regent Jonathan Henning said: "Considering the cost of distributing health information, a centralized PHR is a solution that can transform this burden in the U.S. health care system. I'm excited to participate, and I think this is a great opportunity for UNMC students to be a part of a cutting edge solution to a nationwide problem."

Dr. Hinrichs agrees: "We think our students are the perfect people to test the system. After they learn it, they can go out and teach their teachers and parents and older health professionals how to use it. It's a complete reversal of the classic role of teacher and student. Our students are going to lead their instructors into the next generation."

Zach said PHRs can save money and increase patient safety by avoiding duplication in tests or prescriptions, avoiding potentially harmful drug interactions and reducing medical errors.

"Physicians do a good job with the information they have," Zach said. "The problem they have is that sometimes the information is missing, incomplete or bad. If a patient comes in with a PHR, the physician has already saved 20 minutes by not having to find information that had been collected earlier, such as laboratory test results. We are excited that the university had the vision to work with us in creating a critical mass of participants to make this a reality."
The Center for Biosecurity is especially interested in PHRs, Dr. Hinrichs said, because college campuses would be a prime location for pandemic influenza to hit. The recent outbreak of the mumps is another example of an illness that could spread rapidly in a college environment.

"Parents continue to worry about their children when they are away at college," Dr. Hinrichs said. "The PHR could reduce their anxiety. They could rest a little easier knowing that if anything happened to their student, health professionals would be able to tap into the PHR and obtain the student's emergency contact information, allergies and medications."

UNMC Chancellor Harold M. Maurer, MD, said the PHR program for students is another example of the university being proactive in preparing students for the future. "This program is providing an advanced learning experience," he said. "Four major corporations have recently announced plans to provide electronic health records to their employees. We are pleased to work with a Nebraska corporation to make this happen inside the university."

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Hope, challenges in computerizing medical records

By Liz Kowalczyk, The Boston Globe
McClatchy-Tribune Business News
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Jan. 30--NORTH ADAMS -- This old textile city is about to become the first in the United States where residents have electronic medical records that in an instant can be viewed by any physician and many nurses in the community, from their offices, the local hospital, or the visiting nurses association.

North Adams, a city of about 14,000 residents in the northern Berkshires, plans to turn on its computer health network next month. Similar networks of shared patient information are scheduled to go live in Brockton and Newburyport this summer, and doctors are working on a system for Boston as well as ways to link doctors and hospitals across the state.

The health care industry and state and federal governments have pinned great hopes on electronic medical records, which proponents say will help reduce medical errors and costs. Patients typically are treated by multiple physicians, clinics and hospitals, and a computerized records network allows doctors to find information quickly in an emergency, alerting them, for example, if a patient has a dangerous allergy to a medication, or if they are about to order an expensive test a patient has already had.

"What you're seeing in North Adams is revolutionary," said Dr. John Halamka, chief information officer for Harvard Medical School and Beth Israel Deaconess Medical Center in Boston.

But North Adams' experience shows just how challenging it will be to switch to computerized records on a large scale, and link them into a network that allows so many people access. Every family must be asked to sign consent forms allowing their health information to be entered into the system. During the first month of learning to use computerized records, some doctors in the city lost business because they worked more slowly, seeing between 20 and 50 percent fewer patients. Doctors and office staff are struggling to find time to type and scan information from thousands of pages of paper medical records into the electronic records, and many say that process won't be complete for months or maybe years. Still, only one practice so far, Adams Internists, has refused to participate.

If making the transition has been difficult in North Adams -- a city with about 75 doctors in private practice and just one small hospital -- the issues are likely to be far more complicated in Boston and other big cities, with large, competing hospital systems and physician networks that use different computer systems. The start-up costs will be more of a concern elsewhere as well; in North Adams, an outside grant, not the doctors, paid for the substantial cost of hardware, software, technical support, and training.

