

HITECH: Is It Worth the Transformational Bet?

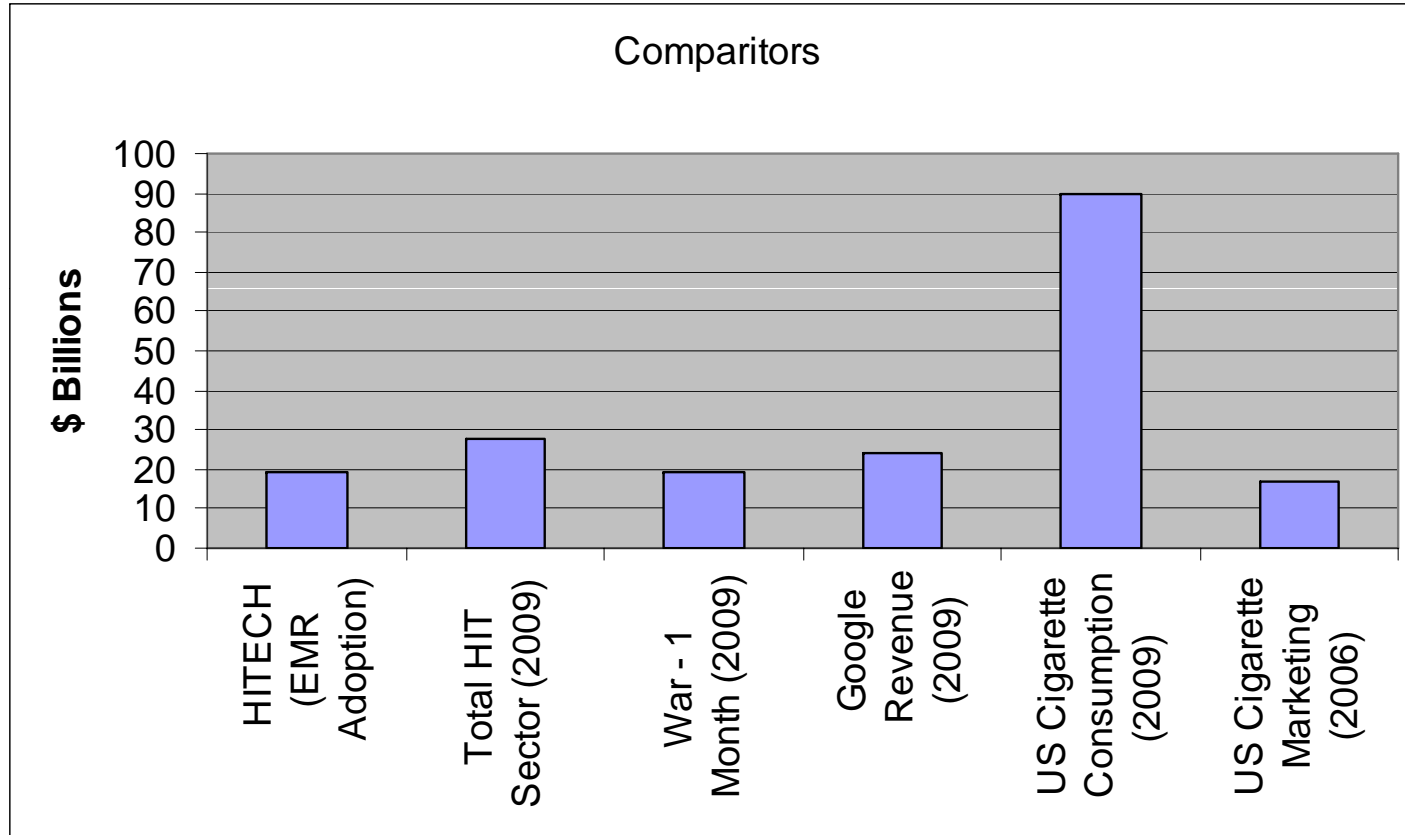


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VA HIMSS Advocacy Day February 1, 2011

Ante



Pot Odds

Quality Gains Elusive with EHRs

By John Gever, Senior Editor, MedPage Today
Published: January 24, 2011
Reviewed by [Zalman S. Agus, MD](#); Emeritus Professor
University of Pennsylvania School of Medicine.

▶ CME POSTTEST
Completed! (1/26/11)

Electronic health records (EHRs) have been promoted as making outpatient care more efficient and boosting quality -- but data from two large prospective surveys seemed to find no clear improvement in the quality of care resulting from EHR use.

Reports on more than 250,000 outpatient visits indicated that, among 20 indexes of care quality, only one -- diet counseling for high-risk adults -- showed significantly better performance in EHR-related visits compared with visits tracked with conventional record-keeping systems, according to Max J. Romano and Randall S. Stafford, MD, PhD, both of Stanford University.



Original Investigation

Electronic Health Record Use and the Quality of Ambulatory Care in the United States

Jeffrey A. Linder, MD, MPH; Jun Ma, MD, RD, PhD; David W. Bates, MD, MSc; Blackford Middleton, MD, MPH, MSc; Randall S. Stafford, MD, PhD

Arch Intern Med. 2007;167(13):1400-1405.

Background Electronic health records (EHRs) have been proposed as a sustainable solution for improving the quality of medical care. We assessed the association between EHR use, as implemented, and the quality of ambulatory care in a nationally representative survey.

Methods We performed a retrospective, cross-sectional analysis of visits in the 2003 and 2004 National Ambulatory Medical Care Survey. We examined EHR use throughout the United States and the association of EHR use with 17 ambulatory quality indicators. Performance on quality indicators was defined as the percentage of applicable visits in which patients received recommended care.

Results Electronic health records were used in 18% (95% confidence interval [CI], 15%-22%) of the estimated 1.8 billion ambulatory visits (95% CI, 1.7-2.0 billion) in the United States in 2003 and 2004. For 14 of the 17 quality indicators, there was no significant difference in performance between visits with vs without EHR use. Categories of these indicators included medical management of common diseases, recommended antibiotic prescribing, preventive counseling, screening tests, and avoiding potentially inappropriate medication prescribing in elderly patients. For 2 quality indicators, visits to medical practices using EHRs had significantly better performance: avoiding benzodiazepine use for patients with depression (91% vs 84%; $P = .01$) and avoiding routine urinalysis during general medical examinations (94% vs 91%; $P = .003$). For 1 quality indicator, visits to practices using EHRs had significantly worse quality: statin prescribing to patients with hypercholesterolemia (33% vs 47%; $P = .01$).

Conclusion As implemented, EHRs were not associated with better quality ambulatory care.

