Health Policy Newsletter

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Jefferson's Information System Plan

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Jefferson's Information System Plan

In response to the move from a fee for service reimbursement system to risk-based payments, and the shift towards managing health as well as illness, Jefferson has embarked on a process to create an integrated care delivery system. This integrated care delivery system includes Thomas Jefferson University Hospital, the Jefferson Faculty Foundation, private attending volunteer physician practices, affiliated hospitals and their associated physicians, as well as other community providers. Principal objectives of the system are to manage patients' health across the continuum of care and develop the information necessary to document the costs and quality of that care.

Clinical information available at the point of care can guide providers to less expensive drugs, inform them that a particular test was already ordered and prevent a potentially dangerous drug interaction. Demographic information available to managers can help them to understand patient populations, which in turn prepares providers to negotiate with third party payers. Additionally, outcomes data, will give Jefferson the ability to document quality outcomes and to target specific areas for cost and quality improvements.

To address TJU's specific information needs an information system plan for the evolving delivery system was developed by key clinical and business leaders of Jefferson and with the support of the executive leadership and the board. The plan includes 15 strategic projects in three phases the initial goal of which is to provide the institution with a system having one common patient registration with scheduling of provider visits, procedures, hospitalizations and other services. The system will be designed to link all demographic, financial and clinical data with the appropriate patient .

These individual projects in the plan include improvements in how patient information is obtained, communicated and stored as well as necessary technical infrastructure improvements. The infrastructure projects include the extension of the network to all campus buildings and the enhancement of our ability to integrate data across applications. Other projects include orders and results processing, resource scheduling, patient care documentation and software to support practice and business analysis now and in the future. A new common practice management system will also be selected and implemented within the Foundation's clinical practices. This system will replace the various systems used among the nineteen clinical practices that make up the Foundation.

Another critical piece of the plan is the introduction of clinical workstations into the ambulatory and acute care settings. The clinical workstation will provide a user interface designed to address the needs of clinical personnel. Physicians, for example, may be provided with their appointment schedule, patient lists with associated test results, demographic and insurance data for those patients as well as access to external knowledge databases and electronic mail for communication with other providers.

The clinical workstations will be introduced in selected practices which have offered their time and expertise to serve as "laboratories" where we can identify processes

that support high quality and cost effective patient care and then provide automated support to those processes. Those practices can then serve to exemplify the unique benefits that can be brought to the care of patients within an academic medical center.

About the Authors

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