"We're at a very fragile point in these exchanges, struggling to overcome technical issues and privacy issues and to be financially sustainable," said John Glaser, chief information officer for
Partners HealthCare System, referring to the roughly 200 projects in communities across the country that are creating medical records networks. Glaser, along with Halamka, belongs to a Massachusetts group that is developing ways to connect medical records systems statewide.

About 49 percent of doctors in Massachusetts, mostly in large teaching hospitals, and 15 to 20 percent of doctors nationally, now use computerized records, although they usually are not linked across practices or hospitals. In North Adams, 80 percent of doctors will have electronic medical records by May, said David Delano, director of information technology for Northern Berkshire Healthcare, which includes North Adams Regional Hospital.

Using a $50 million grant from Blue Cross and Blue Shield of Massachusetts, the Massachusetts eHealth Collaborative is helping North Adams, Newburyport, and Brockton establish community-wide networks to demonstrate their feasibility. Micky Tripathi, president of the collaborative, said that there are communities, such as Indianapolis, where many patients have computerized records that are shared among hospitals and some doctors. But, he said, North Adams will be the first where all the computerized records will be connected throughout the community.

In North Adams, a local group of doctors and health care executives decided that, to guard against unauthorized access to the most sensitive patient information, doctors would create full electronic medical records for their patients that would reside only on that doctor's computer. Separate community medical records, called the eHealth summary, would reside on a shared network; these shared records can be viewed by physicians in their offices, doctors and nurses at North Adams Regional, the local visiting nurses association, and medical staff at the local hospice.

The community record includes all of a patient's basic medical information, including medications, test results, parts of his or her family and medical history, diagnoses, and surgeries. It does not include notes doctors take during appointments, which often can include very personal information about marital struggles or work problems.

Many North Adams residents have worried that computer hackers or curious office staff could look at their medical records. So, the group overseeing the project mailed information to all 20,000 homes in the city and its suburbs and hosted radio call-in programs to answer questions about security.

The education campaign seems to be working. Hertzig, Gerrity, Griffin & Degrenier, a large pediatric practice, has so far asked parents of about 1,200 of its 5,000 patients to sign up, and 98 percent have agreed, nurses said.

Paige Gleason, an emergency medical technician who waited as her son Christopher, 15, saw Dr. Robert Hertzig one morning last week, said that when she first read about the project last fall, she "was not crazy about it."

"The reservation I had was because it's accessible to anyone and everyone, I was afraid that people who were not authorized would be able to see my family's records. Everyone was talking about it, and people were worried."

But she said the more she investigated the program, the more confident she felt that it wouldn't be abused. There are different levels of access; doctors and nurses will get a special password to see a patient's community record. Secretaries will be able to see limited information such as a patient's insurance plan. The system automatically tracks who accesses patients' records, and patients can request these reports. And the medical information is stored in code, which can be
unscrambled only by software on the doctors' computers.

These safeguards reassured Gleason, who recently signed up her son and daughter; she said the community records could help doctors care for her children if they end up in the emergency room.

Doctors said they believe the electronic records will improve patient care. Dr. Paul Rosenthal, a cancer specialist in North Adams, said that on rare occasions, he's prescribed chemotherapy to a patient without knowing another doctor had put the person on blood pressure medication, a combination that has to be carefully managed because it can cause blood pressure to plummet.

"Most patients don't have any idea what medicines they're on," said Dr. Stephen St. Clair, a urologist. "You call the primary care physician and they have a list of what they gave the patient. But they may not know what the cardiologist and neurologist gave them."

Even with the benefits, connecting the entire state, or even just Boston, will be extremely difficult.

Partners, the parent company of Massachusetts General Hospital and Brigham and Women's Hospital and the largest health care network in Massachusetts, has concerns that patient data could wind up in the wrong hands if it grants doctors outside its network complete access to its electronic medical records, Glaser said.