Transformational Outcomes

Greenville, SC



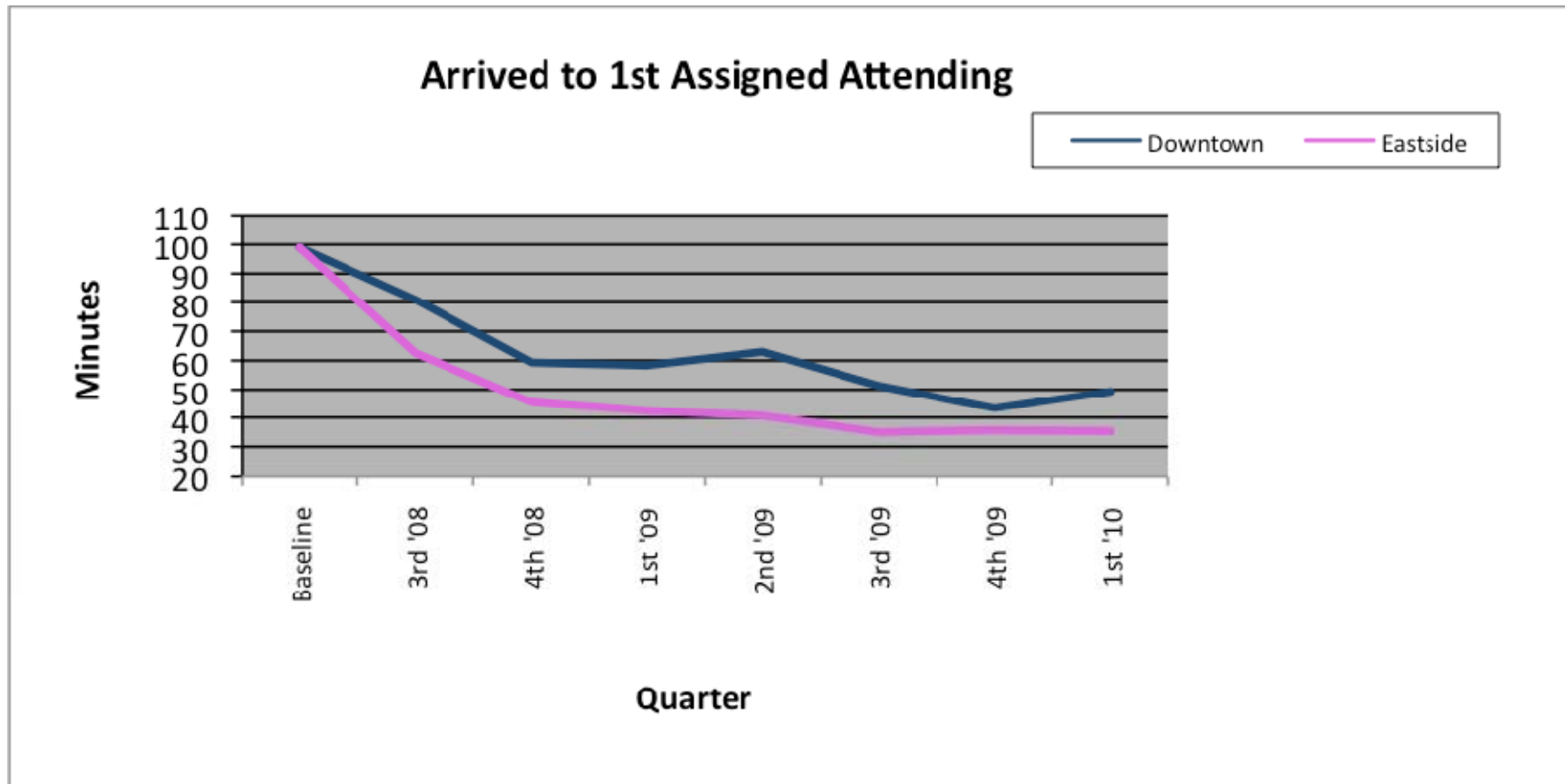
Good Help to Those in Need®

BON SECOURS HEALTH SYSTEM 

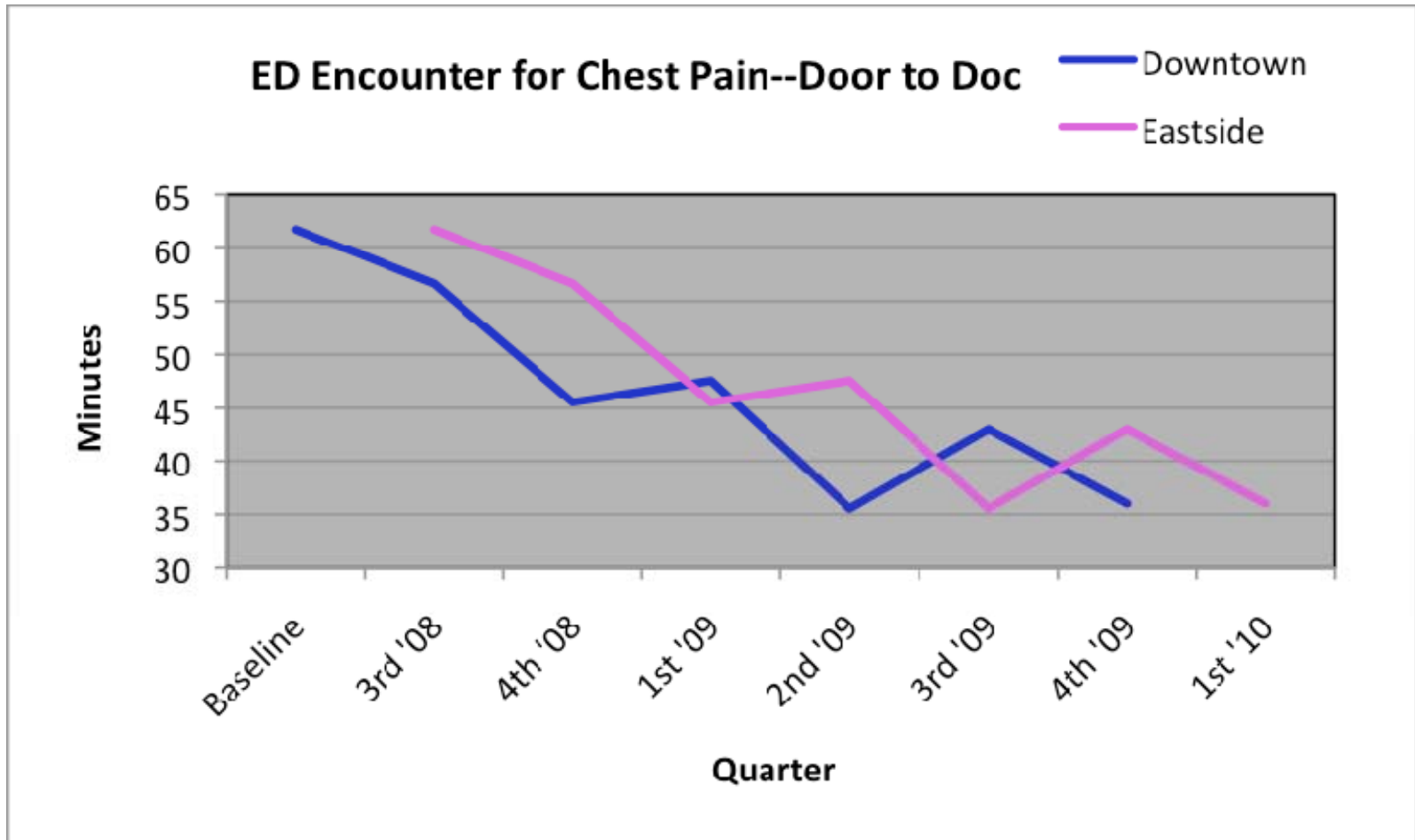
Phase One

- Big Bang Emergency Department Implementation
- Full Functionality

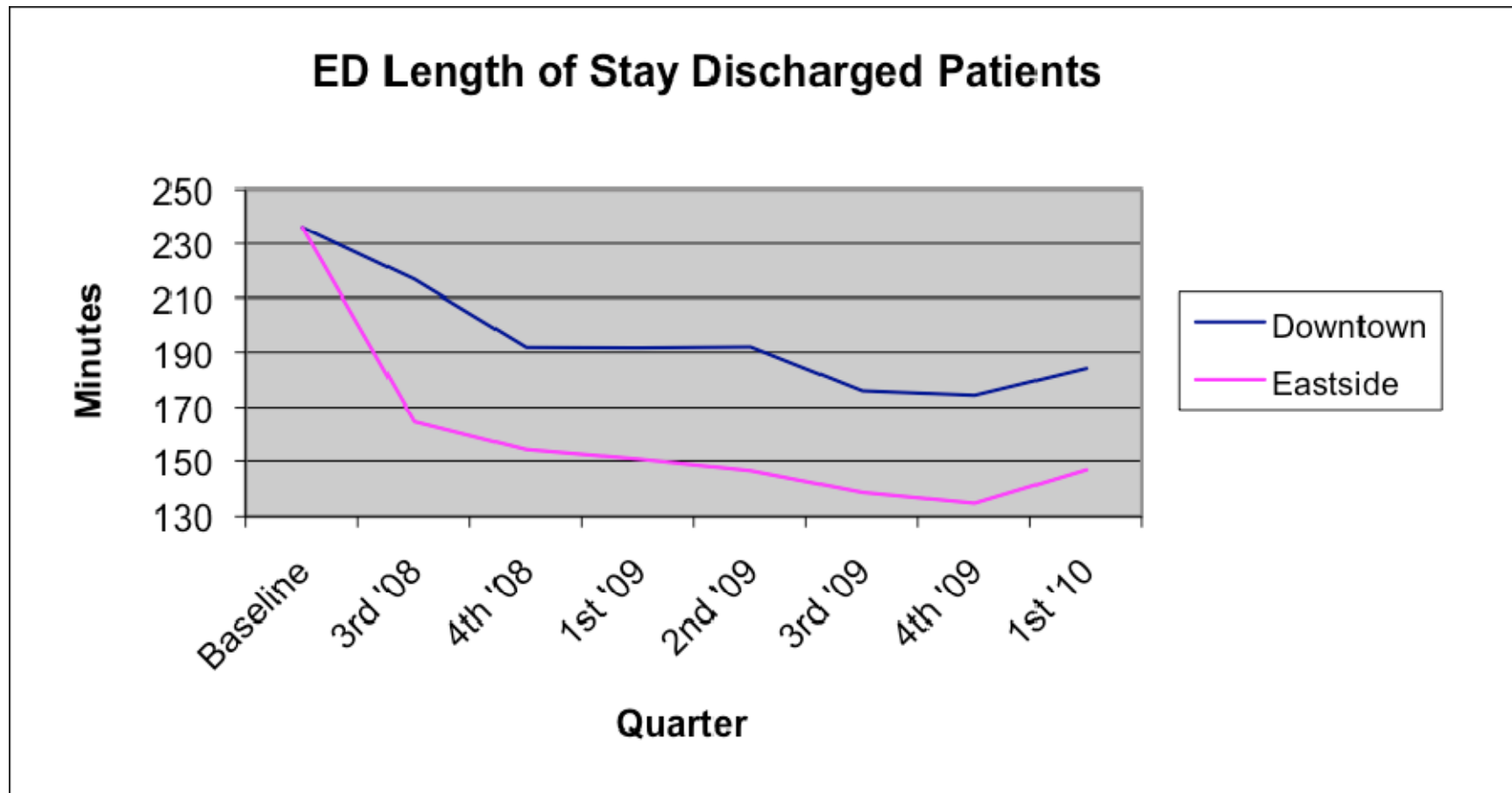
