



A Day in the Life of
Adrienne Edens
System Vice President, CIO
St. Luke's Health System

A Critical Time for Critical Access Hospitals

Adrienne Edens had worked for large healthcare organizations for years, and two years ago, she made a decision to get back to something she had really enjoyed early in her career in healthcare information technology.

Having worked for large multi-state healthcare organizations, she opted to return to a smaller hospital system in Idaho; she became system vice president and chief information officer for St. Luke's Health System.

She's found a challenging and interesting job at St. Luke's, one where her many skills are challenged every day and where there's no lack of things to accomplish.

"It is the most challenging time ever for healthcare IT," she said. "Organizations really need people who understand the industry. If you don't know how systems work in healthcare, it's a really steep learning curve. Everyone's looking for people who have both IT and healthcare background; those of us who have that experience can contribute a lot to our own organizations and to our community physician practices and state-wide HIEs that are trying to make these difficult decisions now."

That's especially true for Edens, who a full plate advancing IT at St. Luke's and also participates in aligning plans with the surrounding area and state, where there are a predominance of small, rural hospitals. These critical access hospitals, most with fewer than 25 beds, play a crucial role in providing acute care in communities that are often sparsely populated.

For these critical access hospitals, new legislation promoting the use of information technology is creating significant pressure to plan quickly and find resources to implement systems. They're looking to work together to see how each of the hospitals can align their plans to achieve these goals, and St. Luke's wants to provide support that fits with these objectives.

"When it comes to statewide healthcare information exchange, we've needed to be a part of the pilot so we can help get the HIE going," Edens said. "We have a lot of critical access hospitals that refer patients to us. I was just on a call to hear about the plans some of the critical access hospitals are making to agree on a common electronic medical record and what kind of integration we might be able to provide with St. Luke's."

There's a rich tradition of hospital cooperation in Idaho, which is helping the process of cooperation and coordination for electronic clinical systems. "St. Luke's and a number of the critical access hospitals have been working together for a number of years to leverage group purchasing," Edens said. "Because it's been a smaller community, there's a good existing framework. There's been a lot of relationship building that's gone on over the years, and a lot of understanding that was already there."

Critical access hospitals will be hard-pressed to implement systems that will enable the facilities to meet the emerging definition of meaningful use. The HIT

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that drafted the current working concept of what constitutes meaningful use of electronic medical records has plans to adjust the definition for smaller hospitals, the shift to computerized clinical systems is one that's daunting for small facilities.

"For critical access hospitals, this is complex technology," Edens said. "They don't have big staffs, and for them to collaborate and get these systems in is a challenge. We have a lot of free-standing rural hospitals in Idaho; they want to work with us and be aligned, and they also want to maintain their independence."

Even though it's the largest hospital system in the state, St. Luke's still has a lot of work to do on its own deployment of clinical applications. The good news is that it has no shortage of electronic medical records systems.

"The problem is, we have six," Edens said, noting that there are different EMR systems in settings such as the emergency department, oncology, labor and delivery, in acute care and two different systems in its physician offices. "We have all the basics in place, but we don't yet have acute care physician order entry; that's a big piece that we need to complete".

St. Luke's is similar to many integrated delivery networks, which have adopted clinical systems over time and now face the challenge of integrating their approach in order to meet the new meaningful use definition and thus qualify for stimulus funding for the use of electronic medical records.

"IDNs want to get on fewer platforms and still meet the requirements for meaningful use," Edens said. "They want to achieve more standardization or take greater advantage of system functionality. All of that is a challenge for most newer delivery systems."

Edens recognizes the conflicts and difficulties the organization faces in making decisions related to helping the organization qualify for stimulus payments versus

pursuing other system objectives. For example, 64 percent of the 390 physicians employed by St. Luke's are already using an electronic medical record. However, they're using different EMRs, and the physicians see a lot of value to being on one common system. They might have to stay on their separate systems to qualify for stimulus reimbursement and wait to move to a common platform later. Also, the system wants to begin the process to implement an enterprise image archive, but the work to meet the EMR objectives might take priority.

Edens expects that her hospital, and others, will face other challenges over the next five years as facilities face increasingly complex requirements for their clinical IT systems. For example, moving to ICD-10 and SNOMED will be hard, "a messy process," Edens said. "I'm seeing a lot of change and overlapping initiatives."