In the end, the group working on statewide connectivity probably will recommend something more limited than the North Adams model, such as patients agreeing that records of their consultations with a cardiologist, for example, be sent electronically to their primary care doctor, according to Halamka. This would not help doctors access information in the emergency room. To solve that issue, Halamka said patients eventually may carry cards containing data on their medical history, which would allow them to decide who can see it.

In North Adams it's clear that the benefits partly will depend on how much time physicians spend entering information into the computerized records.

Ethel Roy, 81, recently gave permission for St. Clair, her urologist, to send her medical information to the community record. "I've had so much medical care, I think I've been to every doctor in town," she said as she waited for her appointment last week.

But she's also had 34 operations, many of them at Mass. General, Baystate Medical Center in Springfield and Albany Medical Center -- records that, because they are kept at facilities outside North Adams, normally would not be part of her community record. St. Clair, however, took a three-page typed sheet she carries with her describing her care at various hospitals, and entered it into the system.

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U.S. Electronic Medical Records Market Primed to Jump by 400%!

New York - With the ability to make healthcare workflows more efficient, reduce costs, and improve the quality of patient care, the advent of Electronic Medical Records (EMR) is swiftly taking this technological wonder from a $1 billion market in 2005 to more than $4 billion by 2015, according to EMR Technologies in Healthcare, a new study from market research firm Kalorama Information.

Nearly a 400% increase over an eight year period, the report reveals double-digit growth projections which begin to escalate significantly as electronic healthcare modalities enter the next decade. With hospitals, physician's offices, and other healthcare entities increasing their IT budgets to include wireless technology applications - with many focusing on EMR adoption - the stage is set for a market surge.

Among segments within the healthcare industry, the physicians market for EMR is expected to witness the maximum growth as the vast customer base of this segment presents a huge potential market. While cost is currently a key deciding factor for most healthcare sectors - a typical EMR infrastructure requires workstations, servers, PDAs, tablet PCs, computer on wheels, and other networking hardware as well as software - the eventual reduction in costs is expected to expedite the adoption of EMR systems in the next several years.

"The potential not only in the U.S., but globally as well, is enormous, making EMR an exceptional opportunity not only for the current market players but for new entrants into the market," notes Steven Heffner, the publisher at Kalorama Information. "This is one area of healthcare where regulations such as HIPPA and various other government initiatives will actually help drive adoption of this advanced technology."

Including extensive hospital IT budget data and over 100 figures and tables, EMR Technologies in Healthcare provides the most comprehensive EMR market analysis available. It profiles key market players and technology innovators, looks at current products and new products on the horizon, and provides extensive insights into the business and regulatory issues catapulting this market from pipedream to reality. It can be purchased directly from Kalorama Information by visiting http://www.kaloramainformation.com/EMR-Technologies-1365762. It is also available at MarketResearch.com.

About Kalorama Information
Case Study

**EMRs Are Still Full of Surprises; Delivery system unearths new benefits five years after implementation.**

By Beckie Kelly Schuermenberg, Senior Editor
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Olmsted Medical Center executives weren't particularly surprised when its outpatient electronic medical records system delivered numerous benefits at the point of care. But the system's behind-the-scenes benefits came as an unexpected bonus.

Rochester, Minn.-based Olmsted Medical Center comprises 11 outpatient clinics and a 70-bed hospital. Prior to implementing the EMR system-from InteGreat Inc., Scottsdale, Ariz.-five years ago, each clinic maintained its own paper records system.

Because many patients were seen at multiple sites, this led to chaos for staff members trying to keep medical records up to date, says Joline Maggert, R.N., operations manager.

Labor intensive

Olmsted nurses were charged with ensuring charts at each clinic were current, a task that required them to call other locations to find the most recent information, recover it via fax, and paste it into paper records before patient appointments.

The process was as difficult as it sounds and created a number of holes in the delivery system's care delivery process. Ten percent of patients were seen without their medical charts being available. In addition, nurses were spending 40% of their time performing non-clinical tasks, mainly chasing paper.