Door To Doc Time Declines



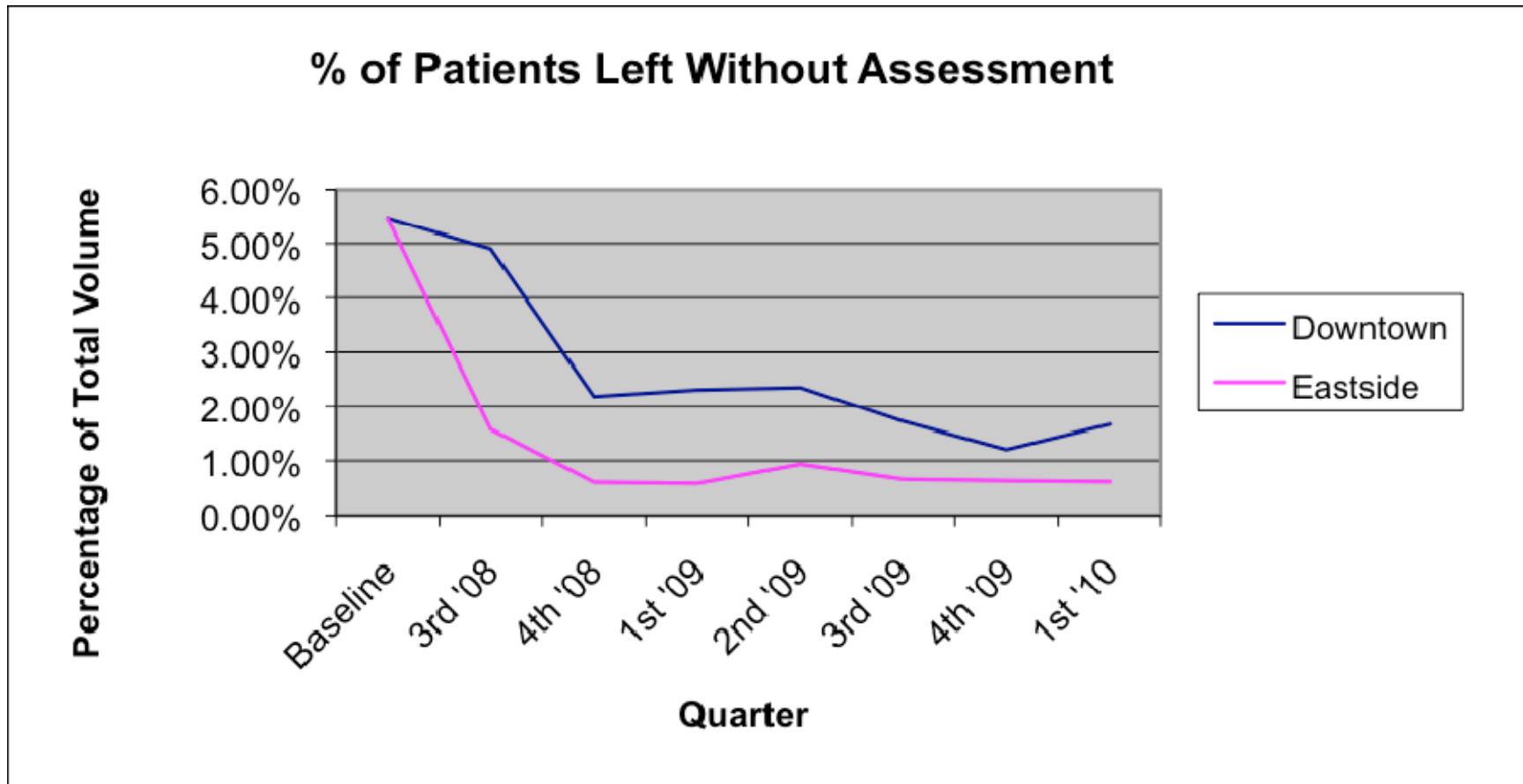
Early Evaluation for Chest Pain



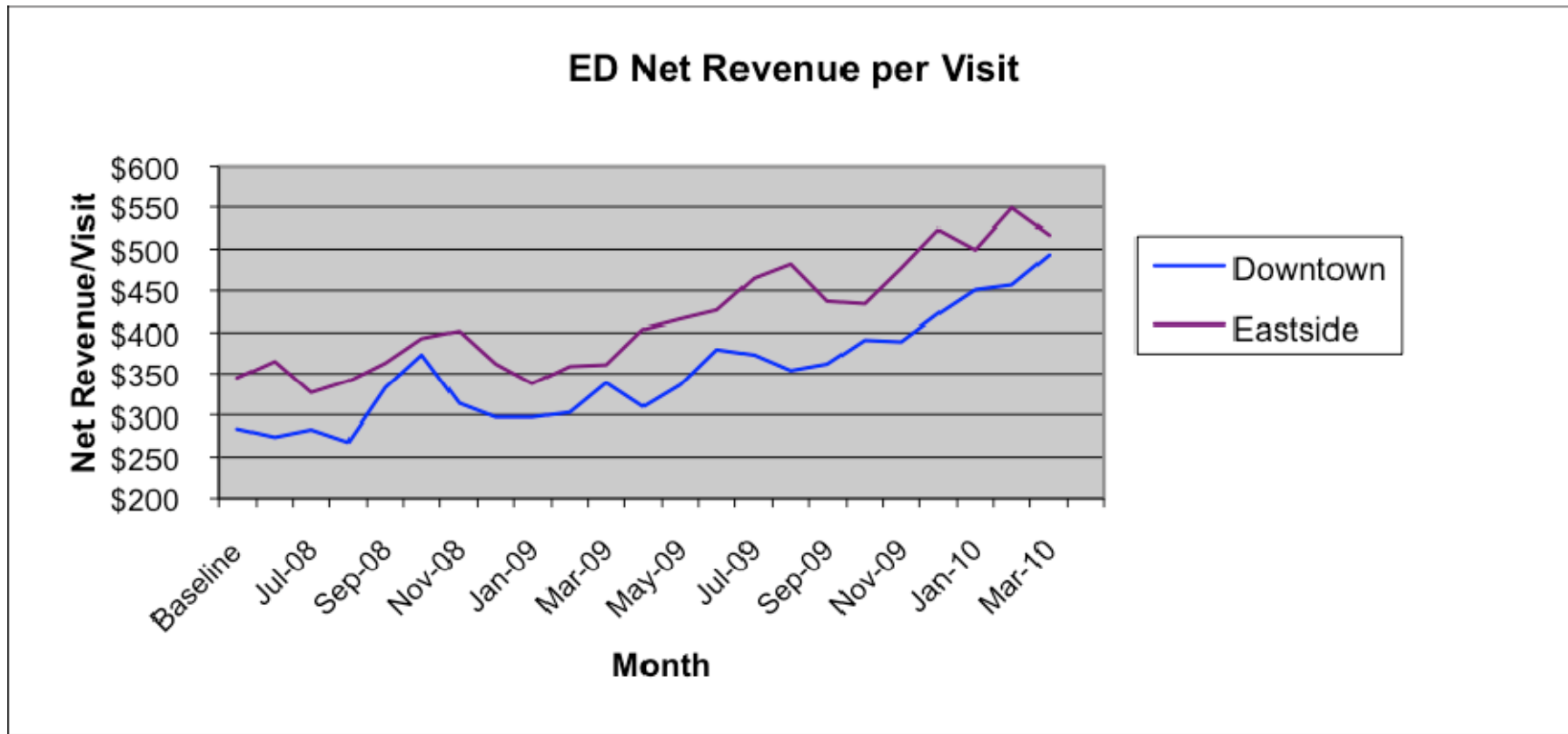
Declining ED Length of Stay



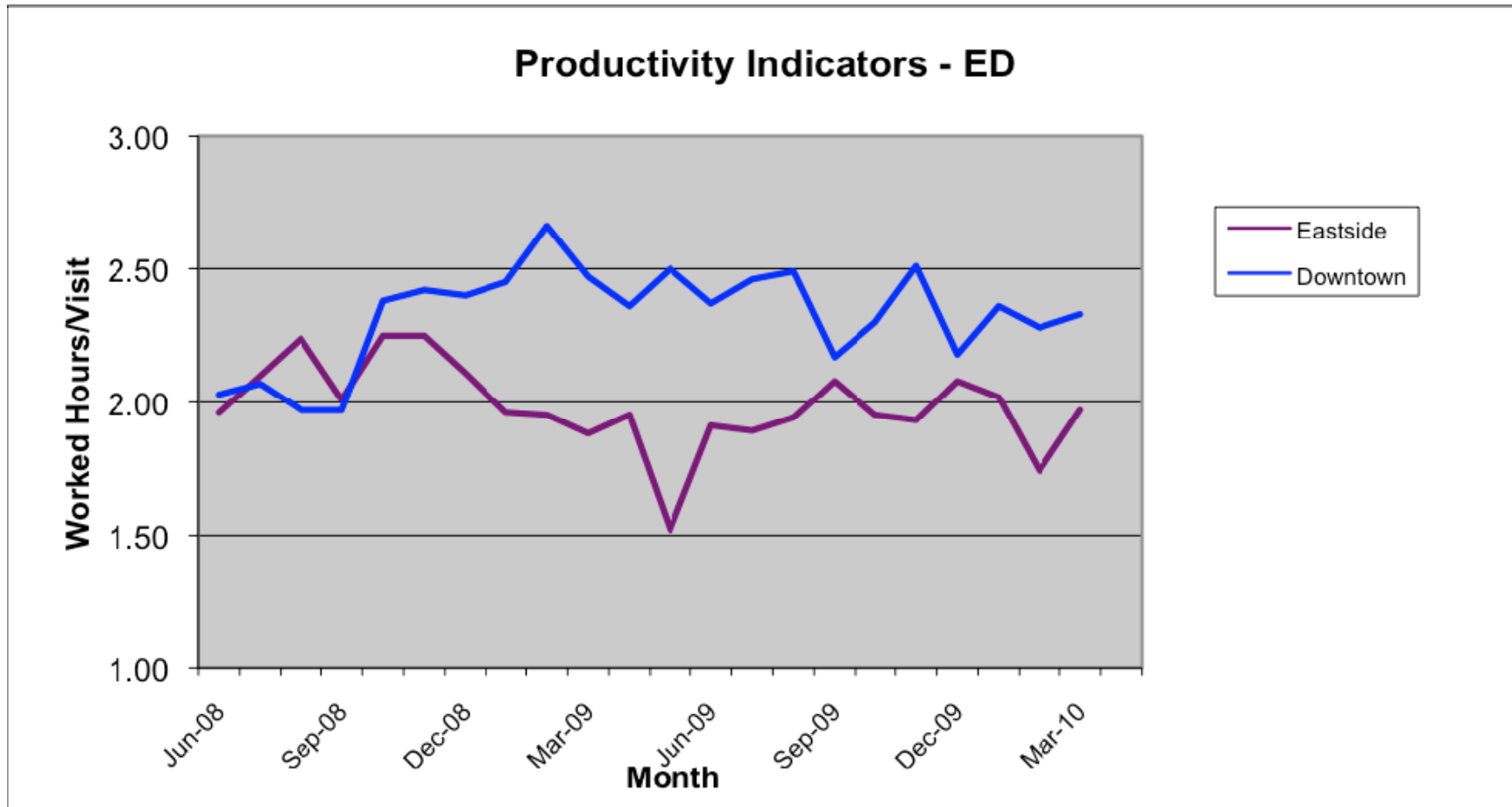
Decreasing LWMS



Increase ED Revenue



