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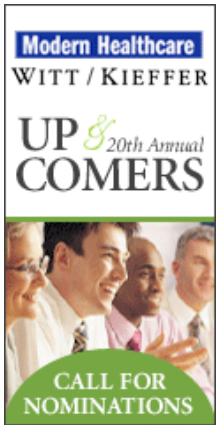

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Special Report >> *Written by Elizabeth Gardner*

Putting IT all together

Leaving behind big-city living, Glenn Steele Jr. makes IT dreams a reality at small-town system

Story originally published June 5, 2006

What is Glenn Steele Jr. -- a noted cancer researcher and oncology surgeon with a distinguished career at major medical centers in Boston and Chicago -- doing in Danville, Pa., a place of lovely rolling hills in pretty much the middle of nowhere?

Pursuing a natural extension of his research career, he believes. And making Geisinger Health System one of the most effective users of healthcare information technology in the U.S. For this accomplishment, he's the winner of the fourth annual CEO IT Achievement Award, co-sponsored by *Modern Healthcare* and the Healthcare Information and Management Systems Society.

"Dr. Steele has successfully built upon the strong history of IT at Geisinger to develop a first-rate integrated system of electronic medical records in both inpatient and office-based settings," says Mark Neaman, president and chief executive officer of Evanston (Ill.) Northwestern Healthcare, a judge in this year's competition. "He deserves this award for not just dreaming about electronic records, but for making them a reality."

Geisinger has an advanced electronic health-record system that can be accessed not only by its own staff physicians but also by community physicians throughout its 20,000-square-mile service area. Even patients can get their basic record information online, and 50,000 of them have signed up to do just that (See related story, p. 10).

Steele, 61, has also eliminated paper from board meetings; stacks of reports the size of telephone books have been replaced by tablet computers for each board member. And he spearheads regional efforts to combine and exchange healthcare information among providers, regardless of their relationship to Geisinger.

"Dr. Steele truly understands the importance of information systems in advancing the practice of medicine, and he advances his beliefs locally, regionally and nationally," says James Noga, chief information officer at Massachusetts General Hospital, Boston, who also judged the competition.

For Steele, the move to Pennsylvania reflected his desire to get out of academia and into the business end of healthcare. "I wanted to be in a place where I could focus on translation and dissemination of best practices and not necessarily on discovery."

Stints in Boston, Chicago

He arrived at Geisinger in 2001 fresh from a multifaceted position as dean of both biological sciences and the Pritzker School of Medicine and vice president of medical affairs at the University of Chicago, where he had served since 1995. Before that, he had held a variety of surgical and academic posts at Harvard Medical School and its associated hospitals in and around Boston, and had more than 20 years worth of research funding from the National Cancer Institute and other sources.

He's an author with more than 400 publications to his credit, and a list of his affiliations with associations, professional societies, advisory committees and boards of trustees runs several pages long.

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Steele became familiar with Geisinger's culture and resources when he acted as a consultant for 411-bed Penn State Milton S. Hershey (Pa.) Medical Center during an ill-fated attempt to create a central Pennsylvania powerhouse by merging Geisinger and Hershey in the late '90s.

Geisinger was founded in 1915 by a Danville woman with the help of a Mayo Clinic trained surgeon who was its first head. Over the years, it has grown to include not only the 368-bed Geisinger Medical Center and a clinic in Danville, but also a network of outpatient facilities, two hospitals in Wilkes-Barre with a total of 333 beds, a drug and alcohol treatment facility, a 40-bed rehabilitation hospital run in partnership with HealthSouth Corp., and a health plan with 215,000 enrollees. Geisinger serves patients in 40 predominantly rural counties. The system is centered on a multispecialty group practice that employs 650 physicians.

When a recruiter called looking for a new Geisinger chief executive, Steele says he was intrigued. "I wanted to be in an integrated health system, and there are very few left in the country with doctors and hospitals and insurance companies all in the same organization, especially in a very stable area like this," he says.

"If you're trying to ask questions about long-term outcomes -- 25 years or more -- or about genetics or genomics, it's almost impossible to do that in this country because of the fluidity of the population," he says. "We have an extraordinarily stable population in the Geisinger service area. We're probably as close to Iceland as anywhere in the U.S."

(The tiny country of Iceland -- slightly smaller than the state of Kentucky -- has been a leader in genetic research because of its homogeneous population.)

As a researcher, he couldn't resist. "We can ask questions about the effects of care not just for an acute episode, but for chronic care given over years."

After visiting Geisinger, Steele began selling his wife on the idea. He brought her to check it out in the spring, when the hills were covered with flowering trees. He pointed out to her that they had family in Baltimore, Boston and Providence, R.I. -- all within a few hours' drive. "I offered her a lifetime of bribes." And it was done. "It's a different kind of personal life from Boston or Chicago, but it's a lot of fun," he says.

Geisinger had sealed a deal for an electronic health-record system with Epic Systems Corp. in 1995 -- six years before Steele arrived. "The people here -- all the folks involved in caregiving -- have an interesting attitude about common good that's quite different from places where individual brilliance and creativity are the key drivers," Steele says. "In order to do something as remarkable as choose a common platform, you have to have some sacrifice of what's perfect for you."

Because of a number of distractions, including the ill-fated merger effort with Hershey, implementation had only just begun by 2001. The system was installed "outside in," with ambulatory records first and inpatient records last. Inpatient physician order entry, one of the last pieces of the puzzle, is being phased in and should be completed by 2007.

Geisinger CIO Frank Richards kept a wait-and-see attitude when Steele first arrived, but his reservations soon evaporated. "He turned out to be someone with a real vision of where IT could take healthcare, and he's supported everything we've done to get information to the point of care," he says.

