

## Information Technology Collaboration Provides Win-Win for Hospitals, Physicians, and the Community

As physicians increasingly spend more time outside of the hospital, the “medical hub” of the health care delivery system is also shifting away from the acute care hospital. Similarly, physician interest in performing administrative functions and on-call responsibilities of the acute care hospital has declined as they have capitalized on opportunities to expand their services on an ambulatory basis and/or in their own specialty hospitals. Once considered the “dues” paid for medical staff privileges, now taking emergency department call and participating in medical staff committee functions is increasingly viewed by physicians as someone else’s responsibility.

With a greatly expanded delivery system, no longer based in the acute care hospital, the ability to assure optimal clinical integration of all components of health care has become challenging at best. Effective clinical integration brings physicians and hospitals together in a collaborative effort to incorporate both the ambulatory and hospital based components of the patient’s care. Designed to improve patient care delivery through the elimination of fragmentation in the health care delivery system, clinical integration should serve to benefit mutually the patient, the physician, and the hospital.

Information technology connectivity contributes to the communicative and informational backbone of clinical integration. When effectively implemented, it results in improved communications between physicians and hospitals and the development of shared leadership and collaboration. Moreover, in order to extend the benefits of IT into the community, physician-hospital collaboration is not an indulgence, it becomes a necessity.

According to an American College of Healthcare Executives survey of hospital CEOs in October 2007, physician/hospital relations are among the top three concerns keeping them awake at night. For those CEOs focused on physician/hospital relations, finding ways to create win-win collaborations was the most cited concern.

The use and integration of IT is clearly a means through which physicians and hospitals can align. Integrated IT can meet the needs of both providers and consumers, especially in a time of increasing financial pressures and public scrutiny.

Most importantly, however, physician-hospital alignment via IT is a response to an increased understanding and meeting of patients’ desire for higher quality, more responsive, and better coordinated health care.

As pay for performance programs are becoming more commonplace across the country, they, too, are placing the spotlight on hospitals’ and physicians’ need for IT solutions. Doctors are quickly realizing the need to work with members of the hospital staff and hospitals have incentive to provide physicians with the necessary information and resources to ensure that patient care meets and/or exceeds best practices.

In response to these growing pressures, many organizations have made additional investments in IT within the walls of the hospital. However, the connection between the community physician’s office



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and the hospital has not equaled the pace of development within the hospital walls. One example of this divided approach is in the adoption of the electronic health record (EHR). EHR has been lauded for its benefits of improved clinical care through alerts, reminders, and decision support. While hospitals and a few physicians are incorporating IT individually, a collaborative effort to bring this technology to their communities remains limited.

According to a July report by the Commonwealth Fund, the U.S. lags behind other countries in the use of electronic health records. At the current rate of adoption, it would “take more than 30 years to expand clinical-support tools to all physicians in the U.S.” Although EHR use grew to 28 percent from 17 percent in the U.S. during 2001 to 2006, the country lags far behind many others in the world.

Conversely, according to the 2006 McKesson/Harris Interactive survey, “Physician Alignment Through IT,” almost three-quarters of U.S. physicians were beginning to entertain the idea of implementing an EHR system in their practice and, of those, over 90 percent were planning to do so by 2010.

For these physicians, the largest considerations before moving forward were support and maintenance of the system and the ability to connect to hospital lab and hospital patient information. Currently, physician-office-based EHR remains a hotly discussed topic due as much to its relative lack of penetration as to physicians’ increased interest in it.

Hospitals and physicians are missing a significant opportunity by failing to extend their collaboration beyond the walls of the hospital. In the past, hospital fears of losing their tax-exempt status precluded the provision of any assistance in helping local physicians to procure EHR. Now, the relaxation of long-standing Stark restrictions has removed a potential barrier to hospitals and physicians sharing IT.

Though IT acquisition alone - without sufficient process design, planning, relationship building and education - does not ensure effective physician-hospital alignment, its tangibility and the fact that it can only be successful when built upon a collaborative relationship positions it as an obvious and natural form of alignment strategy.

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