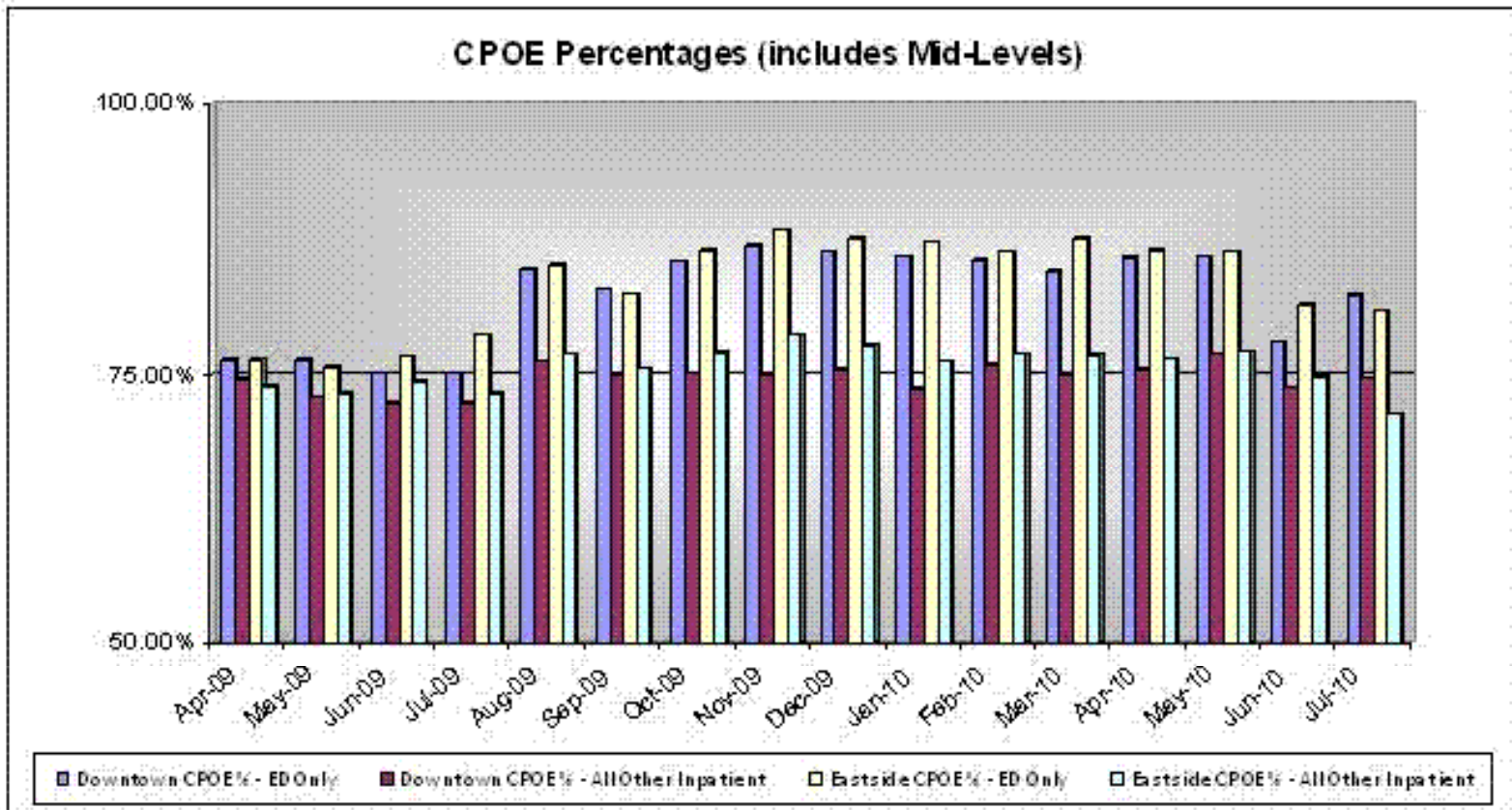
Stable Staff Productivity



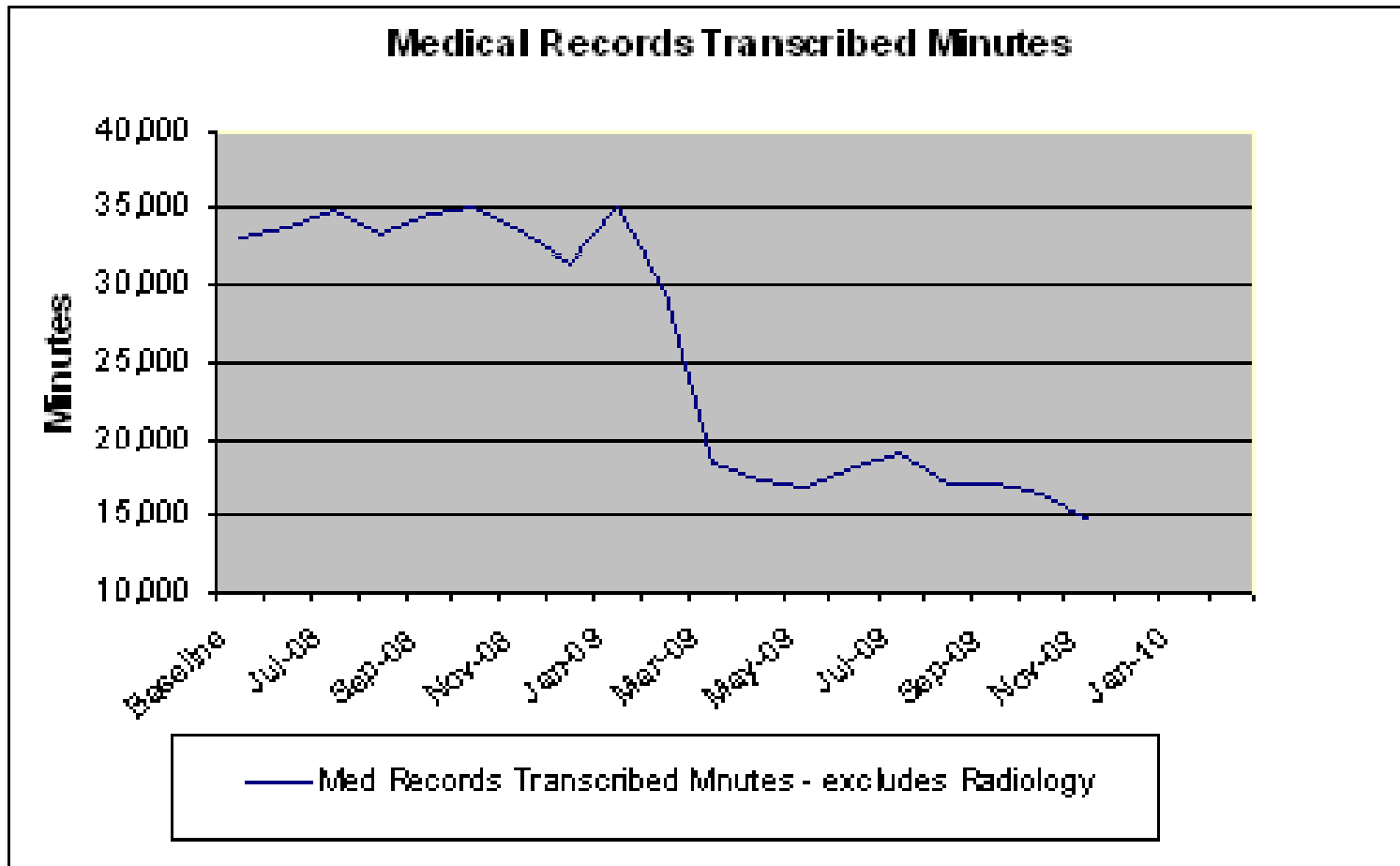
Inpatient Implementation

- Six Months Post ED Go Live
- Mandatory CPOE “inside” the hospital
 - Written Pre-Op Orders and H&P accepted for Outpatient cases
- Transcription remains Available

