

# INSIDE EDGE

## CEO Outlook 2010

### EXECUTIVE SUMMARY

Last year couldn't have been much more tumultuous, which is why it's good to begin 2010 at SI by "checking in" with a handful of our member CEOs to see what their IT-enabled strategies are for the year. Our CEO Outlook issue of Inside Edge is always compelling because it captures top healthcare executives from around the country in a moment of change. Sometimes the change is subtle and sometimes it's dramatic, but it is always interesting.

CEOs are definitely more optimistic than last year, when they were reeling from the economic crisis. We have backed away from the edge and are now munching on words like meaningful use and healthcare reform, even if the prospect of the latter has likely changed—literally overnight while this is being written—as a result of the Massachusetts senatorial election.

We talked to CEOs of six integrated delivery systems from coast to coast and from north to south. If there's one trend that might characterize the time, it's the almost sudden emergence of physician-driven alignment with hospitals. It reflects multiple factors including the need to be part of a larger entity for economic survival, IT enablement, meaningful use and, of course, coordinated care. Integration has finally arrived at last.

### Pat Fry Sutter Health

"Our first priority," says Pat Fry, president and CEO of Sutter Health, "is to

complete deployment of our standardized electronic health record (EHR) to our medical foundations by the end of the year." Sutter counts over 2,000 physicians in its foundations, which include the prestigious Palo Alto Medical Foundation (PAMF) and others that account for a third of Sutter's total affiliated or aligned physicians. The goal is a single integrated platform from EPIC that allows physicians in the medical foundations to share patient information so if those patients move around Northern California, they can stay connected within the Sutter network.

The Sutter Health network of physician organizations, hospitals and other health care service providers serves more than 100 communities across Northern California—from San Francisco and the Pacific coast eastward to the Sierra.

"We've been at this for some time," notes Fry. "We're trying to drive out variation in the way we operate. All of these efforts are aimed at becoming a more integrated health system. Standardization is movement toward a more common patient experience and away from everyone doing their own thing."

The organization's second IT-related strategy is to resume implementation of its acute-care EHR, a five-year initiative that was put on hold when the global economic crisis hit in 2008. Sutter's flagship hospital in this effort, Mills-Peninsula

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WELCOME  
NEW MEMBER

## Adventist Health

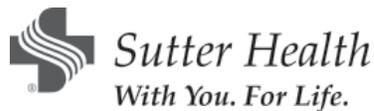
*The Scottsdale Institute is proud to announce Adventist Health, based in Roseville, Calif., as a new member.*

Adventist Health, a faith-based, non-profit organization, operates health care facilities throughout California, Hawaii, Oregon and Washington. The system includes 17 hospitals with more than 2,600 beds, approximately 17,500 employees, numerous clinics and outpatient facilities, 14 home care agencies and four joint-venture retirement centers.

The 17 hospitals offer inpatient and outpatient health care services, in both urban and rural settings. In addition, Adventist Health currently operates 28 rural health clinics and has the largest network of clinics in California—one of the largest in the country.

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Health Services in Burlingame, has already implemented the EHR and achieved 85 percent physician adoption of CPOE. Sutter Health hopes to restart acute care EHR installations in 2011.



**Pat Fry, president/CEO,  
Sutter Health,  
Sacramento, Calif.**

A third major 2010 initiative for Sutter is to consolidate revenue cycle processes for its physician organizations in a centralized billing office. “Standardization is a big, big push,” reiterates Fry. The CBO initiative “is huge,” centralizing the billing and collection of billions of dollars in revenue. Sutter recently announced PAMF will combine its patient accounting and managed care claims services with those of Sacramento-based Sutter Connect, a company that already provides administrative services to all other Sutter Health medical foundations across Northern California.

Combining these operations with Sutter Connect is expected to save nearly \$100 million over the next 10 years. Savings will come from lower operating costs, conversion to a common patient accounting application and the implementation of best practices across all Sutter Health medical foundations.

“It’s part of our efficiency agenda, to keep expense increases substantially lower or equal to the rate of inflation,” he says.