The electronic records system—which Olmsted mandated that all clinicians must use—quickly helped get data into the hands of physicians at the point of care. Olmsted populated the system with five years of historical data from its laboratory information system, from SCC Soft Computer Inc., Clearwater, Fla. It also uploaded a number of transcribed notes and reports it had been storing electronically.

The EMR system also has provided a cascade of benefits on the back-end that has helped Olmsted cut costs and expand its care services.
The application helped reduce by 60% the amount of time that nurses were spending on non-clinical activities. That, in turn, enabled Olmsted to eliminate several full-time equivalent positions, including 2.5 nurse, 2.5 clerk, and 2.5 open support positions in the first year, as well as three medical support staff positions over the next three years.

Additionally, the billing staff was given access to claims-related documentation, such as workers' compensation forms, that were housed in the EMR. This enabled them to speed up the billing process and reduce the accounts receivable cycle by five days during the first year after the EMR implementation. That alone helped increase cash flow by $1.4 million after 12 months, says Sue Schuett, assistant administrator for I.T. and health information management.

Second-tier benefits

These financial and back-end workflow benefits from the EMR application have led Olmsted executives to devise ways to use the application to expand clinical services.

Because nurses were spending less time managing paper, the delivery system was able to reassign 3.5 FTEs to a new nurse call line unit designed to improve follow-up care.

Employees in the new department use the EMR to answer questions from patients calling about next-step care directions or a past appointment. They also handle prescription renewal calls.

All contact with patients is documented in the electronic records system using the software's clinical messaging module. The module enables nurses to send an electronic version of the call to a physician, as well as cite reference materials, resource books or other clinical guidelines they used during a patient call.

"A lot of telephone calls in outpatient care centers are follow-up questions," says Maggert, the operations manager. "Now nurses can look at a patient's chart in the EMR to help bridge their care or update them on what their care plan was."

In 2006, Olmsted also began using the analysis and reporting functions within its EMR to achieve other clinical goals. For example, it identified diabetic patients in its patient population and began to measure the variation in their care. The delivery system shares the reports with physicians in an effort to improve diabetic care and plans to expand the analysis to its congestive heart failure patients later this year.

The analysis also should help Olmsted negotiate higher rates with payers that are introducing pay-for-performance reimbursement models, Schuett says.

"When we decided to make a purchase as significant as an EMR, we set goals for the project prior to making a decision, but we didn't focus totally on the bottom line," she says. "We wanted it to help us be more evidence-based and data driven too.

"We didn't know how long it would take us to attain those goals with the EMR, but it was obvious that it was core to our business. That always was part of our vision - to do a better job at managing care at a population level."

Olmsted plans this year to deploy more modules within its EMR to achieve additional benefits. For example, physicians will be able to use a visit entry application to select a coded diagnosis from a template and add related assessment and care plan information via a mouse click.
Automating the documentation will help the delivery system significantly reduce transcription costs, Schuett explains.

Olmsted also is working to enable charges captured within the visit entry module to automatically be sent to the billing application within its practice management system, from McKesson Corp., San Francisco.

"Physicians can select one of these coded forms in visit entry, click some boxes, do a little keyboarding and they're done," she explains. "If physicians create visit documentation in a template, they can click through charges and sign off on the document, which eliminates the need for a paper charge slip to be routed and keyed in."

Olmsted also plans to add functionality to enable physicians to place lab orders. Physicians already can use the EMR to electronically write, renew and transmit prescriptions.

It's fairly common for group practices to continue achieving savings many years after implementing an EMR, says Margret Amatayakul, president, Margret/A Consulting, Schaumburg, Ill.

"If a practice starts out achieving savings, it's going to continue," Amatayakul says. "And the more clinicians use the system and become familiar with generating reports, the more clinical benefits they'll see."

While Olmsted has continued to find new uses for its electronic records system, the possibilities for further EMR benefits continue to expand, says Amatayakul.

