

## HEALTH INFORMATION TECHNOLOGY IN OREGON: LESSONS LEARNED

**O**regon is considered to be one of the key “early adopter” states for health information technology in both the public and private sectors. DeOna Bridgeman, M.D., family practitioner of Davies Clinic. P.C., in Canby, Oregon is among those early adopter physicians. She has received Meaningful Use incentives and worked to obtain training and technical assistance through the Oregon Medical Association, Portland InterHospital Physicians Association and the state of Oregon’s Health Information Technology Extension Center (O-HITEC), a division of OCHIN, Inc. These organizations share their perspectives:

### Oregon Medical Association (OMA)

**Q:** *What are the lessons learned?*

**A:** “The OMA has greatly valued its partnership with the regional extension center, OCHIN O-HITEC, as we’ve worked together to help our physician members with their health information technology (HIT) needs. Oregon’s position as a national leader in adoption of HIT has created a unique challenge for stakeholders seeking to educate and support physician practices that are earlier on the continuum of adoption. It is essential that the stakeholders work together to meet that challenge... The task of transitioning the health care sector to meaningful use of HIT is a long-term process, perhaps longer than any of us realize.”

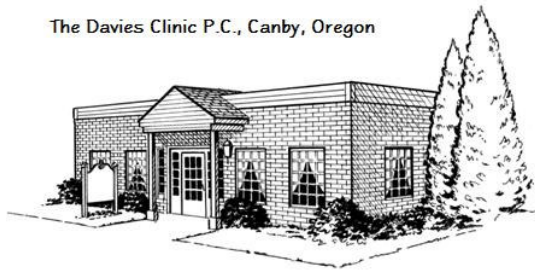
**Q:** *What recommendations would you share?*

**A:** “Find ways to collaborate; it’s important to be innovative, but you don’t have to innovate in every direction all at once. Finding partners that complement your organizational strengths is a winning strategy. Be prepared to repeat the message early and often. Physicians have so much change to cope with in their professional lives right now, it’s difficult to gauge which repetition is going to be the one that sticks. Try as much as possible to put the message in context. By understanding all of the dynamics at play in health care, you help your stakeholders see the larger picture even if they spend most of their time with a very narrow window of focus.”

### Portland InterHospital Physicians Association (Portland IPA)

**Q:** *What are the lessons learned?*

**A:** “The Portland IPA has worked for many years to help physicians develop, install and implement electronic health record (EHR) systems. Our finding is that the Meaningful Use cash incentives of



\$44,000 per provider are insufficient to meet the extensive cost to purchase new hardware systems, software, cabling, servers, ongoing technical assistance, and remodeling. Other substantial costs include lost productivity by all staff, training, data entry assistance, etc. It is estimated that the installation and implementation of a new EHR system averages about \$120,000 per physician. Additionally, the intrinsic costs comprise, in most cases, a provider and his/her practice completely overhauling their reporting mechanisms and core competencies. We estimate adding an extra four to five minutes per patient for these new practice models. Finally, for many providers and their staffs, the short term return-on-investment is not readily perceived due the substantial outlay of cash and practice disruption occurring with the new technologies.”

**Q:** *What recommendations would you share?*

**A:** “These technology changes may ultimately provide a better approach to patient protections and safety especially when it comes to confidentiality and shared decision making. We are looking to ensure that using these new technologies enhance, protect and preserve the physician-patient relationship. Our recommendation to providers is to use the technology as a key tool in ways that improve clinical-decision making, improve practice administration, enhance efficiencies and enlarge data mining and reporting capabilities. We believe these new technologies will drive us to more comprehensive decision-making to improve the health of the populations we serve.”

#### OCHIN O-HITEC

**Q:** *What are the lessons learned?*

**A:** “Each practice has individual issues and challenges to work through . A shared and comprehensive understanding the greater goals helps to smooth the rough spots of the integration and implementation challenges. It’s so important to have and build a strong team, even when us humans don’t like change.”

**Q:** *What recommendations would you share?*

**A:** “Our specific recommendations include establishing an organizational leadership team that utilizes change management strategies and communicate, communicate, communicate! Everyone in the practice should have a role and understand that role, both internally throughout organization and externally with other health care stakeholders. Plan for common challenges, i.e. reduced productivity, system downtime, workflow changes, etc., as they will happen. Develop a robust training plan and incorporate in the rollout timeline. Audit and validate beginning when going ‘live’ and continuously thereafter.”