

Paul E Pancoast MD, MBA

pancoastp@gmail.com

845-475-5490

Summary

Dr. Paul Pancoast is an experienced healthcare practitioner. He has over 25 years experience in healthcare, including clinical practice in emergency medicine, anesthesiology and critical care medicine. He completed a 3 year research fellowship in medical informatics exploring data mining techniques and automated methods for answering clinical questions at the point of care. His areas of expertise include Clinical Information Systems strategy, planning, and implementation, Business Intelligence strategies and implementation, Biomedical Informatics, and Data Warehousing. He has led a number of consulting engagements with a focus on physician governance and engagement strategies and content development which emphasize tailoring content, processes and strategies for specific patient populations and healthcare needs. Special interests include development and maintenance of longitudinal health records to track the intersection of medical encounters for specific health issues with medication use, efficacy and long-term outcomes as well as population-based reporting from electronically-available healthcare records public health services and clinical outcomes trials.

CMIO Health Quest – 2009 – present

Dr. Pancoast began working for Health Quest in July, 2008 in an interim role, and was hired as the CMIO 9 months later. As CMIO he has clinical oversight of an enterprise clinical and revenue cycle transformation project with redesign and standardization of clinical processes, policies and clinical content. Specific areas of focus include:

- **Physician governance activities:**
 - Create/manage a Physician Leadership Group to guide physician strategies and represent physician considerations at the EST
 - Create/manage a Physician Advisory Group (with nursing, pharmacist, ancillary representation) to make key process and configuration decisions and to oversee clinical content development
 - Create/manage multiple Clinical Content Groups to develop order sets and clinical decision support rules and alerts
 - Create/manage a Clinical Advisory Group (nursing, pharmacy, ancillary) system committee
- **Physician adoption activities:**
 - Create/manage multiple facility-specific Clinical Adoption Teams
 - Member of the System PI and QI committees, hospital Medical Executive Committees, and makes regular presentations and updates to major hospital medical staff committees and hospital medical staff meetings
 - Create/manage regular e-mail, web-based and newsletter communications to the physician communities
- **Clinical content development:**
 - Create/manage multiple Clinical Content Groups to develop order sets and clinical decision support rules and alerts
 - Utilized a standardized process to develop enterprise order sets and clinical decision support rules and alerts for physician and clinician use in preparation for CPOE
- **Clinical Applications and System Selection Activities**
 - Development of an MPages strategy
 - Clinical oversight for OB, ED, and Surgical IS selections
 - Clinical oversight for a gainsharing project to reduce HACs

- **Business Intelligence** - Clinical direction and oversight for an enterprise Business Intelligence strategy
- **Clinical oversight for an ambulatory EHR deployment:**
 - eClinicalWorks for a 50-physician multi-specialty medical practice, including preparations for The Medical Home with the requisite clinical and population-based reporting
 - Review of and clinical oversight for optimization of the ambulatory EHR deployment
- **Meaningful Use of Electronic Health Records activities**
 - Clinical oversight of the Health Quest Meaningful Use strategy
 - Mapping of current and upcoming clinical applications and functions to be able to meet MU requirements, including reporting, population stratification, and electronic data sharing
 - Clinical oversight and direction for sharing of PHI with non-credentialed physicians and staff who provide follow-up patient care or who send patients to a Health Quest facility for diagnostic testing or treatment

Senior Manager / Physician Consultant – Deloitte Consulting – 2005 – 2009

Dr. Pancoast has been the physician lead for numerous healthcare provider client engagements – leading physician engagement and adoption activities for Clinical Information System (CIS) clinical transformation projects; leading and managing clinical content development strategy work streams; organizing physician governance structures for CIS projects; facilitating CMIO engagement and training strategies. Experienced with all the major CIS vendor solutions

Dr. Pancoast has also been the project director for healthcare provider business intelligence strategy and roadmap planning engagements and initial business intelligence application development projects.

Selected consulting clients include:

- Health Quest, Poughkeepsie, NY
- HealthAlliance, Leominster, NY
- Albany Medical Center, Albany, NY
- Bon Secours, Greenville, SC
- Sutter Health, Sacramento, CA
- Catholic Health Initiatives, Denver, CO
- University of Pennsylvania, Philadelphia, PA
- Intermountain Healthcare, Salt Lake City, UT
- Valley Baptist Medical Center, Harlingen, TX
- Winnipeg Regional Health Authority, Winnipeg, MB
- Hospital for Special Surgery, Manhattan, NY

Physician Consultant – Healthlink Inc. 2004 – 2005

Internal methodology development:

- Assessment of readiness for change and current state use - interview methodology, inpatient vs. outpatient/ambulatory needs assessment, readiness assessments.
- Physician-specific implementation strategies, education and training, go-live and post-go-live support.
- CPOE implementation strategy and staging.
- Clinical documentation strategy - free-text narrative, structured documentation forms, voice-to-text.
- Clinical content development strategy - organizational structure and governance, internal development and/or external content adoption.

Physician Adoption Consultant

- Multi-state IDN - Current state assessment, future state design, and implementation of an enterprise EHR system using a multi-facility clinical data repository. Physician adoption strategy, facilitate governance structure and content analysis
- ED system selection - evaluate current state use and future needs of the ED facility and staff; compare selected systems functionality with future needs and recommend a system for implementation; recommend specific implementation strategies.

