# HIT Think Why HIT tools can help organizations navigate the challenges of growth

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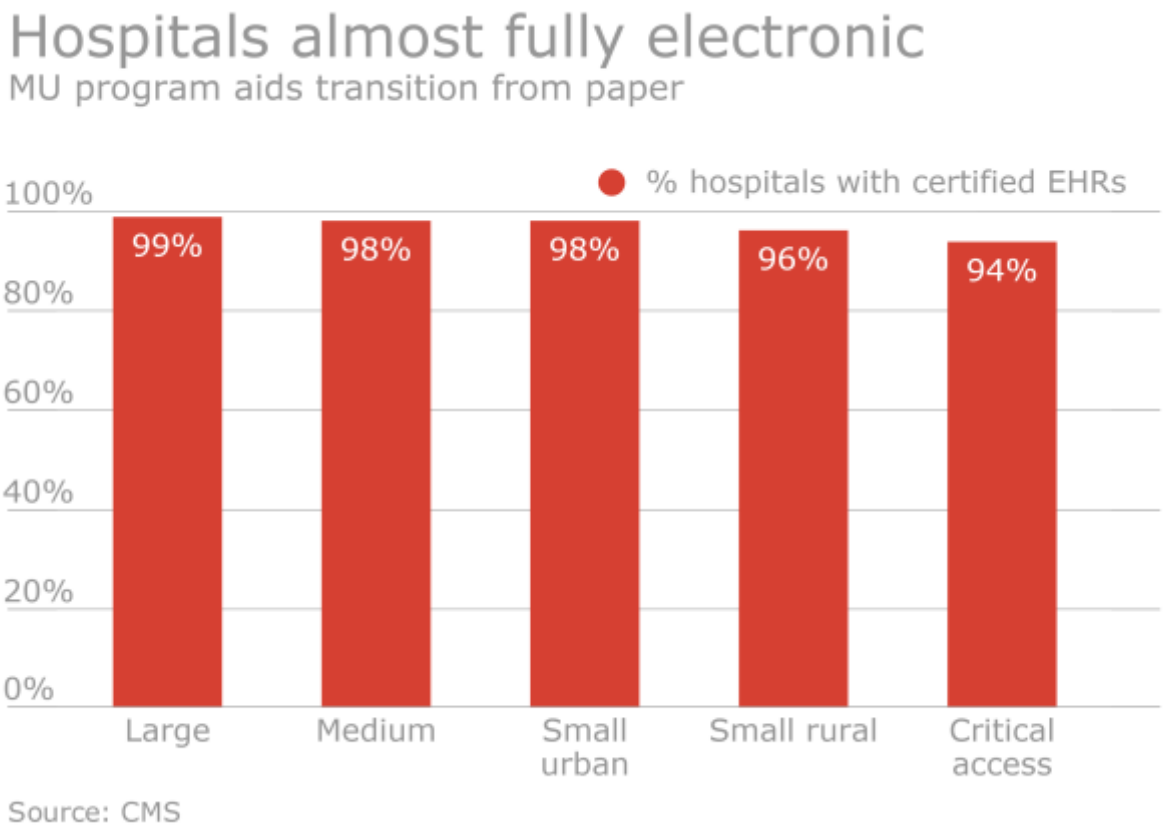
With the big bang of electronic medical record installations mostly over, many in the industry wonder what comes next.

Optimization is at the top of most providers' lists, seeking to better use EMRs to achieve clinical and financial outcomes. However, other tools hold promise in bringing together clinical and administrative activities, helping to bring about the overlap and merging of care delivery activities; they forge what happens at the bedside with the many activities that support clinicians' bedside care.




This blurring of lines among clinical and administrative systems bodes well for HIT's ability to truly have an impact on the quality and cost of patient care. And that will be particularly important as providers continue to work through the havoc resulting from continued consolidation.

**M&A Challenges**

For organizations expanding their reach through mergers and acquisitions that create an even larger integrated delivery network (IDN), managing patients throughout their network becomes an increasing critical activity that greatly affects bottom line results.

Solely increasing patient volume by expanding a catchment area does not guarantee profitable patients. What might appear to be intelligent risk management through detailed population stratification often breaks down after the realities of a merger and the covered patient mix take hold.

Large IDNs depend upon a network of feeder hospitals that migrate patients from community hospitals to tertiary treatment centers that are best equipped to treat sicker patients. This

approach enables patients requiring routine care to receive it at the most appropriate and least expensive point of service, while sicker, more complex patients are transferred to a tertiary care center which is better equipped to properly manage those types of patients.

Treating less sick patients at a tertiary hospital is usually not cost effective, compared with doing so at a community hospital setting, and treatment of complex cases at the community hospital is often not in the best interests of the patient. As an example, uncomplicated gall bladder surgery might best be performed at a community hospital, while kidney transplant may best be performed at a tertiary care center with an embedded transplant service.

Previously, IDNs effectively utilized paper records or spreadsheets in their transfer centers to manage patients as they moved from one hospital setting to another within the IDN. The lack of EMRs and other HIT tools limited the available information on each patient, allowing these mostly manual processes to adequately manage patient transfers.

**Managing Expanding Data Sets**

With the advent of EMRs and other sophisticated clinical and administrative HIT systems, each transferred patients comes with an exponentially larger set of patient data, much of it extremely valuable to receiving hospitals and their clinical staff trying to effectively and efficiently manage the limited resources available to treat these very complex patients.

Using the example noted above of a patient being transferred to a kidney transplant service, the clinical staff obtains great value from accessing current patient clinical and administrative information that is provided as part of the transfer center processes. This access enables these specialized services to properly assign beds, transplant teams and various ancillary services before the patient arrives on the ward.

Specialty services also monitor the patient throughout the transfer process, thereby enabling them to act proactively for incoming patients, rather than initiating their planning process and allocating resources after the patient's arrival on the ward. In addition, EMRs ingest much of the transfer center data, enabling better documentation of the patient's condition and its subsequent use by treating clinicians.

While transfer center activities are associated with the details of managing patient administrative information, its combination with clinical data—facilitated by newly available, robust transfer center focused HIT systems—enhances the ability of both clinical and non-clinical center staff to efficiently manage a transfer while assisting the clinical teams that have been newly assigned to a patient.

This example of administrative systems—the management of patient transfer among hospitals—demonstrates the evolution and portends the eventual merging of clinical and administrative systems. This next phase of HIT utilization surely includes workflow designs that leverage clinical and administrative systems so that they work synergistically to effectively and efficiently manage patient care.

Perhaps we are at the inflection point for HIT systems, such that their promise will start to be realized. Stay tuned.

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