



# SHARING EHRs WITH OUTSIDE ORGANIZATIONS

# GEISINGER

REDEFINING BOUNDARIES

**2006 Patient Safety and Health Information Technology  
Conference**

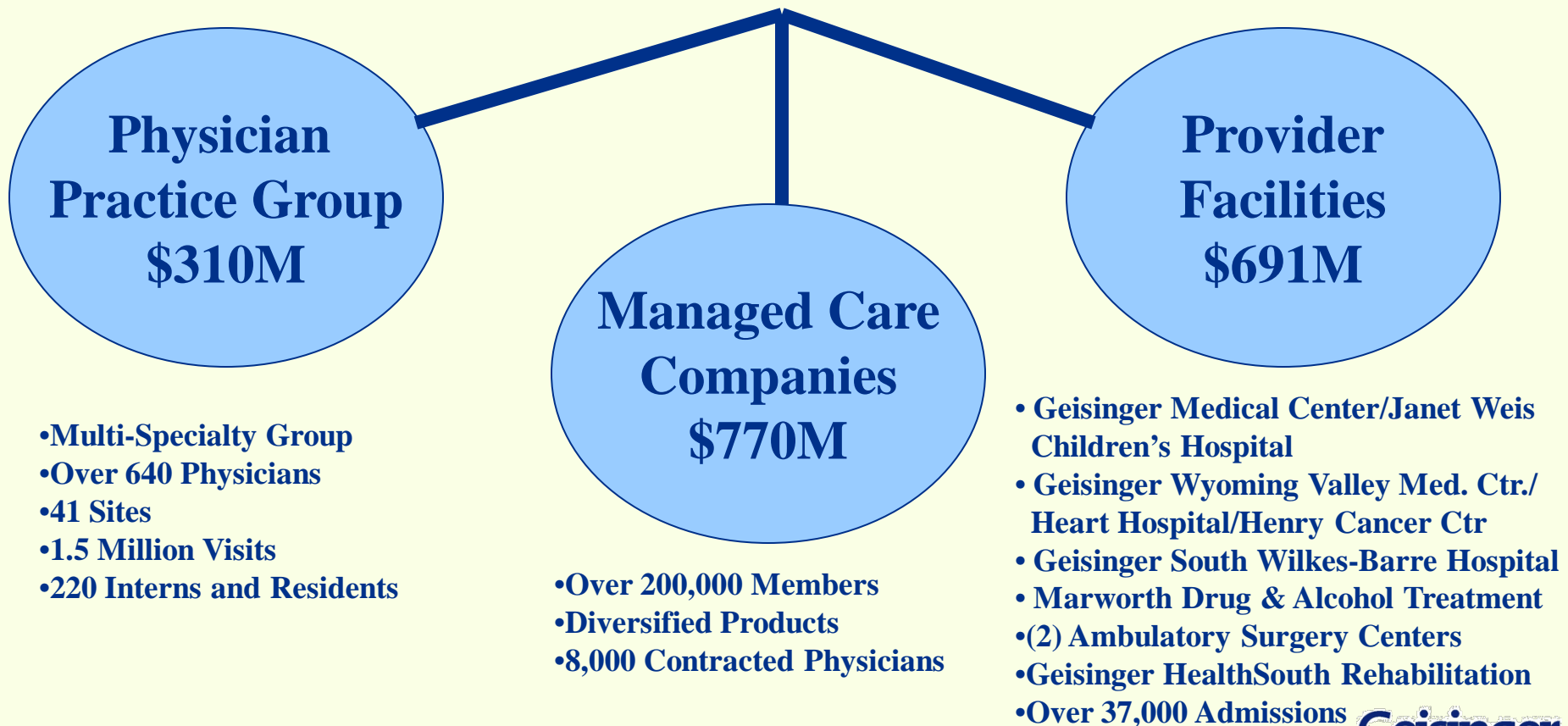
**Agency for Healthcare Research & Quality (AHRQ)**