Online interaction

For example, some practices are starting to use their EMRs to interact online with patients by enabling them to enter their medical histories, and view and schedule appointments, she notes. And Olmsted's use of data analysis and reporting functions of the software could enable it to better negotiate with payers and malpractice insurers by showing them how the system is enabling its physicians to reduce medical errors, she adds. "They can use the EMR to show fewer errors or their ability to refer more rapidly or to the right person. Those things can help them demonstrate to payers they are doing things to help reduce their risk," Amatayakul says. "Reducing errors is one of the more sophisticated benefits that practices can achieve once they get over the hurdle of using an EMR."

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The trend toward going paperless

Oct. 30--In addition to Lodi Memorial Hospital, San Joaquin County's six other acute-care hospitals are working toward having an electronic medical records system in place by 2013, as required by the federal government.

-- Dameron Hospital, Stockton: Dameron is set to go live Dec. 4 with its ChartMax electronic health-record system, eventually creating a paperless health information-management department. After the patient is discharged, all records will be scanned into the system, providing multiuser access within two days instead of the typical 14-day turnaround for paper records.

-- Doctors Hospital of Manteca: Doctors has been using a system known as electronic patient folders for several years, which involves scanning all patient records into the computer system, including lab results, radiology images, medical reports and physicals. It allows physicians to call up records online security from anywhere, sign charts and view patient lab results. It currently does not allow for nurses to directly enter information into patient charts.

-- Kaiser Permanente Foundation Hospital, Manteca: Kaiser is in the midst of implementing its HealthConnect system in its Central Valley Area, to date allowing members to e-mail their doctors, view medical records and make appointments online. It also supports back-office billing functions, hospital admissions and billing, inpatient pharmacy and emergency room tracking. Phase II, not yet in place, will allow physician order entry and advanced electronic documentation in its hospital settings.

-- St. Joseph's Medical Center, Stockton: The county's largest hospital, operated by San Francisco-based Catholic Healthcare West, is in line for project implementation and hopes to roll out an electronic medical records system by the end of June. For many years, it has made certain records, lab results and radiology images available online to physicians with hospital privileges.

-- San Joaquin General Hospital, French Camp: No electronic medical records system in place at this time. However, it is in the planning stages, and some records are automated.

-- Sutter Tracy Community Hospital: While Sutter planned to launch an electronic health record in 2007, it has been pushed back until 2008 to ensure that the system integrates aligned software and hardware to accommodate the numerous clinical services and the state-of-the-art technology across the Sutter Health network. Some Sutter affiliates are already using some of this technology, but Sutter Tracy is not at this time.
WASHINGTON -- Only 10 percent of doctors and 5 percent of hospitals across the country fully use electronic health records, according to a study released Wednesday.

The low numbers found in the study, the first to try to measure use of electronic medical records, comes despite years of hype about how they can lower health care costs and reduce treatment mistakes.

The study, funded by the Robert Wood Johnson Foundation and the federal government's National Coordinator for Health Information Technology, found that about one-fourth of doctors were using electronic records in some way.

It found use of electronic health records is greater in the West, followed by the Midwest, South and Northeast.

The study was unable to measure comprehensively whether poor patients have less access to electronic health records but did find that physicians who treat Medicaid patients, the federal health program for the needy, are less likely to use the advanced technology.

Researchers looked at studies about health information technology conducted over the past decade and determined the ones that were most reliable. Based on those, estimates were made of the national use of electronic health records.

President Bush has set a 2014 goal for most Americans to have their health information stored on electronic health care records.

The study found that the main barriers to wider use of electronic medical records are the cost of implementing the systems, especially for sole practitioners, and worries about the potential legal liability if private medical information is improperly disclosed.

Karen Bell, with the federal health information agency, lauded the study as establishing a baseline to track progress.

"There are a lot of different surveys out there, but there has been no consistent methodology," Bell said. "We now have a standardized methodology for measuring health information technology adoption."

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Contact Bill Theobald at wtheobal(AT)gns.gannett.com.

