Comprehensive Cancer C^o Hematology Specialists

by Judith Hall-Laughlin, MBA, BSN, RN

omprehensive Cancer & Hematology Specialists is a group practice located in the greater Philadelphia area with three offices in Voorhees, Sewell, and Woodbury, New Jersey. All facilities are located within a 50-mile radius of Philadelphia, Pa. The practice comprises six medical oncologists/hematologists and one nurse practitioner who are supported by a seasoned staff of RNs, 90 percent of whom are OCN-certified, in collaboration with laboratory, reception, and finance staff. Oncologists at the group practice see patients from:

- The Kennedy Health System, which is affiliated with the University of Pennsylvania Abramson Cancer Center
- Virtua Health System, which is affiliated with the Fox Chase Cancer Center
- Underwood Hospital, which is affiliated with the Jefferson Health System.

The practice saw approximately 872 new patients in the first six months of 2010 (some of whom were seen in the inpatient hospital setting for consultation only).

Patient Transition

To enhance patient transition between care settings, Comprehensive Cancer & Hematology Specialists has developed strong cross-communication between the practice and the hospitals that also provide care to Comprehensive Cancer & Hematology Specialists patients. Today, hospital patient navigators collaborate with practice staff at a variety of levels (i.e., Nursing, Laboratory, Finance, and Scheduling Departments).

Communication is collaborative and cohesive—the result of the experienced practice staff working together as a team. Most of the RNs have between 15 and 30 years of clinical experience. The Finance, Reception, and Scheduling Departments coordinate with the Nursing and Laboratory Departments to ensure a smooth transition of patients into and out of the practice's treatment facilities (hospitals). In brief, here's how the transition process works.

When a patient is referred to Comprehensive Cancer & Hematology Specialists, the hospital patient navigator often makes the first appointment and communicates directly with the patient. The practice's financial director and direc-



EHR Transition Team, front row (L to R): Lisa Cangemi, RN, OCN; Kelley Paranzino; Stephanie Johnson; Hemanshu Patel, RN, BSN, OCN; Judy Hall-Laughlin, MBA, BSN, RN; Pat Agin, MLT; Camille Wendt, RMC. Back row (L to R): Keith Wolfram; Jessel Diaz; Sue Saporito, RN, BSN, OCN; Linda Lutz, RN, OCN.



Trina Poretta, DO, (center), discussing patient status with Kathy Talvacchia, RN, (on R).



Front desk receptionist Theresa Cloeren (on L) verifies patient information at check in.

tor of drug contracting work with the patient and the navigator to ensure care is not delayed for financial reasons. The hospital navigator remains with the patient initially, usually through the first few visits at Comprehensive Cancer & Hematology Specialists. At that point, the practice nursing staff coordinates care with the hospital navigator to make sure that the patient's financial, psychological, and clinical needs are all met. The process is similar to a baton being passed in a track and field event.

Use of Checklists

Comprehensive Cancer & Hematology Specialists use checklists to ensure that its patient transition processes are complete. These checklists prevent any "black holes" from creating a break in the transition (see Figures 1 and 2 on pages 26 and 27).

As part of its admission packet, Comprehensive Cancer & Hematology Specialists asks all patients to bring in medication bottles and/or a complete a medication list. The nursing staff reviews this list verbally with the patient at



Patient navigator Betty Ames, RN, OCN, (on R) talks with patient.

the first appointment. The information is then scanned into the electronic health record (EHR) if it is a paper version or entered into the Intergy Escripts module.

The nursing staff uses a Pyxis dispensing machine that incorporates the electronic medication reconciliation, linked to the chemo module.

Practice staff also utilizes the patient navigator checklists that are used by each of the hospitals to which the practice admits and that often accompany patients to their first outpatient appointment. Comprehensive Cancer & Hematology Specialists merges all information into a checklist and uses the tool as a balance to make sure that all facets of the patient experience are seamless.

Exchanging Key Clinical Information Electronically

Comprehensive Cancer & Hematology Specialists is in the process of integrating electronic health IT tools to improve communication of vital patient information during transitions. The practice is currently switching from paper charts to EHRs. Because of varying physician learning curves, the practice decided that the best transition method was to implement EHR to one physician's patient panel at a time. The records transition process—which will include some 35,000 in-house patient records—was slated for completion by the end of 2010. Patient charts representing a three-year period will be scanned into the EHR system in early 2011. All other paper charts, currently housed in an off-site storage facility, will also be scanned as they are within the legal time frame for record retention. This process is scheduled to happen in 2011.

