Optimizing Ambulatory Initiatives in a Hospital Environment

HFMA Lone Star Chapter 2013 Fall Institute

September 16, 2013

Agenda

I. Introduction
II. Current Situation
III. Impact of Switching
IV. Optimization
V. Next Steps
I. Introduction

This presentation identifies the operational and financial implications of switching EHR systems and discusses the gains attainable from a comprehensive optimization of the current system.

Switch Vendors or Optimize?

The intent of today’s presentation is to identify feasible management and structural options for ongoing evaluation.

II. Current Situation

Healthcare Technology Success

Improvements in technology and government incentive programs have significantly increased HCIT implementation statistics.

50% of physicians use EHRs

$15.8 billion paid through Meaningful Use Program

Physicians utilizing ePrescribe
II. Current Situation

Physician Dissatisfaction

Although significant progress has been made in HCIT implementations, overall satisfaction with EHRs leaves a lot to be desired.

44% of physicians report vendor is unresponsive to requests.

39% of physicians do not recommend their EHR.

1 in 3 Physicians are planning to or would like to switch.

8 in 10 physicians admit they did not adequately assess their needs before selecting an EHR.

III. Additional Forces

In conjunction with physician dissatisfaction, high costs, technical difficulties, an unstable vendor market, and stricter regulations are forcing organizations to rethink their EHR solution.

Stage 2

- ROI
- ICD-10
- HIE
- Big Data

Stage 3

Accountable Care

Strategic Value

“EHR system shifters are now positioned to reallocate more than $5 billion in sales as the unstable vendor marketplace begins to get agitated.” – Doug Brown, Managing Partner of Black Book.
II. Current Situation
Organizations Evaluating Options

As a result of these forces, many organizations are considering switching their EHR.

- The March 2010 report from KLAS included a section entitled “Why are some [EHRs] being replaced” reported that for practices of all sizes replacing an EHR:
  - 19% complained of missing functionality.
  - 13% were consolidating their system under a single vendor.
  - 11% reported doctor dissatisfaction.
  - 10% pointed to integration problems.
  - 9% cited support issues.
  - 7% reported scalability concerns or high expenses.
  - 5% complained that the EHR did not meet specialty needs or a hospital was pushing a change.
  - 4% reported technical problems.

Then: Time to upgrade!  Now: Time to switch!

III. Impact of Switching
Will the Grass be Greener?

Although a shiny new EHR looks like a solution to current issues, experts insist that the majority of issues are organization specific and will not be fixed by a simple switch.

- There is no perfect system.
- We have seen one organization love a particular system and another organization despise it.
- With no clear EHR market share leader and 40% of physicians not recommending their EHR to colleagues, the logic behind switching is unreasoned.
- There is no obvious answer. (At least not one that everyone can afford.)

Odds of being struck by lightening: 1 in 1,107,143.
Odds of satisfying 100% of your physicians: less than that.
III. Impact of Switching
What to Expect

Do you remember how fun your first EHR implementation was? Now triple that fun in preparation for your next one…

- Vendor analysis takes time and costs money (assuming that you hire expert consultant resources – which you should).
- Removing an existing EHR system will take Herculean effort given the time, effort and user acceptance already in place.
- Additional resources will be required to manage multiple projects.
- It has been estimated that with software purchases, the up-front purchase price of the software accounts for just 10% of the total cost over the first 5 years.
- A new EHR software would likely have all of the normal implementation costs (e.g., training, consulting, template development, new hardware) which are estimated at twice the amount spent on the EHR software.
- There will be duplicate license fees and, generally speaking, all maintenance costs and efforts will be duplicated for a period of time.
- It is difficult to determine how much depreciation of the initial system has been completed and when the depreciation of the new EHR system can begin to offset implementation costs.
- The human capital that has been developed specific to one system is no longer relevant.
- Data conversion is limited and expensive.
- Well-functioning interfaces still break sometimes – imagine building them again.
- Experienced users have high expectations and are much more critical.
- Work flows will have to be redesigned again.
- Users will have to break current habits and learn a completely new system (which means a drop in productivity).

NOTE: Font meant to be small and difficult to read where the desired effect is overwhelmed readers.