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On the Web:

www.rwjf.org, Robert Wood Johnson Foundation site where full report is available.

www.os.dhhs.gov/healthit, Office of the National Coordinator of Health Information Technology.

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MORGANTOWN - Not one to fall behind on technology, West Virginia University Hospitals is spending at least $40 million on its new electronic medical records system that organizers say could revolutionize health care delivery at affiliated hospitals.

Dr. Ann Chinnis is executive director of WVU's EPIC project, and that is no pun on the scope of the undertaking. EPIC is the name of the computer program WVU is purchasing to revamp how it handles medical records and other information.

Chinnis is a professor of emergency medicine and associate dean for clinical informatics at the WVU School of Medicine. In addition, she works a full schedule in the emergency department. She said she recognized the need to develop an electronic medical records system using a partnership between technology experts and the clinical end-users of the system. Leading the EPIC project was a natural fit for her, she said.

"As (chairwoman) of emergency medicine, I already had established many relationships needed to help this project be successful," Chinnis said. "... This was a momentous decision to pursue (EPIC), and it will enable us to deliver care that is safer and of a higher quality for our patients."

Once installed, WVU will call the program "Merlin." All WVU facilities in Morgantown and those associated with University Health Associates, the school's physician and dentist practice plan, will have Merlin. The program will offer greater ease in registering and scheduling, for example, because everything can be done on the same system, rather than patients moving from department to department and having to register each place, Chinnis explained.

"This allows information to track freely back and forth clinical and financial information. This is bigger than just health care - patients will have all their information stored in one record," she said. "Providers can get to the health information at any time and any location where care is taking place."

In the past, a bulky paper medical record would have to travel with the patient. With Merlin, however, a patient's medical record can be accessed from a number of computer terminals located throughout the hospital.

"This will provide transportability and easy access within the health care system," Chinnis said. "Our goal is that information in our system will interface with the statewide RHIO (regional health information office), which is part of the statewide backbone of information."

The RHIO concept is part of the overall goal of the new West Virginia Health Information
Network, which is working on transforming the state's largely paper-based health care industry into a statewide electronic medical records system.

"And, hopefully, we'll be able to link with other state RHIOs as well," Chinnis said. "So if I'm in Madison, Wis., and something happens to me, they can get my EPIC file."

WVU is spending $40 million throughout seven years to license the EPIC program, install it, train staff members on how to use it and customize it.

"About 200 WVUH employees will have to come out to Madison (where EPIC Systems is based) and undergo a very complex, month-long training and certification process. That all contributes to the cost," she said.

Chinnis said the core team will be a mix of clinical and administrative staff members who then will train the rest of the staff along with taking suggestions about how to customize the program.

"It's a big job. Certification is difficult. You have to pass a test and build a project while you're (in Madison). It's really rigorous," she said.

Chinnis said as she has learned about EPIC she has become increasingly aware how the system will improve the quality of health care even more than WVU imagined when it first made the decision to purchase the program.

Chinnis said WVU will be in its "design-build" phase for a while, with the full, live application of the system not expected until late 2007 or early 2008.
Newsline

State Project Pushes EMRs; Some Docs Fret About Future

By Zack Martin
934 words
1 July 2006
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The Massachusetts eHealth Collaborative envisions building a statewide health information network that's anchored by electronic medical records systems.

The collaborative is testing its proof of concept by spearheading EMR implementations at physician offices and hospitals in three communities. The communities and participating hospitals are: Brockton (Brockton Hospital and Good Samaritan Medical Center); Newburyport (Anna Jaques Hospital); and North Adams (North Adams Regional Medical Center).

The program is in phase two, with EMRs at different stages of implementation. The goal is to have the more than 500 physicians in 200 practices in those communities operational by the end of the year. After EMRs are in place, the practices and hospitals will create information exchanges to enable them to share information locally and with the other communities.

