

## Hospitalists Helping Hospitals Go Electronic

**By Juhie Parnami**  
*Regional Vice President,  
Northwest Region  
Sound Physicians*



Hospitals without electronic health records and their related functions are scurrying to meet the obligations of the American Recovery and Reinvestment Act of 2009 (the “Act”). The Act provides over \$2 billion in financial incentives from Medicare and Medicaid to those organizations that are making “meaningful use” (defined in great detail on the CMS website) of an electronic health record starting in 2011. Further, beginning in 2015, late adopters of electronic health records will find themselves penalized by a 1% cut in Medicare

reimbursement for each year that implementation is delayed (up to a 5 % maximum), thus contributing to the pressure for timely completion.<sup>1</sup>

As the hospitalist provider for seven community hospitals in Washington, Sound Physicians has two thirds of its partner hospitals in various stages of their electronic health record (EHR) and computerized physician order entry (CPOE) implementation ranging from “strategy and planning” to “go live” this year. Serving as the front line for the majority of inpatient medical admissions, hospitalist groups are often central to strategy and implementation activities. They play a pivotal role in system selection as well as developing current/future workflows for admitting, discharging and rounding on patients. Additionally, hospitalists are essential to order set development and provide the foundation for creating evidence-based clinical pathways.

However, perhaps the most crucial aspect of hospitalist participation has been that of the physician governance and identifying a physician champion. It’s common knowledge that physicians have resisted practice pattern changes associated with technology, often viewing them as tedious, time con-

suming and primarily for the benefit of hospital administration. In fact, next to cost, a lack of physician engagement is the largest barrier to EHR/CPOE implementation for hospital and health systems today. Cedars-Sinai Medical Center in Los Angeles had a medical staff revolt three months after going live with their first CPOE system due to poor decision support queries and inadequate user training.<sup>2</sup>

Sound’s hospitalist team leaders have become involved early and intimately in preparing for EHR/CPOE implementation. As the largest group of primary end-users, hospitalists are active members of the medical IT governance teams that ensure standardization amongst clinicians. Additionally, they are often the physician champions that communicate the “meaningful use” of the new electronic system emphasizing patient safety over technology. Discussions with physician colleagues tout the reduction of medical errors, an increase in quality of care and overall clinical efficiency. Further, the physician to physician communication translates the technology impact in a way that is sympathetic to physicians’ operational challenges on a day to day basis. Dr. Glen Meyers, lead physician champion and hospital-

ist at the 225-bed Good Samaritan Hospital, committed approximately 20-30 hours/month over a nine month period to planning, creating, validating, testing, and now training other physicians on their EHR/CPOE system that is due to go live in the summer of 2010. According to Andrea Tweeter, Project Manager of Physician Adoption, “Dr. Meyers has served as that in-between buffer of the ‘techie’ and ‘physician’ where he knows what a physician wants and he keeps the physician communication simple to how best to communicate the technology changes so the physician can understand the changes to his or her job.”

Being part of a large hospitalist team has allowed Dr. Meyers to dedicate .25 to .50 of his clinical time to the project. Smaller hospitalist teams have adopted more creative strategies. Dr. David Fick, chief hospitalist at Provi-

dence Centralia Hospital, has distributed the CPOE committee and meeting work amongst his team equally. He felt strongly that when his hospital goes live with CPOE at the end of the year that his entire team needed to be proficient, “we’ll have helped to design and test the system to our needs and will have no issues transitioning to the new system”. Hospitals like the Providence system and Good Samaritan Hospital are investing heavily in their physician adoption by providing physician stipends for project participation. Larry Sullivan, IT project manager, said this is the first time Providence has reimbursed physicians for their additional time on IT projects, but, he said “the organization realized the importance of getting this initiative done on time, and getting it right the first time will require intense physician engagement”.

Regardless of whether a hospital

chooses to reimburse its physicians for time spent on EHR projects, the recognition that EHR/CPOE implementations are just as much a clinical project as they are a technology project has paved the way for greater success. And with that recognition, the partnership with the hospitalists has created a mutually beneficial relationship where the hospitalists create and learn electronic systems that are crucial to achieving their inpatient goals while supporting and championing the system for the entire medical staff.

*To learn more about Sound Physicians visit their web site at [www.soundphysicians.com](http://www.soundphysicians.com).*

<sup>1</sup>Beaudoin Jack, Eligible Hospital ‘Meaningful Use’ Criteria. Healthcare IT News ([www.healthcareitnews.com](http://www.healthcareitnews.com)), December 30, 2009.

<sup>2</sup>Connolly C. Cedars-Sinai doctors cling to pen and paper. The Washington Post, March 21, 2005:A1.

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