

"If CIOs don't offer a true competitive advantage to health care organizations...why do they need us at all?"

*Matt Ebaugh, CIO
Commonwealth
Health Corp.*

*Quoted in Health Management
Technology, March 2005*



Frank Cavanaugh



Everett Hines



Sam Schultz II Ph.D.



Tony Duminski



Jean Joslyn



Richard Dick, Ph.D.



Peer review in the 21st century: a model of objective professional assessment

By Leo van der Reis, M.D., Principal, CCI

Historically, professional organizations have prided themselves in their ability to assess themselves. Although intended as a serious effort to insure and maintain quality of professional services and behavior, over the years there has been increasing evidence that self-policing does not meet the requirements. There is increasing pressure by patients, health care institutions, insurance companies, HMOs, employers, and employee-oriented organizations to assure that the individuals who perform medical professional services possess the necessary professional and personal assets to do so.

Irrespective of the modality, peer review that relies on personal judgments, based on evaluations on a personal or non-personal basis, or a combination thereof, is not truly objective. This makes the implementation and acceptance of the review results tenuous -- to say the least. This results in a lack of reliance on the review process and trust in the professional group. The undesirable effects of such a situation are obvious and deplorable.

A model that obviates the drawbacks of current peer review not only makes peer review a formidable ally for the medical profession -- it serves as an effective and efficient tool for quality assurance and utilization review.

Our model is based on accumulation of data that are currently available from a wide spectrum of sources that are engaged in health care related activities. To date this information is kept by separate, mostly non-communicating, agencies. In this model, the electronically transmitted data flow into a bank that is especially designed for in-depth analysis that is qualitative as well as quantitative. Protocols that employ systems analysis are introduced to insure a genuinely objective, medically realistic assessment. The result is a judgment based on data that reflect not only qualitative and quantitative transactional data, but also data that reflect professional and personal behavioral patterns. Since the "judgment" process is not contaminated by personal opinions or interventions, the benefits go well beyond the primary goal of peer review.

The data resulting from the model can also be used for quality assurance and utilization on a truly objective basis. This will materially aid in the acceptance of the data by physicians and medical service organizations alike.

Our data suggest that this model also is a more efficient, time saving and thus cost saving process than today's methods of review.

The model lends itself to application in both small and large professional communities. The technical equipment, hardware and software, are "off the shelf". Systems analysis is used to determine the content of the protocols.



[Fred Mills](#)



[Bill MacFarlane](#)



[Dennis Belter](#)



[Mike McGill, Ph.D.](#)



[Jim Cusick](#)



[Gary Johnson](#)



[Mike Glickman](#)



[Leo van der Reis
M.D.](#)

Dr. van der Reis has over 30 years experience in medicine and wide knowledge of the health care system from a clinical, business and technical perspective. He resides in San Francisco and can be reached at (415) 661-8866 or leovanderreis@cardinalconsulting.org

Are CIOs giving up core discipline?

Chief information officers must be well grounded in the technology and willing to put in the effort to keep up with the changing market, according to Matt Ebaugh, CIO of **Commonwealth Healthcare Corp.** Secondly, Ebaugh advocates that CIOs must be involved in strategic decisions and not just tactical ones. As the CIO's technological competence decreases, there is more of an invitation for the organization to consider outsourcing the information technology function.

Source: Blair R: The Future of CIOs. *Health Management Technology*, February 2005;26(2):pp 62+. [Click here for full text](#)

What's happening in 2005?

Impetus toward development of an electronic health record by the Bush administration is invigorating the health care IT industry, according to this annual review of trends. The nine trends discussed in this cover story include: bar coding and radiofrequency identification, disease management, the electronic health record, emergency preparedness, integrating PACS, IT and biomedical devices, patient-centric portals, regional networks, and telehealth.

Source: Nine tech trends. *Healthcare Informatics*, February 2005;22(2):pp 36+. [Click here for full text](#)

US infrastructure to cost up to \$320B

Nationwide implementation of health care information exchange and interoperability (HIEI) standards has been estimated to cost \$276 to \$320 billion over 10 years with annual maintenance costs of up to \$20 billion. However, yearly savings of just under \$78 billion are expected after full implementation. For the typical medium-sized community hospital, the investment will be \$2.7 million initially with \$250,000 in annual maintenance costs. Implementation of HIEI would automate the exchange of health care data – 90 percent of which is currently done via phone, fax, or mail.

Sources:

1. What is IT's cost, savings? *Hospitals & Health Networks*, February 2005;79(2). [Click here for full text](#)
2. Center for Information Technology Leadership: Published study pushes debate on standardized national healthcare information exchange, estimating \$78 billion in ongoing annual savings. *Press Release*, January 19, 2005.

[Click here for full text](#)

Group investment: \$50,000/physician

Successful implementation of a nationwide infrastructure will require buy-in by physicians, who control an estimated 80 percent of all health care spending. The upfront cost to buy hardware and software and to train employees is said to be as much as \$50,000 per physician. This investment is expected to pose problems for small medical practices.

Source: Larkin H: Uncle Sam wants your EHR. *Hospitals & Health Networks*, February 2005;79(2):pp 38+. [Click here for full text](#)

Best practice: 20-40% still on paper

Even best practice providers still generate from 20 to 40 percent of documentation on paper, according to a **McKesson** analysis of its customers. About one-third of **McKesson** customers make widespread use of document imaging, which is said to be an interim step towards an electronic health record. At **Bloomington Hospital & Healthcare System** (IN), implementation of a document imaging system and



[Rajiv Kapur, Ph.D.](#)

identity management and authentication software resulted in the nearly complete elimination of unsigned charts, speeding up the billing process.

