



Monmouth Medical Center
United States House of Representatives
Committee on Energy and Commerce

Presentation on HITECH Act and its Impact on Monmouth Medical Center

July 27, 2010

Good afternoon, Mr. Chairman, Ranking Member, and distinguished members of the committee. Thank you for inviting me to testify today. I am Dr. Frank Vozos, Executive Director of Monmouth Medical Center, located in Long Branch, New Jersey. Monmouth Medical Center is a member of the Saint Barnabas Health Care System, the largest not-for-profit integrated health care delivery system in New Jersey and one of the largest in the nation. I am also here on behalf of the New Jersey Hospital Association a non-profit association that represents healthcare providers in the Garden State on state and federal matters.

I am pleased to appear before you today to highlight how the HITECH Act will support the transformation of Monmouth Medical Center by helping us successfully fulfill our goals related to the acquisition and implementation of health information technology, and to applaud the Federal Government for establishing a program that will provide incentive payments through Medicare and Medicaid to doctors and hospitals who demonstrate “meaningful use” of a certified EHR system. I am convinced that this will promote improved efficiency and quality of care.

By way of background, Monmouth Medical Center is a 527-bed community teaching hospital that provides a full spectrum of services from neonatology to geriatric care. With more than 800 medical and dental staff members, the

medical center admits more than 22,000 adult and pediatric inpatients as well as cares for over 120,000 outpatients annually. Monmouth is one of the largest and oldest teaching hospitals in New Jersey and is the largest academic affiliate of Drexel University College of Medicine, a relationship that has spanned four decades. Monmouth is recognized by Press Ganey as a Distinguished Academic Medical Center among the nation's nine leading teaching hospitals, and is also accredited by the AAMC, Council on Teaching Hospitals as well as all other major accrediting organizations.

We are further distinguished among the landscape of health care providers in New Jersey by our relationship with the Long Branch Federally Qualified Health Center (FQHC), which opened in April, 2004, and grew directly out of Monmouth Medical Center's longtime model of providing primary care to the community through charity care clinics. It is important to note that Monmouth is the leading health care provider in the City of Long Branch, a multi-ethnic enclave of residents who are disproportionately poor, young, uninsured and members of minority groups. More than 35% of the city's population lives at or below 200% of the Federal Poverty Level. There are four census tracts within the city that have been federally designated as Low Income Medically Underserved Populations. Over a third of this population is under the age of 18. More than 34% of the city's population is Hispanic and nearly 19% is African American. Spanish is spoken at home by 19% of the city's population over the age of 5 years. Although there are 40 primary health care providers located in the area, most do not accept Medicaid or offer charity care. As a result, the medically indigent population in Long Branch and the surrounding communities use low income clinics provided through a federally qualified health center and the Emergency Department at Monmouth as their only source of health care.

Likewise, the revitalization of 150 acres of the Long Branch oceanfront has added more than 1,300 high end residential properties and 600,000 square feet of commercial space in the near vicinity of the medical center. As an attractive

and highly desirable retirement destination, the Long Branch oceanfront is being populated by “empty nesters” that as they grow in both numbers and age, are placing an increased demand on both emergency and other health services.

While Monmouth was moving fairly well down the path to HIT adoption before the passage of the HITECH Act – we actually installed our first electronic clinical information system in 1988 - the new law has certainly strengthened our ability to effectively transition to more comprehensive adoption, and we have pursued this goal enthusiastically, embarking on a facility wide effort to upgrade our health information technology capabilities on multiple fronts. As an example, in our Emergency Department we have invested significant resources to install many sophisticated information technology components, including the direct electronic interface between Emergency Room clinical information system and hospital charts using the EDIMS computer framework All records and tests are available in the care of the patient and it links to our Monmouth Medical Center health information record. Repeating testing unnecessarily has declined and patient safety combined with more timely care has been a core outcome of this important initiative.

Monmouth Medical Center’s clinical information system suite of products, Cerner Millennium, is currently CCHIT (Certification Commission for Health Care Information Technology) certified. These products adhere to the requirements dealing with functionality, security and interoperability. MMC, through this investment in clinical information system architecture, is certified to the standards that are required by the Office of the National Coordinator under the terms of the American Recovery and Reinvestment Act which have electronic health information exchange requirements. On a regional level, MMC is a leader in developing protocols and infrastructure to share clinical data with four medical centers (Monmouth & Ocean County Health Information Exchange) throughout Monmouth and Ocean counties, regardless of our competitive marketplace. This is a real demonstration of our commitment to quality patient care.