### **Rick Breon Spectrum Health**

With hospitals ranging from a large, urban quaternary-care medical center

to several rural critical access hospitals and a robust health plan covering 550,000 lives, Spectrum Health already relies heavily on IT to maintain itself as an integrated delivery system. Its employed multi-specialty group has expanded to more than 400 physicians over the past 16 months, nearly a third of its affiliated doctors, so connectivity is king for the Grand Rapids, Mich.-based seven-hospital system which serves “the other West Coast” of Michigan. The growth is expected to continue.

“Our employed physicians could double in five years,” says Rick Breon, Spectrum Health’s president and CEO, and extending IT connectivity to them as well as independent community physicians via an ambulatory EMR is the top priority in 2010. While the health system had selected a vendor for ambulatory by the time it acquired a 200-physician practice last August, the marriage was made easier because the practice already used the same vendor.

“It was a huge push for us that involved a lot of discussion,” he says, in reference to selecting an ambulatory system from a competing vendor to its inpatient system. Spectrum Health expects to complete much of the implementation this year.

That’s not to say the delivery system is abandoning its inpatient vendor. A second major initiative for 2010 is to go live with CPOE from Cerner at three main facilities. “We’re talking real CPOE with robust clinical decision support,” says Breon.

Another area of emphasis this year is to offer web portals to employees, patients and physicians. “We’re trying to connect our health plans, physician side and hospitals. That’s where IT is a differentiator. Employees will be able to view information across the organization like patient

schedules and health status. We're coming at this multi-headed monster in many different ways," he says.

## SPECTRUM HEALTH



**Rick Breon, president/  
CEO, Spectrum Health,  
Grand Rapids, Mich.**

Spectrum Health has also taken a leadership role in a health information exchange (HIE) involving collaboration with many other provider organizations across the state. Michigan Health

Connect, as it's called, differs from previous RHIOs in that it's not state but provider directed and is not driven by the need to bring every possible constituency to the table. Breon asserts that most such efforts failed in the past because they bit off more than they could chew in complex and costly agendas and ended up talking about the problems instead of executing.

"It's an approach that's working," he says of the HIE, having to date successfully connected 150 physician offices across the state. "We don't believe the flow of information back and forth is a competitive edge, but it is better for patient care."

### **Ellen Jones CHRISTUS Health**

As CEO of CHRISTUS Health's Southeast Texas and Southwest Louisiana regions, Ellen Jones oversees four hospitals—three in Texas, one in Louisiana—that have seen their share of challenges, ranging from Hurricane Katrina in 2005 to the economic meltdown of 2008 and 2009. Fortunately, helping them weather these storms, both literal and figurative, is strong parent organization Dallas-based

CHRISTUS Health, which has more than 40 hospitals in six states and Mexico.

To understand these combined regions' IT-related strategies for 2010, it's necessary to understand what they accomplished in 2009. "We spent most of last year maximizing utilization of our existing information systems," she says, adding that even before that her hospital regions had participated in CHRISTUS Health's move to a single IT platform across the enterprise. "It's all an effort to standardize data for better patient care and financial efficiency," notes Jones.

Increasing integration with service providers in the community is a continuing focus for this year, especially what CHRISTUS terms "alternative practice areas," a phrase that encompasses everything from the organization's retail model to nurse practitioner sites. "These are not just traditional physicians," she says.

Of course, the HITECH stimulus also drives IT initiatives this year, especially connectivity with doctors in the community. "We're aiming to take coordination of care to the next level. It can't be done without CPOE and CPOE requires integration with physicians, both employed and independent," says Jones. Medical staff members from across the region meet on a regular basis and provide input to technology decisions and deployment strategies. This group represents a variety of disciplines to ensure broad understanding of clinical requirements for IT.

Data quality directly affects the integrity or validity of data used in results reporting, physician orders, analytics of clinical trends and in decision support. "You can't work decision support without data quality," asserts Jones. The challenge is underscored by the fact that 27 percent of the population in the southeast Texas region is uninsured and many people

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Adventist Health also provides a variety of home care services and wellness activities. The home care agencies offer services from home infusion therapy to hospice to home medical equipment.

In addition, Adventist Health has four joint-venture retirement centers, which offer seniors a host of independent and assisted living options.

In an effort to improve patient safety, Adventist Health has invested more than \$150 million into Project IntelliCare, a state-of-the-art clinical information system and is preparing to implement CPOE this year.

Welcome Robert Carmen, president/CEO; Alan Soderblom, CIO; and the entire Adventist Health team.

