

Technology Products, Connectivity That Works

Can health information technology (HIT) really benefit my practice? If so, how do I begin preparing to move in that direction?

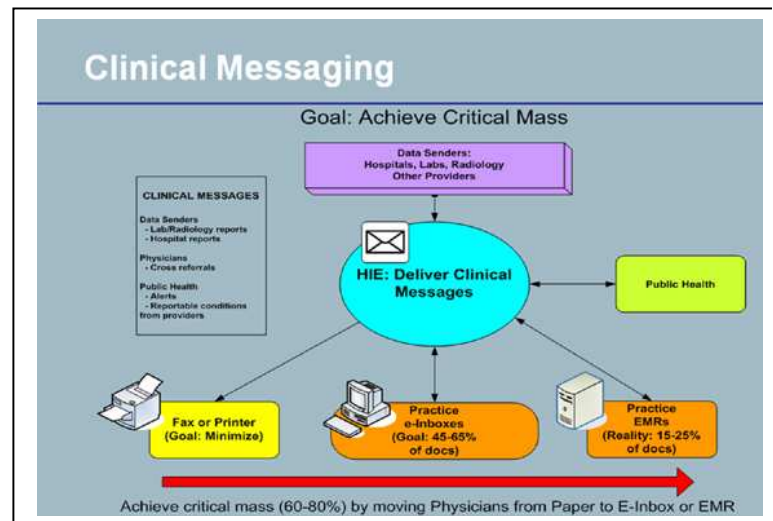
Those are questions Todd Rowland, M.D., director of Medical Informatics at Bloomington Hospital, set out to answer. Dr. Rowland is executive director of HealthLINC, formerly the Bloomington E-Health Collaborative, who in 1998 completed a Fellowship in Medical Informatics through a Harvard/MIT program.

He began by noting some realities:

- About 70 percent of physician practices are small businesses.
- Reimbursement is declining.
- Physicians, even within the same practice, have different work flows.
- All are "time bankrupt," profoundly distracted and seeking to provide additional diagnostic services.

While Bloomington is 50 percent invested in electronic medical record (EMR) technology, Dr. Rowland now sees it would have made sense for the community to have started with secure clinical messaging.

Clinical messaging is one of the methods used for health information exchange – sending lab and radiology results, transcribed reports, patient demographics and insurance information with speed and reliability – from physician to physician or from hospitals to physicians.



To exchange clinical messages, all that's needed is Internet access. Currently, six areas of the state either have or are developing health information exchanges.

"The basic first step is – get me the results I asked for," said Dr. Rowland. Health information exchange improves care coordination and facilitates physician workflows. "Physicians have larger referral regions than hospitals, so they need to exchange with multiple partners," he noted.

In Bloomington and surrounding counties, HealthLINC delivers more than 100,000 electronic messages with clinical information every month.

Taking incremental steps

After clinical messaging, Dr. Rowland suggested organizing paper through rapid scanning and indexing, then surrendering paper for electronic charts and introducing bar codes, fill-in forms and full electronic records.

Electronic prescribing or e-prescribing can be added to eliminate numerous phone calls and improve customer service. Electronic test ordering can reduce phone calls even further and enhance patient safety.

Dr. Rowland sees the capture of structured data for disease management as a long-term but logical move. This action would involve coded problem lists to drive disease registries and facilitate disease management. Templates and voice recognition would help capture the data.

"Many physicians will not adopt EMRs in the near future, but it's important to get all electronic in some fashion, like clinical messaging and use of community repositories for inquiry," said Dr. Rowland.

"The key areas of consideration are avoiding workflow disruption through incremental adoption," he explained. "Incremental adoption can include staff using the system well before any physicians begin using it to avoid everyone having to learn a new system at the same time. That's what typically occurs with rapid EMR go-live processes."

Bloomington's efforts

Today, Bloomington is building multiple standardized EMR data interfaces for health information exchange. "Think about it as red blood cells that convey oxygen to all the different organ systems," Dr. Rowland suggested. The community also is working to standardize continuity of care documents.