**June 5, 2006**

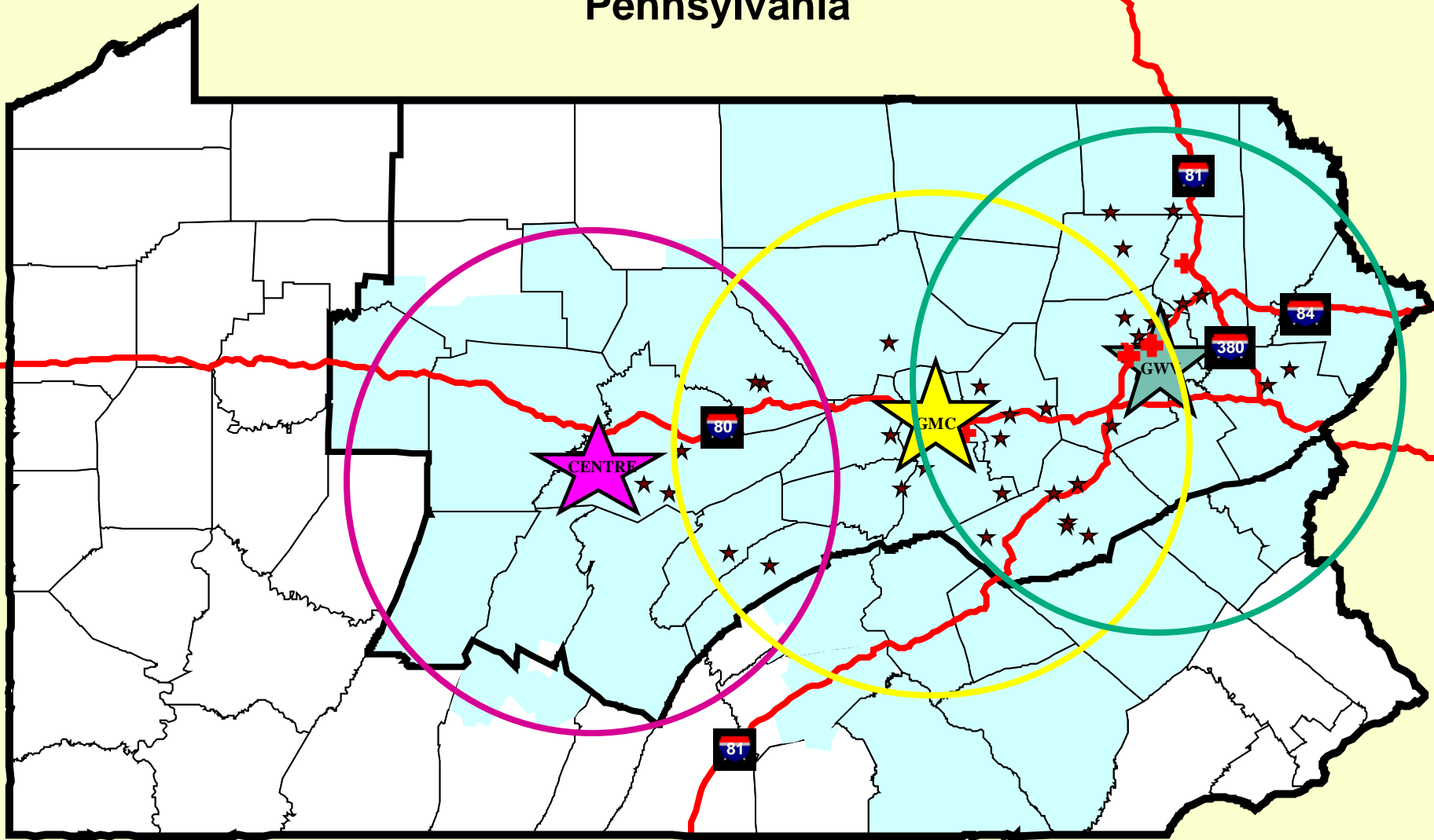
**Frank Richards  
Chief Information Officer  
Geisinger Health System**

# Geisinger Health System

## An Integrated Health Service Organization



# Geisinger Health System Pennsylvania



**Geisinger Hospitals "Hubs" – Provide Primary/Secondary/Tertiary Care**

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Geisinger Medical Center
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Geisinger Wyoming Valley
- 