Full service

Steele's biggest challenge was not the technology itself, but getting it to serve the providers and the patients. When the system was first installed at Geisinger's 50-plus ambulatory-care centers, he noticed that in order for most of the physicians to enter the patient's information during a physical, they had to hunch over a keyboard with their backs to the patient.

That was no good -- it put up barriers to communication rather than easing the process. The clinics were redesigned to let the physicians face the computer and the patient simultaneously.

When the system went into the neonatal intensive-care unit, Steele paid a visit to see how things were going. He saw a nurse jotting vital signs and other notes on little pieces of paper that bulged in her pockets until the end of her shift, when she finally got around to entering them in the EHR. The portable device intended to receive the information just didn't work quickly and easily enough. Caregivers were getting access to essential information even later than they had been with the paper chart.

A redesign of the user interface, plus intensive training for the neonatal ICU nurses, put an end to the pocket Post-it phenomenon and got the information entered in real time.

"Glenn is the leading physician champion for the electronic health record and for making it a core part of transforming our business," says Chief Medical Information Officer James Walker. "To have someone at his level be so sophisticated about this is great. It's about quality

and about being able to perform at near-perfect levels."

Many of Geisinger's physicians are employed by the organization, but a substantial number of community doctors practice in its two open-staff facilities in Wilkes-Barre. Those groups can access EHRs both in their offices and at home.

In addition, more than 650 physicians refer their patients to Geisinger facilities and specialists, though they themselves don't practice within the Geisinger system. For those physicians, a Web portal called GeisingerConnect allows access to their patients' data.

"We want to see if we can bring value to their practices" by making it easier for them to follow standard clinical-practice guidelines, Steele says. "If you have 3,000 patients and a significant number of diabetics, there's no way you can do the nine things that are absolutely critical for their optimal care without some systematic help. It has to be done in a way that doesn't detract from the doctors' independence. We don't want them to feel we're trying to acquire them. We want to work with them."

It's tempting to think of superior IT as a competitive advantage, but Steele resists the temptation in the interest of improving the overall quality of care. "We have great market share and a great balance sheet, and we think we can impact care in our entire region." Geisinger currently has a three-year grant from the Agency for Healthcare Research and Quality to design a data-sharing project with two local hospitals. Eventually, the project will be expanded to include hospitals throughout the area in a regional health information organization. In May 2005, Geisinger hosted the first meeting of the Central Pennsylvania Health Information Consortium, and so far eight organizations have agreed to become founding members.

Steele has served on the advisory boards of several companies that specialize in informatics-based products for cancer treatment, and has spoken frequently about Geisinger's EHR and implications of IT in managing care, most recently before the World Health Care Congress in April.

Steele puts himself somewhere in the middle of the tech-savvy continuum -- he knows how to use his cell phone but doesn't feel the need to build and program his own computer. As a result, he appreciates both the power and the limitations of IT.

"I think there's a real benefit to looking at someone when you're talking or listening," he says. "I don't want anyone at any of my meetings praying over their BlackBerry. When they're at my meetings, they're here. Or they're really not here, if you know what I mean."

To avoid being devoured by his own e-mail monster, he has it all screened by his executive assistant, who also takes a look at his outgoing messages to ensure he hasn't written anything too hastily.

He believes his value to the organization lies in being able to see what technology can do for physicians and patients. For example, Geisinger has two specialists in autism disorders -- the only such doctors in all of central Pennsylvania. "Your usual response would be to pay more and do more recruiting and steal specialists from your neighbors," Steele says.

"Instead, we've tried to think strategically about how we can use technology to help our specialists do the critical aspects of diagnosis and prognosis and disseminate their expertise to the primary-care physicians who are closer to the patients. We've probably got 20 to 25 projects like that that aren't dictated by IT but are enabled by it."

Steele envisions a 10-year stay in Danville, of which five years have already passed. "Leadership jobs need to be time-limited," he says. "You need to have constant creativity and look forward and not be defensive about what you've created. God willing, I'll do my 10 years and ride off into the sunset."

Proving value of quality care

His ambition for the next five years is to do no less than prove the value of quality care, a task where complete, real-time information at the point of care is essential. "With a very static demography and a stable work force, we can make an offer to companies," he says, temporarily wearing his insurer's hat.

"We want to be able to say that if we can keep your diabetics healthy and your hypertensives perfectly controlled, here's what it will mean to your costs over three to five years.

"We're trying to put a dollar value on it. If I can show it has market legs, that will be a big deal. If I can show there's some market for quality and value, I will give myself an administrative Nobel Prize."

Geisinger Health System

Headquarters: Danville, Pa.

Number of hospitals: Three

Other operations: Geisinger Health Plan (215,000 enrollees); Geisinger HealthSouth Rehabilitation Hospital; Marworth Alcohol and Chemical Dependency Treatment Center; Geisinger Ventures (to commercialize Geisinger developments in research, technology and health services)

Total operating revenue, fiscal 2005: $1.4 billion

Operating income, fiscal 2005: $49 million

Annual information technology budget: $57 million operating; $17 million capital

Total employees in IT: 340

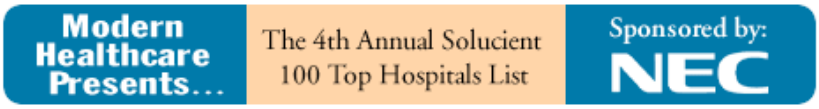
Total employees overall: 10,900

Inpatient admissions: 41,000

Outpatient visits: 1.6 million

ER visits: 89,000

Staffed beds: 701



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