Testimony before the Implementation Workgroup of the HIT Standards Committee

Implementation Experiences Panel: Paired Provider & Vendor

Good Samaritan Hospital with McKesson Corp

Provider Testimony:
Charles E. Christian, CIO
Good Samaritan Hospital
Vincennes, IN

Thank you for the opportunity to testify on behalf of Good Samaritan Hospital a 232-bed community hospital in rural Southwest Indiana. My name is Chuck Christian and I am the Chief information Officer (CIO) for the facility; I also am actively involved with many industry associations and am the immediate Past Chair of the Board of Directors for HIMSS and a past member of the Board of Directors of CHIME. I am also a member of the Indiana Health Informatics Corporation Board of Directors and the Indiana Health Information Technology, Inc. Board of Directors, both by appointment of Indiana Governor Mitch Daniels. I am also a member of several Health Information Technology executive advisory councils.

I have been involved with Healthcare for 39 years and in healthcare IT management for 26 years; my previous experience as a Radiologic Technologist (14 years) and as a Healthcare CIO (20 years) has provided me with a long term view of how Healthcare has progressed and changed over almost four decades.

Good Samaritan is a progressive organization and in our current state is not indicative of most organizations of our size and make-up. We have been implementing clinical technology for the past 10 years, having implemented bar-code medication administration nine years ago. Today, we have an impressive level of clinical automation. Physicians, through our Web-based portal solution, have anytime anywhere access to that patient record over multiple encounters -- regardless of where the patient enters the care process – and without having to find that paper chart. This information includes previous admissions, discharges, medications, allergies, lab results, radiology results through PACs integration, etc. Physicians have that longitudinal view of the patient, whether on the hospital floor, in the office, at home, or on retreat.

I have provided the following information in response to the specific questions posed by the committee and am accompanied by Good Samaritans primary Information Technology and Clinical vendor, McKesson Corporation. Michelle Freed, on behalf of McKesson will address the vendor questions posed by the committee.

To the specific questions of the committee, I offer the following.

What are the two or three areas related to meeting meaningful use and the quality reporting requirements that you anticipate you will focus on to ensure your organization's readiness? Describe your approach, use of technology, and solution to meeting MU/quality reporting.

Good Samaritan has had for many years a solid roadmap that represented the progression of the EHR to meet our goals of improving patient care through exchange of relevant information to the right provider of care. Good Samaritan had an existing clinical roadmap in place as similar to most facilities and followed

the path of implementing IT solutions in the departments, then to nursing workflows - placing early focus to medication administration automation, then on to remote access of information for physicians and staff through the physician portal. Our current path calls for us to restart our emergency department solution for electronic ordering and documentation and then implement McKesson's CPOE solution, Horizon Expert Orders, in the inpatient setting.

Some time ago, we identified CPOE as that "capstone solution" for a complete, closed-loop medication management process. But it is important to note that if you do not have the supporting pharmacy, nursing and laboratory solutions live and integrated, you will not get the safety benefits CPOE can deliver. CPOE requires more than simply moving the prescribing and transcribing processes from paper to electronic. For CPOE to make an impact on coordinating and improving care, you must have the foundational applications and standardized, evidence-based content that is critical to enhancing the physician's medical judgment and decision making process. It is vitally important that the transmission of the order and interaction with department specific decision support be key to the success of the process to achieve the intended results; otherwise the process of requiring an electronic record with no transmission and interaction is simply a replacement of the paper order that provides no feedback to the provider of care.

The second area of concern and focus is related to the quality reporting requirements. After consultation with our Quality Management Department, I have learned that we are currently collecting information on many, but not all, of the quality measure contained in the Meaningful Use requirements. The Good Samaritan Quality team felt that gathering the additional information was something that we could successfully accomplish with their experience with gathering and reporting the current spectrum of quality measures. However, the current method of data collection and reporting is accomplished via manual chart review and completed retrospectively. I also learned that in not all cases are we reviewing 100% of all discharge records, but are using standard statistical sampling as an approved approach.

