Healthcare Documenting and Managing New Methods of New Care Delivery Models and Methods

ICD 10 • Accountable Care Organizations • Patient Centered Medical Home • Health Information Exchange • Meaningful Use • ARRA • CCHIT Certification • HIMSS Level 7

Where are we facing today?
### HIMSS Analytics Latest In

#### EMR Capabilities and Expected Benefits in US Non-Federal Hospitals and Physician Clinics

**HIMSS Report**

"By December 31, 2014, with the proper incentives and funding, we believe it is reasonable to expect that all non-Federal US hospitals can reach Stage 4."

**The Projection in 2008**
HIMSS Level Trends

<table>
<thead>
<tr>
<th>Stage</th>
<th>2009</th>
<th>2010</th>
<th>2011 Q1</th>
<th>2011 Q2</th>
<th>2011 Q3</th>
<th>2012 Q1</th>
<th>2012 Q2</th>
<th>2012 Q3</th>
<th>2013 Q1</th>
<th>2013 Q2</th>
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<tbody>
<tr>
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</tbody>
</table>

HIMSS Analytics Latest Info

HIMSS Report
Federal Hospitals and Physician Clini- 
EMR Capabilities and Expected Benefits in US Non- 
non-Federal US hospitals can reach Stage 4. 
Fundings, we believe it is reasonable to expect that all 
By December 31, 2014, with the proper incentives and 

The Projection in 2008

...
### On the Ambulatory Side

#### US Ambulatory EMR Adoption Model (SM)

<table>
<thead>
<tr>
<th>Stage</th>
<th>Cumulative Capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stage 0</td>
<td>Paper chart based</td>
</tr>
<tr>
<td>Stage 1</td>
<td>Desktop access to clinical information; unstructured data, multiple data sources, intra-office messaging</td>
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<tr>
<td>Stage 2</td>
<td>Beginning a CDR with orders and results; computers may be at point-of-care Access to results from outside facilities</td>
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<tr>
<td>Stage 3</td>
<td>Electronic messaging; computers have replaced the paper chart, clinical documentation, and clinical decision support</td>
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<tr>
<td>Stage 4</td>
<td>CPOE; Use of structured data for accessibility in EMR and internal and external sharing of data</td>
</tr>
<tr>
<td>Stage 5</td>
<td>Personal health record; online tethering and patient portal</td>
</tr>
<tr>
<td>Stage 6</td>
<td>Advanced clinical decision support, proactive care management, structured messaging</td>
</tr>
<tr>
<td>Stage 7</td>
<td>HIPO; Enable sharing of data between the EMR and community-based EHR, business and clinical intelligence</td>
</tr>
</tbody>
</table>

Data from HIMSS Analytics Database 2012

N = 10,000
Effective and requires no typing

- Paper is more efficient, cost
- (long term care, ref) psy<ch>
- Incentives, rate of EHR use low
- Large segment of providers ineligible for
- While being able to safeguardprivacy and security
- Concern about sharing information electronically
- Value of exchanging information
- Providers and patients need to be convinced of

Yesterday's Concerns

For Implementation?
What's the best practice

For all this...
That EHR's are required
So it we accept the premise
Successful implementation of advanced clinical tools and change management into their workflows, and a considerable investment affected clinicians to master and integrate new tools. Extraordinary efforts by virtually every structure, commitment, and involvement in organized projects are required to deliberate strategy, leadership, and more patient-centric. Improvement of the quality of clinical care and become solution in and of themselves. This enables to those that view electronic health records not as a Health organizations that will be successful are 

The Real Success Story

- Security and privacy of on-line information
- More data in entity responsibilities shifted to physicians
- Older physicians and staff are poor typos

Patient story:

- Electronic documentation doesn’t tell the documentation that isn’t relevant
- Too much detail required in templates
- Patients -- time is a premium
- Too few physicians to care for too many

Today’s Concerns
People Factors: Governance

- Broad Representation
- Integrated Multi-disciplinary

Leadership
- Stay Engaged
- Communicate
- Set the Vision

Business Continuity
- Incentives
- User Groups
- Support

Privacy & Confidentiality
- Feedback and Dialogue

Training
- Implementation Assistance
- Workflow Redesign

Post-Implementation
- Usability Factors
- Pre-Load and Integration

Governance
- Choose Software
- Sell Benefits
- Involve Stakeholders

Implementation
- Pre-Implementation

Technology
- Process
- People
Process Factors

Technology

- Support
- Training
- Physician Engagement early on
- Expectation management
- WIIFM?
- Benefits
- Communication: often, multiphase methods
- Considers all user needs
- Thoughtful
- Vendor selection

People Factors: Culture

Customer Satisfaction

Process Optimization

Milestones

Implementation

Value

Speed
Integration with other systems in use
- Mobile support devices
- Device placement
- Quantity and type of devices
- Hardware

 decide how things work

 Process and information flow, NOT

 Technology is a tool to IMPROVE

 Usability

 Technology Factors
Support hybrid documentation as compromise
Educated, experienced nursing staff support
Monitoring of compliance with feedback
Potential quality improvement with research
Impact on reimbursement
Impact on reporting
Specificity
Education about ICD 10 coding schema
Physician participation, early, ongoing communication
Executive and physician leadership
Document management success
Electronic Health Record

Patient Journey in Time

Ambulatory Episode
Inpatient Episode
Ambulatory Episode

Data Input Sources

External Sources
External Consults
Results

Clin doc
CPE
E Doc
Phys

Reporting/Feedback

Reporting Requirements

MU
ICD
ACO
HIE

In Summary

- Physicians are back to being the driving force in future delivery models
- CPOE
- Physician documentation that captures discrete data
- Compliance for MU incentives
- Integrated care for patient across the continuum
- Physician engagement and adoption are difficult, but not impossible
- The emphasis has to be on people and process THEN technology
- Requirements will continue to become more onerous for providers (paperwork over care?)
- Patience, leadership, communication and reporting back are critical to achieving success