Daily Census Report

Pat	ent Name:					
DO	B:Admission date:					
Hospital:						
Diagnosis:						
1. 2. 3. 4. 5.	Patient seen by attending within 24 hrs. of admission Nurse navigator is contacted by CCHS during admission Office follow-up appointment is scheduled CCHS nurse phone call following patient discharge Physician and nurse collaboration prior to follow-up appointment					
Not	es:					
Nur	se signature:					
Physician signature:						

Rather than selecting a single off-the-shelf EHR product, Comprehensive Cancer & Hematology Specialists is customizing its own health IT system by integrating components from two Sage systems. The practice's executive director conducted extensive research into EHR products before selecting this hybrid approach. To meet the needs of the physicians and their corporate business expectations, the practice chose a system with the ability to integrate business management and clinical models.

EHR implementation has been challenging. In the past, Comprehensive Cancer & Hematology Specialists used Medical Manager for all practice management needs. A crucial piece to this technology was the chemo-module, which included a customized link into which all chemo module protocol orders were entered by the pharmacy and/or nursing staff. With one key stroke, the information was simultaneously sent as an order to the Pyxis unit for medication dispensing and to the finance department, capturing all drug charges through the Medical Manager system [WebMD] vehicle.

The practice's new Sage Intergy EHR system is being combined with some features of Medical Manager. Using an HL7 interface from Fletcher Flora, Comprehensive Cancer & Hematology Specialists has linked to the Sage Intergy system, so that electronic laboratory results are automatically interfaced into the Sage Intergy system from Quest and Lab Corp.

Comprehensive Cancer & Hematology Specialists is faced with the challenge of Sage providing the practice with this link identical to the Medical Manager link. Until this link is developed, the practice is hampered in terms of total transition to Intergy. Radiology values and lab results from external sources are scanned and populated in the charts of the one physician using the EHR. All other radiology and lab results remain on paper for those physicians not transitioned to EHR. Those charts will be scanned with the next physician's integration.

Comprehensive Cancer & Hematology Specialists can pull up the hospital census, physician notes, and more from the hospitals using a secure virtual portal. This information can be printed out for the physicians if necessary. At that point, if needed, those records can be scanned into the system to the electronic patient's file. By early 2011, all active charts will be electronically scanned.

Physicians at Comprehensive Cancer & Hematology Specialists currently use iPads where a patient's chart is visualized in the exact format of the paper charts that were previously used. If the chart has to be duplicated for any reason, a pdf file is created and downloaded to print. Hospital discharge summaries are also available to the medical practice using a web-based portal. For newly admitted patient records, Comprehensive Cancer & Hematology Specialists accesses the hospital-based admission records, prints these out, and then scans the needed information into the practice's EHR.

Currently, Comprehensive Cancer & Hematology Specialists is about 90 percent integrated with the EHR system. The EHR has been tested by one oncologist; 90 percent of his patient records are electronic. The physician's office and lab work are entered into the Sage Intergy system, and his patients' charts are populated by the Sage Intergy system. A chemotherapy module works as part of the Medical Man-

Figure 2. Comprehensive Cancer & Hematology Specialists Patient Transition Report Sheet

Namo			
Age:			
Chief Compla	int:		
Advanced Dir	ectives:DNF	Health Care ProxyPower of Attorney	Living Will
Hematology/0	Oncology Treatment:		
Treatments:		Dates:	
Labs:		Dates:	
Hospital Discl	narge Date:		
Please follow	up with Comprehensive	e Cancer and Hematology Specialists upon discharge.	
Doctor:			
Appointment	Date:		
Appointment	Time:		

Please keep report sheet in patient chart while admitted and give to patient upon discharge

ager system, and is linked to the in-house infusion process. Today, this physician is actively taking the role of physician leader in demonstrating the EHR system to other physicians in the practice.

Going Forward

When it comes to introducing new health IT, Comprehensive Cancer & Hematology Specialists recommends a strategically designed, gradual approach. Slowly introduce physicians to new technology, so they have time to adapt. Often, physicians are different ages and use different modalities in the way they access information. Keep in mind the variables in individual learning curves and work with IT vendors to develop processes that mirror what the practice already has in place so that the transition process is less stressful.

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