After study of the Meaningful Use requirements, it is my understanding that in order to meet the Quality reporting standards, the specific data points are to be reported as part of the certified EMR technology solution in use by the organization. It is also my understanding that 100% of all data points must be taken into consideration during the reporting process, in order to establish the required numerator and dominator for each quality measure.

In line with objectives stated for Meaningful Use, Good Samaritan is:

- focused on its CPOE implementation and
- Focused to being well-positioned to measure and report quality standards.

These two areas were underway with our clinical roadmap, but with Meaningful Use requirements for Stage 1, we are adjusting our timelines and focus to the change management necessary to implement these solutions.

Describe your roadmap for moving from where you are today to demonstrating the Level 1 "meaningful use" criteria.

Good Samaritan has completed an extensive analysis of he current processes and operations against the Meaningful Objectives proposed for Stage 1 and recommended by the Policy Committee for Stage 2 and 3. In addition, our vendor conducted an analysis with our teams, which allowed us to further identify our needs for our IT roadmap and for our operational roadmap to plan for all systems, operational and process change needed to achieve meaningful use. We have a comprehensive roadmap with key milestones and metrics, incorporating the needed clinical and administrative decision making process in line with IT related changes needed.

As referenced, we have a solid foundation in electronic record usage in the ancillary departments, have advanced the automation of nursing workflow, and implemented the connection to the physician and staff through the clinical portals. Additionally we have made other advances to replace all components of the paper chart with the electronic availability of the patient information.

While these programs have advanced our access to information and automated the workflow, we recognize that other factors are quickly changing the landscape and must be considered as part of our roadmap.

Healthcare is not static: It's constantly and quickly changing, presenting challenges that we did not anticipate and to which we must be prepared to respond. Like most community hospitals, we have added a number of hospitalists, while many community physicians have approached us about employment because they want to focus on practicing medicine, not practicing business and management functions required to run a practice. Healthcare is constantly being reshaped in an effort to provide care in a more cost-effective manner. These types of realities cause us to constantly re-evaluate the business priorities, adjust capital needs and priorities, while constantly striving to make healthcare safer and more efficient.

In executing this roadmap, what do you feel is your greatest challenge and why?

In line with the Meaningful Use objectives and progression of the objective over time, the implementation of CPOE to the levels stated is a significant challenge, as is defining the process modifications required to identify and capture the data points necessary to meet the quality reporting requirements.

CPOE is not just about dropping in technology. Most of the physicians who practice at Good Samaritan are community based and in private practice. In this setting, it requires a very different approach than that in an academic medical center where CPOE use is often mandated. Direct ordering by the care provider required widespread consideration of clinical and medical workflow, requires behavioral and process changes for providers of care, and requires governance and support of key stakeholders in an organization. How well you manage that and incorporate it into the physician's workflow will determine success. Physician leadership must be engaged and the organization must also consider how physicians are compensated and the impact on their time. Installing CPOE is not for the faint at heart. The technology has to have additional patient care benefits or you will not achieve the needed adoption levels and truly enhance patient care. CPOE is also expensive and competes for those limited capital dollars. The federal incentives will help offset the cost; however, will fall short of fully funding the cost of meeting the requirements established with the Meaningful Use regulations.

With the requirement to capture and report the quality measures from within a certified EMR, Good Samaritan will need to install the necessary upgrades to existing systems and also install additional reporting tools. In addition to the application upgrades and implementation, we will also need to identify the necessary clinical documentation processes and implement the required process changes in order to successful include/capture the necessary data points within our applications. We will need to establish very good audit reporting policy and processes to ensure that we will be reporting the quality measures accurately and not creating undo risk for the organization during the reporting process. We will also need to create an appropriate documentation retention program to ensure that we comply with the document retention requirements contained in the attestation portion of the regulations.