Monmouth Medical Center's clinical information platform provides the ability to connect data from devices, either local or remote workstations, with the electronic medical record and the provider. This provides a strong foundation upon which telemedicine solutions and better patient care can be delivered. This interconnectivity within MMC allows data to be sent and received as well as safely stored based on CCHIT HIE specifications. Safe storage means our patient data is remotely stored so if there is a catastrophic occurrence to our computer system or facility, this critical patient data is kept whole. This software has been certified that it follows all recommended and required guidelines to protect patient health information. All individuals accessing the data are electronically tracked and recorded. Usage reports will be produced and sent to our Medical Records department to verify the appropriate usage of this information.

One aspect of the new system we are very focused on is Computerized Physician Order Entry (CPOE). Monmouth is dedicating significant time and effort to changing the behavior of physicians to enter orders into a computer instead of handwriting them. In a teaching hospital, it becomes important to leverage technology infrastructure such as CPOE as a teaching modality as well as record keeping as the large resident staff interacts most frequently with patients and complete the written orders.

Monmouth Medical Center's choice in new clinical information system architecture and electronic health record system is currently being used by public health facilities throughout the world. This undertaking and investment in clinical information systems has been carefully considered to ensure the MMC will have the widest range of compatibility with other agencies, recognizing this as necessary for MMC to remain on the forefront of health information technology.

Moving outward from the ED, the extent of EMR use is varied throughout the rest of the hospital. In the Emergency Department, the EMR includes medications, orders, laboratory results, radiology readings, a basic history/physical, nurses and physicians notes as well as discharge instructions. On the floors, the EMR has laboratory results, radiology readings and other test results, and other parts of the record are still handwritten with easy access. It is part of the Monmouth Medical Center global IT initiative that all areas of the medical center are EMR active by 2011.

Further, meaningful use requirements, with a compliance goal of 2011 at Monmouth Medical Center, include provisions for a physician to take advantage of EHR in their own private practice. Private physician offices and their style of practice are being taken into account as vendors are linked with these clinical partners to create the EMR interface with Monmouth. This linking of vendors and physicians ensures that certified products are used so that information transfer may occur. By 2011, there will be active physician connectivity. Part of this deliberate strategy includes the costs associated with linking physicians and the medical center through EMR. What can be subsidized and what is funded by the medical center or physicians are important factors as work towards this connectivity goal is accomplished. At Monmouth Medical Center, part of the leverage for EHR connectivity to physician offices is physician education of EHR benefits to create behavioral changes. The ability to eliminate potential areas of medical errors, including handwriting and timeliness of orders, gives clear quality markers for both the private physician practice and care provided at Monmouth Medical Center.

In addition, Monmouth Medical Center was recently selected and is currently actively engaged as one of only two hospitals in New Jersey to begin a CMS-funded, 21-month pilot project to test a model of transitioning Medicaid patients who present to the ED with non-emergent care needs to the appropriate primary care setting through collaboration with the FQHC. This data driven pilot has

further integrated electronic referral systems and electronic health records through infrastructure enhancements and the recommendations of State and Federal agencies administering and coordinating the pilot in New Jersey and in 19 other states. Currently, the FQHC clinicians can electronically access previous hospital history and test results for their patients. By 2011, the Monmouth's new CPOE functionality will be fully interoperable between the Emergency Department EDIMS system, and the Long Branch Federally Qualified Health Center, allowing for a truly comprehensive EMR for our patients, as well as CPOE for our physicians and other clinicians, both in the medical center and in private offices.

For patients who use emergency rooms as their primary care provider, we have seen a 70% conversion rate in providing a "medical home" through the FQHC. It decompresses the ED, allowing for more timely care and better allocation of resources for the patients truly needing emergency care, and the electronic aspects of the project help to further streamline costs and enhance patient safety.

Finally, Monmouth Medical Center is currently one of 12 hospitals in the state of New Jersey as part of the Medicare Demonstration Project linked to Gain Sharing with physicians. There is a criterion that allows for the volunteer enrollment of physicians who have specific patient treatment outcomes collected in clinical categories across specialties. As you know, we use information technology to record in a database length of stay, mortality, and readmission rates per physician. Currently, we are examining records from 2007 and 2008. Based on improvements, physicians share in the cost savings the medical center might realize. The first iteration of this demonstration project at Monmouth Medical Center had an increase three times the original physician enrollment since the first gain sharing checks were issued. The second phase of this project, to modify criterion for savings, is currently underway.

CONCLUSION

It is clear to me that the HITECH Act was very timely for Monmouth Medical Center, catching us in stride and greatly facilitating us fulfilling our goals over time as they relate to health information technology. Monmouth Medical Center is working towards becoming a meaningful user but it will take a great deal of effort and funding. However, we feel that HIT is important to the nation's long term objectives of improving quality and reducing cost.

I appreciate the opportunity to appear before you today and would be happy to answer any questions that you may have.

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