Enabling Medical Group Transformation Through a Unified Health Record

Presented by:
Ms. Carla A. Taymans
Stamford Health Integrated Practices, Inc.
and
Mr. Nate R. McCarthy
ECG Management Consultants, Inc.

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Agenda

I. Introduction
II. Project Overview
III. A Unified Health Record: Benefits, Challenges, and the Road Ahead
IV. Questions and Discussion
I. Introduction

Presenters

Ms. Carla A. Taymans, Director of Revenue Cycle Management & Compliance, Stamford Health Integrated Practices, Inc. (SHIP)

- Ms. Taymans has been with SHIP – a rapidly growing, community-based, multispecialty physician group affiliated with Stamford Health System – since its operational inception nearly 4 years ago. She has played a key leadership role in the merger and acquisition of 25 separate private practices and the on-boarding of more than 30 additional physicians. Ms. Taymans is a Certified Professional Coder (CPC) and has nearly 20 years of multiple-practice management experience with demonstrated expertise in process improvement, coding, billing, regulatory compliance, and education. She has led preparatory classes for CPCs, taught medical billing courses, and been a guest lecturer at her alma mater, Quinnipiac University, from which she holds a master of health administration degree.

Mr. Nate R. McCarthy, Manager, ECG Management Consultants, Inc.

- Mr. McCarthy’s vision of the power and potential of a truly connected health network distinguishes his work and his role as a leader of IT engagements and teams. He brings deep knowledge of population health management, telehealth/mobile health, and integrated care delivery, and he is committed to being a catalyst to promote change that enhances patient care and safety through strong linkages between IT and quality. He has led cross-functional teams for improvement projects where the outcomes are measured in saved lives through actions such as reducing adverse drug events and wrong-site surgeries. Mr. McCarthy approaches each client engagement with a fresh perspective, assessing cultural, clinical, technical, and financial barriers and then crafting unique solutions to IT strategies and department redesign. He has a master of health administration degree and a bachelor of science degree in health information management, both from Saint Louis University.

I. Introduction

About SHIP

- SHIP is an integrated physician network that delivers healthcare to the lower Fairfield County community, just outside of New York City. Our mission is to provide a highly skilled, comprehensive array of medical services to our community in a compassionate manner. SHIP is a subsidiary of Stamford Health System, which is anchored by our 305-bed, not-for-profit hospital.

- In addition, Stamford Hospital was named a Planetree Designated Patient-Centered Hospital in 2012 – becoming one of only 21 hospitals in the world with this designation. The philosophy of patient-centered care is a holistic approach that encourages healing in all dimensions – mind, body, and spirit, and this philosophy is ingrained across the health system.

- SHIP employs 104 providers in 20 specialties across 41 practice sites.

- PRIMARY CARE
  - Internal Medicine
  - Family Practice
  - Concierge

- SURGERY
  - General
  - Trauma
  - Breast
  - Colorectal
  - Neuro
  - Orthopedics

- SPECIALIST
  - OB/GYN
  - GI
  - Endocrinology
  - Infectious Disease
  - Pediatric Neurology
  - Adult Neurology
  - And more.
### I. Introduction

**SHIP – Growth Through the Years**

SHIP has experienced more than a sixfold growth since it started with 17 specialists in 2010.

#### SHIP Provider Count

<table>
<thead>
<tr>
<th>Year</th>
<th>Speciatists</th>
<th>Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>33</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>62</td>
<td></td>
</tr>
</tbody>
</table>

As with many expanding organizations, growing pains exist, requiring improved management and collaboration across the board.

