IxAction Best Practices

The Arrival of 21st-Century Health Care: Group Health Cooperative Reengines Its Delivery System Around Information Therapy and Patient-Centered Informatics

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Executive Summary

What does the future of health care look like?

A consumer-governed health delivery system is transforming its care around the patient, and is using information therapy (Ix) as a key strategy. Group Health Cooperative is actively pursuing a vision articulated by health care experts, information technology gurus, and patient-centered care advocates that generally seems distant and unattainable to other providers.

Members of Group Health have anytime, anywhere access to health information and immediate connections with clinical support. They can contact their personal physicians electronically, on the phone, or in person. They can go online to schedule visits and immediately receive information that helps them prepare for their encounters with clinicians. They automatically receive print and electronic after-visit summaries that detail what transpired during their in-person encounters and provide effective guidance and supporting information to activate and empower them.

Group Health members have secure, convenient access to lab and test results and hyperlinks to information that explains what they mean. For medication prescriptions, they can access information on dosing, frequency, side effects, and benefits of adherence. For every procedure, they can prepare with detailed information on what to expect, how to help ensure safety, and what the impact will be. For every decision, they can access the background information they need to make an informed, rational choice that incorporates their own values and preferences with the best available medical evidence.

This first IxAction Best Practices white paper shares one organization’s experience in implementing information therapy. The paper explains how administrators and clinicians have integrated Ix® applications into a new information technology infrastructure and clinical workflow. Although Group Health’s leaders recognize that they have a long way to go to assist members in taking full advantage of the opportunities available, the infrastructure now exists for a transition to a different way of thinking about how care should be delivered.
Introduction

Group Health’s vision started as a small project in its customer service department in 1998. James Hereford, who served as the department director, drafted a white paper he simply referred to as the first stab at the organization’s “Web strategy.” Health care leaders had just begun to recognize that the World Wide Web offered a new set of opportunities and challenges for clinical care, but few large organizations had developed a strategy for systematically evaluating how this nascent technology might revolutionize care delivery.

Hereford’s Web strategy white paper quickly caught the attention and support—at least philosophical if not financial—of Group Health’s CEO Cheryl Scott. Hereford and Scott recognized that they could harness the Web’s ability to bring people together and help the health maintenance organization (HMO) connect more with its clinicians and members. Whereas Hereford had focused the Web strategy almost exclusively around one key application—a provider portal—Scott added the concept of secure messaging.

As the Web strategy evolved over the next five years, two critical themes emerged in their strategic thinking. First, Group Health looked upon this electronic transformation as “patient-centered informatics,” the idea that information systems innovations should be used to promote a patient-centered care approach to care delivery. Second, this powerful infrastructure could be used to prescribe information. More specifically, information therapy (Ix) could deliver targeted clinical information to each member at the time when he or she needs to make a specific health decision or behavior change.

Group Health determined that the two concepts—information therapy and patient-centered informatics—could be integrated to accomplish four critical clinical goals:

- Frame and guide the consumer decision-making process.
- Facilitate the dialog between clinician and member.
- Catalyze appropriate health care decision making to improve quality and cost-effectiveness.
- Help members and clinicians follow through on those decisions.

This white paper provides a context for the Group Health Ix® implementation and illustrates its evolution. It details the key information technology elements and how they intersect with Ix goals. The paper addresses the challenges that Group Health faced, how the organization has addressed them, and the results achieved thus far. Finally, this paper explains the next steps for Group Health and how its experiences can be applied to both similar and different kinds of health care delivery systems.

Background on Group Health Cooperative

Consumers launched Group Health Cooperative in 1947 as a not-for-profit, consumer-governed, staff-model health maintenance organization. It continues to be governed by an 11-member, consumer-elected board of trustees. The organization has undergone some revision over time to adapt to shifting market forces; for example, it is now technically a mixed-model HMO with a dedicated medical group and a contracted physician network. Group Health serves 570,000 members in Washington state and northern Idaho through its exclusive physician group.
Group Health’s founders established the HMO on cooperative principles and envisioned a three-pronged approach to its operational structure:

- Governance resides with the members through the consumer-elected board.
- Managers bear accountability for administration of the health plan.
- Physicians have responsibility for medical decision making in their independent but exclusively contracting group practice.