## SI TELECONFERENCES

### February 9

#### *Health Information*

#### *Exchanges: Separating Fact from Fiction*

- Jason Hess, general manager, Clinical Research, KLAS Enterprises, Orem, Utah

### February 11

#### *IT Service Quality, Delivered Meaningfully: Part Two*

- Mike Wilson, senior IT director, Clinical Systems, Compuware, Detroit

### February 15

#### *Cerner Collaboration No. 21*

- Judy Van Norman, senior director, Care Transformation, Banner Health, Phoenix
- Joel Shoolin, DO, VP, Clinical Information, Advocate Healthcare, Oak Brook, Ill.

### February 18

#### *Shared Services within Healthcare Providers*

- Jeff Christoff, principal, Deloitte Consulting, LLP, Cincinnati
- Tom Foley, principal, Deloitte Consulting, LLP, Minneapolis

### March 9

#### *Establishing an Enterprise Architecture Discipline in Your Organization*

- Carla Robelli, VP, PMO, Trinity Health, Novi, Mich.
- Jeff Poiner, senior manager, Enterprise Architecture, Trinity Health, Novi, Mich.
- Karen Shea, Trinity Health, Novi, Mich.

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tend to use myriad care sites. “No matter where the event occurs for the patient, you want to have good data about them,” she says.



Ellen Jones, regional CEO, CHRISTUS Health, Irving, Texas

Enhancing the patient experience is also high on the IT agenda for 2010 and that means, among other things, a heightened awareness of the patient’s time. “It’s not ours to demand from them,” says Jones. To support this goal, CHRISTUS Health is continuing to deploy patient kiosks in hospital admitting areas with software that allows patient self-registration, which in pilots has cut actual wait time to under five minutes. “We’ve seen an enormous decrease in registration time and are seeing some financial savings too,” she says.

### Mike Packnett Parkview Health

ParkView Health is a Fort Wayne, Ind.-based five-hospital system that serves nearly a million people in northeast Indiana. “We’re like a lot of folks trying to reach our IS vision of getting the right information to the right people at the right time,” says Mike Packnett, president and CEO. “There are so many IT components—we’re trying to improve connectivity and availability and to be able to pull data together in meaningful ways to enable the best decision-making.”

In 2010, Parkview is heavily focused on improving the exchange of information in the ambulatory setting. “Just this

year we’ve gone from 50 to 170 employed physicians and there are more on the way. How do you pull all these disparate systems together?” he asks.

Implementing an ambulatory EMR for its Parkview Physicians Group, which will hit 200 physicians by mid-year, is a priority. But it’s not easy given the required consolidation of 10 separate software systems into a single platform with a common practice management, EMR, voice and data. “That’s a big task for us at the same time we’re trying to build a common physician culture. But there are great yields in the end,” says Packnett, adding that the organization is close to selecting a vendor.

Despite the challenges, he is excited about integrating Parkview Physicians Group more tightly with the organization through IT. The group has a good balance—nearly 50/50—of primary care physicians and specialists and has strong physician leadership. Most physicians will go live this year and the remainder in 2011.

The second biggest IT-enabled strategy for 2010 is Parkview Health’s quality-of-care initiative. “We have more than the average number of disparate IT systems—north of 500—that require much care and feeding by our IT people. Our long-term goal is incremental reduction over, say, a five or 10-year period. But we’re living in a world that can’t wait,” says Packnett.

Caregivers can’t afford to spend time logging in and out of the myriad systems, so ParkView’s near-term solution is to implement in its acute-care settings a data aggregator or viewer that overlays the disparate systems and consolidates them into a single, patient-focused longitudinal view available to all caregivers—physicians, nurses, pharmacists and others.


**PARKVIEW HEALTH**


**Mike Packnett,**  
president/CEO,  
Parkview Health,  
Fort Wayne, Ind.

“As I’ve observed especially in ICUs, caregivers really need what I call the story of care,” says Packnett. “This effort in 2010 will improve overall quality, it will be a homerun.”

Sure to be a homerun is the new \$536-million, 900,000 square-foot hospital on which Parkview Health will put the finishing touches in 2010. “I watch it go up everyday from my window,” says Packnett, expressing satisfaction that it’s on time and under budget.