This is not a half-hearted effort: Boston-based Blue Cross Blue Shield of Massachusetts is spending $50 million to get the communities up and running with EMRs. "We are blessed to have financial and solution support," says Rick Mindess, M.D., an orthopedic surgeon and Newburyport's liaison for the collaborative. "We're creating an infrastructure to deliver high-quality health care."

The payer will pick up the tab for the initial hardware, software and consulting services, a well as the infrastructure for the health data exchanges. Participants must pay for any upgrades to their own EMR applications, and after two years-in mid-2008-hospitals, group practices and independent physicians will be financially responsible for supporting the EMRs and the health data exchanges.

Impressive support

The payer's investment is particularly significant because managed care organizations, while enthusiastic about funding e-prescribing initiatives, have been somewhat reluctant to fund large-scale EMR implementations, says Tony Schueth, managing partner with Point of Care Partners, a Coral Springs, Fla.-based health care consulting firm.

"E-prescribing is critical to the health plan because they get the biggest return on investment from reduced drug costs," he says. "To subsidize EMRs is much more expensive" and doctors get
much more of the financial benefits from EMRs, he adds. The Massachusetts eHealth Collaborative also has sponsored a program to provide physicians with e-prescribing software, mobile hardware and connectivity.

But the EMR initiative does come with strings attached, and those strings have some physicians worried. After the Blues plan stops paying for I.T. support in 2008, it's estimated that support costs will be $500 to $780 per month per physician, says David Delano, CIO at North Adams Regional Medical Center and the area's community liaison.

That's a good chunk of change, Mindess notes. "Blue Cross Blue Shield is putting up a substantial amount of money, but it's planting the seeds and we will have to mow the lawn, de-weed it and patch it after bad weather."

In addition, some Newburyport physicians who deployed EMRs in February already want to upgrade their applications to improve business processes, but are reluctant to do so because the money for upgrades must come out of their own pockets, he says.

So far, eight physician practices in Newburyport have fully implemented EMRs, and 12 others are at various stages of deployment but expect to have their applications rolled out by the end of the year, Mindess says. Those practices comprise about half of the 130 community doctors, who serve 75,000 patients. By the end of this month, the community also expects to have chosen a vendor to install the infrastructure for the health data exchange, Mindess says.

Besides the concerns with ongoing costs, some Newburyport physicians experienced trepidations that are typical when implementing EMRs, Mindess says. "There is a fear of change, and some physicians, especially independent ones, are worried about losing income and changing workflows during the startup process " he says.

Physicians in the area are using applications from four different EMR vendors. eClinicalWorks, Westborough, Mass., has the majority of installations, but some offices are using software from NextGen Healthcare Information Systems Inc., Horsham, Pa.; GE Healthcare, Waukesha, Wis.; and Practice Partner, Seattle.

Each of the three participating communities decided on their own which vendors their physicians and hospitals should choose applications from.

North Adams doctors decided to take a different route and standardize on eClinicalWorks software, says Delano, the community liaison. "It sets us apart from the other two communities because we all are operating on the same platform and all the data exchange standards are maintained by one vendor," he says.

Area practices planned to go live with EMRs in June and September. North Adams Regional Medical Center, the I.T. hub for the community, completed its EMR installation last month.

North Adams, with 78 physicians serving 49,000 patients, is the smallest of participating communities and as such is a bit more nimble when it comes to making I.T. decisions, Delano says. Using one vendor also made it easier to get buy-in from area physicians, he adds.

The Brockton area, which is the largest participating community with 300 physicians serving 350,000 patients, is using four EMR vendors: NextGen, GE Healthcare, Chicago-based Allscripts LLC and eClinicalWorks. Four physician offices have fully implemented EMRs, 17 physician
offices are in various stages of deployment and the remaining physician offices will be
completely set up by June 2007, says Deborah Wilson, executive vice president of finance and
operation at the Bridgewater Goddard Park Medical Associates Inc. and community liaison for
the EMR project.

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