The founders created this model to facilitate an egalitarian approach to how medicine and health care should be run and consumed. They sought to democratize the practice of medicine and to create a health care delivery system that was completely focused and centered on the needs of its members.

Now, 21st-century technology has facilitated execution of that vision. “It’s the realization of a dream,” said Debbie Ward, Group Health member and former chair of its board of directors.

In addition to the work initiated by Hereford and, subsequently, his project team, the voices of Group Health’s members came across loud and clear through a variety of outlets the health plan makes available for member feedback. Through the senior caucus, member-elected medical center councils, annual member meetings, the Board’s quality committee, and the Board itself, members expressed a desire for systemic change in care delivery. Specifically, members wanted a stronger customer service approach and change in chronic illness care that reflected the growing trend toward focusing on the patient instead of the provider. With each step along the way, these member groups quickly took advantage of any new tools and immediately pressed for more system transparency and access to information.

“Transparency”

The focus on transparency was critical to both the Board and management. Group Health members, clinicians, and administrators all recognized what they termed the “black box of health care.” Much in the health care delivery system is masked to average consumers, and the system provides no ways to help them understand. Consumers’ “lost” feelings breed a lack of self-efficacy—they become overwhelmed by the system’s complexity, thus reducing their engagement in care management and healthy living. *

Group Health leaders determined that they needed to redefine the terms of the future health care system, and it needed to start with a recognition of the importance of transparency. Group Health further realized that the key to creating a transparent system was access to information—of many kinds. This included

- Access to all of one’s own health information (from medications to lab results to medical records).
- Consumer-accessible clinical information available on the Internet.
- Information exchanges with the health professionals who should be their primary care team partners.
- Benefit and financial information that would allow them to make cost-effective decisions for themselves and for Group Health.

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*For a thorough discussion of the impact of self-efficacy on the success of chronic disease management and other health behaviors, see the Center for Information Therapy’s white paper, “The Ix Evidence Base: Using Information Therapy to Cross the Quality Chasm.” Request the paper at www.ixcenter.org.
CEO Scott not only supported this shift to transparency via a new electronic infrastructure, she decided that it was a high enough priority that Hereford should devote all of his time to making the new vision a reality. For Scott, the “Web strategy” became a critical challenge and opportunity for Group Health. It could become a catalyst for reestablishing the organization’s own sense of self-efficacy and vastly increasing its value to its current and prospective members.

So Group Health launched this patient-centered informatics and information therapy endeavor to help the organization fulfill its core mission of care and service to members—it also became a top business priority. Transparency could result in economic benefits on both the cost and the revenue side of the organization. Appropriate access to the right information at the right time could reduce unnecessary care costs by facilitating cost-effective decision making and increase revenues by retaining existing members and recruiting new ones.

Early Implementation Challenges

Implementing a completely new way of delivering care involved many challenges. Several of the early challenges related leadership and management issues and engaging physicians in the new process.

Leadership Issues

Fundamentally changing the delivery system required a project lead who has exceptional leadership and management skills. By all accounts, Hereford provided both every step of the way. Hereford first secured organizational commitment from Group Health’s top management and the Board, even when the health plan was not in a financial position to invest as many resources in the Web strategy as he needed. Step by step, Hereford then proceeded to build the work plan and infrastructure.

Virtually every staff person who eventually came on board to the project commented on Hereford’s vision and leadership. (The staff now includes several nonclinical professionals as well one full-time and two half-time physicians.) Because of Hereford’s well-developed business case and his vision for a better member experience, everybody who works on this project is absolutely committed to it. They deeply believe this is the right thing to do for Group Health members and for the organization’s long-term success. Eventually, the marketing department realized that it could position Group Health around the vision for 21st-century health care. That alignment of marketing and patient care goals freed up resources that helped to accelerate Group Health’s implementation of patient-centered informatics.

