

Highlights from an interview with: Gregg Martin, CIO, Arnot Ogden Medical Center

Gregg Martin is the CIO at Arnot Ogden Medical Center. Arnot Ogden Medical Center is an independent, not-for-profit, 256-bed tertiary medical facility with more than 300 physicians from over 50 specialties. Arnot Ogden Medical Center offers specialty services at the Falck Cancer Center, Heart and Vascular Institute, Diabetes Center, Health Center for Women and Maternal and Child Health. Arnot Health provides services to the Southern Tier of New York and Northern Tier of Pennsylvania.

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What was the motivation behind achieving Stage 6 of the HIMSS EHR adoption?

Our strategic planning for Information Systems has never targeted, or even mentioned, the HIMSS adoption model, so it was never an objective for the medical center. Late in 2009 we discovered that our adoption of technology over the last 20 plus years appeared to line up pretty well with the adoption model. So, we decided to go through the process of obtaining the recognition in order to provide us with a independent benchmark that could provide some validation of our internal planning process, which identifies strategic I.T. initiatives, sets priorities for them, and “connects” them to business goals and objectives.

We were very surprised that we were one short step away from Level 6, but that our strategic plan included an implementation that would address the one issue, which was related to having a PACS solution implemented in our angio-suite. We were in the process of doing a renovation in our angio-suite that included a PACS roll-out, which was completed and on-line in January, 2010.

What impact has that adoption had?

It did two things basically. One, it gave us the validation of our internal strategic planning process that we hoped it would, but it also has created a conversation within the Strategic Planning group of what components are missing that could help take us to Stage 7, or a paperless environment.

Getting to Stage 6 was the result of many years of hard work by a lot of people throughout the organization, working with many vendors, so even more than the technology, the recognition is about the level of collaboration and culture we’ve developed that recognizes the value that information technology can bring to the organization.

What element or elements have proven to be the most critical in planning for Stage 1 of Meaningful Use requirements?

This may surprise you, but first and foremost it was not about the technology itself, but about developing a vision with all of the affected stakeholders, and allowing and fostering a sense of ownership with them, including building partnerships with our vendors.

All of our key vendors, of which Corepoint is one, are considered partners of ours, and we depend heavily on everyone’s participation in creating the vision, owning it, then working collaboratively in achieving it. Doing anything this complex means you’re bound to run into unforeseen issues and problems, and when everyone involved has a vested interest in achieving the vision, getting the collaboration needed to solve any problem is infinitely easier...not always simple, but definitely easier.

What significant IT initiatives will Arnot Ogden Medical Center undertake next?

We are in the process of affiliating with another hospital, and beginning the process of migrating them off their existing platforms onto ours, and talking

“We have very much appreciated our partnership with Corepoint Health over the years. One that, from my perspective, has been built on a combination of excellent, responsive customer service, and mutual respect, that continues to this day. The partnership with Corepoint Health was instrumental in Arnot Ogden achieving Stage 6 HIMSS EHR adoption certification.”

GREGG MARTIN, CIO

ARNOT OGDEN MEDICAL CENTER

About Corepoint Health

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to another facility that may follow later in 2011 or 2012. We also are planning how to meet the meaningful use requirements, and expect to qualify for the first year incentive payments by next fall.

Having achieved Stage 6, we are also, as a byproduct, well positioned to meet the Stage One requirements. We also plan in implementing a document imaging solution, starting with our Revenue Cycle functions, so we've started the work of eliminating paper, and seeking to optimize our workflows, that when completed, will get us one step closer to HIMSS Level 7. I would only say that we are not targeting HIMSS Level 7, and only looking at achieving that recognition as a by-product of meeting some of our strategic goals and objectives.

In addition, because of increasing requirements for interoperability, both within our organization as well as with external organizations, we plan on migrating several additional point to point interfaces over to our Corepoint Interface Engine, further leveraging the investment we've made in this technology.

How would you advise a peer on starting to evaluate EMR/EHR adoption at their hospital?

The first think is to recognize that EMR/EHR adoption is not an MIS or I.T. project...it really is a clinical transformation project that needs to be owned by a group within the facility. MIS's priority should be on facilitating the discussion, supporting the end users involved, and fostering ownership of the project among the key stakeholders. When done correctly, the project becomes one where EMR technology gets pulled through the organization by the end users themselves, as opposed to being pushed through the organization by I.T., or other senior management.

A second, and equally important issue, is creating a discussion where the value of I.T. is translated into meeting specific business objectives and how it can help the organization continue to meet its mission. Again, MIS's role is to translate technical terminology when needed, but MIS needs to be fluent in the lexicon of the end users, and understanding how the use of technology will solve the challenges the end users face day to day “in the trenches”.

If one wants to know where they are vis-à-vis the HIMSS model, HIMSS provides a lot of material on their web site to explain the model, or as in our case, can include the facility in a periodic interview process that will provide insights into where the facility is, and how they stack up against other organizations.

I would conclude by saying that we used to tell people that EMR/EHR adoption was an evolutionary process, not a revolutionary process, because of the requirement to get end users involved and on board, and creating the right culture for adoption, which can take time. With the ARRA HITECH requirements, which include penalties for non-adoption beginning around 2015, those who have not already started this process may need to realize that they may no longer have the luxury of allowing their use of this technology to evolve like we did. While we, in many ways, blazed our own path, and stumbled a few times along the way, we are now thankful we didn't wait.