“We’re getting the chance to design the IT systems from the ground up,” he says. “We’re still finalizing IT planning because the technology gains in even the last two years have been momentous. When this facility opens in 2012 it will already be obsolete. We have to find the IT that will give us the most flexibility and that certainly involves wireless, but so much machinery is still hard-wired. How many wireless devices do you specify so we’re not tethered to the wall? Because with all the best minds at work, we’re going to want to change something the first day.”

### **George Vecchione** **Lifespan**

Lifespan is a four-hospital, 1,200-bed integrated delivery system in Providence, R.I., serving the population of Rhode Island and southern New England. When President and CEO George Vecchione—an original winner of the HIMSS CEO IT Achievement Award in 2003—arrived 11 years ago, IS was embedded under finance and lacked the organizational

clout required to support clinical transformation. One of his initial moves was to give it the independent departmental status it needed to direct information systems as a strategic asset. “What’s different is that major initiatives back then were advertised as IS projects; today they are owned by clinicians and executives,” he says. “There’s buy-in at all levels, not just within IS.”

Today that status is more important than ever as the organization faces the same hydra-headed challenge other healthcare delivery organizations face: a combination of economic downturn, meaningful use compliance and looming healthcare reform. This year’s IS strategy, says Vecchione, is to continue the effort “to provide physicians and other caregivers whatever they need, whenever they need it, wherever they are.”

Even 14 months ago, he notes, physicians were skeptical about alignment with integrated delivery systems. That landscape has changed. “It’s turned 180 degrees. Physicians are lining up outside our door asking how they can align. Whatever comes out of Washington, it’s going to require doctors and hospitals to work together even better than before,” says Vecchione. “The predicate for that is a common IT platform.”

For Lifespan in 2010 that translates into leveraging the Stark Exception to roll out an electronic medical record as the single ambulatory IS platform for Lifespan physicians. The system will generate the 36 quality indicators required under meaningful use and help coordinate care among all of Lifespan’s 2,800 affiliated physicians. Lifespan also offers an ASP version that makes it easier for physician practices to remotely implement the practice environment while leaving the heavy lifting of IS administration, upgrades and

*continued*

**March 10**  
*NYCLIX (New York Clinical Information Exchange) Program Update*

- Gilad Kuperman, MD, PhD, Board Chair, NYCLIX, Inc., NYC

**March 15**  
*Cerner Collaboration No. 22*

- Judy Van Norman, senior director, Care Transformation, Banner Health, Phoenix
- Joel Shoolin, DO, VP, Clinical Information, Advocate Healthcare, Oak Brook, Ill.

**March 17**  
*The Evolution of Clinical Data Exchange at Northwestern Memorial Hospital*

- Julie Bryant, director, Information Services, Northwestern Memorial Hospital, Chicago
- David Liebovitz, MD, CMIO, Northwestern Memorial Hospital, Chicago
- Adam Theall, Impact Advisors, Chicago

**March 18**  
*Imaging: DR and Ultrasound*

- Kirk Ising, senior research manager, KLAS Enterprises, Orem, Utah
- Emily Crane, manager, KLAS Enterprises, Orem, UT

**March 26**  
*Effective Business Intelligence—A Key to Survival for Healthcare Providers*

- Dean Miller, principal, Healthcare BI and DS Practice, Deloitte Consulting, Boston

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maintenance to the corporate IS department.



## Lifespan



**George Vecchione,**  
president/CEO,  
Lifespan,  
Providence, R.I.

More specifically with meaningful use, the organization has identified six gaps it needs to fill by this October. One is an electronic health information exchange, a portal that allows sharing of clinical information

with caregivers and patients. The electronic health information exchange incorporates the national standard of the Continuity of Care Document (CCD) to make it easy for sharing a summary of patient information among employed, independent academic and community-based physicians other hospitals and emergency departments.

“Standardization is important, we offer one option—our option. Unlike four or five years ago when physicians asked for disparate systems, there’s a realization now among physicians that a single unified platform is the way to go,” says Vecchione.

Perhaps the biggest challenge for meeting meaningful use in 2010, he says, is to achieve 100 percent compliance by physicians and nurses in performing online clinical documentation. Two teams are now tackling this task for completion by 2011.