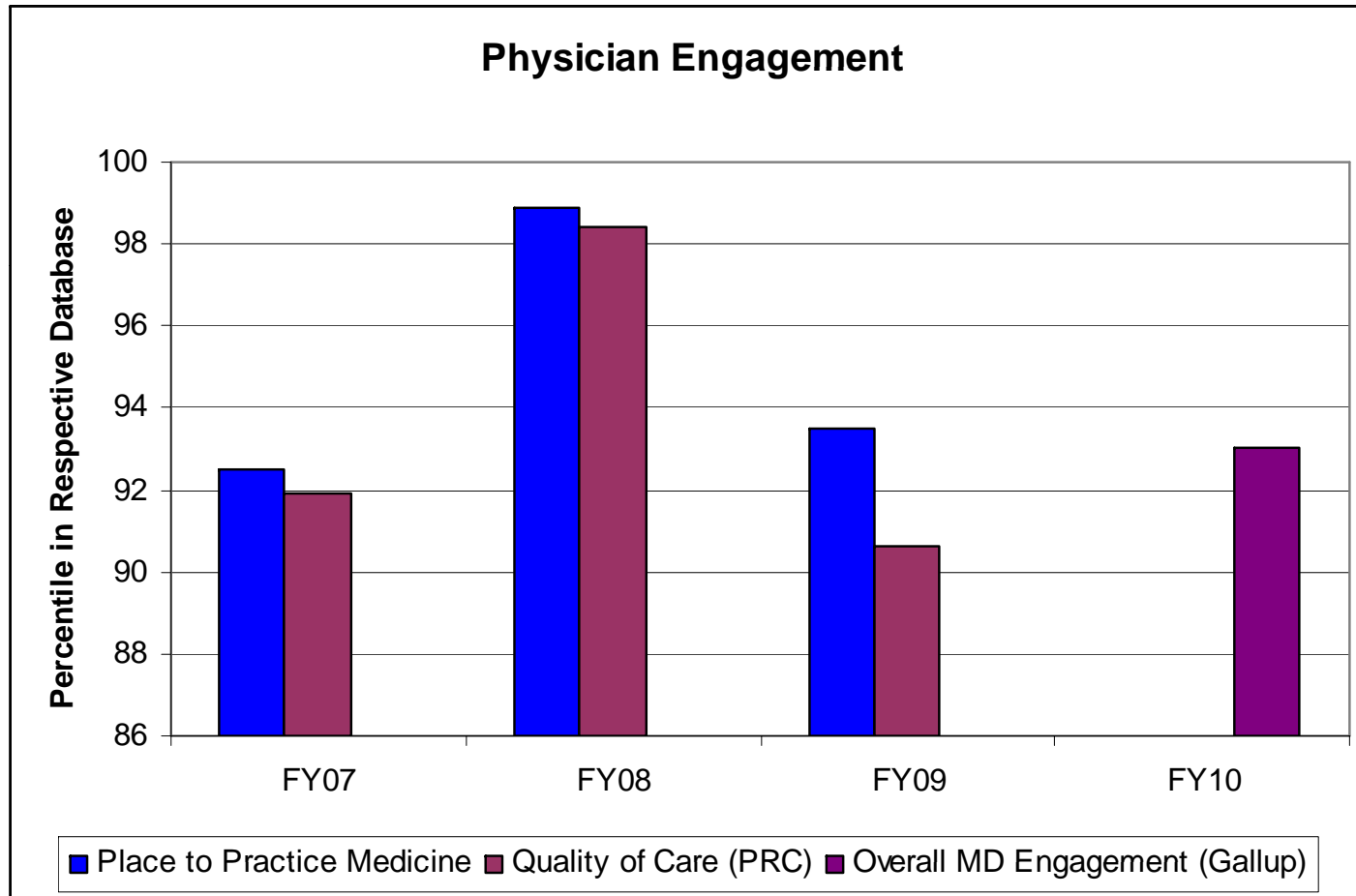
CPOE Rates Above MU Criteria



Physicians Adopt Computerized Documentation

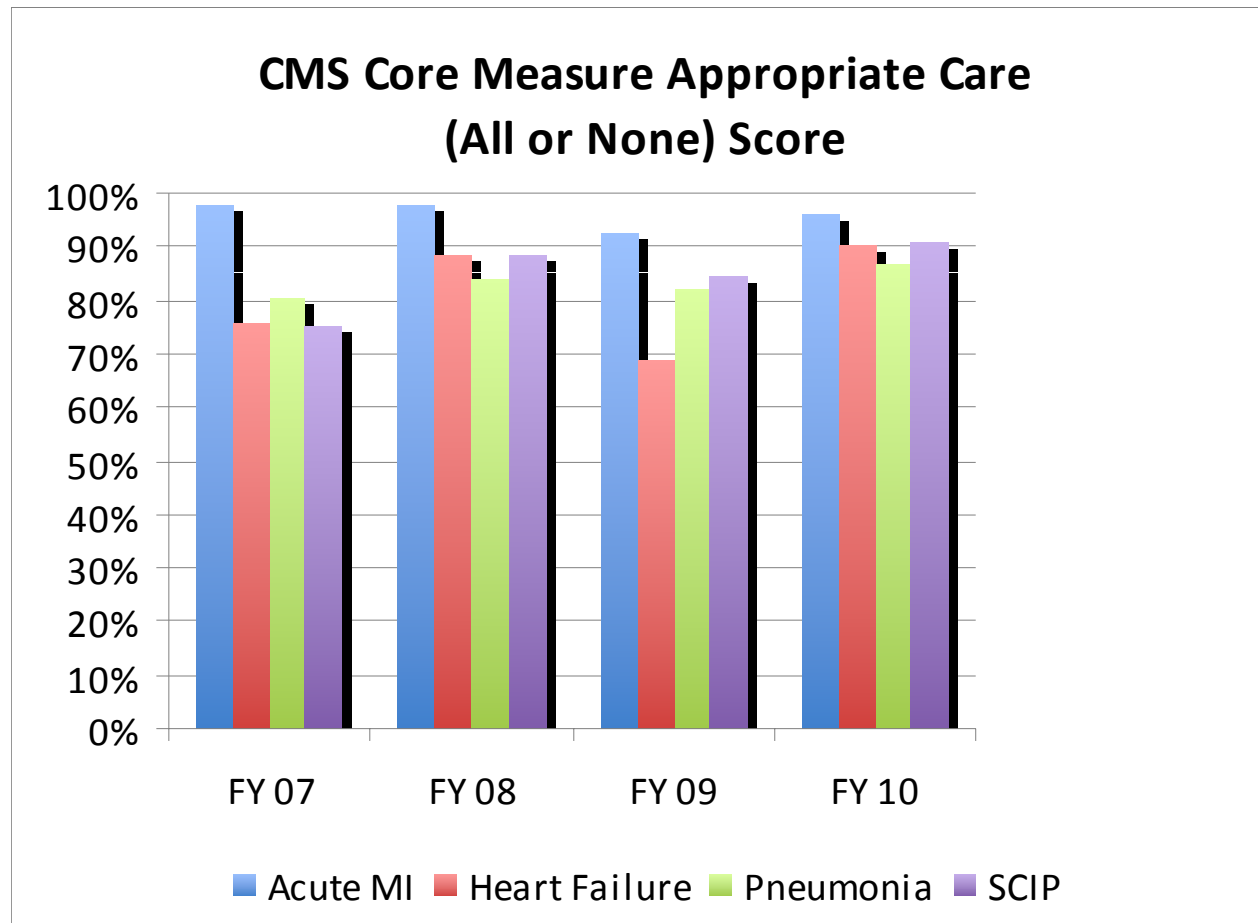