III. Impact of Switching
Will switching resolve the true, underlying problems?

<table>
<thead>
<tr>
<th>Complaint</th>
<th>Response</th>
<th>Critical Thinking</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are not meaningful use compliant.</td>
<td>EHR is ineffective at capturing meaningful use fields.</td>
<td>• Are we training physicians and staff on meaningful use based on an operational lens?</td>
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<tr>
<td></td>
<td></td>
<td>• Do we have a cross-functional team to assess progress?</td>
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<tr>
<td></td>
<td></td>
<td>• Have we recognized meaningful use as an organization goal through incentives, communications, and training?</td>
</tr>
<tr>
<td>Physician productivity is down.</td>
<td>This EHR does not function with our work flows.</td>
<td>• Did we appropriate redesign our work flows and approach to staffing?</td>
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<td></td>
<td></td>
<td>• Have we surveyed staff for feedback on our training approach?</td>
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<tr>
<td></td>
<td></td>
<td>• Do we provide any additional training after go-live?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are physicians using tools such as templates, voice recognition, scribes, etc., to increase efficiency?</td>
</tr>
<tr>
<td>We are not seeing any ROI on our investment.</td>
<td>This EHR is not improving anything, it is just making things worse.</td>
<td>• Have we set any goals for our EHR project such as meaningful use, clinical quality, or patient satisfaction?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are we monitoring clinical quality measures?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Are we qualifying for federal and state incentive programs?</td>
</tr>
<tr>
<td>Physicians and staff are dissatisfied.</td>
<td>We choose the wrong EHR and need to start a new path.</td>
<td>• Have we designed clinical leadership through an active physician champion?</td>
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<tr>
<td></td>
<td></td>
<td>• Do we have a steering committee that includes clinical staff to review progress and make decisions?</td>
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</table>
IV. When to Switch Vendors

EHR replacement is certainly appropriate in some situations.

• Your organization has changed due to…
  – Merger or acquisition.
  – Significant growth.
    » …and your current EHR system is no longer aligned with the scale of your operations or your business objectives.
• You have…
  – Completed an optimization exercise.
  – Made technical enhancements.
  – Re-trained users.
  – Streamlined your operations and staffing.
    » …but you’re still not seeing performance improvements.

*Now, about that optimization exercise. (Yes – I’m talking to you.)*

V. Optimization

Program Management

Your organization can use your EHR to help achieve long-term goals, including overall sustainability, but only by transitioning your approach from project management to program management.

<table>
<thead>
<tr>
<th></th>
<th>Project Management</th>
<th>Program Management</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeline</td>
<td>Defined duration with start and end points.</td>
<td>Ongoing.</td>
</tr>
<tr>
<td>Focus</td>
<td>Do the project right.</td>
<td>Do the right projects.</td>
</tr>
<tr>
<td>Definition of Success</td>
<td>Implementation is on time and within budget.</td>
<td>Organizational performance is improved.</td>
</tr>
<tr>
<td>Results</td>
<td>System is “live.”</td>
<td>System produces or enables outcomes and benefits.</td>
</tr>
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V. Optimization
Program Management (continued)

Organizations that are implementing multiple departments, locations, or practices sequentially will likely have an overlap of EHR project and program management activities.

### Ideal
- Implementation 1
- Implementation 2
- Implementation 3

<table>
<thead>
<tr>
<th>Project Management Activities</th>
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<tbody>
<tr>
<td>Program Management Activities</td>
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</table>

### More Likely
- Implementation 1
- Implementation 2
- Implementation 3

V. Optimization
When To Start

There is always an opportunity to get more benefit from the system. So when should you begin to evaluate system use?

- At a predetermined point in the process.
  - 30 days after go-live.
  - Upon completion of the pilot.
  - Prior to or as part of a significant upgrade.
- In an effort to improve organizational margin.
- Based on one or more indicators, including:
  - Failure to achieve objectives.
  - Dissatisfaction.
  - Lack of use.
  - Organizational change (including turnover).
  - Large list of enhancement requests.
  - Instinct.

The longer you wait, the longer until you start seeing improvement.
V. Optimization

Common Areas of EHR Underutilization

<table>
<thead>
<tr>
<th>Area</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>System Use/Capability</td>
<td>• Clinicians use free text boxes instead of point-and-click or macro-based documentation options.</td>
</tr>
<tr>
<td></td>
<td>• Advanced functions, such as population management tools, have not been implemented.</td>
</tr>
<tr>
<td>User Skill Level and Consistency</td>
<td>• Support staff revert back to paper-based tasking tools such as sticky notes and message pads.</td>
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<tr>
<td></td>
<td>• When asked, users identify several different ways to capture the same information.</td>
</tr>
<tr>
<td>Underlying Technology/Facility</td>
<td>• Users are frustrated and complain of issues such as slowness, downtime, and screen size.</td>
</tr>
<tr>
<td></td>
<td>• Users are “double documenting” – first on paper and then in the EHR.</td>
</tr>
<tr>
<td>Staffing and Support</td>
<td>• There is a substantial list of outstanding help desk tickets and enhancement requests.</td>
</tr>
<tr>
<td></td>
<td>• Clinical staff are spending time doing clerical tasks.</td>
</tr>
<tr>
<td>Vendor Products and Services</td>
<td>• Time-intensive work-arounds have been created for critical functions.</td>
</tr>
<tr>
<td></td>
<td>• The help desk and/or application support team complains of unacceptable response/resolution times.</td>
</tr>
</tbody>
</table>

Optimization Project Selection

One way to narrow the list of potential optimization projects is to identify where your goals and current opportunities for improvement overlap.

