

Hospital System Relies on Plug-and-Play Device to Exchange Information With Physician EMRs

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In the process of creating an enterprise health information exchange for his health system's affiliated physicians, John Norenberg, Advocate Health Care's vice president of physician services, learned a valuable lesson

"Our physicians aren't interested in anything but results," he says. "They don't care which layer of the technology is underperforming and they don't care whose vendor is underperforming. As a result, if there's a problem, I own it. You have to understand that going into a project like ours."

A few years ago, when leaders at Advocate Health Care began thinking about how to build an enterprise health information exchange, they, like many health systems across the country, were challenged to create an environment where information could be easily shared among the multitude of EMR systems used by the system's affiliated physicians.

They knew the project would be complex, so leaders at the Oak Brook, IL-based health system spent some time early in the process defining three core tenets that helped guide their search for the right solution.

"We knew that we didn't want to replicate data to a big database in the sky. It was important to us to be able to read information from the source," Norenberg tells *Inside Healthcare IT*. "Second, we wanted to put intelligence into the physicians' offices and at the same time, be able to pull information from their systems into ours. And finally, we believed it was critical to find a vendor-agnostic solution."

When Norenberg and his team began their search for the right product, two approaches were standard at the time. The first, to build and publish in a cloud, didn't mesh with one of the health care system's tenets. The second strategy was to implement devices.

After deciding that a device solution was the way to go, Advocate Health Care zeroed in on HealthDock, a product from San Jose, CA-based Certify Data Systems. "At the time, Certify Data Systems was the player

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with the best technology and the best platform. We began building a relationship with them and since then, our choice has been reaffirmed on a regular basis,” says Norenberg.

Certify Data Systems recently announced that it added 36 multi-facility health systems – representing a total of 151 hospitals and over 47,000 affiliated physicians – as clients in 2010.

Installed in Advocate’s affiliated physician offices, HealthDock enables the flow of critical clinical electronic data – such as lab results, pathology reports, radiology and transcription reports – between the physician practices and Advocate Health Care’s 12 hospitals.

In the first six months, the HealthDock has been deployed in 29 of Advocate’s affiliated physician offices across 15 different EMR systems. Norenberg expects that when the project is complete, HealthDock will have been rolled out to somewhere between 600-1,000 physicians.

Norenberg and his team began with six pilot sites, each of them representing a cross-section of Advocate Health Care’s affiliated practices. “We deliberately chose a variety of practices to start with, including specialists, family practices, large practices and small practices. Each of them used a different EMR system.”

Part of the challenge for Norenberg’s team has been working with physicians who have different information needs. “The use case we’re continuing to work on is how to allow every physician to create their own rule set for ingestion of information,” he says. “Orthopedists want to see certain things while cardiologists want to see something else.”

“The information is passing through multiple layers of technology and part of getting the exchange right is choosing the right layer to allow the doctor to say ‘that’s what I want to see in my EMR,’” he adds. “We’re now at the point where we pretty much know what we want to do. We just have to do it.”

Advocate Health Care has done much of its customization in-house. “One of the reasons we like Certify Data System is that it’s an open system with lots of intelligence. They are certainly willing to make adjustments to the HealthDock layer, or we could bring it back further and make changes in our system. The vendor is giving us lots of flexibility which is great.”

During the course of the roll-out, Norenberg found that all EMR vendors were not equal. “Once you go outside the big national vendors, we found that many independent office EMR vendors weren’t ready for interconnectivity. The majority of our problems came from that.”

Norenberg says, for example, that in one of Advocate’s radiology practices, the EMR read all the control characters in a document improperly and as a result, his team had to reformat the message within the HealthDock system so that it showed up correctly.

However, the challenges have provided opportunities. “Over the course of this project I’ve gotten to work with the most senior folks in the physician EMR vendor space to create win-wins for our physicians, since those physicians are important to both of us,” Norenberg says.

“We’ve been able to build relationships with vendors who really have no prior relationship with Advocate to smooth out the wrinkles to make it work for those physicians and we’ve yet to find a vendor who’s been

unwilling to have the discussion or who's been uncooperative. In owning all the challenges, I'm also empowered to develop the relationships with the vendors," he adds.

As Meaningful Use has picked up steam, Norenberg says he's seen a growing number of EMR vendor CEOs willing to talk about health information exchange, although he admits that some are further along than others. "Two years ago, the conversations were much more difficult to have."

Advocate Health Care plans to leverage its investment in HealthDock to tap into the Chicago-area's planned Health Information Exchange. "Our intent is to use what we have as a pipeline to the HIE so that the physicians in the Advocate family don't need to worry so much about how they're going to connect."

Another invaluable lesson learned has been the importance of the registration process. "You need to check out the sanctity of the information coming from your internal systems," Norenberg advises. "In the past, it's never been a big issue if the registrar doesn't enter every physician's name when a patient's admitted. Now, that information is beginning to govern a whole lot of things, particularly whether a result goes to a particular physician."

"Every time I get a call from a physician's office and they tell me they're not getting information and we go back and check, it's because that physician wasn't entered into the patient's record at the time of registration. As a result of this project and some others we're doing, we've really worked to improve our registration process," he adds.

Finally, Norenberg says that when working with physicians in the information sharing process, it's important to have a thick skin. "There will be days when a single radiology report isn't adjusting just right, and believe me, you're going to be the one to hear about it." ■