Engaging Physicians

Engaging the staff in infrastructure redesign is one thing, but securing commitment and buy-in from the physicians and other clinicians seeing patients day in and day out is another. Physician resistance to change in their current practice can exist on multiple levels. First, they need to be convinced that something new provides value for their patients. Second, doctors must understand how a change would ultimately benefit them—or, at the very least, not have negative consequences in terms of their quality of work life. Finally, clinicians must be able to integrate these new initiatives into the clinical workflow so that it becomes easy for them to do the right thing.

In order to deal with clinical workflow challenges, Group Health paired management leaders with physician leaders. Hereford teamed with Matt Handley, MD, medical director of Health Informatics, who spends half his professional time seeing patients and the other half helping to figure out how Group Health can organize information technology innovation to achieve better patient care. In addition, Ted Eytan, MD, has been paired with a business partner, Clayton Gillett, MBA, MHA, to maintain and develop new technologies to support transformation of care via the clinical information system (CIS). These two physician champions paved the way for much of the clinical innovation that ensued.
Dr. Handley’s direct patient care responsibilities gave him credibility as he sought to engage clinical leaders and other physicians in the medical group. Although Group Health’s physician body primarily operates in a group consensus decision-making process, Dr. Handley notes, “That approach can be untenable in certain situations; the analysis-paralysis mode could sink us in Seattle’s competitive business environment.” Handley had to establish group expectations: “It’s important to set the vision and then invest time in the people who need it. You have to say, ‘This is where we’re going; what support do you need from me to make it happen?’”

Dr. Handley spends 50 percent of his time with three to five percent of the physicians. In most cases, Dr. Handley’s efforts were enough, because the problems the clinical staff were concerned about—often frustrations related to adapting to new systems—mostly went away with an outlet to vent and a little experience with the new system. According to Handley, “Most physicians catastrophize, but the problems turned out not to be that bad. Mostly, they needed to be heard, to blow off steam. Ultimately, they needed to be celebrated when they had successes.”

Not all physicians are moving along at the same pace, however. For doctors like Handley, the vision of information therapy integrated with patient-centered informatics is already a reality. Dr. Handley prescribes information to his patients “all the time.” He says that the result is a much higher level of patient care. “Patients are more informed, engaged, and active in caring for themselves. The content of the visit is so much richer. If I send the information prescription, I know what they are reading. Since they use the same source of information that I do, I know that the information is reliable.”

Dr. Handley uses information prescriptions as a visit-prep tool. He sends secure messages to his patients in advance of their appointments based on the reason for their visit and at what moment in care they are in. He sends links to specific content on ghc.org by embedding URLs in secure messages, or by asking his patients to search for a specific word or term in the ghc.org search engine.

How do the recipients of his information prescriptions react? “My patients love it,” says Dr. Handley.

**Getting Wired: Clinical Information System Roll-Out**

In order to maximize the potential of information therapy, Group Health decided to create a completely wired electronic clinical management system for clinicians, the organization, and its members. Group Health began the process of rolling out the EpicCare clinical information system at 25 medical offices in October 2003. The Northgate Medical Center was the initial site, not only for the launch of the clinical information system (CIS) roll-out, but also for the development of a training plan and a curriculum for the other 24 medical centers.

Northgate laid the groundwork by gradually transitioning some of its existing electronic systems for members and clinicians. Although members and staff had been using secure messaging for almost two years, Group Health transitioned to a new secure messaging system for staff and members in late August in order to get the new Epic versions up and running ahead of the full CIS roll-out.

Group Health used a four-week phased implementation at Northgate. In the first week of October, clinicians began computerized order entry, and members
The New Health Care Experience for a Group Health Member

1. New member goes online to get fully ID-verified and select a PCP.

2. Info sent through secure message: PCP details; recommendations on specific tests to get if not had in last year (based on demographic info).

3. Lab tests scheduled with lx appended to explain why, when, and where she's having them.

13. Nutritionist has at his fingertips all the info that has transpired between member and PCP, as well as lab values, meds, etc.

