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## Technology

### The Tough Questions

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Getting physicians to enter orders directly into the hospital information system could solve a lot of problems, of which sloppy handwriting is only the most obvious. Cutting out the order-entry middleman, getting real-time feedback, having clinical decision-support capability-all ought to raise the quality of care.

But a computerized physician order entry system could end up being a white elephant at best and a hazard at worst, say experts, if it doesn't perform up to its billing, doesn't interface properly with other systems, or isn't simple and straightforward to use. Hospitals looking for these capabilities have some tough questions to ask of potential CPOE vendors, and shouldn't move forward until they get the answers they need.

What other systems does the vendor offer? CPOE can't exist in a vacuum, says Joe Miller, information systems manager at Wilmington, Del.-based Christiana Care Health Services, and head of the Healthcare Information and Management Systems Society special interest group on CPOE. A system must communicate with all the other systems that accept orders and provide results.

Miller says CPOE can present a quandary for many institutions-whether to work as much as possible with a single vendor or to choose the best systems available, regardless of vendor. To win the favor of physicians, it may be tempting to go with the slickest CPOE system, Miller says but that strategy could cause headaches on the back end as vendors try to build interfaces between their products.

Many hospitals will end up using their primary clinical vendor for CPOE, so they should be sure they're happy with the vendor's overall offering, not just the CPOE component, Miller says. The more integrated ancillary systems available the better. "An integrated product doesn't really shine until you get a critical mass of applications up," he says.

How well does the product interface with your pharmacy system? Where has it been implemented with your system configuration? Reducing medication errors is a primary goal of CPOE, and connecting seamlessly to the pharmacy is essential to a successful implementation, says Linda Reino, chief information officer at Universal Health Services in King of Prussia, Pa "The risk of ordering the wrong X-ray pales in comparison to the risk of ordering the wrong drug." UHS is developing an in-house CPOE system in collaboration with Austin, Texas-based Opus Healthcare Systems.

Medication orders can be extremely complex, and they are affected by information in the patient's record, such as drug allergies and the list of other medications the patient already takes. That information has to go back and forth without a hitch. Get references for sites that use the interfaces you need, and grill them on how well things are working, Reino suggests.

What is the physician utilization rate for the CPOE product at other hospitals? Are those physicians "owned" or not? Having 100 percent utilization by residents is no big trick, because they're employees of the hospital and have to adhere to its procedures, says Barry Hieb, M.D., a healthcare analyst at Gartner. Instead, look for high utilization by physicians in private practice. If a reference site has admitting physicians who actively advocate for the system, that's an excellent sign. "There have to be clinical champions to make these systems successful," Hieb says. "Docs are much more willing to learn things from another doc than from anyone else."

How configurable is the system by physician specialty and by diagnosis? The five most frequent orders given by a pediatrician are quite different from a cardiologist's top five, Hieb points out. And among the cardiologist's patients, the treatment protocols for congestive heart failure are substantially different from those for a bypass. Systems that can't be easily and thoroughly tailored to individual users will set your physicians up for frustration.

Who's going to support you, during implementation and afterwards, if you buy a particular system? Christiana Care's Miller says most vendors don't have enough qualified staff to meet all the needs of customers. "The vendor's staffing plan is critical to successful implementation," he says.

How is this system going to provide you a return on investment? CPOE systems aren't widely installed, but Gartner's Barry Hieb says it's still worth asking if the vendor has done any studies on error reduction, time savings or overall ROI. "At the order entry side it probably saves no time, but it should save time on the back end when the physician gets fewer follow-up calls from the pharmacy or nursing," he says.

*-Elizabeth Gardner*

### **Crossing Every "T"**

Experts say a computerized physician order entry system has to work even better than other information systems. Interfaces must be smooth and downtime must be imperceptible. And if the system contains alerts to help physicians avoid errors, those alerts had better not introduce any errors.

There are contract clauses to take care of all of these issues. The following tips are courtesy of an attorney who specializes in healthcare information technology contracting:

- Establish clear accountability. Make your CPOE vendor responsible for ensuring that interfaces to other vendors' systems get done correctly. Otherwise you risk having nonworking systems as your vendors blame one another for interface problems.
- Get guarantees for response time, and make sure it meets physicians' needs and expectations.
- Don't assume all the risk. The vendor may want to stipulate that it is only responsible for the cost of the software if it doesn't work the way it's supposed to. Make sure it's also responsible for its share of damage awards if negligence in the design implementation or support of its system contributes to the problem.

SOURCE: Bernadette Broccolo, J.D., attorney with Gardner, Carton and Douglas in Chicago.

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