Outline your approach, use of technology, and implementation plan for meeting the requirements for:

- Personal health records – The state of Indiana is looking at PHRs from the state level, but there is no plan in place yet. The issue we face with personal health records is that our population has so many options: Google, Microsoft, insurance companies, and even state Medicaid programs. The challenge we face is how to put data in all the right places using standard health information exchange while also securely and safely ensuring the privacy of the patient.
- HIE content standards – Indiana already has several operational exchanges which have helped identify and establish several of the standards through the Regenstrief Institute and others. Two of the Indiana exchanges participated in the National Health Information Network demonstration projects a few years ago. Indiana is further ahead in moving content around with HIE transport standards. We use HL7 through secure connections and have a defined approach that provides benefit to the patient. Indiana has also addressed the difficult task of governance and continues to refine those associated processes. Through the cooperative efforts of the several exchanges,

three of the established Indiana HIEs are exchanging data related to the populations/communities they serve. Indiana has established the state level governance organization through the Indiana Health Informatics Corporation (IHIC) and the Indiana Health Information Technology Inc. (IHIT). IHIT is the state designated entity (SDE) with the responsibility for the execution of the established Indiana HIE infrastructure plans.

- HIE transport standards - Through the Indiana Health Network for Patient Health mechanism, Good Samaritan is making an impact on the information available to our ED physicians. After a patient is registered in our system, it only takes approximately 20 seconds to use standard HL7 transactions to move data to secure sources that can be aggregated on the fly. Today, we move all labs, radiology reports, discharge summaries, history and physicals. Good Samaritan is also connected into RX-hub and a variety of other sources to extract patients' drugs through their pharmacy benefit managers. We present the aggregate clinical summary and the medication list to the ED physician as a staring point in the care process. In doing this, we have a real impact on the patient's health outcome by using information technology in an appropriate way.
- Quality reporting – Quality measures are important, but you have to also consider the needed process changes. Good Samaritan has a good bit of quality reporting in place. We need to build up our efforts while also demonstrating value back to the healthcare organization in the form of improved outcomes. Currently, that data comes from a variety of collection points that we have to gather, analyze and report on. Unfortunately, that is a manual chart review process today. We will use McKesson's performance analytics solution to mine the date withinthe electronic medical record and report quality measures to CMS. That is another piece of software we have to add to our infrastructure. Finally, there is a significant amount of internal education, process changes and quality reviews that we have to complete to not only be sure we ask the right questions – for example, smoking cessation – but also electronically chart it to ensure compliance.

In closing thank you again for the opportunity to present the requested information to the Implementation Workgroup. I do believe that we, as an industry, are headed in the correct direction and that the appropriate application of Health Information Technology can and will have a positive impact upon the healthcare industry. However, each healthcare organization will have their own unique challenges and approach to meeting the Meaningful Use requirements, due to the fact that each health organization has taken an approach to technology that was appropriate for their facility based upon their culture and economic capabilities. Those of us who are working, on a daily basis, to improve the quality of care we provide and to provide a safer environment for the provision of that care, appreciates the efforts of the HIT Standard and the HIT Policy Committees and their associated workgroups.

Vendor Testimony
Michelle Freed, Vice President
McKesson Provider Technologies
Alpharetta, GA

Your customer partner has identified solutions for meeting the requirements of meaningful use and quality reporting. In your role of supporting your customer, please expand on possible solutions and provide other solutions being used in your customer base.

Thank you for the opportunity to testify on behalf of McKesson Provider Technologies. My name is Michelle Freed and I have been in the healthcare industry for over 30 years. The majority of my career has been with McKesson in the health information technology (HIT) division. During my career with McKesson, I have held leadership roles in nearly every operational capacity, with a concentrated focus on product planning, product delivery and customer management. For the last six years, I have been focused to specific program initiatives for the company that represented significant dial movers for the customers and the company. My current assignment is to develop programs related to the ARRA HITECH Act and help to ensure that McKesson is positioned to meet the needs of customers to qualify for incentives and gain the benefits of coordinating care through McKesson's electronic health record (EHR) offerings. Finally, I'd like to note that I started my career in financial and administrative roles associated with the University of Pittsburgh Medical Center and Indiana University-Purdue University Medical Center.