14. Nutritionist visit ends with AVS, etc.
immediately had full access to online medical record through Epic’s MyChart product. Clinicians focused on coding and documentation in week two, refined the documentation in the week three, and developed more systematic tools for the whole process in the final week of implementation.

The roll-out produced a series of implementation challenges. Northgate’s staff had to figure out how to manage each physician’s electronic “in-basket.” The patient care documentation issues required some trial and error. For example, clinicians and staff needed to figure out the most efficient way of importing their consumer clinical content (from the Healthwise® Knowledgebase) into their documentation in order to include it in their patients’ discharge summaries. Furthermore, Northgate’s physicians and staff had varying levels of computer experience and typing skills—basic issues that had the potential to interrupt clinical workflow and patient-physician communication.

As problems arose, staff had to design both on-the-spot and long-term solutions for filtering clinical information for patients, text-matching clinical and lay terminology (e.g., “angina” versus “chest pain”), and documenting progress notes. For some clinicians, the biggest changes involved the new relationship in the exam room. Whereas most physicians previously perceived that the clinic visit involved a two-party relationship (clinician and patient), now there really was a third party (the computer) that had to be integrated into care delivery (although many patients always viewed the paper medical chart as a distraction in the exam room). The computer somewhat dictated the flow of the visit by requiring intake to be done through a certain process. In some cases there was the perception that the clinician needed to pay attention to the computer for some amount of time that he or she otherwise would have focused on the patient. Clinicians had to experiment with how much documentation to do during the visit and how much to do later outside of the exam room. One of the strategies that Northgate staff employed was to remind clinicians that they “always need to acknowledge and greet the patient” prior to engaging with the computer.

Over the four-week phase-in, Northgate staff and clinicians learned an enormous amount and made great strides in integrating electronic tools into the clinical workflow. They developed rules engines to facilitate more efficient documentation, established both medical center-wide and individual systems for integrating the computer into the care encounter, and gradually found the right interaction between people and machines. Although a few issues still remained, the new party in the exam room soon became a tool rather than an obstacle to better patient care.

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By November, Northgate had revolutionized the care experience by integrating prescribed and customized clinical information into every patient encounter. A Northgate member’s experience now went something like this: If desired, she could go online to schedule a visit (picking up the phone is still an option). Any specific questions could be entered into the problem list (or “current health conditions” section) ahead of time or during the visit. As she leaves the clinic, she gets a printed discharge summary that includes specific direction from her clinician, combined with more detailed content that pertains to her specific needs. The information prescription matches the one that awaits her at home on her password-protected member portal. The prescription also contains links to other relevant content. Her vitals recorded during the visit and any lab work can
be accessed through the member portal (although any abnormal results get filtered through the primary care team, who append a note to them) and can be linked directly to relevant clinical information; for example, if her blood pressure was high, she could link directly to hypertension content.

Impact on Members and Professionals

“Our patients love the discharge summaries!” noted Santokh Gill, Northgate Medical Center administrator. “From the very beginning, the after-visit summaries easily made up for any distraction of the provider during the visit due to the computers.” Most importantly, Gill notes that when they walk away from their appointments, members feel like they have gotten something tangible to take with them. “When they leave the office, they have some home treatment or self-care guidance in their hands. They have something detailed and practical, such as how to handle low back pain on a day-to-day basis.”

Part of why the after-summary visits work is that Group Health has effectively integrated consumer health content into them. The clinician’s notes frame the prepackaged content in such a way that it seems to the member like he or she is getting a customized information prescription that meets that person’s individual needs. Group Health’s electronic tools are helping Northgate’s clinicians deliver more personalized care to each member.
Another example of how information therapy promotes greater continuity of care is that it provides a “bridge to referral,” according to Ted Eytan, MD, Group Health family physician and associate medical director for Health Informatics. “My patients always ask, ‘What can I do while I am waiting to see the physical therapist?’” After his first day practicing in the new system, Dr. Eytan said, “On two occasions, I was able to locate some very nice suggested exercises and home treatment approaches to give the patient. With the second patient, I actually discontinued all of the patient’s medications and replaced them with the [Ix] materials. Information therapy is safer, more effective, more affordable, and increases satisfaction with care!”

