

How unsafe is ambulatory practice today? Let me count the ways . . .

Richard J. Baron, MD, FACP
President
Greenhouse Internists, PC

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My SOCO:

- Ambulatory practice underutilizes information technology
- Absence of information regularly creates safety issues
- Absence of structured data compounds the problem
- We all swim in the same ocean so we don't even see the water

**“A fool who trips over the same
stone twice deserves to break
his neck.”**

Current state of EHR adoption

- 11-15% adoption rate nationally, higher in large/HMO/hospital owned practices
- Adoption is heterogeneous
 - 15% with EHR still hand writing scripts
- Absence of standards makes integration/care coordination a problem
- Many still see major EHR function as support of “core” function: produce a note

So what happens in today's paper office?

- You call my 4 doctor office today and speak to me
- Call back tomorrow and speak to my partner
- Any chance she knows what she needs to know?
- Compare to Lands End . . .

Issue 1: Failure of information availability

- Work arounds
 - Sign outs/hand offs
 - Clinicians spend time (when we have it to spend) chasing data
 - More staff to move charts around, file promptly
 - Rely on patients
- Compounded when site of care changes
- Patients get mad/disappointed/lose trust

Issue 2: Absence of structured data

- Clinicians interpret data out of context
 - Can't track/trend
 - Need extra steps (when we have time)
- Can't identify outliers/lost to follow up
- Can't proactively communicate new information
 - Susan and HRT
- More work to transmit information to others

Issue 3: We don't see it

- Providers “take for granted” the limitations of our paper world
 - LJ and the ECG
- Hard to imagine a “different” practice
- Implications for EHR implementation

What happens with EHR implementation?

- Learning curve for all involved
- Massive data conversion problem
- Ongoing practice re-design
 - AKA re-designing an airplane in flight
- What you see is not what they see
- Obligates more standardization
- Parallel systems, phased implementation issues

Safety issues with implementation

- Failure to move relevant information
- Need for ongoing QA
- Work arounds subvert process
- Failure to adequately train
- Need to operate in parallel universes
- Ongoing practice needs imperil re-design efforts
- Change management: unfreezing/re-freezing

What's possible

- Comprehensive, widely available information
- Efficient retrieval and transmission thereof
- Tracking/trending
- Automated decision support
 - Who needs screening for AAA?
- FedEx package compared to mammogram

Barriers to adoption

- Cost
- Inertia
- Fear
- Lack of standards
- Cost
- Culture
- Cost

Biggest issue may be “culture”

- Culture of “note”
 - Discharge summaries as requisite to payment
 - Longer notes, higher payments
- Culture of “safety”
 - We’re not supposed to get it wrong
 - Not hard to predict when we will
- Let’s not leave it to the lawyers
 - US vs Carroll towing Company, Learned Hand

New job description for primary care

- Based on IOM 6 Aims
 - Safe, timely, efficient, effective, equitable, patient centered
- *Design* practices to achieve them
- A professional obligation/expectation, not something imposed from outside
- We can do this