McKesson is a healthcare services and information technology company dedicated to helping its customers deliver high-quality healthcare by reducing costs, streamlining processes, and improving the quality and safety of patient care. Over the course of its 175 year history, McKesson has grown by providing pharmaceutical and medical-surgical supply management across the spectrum of care; healthcare information technology for hospitals, physicians, homecare and payors; hospital and retail pharmacy automation; and services for manufacturers and payors designed to improve outcomes for patients. In the hospital space, McKesson has over 450 hospitals actively using our EHR systems. In the physician space, over 120,000 physicians actively use our EHR systems.

Describe your roadmap for moving from where you are today to having software that supports the Level 1 "meaningful use" criteria which is able to be certified.

McKesson offers four EHR systems within the McKesson Technology Solutions division:

For Hospitals:
- Horizon Clinicals serves the hospital market over 200 beds and multi-facility health systems
- Paragon serves the community hospital market

For Eligible Providers:
- Horizon Ambulatory serves large physician practices, typically those associated with hospitals or large physician networks
- Practice Partner serves the independent physician community

In addition, McKesson's RelayHealth business securely processes more than 12.8 billion financial and clinical transactions annually across its diverse connectivity businesses. Solutions include online consultation of physicians by patients, electronic prescribing, point-of-service pharmacy claims resolution by payors, pre-visit patient financial clearance by providers, and post-visit provider bill settlement by payors and patients. RelayHealth also provides patients with a personal health record (PHR) through its secure connectivity network.

In early 2009, McKesson established a companywide ARRA Program Office focused on helping providers optimize and accelerate their efforts to achieve meaningful use of a certified EHR and qualify for the government health IT (HIT) incentives. Our goal is to support hospitals and physician practices in

successfully reaching the objectives outlined to achieve meaningful use, earning stimulus incentives, and avoiding penalties.

McKesson's ARRA Program Office provides common interpretation, guidance, communication and decision-making for all significant activities and plans across the company. By leveraging resources and strategies, we believe we can deliver the highest value to our customers. For example, we have been heavily focused on customer assessments to evaluate product adoption and usage as well as outlining process changes that are also critical to achieving meaningful use.

Our product roadmaps were developed with the goal of fully complying with Stage 1 requirements. Each EHR solution has been thoroughly evaluated against the Meaningful Use criteria from Stage 1 through Stage 3. In fact, many of the proposed requirements for Stage 2 and Stage 3 are already functional within existing products and in widespread use in our customer base. For example, our bar-code medication administration solution has been adopted by 60% of our hospital customers, and trigger more than one million warnings each week. For the remaining meaningful use functionality needed for Stage 1, we are currently targeting completion of all four EHR system releases by late summer or early fall 2010.

Our customer Good Samaritan Hospital uses the Horizon Clnicals® solution suite. The projected new release schedule was recently announced to customers, along with an update on the select pilot sites that are underway. A new release of Horizon Clinicals was necessary to meet Stage 1 requirements, particularly those associated with discrete data and data exchange requirements, as well as measurement calculations.

In executing this roadmap, what do you feel is your greatest challenge and why?

Like many providers in the industry, our customer partner Good Samaritan Hospital expressed great concern about overall preparedness and a lack of skilled resources to make the needed process changes to meet the Stage 1 meaningful use requirements.

As an HIT vendor, our customer obligation is to deliver a certified product (or set of products) that will enable our customers to meet the meaningful use objectives within the allotted timeframe. Two significant challenges exist for vendors:

1. The certification Interim Final Rule (IFR) and the meaningful use Notice of Proposed Rule Making (NPRM) both lack the information, details and clarity needed to produce exact and unchanging development requirements, particularly with respect to measurements; and
2. The typical industry development and delivery cycle for an EHR release requires a 6-12 month timeline or more. Without a final certification rule, many assumptions have to made to keep the development process moving forward with contingency plans to later fill any requirement gaps. This not only creates too much uncertainty about the new system's ability to adequately meet final requirements, but also embeds additional and unnecessary costs for both the vendor and provider.