Physician Engagement Scores Robust Despite EHR Adoption

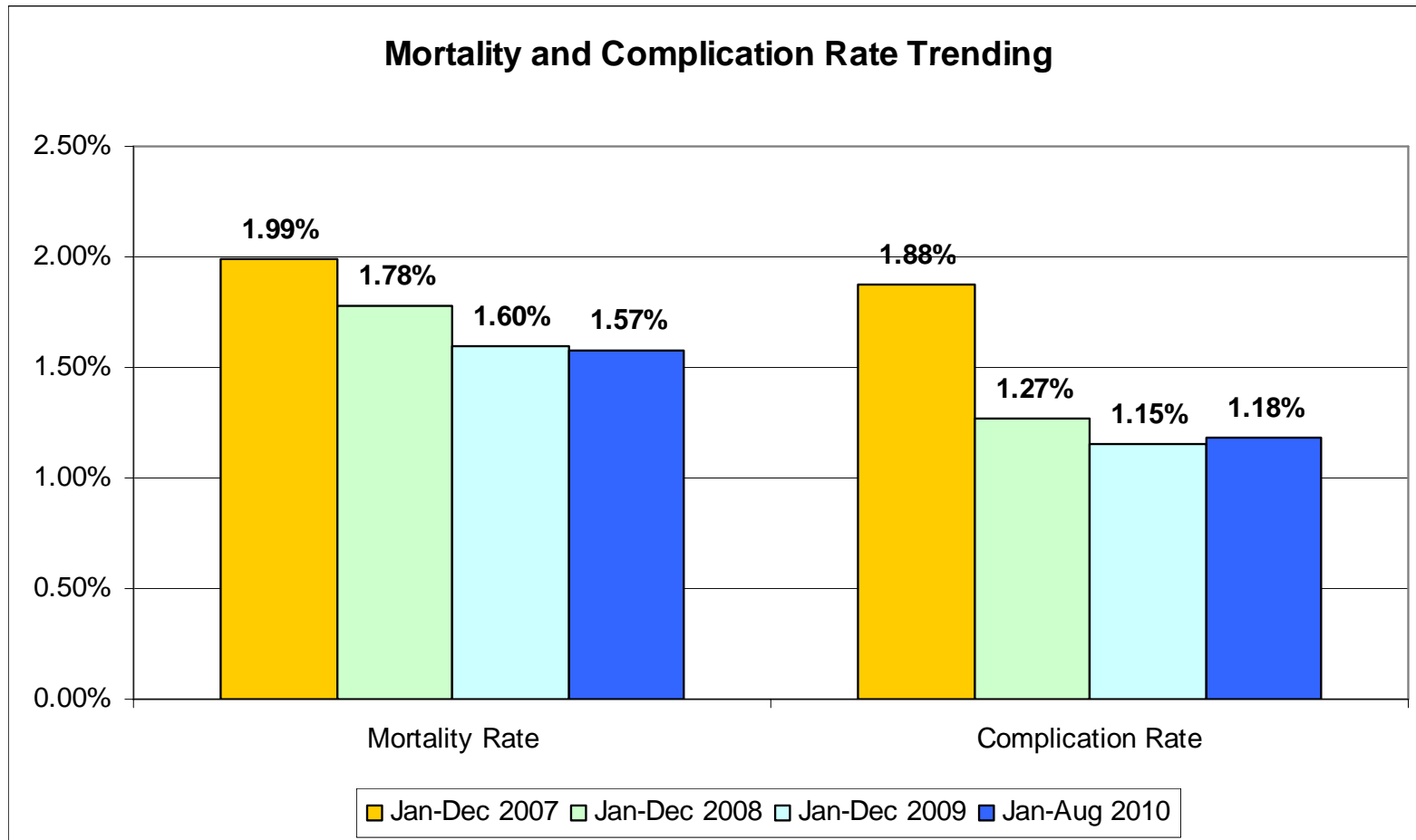


Quality Impact

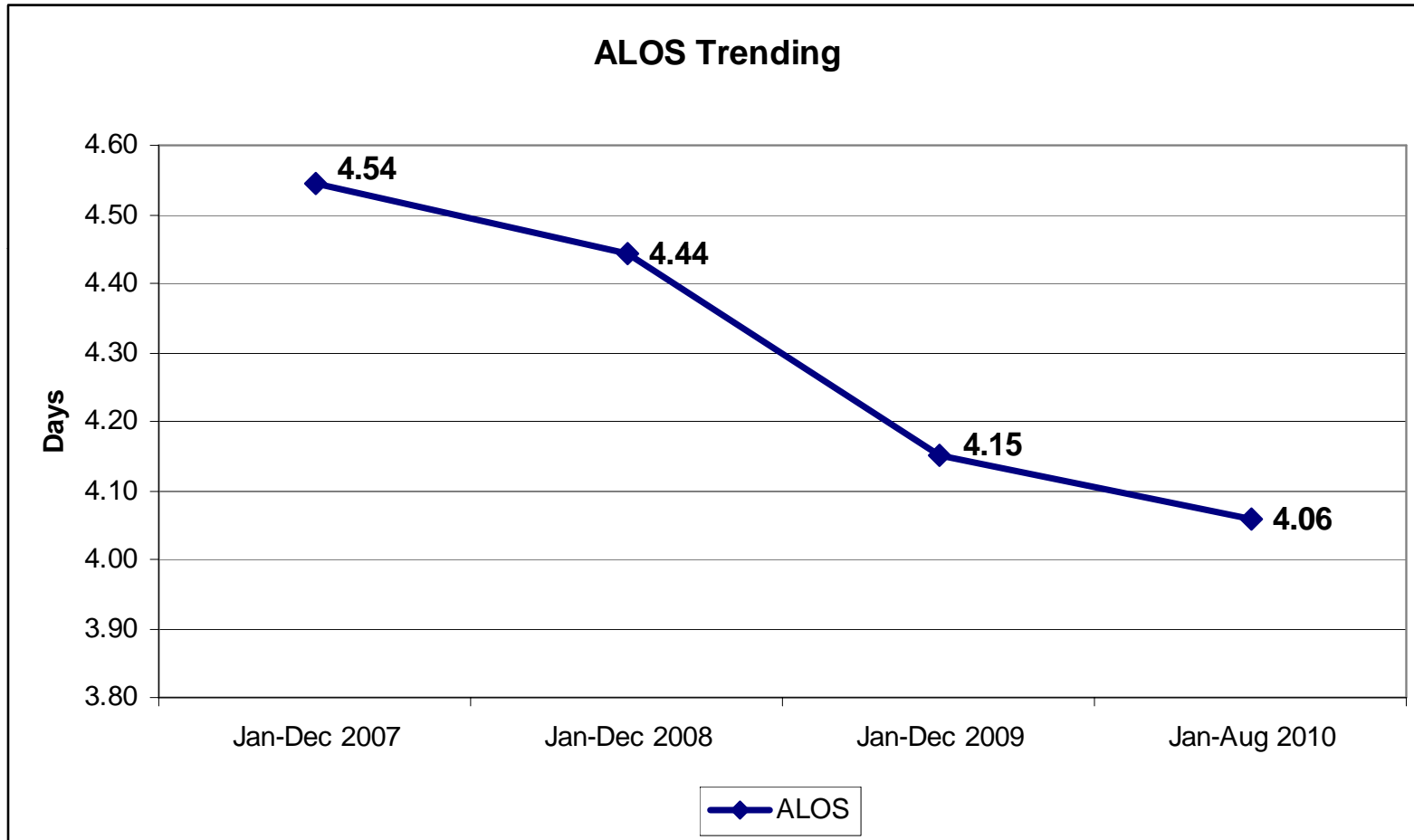
CMS Scores Stable and Trending Upward