Despite the fact that this system has created new work for Northgate’s clinicians, they wholeheartedly support the new system. “There is unanimous agreement among the physicians, nurses, and staff at Northgate,” Gill notes. “The value of the product is understood. Some of it’s generic, but there are specific benefits for particular individuals,” such as the specific health information they are getting for a problem, the prevention of drug interactions, or the legible “problem list” that helps to guide coordinated care.

To ease the transition to the new system, physician productivity expectations were modified. The burden of documentation improves patient safety and member satisfaction, but it also requires more time from clinicians. Northgate’s physicians typically were seeing 22 to 23 patients per day prior to the roll-out; they now are expected to see approximately 21. In week one of implementation, Northgate physicians shot for 14, 16 in
week two, and 18 in week three. Group Health anticipates that the information prescriptions will more than compensate by reducing the volume for in-person appointments.

What Does a Day Look Like for an Information-Prescribing Doc?

The computer as a third interactive party in the room might require some adjustment for the clinician used to relying on his or her own memory for every piece of information, but it creates great efficiencies as well. According to Dr. Eytan, everything he needs is right there, meaning he can focus better on the dialog with his patient rather than on tracking down miscellaneous medical information. “Once I was in the room, I stayed there. No more, ‘I’ve gotta go check on that’ or ‘What exactly did the cardiologist say about your test? I will find out.’”

More importantly for Dr. Eytan, the process of care is much more of a shared experience. When covering for a primary care physician colleague, instead of reading cryptic notes in a medical record outside the exam room and trying to extract details to “get up to speed” from his colleagues, Dr. Eytan came into the exam room, introduced himself to the patient, and said, “Let me bring up your chart and let’s see what’s going on together.” This simple change in the care process was a win-win solution. According to Dr. Eytan, “It was a huge efficiency booster for me, and incredibly empowering” for the patient.

The Group Health infrastructure allows for information prescribing even during a visit, both to teach as part of the care encounter and to promote continuity of care more generally. While with one patient, Dr. Eytan said to her: “I forget what the 18 tender points are for fibromyalgia. Let’s pull up a picture of that and read it together.” In describing this type of interaction, Dr. Eytan said, “I had everything at my fingertips, and printed several articles for several patients. This was by far the most exciting part of the Epic experience, and I could tell that the patients ‘got it’ when I showed it to them on the screen.” Dr. Eytan would then embed links to this content into secure messages to his patients, saving him time and enhancing the continuity of their care.

Group Health clinicians at those clinics that have rolled out the fully functional clinical information system have noted that they have a different relationship with their patients. Whereas the previous model of care was more of a doctor applying a bandage to a particular problem, Group Health members now feel like they are getting something tangible and making effective and efficient use of the time they spend in the clinic. “Patients often say ‘Thank you, Doctor’ when they leave the exam room,” Dr. Eytan commented after a day in this new style of practice, “but a patient for the first time in my practice career said this to me, ‘That was a very productive use of my time.’”

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Gaining Critical Mass

Moving from initial site to roll-out to plan-wide mainstream takes a lot of work. Even though the benefits to many of the clinicians and members who have experienced it seem obvious, change takes time. Hereford has set a goal for 2004 to get 85,000 members fully identification verified to do complete clinical business online. “At that point, this is no longer an experiment,” according to Hereford.

Having built a state-of-the-art, patient-informatics, electronic delivery system, Group Health now finds itself in something of a test of the “Field of Dreams” mantra,
"If you build it, they will come." So where is Group Health now on the growth curve?

By March, with eight of 25 medical centers fully operational with the Epic system, 46,379 members (11.1 percent of adult enrollees) completed identification verification, up 60 percent from 29,010 since the early October roll-out at Northgate. Daily traffic to MyGroupHealth increased 33 percent in the same time period, from 11,267 to 15,034 daily unique visitors (counted for each day a member logs into the site at least once).
Perhaps the more important questions relate to how much information is being shared through the electronic infrastructure and in what ways. During the week of March 8, 1,663 secure messaging threads of medical advice requests transpired between members and their health care teams, up more than 80 percent since October. That same week, Group Health members made 8,320 page requests for a specific lab test results, 3,976 for a specific after-visit summaries, 3,106 for a listing of health issues, 730 for allergy listings, and 924 for immunization records.