Outline the tools that you are providing to your customers to facilitate their ability to demonstrate the Level 1 "meaningful use" criteria and recive the CMS incentive payments.

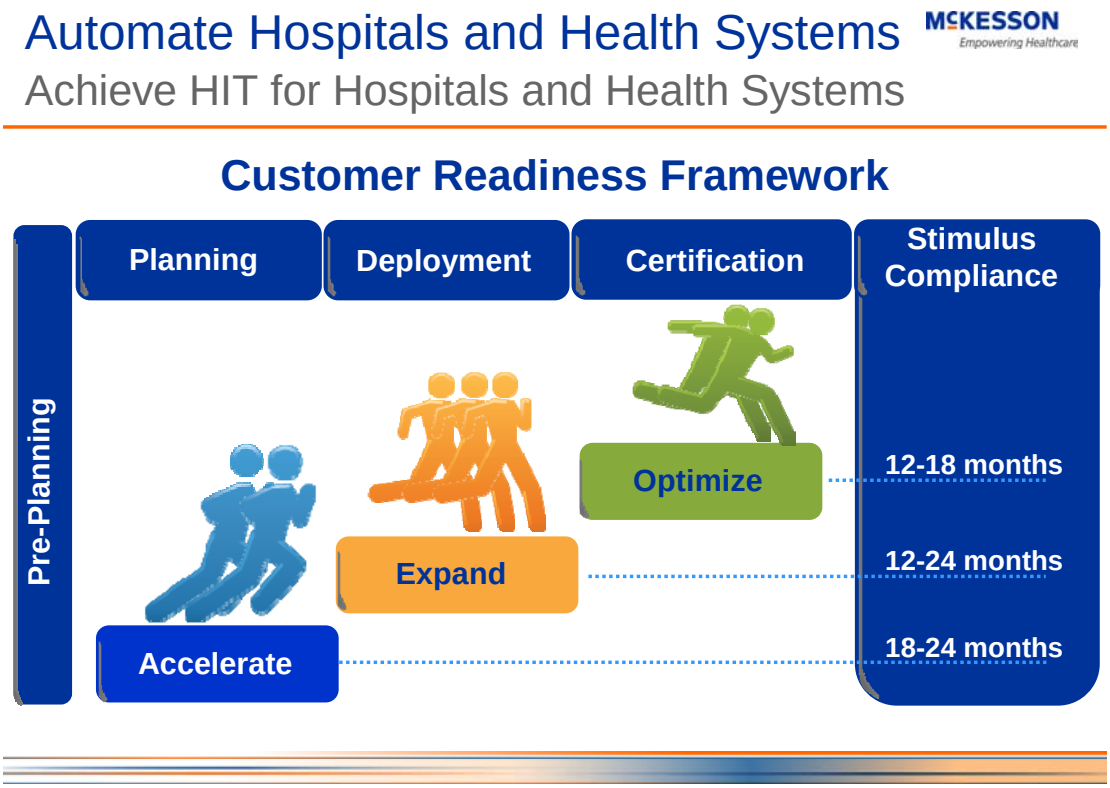
McKesson has developed a number of tools and held educational sessions for customers over the past year to help them develop product roadmaps and prepare for achieving meaningful use of HIT. Several tools are described below.

A. General Education
McKesson continues to offer education sessions for providers to help interpret the ARRA legislation and HITECH Act as well as regular updates on the work of the HIT committees and published proposed rules. We continue to conduct local and regional forums for C-suite executives, individual customer sessions, and send out regular formal written communications. We also publish regular updates on our ARRA specific Web site, www.mckesson.com/AchieveHIT.

B. Detailed Stimulus Assessments
We have a dedicated team that continues to conduct detailed customer assessments against the meaningful use criteria proposed in the NPRM as well as future recommendations of the HIT Policy Committee for Stage 2 and Stage 3. The team uses an in-house developed assessment tool to conduct on-site customer assessments. The customer then receives an extensive, detailed report of compliance, deficiencies and additional needs. Over 230 assessment packets have been conducted, both for customers and non-customers. As the definition of meaningful use has progressed, a number of re-assessments and updates are provided by our team. As part of these assessments, we are providing input to Clinical Roadmaps that will define the IT requirements, the process change and policy change requirements, in conjunction with a timeline and projected date for compliance with meaningful use requirements and reporting.