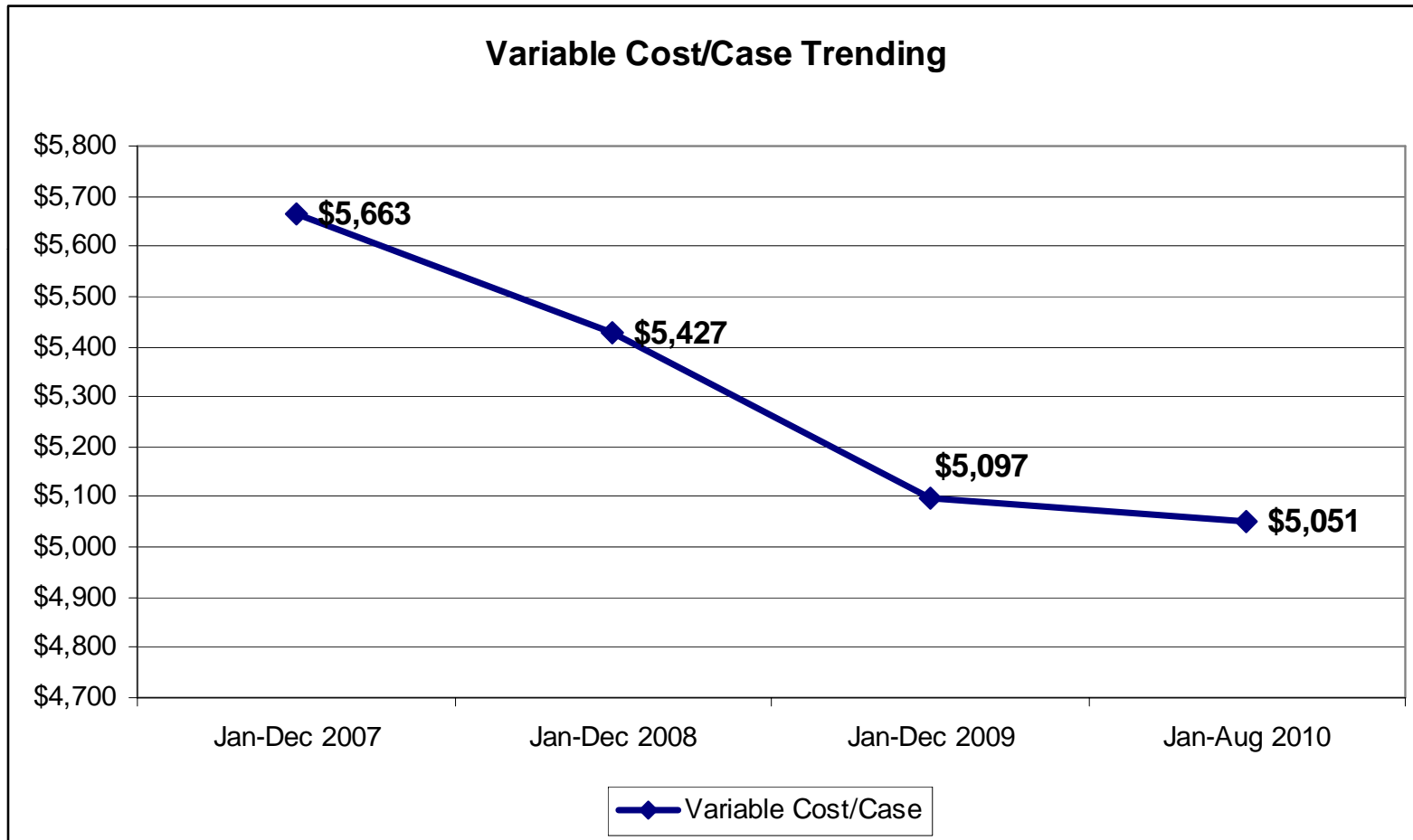
Mortality and Complications Decline



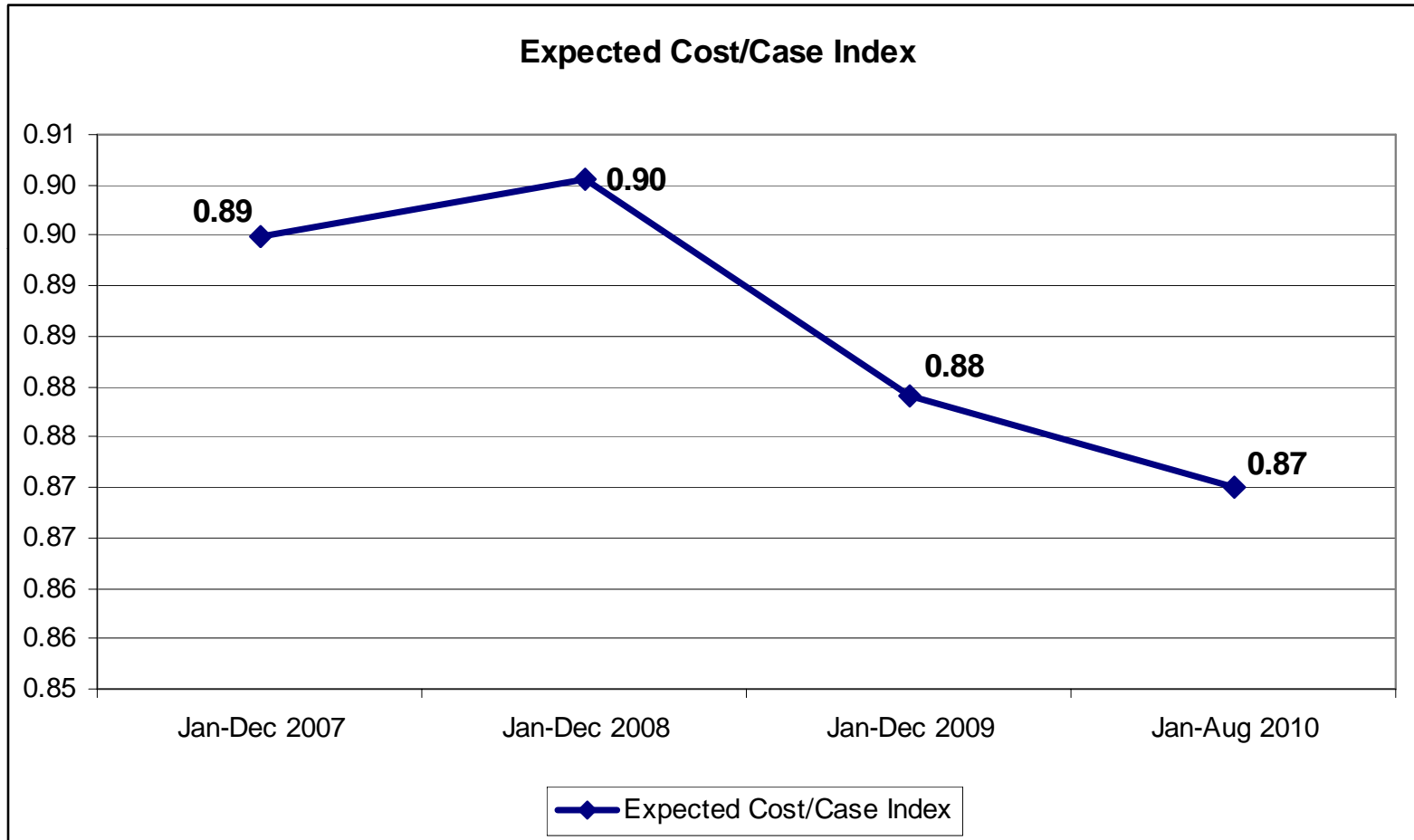
Adjusted Length of Stay Declines (Premier Data)



