

Champions for Quality: KEY ELECTRONIC HEALTH STRATEGIES TO ACHIEVE QUALITY

July 17, 2010



Presented by
David A. Ginsberg
President, PrivaPlan Associates, Inc.

Agenda

- With our national focus on electronic health records, today our focus is on EHR
- Some lessons from the field
- Some of the ongoing reasons for failure
- Simple “cures”



Agenda Continued

- Focus on process improvement and workflow for quality
- Quality isn't just clinical-administrative systems are of equal importance
- Meaningful use?
- More than ever EHR use depends on underlying processes



EHR is not the only electronic system

- While this is the focus we cannot forget the value of other tools like:
 - PACS
 - Telemedicine
 - For some of you, obtaining a lab information system in the hospital
 - Correlating hospital and LTC EHR
 - Disease registries
 - And of course health information exchanges like Healthshare Montana!



Why is Montana Unique

- Diversity of practice types-Rural and Urban
 - Rural Health Centers
 - Independent practices
 - CAH or small hospital outpatient departments
 - FQHC's
 - Community Health Clinics
 - Community supported safety net clinics
 - Hospital systems
 - WalMart and related –emerging?

Copyright PrivaPlan Associates 2010



Applicability to this audience

- Most of you are primary care physicians and providers
- Most of you practice in rural and *frontier* areas
- Special challenges exist for CAH based primary care providers

Copyright PrivaPlan Associates 2010



Some unique Primary Care attributes...

- Lack of resources is the greatest challenge-this is amplified when an EHR is acquired due to the IT challenges
- Lack of time is the next challenge
- Practical concerns
 - Large charts
 - Complicated patient care (poly-pharmacy, multiple diseases and co-morbidities)
 - Low revenue

Copyright PrivaPlan Associates 2010



Primary Care

- For the most part no concept of workflow and workflow redesign
- We are not sure that improved workflows will be retained and remain in place over time
- Rural challenges ---primary care practices may have to compete with the hospital for resources, and most primary care providers are the ED physicians, handle the hospital formulary and medical direction and are the LTC physicians!

Copyright PrivaPlan Associates 2010



Primary Care-rural challenges

- Thus, it is not uncommon for a rural Primary Care provider to use three different order entry systems, and three different charting systems!
- An EHR (if not integrated across the different care settings) doesn't change this-it may make it more difficult

Copyright PrivaPlan Associates 2010



Unintended consequences-failure

- Failure continues to be a problem
- Last year's news article headlined "EHR de-installation trend hits Phoenix" (*July 30, 2009 Allison Tsai; medicaleconomics.modernmedicine.com*)
- Key Factors suggested in the Health Leaders-Interstudy report:
 - The trend to cancel is a result of training, functionality or affordability
 - Rapid adoption as a result of the Governor's initiative to adopt by 2010

Copyright PrivaPlan Associates 2010



Failure ...

- Failure isn't always cancelling a contract or discarding a system
- It can be the result of the system implementation taking much longer than anticipated
- It can be reduced productivity long after implementation
- It can be significant cost overruns
- Or minimal use of the system
- In rare cases-practice disruption!

Copyright PrivaPlan Associates 2010



Failure can sometimes be devastating

- Cash flow problems
- Lost charges and revenue
- Over coding and Medicare Fraud
- HIPAA violations due to poor or non existent policies, procedures and safeguards!
- Lowered morale or losing staff resources due to stress

Copyright PrivaPlan Associates 2010



Results are not always what you expect!

- Emerging trends of *increased mistakes especially with computerized order entry*
- Alert fatigue and over dependence on technology (*"Unintended Consequences of Computerized Provider Order Entry"; Leia Ginsberg, BSN/ANP, May 15, 2009*)
- *Does this conflict with Meaningful Use criteria requiring 80% adoption in the first year in ambulatory settings and 10% in hospital settings?*

Copyright PrivaPlan Associates 2009

Copyright PrivaPlan Associates 2010



Reasons for success - the cure

- Clear understanding of the *business case(s) for adopting an EHR!*
- Involving all stakeholders early and often
- Preparation-the all essential "trinity"
 - Needs assessment
 - Readiness assessment
 - Workflow analysis

Copyright PrivaPlan Associates 2010



Success continued....

