

## SCOTTSDALE INSTITUTE FALL 2008 CONFERENCE

# “Realizing the Promise of Healthcare IT”

Hosted by Northwestern Memorial Hospital

### Members create a call to action



Photo courtesy of Northwestern Memorial

Scottsdale Institute's Annual Fall Conference, held September 25-26 at the brand new Prentice Women's Hospital at Northwestern Memorial Hospital in Chicago, blazed a new trail in terms of speakers, content and collegiality. Peter J. McCanna, executive vice president, administration, and chief financial officer of Northwestern Memorial Hospital welcomed more than 90 executives from SI member organizations and sponsors to discuss how health systems can and are realizing the promise of healthcare IT. Ensuring the conference was a hit from the start, SI Chairman Stan Nelson introduced a very notable keynote speaker, Jim McNerney, chairman, president and CEO of The Boeing Company and a board member of Northwestern Memorial Healthcare. Jim McNerney's SI connection goes even deeper: Jim's father and Stan Nelson were long time colleagues and pioneers in healthcare. Mr. McNerney challenged the group “to move U.S healthcare to the next stage, to agree on standards that will enable a secure and interoperable national system of sharing medical records and data, best practices protocols and cost/quality information.”

### Promises...

Conference presentations and discussions were focused on three of the promises inherent in our members' use of IT to improve healthcare delivery.

#### **Promise #1, Using IT to Enable Coordinated, Patient-Centered Care**

#### **Promise #2, Using IT to Improve Quality and Safety**

#### **Promise #3, Using IT to Drive Efficient, Cost-effective Care**

A stellar array of presenters and expert panelists (see the conference faculty list on back page) representing top healthcare delivery systems, consultancies and IT vendors across the nation tackled the three promises in a give-and-take that culmi-

nated in roundtable discussions. At the end, each roundtable presented its recommendations for actions that should be taken now. These recommendations follow. [For complete audio recordings visit the SI website at [www.scottsdaleinstitute.org](http://www.scottsdaleinstitute.org).]



Members of the Promise #1 Panel: Stephanie Kitt, Lyle Green, Susan Heichert, Sidney Thornton, Bill Spooner, David Liebovitz, MD

#### **How well is Promise #1, Using IT to Enable Coordinated, Patient-Centered Care, being fulfilled and what are recommendations for action in the next year?**

- Though there are gains that have been realized in access to automated information, we have a ways to go. Key to realizing the promise of coordinated care will be a focus on communication across care settings and engaging patients to inform us via systems that would improve their experience.
- We rank ourselves low—5 on a scale of 10—and are more critical of ourselves than the public is of us.
- The best place to start: define exactly what patient-centered, coordinated care is. “Visioning” this concept is a good process in itself for an organization. Most of us don't do that because it's so difficult.
- It's critical to document more information on the patient before they come into the hospital because most care occurs outside the hospital walls. Deploy the Continuity of Care Document (CCD) as a nationally standardized way to improve this exchange of information with physicians and other providers.

*continued* 🍌



- Use patient portals to allow patients to schedule appointments, provide two-way communication between patients and providers and allow patients to access their own records. All of these capabilities encourage patient-centered, coordinated care.
- An observation: Patient-centered, coordinated care is conducted fairly well for hospital patients, but is dismal from the perspective of coordinated care between care settings, providers, etc., and outside the hospital—as is our use of IT to enable it. As an industry, we fail at communication back to the patient or between caregivers.
- The top two things to do in the next year are: 1) Share and aggregate information better, and 2) Ask the patient what we can do to make your experience easier, better and less confusing across all of your interactions with the health system. The best way to achieve the latter is via communication back and forth with the patient or between caregivers. Incremental improvements in both these areas should result in more patient centered and coordinated care.
- The “strategic bundle” of solutions for the industry include:
  - Board engagement—must be granular or involve measurable data;
  - Management Incentives for CEOs, CIOs, CFOs—tie financial rewards to performance related to quality & safety;
  - Process improvement—tie methodologies like Lean to very specific targets like hospital-acquired infections;
  - Culture change—inculcating quality and safety into the organizational fabric.
- The “tactical bundle” includes:
  - Business intelligence—the ability to extract precious unstructured data from the EMR;
  - Biomedical device connectivity—with new devices coming on the network daily, the link between Biomed & IT becomes more and more critical;
  - End-to-end medication management—we must demand closed-end systems.