### I. Introduction

**SHIP – Growth by the Numbers: 2013-2014 YTD**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Q1 FY 2013</th>
<th>Q2 FY 2013</th>
<th>Q3 FY 2013</th>
<th>Q4 FY 2013</th>
<th>Q1 FY 2014</th>
<th>Q2 FY 2014</th>
<th>YTD Q3 FY 2014</th>
<th>Rate of Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Column</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>ABCEFG</td>
<td>G–A + A</td>
</tr>
<tr>
<td>Primary Care Physicians</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Specialty Physicians</td>
<td>31</td>
<td>31</td>
<td>36</td>
<td>35</td>
<td>39</td>
<td>41</td>
<td>44</td>
<td>42%</td>
</tr>
<tr>
<td>Surgical Specialty Physicians</td>
<td>20</td>
<td>21</td>
<td>27</td>
<td>32</td>
<td>34</td>
<td>35</td>
<td>35</td>
<td>75%</td>
</tr>
<tr>
<td>Total SHIP physicians</td>
<td>69</td>
<td>74</td>
<td>84</td>
<td>88</td>
<td>97</td>
<td>100</td>
<td>104</td>
<td>51%</td>
</tr>
<tr>
<td>Office Locations</td>
<td>26</td>
<td>28</td>
<td>31</td>
<td>37</td>
<td>39</td>
<td>41</td>
<td>41</td>
<td>58%</td>
</tr>
<tr>
<td>Total SHIP Employees</td>
<td>246</td>
<td>275</td>
<td>295</td>
<td>328</td>
<td>345</td>
<td>350</td>
<td>356</td>
<td>45%</td>
</tr>
<tr>
<td>Patient Encounters</td>
<td>35,002</td>
<td>42,604</td>
<td>51,023</td>
<td>51,114</td>
<td>57,628</td>
<td>57,663</td>
<td>65,213</td>
<td>86%</td>
</tr>
<tr>
<td>WRVUs Billed</td>
<td>66,398</td>
<td>84,909</td>
<td>101,484</td>
<td>101,617</td>
<td>111,859</td>
<td>117,298</td>
<td>134,488</td>
<td>103%</td>
</tr>
<tr>
<td>Gross Charges</td>
<td>$12,446,447</td>
<td>$14,996,713</td>
<td>$18,101,722</td>
<td>$18,317,731</td>
<td>$20,674,247</td>
<td>$21,348,243</td>
<td>$23,116,061</td>
<td>86%</td>
</tr>
<tr>
<td>Gross Collections</td>
<td>$4,801,568</td>
<td>$5,483,813</td>
<td>$7,301,988</td>
<td>$7,364,600</td>
<td>$7,633,225</td>
<td>$7,972,790</td>
<td>$9,330,418</td>
<td>94%</td>
</tr>
</tbody>
</table>
II. Project Overview
Where the Journey Begins…

In 2008, Stamford Health System faced growing competition from nearby Norwalk and Greenwich Hospitals. The health system responded by using the Stark EHR donation exception to implement an ambulatory EHR and connect with its providers and patients.

- A committee of hospital and community providers selected eClinicalWorks (eCW) in 2008, and the first practices to go live in early 2009 were hospital-owned.
  - The seven hospital-owned practices each operated under a separate Tax Identification Number (TIN), resulting in separate instances for each practice.
  - Nine private practices initially signed up and each received its own separate database, as they desired to maintain a nonemployed but aligned status with the hospital.
- In late 2010, shortly after the initial EHR implementations, the hospital formed SHIP, and several of the hospital-owned practices that had received the EHR donations were included in the founding practices (FCSS, FCSB, FCOB, and FCAN).
  - SHIP also acquired a local practice (FCPM) that was currently running eCW.
  - At the time, many SHIP physicians and leadership were wary of other providers having complete access to “their medical record.”
- Throughout 2011, SHIP began to acquire additional private practices and realize the need to gain economies of scale across the organization through additional standardization and centralization.

The single database (SHIP) was introduced in July 2012 for all new practices, but left the original practices operating on their own with a lack of integration.

This created a burning platform to emphasize the “I,” for “integrated,” in SHIP.
II. Project Overview
The “Single Database Migration Project” Objective

The objective of the single database migration (SDM) project was to consolidate the remaining original eight eCW databases into the single database solution.

The goal was for all SHIP physicians to function out of a single database in order to improve efficiencies surrounding access to clinical information, as well as to enhance processes in the revenue cycle. The expected improvements included:

✓ Single view of a patient record.
✓ Capability to perform enterprise-wide reporting and analysis.
✓ Integrated scheduling and billing across all practice sites.
✓ Alignment for future growth and quicker reaction to market changes (e.g., PCMH, shared savings, value-based payments).
✓ Governance and controlled customizations (e.g., templates, order sets).
✓ Integrated software updates to a single version.
✓ Annual license cost savings of approximately $35,000.

The SDM project was budgeted at $500,000.

II. Project Overview
The Devil Is in the Details

The data migration had significant constraints and challenges, which expanded beyond the prior experience of SHIP or eCW; thus, ECG was engaged in May 2013 to lead the migration efforts. These included the following:

• All pertinent clinical information must be migrated over discretely, including the replication of necessary customizations (e.g., OB flow sheets).
  – eCW had not previously migrated data to this level of detail, presenting an element of unknown risk. Earlier, SHIP and eCW had discussed the use of eCW’s HIE tool (eEHX) to share data across multiple databases and maintain the current infrastructure.
• All eight original databases must be migrated over prior to the end of the fiscal year, September 30, 2013.
  – A ninth eCW database (Diabetes & Endocrinology) was added midway through the project, when it was in the process of being acquired by SHIP.
• Current operations and revenue cycle functions must remain uninterrupted.
  – No technical downtime during normal office hours, and no requirement to reduce schedules for providers (beyond Day 1).
  – No loss of functionality to manage the A/R, collect past balances, and maintain other RCM components from both the former databases and the single database.
• Meaningful Use (MU) data must not be compromised as a result of lost or miscalculated data.
• Patient safety must remain at the forefront, ensuring items such as medication refills are not lost in the immediate days after the migration, as well as other elements in the long term.
II. Project Overview
When the Rubber Hits the Road…

After diligent planning, SHIP, ECG, and eCW began the project at the end of June 2013.