- Following up on these assessments and making the changes before, during and after implementation
- Workflow analyses are critical; repair broken processes *before you implement an EHR!*
- For example-notifying patients of abnormal lab results; a recent study and report in Archives of Internal Medicine found 1 out of every 14 abnormal test results were either not communicated by practices, or the communication was not documented and THERE WAS NO DIFFERENCE IN PRACTICES WITH EHR SYSTEMS!

Copyright PrivaPlan Associates 2010



Success continued

- From the workflow analysis recognize how medical records are created and maintained
- Support pluralistic models of data entry but move the "paradigm" gradually to templates
- Consider best practices including codified point of care nomenclatures that interface with voice recognition
- Decision support will become an increasingly common tool

Copyright PrivaPlan Associates 2010



Success continued...

- Accurate estimates of direct and indirect costs
- Budgeting for lowered productivity, delays in revenue cycle
- Giving the clinical and the administrative “champion” enough time to support the implementation

Copyright PrivaPlan Associates 2010



Success continued...

- Providing a pluralistic approach-not every physician needs to use point and click; maintaining dictation when that is the best tool, at least initially
- Budget and buy more training than the vendor recommends
- Follow up training and tune ups-a wise investment at six, twelve and 18 months (and beyond)
- Participate in user groups and forums!

Copyright PrivaPlan Associates 2009

Copyright PrivaPlan Associates 2010



Success continued

- Understanding what if any data should be converted and remaining disciplined
- Using a “roadmap” or project plan and sticking to it!
- Refrain from scope creep initially (customization, new features and so on)
- Tight control over vendors

Copyright PrivaPlan Associates 2009

Copyright PrivaPlan Associates 2010



Success continued....

- Using a phased in approach-usually billing and practice management first, make sure the reference lab interfaces are working early on, start with small steps that deliver big results like ePrescribing!
- Realistic timelines and stamina/perseverance
- Careful vendor selection; beware the single vendor endorsement! One size doesn't fit all
- Insist on a scenario driven presentation and insist on “hands on time”

Copyright PrivaPlan Associates 2010



Vendor selection-best practices

- The landscape is changing because of the Regional Extension Center model
- The scenario driven demonstration and its value
- Structured evaluation tools

Copyright PrivaPlan Associates 2010



Vendor Selection...

- Make choices based on the system and not the salesperson!
- This decision really does need multi stakeholder consensus

Copyright PrivaPlan Associates 2009

Copyright PrivaPlan Associates 2010



Notes from the field-EHRNebraska

- The process described works!
- Some practices still are in the wait mode
- Many understand the need to get ready and have accomplished that
- At the end of the day an EHR doesn't change the fact that physicians and their staff are overworked, underpaid and there isn't enough time or ROI to really pay for an EHR

Copyright PrivaPlan Associates 2010



Notes from the field-Montana

- Workflow analysis works!
- Experience of one of your peers shows that the analysis also leads to several "ah-hah!" moments
- These in turn can lead to improved processes *before* implementing an EHR
- But the process also creates a facilitative approach and creates interest and enthusiasm
- Thus it creates many champions for quality
- And serves the emerging paradigm of front-line involvement

Copyright PrivaPlan Associates 2010



More on Workflow

- Workflow analysis and redesign is now a major “national initiative” with the funding of regional extension centers
- This is one of the REC services-with the goal of a successful EHR implementation and achieving meaningful use (and thus becoming eligible for incentive funding)
- Mountain-Pacific as your state REC will have many tools and resources

PrivaPlan Associates 2010



More on Workflow

- Process improvement starts with the workflow analysis or mapping
- It then follows any number of “methods” to take the analysis and improve it
- In the end systems used should be simple, intuitive and make common sense
- Look for clinical-administrative intersections
- For example proper patient registration/ADT provides information to the clinician (ie. Advance Directives)

Copyright PrivaPlan Associates 2010



Meaningful use

- Will vendors make it “easy” –for example a menu driven system to choose quality measure reporting?
- In the end it is up to physicians and practices to use the EHR correctly; what are the new workflows necessary to reach meaningful use?
- What we know this week about meaningful use

Copyright PrivaPlan Associates 2010



Q & A

- Individual Questions?



Copyright PrivaPlan Associates 2010



Contact information

David Ginsberg

dginsberg@privaplan.com

1-877-218-7707

Copyright PrivaPlan Associates 2010

