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BY MARK HAGLAND

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ACOs, Medical Devices, MU Teamwork, First-Day Attestation

With the release of the proposed rule for accountable care organizations, providers are moving ahead on their ACO initiatives. This month’s cover story, beginning on page 8, explores the opportunities and risks involved, as the experiences of leading organizations point the way forward.

The article on page 14 takes a look at the progress being made by hospitals and vendors in the area of medical device interoperability. There has been real movement by both regulators and standards organizations that are providing new impetus to make disparate medical devices work as a system, resulting in better patient safety.

Meanwhile, the feature story on page 22 takes an inside look at meaningful use—that is, what strategies are CMIOs following to get their clinician colleagues fully on board as they lead their organizations through the complex area of quality data reporting.

This month’s financial management coverage, on page 28, focuses on revenue cycle management in the medical group environment, as the leaders of the 480-provider WellSpan Medical Group, explain why their investment in RCM solutions has been worthwhile.

On page 31, Cecilee Ruesch, R.N., shares her experience as team lead at Providence Alaska Medical Center for the development of a nurse-staffed remote monitoring system via a new electronic intensive care unit system. The project was the first-place winner of the first Healthcare Informatics/AMDIS IT Innovation Advocate Award, presented in May.

In addition, the Beacon Communities Program reached its one-year anniversary in May, which was marked by an event co-sponsored by the Brookings Institution and the Office of the National Coordinator for Health IT. The story on page 34 highlights the progress that has been made, as well as the challenges that remain.

On page 36, Ferdinand Velasco, M.D., CMIO of Texas Health Resources, shares his experiences regarding his organization’s attestation under meaningful use. THR is among a small number of integrated health systems to complete the attestation process on April 18, the first day in which attestation of the fulfillment of Stage 1 requirements under the HITECH Act was possible.

Last but not least, on page 40, HCT Career Paths columnist Tim Tolan offers solutions to help potential hires deal with relocation issues in a lethargic housing market.
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Meeting the Top Clinical IT Challenges

HIGHLIGHTS FROM THE HEALTHCARE INFORMATICS EXECUTIVE SUMMIT

What happens when you bring together some of the smartest, most innovative CIOs, CMIOs, policy leaders, and industry experts in healthcare, and put them into the same room, to talk about the future? You get some of the most satisfying discussions possible in this current environment of rapid change and uncertainty. And that’s just what happened in San Francisco, May 11-13, when we at HCI were fortunate enough to be able to gather together some of the most thoughtful healthcare IT leaders nationwide, for our first-ever Healthcare Informatics Executive Summit.

And what emerged were trenchant discussions of some of the trickiest, most complicated issues facing healthcare IT leaders nationwide right now. Among the numerous issues our panelists parsed out:

Some of the “hidden,” scarcely understood, data quality reporting requirements under meaningful use under the federal HITECH Act;

What kinds of reporting relationships and team structures ensure the operational success of clinical informaticist teams, across a variety of different organizational structures;

The immense complexities involved in laying the IT infrastructure foundation not only for meaningful use, but also for accountable care organization, patient-centered medical home, bundled payment, and other innovative payment arrangements and structures;

Among the many revelatory moments during the Summit were these:

Dan Martich, M.D., explaining how the success of his clinical informaticist teams at the UPMC health system rests on nearly two decades of multidisciplinary collaboration and teamwork;

Bill Spooner of Sharp HealthCare describing numerous years of planning and foundation-laying in terms of clinical IT infrastructure, as adequate preparation for moving forward rapidly now to meet the requirements of meaningful use;

Jane Metzger of the Emerging Practices division of CSC explaining in riveting detail the huge gaps between the ostensible quality data reporting requirements under meaningful use, and their actual complexity, as in the case of the “single” requirement around the documentation of VTE prophylaxis provision, and its multilayered reality, which involves eight different types of VTE prophylaxis, and implicates six or more clinical information systems in hospital organizations;

Industry-leading executive recruiters Linda Hodges and Tim Tolan talking about the dramatic changes taking place now regarding the growing gap between what hospital organizations are looking for in CIO and CMIO candidates, and what kinds of candidates the market is currently producing.

We were also very fortunate to have opening and closing keynote speakers of the exceptional stature of Farzad Mostashari, M.D., the national coordinator for health IT, and Carolyn Clancy, M.D., who has spent years enhancing the scope and range of the Agency for Healthcare Research and Quality (AHRQ). Dr. Mostashari’s opening keynote address was noteworthy for its passion and optimism, while his core theme—that the meaningful use process is working well, and that hospitals and physicians are proving the MU naysayers consistently wrong, was well-received by his audience. And Dr. Clancy’s explication of the considerable—and, may I say, little understood—range of activities, outreach, and funding at AHRQ—also impressed her listeners, and provided attendees with valuable new information.

It was very satisfying to help lead the hosting of the first-ever HCI Executive Summit, and deeply gratifying to be able to share in its success with all the speakers, panelists, and participants at the Summit—the people who made the Summit a successful event.

And we at HCI look forward to developing future summits. Given the wonderful healthcare IT leaders who are good friends of HCI, we’re very optimistic going forward. Please stay tuned!

Mark Hagland
Editor-in-Chief
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For example, under the proposed rule, 50 percent of physicians participating in any ACO would have to be “meaningful users,” as defined by the Health Information Technology for Economic and Clinical Health (HITECH) Act, a requirement that many provider executives consider unrealistic in the short term. What’s more, the interoperability and connectivity requirements appear daunting to many in patient care organizations.

MORE THAN SIMPLE EHR IMPLEMENTATION

All aspects of ACO development will prove challenging if the specific requirements of the proposed rule remain in place in later stages, says Donald W. Fisher, Ph.D., president and CEO of the Alexandria, Va.-based American Medical Group Association (AMGA). In terms of the level of nationwide physician group preparation for ACO development, Fisher says, “I think it runs the gamut; the very small solo practices and smallest groups are simply not ready. But some of the larger multidisciplinary medical groups that have a significant enough primary care base and relationships with hospitals, and that have some level of electronic health record, and some experience with population health management, and are looking beyond one-patient-at-a-time episodic care, are more ready.” That being said, he emphasizes that “As far as the electronic health record, it’s not just having an EHR that stores patient information isn’t sufficient,” Fisher notes; “you’ve got to be able to get into your electronic health record and create disease registries, help [patients]...