

Connecting in Santa Cruz



Robert Keet, MD,
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Robert Keet, MD, an internist and president of a 30-member physician group in Santa Cruz, Calif., became involved early on with development of a RHIO before they were even

called RHIOs. Ten years ago, as medical director of an IPA, Physicians' Medical Group of Santa Cruz County, seeking to improve overall clinical efficiency and quality, he helped lead the charge to build a community health data network that embraced an EMR core. It became fully web-based in 1998, added e-prescribing in 2001 and e-ordering in 2003. "It has been progressively enhanced in the community," he says.

The Santa Cruz RHIO extends outward from the city itself, a northern California coastal community of 40,000, to several agricultural towns which dot the area and bring the total regional population to 280,000.

An advantage was that the IPA had good relationships with the two hospitals in the community: Dominican Santa Cruz (part of Catholic Healthcare West) and Watsonville, a for-profit 100-bed hospital. The IPA was also able to recruit several

outpatient clinics, radiology centers and clinical laboratories, as well as 300 physicians in various groups. Keet's 30-physician group is the largest in the Santa Cruz network but most are one or two doctors, totaling 77 independent physician groups. A year ago federally funded clinics like Planned Parenthood and the county healthcare department joined the network.

The IPA was the original source of network funding and physician costs. Hospitals, laboratories and other data feeders also pay a piece. Governance was originally a committee with representation from hospitals, laboratory and the IPA but then it "fizzled out," says Keet, and is currently being reconstituted as a community management group largely to focus on security issues. "That's mainly because there's not much to manage," he says. Most of the management is done by the IPA and Axolotl, the technology vendor. The data feeders pay Axolotl for not only the technology but for hosting the ASP service.

Today the network, which has never been christened with a name beyond the product name "Elysium," carries all the outpatient data from physician visits plus radiology and laboratory tests. About 75% of transcribable data comes across the system and is accessible on a web site for physicians, who have the ability to electronically sign a web-based patient record.

Seeking to improve overall clinical efficiency and quality, the Santa Cruz RHIO built a community health data network that embraced an EMR core.

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“The network has free flow across all providers, from all sources,” says Keet. Considered an “EMR lite,” it lacks decision support or elaborate encounter management capabilities, but it consolidates patient information into a basic EMR with e-prescribing and some care management functions. “It would look like I’m using email. Being web-based, I can do it anywhere,” he says.

As easy as paper

Technically, the system captures data at sources such as laboratories, radiology centers and doctors’ offices and then distributes it like an email message, uniquely identifying it using a community-wide master patient index. Data is delivered with the same security model as paper, says Keet. Electronic data is delivered into the work group of physicians that would normally have access to the paper. If a patient is transferred to another physician then the data is electronically forwarded into that physician’s space. While all of the data exists on a single server, each provider group has its own private space.

Santa Cruz has chosen not to implement a common database. However, other communities using the same system have also implemented such a database for use

by ER physicians and other physicians needing immediate access to all of the community-wide data. How to set up the system comes down to local concerns for security and politics, according to Keet. Even without a single central repository, he can look at nine years of clinical data from all his patients.

Access to data is denied to anyone but authenticated users on the “copy to” list. “The longest conversation we had in planning the system was on data security,” recalls Keet. In Santa Cruz the decision was made that physicians who would normally have access to the paper copy should have access to the electronic copy, rather than implementing a single database that all could access.

He likes the system’s flexibility. “Some doctors use it as an EMR. Others still use paper charts and use the messaging network as a workflow tool to help manage their practices. That’s important,” Keet says, because most doctors are not yet ready to move to a fully electronic environment. “It’s a push technology rather than a pull. Data is pushed out to me. I can’t go in and pull data unless I go and ask another doctor. [But] all the data I need to work with I have. The technology is there if we want it.”



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