Expanding Meaningful Use to the Point of Care

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St. Elizabeth Physicians
St. Elizabeth Physicians

- **345 Providers**
  - 284 Physicians
  - 61 Mid-Level Providers
- **1,266 Associates** (including providers)
- **25 Specialties**
- **80 Locations**
  - 31 Primary Care
  - 3 Hospitalist
  - 11 Heart & Vascular
  - 5 OB/GYN
  - 1 Express Care
  - 3 states / 8 Counties
- Served approximately **276,000 patients** in 2012
- **>1 Million visits** in 2012
- **>$150 Million** in revenue
- 21 of 26 PCP offices designated Level 3 PCMH
- Participating in the CMMI Comprehensive Primary Care Initiative

### 25 Specialties

**Primary Care**
- Family Medicine
- Internal Medicine
- Pediatrics
- Internal Medicine/Pediatrics
- Hospitalists
- After Hours Care
- Express Care

**Specialty Care**
- Bariatric Surgery
- Behavioral Health
- Breast Surgery
- Cardiology - electrophysiology, interventional
- Endocrinology
- Gastroenterology
- General Surgery
- Nephrology
- Neurology
- Neuro-Oncology
- Obstetrics & Gynecology
- Orthopedics
- Pain Management/Spine
- Pulmonology
- Rheumatology
- Surgical Oncology
- Vascular Surgery
- Wound Care

### Number of Providers

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<th>Date</th>
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If it was only this easy!!!

We have an EMR + We turned it on =

We met Meaningful Use & Patient Care Improved
Instead, we found...

### The Five Stages toward Meaningful Use Acceptance

1. **Denial** – “They will not make us Go-Live”
2. **Anger** – “If I have to click 1 more button I will lose it”
3. **Bargaining** – “If you hire me 2 scribes, I will stay”
4. **Depression** – “This profession has been ruined”
5. **Acceptance** – “Maybe this is not the end of the world”

...it was not quick, nor easy
Moving beyond checking boxes to improve patient care

- Our 4 part journey...
  1. Ambulatory Go-Live
  2. Inpatient Go-Live with CPOE
  3. Optimization and System Redesign
  4. Innovation and the Future of Providing Care

- March 2010: Ambulatory Go-Live
- May 2012: In Patient CPOE
- Today: Optimization
- Tomorrow: Innovation
Part 1 – Ambulatory Go-Live

The patient’s perspective

• The end of the patient – provider interaction
• HIPPA concerns
• Medication list and problem list are up-to-date
• Direct email access to my provider
Part 1 – Ambulatory Go-Live

The provider’s perspective

• The end of the provider-patient interaction
• So many boxes to check
• Patients will email me – really???
• More boxes to check
• Results can be auto released!?!?
• So tired of checking boxes
• Spending more time for less patients
Part 1 – Ambulatory Go-Live

■ The administrator’s perspective

• How much longer until everyone is live on the system?
• We need to attest
• How can I make this easier on everyone?
• How will this lead to better care for the patients?
Part 2 – Inpatient CPOE

The patient’s perspective

- The patient – provider relationship has changed, but it is not ruined (with some exceptions)
- I review my problem list and medication list to ensure accuracy
- Sending an email is much easier than making a phone call
- Many of my doctors are now connected
- My information moves smoothly between IP and OP
Part 2 – Inpatient CPOE

- The provider’s perspective
  - Too many boxes to check
  - The provider-patient relationship could be saved if I didn’t have to do all this secretarial work
  - With emailing patients, there is good, bad, and ugly
  - Uggghhh …
    - … the discharge process
    - … medication reconciliation
  - “I’m the world’s most highly paid ward clerk!”
Part 2 – Inpatient CPOE

The administrator’s perspective

• We attested for ambulatory Meaningful Use Stage I
• Our providers may revolt
• Patient care was not improved by checking boxes
• Is there really a benefit to this EMR thing? It really costs a lot!
Part 3 – Optimization

The patient’s perspective

- I am receiving meaningful data about my own health
- I can provide input back to my provider
- I use my patient portal to contact my provider and for making / cancelling appointments
- I realize the patient – provider relationship is not limited to time spent in the exam room
- What else can I be doing online?
Part 3 – Optimization

The provider’s perspective

• This system requires delegation of responsibilities to preserve the interaction in the exam room
• Although we have made progress, we need to find ways to leverage the potential of the EMR
• There are still so many boxes
• We need tools / processes to make …
  – …my Care better
  – … my Life easier
  – … my Day shorter
Part 3 – Optimization

The administrator’s perspective

• Patient care is a continuum
• All employees and providers require the opportunity to work to their potential
• The EMR can and should allow both scenarios to occur
• How can we get our EMR vendor to work with partners that will make us more innovative?
Part 4 – Innovation & the Future of Providing Care

The re-design of how we deliver care

- Greater interaction outside the exam room
- Leverage technology
  - Telemedicine
  - e-Visits
  - Patient entered data
  - Other stuff we’re not thinking of yet
- Increase patient engagement in their health care
- Provide better outcomes
- Just starting …