



architects of change

Davi es Award Wi ni ng Stori es

*" We Di d I T,
So Can You! "*



Advocacy Day '08



**Health Information Technology
and the Public's Health**

Neil S. Calman, MD
President and CEO
June 2008

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The Institute for Family Health

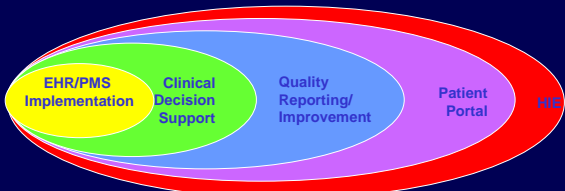
- 15 Community Health Centers –
 - 5 Bronx, 3 Manhattan,
 - 6 Mid-Hudson Valley
- 8 homeless healthcare sites
- 2 School based health programs
- 3 Dental centers
- 2 Community Mental Health Centers
- 2 Free Clinics
- 2 Family Practice Residency Programs

- 250,000 primary care visits
- 67,000 patients

3

The Institute has been fully paperless since September 2002 on Epic Systems (Verona, Wisconsin) Electronic Health Record and Practice Management System



4

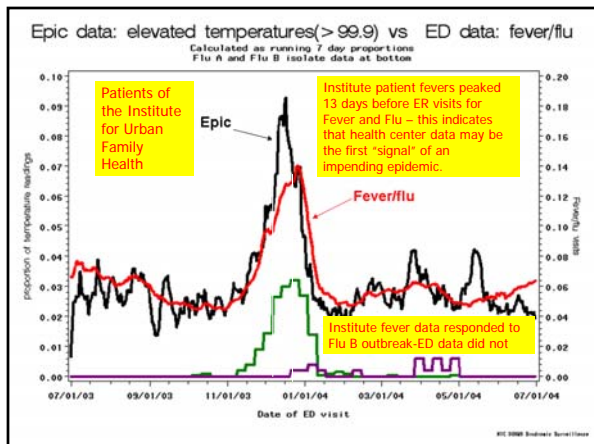


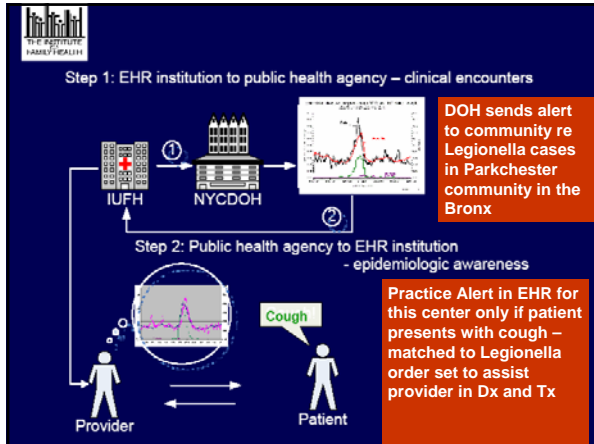


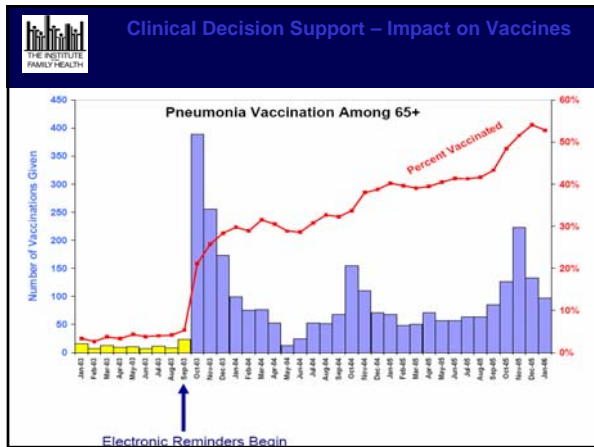


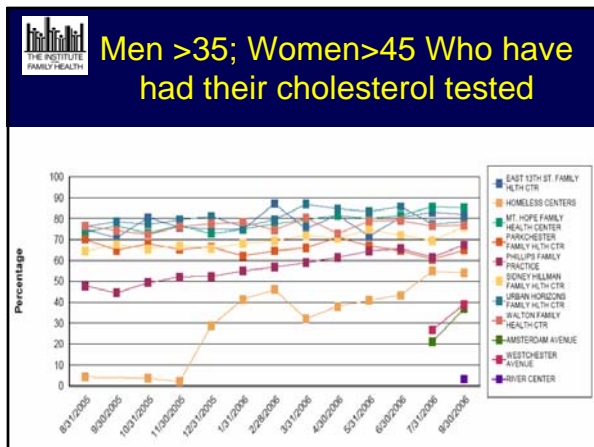
The NEW ENGLAND JOURNAL of MEDICINE
Major Congenital Malformations after First-Trimester Exposure to ACE Inhibitors

5











Himss
Transforming Healthcare Through IT

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Susan Heichert

VP, Health Information and
Systems
Allina Hospitals & Clinics

ALLINA
Hospitals & Clinics

Excellian: The Integrating Engine

- **Advances care goals:**
 - Prevention and wellness
 - MyChart, health risk assessment, vital clinical information
 - Chronic illness management
 - Clinical guidelines, prompts and reminders, consumer/payer information
 - Acute and critical care
 - Inpatient/ambulatory Integration, safety and reliability, transparency and quality
 - End of Life care
 - Care options, education and information for families

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Allina Benefits Program

Benefit Area	Metric
Promote evidence-based care	Variable costs by DRG improved
Increase medication safety	Adverse drug events – initially increased (better reporting), decreased 25% 2006 to 2007
Improve nursing documentation	Presence of key data: Nutrition and D/C screens, response to pain, weight
Improve speed of information to clinicians	Improved Dictation turn-around-time, decreased transcription volume (decreased 60% in ambulatory)
Optimize medication usage	Decreased Drug Utilization Costs
Improve patient throughput	ED Volume up 23%, LWBS and divert rate down, wait time down 25%, pt. sat improved
Decrease duplicate testing	Decreased number of duplicate tests
Collect core measure data electronically	Ability to report on core measures
Reduce payment denials	Denials reduced
Decrease AR	Decreased AR days
Improve eligibility determination	Decreased denials
Improve charge capture	Real time charge capture via charge on documentation

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Now that we have integrated information tools:

- **We don't rely on partial, illegible information to treat our patients.**
- **We don't lose or misplace information, or lose critical time while it's retrieved from storage.**
- **We can provide the complete clinical picture to clinicians so that they can make better decisions and prevent errors.**
- **We can provide better information to our patients.**
- **We can provide the latest treatment information to our clinicians so that they in turn provide care supported by evidence.**
- **We have real data to improve as an organization.**

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