Centre

- 

Geisinger Clinic Sites
- 

Geisinger Inpatient Facilities
- 

GHS Service Area
- 

GHP Service Area

# Geisinger's Electronic Health Record

- ◆ **EpicCare EHR**
  - Demographics, Results, All OP orders (CPOE), Provider documentation, Meds, history, problems, health maintenance, alerts, IP results and nursing documentation
  - Integrated scheduling, registration, and reporting systems
  - “Paperless” offices
  - Available all venues of care
  - All 800+ providers fully live as of end of 2002
  - 3M unique patients in the database
  - >6.7M total office visits documented in EpicCare as of January, 2005
  - In midst of IP CPOE and documentation implementation
- ◆ **2005 Stats:**
  - 6M appointments
  - 1.4M Office Visits
  - 1M Telephone encounter
  - >9000 user IDs
  - Concurrent users: Average daily peak >5700
  - >8M Orders
  - 700K immunizations, injections, treatments
- ◆ **MyGeisinger-**
  - Web-access for patients to their EHR information, secure messaging, etc
  - 52,000 users

# Does This Sound Familiar?

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Referring Physician comments prior to September 2003:

- *“We send referrals, but don’t hear back.”*
- *“What’s the problem? - No feedback. No feedback. No feedback.”*
- *“I have referred patients for surgery...and they come back 6 months later with a big scar and I have absolutely NO records and NO idea why.”*

# Where to Begin?

Began by bringing Geisinger PCPs, referring physicians and specialists together

- What are our **values** and **expectations**?
- What are the **barriers**?

While we have pockets of outstanding performance, we learned...

- **Access** has been poor in select departments
- **Complexity** of getting an appointment can be extraordinary
- **Communication** non existent in some areas
- Current communication process too **manually intensive**

# Communication Improvement Strategies

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Leverage investment in EHR technology:

- Make communications back to the PCP easier
- Make communications back to the PCP automatic
- Communication Tool designed by Geisinger to facilitate physician communication
- Direct electronic communication/access for referring physicians into our EHR

# Closing the Loop

Physician uses  
Comm. Tool

Provider Communication

Referring Provider:  
KORDEK, MICHAEL 11532  
Phone: 914-473-5900

Primary Care Provider:  
GILL, ROY A (945)-17306  
Phone: 717-828-2821

Send to additional primary(s):  
1129/2030

Send to these to:

Comments:

Mail Recently Selected Providers:  
DSTAK, HEATH (603)-415-3341  
BEST, PROVIDER SR 30001-CLEER CITY Family Practice