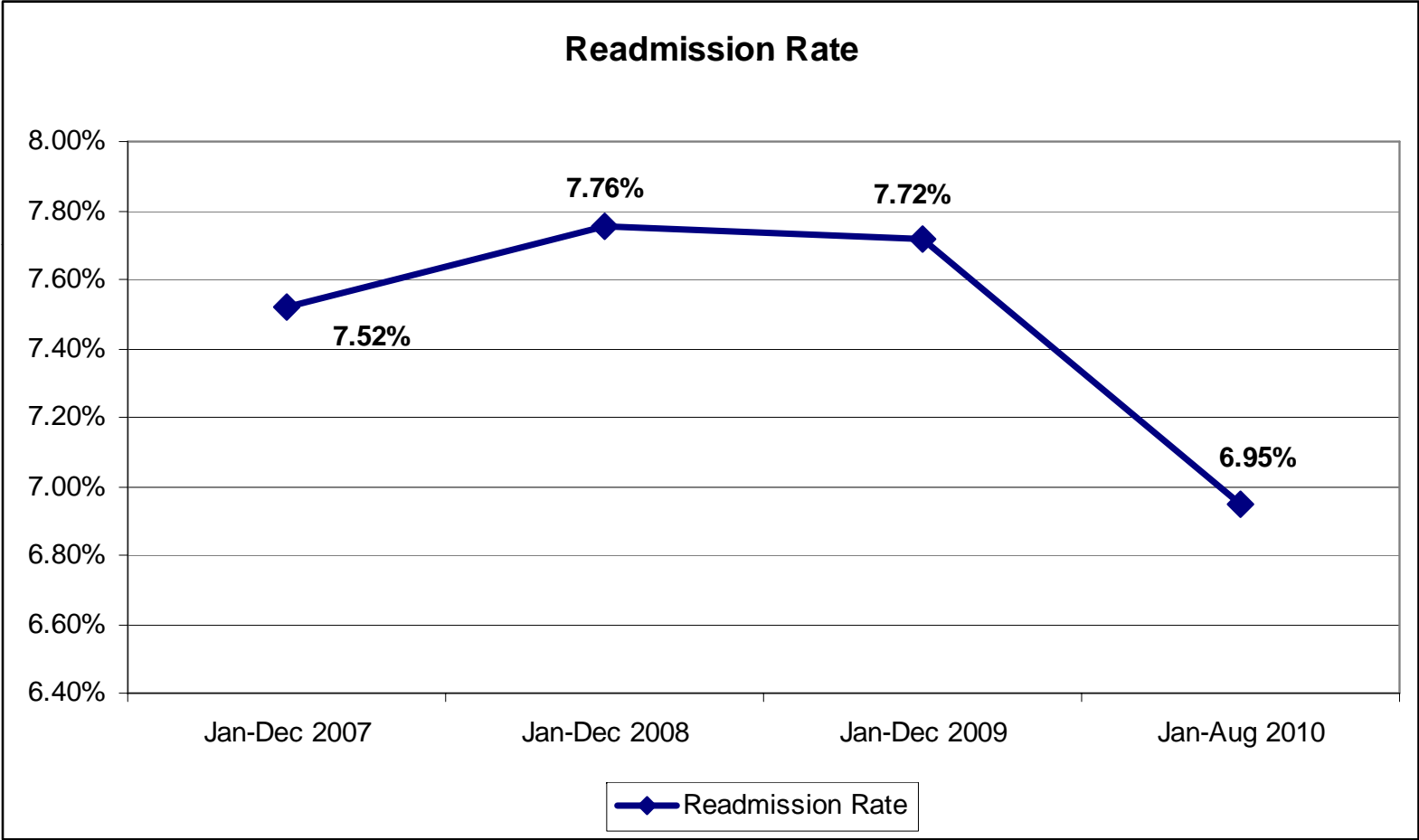
Variable Cost Per Case Declines



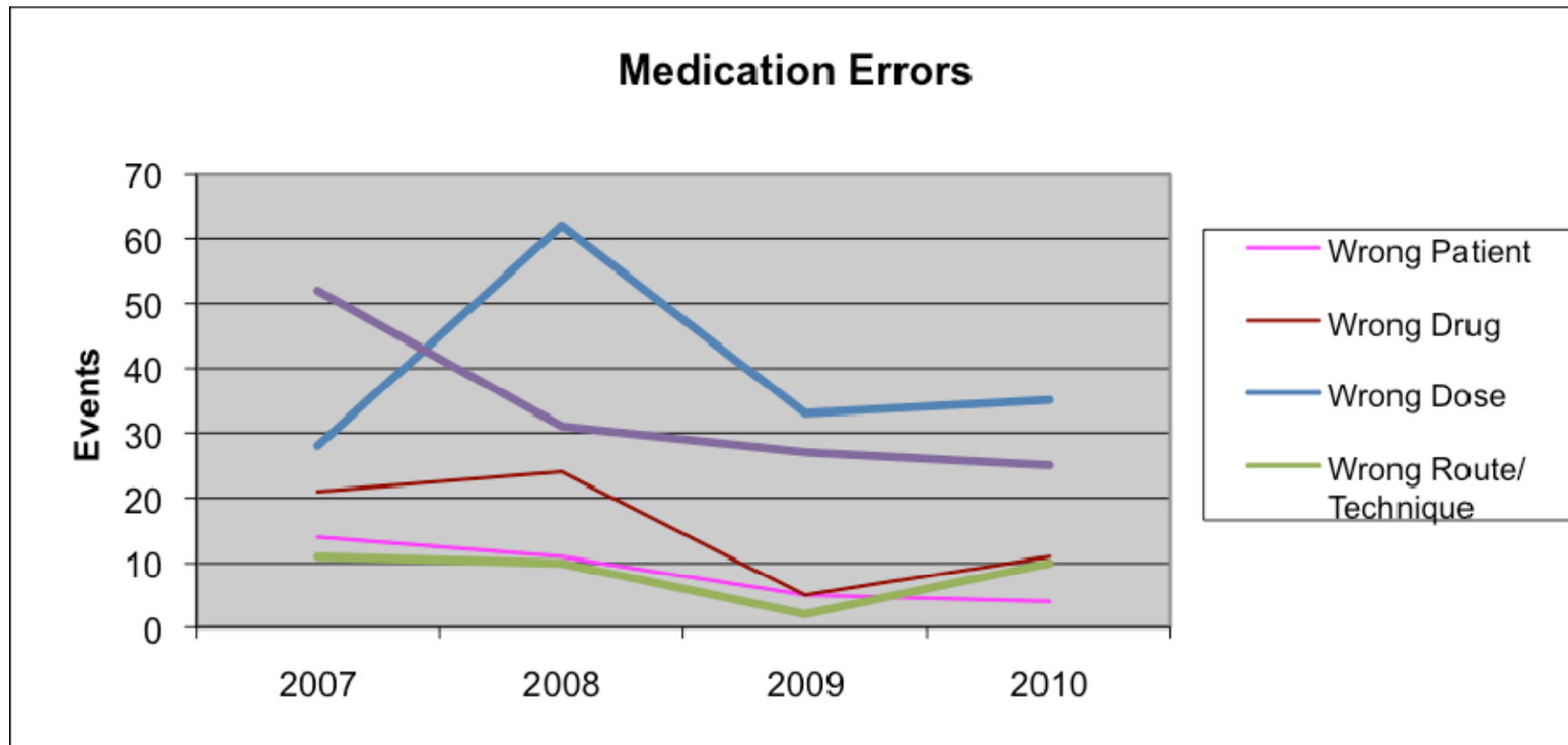
Expected Total Cost Per Case Ratio Declines



Readmission Rate Trends Downward

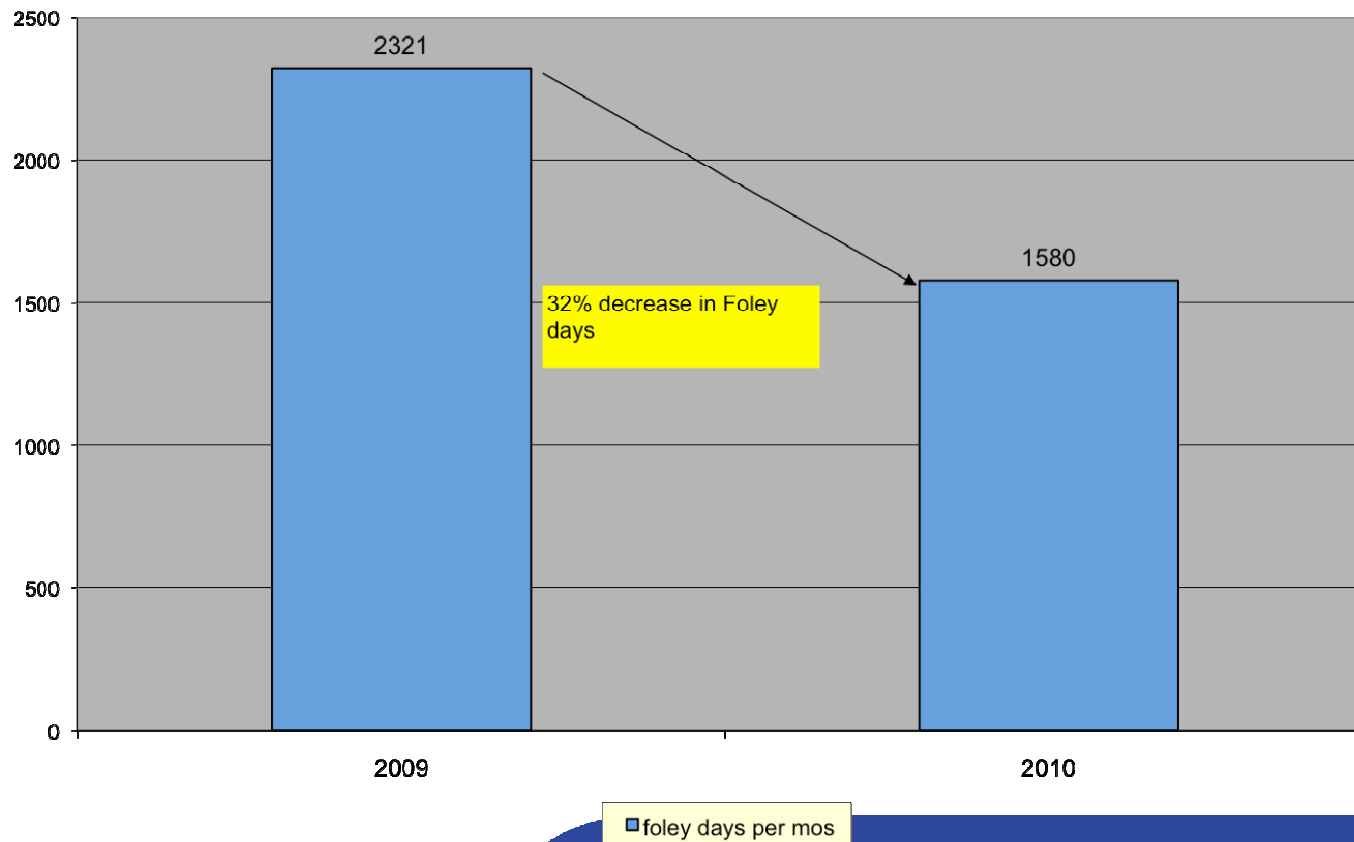


Medication Errors in Decline

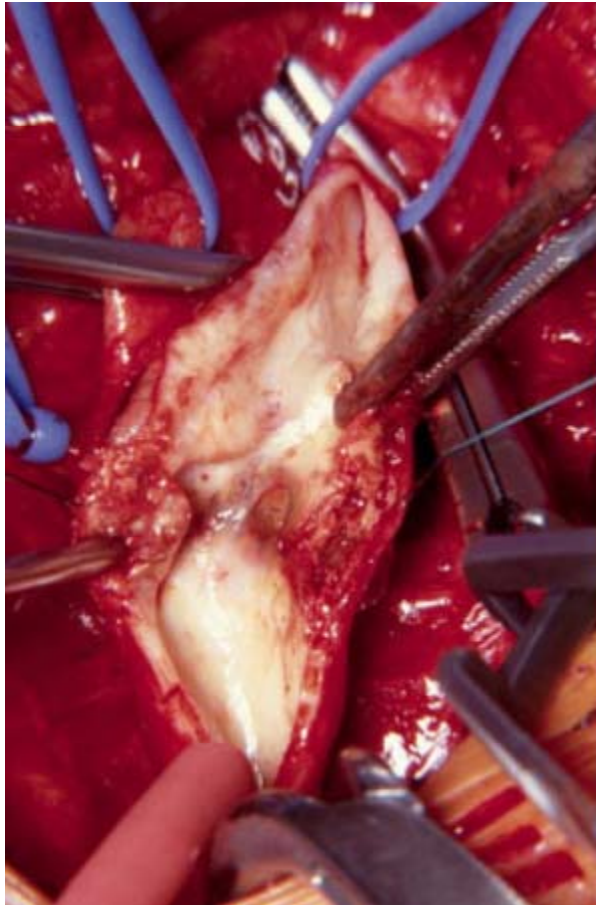


Foley Catheter Days Fall as Clinical Decision Support Implemented

foley days per mos 2009 vs 2010



The Problem With Disruptive Technology



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Gaming the System



- Implementation
- Optimization
- Transformation