



**Davies Award Executive Summary:
2009 Ambulatory Winner: Virginia Women's Center**

The [Virginia Women's Center](#) is the largest women's healthcare private practice in central Virginia with 25 physicians and 12 mid-level providers at five clinical sites. Services have expanded beyond traditional obstetrics and gynecology to include female urology, pelvic reconstructive surgery, clinical research, psychological counseling, nutritional counseling and genetic counseling.

The Center serves a diverse patient population reflective of the geographic locations of our practice sites. Women's Center primary payors are Anthem, Aetna, United Healthcare, Cigna, Southern Health, Sentara, Medicare and Medicaid. The practice participates in programs that provide care to the uninsured and underinsured throughout Central Virginia.

Clinical Impact of EHR Implementation:

The Center implemented the GE Centricity EMR. Using the EHR, the Center improved patient outcomes and population health supporting the CMS Triple Aim: better patient health, better population health and lower medical costs. The CPOE facilitated the reporting process to help identify delinquencies in receipt and follow-up of test results. Internal quality assurance reports allow monthly reporting. As well, time sensitive treatments in pregnancy such as Rhogam administration are monitored.

The Center used the EHR to improve patient safety, ensuring quick responses to several potential threats to patient safety, including:

- 1.) A lab vendor had a recall of reagents that resulted in reference labs mandating a recall on Group B Streptococcal culture results. With the recall of negative cultures, mothers may have been excluded from prophylaxis, putting their babies at risk of possible death. The same day the Center was notified, the staff used the EHR to identify effected patients, notify them and their physicians.
- 2.) Modern day obstetrical care identifies numerous medical conditions where anticoagulation is instituted for treatment and prophylaxis. Low molecular weight heparin (LMWH) is a somewhat common medication which, when used with Omega 3 supplements, identified to have a dangerous interaction. The Center was able to use the EHR to identify all patients on anticoagulation and ensure that the patient and provider were aware of the importance of avoiding the Omega 3 fatty acids.

The EHR also allowed for patients to be identified electronically through data analysis of several factors including age, medications and diagnosis. Qualified patients gained access to high-quality health care at no financial cost while they contribute to evidence-based medicine.

Financial Return on Investment:

The value proposition turned out to tell a story of significant ROI for the Center. The EHR allowed the Center to establish new services including mammography and expanded counseling with an increase in the overall provider complement. The Center was also able to eliminate \$300,000 in transcription costs in the first year.

Also, the EHR helped increase efficiency. Pre EHR, the average number of annual patient visits per provider was 5,314. Post implementation numbers rose 11% to 5,629. The average number of annual relative value units (RVUs) per provider jumped over 13% with EHR. Evaluation of the financial metrics as a comparison to revenue revealed a favorable decrease of operating costs as a percentage of revenue from 61% to 59%.

As of 2009, the Center did not participate in any significant pay-for-performance initiatives, however the Center laid the groundwork to participate in patient safety and quality assurance as top priorities for development. The Center is a member of GE's Medical Quality Improvement Consortium and the Women's Health Best Practices Group working diligently on development of quality assurance indicators for obstetrics and gynecology.