C. Customer Segmentation Tools
We have segmented our customer base to target the work needed to evaluate current state and set future state goals. This also allows us to communicate more effectively about best practices in the journey to meaningful use.

Customers have been grouped into three basic categories, as illustrated:



1. Customers who have all the necessary software, with the exception of the final release will all the ARRA requirements, fall in the Certification Category. This represents 25% of our customers.
2. Customers who have most of the needed products in some stage of deployment, but must expand adoption and execute process improvements to meet meaningful use Stage 1 fall into the Expand Category. The most common deficiency factor in this category is the deployment of CPOE, which represents 56% of our customers.

3. Customers who need to quickly accelerate the installation and adoption of key solutions to reach meaningful use Stage 1 fall into an Accelerate Category. This represents 19% of our customers, and also represents a number of new installations.

Our program references these stages to clearly identify customer readiness. Concurrently, we have developed service tracks that are unique to the product and process mix. Our Stimulus Solution Readiness Track includes a defined schedule and an assigned single point of contact for every customer to manage the upgrade and implementation process.

D. Customer Readiness Guide
A Customer Readiness Guide and supporting online tools have been developed and used to increase awareness of the requirements and appropriately emphasize the governance, resource and program management needs – in conjunction with the certified software release – to achieve meaningful use. A sample of the guide is available on our Web site referenced above.

E. Stimulus Liaisons
McKesson has identified and trained Customer Liaisons to consolidate all McKesson EHR modular assets into a single plan and provide a single point of knowledge and contact for the customer. The Customer Liaisons monitor customer activity on a daily basis, watch, and support collaboration across customer and McKesson teams to reach rapid resolution of any issues.

F. On-Going Web Seminars and Education
An ongoing series of Web seminars are planned to share best practices of customers and offer access to tools that will drill into the detail of meaningful use and monitor progress in fulfilling the requirements. Most provider organizations that have active programs have developed relatively simple tools for measuring the status of each objective (Excel spreadsheets with red/yellow/ green dashboards to monitor progress) with clear assignment of teams or committees responsible to resolve gaps and implement changes to achieve each requirement. Additionally – and critical to the process – is the establishment of governance and executive sponsorship to provide oversight to accountable parties to complete the required process change and supporting plans.

In conclusion, McKesson highly values innovation and has been a leader in delivering leading edge technologies throughout its history. However, we recognize the need to balance innovation with execution. The meaningful use matrix clearly recognizes the value of implementing key technologies that are proven in the industry today that improve the quality, safety and efficiency of care. So we are heavily focused on fostering execution of proven techniques and approaches to adopt EHR systems, and thus build the infrastructure that is so vitally needed to turn the vision and goals of the ARRA and HITECH Act into reality for providers and patients.

McKesson would like to thank the HIT Standards Committee-Implementation Workgroup for the opportunity to share both the provider and vendor perspective on how to accelerate EHR adoption. We hope that these lessons and resources will help other provider and vendor partners to achieve similar successes.

SUPPORTING DOCUMENTATION

Testimony before the Implementation Workgroup
of the HIT Standards Committee
by
Charles E. Christian, CIO
Good Samaritan Hospital
Vincennes, IN

March 8, 2010

Chairman Chopra and Members of the Implementation Workgroup, thank you for the opportunity to testify regarding Implementation Starter Kit: Lessons and Resources to Accelerate Adoption. I am also testifying on behalf of Good Samaritan Hospital as their Chief Information Officer (CIO) and on behalf of over 1350 Chief Information Officers (CIOs) of the College of Healthcare Information Management Executives (CHIME). CHIME members represent close to 70 percent of the beds in large hospitals (300 or more beds) as well as many small, rural, and community hospitals.