*Members of Promise #2 Panel: Jerry Osheroff, MD, Farzad Mostashari, MD, Ed Marx, Steve Hasley, MD, Carole Cotter, Julie Creamer*

**To what degree is Promise #2, Using IT to Improve Quality and Safety, being fulfilled and what are top recommendations for action in the next year?**

- Most SI organizations ranked themselves 5 on a scale of 10, although they achieve 10 for effort.
- While patient satisfaction is not a complete proxy for safety and quality, it reflects engagement with the patient, which is an important component.
- Business intelligence (BI) is a top priority and offers the key to unlocking the treasure of unstructured data of the EMR. (Do not call it data warehousing because that conveys a sense of stagnation.) But BI cannot happen in the absence of a fully deployed EHR.



*Members of Promise #3 Panel: Judy Van Norman, Kent Gale, Lou Porn, Robert Murphy, MD, Milton Silva-Craig*

**How well is Promise #3, Using IT to Drive Efficient, Cost-effective Care, being fulfilled and what are top recommendations for actions in the next year?**

- An observation: We grade ourselves higher on efficiency than on cost-effective care, again about 5 on a scale of 10.
- We’ve invested a lot in systems; now we need to optimize and integrate them.
- Clinical decision support (CDS) is a requirement; without it we cannot achieve cost-effective care.
- Focus on understanding the fundamentals:
  - Key performance indicators
  - Drivers of performance improvement
  - Evidence-based medicine, and
  - Aligning incentives



- An observation: We've focused IT on clinical outcomes, not necessarily cost effectiveness and efficiency.
- Rethink: What are the bottom line metrics? There are only a finite number of items, so, ask what you can do to optimize them.
- We need IT to develop a complete view of the flow of the patient through the organization. There are technology solutions.
- Hospitals are at different levels and you can't generalize. Focus EHR adoption on specific efficiency goals, like eliminating end-of-shift overtime for nurses.
- Make nursing notes visible online and easily accessible to physicians.
- There's lots of documentation that's not actionable. Don't document just to document. An opportunity exists to eliminate manual chart audits.
- Begin sharing workflow best practices.



*Sharing and networking between panel discussions*

### **What are the key factors in accelerating the progress to fulfilling all three promises? Is there one key factor?**

Major factors include:

- Reimbursement for prevention and proactive management—obviously always an issue;
- Consumer experience and expectations—the overall patient experience;
- Innovation from integrating IT—look at how vendors themselves adopt IT innovations;
- Regulatory requirements and how technology benefits compliance;
- Shared values and incentives organizationally—aligning incentives;
- Culture & mission.



*At the reception with Adam McMullin, Stan Nelson and Don Wegmiller*

There's no single factor, but an aggregate, and there will be tradeoffs depending on circumstances.

We recommend:

- Really focus on key initiatives;
- Leadership alignment—necessary whether you are top-down or consensus-driven organization;
- Workflow—making sure IT fits into the workflow, if vendors don't do it, ensure that you do;
- Push for interoperability—both internal and external;
- Create a single view of the organization—outpatient should look the same as inpatient to a consumer;
- Seek out and create financial incentives both internally and externally;
- EHRs and CPOE should be mandatory—becoming so in Massachusetts—so keep moving forward;
- Money—look for creative ways to fund IT because everything is coming on the network. Find ways to shift from FTEs to automation.

### **Conclusion**

Tim Zoph, vice president & CIO of Northwestern Memorial Hospital, concluded the roundtable discussions by reminding us that the goal was to challenge ourselves to come up with ideas, tactics and strategies to achieve the three guiding promises. One of the biggest challenges, he said, is “how we talk about it—using the language of outcomes and value more often.”

