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HEALTH CARE UPDATE



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**THE SHORTAGE OF
PRIMARY CARE PHYSICIANS**

**HEALTH NETWORK CEOs
ON TECHNOLOGY-INSPIRED
CHANGE**

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FASTER, SAFER, ACCURATE

Hospitals, physicians rapidly clicking their way to the use of electronic health records



Brian Thompson (left) and Michael Ferragame assisted in the command center during Lehigh Valley Health Network's launch of the Epic electronic medical record system when in February it went live in physician offices and outpatient practices. CONTRIBUTED PHOTO

By JOAN PARKER
Special for Lehigh Valley Business

Globaly, the electronic health records market is expected to experience explosive growth, from \$15.56 billion in 2013 to a projected value of \$23.98 billion in 2020.

Regionally, this massive change – in part a response to a federal mandate – has begun. But Greater Lehigh Valley hospitals and their affiliated medical offices vary widely in how far they have gone in adopting EHRs.

While implementation of these integrated systems ranges from not-quite-there-yet to been-there-done-that, there is enthusiastic agreement among regional health care leaders that EHRs benefit providers and patients.

“Having a fully integrated system that includes everything from clinical functions to patient accounting to medication administration [is] paramount,” said Ferdinand Feola, Pocono Health System vice president and chief information officer.

ONE PATIENT, ONE CHART

Epic, an integrated system, went live in February 2013 at Reading Health System.

Dr. Jorge Scheirer, vice president/ chief medical information officer, said Epic “provides caregivers real-time electronic access to patient records.”

An internist, Scheirer cited an example where a patient could be seen in his office one day but be rushed to the emergency room that evening.

Now that emergency staff has complete access to the patient's medical records, it does not need to obtain duplicate vital information (drug allergies, for example).

According to Scheirer, “One Patient, One Chart” was the overriding mantra that guided Epic implementation.

‘BEYOND EXPECTATIONS’

Lehigh Valley Health Network has been adopting Epic in stages this year, and, with the exception of a few minor modules, the transition is considered complete, according to Harry Lukens, chief information officer.

Lukens said the change has been “successful beyond expectations.”

Having worked toward this implementation since 2010, Lukens credited years of careful planning as one reason behind the smooth transition.

Keeping an active “Doomsday Book” — with answers to “What if this happens, then what?” questions — was instrumental in the metamorphosis.

RESULTS INTEGRATION

St. Luke's University Health Network is expected to transition to Epic in January, although its associated medical practices will continue using Allscripts Touchworks, according to Linda Gately, vice president, physician business services, St. Luke's Physician Group.

With implementation completed in 2014, Allscripts has integrated results from St. Luke's Hospital laboratory, radiology and other diagnostic testing as well as results from labs such as Quest Diagnostics, LabCorp and others.

“We have set up device integration where information on patients' vitals, as well as EKGs and other diagnostic tests, are sent directly from the [testing device] into Allscripts Touchworks for more accurate and timely data,” Gately said.

SINCE 2002

Yet another approach to the new world of EHRs has been employed by Grand View Hos-

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THE GOOD AND THE BAD

In general, the advantages of electronic health records are specific to health care; the disadvantages are shared with large-scale information technology applications in other settings (such as financial institutions).

PROS

- **Accurate, timely and essential data** available to health care professionals who see the same patient — even if caregivers work in different hospital departments or office-based practices.
- **Greater patient safety** resulting from a reduction in medication and other errors.
- **Portals** allow patients access to their own records.

CONS

- **Technology lag:** Any large-scale information technology system designed to improve efficiency will cause periods of inefficiency as people learn to use it.
- **Large investment of money and time:** Whenever an organization invests millions of dollars and many years to implement a new process, the question arises: “Could the group's goals be better achieved if that money and time were invested in a different way?”
- **Cybersecurity concerns:** Vigilance is required to prevent the release of sensitive information.

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pital in Sellersville.

Jane Loveless, chief information officer, said Grand View has been using Meditech since 2002 and has been building an integrated system by adding applications. Beginning with administrative activities such as scheduling, registration and billing, its system has incorporated more “clinically focused” modules over the past decade.

Loveless described GVH as using an “evolutionary, ongoing process” to develop today’s fully integrated system.

FULL ACCEPTANCE

Easton Hospital is part of Community Health Systems Inc., the parent company to 198 hospitals in 29 states.

CHS decided to use Cerner for its EHRs; Easton converted to Cerner in April 2014.

Don Lutz, Easton Hospital’s director of information technology, said Cerner is so fully accepted that staff members have volunteered that they “don’t miss the paper.”

CRITICAL STANDARD

At Pocono Health System in Monroe County, information technology systems vary by department.

Over the years, “we grew our [use of] EHRs by implementing applications that were “best in breed,” noting, for example,

an application specific to the care of cardiac patients, according to Feola.

“While we have had success, we know future integration that allows for data and information to be available at any point in time for patients as they use services across the care continuum – from the doctor’s office to the hospital to home – will be a critical standard ...,” Feola said.

When hospital divisions use multiple IT systems, it is difficult for them to share information. This problem is compounded when different vendors support the various systems.

If the deal is finalized and approved by regulators, Pocono Health System next year will merge with Lehigh Valley Network, which uses Epic.

PATIENT PORTAL POPULARITY

Searching the Internet for health information is ubiquitous these days. So it is not surprising that EHRs give patients the ability to view their own medical records.

Greater Lehigh Valley patients are accessing portals such as eVantageHealth (St. Luke’s), MyHealthHome (Easton) and MyLVHN.

At Reading Health System, the number of patients enrolled in MyChart rose from 40,000 in August 2014 to 51,570 in July 2015.

As a result of MyGVH, “patients are more engaged in their care,” according to Loveless.

People with chronic conditions – such as diabetes – find that EHRs help them moni-



Training techniques for adopting electronic health records include classroom instruction, mock ‘go live’ simulations and one-on-one instruction.

tor their health and, in conjunction with physicians, adjust treatments.

STAFFING

Adopting EHRs requires that all staff members at hospitals and affiliated medical offices alter their work flow.

Although any change of this magnitude is likely to meet with resistance, regional health care leaders said that varied educational approaches and reminders of the improved-patient-safety goal ease the transition.

Training techniques include classroom instruction, mock “go live” simulations,

It is not surprising that EHRs give patients the ability to view their own medical records.

one-on-one instruction, videos and testing.

The hospitals said no staff reductions resulted from adopting EHRs. New staff has been added, temporarily and permanently, to take on training responsibilities and to ensure that systems remain as private and secure as possible. ■

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