The changes for Group Health providers have been considerably more dramatic. Successful provider searches for referral status data grew 737 percent in the five-month period, from 620 to 5,194, and 413 percent for successful claims status searches, from 304 to 1,561. By early March, Group Health providers made 1,814 successful referral requests, up 487 percent from the first week it was implemented in mid-October, when they made 309.

Despite all their success, they’re only two-thirds to Hereford’s year-end goal of having 85,000 members completely verified for doing complete clinical care and business online. For some members, the motivation for signing up is easy: greater convenience, more seamless care experience, and greater control of one’s health information. For others, it may require more work by Group Health or more creativity by its clinicians to get members activated. Dr. Eytan described one encounter with an 82-year-old mother of a doctor. The son had set up his mother’s computer at home, but she came into Dr. Eytan still "offline." Dr. Eytan talked to her during the visit, “Young lady, it says here that you are not online with us. What are we going to do about that?”

Measuring ROI

Hereford’s team tracks several measures to assess Group Health’s return on investment (ROI). Most of these measures don’t distinguish the relative impact of the various electronic information systems from the specific information prescribing components, in part because Group Health’s leaders see all of these activities as inexorably linked to one another. These components are connected not only because they are part of the same patient-centered informatics strategy but also because their success depends partially on the success of the other. For example, the efficiencies gained from electronic transaction of information grow through increased usage of the various electronic tools that now exist, and the benefits of information prescribing encourage more Group Health members and clinicians to use those various electronic vehicles.

Nearly 3,000 medication prescription orders are now being successfully placed online. At many health plans, this would reduce direct costs associated with pharmacy benefit management. Because most of Group Health’s prescriptions are filled by their own staff, it reduces staff workload and increases convenience for all involved.

Group Health has used its initial experience in the roll-out to project savings associated with reduced transcription services, reduced expenses for its medical records function, and increased revenue capture due to the impact of better coding for certain payer contracts. The payoff will build over time as usage increases, projected by 2006 to generate more than $18 million in cost savings and additional revenue.

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Conclusion

What Can Be Generalized From the Group Health Experience?

Some will say that the remarkable achievements by Group Health cannot be replicated in the mainstream of American medicine where considerably less system integration exists. While undoubtedly there will be differences from one setting to another, many of the lessons are transferable.

As Group Health rolls out patient-centered informatics and information therapy to its entire membership, it will continue to keep these lessons in mind and will learn many more. When asked about how they’ll when they’ve achieved their vision, Dr. Handley responded, “Our hope is that we never do, because we hope that our version of the vision keeps on advancing. It’s hazardous to focus on finishing.”

### Transferable Lessons for Ix Implementation

| Planning Strategy | • Create a vision of the new technology that builds on your organization’s fundamental mission.  
|                   | • Early on, create a strategic plan that operationalizes that vision.  
| Maximizing the Power of the Web | • Remember that the Web and other information technologies are only tools for achieving a vision, not a vision in itself.  
|                           | • The real power of the Web is in its ability to connect people with one another and with information.  
| Meeting Consumer Needs | • Consumers increasingly will demand a transparent system that connects them with their own health information and the information that they need to make better health decisions.  
|                        | • Ix innovations should provide something tangible to consumers.  
| Clinician Engagement | • Identify physician leaders to champion the innovations, and have them engage with individual clinicians to hear their concerns directly (and give those leaders the time necessary to address individual doctors personally).  
|                      | • Recognize the social change that’s required when you interrupt the traditional clinical workflow.  
|                      | • Anticipate temporary reductions in productivity associated with dramatic changes in clinical workflow.  
| Biggest Ix Opportunities | • Use Ix innovations to create a more collaborative care environment where clinicians and patients share in the decision-making process.  
|                          | • Use Ix strategies to enhance continuity of care by creating bridges between different parts and parties within the care delivery system.  

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