### **Friday Tour**

Following a compelling presentation on development of the one-year-old Prentice Women's Hospital in which our conference was held, attendees were taken on a tour of the state-of-the-art medical floors of the dazzling new facility. Everyone was awed by the splendid integration of high-tech and high-touch care being provided to women in an architectural environment that can only be described as spectacular, including the healing features of natural light and lake views.





## SEPTEMBER 2008 FALL CONFERENCE FACULTY LIST

**CAROLE COTTER**, CIO, Lifespan

**JULIE CREAMER**, Sr. VP, Quality and Planning,  
Northwestern Memorial Hospital

**BETSY FINKELMEIER**, RN, Director, Women's  
Health, Northwestern Memorial Hospital

**KENT GALE**, President, KLAS Enterprises

**LYLE GREEN**, Associate VP, Physician Relations,  
UT MD Anderson Cancer Clinic

**STEVE HASLEY**, MD, Director, Clinical  
Interoperability Decision Support, UPMC

**SUSAN HEICHERT**, VP, Health Information and  
Systems, Allina Hospitals & Clinics

**ALAN HENDRICKSON**, Project Manager,  
Providence Health System

**STEPHANIE KITT**, RN, Director, Quality and  
Clinical Informatics, Northwestern Memorial  
Hospital

**DAVID M. LIEBOVITZ**, MD, CMIO, Northwestern  
Medical Faculty Foundation and Medical Director,  
Clinical Information Systems, Northwestern  
Memorial Hospital

**ED MARX**, CIO, Texas Health Resources

**PETER J. MCCANNA**, Executive VP,  
Administration and CFO, Northwestern Memorial  
Hospital

**JIM MCNERNEY**, Chairman, President and  
CEO, The Boeing Company and Board Member,  
Northwestern Memorial Hospital

**FARZAD MOSTASHARI**, MD, MSPH, Assistant  
Commissioner, Primary Care Information Project,  
New York City Department of Health and Mental  
Hygiene

**ROBERT MURPHY**, MD, CMIO, Memorial  
Hermann Health System

**STAN NELSON**, Chairman, Scottsdale Institute

**JERRY OSHEROFF**, MD, Chief Clinical Informatics  
Officer, Thomson Reuters

**LOU PORN**, Principal, Deloitte Consulting

**JEAN PRZYBYLEK**, VP, Operations, Northwestern  
Memorial Hospital

**ANN SCHRAMM**, RN, Director, Women's Health,  
Northwestern Memorial Hospital

**MILTON SILVA-CRAIG**, President and CEO,  
Exogen Healthcare

**BILL SPOONER**, Sr. VP/CIO, Sharp Healthcare

**SIDNEY N. THORNTON**, PhD, Senior Medical  
Informaticist, Intermountain Healthcare

**JUDY VAN NORMAN**, Senior Director, Care  
Transformation, Banner Health

**RALPH WAKERLY**, President, Wakerly Partners

**TERESA WOODRUFF**, PhD, Professor, Center  
for Reproductive Research, and Robert H. Lurie  
Comprehensive Cancer Center of Northwestern  
University, Northwestern Memorial Hospital

**TIM ZOPH**, VP & CIO, Northwestern Memorial  
Hospital



SCOTTSDALE INSTITUTE

*The Healthcare Executive Resource for Information Management*

Stanley R. Nelson, Chairman • Donald C. Wegmiller, Vice Chairman • Shelli Williamson, Executive Director  
1660 Highway 100 South, Suite 306 • Minneapolis, MN 55416  
Phone: 952.545.5880 • Fax: 952.545.6116  
E-mail: [scottsdale@scottsdaleinstitute.org](mailto:scottsdale@scottsdaleinstitute.org) • [www.scottsdaleinstitute.org](http://www.scottsdaleinstitute.org)