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By S. Harvey Price



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About FYA

FYA For Your Advantage, is a free twice-monthly newsletter published by American Governance & Leadership Group and sponsored by Eclipsys.

With every issue, Editor S. Harvey Price provides insights into technology and e-health and how they relate to healthcare management and leadership today and into the future.

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Have you helped manage a patient lately?

In the past week, I attended a summit on computerized physician order entry (CPOE)...and I was a family member overseeing a hospitalized patient.

The summit gave me hope that our healthcare delivery system can be reorganized. Managing a patient made me hope that the reorganization takes place soon.

I am helping with the care of an 86-year-old relative suffering with the middle stages of Alzheimers disease. A month ago, she fell and injured her back, requiring a brace to be worn. Last week, a hip sore from wearing the brace turned into a serious infection. The Alzheimers facility where she lives arranged to take her to a wound care center operated by a community hospital. Immediate admission to the hospital was arranged.

Here's where the system breaks down.

Her primary care physician did not have privileges at the hospital where she was admitted. A doctor was assigned. He called in an infectious disease specialist. That specialist called in a surgeon to remove tissue and ordered lab tests and an MRI.

As a family member, whom would you expect to turn to, to learn the results of the lab tests and the MRI? Who would you expect to deal with the brace issue? (She needed restricted movement, but the brace would cover the infected area.) Do you tell the nurses or the assigned primary doctor that the patient needs restraining? In her Alzheimers state, she doesn't understand what's happening to her and she pulls out the intravenous needles.

It gets more complicated. When the patient was stabilized, she couldn't be discharged to the special facility where she lives. That facility could not care for her if she required antibiotics administered intravenously over the next six weeks. Nursing homes that were capable of managing her intravenous needs couldn't deal with her stage of Alzheimers. Those that could manage her Alzheimers couldn't manage her intravenous needs. Meanwhile the back problem was going unattended.

I don't have to belabor this anecdote any further.

The system didn't fail her. There was no system.

Throughout, the greatest handicap was communications. Doctors applied their special knowledge to the case and wrote their findings in the patient's file. Days passed between the times the various specialists, lab, radiology and nurses entered their findings and others reacted to them.

If anyone doubts that our industry desperately needs electronic order entry, electronic reporting and an electronic patient record, they haven't had responsibility for a hospitalized patient lately.

Enter Harry Jacobson, MD, vice chancellor of the Vanderbilt Medical Center. He orchestrated a summit in Nashville during the past week on CPOE. But it was more. Among the 50 invited participants were representatives of hospital systems, the Institute of Medicine, the chief of the Joint Commission, the insurance industry, academic centers, clinical IT experts, consultants and medical media.

The discussions in large and small groups centered on CPOE as well as the electronic medical record and evidence-based medicine. It's no coincidence that these three subjects were highlighted. Vanderbilt Medical Center has pioneered

Have you helped manage a patient lately? (continued)

these areas over the past eight years. Now it is responsible for forming the Center for Better Health (VCBH) by leveraging its clinical and biomedical informatics professionals, university education experts, engineers and faculty from the graduate business school.

The Center has an aggressive agenda of research and rapid prototyping in test beds. With no allegiance to software or hardware, it intends to find informatics solutions and tools for health organizations to use to improve delivery of care. Journals, conferences and a Web site will become available shortly to disseminate its findings. It has also opened a 10,000-square-foot Innovation Center near the medical center that brings together the leading edge educational tools to support meetings and groups looking for answers to complex medical informatics challenges.

You can get a sneak preview of how your organization can tap into the resources of Vanderbilt by visiting its new and emerging Web site: www.mc.vanderbilt.edu/vcbh or con-

tact the VCBH executive director, David Osborn, at 615/936-3460.

A screaming headline in a special report of the *Wall Street Journal* last week read: "Prescription for Change. Doctors and hospitals have long resisted joining the digital revolution. Now they have to." The article referred to safety issues, HIPAA and Leapfrog as some of the reasons for the need to change. It should have mentioned my relative and all the other patients who have to use our decentralized, largely uncoordinated non-system.

The work of Dr. Jacobson and his team is making a valuable contribution.

Next, I hope someone organizes a summit on how to get payers to help with the millions it will cost each institution to make the digital shift.

That's my opinion. What's yours? Send it to hprice@americangovernance.com

Moving to Paperless Records

By Kelly McLendon

While healthcare organizations have always strived to protect patient privacy and confidentiality, the Health Insurance Portability and Accountability Act (HIPAA) raises the bar on compliance to a point where the move to a "paperless" hospital is a virtual certainty. With this in mind, electronic record systems are a logical choice for organizations looking to comply with HIPAA requirements and make the transition to a paperless environment.

And while the federal government might still be evaluating proposed changes to the HIPAA Final Rules for Patient Privacy, this is for sure: healthcare organizations will need to implement business-transforming measures to meet the April 2003 compliance deadline.

Electronic record systems that can create completely paperless medical, patient accounts and other enterprise records for healthcare organizations are no longer the

stuff of science fiction. Today, electronic record systems can manage all types of documents—including signed consents and authorizations—with advanced security and full audit logs. These advanced security features not only meet privacy rules, they also achieve new levels of security in information access. And the efficiencies gained achieve genuine cost savings.

Beyond HIPAA, the "paperless" hospital has many other pluses: automated, parallel workflows; process elimination; microfilm elimination; storage space recapture; and improved record quality.

Given the many advantages of using electronic record systems, healthcare organizations looking to be proactive about meeting HIPAA deadlines should act now. Otherwise, being up the proverbial creek with a paper-based paddle might prove to be most risky.



Kelly McLendon is vice president of clinical health information management strategies for Eclipsys Corporation based in Boca Raton, Fla. Eclipsys is on the leading edge of innovation in software and services solutions that are being used to improve healthcare outcomes.

About AG&L Group LLC

American Governance & Leadership Group is a partnership of the American Hospital Association, futurist and governance consultant James E. Orlikoff, and publisher and educational developer Jerry F. Pogue, and recently joined by governance experts Dennis D. Pointer and Mary K. Totten.

We are committed to delivering quality education to trustees, healthcare leaders and clinical leaders who are serious about improving their governance and management.



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