



Patient perspective/access to information in the EMR

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Mason General Hospital

- HH&N Most Wired Small Hospital, 2008
- Technology capital investment over past 3 years = \$5.2 million
 - Full I.S. conversion to Meditech
 - Added electronic nurse documentation
 - PACS
 - Centricity EMR in two clinic sites (interfaced with Meditech)
 - Electronic ER physician documentation (T-system)
 - Data repository (warehouse) for quality initiatives

Patient expectations

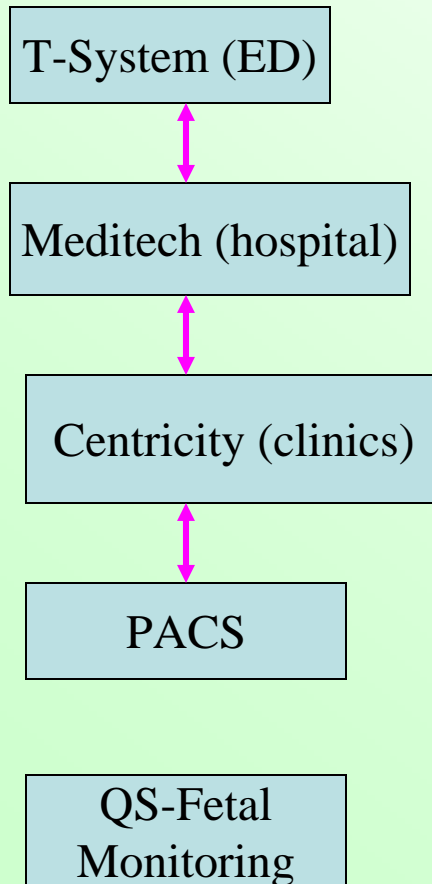
- Community forums:
 - No distinction between primary care, specialists, and hospital
 - Assume information is shared and seamless
 - No tolerance for delays in knowledge transfer
- Conclusion: our patients expect us to do a better job of care coordination (i.e., provider-to-provider exchange of information)

Physician expectations

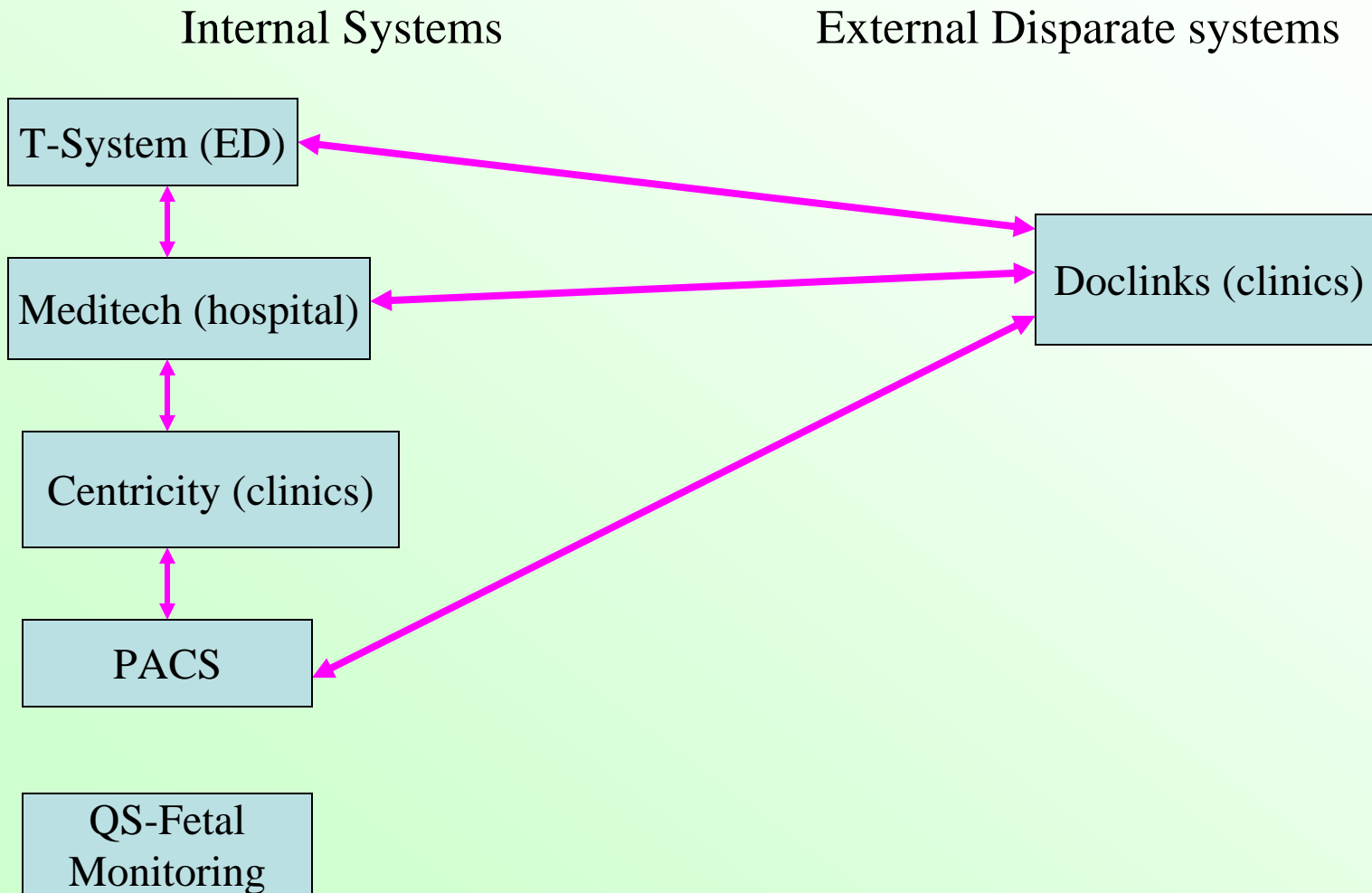
- Order and results process is seamless
- If physician practice has EMR, hospital better be able to interface results
- Complete, real time access to information related to hospital stay
- Leverage telemedicine for 24/7 coverage (radiology, pharmacy....urology?)
- Conclusion: if we do not seamlessly interface into physician EMR, physicians will refer (or work) elsewhere

