

# UNITED WE STAND, DIVIDED WE FALL

## BRIDGING THE GAP FOR CARE IN COMMUNITIES

*Key Words:* EMPI, community healthcare network, patient identifiers, disparate systems, centralized database, integration, connected care

### A SCENARIO – THE NEED FOR UNITY

I once knew a fellow by the name of John Doe. He was a popular character who, aside from his remarkable ability to come up in fictional scenarios such as this one, had a genuine knack for finding himself in need of medical attention. In fact, just last month, John saw a physician, was in the hospital, visited a specialist, underwent lab tests, and even ended up in the emergency room. Six separate times, John had to receive medical care and, amazingly enough, six separate times, John was treated as though he had never been to a medical facility in his life. Each place John visited, he was asked the same admissions questions, had to fill out the same exasperating forms, and was always re-introduced, electronically, as a brand new patient. Despite sometimes even being referred by one organization to another, John's medical history was never available for review, or was sometimes there, but partially, at best. Instead of an optimal patient experience, John's medical visits resulted in enormous wastes of time and resources, longer medical

diagnosis and treatment, multiple medical records for the same individual, and the continued segmentation of a community's healthcare network.

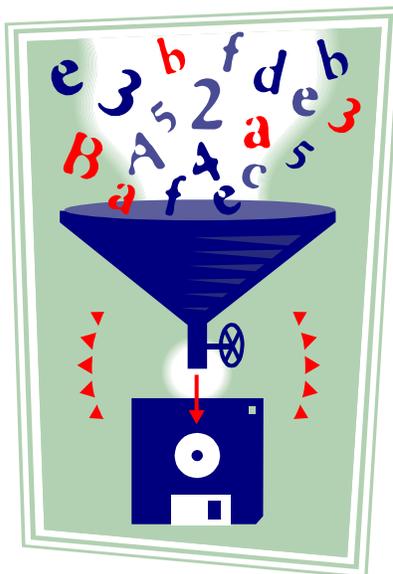
Now hopefully this situation is stimulating your synapses because, in reality, John Doe's scenario happens in every single community, again and again, across the nation. *Medical institutions are not connected, in any way, losing all possible hope for a genuine delivery of comprehensive care.* The negatives of this situation are quite considerable and

destructive, in that they thoroughly affect each individual in the overall process. Starting, for example, with John Doe, we can see that, for an individual attempting to receive medical care, the process, inefficiencies, and repetitiveness of unnecessary tasks, invoke nothing less than frustration with the

business of healthcare. The creation of a regretful patient experience is, undoubtedly, the first severe negative that arises from this situation and should be something that should cause great concern.



A second sharp drawback is helplessness on the side of the caregiver, in that those that strive to supply the finest of care tend to falter, when provided with half the information. *Fragmented data leads to fragmented care*, illustrating that without a thorough knowledge of an individual's history, details, or current state of being, a very disjointed form of medical attention tends to be provided. Caregivers lose precious time trying to test, analyze, or diagnose what has already been done several times, or are incomplete in their decisions due to lack of previous knowledge. This becomes extremely tiresome, for both patients and physicians, leading to a furthered state of disappointment, and discontent, with the current state of treatment.



The healthcare organizations, themselves, suffer as the final players in this cycle, feeling additional pains on top of the damage that has already been done. These facilities spend egregious amounts of time, money, and effort into performing all sorts of logistical, procedural, and analytical endeavors that, if properly linked to the rest of the community, could have been significantly reduced or eliminated. Medical institutions continually perform non-value-added procedures that, not only affect their quality of care and image of service, but also place unnecessary dents in their valuable resources and important black wallets. The greatest harm, however, comes with the fact that these organizations do not have the ability, even if they have the intention, to

connect to the rest of the community.

Attempting to link just the hospitals of a community is already a magnanimous task, while trying to join hospitals with completely disparate systems, workflows, and practices becomes an aspiration that communities can only dream of. The

obvious amount of value lost, by a medical institution, due to a lack of unity in the community, is further compounded by the loss of hope, and therefore motivation, these hospitals have towards bridging the gap.

So these are the problems facing the many medical institutions of today and tomorrow – there is no

functional connection that can properly preserve the meaning of a healthcare network. There is no efficient way to ensure the connectivity, integrity, and completeness of medical records and information. There is no solution in sight to resolve issues of disparate systems and incompatible facilities, and there is nothing that can be done about the increasing frustrations that invade medical communities with each passing day. Fortunately, however, John Doe's situation got some of us thinking and, as a result, a solution now exists. There *is* something in the market that addresses this situation and, very elegantly, eliminates the obstacles that stand in the way of tomorrow's healthcare. This latest and greatest solution serves as a very skilled, thorough, and graceful development that will, quite simply, bridge the gaps of

communication and will, surely, have healthcare working – in unison – in no time.