Cancel Accept

Nightly process  
distributes  
documents

fax, mail, in-basket

Failed  
transmissions  
are printed &  
distributed to  
clinical depts

0.94%  
*failure rate*

*Physician master file updates  
lead to fewer failures.*

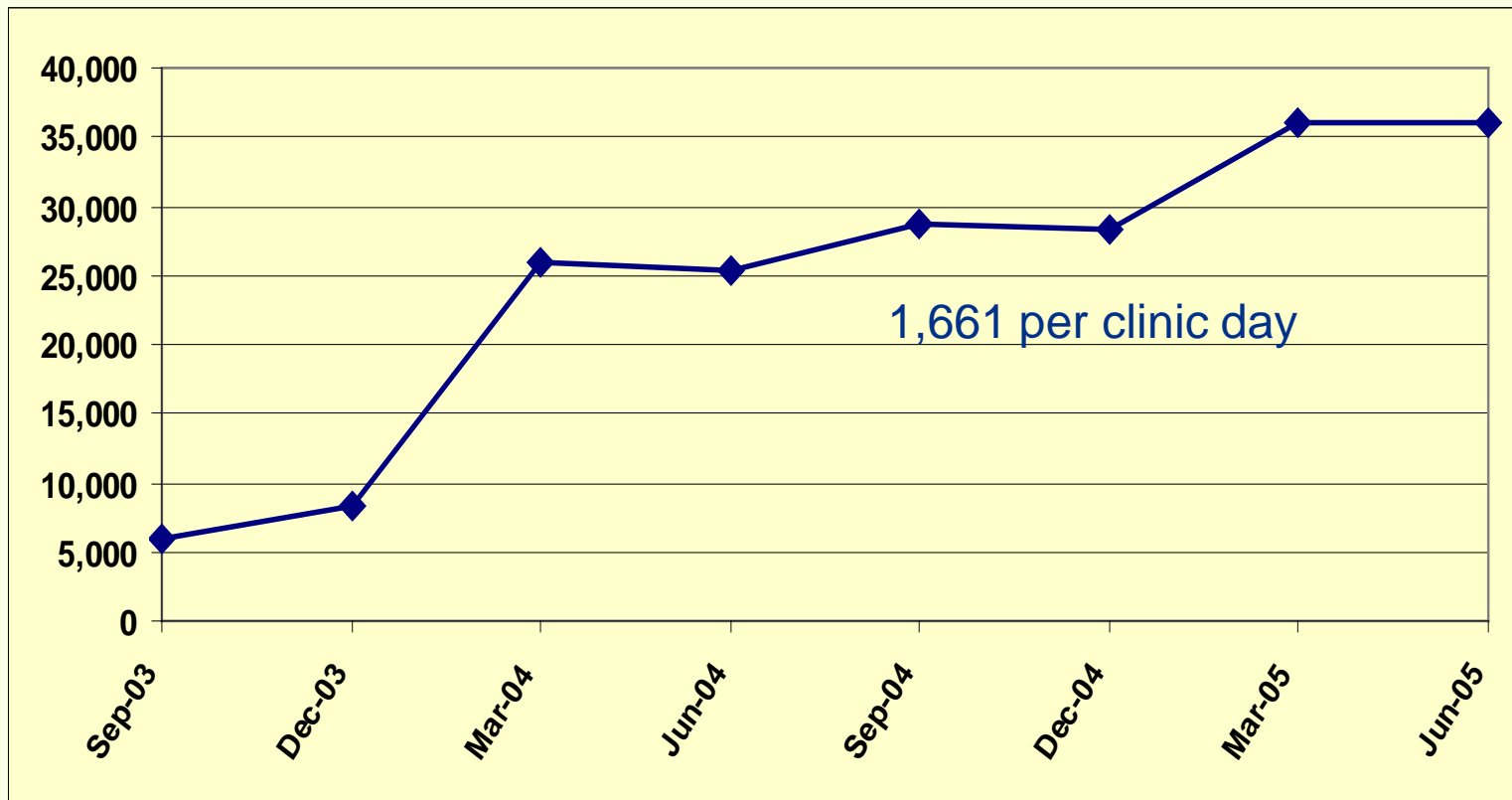
Staff submits physician  
master file updates via  
intranet form as needed

Clinic depts  
research:  
missing address, inactive  
provider #, missing fax #



# Total Monthly Distribution

## Total Monthly Distribution EHR Clinic Notes & Transcribed Documents



# Referring Physician Follow-Up Survey

April 2004: *“How have we improved?”*

- *“Seem to be getting reports back much faster.”*
- *“Always get reports back in a timely fashion. Better than before!”*

July 2005: *“How satisfied are you with communications from our specialists regarding your patients?”*

- *94% Very Satisfied or Satisfied.*
- *“Consult notes back in 24 hours.”*
- *“Can’t imagine how it could be better.”*

# Communication Tool: Not the Only Way



- EHR Communication Tool is only one option to build and strengthen relationships.
- We understand the importance of more personal methods of communication and continue to use the phone and letters when appropriate.
- Direct electronic access to EHR allows for self-service.

# Streamlining User Access

- Patient Universal Authorization (UA) for EHR Release
  - Patient authorizes **any** physician/licensed healthcare provider involved in care (e.g., referring, PCP, ordering, Hosp ED) to have access to their EHR
  - Geisinger collects patient authorization
  - Universal Authorization is not practice specific
  - Authorization valid until patient revokes
  - Duration of provider access based on clinical need
  - 75,000 signed auths in first 90 days
- 10 minute TAT standard established for “just in time” access needs
- Looking to further refine Hospital ED access to information

