

Welcome to the Innovation Suite

These healthcare execs are creatively leveraging technology to improve their operations and better the lives of their customers.

By Chad Michael Van Alstin, Features Editor

Pixar Animation Studios Director and Executive Producer John Lasseter once said, “The art challenges the technology, and the technology inspires the art.”¹ He’s right. The animators at Pixar may use tech to craft their vision, but without their creativity and imagination, the tool is merely an untapped resource. But as the technology advances, the limits of imagination expand with it.

This logic can be applied to those who work in hospitals and clinics – overlooked places where creative individuals are working to solve pressing issues and improve upon outdated systems. With that in mind, *HMT* profiles C-Suite Innovators who are leveraging HIT to turn inspiration into reality, and consequently expand upon the limitations outlined in the instruction manuals of the tools they wield.

Editors Note: The following has been edited for clarity and concision.

Making smart use of big data



SHAUN GINTER,
MBA, CEO,
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Care

Shaun Ginter is President and CEO of the New England-based CareWell Urgent Care system. He holds a Bachelor of Science in Business Administration and a Masters of Business Administration from the University of Phoenix. He is also a member of the Board of Directors for the Urgent Care Association of America.

In an effort to make better use of the data being gathered by their athenahealth EHR, CareWell has adopted technology that enables raw data to be analyzed for the purpose of spurring real-world operational changes.

Nearly a year after implementing the athenaONE suite of products, Ginter spoke at HIMSS16 about how the partnership has changed CareWell’s business and improved the lives of its patients. Speaking with *HMT*, Ginter says it’s the analytics inside of athenaNet that gave his clinics the power to leverage patient data more effectively.

Where did the idea to start using the analytics platform inside athenaNet stem from?

For us, the adoption of athenaNet analytics was built out of the fact that a sophisticated electronic health record platform, like the athenahealth one CareWell uses, collects thousands of data points on a patient. Just the simple use of an electronic health record system allows us to timestamp every activity – everything we do for the business. We decided there was a lot of data here that could really help us improve the patient experience, and we could use it in an operation way to design a workflow using data.

Big concerns for us in the urgent care space are throughput time – that is, how well we get a patient into the building and out of the building, and on their way to feeling better. Managing the expectations of patients when it comes to registering and going through a paperwork process, or measuring how long they are actually in the lobby.

Also really important for us is how the end of that encounter goes and how the discharge process runs – so, how efficiently we are able to get people out the door, e-prescribe their prescriptions, get them their discharge notes, finalize their paperwork, and get them back on the street.

How do you aggregate and make sense of the data after you gather it from the EHR?

I’d like to tell you we hire super bril-

liant people, but it’s not that simple. After we collect the data, athenaNet gives us the ability to run the reports and filter or pivot them in any way we want. I can literally go into athenaNet, I can tell it the parameters that I want to look at, and it’ll run the reports, pull out the data; it’ll export it into Excel files for us, or it’ll make sophisticated graphs for reporting. And then we’re able to take that data and use it internally.

For example, this morning I was looking at a throughput report and there are about 20 timestamps, following the patient through every step of every encounter in that building. I’m able to take that report, benchmark that, and I can then average it for the organization and prepare my stats with multiple sites. With 15 urgent care locations, it’s really important for us to identify what’s best-in-class from a performance perspective, and really do some comparisons.

What measurable improvements have you seen?

We’ve improved our door-to-door time by over 25 percent since we went live. We have seen dramatic improvement in our staffing and keeping appropriate staff levels, and a lot of that is due to the fact we can now see a history of when patients come in on a trend, and we’re able to appropriately staff our centers accordingly. We got those benefits right off the bat.

Being an urgent care facility, I imagine you share a lot of information. How do you overcome those challenges?

One of the biggest driving factors for CareWell selecting athena was we have hospital affiliation relationships, and it's very important for us to be able to share the medical record and medical data with hospitals. Quite often, we're seeing a patient that wasn't able to get in to see their primary care physician – we see that patient and we do our best to send their medical record right back to their primary care doctor, so that they know one of their patients was seen after hours at an urgent care facility.

We're also able to do that with the hospital systems. If for any reason we see a patient and we believe they need to have follow-up care with a specialist or need to be forwarded to the emergency room, we're able to export all of the patient data right out of athena directly into our physician partner systems through interfaces athena has built.

Even if the hospital system uses a different vendor?

Yes, so for example, we regularly interface from athena into Allscripts – one of our hospital partners uses Allscripts – and we're able to send everything right into the Allscripts system.

We're also able to communicate through the Mass HIway, which is our local health exchange in the state of Massachusetts. We can transfer our data through the health exchange to any physician that is on that health exchange, regardless of platform. We can also send data to our Epic partners through the Epic interfaces.

Has this analytics technology ever been used in a way that has saved a person's life?

We have not had that yet. One of the things we're working with one of our hospital partners to do is to be able to see the patient record from the hospital side at the initial point of treatment. What we're hoping for is that, if someone

presents at urgent care, and we know what hospital system they're with, we can actually view that patient record and potentially catch any issues on our side – like if we see a trend in their medical history.

And if their medical record doesn't show us anything, when we're done charting, we send our medical record back to them and the primary care physician or the hospital can watch for patterns and look for life-threatening issues – and hopefully catch something. The continuity of care is very, very important.

For those out there who struggle to make big data useful, what advice can you give them?

It takes a purposeful intent to be able to take the data out of the EHR and turn it into good, useful information to run your business. You have to be disciplined. The data is there, but with some work and very purposeful intent, you can make some real changes happen.

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