I believe that the HITECH Act is a unique and dramatic opportunity to significantly improve the safety, quality and effectiveness of care using the tools of Information Technology. I appreciate the efforts of the Implementation Workgroup in holding this and other hearings to identify real world experiences of successful implementations. Sharing experiences related to what works will go a long way toward accelerating adoption across the diversity of care environments in this country – community hospitals, large multi-hospital systems, teaching institutions, rural and urban facilities, and critical access and specialty hospitals, for example. The ultimate goal is to ensure that as many patients as possible experience the benefits of safer, more effective health Information Technology enabled care.

Background
Good Samaritan Hospital, located in Vincennes, Indiana, is a non-profit organization and is the sole health care system serving the needs of Knox County and other surrounding counties, in southwest Indiana. Situated in rural America Good Samaritan Hospital, similar to all other health care facilities is experiencing an unprecedented business environment. With economic conditions that are less than optimal and an ever aging patient population, Good Samaritan Hospital continues it mission of providing excellent care to the community it serves.

As the sole hospital for the county, Good Samaritan provides a safety net for the community with Medicare representing its largest payer (60+%). The percentage of Medicaid, self-pay, charity care, and bad debt has continued to increase over the last several years. Medicaid currently represents XX% of our business, bad debt has increased XX% and charity care has increased by XX% in the last three years. These health care trends, physician shortages and the cost of care all come together to illustrate the challenges that we experience in our efforts to provide high quality care at the lowest possible costs.

Recognizing these and other challenges, Good Samaritan Hospital continues to seek opportunities to streamline the organization and remove costs throughout the healthcare operation. Information Technology is one of the tools employed in the execution of our mission to provide the highest level of quality healthcare.

Good Samaritan's implementation of clinical applications spans more than a decade, taking advantage of the available technology and working in concert with the medical community to identify the clinical areas that would be most appropriately improved with the application of Information Technology. That journey began with the implementation of clinical (nursing and ancillary) documentation a little over ten years ago. The automation of the acute care record provided discrete data elements, allowing for the real-time identification of care improvement opportunities. Utilizing the clinical reporting capabilities of the

applications, many of the routine and manual process (i.e. skin scoring, nutrition assessment, pain medication follow-up, etc.) are managed in a real-time basis, allowing for the modification of the care process, rather than a retrospective review of care process shortcomings.

Medication safety has been a long time focus for Good Samaritan Hospital. In concert with the medical staff, the need for an improved medication administration process was identified in early 2000. This identification lead to the implementation of a mediation safety program utilizing barcode technology; providing a five-right check at the patient's bedside. Barcodes are placed on approximately 98% of all medications used in the acute care settings. Barcodes are a used as a positive patient identification method. Barcodes are also used to identify the nursing personnel during the medication administration process. The various barcodes provide the appropriate method to ensure that the right patient is receiving the right medications, in the right dosage, via the right route, at the right time. The automation of the mediation administration process with integration of the Pharmacy application also provides the method by which the nursing staff can receive medication schedule alerts as appropriate.

The process and patient safety program improvements illustrated above are not the by-product of just the implementation of Information Technology. They are the outcome of well-applied process improvement, change management, and the application of appropriate technology. Projects of this nature require a significant amount of time to fully understand the current clinical processes, establish best practices, complete pilot implementations, and then full implementation of proven solutions. Careful consideration must be given to the impact upon the patient and the clinical care process.

Inclusion of the clinical and process experts throughout the design, planning and implementation process is imperative to the success of the project. Clinical transformation projects have less to do with the underlying technology and more to do with the appropriate process redesign and application of evidence based clinical practice within the care setting.

Each application systems vendor and consulting firm will provide their own implementation methodologies that are unique and designed to delineate them from other firms. These standardized methodologies will require some level of "tweaking" to take into consideration the underlying culture of the healthcare organization. There are no cookie cutter implementation processes; however, there are many identified and established best practices that can be incorporated into each organizations implementation processes. These best practices include governance, executive involvement and oversight, project management, planning, and communications.

Thank you again for the opportunity to provide information and input into this process.