NLM Post-Doctoral Research Fellow – 2001 – 2004

University of Missouri-Columbia, School of Medicine.

- Hospital committee member for EMR Security Committee, University Physicians Electronic Technology Committee
- Worked with the PowerNote (Cerner PowerChart) development committee, developing and implementing structured physician documentation templates for clinical use. (implementation)
- Member of the IDS committee of the Family Practice Inquiries Network. Participating in the development and deployment of a portal to evidence-based answers for clinicians' questions. (research)
- Developed a clinical database for use by the Special Needs Pediatric Clinic. The database was designed using a Relational Database System with a secure web-based user interface. It can be used for research and clinical purposes. After development and demonstration of usability, the application was given to the hospital IT services for implementation. (implementation)
- Developed a policy for physician use of PDAs containing patient information which is in compliance with HIPAA standards. (publication)
- Worked on an IAIMS-funded project to develop an application which allows clinicians to access information from the Health Sciences Library using their PDAs and email. (publication)
- Developed a Trauma Database application in conjunction with a trauma surgeon, for use by the trauma team for documentation of clinical processes. (implementation)
- Designed a seminar for physicians on Physician Use of PalmOS PDAs. The seminar granted 3.5 hours of Category 1 CME credit to physicians, and was presented at Bronson Hospital in Kalamazoo, MI. The educational objectives for the seminar were to educate physicians regarding the use of Personal Digital Assistants (PDAs) in medical practice. The two areas of focus were on basic PDA utility and applications, and on specific medical applications. (education)
- PI on a K-22 grant submitted to the NLM to evaluate methods of representing medical questions using a vector space model with vector calculations match individual questions. Used Java and C programs with natural language processing techniques to find medical concepts in medical text using UMLS and SNOMED as sources for controlled terminology, and substitute concept identifiers (CUI) and semantic types (TUI) for use in calculations. (research)
- Co-investigator on R-01 submitted to NLM to evaluate methods of matching medical questions with knowledge sources to answer clinical questions asked by clinicians. Using SNOMED and UMLS as sources for controlled terminology. (research)

Independent Healthcare and Technology Consulting – 1996 – 2001

Independent consultant in the greater Toledo area providing web-based and internet solutions, hardware and software design and deployment, and networking access to individuals and non-profit clients.

Clinical Medical Practitioner – 1982 – 1996

Attending emergency physician in a number of hospitals; large and small, urban and rural. Also practiced anesthesiology, critical care, and family practice in various locations.

Education

University of Toledo

- MBA, international business

Loma Linda University, CA

- Doctor of Medicine - MD

Walla Walla College, WA

- Bachelor of Arts, Chemistry

Professional Affiliations / Certifications

- AMIA
- HIMSS

Academic Affiliations

- Adjunct Faculty Member, University of Missouri-Columbia, School of Medicine, Dept. Health Management and Informatics
- Assistant Research Faculty, University of Missouri-Columbia, Computer Science

Publications

- Magid S, Pancoast P, Fields T, Bradley D, Williams, R. Employing Clinical Decision Support to Attain Our Strategic Goal: The Safe Care of the Surgical Patient. JHIM. 2007 Spring; 21(2): 18-25.
- Johnson ED, Pancoast PE, Mitchell JA, Shyu CR. Design and evaluation of a personal digital assistant- based alerting service for clinicians. J Med Libr Assoc. 2004 Oct;92(4):438-44.
- Pancoast PE, Smith AB, Shyu CR. Codifying Semantic Information in Medical Questions Using Lexical Sources. MedINFO 2004.
- Smith AB, Shyu CR, Pancoast PE. Classification of Clinical Questions Using Semantic Type Sequence Rules. MedINFO 2004.
- Pancoast PE, Patrick TB, Mitchell JA. Physician PDA use and the HIPAA Privacy Rule. Journal of the American Medical Informatics Association : JAMIA. 10(6): 611-2, 2003
- Pancoast PE, Patrick TB, Mitchell JA. Physician PDA Use and the HIPAA Privacy Rule. Proc. AMIA Symposium 2003 (Poster Presentation). Nov 2003
- Pancoast PE, Reeves W, Soni C, et. al. A PDA Alerts System for the Health Sciences Library. IAIMS Poster Presentation; Philadelphia, PA. May 2003
- Pancoast PE, McCabe JB. Microbiologic Studies. Emergency Medicine Clinics of North America. 4(2): 345-66, May 1986
- Pancoast PE, Hamilton GC. Electrical Interventions in Cardiopulmonary Resuscitation: Cardioversion. Emergency Medicine Clinics of North America. 1(3): 535-9, Dec 1983

Presentations

- Employing Clinical Decision Support to Attain Our Strategic Goal: The Safe Care of the Surgical Patient. HIMSS 2008
- Electronic Medical Records – The Physicians’ Perspective. Medicine in the New Millennium. St. Francis Hospital, Topeka, KS. Jan 2005
- Project Management, Process Redesign and Change Management – Components of Successful Information Technology Projects. SERUG. Atlanta, GA. Apr 2005.
- Electronic Medical Records – Friend or Foe? CGH Medical Center, Sterling, IL. July 2005