Other meaningful-use gaps to tackle this year are the implementation of e-prescribing and medication reconciliation at discharge from the ED and from inpatient status, generating the required quality indicators from the EHR—and not from the paper chart—and bolstering security through encryption technology.

## Tom Sadvary Scottsdale Healthcare

“We started our EHR journey back in 2002 with PACS,” says Tom Sadvary, president & CEO of Scottsdale Healthcare, a three-hospital health system with more than 800-beds in Scottsdale, Ariz., “and our goal is to achieve a comprehensive EHR by 2012, a 10-year initiative.” The strategy has involved focusing on one major initiative at a time like PACS and digesting it system-wide before moving on to the next one.

Scottsdale Healthcare serves the north-east Valley of the Sun, an already burgeoning growth area that is expected to grow to 800,000 residents by 2015.

Because the area is a self-contained, 16-mile stretch running north and south, it bespeaks consistency and uniformity when it comes to governance, policies and IT. “We can truly act like a system with one standard of care. When we opened our new hospital two years ago we were able to open it with a common culture and consistent care plan. A unified IT platform fits into that culture,” he says.

That’s not to say Scottsdale Healthcare doesn’t use a best-of-suite strategy. In 2010 that means rolling out an ED information system from Picis to its three hospitals, which see 120,000 ED visits a year. The EDIS will feature nursing and physician documentation, voice recognition, CPOE and discharge summaries.

Reflecting its unified approach, the delivery system has a single ED director and has contracted exclusively with the same independent ED physicians group for all three facilities for more than 30 years (Scottsdale Healthcare is 48-years old).

“Implementing the EDIS is a major segue into CPOE for med/surge floors, which we’ll start right on the tail of it in 2011,”

## CONGRATULATIONS

*Leapfrog announced its list of the best hospitals in the country for 2009 and we are proud to note that several of SI members made the list.*

- California Pacific Medical Center-Davies Campus, San Francisco
- California Pacific Medical Center-California Campus, San Francisco
- California Pacific Medical Center-Pacific Campus, San Francisco
- Northwestern Memorial Hospital, Chicago
- Brigham and Women’s Hospital, Boston
- Regions Hospital, Saint Paul, Minn.
- Children’s Hospital and Clinics of Minnesota, Minneapolis
- Cincinnati Children’s Hospital Medical Center, Cincinnati

says Sadvary, noting that McKesson is the HIT vendor.



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**Tom Sadvary,**  
president/CEO,  
Scottsdale Healthcare,  
Scottsdale, Ariz.

Another 2010 initiative is to replace the radiology information system (RIS) with GE Centricity, which involves integrating all the historical data into the new system. Like its ED physicians group,

Scottsdale Healthcare has contracted with a single radiology group for years, making it easier to implement IT.

On the surgery side, the organization is rolling out McKesson Horizon Surgical Manager information system that features web-based scheduling, nursing documentation and patient-tracking boards. New hardware includes physiological monitors in ORs and the PACU.

Order-set development and CPOE planning are also significant areas of focus for 2010. “Like a lot of organizations, it’s part of our move toward evidence-based medicine,” says Sadvary. A multi-disciplinary team at Scottsdale Healthcare is using Zynx to add 60 order sets this year as a way to set the stage and improve

processes before implementing CPOE. The organization is at a critical juncture in its clinical informatics this year: Does management bring their current CMIO on full-time—he sees patients in private practice half time—or recruit a person from outside for what must now become a full-time job?

Finally, Scottsdale Healthcare will continue building connectivity with the 1,200 doctors on its staff, an effort that began a year ago. It has already connected more than 100 physicians using the vendor Relay Health. One goal, says Sadvary, is to connect primary care doctors in the community with hospitalists and intensivists in the acute care setting.

### Conclusion

In trying to distill or summarize the CEO interviews conducted for this Inside Edge report I couldn’t help but reflect on the line “If you build it, they will come,” from the baseball movie “Field of Dreams,” which has become such an oft-quoted line about faith and hope that it has become cliché. But to this writer’s knowledge it has never been a prudent healthcare IT strategy. We may have to become historical revisionists. After all the hard work in the last few decades of building “it”—the integrated delivery system linked by a common IT platform—“they”—unaffiliated hospitals and independent physicians—are coming. And they want to play ball.



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