Making Meaningful Use Attestation Work, Using a Standalone EDIS

Baptist Healthcare System, Louisville, Has Taken a Different Tack When It Comes To Emergency Department Information Management, in the Context of Meaningful Use

By Mark Hagland

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Baptist Healthcare System is a seven-hospital, 2,105-bed system based in Louisville, Ky., with five owned and two managed hospitals. The five owned facilities, all community hospitals, encompass over 1,668 beds. Jackie Lucas, vice president and CIO of the healthcare system, leads a system-wide IT department with over 230 IT professionals.

As of late July, when Lucas spoke with *HCI* Editor-in-Chief Mark Hagland regarding Baptist's meaningful use journey, she and her colleagues were preparing to attest to Stage 1 meaningful use by mid-August. In the case of Baptist Healthcare System, the strategic decision was made to pursue a long-term partnership with the Dallas-based T-System, Inc., whose T SystemEV® provides an emergency department information system (EDIS) that has been certified as a modular EHR, by the Chicago-based Certification Commission for Health Information Technology (CCHIT), for purposes of meaningful use certification. In contrast to many hospital-based organizations, Baptist Healthcare System is moving forward with an EDIS separate from its core EHR, and its leaders are happy with that strategic direction. Below are excerpts from Lucas's interview with *HCI*.

Healthcare Informatics: You and your

Jackie Lucas

colleagues have adopted a strategy around ED information management that contrasts with what most hospital-based organizations are doing right now. As you know, many CIOs have concluded that it is impossible to meet the requirements for meaningful use under the HITECH Act with separate ED and core EHR systems. Your strategic direction obviously contrasts strongly with that perspective. Can you explain your process and strategy in this area?

Jackie Lucas: We have a lot of systems. And McKesson [the Alpharetta, Ga.-based McKesson Corp.] is our primary vendor; but we have 300 applications, if you look

at everything we've got. Our inpatient EHR was from McKesson, and that was mostly in place before the T-Systems. We realized we needed a robust ED system. We have very busy emergency departments in most of our hospitals; we have one of the busiest EDs in Kentucky here at Baptist East in Louisville, our largest facility; in fact, it has one of the three busiest EDs in the state of Kentucky.

We realized we needed a very robust ED system. And we had already used the "T-sheets," paper-based system from T-System, which set the industry standard for emergency department physician documentation.

HCI: I keep hearing from CIOs that there's no way they can run ED information systems separate from their core EHRs, and achieve meaningful use. Your reaction to that contention?

Lucas: I don't agree with that at all. First of all, the ED is the front door to your hospital; depending on the individual facility, between 40 and 60 percent of our inpatients come in through our ED. You need a really robust system, because if you've got a bottleneck in your ED, you'll have a bottleneck in your hospital. I'm not worried at all, because I'm attesting using McKesson, T-System, and Logicare [the Eau Claire, Wis.-based Logicare Corp.], our patient education system. We've been able to pull our ED data from T-System

into McKesson, and there's been no problem. I've had a few CIOs call me saying, 'I don't understand how you're doing this.' I tell them that it's not a problem. I actually walked one of them through this, and I said, 'Let's go onto the CMS website.' There's this rumor that you have to have the same system throughout your hospital, but that's simply not true. You just go out and fill your cart on the CMS website—it's like a shopping cart, and you want to make sure your systems meet MU. It's called "complete"—you pick up your "complete EHR"; then you pick your certified modular products; and T-System's solution is certified as a modular EHR for MU purposes. You pick up these elements and fill out a document attesting to meaningful use.

But the real concern is the ability to put the data together. What you have to count are unique patients, and during the 90-day reporting period, if the patient has been in your ED three times and as an inpatient once, you can only count one of their encounters; it's unique patients. I think that's what causes the fear of, how am I going to combine this data, to make sure I don't have duplicates and that I'm reporting this correctly? Maybe they're concerned they won't get the support from the vendors to make that happen. But I've had excellent support from both T-System and McKesson to combine that data in the McKesson reporting tool. Sure, you have to test it and bring it together, you have to audit it. But we've been able to do that.

One can buy a reporting tool; so if someone had a complete EHR vendor with a reporting tool, that didn't want to work with them, one could buy reporting tools from third-party vendors. We've been able to work with McKesson on this.

HCI: This really banishes the received wisdom.

Lucas: Absolutely. And our emergency department physicians and staff members love it. It was an excellent implementation. You know, CIOs' jobs today are really hard. You always feel really good when you have one of those positive implementations with positive products. T-System has really been that. In talking with CIOs, there are a lot of people doing replacements, who feel they have to replace everything they have, and those are very expensive replacements, both in terms of the capital and in terms of the human resources involved. What's more, we're facing reduced dollars in healthcare, and everybody's looking for efficiency; so I see bringing in a robust ED system like T-System's, as a way to extend your other investments.

HCI: And the interfacing hasn't been difficult?

Lucas: I don't want to say it hasn't ever been difficult; but it's not insurmountable. If the vendors are willing to work together, it can work well; and we have a very good integration team here that works with the vendors.

HCI: So the bottom line was that you and your team felt that the robustness of

the T-System solution was worth the ongoing needed to interface and integrate?

Lucas: Yes, absolutely. We all did, not only in our IT department, but also among our clinicians. We've achieved the reporting we needed to achieve to attest soon to meaningful use. Now, maybe if a CIO doesn't have vendors that can work well together on this, and doesn't have an integration team to make this work, one option would be to go out and work with a vendor-agnostic, third-party reporting tool.

By the way, I personally believe it's more difficult for a community-based hospital to meet meaningful use in that we don't have residents; we don't have that structure that an academic hospital has with employed physicians, though that's changing. The ED can be the catalyst to move a community hospital to meaningful use. And if you don't have an ED system where you're getting over 90 percent CPOE adoption, it's worth implementing such a system. And we're over 90 percent in all five of our EDs, and some of them are pushing right at 100 percent. We brought our first hospital up in under six months, on T-System. So for a community hospital, or even an academic, any hospital having problems getting to Stage 1 meaningful use, its leaders should look at how your ED can be a catalyst. You can implement T-System in under six months if you have the proper infrastructure, and that can move you to Stage 1. ◆

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