

EMR Implementation and Meaningful Use

Presented to

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M Northwestern Memorial[®]
Hospital

Key Northwestern Memorial Hospital Statistics

Fiscal Year 2008

- 46,182 Inpatient Admissions
- 11,498 Deliveries -- Largest Birthing Center in Illinois
- 79,560 Emergency Department Visits
- 521,264 Outpatient Registrations
- 7,144 Employees
- 1,571 Affiliated Physicians
- 99,000 Volunteer Hours of Service

On Any Given Day...

- Approximately **1850** concurrent active users on-line
- Clinicians access patient records approximately **85,000** times
- Physicians document over **3325** clinical notes on-line
- Process **200,000** total order events
- There are over **18,000** Medication events processed on-line



Private Faculty EMR Strategy

- Private Faculty: a key stakeholder group
 - 40% of Medical Staff (540+ MDs in 240+ practices)
 - Heavily involved in Research and Quality efforts
- Install all clinically active physicians on an EHR in 3 years
- Respond to Private Faculty Physician EHR needs
 - Easy to implement
 - Cost effective and efficient
 - Compatible with Practice Management and Outpatient Lab Systems
 - Provide access to patient information to enhance care coordination
- Support research and education
- Built on an infrastructure of basic connectivity
- Creation of integrated Northwestern Core View

Private Faculty EMR Program Approach and Status

- Approach
 - Physician Steering Committee provided guidance
 - Built on an infrastructure of basic connectivity
 - Cost sharing model consistent with Stark regulations
- Established requirements for “Early Adoptors”
 - Complete practice readiness; remediate as necessary
 - Provide practice network and hardware
 - Commit to established project timelines and work effort
 - Share patient information with campus physicians
 - Measure value of EMR: Care, Research, Quality
- Live in 3 practices with 23 physicians
 - Specialties include: Internal Medicine, OB/Gyn, Endocrinology

Meaningful Use Implications

ACTIVITIES			
Ongoing Regulatory Review/Monitoring	Conduct Gap Analysis for NMH and Physician Practices	Financial Impact Analysis	Education, Remediation, and Acceleration
<ul style="list-style-type: none"> • “Meaningful use” standards and rulemaking process • CMS rulemaking on incentive payment methodology • CMS guidance on “hospital-based” physician definition • Amended HIPAA regulations 	<ul style="list-style-type: none"> • Develop assessment tool based on current ONCHIT meaningful use criteria • Evaluate existing NMH systems • Evaluate existing physician practices system • Determine M’caid vs. M’care eligibility • Evaluate and assure compliance with amended HIPAA regulations 	<ul style="list-style-type: none"> • Evaluate NMH net benefit (total incentives less required costs to meet “meaningful use” standards) • Evaluate physician net benefit • Assess overall incentives • Assess costs to NMH for upgrade • Review subsidies 	<ul style="list-style-type: none"> • Develop materials to update key constituents of details of regulations and overall response strategy • Hospital Management • IT Workgroup • Physician Groups

Questions?

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