### THE SOLUTION – TYING THE KNOT

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What hospitals need to face these many challenges is what is called an EMPI, or an Enterprise-Wide Master Patient Index.

*An EMPI system is quite simply, at its core, a centralized database that is managed by an organization to house, and facilitate, a declared ‘master-record’ of all patient information and data.*

With the incorporation of many entities into one database, the functionality and maintenance of the EMPI allows a patient to be identified with quickness and ease, whether it be done so longitudinally or across separate systems of data. The EMPI system becomes the access point for randomly linked patient information from multiple clinical and financial systems, allowing for the creation of a central viewing location of patient data, as opposed to facility-specific views, which may be confusing and inconsistent.

A well-designed EMPI is an important element in managing the variation in patient identifiers that, obviously, occurs due to the vastly disparate systems utilized by different healthcare organizations. Determining the integrity and similarities of patient records, and then storing, manipulating, and retrieving this information in a timely, efficient manner are the core responsibilities

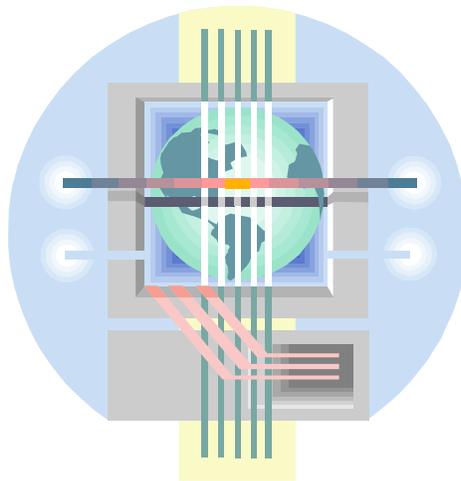
of an effective EMPI system. As a result, an EMPI system will confidently ensure that if an individual pays a visit to a particular facility, a duplicate medical record will not be created and, instead, that individual will be recognized, received, and properly cared for. The EMPI will successfully connect the various departments and facilities, belonging to a particular community network, confirming that if John Doe attends facility C, his previous visits to facility A and facility B are available, and acknowledged, immediately. The EMPI will be the one, centralized database that will hold the most complete, accurate, and up-to-date information possible for every single arm, leg, and satellite of the functioning community network.

The manner by which an EMPI system operates is appreciatively straightforward. Patient records from one, or multiple, sources are entered into the single, centralized EMPI database. This central location, developed and managed by its supplied IT vendor, is responsible for the preservation of the absolute, master records from which all sources will now draw their information. This database is continuously massaged and re-updated, as all records are examined and measured for possible merges as they are entered into the system. As patients enter the EMPI system, they are accurately identified and assigned a uniquely important EMPI number. This number is completely separate from the medical record number the record may have come in with, and is used by the EMPI database to properly distinguish, maintain, and merge patient data. This ensures that accurate, consistent, and reliable information

will be available for each patient across any continuum of patient care.

Aside from these core characteristics that serve as the system's foundation, a successful EMPI should also have a certain number of extra intelligences that can further its use as an exceptional solution. For example, a solid EMPI should combine its functionality and productivity with a dose of simplicity for its users. This ensures that the complicated nature, of the EMPI solution, is never known to its patrons and, instead, remains overly simplistic and pleasantly straightforward in operation. The EMPI should offer capabilities such as connectivity between disparate systems, up-to-date status of the most recent information, and an error-free thought processes and practices.

Finally, the most important quality a good EMPI system should possess is the expert ability to easily integrate into any organization's current environment. Medical institutions should have no need to change their existing policies or procedures in any way, allowing them to enjoy the benefits of the EMPI system without the worry of adapting to a new application. With this extra bit of muscle, an EMPI system can go from standard to extraordinary, illustrating the importance of choosing, carefully, which EMPI system will be right for you.



## The Key to a Missing Link

So as we can see, an EMPI system is the perfect solution for taking the world of healthcare in the direction of tomorrow.

*With the needs and intentions of the communities of our future, it is easy to see the near necessity of an EMPI in any competitive medical institution.*

It is almost certain that those who wait to employ an EMPI, in their healthcare setting, will quickly fall behind in the evolutionary race, while those who embrace it will enjoy the rewards in time, productivity, and quality of service. The struggles of our friend, John Doe, are soon to fade away, while an empowerment of caregivers, and healthcare organizations, will

significantly boost the value of care. The next time John visits a hospital, physician, or emergency room, you can bet that they'll know who he is. Not only will they know him, treat him, and send him away smiling, but all three parties will now share something that they never did before – the smile, and the strength, of unity.

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