- **FCDE**: was a practice acquired during the project in 2013. It was already running eCW as a community practice affiliated with Stamford Hospital.

SDM project started: June 30, 2013

SDM project completed: Original Scope: Sept. 23, 2013

FCDE: Nov. 11, 2013

- On time.
- Under budget.
- Original scope complete + one database.

III. A Unified Health Record
Benefits

In addition to the expected benefits, SHIP gained several opportunities that became very meaningful and began to be fully realized at the onset of the migrations.

<table>
<thead>
<tr>
<th>Planned Benefits</th>
<th>Additional Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Single view of a patient record.</td>
<td>+ Increased awareness among providers of who their fellow &quot;SHIPmates&quot; are.</td>
</tr>
<tr>
<td>✓ Capability to perform enterprise-wide reporting and analysis.</td>
<td>$ + Referral patterns that could be captured without use of third-party reporting software (cost savings).</td>
</tr>
<tr>
<td>✓ Integrated scheduling and billing across all practice sites.</td>
<td>+ RCM staff efficiencies through managing a single account (less screen-toggling). + Consolidation of patient statements.</td>
</tr>
<tr>
<td>✓ Alignment for future growth and quicker reaction to market changes.</td>
<td>$ + Quicker transition for new practices from the private practice mentality to an integrated group.</td>
</tr>
<tr>
<td>✓ Integrated software updates to a single version.</td>
<td>+ Consolidation from 10 patient portals to 1, leading to improved MU numbers and patient satisfaction.</td>
</tr>
<tr>
<td>✓ Governance and controlled technology customizations.</td>
<td>$ + Shifting the providers' technical requests from &quot;me&quot; to &quot;we,&quot; and faster identification of systemic problems.</td>
</tr>
<tr>
<td>✓ Annual license cost savings of ~$35,000.</td>
<td>$ + Easier reassignment of eCW licenses.</td>
</tr>
</tbody>
</table>

Indicates a financial/RCM-related benefit.

1. FCDE was a practice acquired during the project in 2013. It was already running eCW as a community practice affiliated with Stamford Hospital.
III. A Unified Health Record

Additional Benefits

As a result of SHIP’s rapid growth, pinpointing the direct financial benefits has been complicated, though they can be observed on the operational end.

- The RCM team has been able to take on additional duties, such as expanded customer service, and additional practices without adding FTEs.
- Processes within RCM and clinical operations have been streamlined.
- As a result of the streamlining process, the management and pursuit of additional MU dollars and other financial incentives (PQRS) has become more attainable.
- The ability to float staff has become more feasible. Previously, floating a physician was nearly impossible, and there was a greater reliance on locum tenens.
- A significant revenue cycle benefit is the ability to begin billing for newly acquired groups on Day 1, even if they are not immediately using EHR. Not having to manage legacy billing systems is priceless for control, compliance, and reporting.

Challenges

In order to gain those benefits, SHIP and the project team were faced with challenges unique to the project as well as those common to a unified health record.

Not all the providers were ready to “play nice” in the same EHR as their peers.

The team identified duplicate patients and carefully merged clinical data.

- Addressing collaboration starts with policy and procedures, but it expands beyond that to change management discussions and incentivizing collaboration.
- SHIP also was without a CMO or MD-CEO at the time of this project, complicating adherence.

Which George Edward Foreman are we seeing today?

Criteria and algorithms were established to dictate what data was automatically migrated, minimizing the need for clinical review.
III. A Unified Health Record

**Challenges (continued)**

- **Remembering communication is a campaign, not a check box** – Providers, patients, staff, administration, and other stakeholders were informed of the upcoming changes, and many were surprised. Applying the principle of communicating “seven different times, seven different ways” helped keep the message fresh and heard by all.

- **Acceptance takes time** – While staff now had the capability to collect balances across SHIP, execution to collect balances outside of their practice was met with resistance by some practice sites.

- **Not all documentation practices are created equal** – Providers would record information in general areas within their standard EHRs (e.g., Social History captured in Past Medical History), requiring a short clean-up period once that patient was seen again in the single database.

- **Balancing patient privacy and safety** – OB/GYN providers expressed significant concern regarding patient data that they documented but agreed not to share with the patients’ primary care providers (e.g., sexual history and testing).

  "Don’t undertake a project unless it is manifestly important and nearly impossible.”
  – Edwin Land

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**The Road Ahead: A Year in Review**

**Nearly a year after the first database migration, SHIP has made significant strides to further promote integration and cohesion across Stamford Health System.**

The Stamford Health System Board of Directors recently approved a plan to build the new Stamford Hospital. The single-phase plan is estimated to cost $450 million and would deliver a new hospital by spring of 2016.

- Designing Integrated Care Centers
- Entering a Value-Based Contract (BCBS), With More on the Horizon
- Initiating PCMH Activities

  "A ship in port is safe, but that’s not what ships are built for.”
  – Rear Admiral Grace Murray Hopper