Physician Access

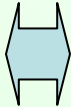
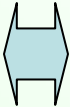
Internal Systems

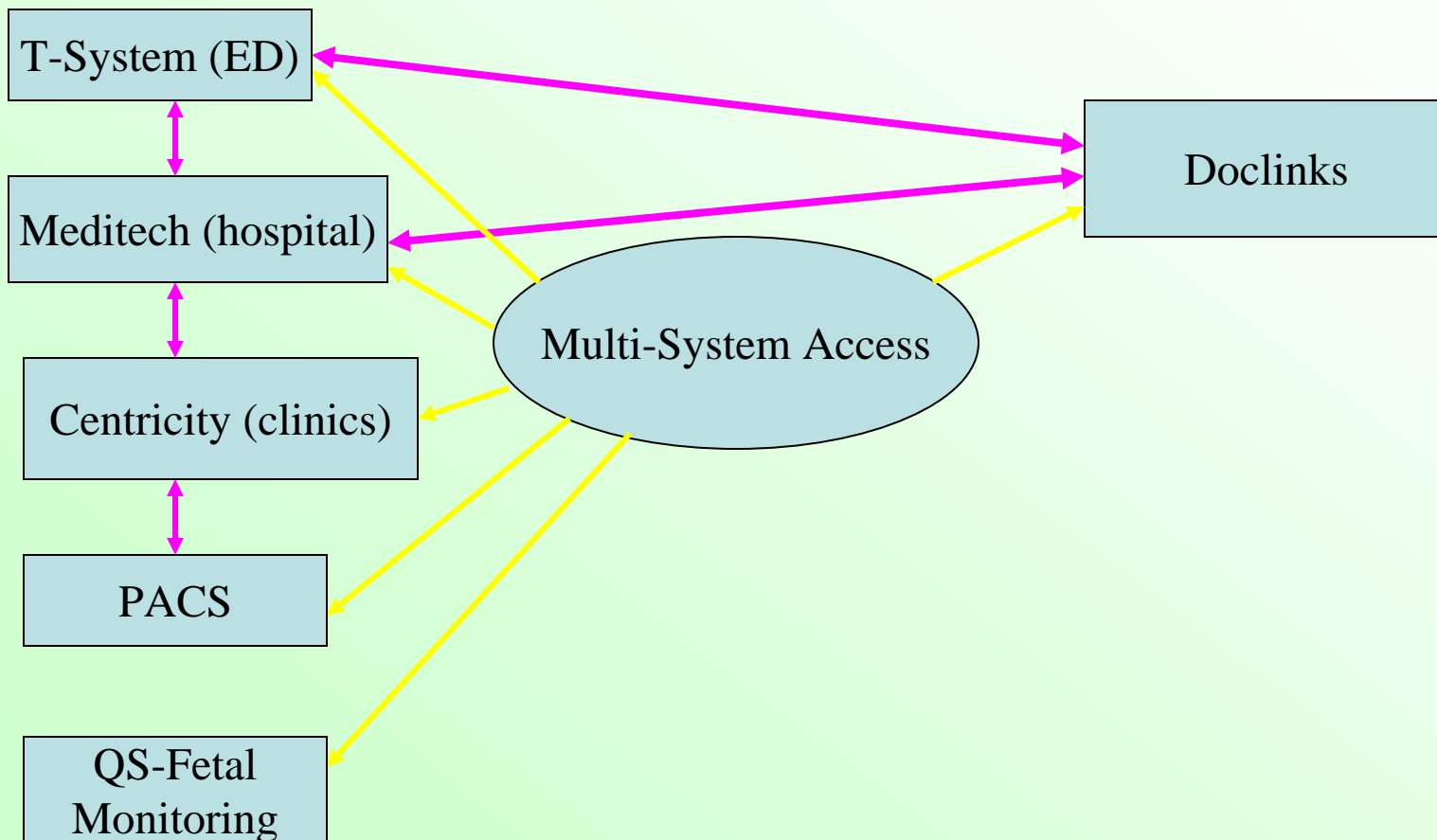


Physician Access



Physician Access

Internal Systems  WEB Portal  External Disparate Systems



Holding it all together

- Business associate agreements with physicians on medical staff
- Transfer agreement covers the electronic transfer of information- Referring hospitals (Harborview, St. Peter, Mary Bridge, Harrison, Children's Hospital)

Next phases

- 2009 CPOE
- 2010 Patient portal for lab and radiology results
- Google & Microsoft have the inside track on portable records (and perhaps consumer directed healthcare)
- Health systems strategically must perfect the care coordination model (provider-to-provider)