This exercise of comparing goals and opportunities should be repeated as optimization projects are continuously initiated and completed.
V. Optimization
Assess Current System and Adoption

In order to both effectively design your optimization initiative as well as understand whether or not your efforts were successful, assess your current situation as objectively and quantitatively as possible.

- System configuration audits.
- User satisfaction surveys.
- User competency/proficiency assessments.
- Work flow assessments.
- Time and motion studies.
- System adoption audits.
  - Percent of electronic prescriptions.
  - Time to complete charting.
  - Time to schedule appointment.
- Hardware/networking assessments.

Baseline measurements should be captured in clearly defined areas such as user proficiency, customer service, quality, and business performance.

V. Optimization
Top Four Ways to Optimize Your EHR

Achieving desired outcomes by way of optimization isn’t accidental. It requires a structured and methodological approach that is appropriately resourced.

- Define and measure desired outcomes.
  - Dashboard
  - Frequent metrics review and follow-up.
- Enhance the system.
  - Interoperability.
  - Add-on products and functionality.
  - Upgrades.
- Assess and redesign work flows.
  - Process flows are not a point in time, keep them fluid to eliminate non-value add timewasters.
  - Don’t be afraid to make radical changes, including staff re-alignment.
- Provide ongoing training and feedback.
  - Brown bag lunchtime presentations by peer staff members (not IT or project team).
  - 5 to 10 minute video clips on frequently asked questions resolution.
  - Laminated instructional aids.
V. Optimization

Process

These suggestions may seem obvious – but more often than not they are overlooked.

- Cultivate a culture of physician participation.
- Solicit feedback not only from those that are vocal but from a representative sample of users.
- Create a clear vision and governance structure and consistent method for prioritization.
- Develop a communication plan, and stick with it!
- Ensure focus on billing and compliance does not restrict user adoption.
- Improve work flow by reevaluating how physicians use the EHR and find the common ground for improving the process without being too onerous.
- Eliminate tasks that do not add value.
- Adopt metrics-driven dashboards to monitor and implement updates to allow for continual optimization of efficiency and revenue potential.
- Consider flexible charting options including voice recognition software and scribes.
- Evaluate the electronic paper flow process for clear, organized, complete, and standardized patient data.

V. Optimization

Solutions

<table>
<thead>
<tr>
<th>Systems</th>
<th>Example</th>
<th>People</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance functionality.</td>
<td>Turn on automation processes to improve efficiency.</td>
<td>Realign staffing.</td>
<td>Assign scribes to high-volume specialty physicians.</td>
</tr>
<tr>
<td></td>
<td>Upgrade to the newest system version.</td>
<td></td>
<td>Utilize RNs or LVNs to perform comprehensive intakes for complex patients.</td>
</tr>
<tr>
<td>Improve technology and facility.</td>
<td>Install hospital and laboratory system interfaces.</td>
<td>Redesign work flows.</td>
<td>Reassign tasks based on skill sets.</td>
</tr>
<tr>
<td></td>
<td>Give providers more agile devices.</td>
<td></td>
<td>Streamline complex processes.</td>
</tr>
<tr>
<td>Implement third-party software.</td>
<td>Adopt more sophisticated search features for diagnosis and procedure codes.</td>
<td>Provide additional training.</td>
<td>Centralize key tasks with dedicated staff.</td>
</tr>
<tr>
<td></td>
<td>Utilize voice recognition technology for documentation and system navigation.</td>
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This is meant to be two different tables - 3 systems solutions with examples for each and 3 people solutions with examples for each. Feel free to format differently as you see fit.

Michelle L. Holmes, 9/12/2013
VI. Next Steps

Once you’ve engaged a highly qualified consulting partner to help you...

- Discuss scope and approach to strategically plan to optimize the existing system.
- Assemble work groups with key leaders within your membership.
- Prioritize the work to increase efficiency and effectiveness of the system.
- Design a dashboard to evaluate and monitor progress.
- Develop the plan.
- Assign resources to own the work groups tasks and drive the tasks to completion.
- Design a marketing campaign with slogan/theme.

Questions & Answers

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