Source: Document imaging pays its freight. *Healthcare Informatics*, March 2005;22(3).
[Click here for full text](#)



[Connie Berg, R.N.,
M.B.A.](#)

EHR survey: implementation status?

Seventeen percent of respondents to a 2004 survey reported that their health care organizations have achieved extensive implementation of an electronic health record and another 26 percent reported partial implementation. The two most significant barriers to EHR adoption were reported to be funding and physician acceptance.

Source: Sender A: Ready for the EHR? A new survey measures EHR implementation and individual readiness. *Journal of AHIMA*, March 2005;76(3):pp 54-55. [Click here for full text](#)



[Dan Kinsella](#)

EHR: how should HIM execs prepare?

The importance of involving the health information manager in implementation of the electronic health record at a hospital is stressed in this case study article. Consequences of treating EHR as an IT project exclusively, without examining the implications for the HIM department, are explored.

Source: Fox LA: Fitting in, standing out: leading effectively within your organization. *Journal of AHIMA*, January 2005;76(1):pp 24-28. [Click here for full text](#)



[Mike Cook](#)

Point-of-care system set up by vendor

When **Jewish Hospital** (Louisville, KY) decided to buy **Philips Medical System's** CareVue clinical information system, part of the deal was extensive implementation support by the vendor. **Philips** consultants provided overall project management, including system design and configuration and training of hospital staff. The new system has resulted in a decrease in nursing time spent charting.

Source: Pecoraro D, Burge P: Electronic documentation. *Healthcare Informatics*, March 2005;22(3).
[Click here for full text](#)



[Mike Cohen](#)

Reducing errors highest priority: CIOs

Reducing medical errors was cited as the top business issue by 57 percent of the health care CIOs responding to the 16th Annual **HIMSS** Leadership Survey. The second most frequently chosen top business issue was patient satisfaction. Projecting ahead over the next two years, about two-thirds of CIOs chose the electronic medical record as the most important application. Just under half (42 percent) reported that they have begun EMR installation. Another 18 percent reported having a fully operational EMR system.

Source: Superior Consultant Company: 16th Annual HIMSS Leadership Survey: *Healthcare CIO Results, Final Report*. Chicago: Healthcare Information and Management Systems Society, February 14, 2005.
[Click here for full text](#)



[Steve Henkind,
M.D., Ph.D.](#)

PDAs: #1 use to check medications

Physicians who use personal digital assistants reported that their most frequent use is to check drug references, according to a vendor survey conducted in mid-2004. Cardiologists were found to be the most frequent PDA users, but internists and pediatricians were most likely to report a decrease in medical errors due to PDA use. Nearly all (92 percent) of physicians who responded to the survey said that PDAs help improve efficiency.

Source: Skyscape, Inc.: Study finds differences in PDA use among cardiologists, nurses, pediatricians, internists. *Press Release*, October 6, 2004. [Click here for full text](#)



[Alton Brantley,
M.D., Ph.D.](#)



[Steven Roth](#)



[Walt Zerrenner](#)



[Tom Shubnell, Ph.D.](#)



[Robert DeMarco](#)



[Janet Martino, M.D.](#)

Cardinal Consulting, Inc.
14060 King Road
Homer Glen, IL 60491

Phone:
(708) 645-1235

Fax:
(708) 645-1436

E-mail:
editor@cardinalconsulting.org

Past Newsletters:
[Newsletters](#)

We're on the Web!
CardinalConsulting.ORG

HIPAA: 18% of providers compliant

Although the deadline for compliance with the HIPAA security rule is April 20, 2005, only 18 percent of providers and 30 percent of payers indicated that they were in compliance as of January 2005, when this **HIMSS** survey was taken. For the providers, this represents no progress since the previous survey six months earlier. Half of all responding providers and payers reported that they would be full compliant by the April deadline, however. The most significant roadblocks for providers were reported to be audit controls, risk management/risk analysis, and information system activity review.

Source: Healthcare Information Management Systems Society & Phoenix Health Systems: *US Healthcare Industry HIPAA Compliance Survey Results: Winter 2005*. Montgomery Village, OH: Phoenix Health Systems, 2005. [Click here for full text](#)

Internet2: private high-speed network

Over 200 universities are linked with governmental agencies and private industry on the Internet2, which was launched in 1996. Currently serving as a noncommercial, private, scientific network for the testing and deployment of advanced applications, Internet2 can be accessed by any health care organization with a legitimate need. A health care application that is in testing is remote interpretation of cardiology imaging.

Source: Gillespie G: Internet2: coming soon to a hospital near you? *Health Data Management*, February 2005;13(2). [Click here for full text](#)

Data mining critical to FIS success

Evolution of financial information systems from back-office support to fully integrated enterprise-wide solutions has been made possible through the ability to combine and access information from different databases. The experiences of **Scripps Health** (San Diego, CA) and **Orlando Regional Medical Center** (FL) in choosing and implementing financial information systems are described.

Source: Rogoski RR: Crunch time. *Health Management Technology*, March 2005;26(3). [Click here for full text](#)

Coaching: developing your execs

Texas Children's Hospital (Houston, TX) has used both internal and external coaches to help promoted executives succeed in new positions. Among the characteristics sought in a professional coach is familiarity with the organization, which makes internal coaches a first choice, but former employees are also worth consideration. Factors to be considered in the choice between an internal or outsourced coaching assignment are discussed.

Source: Distefano S, Williams MT: Occupational trainer. *Healthcare Informatics*, April 2005;22(4). [Click here for full text](#)