Community  
Doctor  
Offices



Other  
Healthcare  
Providers



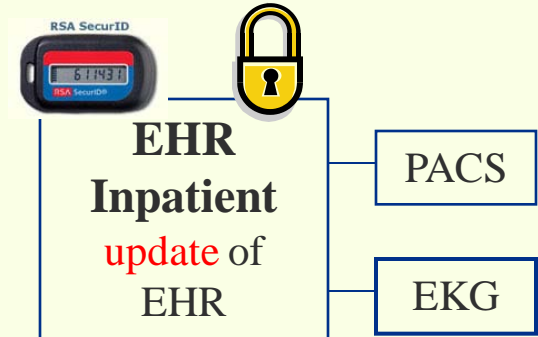
Hospital  
Medical Staff



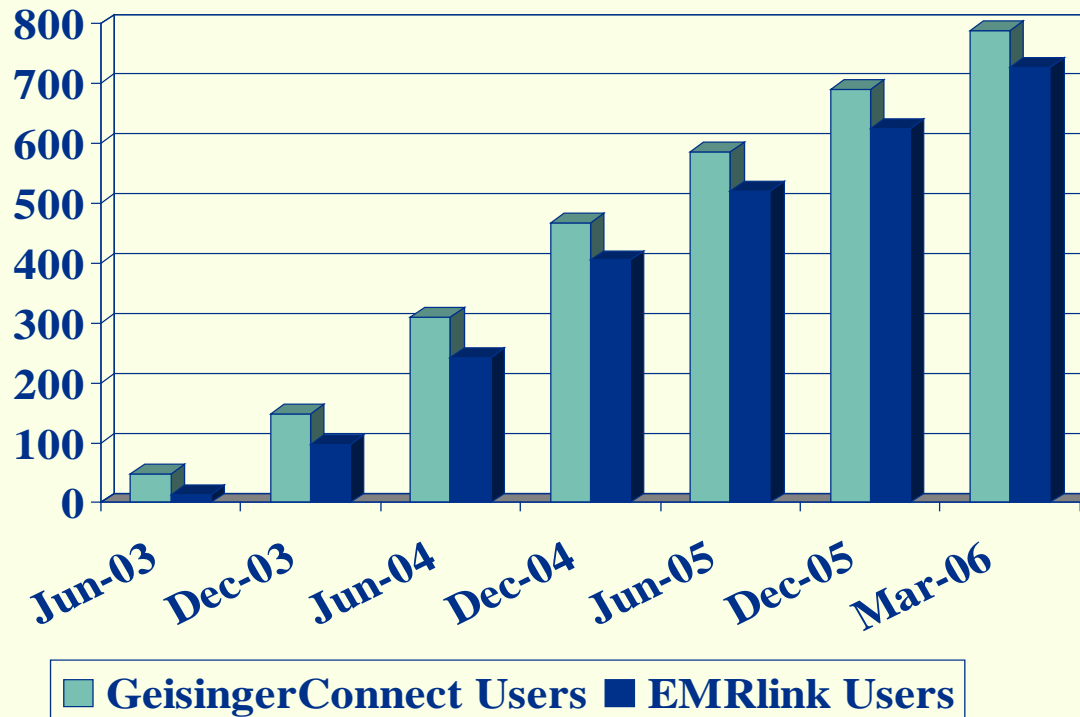
90% of Users

**VISIT SPECIFIC INFO**  
Clinic notes, ADT, transcribed documents, insurance info

**EMRlink**  
View of EHR



# GeisingerConnect User Growth



184 practices; 720 users

80% Community

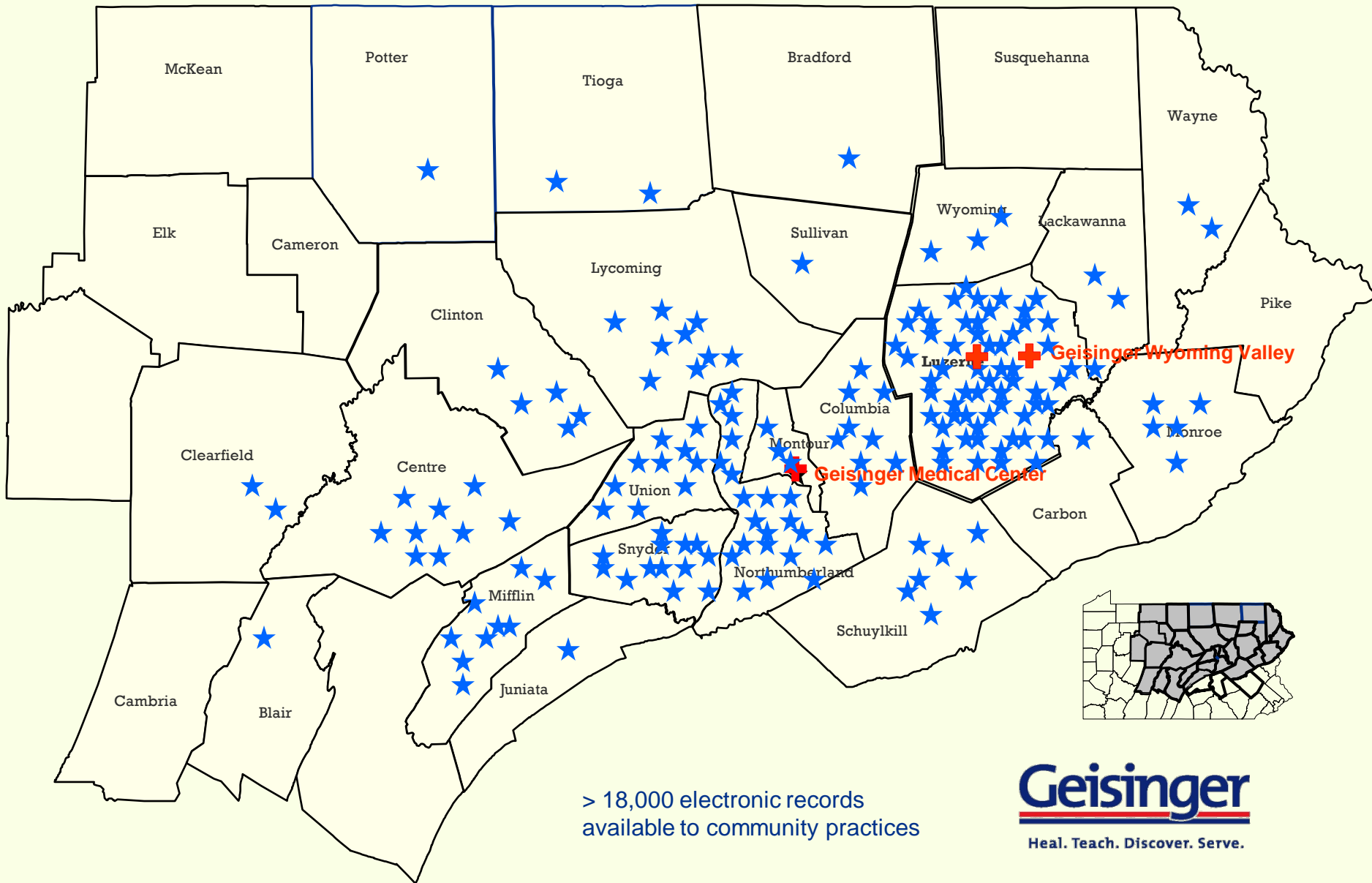
19% Hosp Medical Staff

1% Other

90% have EMRlink access

Physician Liaisons play  
key role

# Community Practices Online with Geisinger



> 18,000 electronic records  
available to community practices

# Foundation For a RHIO

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- ◆ Large geographical service area
- ◆ Larger referral center for the region
- ◆ Significant patient population overlap
- ◆ Leverage HIT investments made
  - Master Patient Index
  - Registration Systems
  - Clinical Results
- ◆ Acting as an information provider



# Obstacles

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- ◆ Business Concerns (Competition)
- ◆ Availability of Technology
- ◆ Cost to Acquire Technology & Staff
- ◆ Regulatory Issues
- ◆ Governance Across Organizations

