# Metropolitan Portland Health Information Exchange
# Physician Outreach Report

# Results and Reports Retrieval System

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# Physician Outreach Findings

**Purpose:** The purpose of the physician outreach is to determine physician need for a city-wide results reporting system and assess the likelihood that they would use such a system if it did exist.  Additionally, it served the purpose of letting physicians know that such a system is being considered.

**Timeframe:** Interviews took place between February 2007 – April 2007.

**Subjects:** Physician groups in the Portland Metro area. The groups sampled were Emergency Department physicians, hospitalists, medical education faculty, outpatient primary care and specialty physicians that are employed by the health systems that are participating in the Oregon Business Council Data Exchange group. They include Legacy faculty, ED physicians at Providence, OHSU physician champion group,  a Legacy outpatient clinic, Providence hospitalists. It should be noted that it is not a representative sample of Oregon physicians and that these were 'sensing sessions' and that should be considered regarding the overall generalizability of the results.

**Method and Results:** We got on the agenda of existing physician meetings spent between 20-30 minutes to briefly introduce the project proposal and then spend the majority of the time asking the following set of questions:

| Questions: | The Short Answers: |
| --- | --- |
| Do you need to get patient information from other health systems or clinics? | yes |
| Do you have problems getting patient information from other health systems or clinics? | yes |
| If so, how often? | daily |
| How do you get patient information from other health systems or clinics? | Phoning and faxing |
| Are you satisfied with the flow of patient information between health systems and/or clinics? | No |
| How quickly can you get patient information from other health systems or clinics? Seconds, minutes, hours, days, months, never | Hours to days |
| Would you use a city-wide results reporting system? | Yes |
| How would such a system fit into your workflow, i.e. would you log into another system to get the results? | Into our existing physician portal |

***Discussion:*** We found that all of the physicians see a need for getting a patient's health information from other points of care. All of the physicians queried have difficulty getting medical records from other systems on a daily basis. Making phone calls and faxing is the usual practice cited by the respondents. The success is highly variable and often dependent on the motivation and skill of a clerk. There was consensus in all of the groups that the current method for getting records is inadequate and that the length of time to get records is unacceptably long for optimal patient care. The most frequent response to the estimated time was measured in hours or days, not minutes or seconds. They are not satisfied with these wait times and often said that it is easier to repeat testing. They uniformly felt that a results reporting system would be valuable and that they would use it. The groups queried had a preference for results to be available to them from systems that they already use, the example most often cited is a physician portal.

> **Findings regarding inter-specialty differences:** There was some inter-specialty variability in the information-seeking desire expressed. Anecdotally, there seemed to be a difference between ED physicians and Internists. Internists voiced a willingness to pursue information even if they came up empty on other attempts. ED docs emphasized the need for quick retrieval and were interested in a more limited data set than the internists. One could speculate that this is a reflection of the triage and disposition nature of ED practice compared to the longer term diagnostic and treatment nature of internal medicine practice. This was not a representative sample and this impression should be viewed as non-scientific or anecdotal. It is included however, to illustrate that there may be variation by specialty with regard to use of a results reporting system.

***Physician Comments:*** The discussions were rich in their content with regard to physician's feelings about getting health information when it is needed for patient care. Some of the quotes were as follows:

"This is long overdue." – senior faculty internist

" We are convinced that we would see a reduction in the cost of a hospital stay if we had information from outside the health system, we are repeating work-ups only to find that the patient had chronic renal insufficiency (for example)" – hospitalists internists

"Some of the patients we wouldn't have even needed to admit had we known the problem was long-standing" - hospitalist internist

"Other industries have blown by us – those that matter such as financial industries or Wall Street." – medical education faculty

"Sometimes you just shoot from the hip and make clinical decisions without the patient information" – outpatient internist

Jody Pettit, MD
Tom Ricciardi, PhD

"The medical assistant calls or faxes. We may get paper mail days later. Often no one has anticipated the need for the information; you need to request it and get it "eventually." – outpatient physician

"Do patient's know where their other records are? – They don't know where they (the patient) are now!"

"We are willing to pilot a system."

"What can we do to make this happen faster?"

"Would it help to sign a petition or something?"


Below is an excerpt from a paper called the "Dream ED" by a Portland Emergency Department physician, she writes…

"I get to work and there are 2 or 3 patients in rooms that have been waiting less than 15 minutes.  They have had all vital signs taken, are appropriately undressed and all the tools I need for my exam are in the room and functional.  The nurse's notes are on the chart and include an accurate medication list and allergy history. When I pick up a chart, appropriate old records, EKG's etc. are *already there*."

Our conclusion from the physician outreach sessions are resoundingly in favor of an 'elsewhere' results reporting system to bring patient information to the point of care.

## Appendix A – Background, Sources, Related Documents

The MPHIE Mobilization Planning effort was commissioned and financed by the Oregon Business Council's Health Information Exchange Leadership Group. The project leadership team (Tiger Team) provided oversight and leadership in guiding the development of the planning included:

> Andrew Davidson, Oregon Association of Hospital and Health Systems
> Janice Forrester, PhD, The Regence Group
> Dick Gibson, MD, PhD, MBA Providence Health Systems & Legacy Health
> > Systems
> Jody Pettit, MD, Oregon Health Care Quality Corporation & Office for Oregon
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The Mobilization Planning effort was staffed by Oregon Health Care Quality Corporation. Staff and sub-contractors who contributed to various portions of this report include:

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The Mobilization Planning effort builds upon the report to the Oregon Business Council (OBC) Data Exchange Group titled "Oregon Health Information Exchange Options" dated May 15, 2006 available at http://www.q-corp.org/q-corp/images/public/pdfs/OR%20HIE%20Options.pdf.

The Mobilization Planning effort report relies on a number of sources of information including published studies, publications and reports of major organizations involved in

health information exchange, and information collected from other regional health information organizations (RHIOs) and health information exchanges (HIEs) and interviews and discussion with clinicians and other stakeholders in the community.

Key Mobilization Planning documents include
- MPHIE Final Report
- Metropolitan Portland Area Health Care Environment.
- MPHIE Technology Plan.
- MPHIE Privacy and Security Assessment.
- MPHIE Governance Plan.
- MPHIE Business Plan.
- MPHIE Operations Plan.