# Strategic Success Factors

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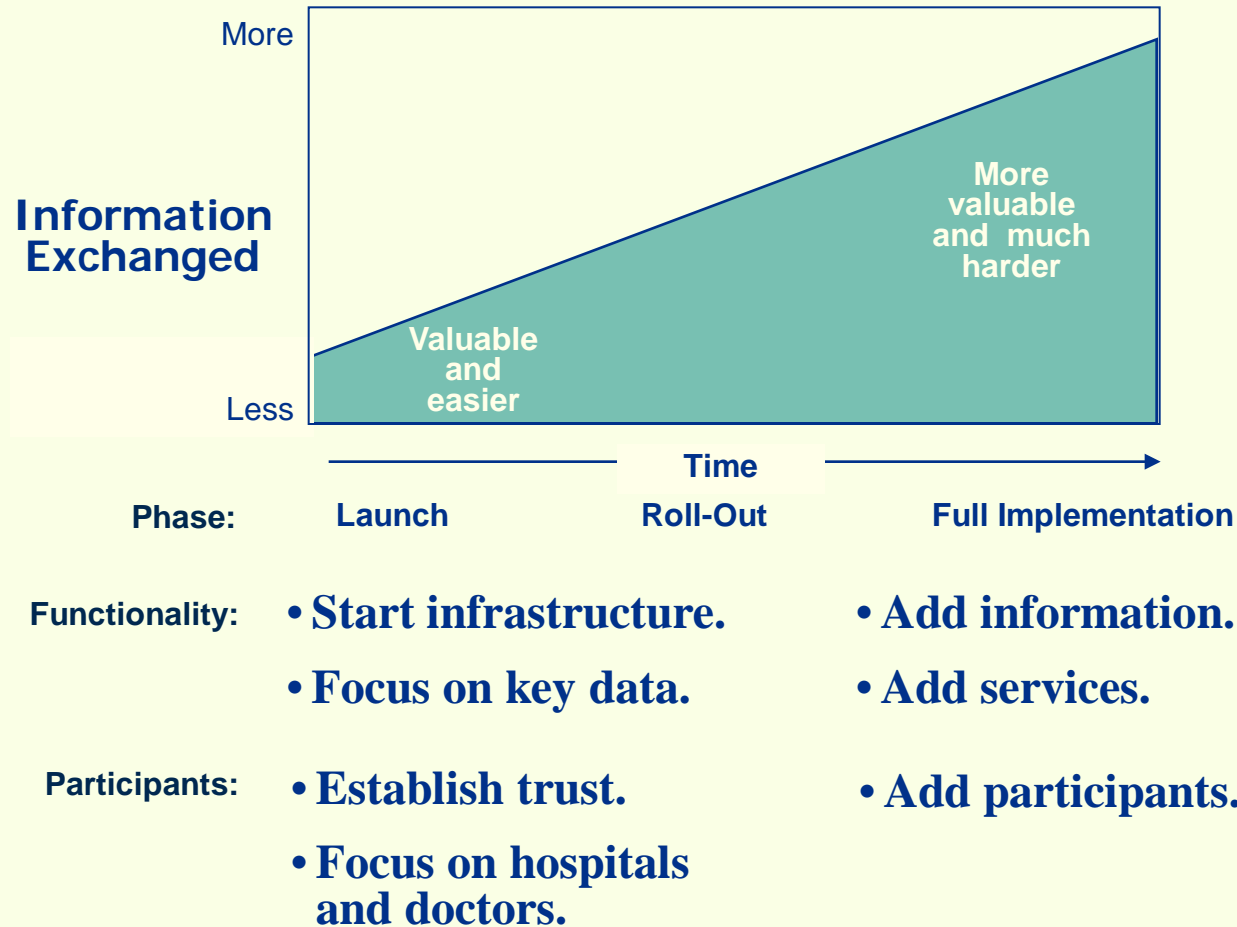
- ◆ Shared Vision
- ◆ Trust
- ◆ Commitment
- ◆ Implementation Ability
- ◆ Measurement

# Tactical Success Factors

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- ◆ Start Small
- ◆ Needs-Based
- ◆ Incremental
- ◆ Low cost
- ◆ Demonstrate Real Value

# Prove value, then expand.



# Two-Pronged Approach

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- ◆ Implementation of an information sharing model between Geisinger and two area community hospitals
- ◆ Formation of a larger consortium to lay the groundwork for a larger rollout – Central Penn Health Information Cooperative (CPHIC)

# CPHIC Development

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- ◆ Regional Survey – April 2005
- ◆ Regional Conference – May 2005
- ◆ Governance Planning – September 2005
- ◆ Adopted Mission, Vision, Values – November 2005
- ◆ Signed MOU – December 2005

# Mission:

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Create an environment to facilitate secure and timely access to comprehensive healthcare information.

# Objectives:

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- ◆ Create a collaborative organization to facilitate exchange of regional health information.
- ◆ Develop safeguards to ensure the integrity, confidentiality, and security of patient information.
- ◆ Promote effective use of information technology across the healthcare continuum.
- ◆ Create a model of rural health information sharing.
- ◆ Educate and motivate the community (e.g., patients, providers) to share health information electronically.



# Guiding Principles:

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- Regional Cooperation
- Community Accountability
- Patient Privacy
- Confidentiality
- Judicious use of Technology
- Inclusiveness
- Stakeholder Participation

# Summary

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- ◆ Started out to solve internal problem with access to information
- ◆ Expanded to providers where we were jointly responsible for care of a patient
- ◆ Look for ways to leverage existing information and systems in other organizations
- ◆ Look for mutual “wins” for information sharing
- ◆ Don’t view patient clinical information as a competitive advantage.

Questions

EMERGENCY

