EHR Optimization
A Strategic Focus

HFMA Lone Star Chapter
Winter Institute 2015

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Feb 26, 2015
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Optimization Opportunities

**Healthcare organizations are experiencing the “perfect storm” at the intersection of changing demographics, technological innovation, and governmental regulation.**

**Expanding Definitions of Health**
- Consumer health technologies
  - Medical expense management
  - Direct-to-consumer tools and decision support
  - Genotypic diagnostics and targeted therapeutic interventions

**Rising Pressure in Policy, Politics, and Economics**
- Online platforms for collective action
  - Focus on cost reduction and improved health outcomes
  - Communities of interest become communities of action

**Converging Relationships**
- Open platforms for innovation
  - Encourages cross-disciplinary and external collaboration
  - Connects collaborators to specific projects
  - Streamlines expert sourcing

**Expanding Connectivity: Anytime, Anywhere**
- Mobile health
  - Delivery of information and services
  - Peer-to-peer health management
  - Adherence support and self care
- Sensing technologies
  - Collection of biometric data

**Demanding Demographics**
- Personalized health information
  - Individualized risk assessment
  - Personal health records
  - Genetic screening

**Increasing Transparency**
- Technology shapes health behavior
  - New technologies integrate layers of data
  - OTC diagnostics provide real-time feedback
  - Advancement of data analysis
- Simulations anticipate risk
  - Patient self-care
  - Public health preparedness

Result: more data from more sources creates new opportunities and challenges
Physicians think there are gaps in productivity, consumerism, and care coordination, citing that Meaningful Use (MU):

- Does not increase productivity: 68%
- Does not differentiate their practice among consumers: 58%
- Does not support care coordination: 48%

Despite these concerns...

Physicians think EMRs provide useful analytics: 70%
Physicians think EMRs support value based care: 60%
Physicians believe that MU has positive effects on healthcare quality, safety, and efficiency: 59%
Reduction in adverse drug events due to EMRs: 52%

Optimization projects are an opportunity not only to address clinicians’ concerns but also to positively impact the patient experience and financials.
Agenda

EMR Post-Live Path to Optimization

Key Optimization Opportunities
  - Patient
  - Clinical / Provider
  - Finance and Revenue Cycle
  - Enterprise Maintenance

Prioritizing Optimization Opportunities

Q&A
Post Go Live Pathways and Opportunities
Post-Live Activities: Remediate, Stabilize, Optimize

Organizations tend to focus on the following types of activities post-live, identifying issues and solutions on the path to optimization.

**Remediate**
- Track, prioritize, fix, communicate issues
  - Fix critical issues impacting core activities
  - Ensure enterprise-wide issue tracking
  - Re-prioritize and deploy resources effectively
  - Communicate issue status to the enterprise

**Stabilize**
- Review, track KPIs
  - Ensure KPI tracking report accuracy
  - Deep dive on significant variances
  - Track operating, revenue, regulatory KPIs
- Review, redesign workflows
  - Assess, redesign specific work flows
  - Focus on returning to pre-go live level of operations (ADR, productivity, etc.)
- Assess / improve performance, adoption, and competency
  - Assess user competency and knowledge gaps
  - Conduct remedial education to improve process adherence

**Optimize**
- Enhance the Patient Experience
- Improve Clinical Satisfaction
- Enhance Revenue
- Create a Sustainable Enterprise Maintenance Structure

Post go live activities should be considered as part of the overall implementation. Reaching “Optimization” drives maximum value from the investment and allows focus on innovation to support next generation solutions.
A range of optimization opportunities exist for organizations post-live and can be organized into groupings.

While an organization may see improved post implementation numbers based on critical clinical and revenue cycle metrics, it can still enhance performance relative to industry leading practice.

Key considerations include:

- Review the future state vision for the EMR-enabled clinical and financial organization
- Identify benefits available in the post-live period such as: access to care, clinical quality improvement, revenue capture, etc.
- Take into account organizational structure, size, implementation approach, etc.
- Understand the overall governance structure and long term communication, training and super user plans
Various patient-focused optimization opportunities can be achieved post-live including more effective patient correspondence and improved unique patient identification and interaction.

**Patient Correspondence**
- Multiple documents (e.g. patient statements, education materials) can create:
  - Patient frustration due to ambiguity
  - Increased costs
  - Impact on environmental footprint

**Patient Identification**
- Misrepresentation / identity theft can cause denials and increases the cost of care
- Multiple patient records can lead to safety concerns and significant effort to review / reconcile

**Patient Interaction**
- Patients feel disconnected from their information and organization
- Patients are not provided an exceptional patient experience

**Common Issues**

**Typical Organizational Solutions**
- Consider enterprise process standardization set up if it is available in the EMR
- Set up a centralized call center with one contact number that handles billing, scheduling, and all other account inquiries
- Ensure that unique identifiers are being used by Clinical and Patient Access Staff to:
  - Reduce the risk of identity theft and duplicate patient records
  - Drive improvements in patient safety and customer interactions
- Leverage technology (e.g. biometrics) to help with unique patient identification
- Explore clinical workflow options to make patients feel more involved with their care
- Enhance technical capabilities and interaction through the use of portals, kiosks and other virtual access to care
- Streamline Patient Access workflows to help reduce wait times
Improvements in clinical documentation and provider satisfaction/adoption are key areas that can provide significant impact for organizations.

**Common Issues**

- Documentation not aligned with care rendered can result in:
  - Charge capture and coding challenges leading to revenue disruptions and potential compliance concerns
  - Disruptions in transitions of care
  - Patient safety risks with inaccurate/incomplete documentation

- Provider dissatisfaction and delayed adoption can lead to:
  - Hindrance to productivity, measured by number of patients seen per day
  - Revenue disruption
  - Disconnect between clinicians and leadership
  - Clinical staff turnover

**Typical Organizational Solutions**

- Train/communicate options for provider charge capture and documentation
- Revise documentation templates and documentation choices to reflect clinical needs and workflows
- Improve provider handoff and rounding reports, ensuring information is readily available
- Design/implement robust and standardized clinical workflows and content to increase user productivity
- Focus on creating and engaging provider leadership groups such as champions, provider advisory committee (PAC), etc.
- (Re)Train on end to end clinical workflows instead of specific system functionality
- Frequently survey providers and ask for feedback to identify usability issues and quick wins
**Finance and Revenue Cycle**

Financial and revenue cycle optimization opportunities include a focus on improving revenue capture, increasing cash collections, and further integrating the finance function.

### Common Issues

**Revenue Integrity**
- Challenges in aligning the clinical work flow to documentation, charge capture, coding and generation of a timely and clean claim
- Unclear ownership of the integrated, cross functional approach to managing revenue

**Cash Collections**
- Loosely defined point of service collection workflows and associated policies
- Challenges with timely and accurate billing and the management of follow up and payment posting collection activities
- Lack of thorough denial management and reporting capabilities

**Finance**
- Incomplete and undefined integration with transactional and downstream financial systems (e.g., DSS, General Ledger, data warehouse)

### Typical Organizational Solutions

**Revenue Integrity**
- Improve clinical workflows, revenue capture documentation, ownership, and tracking
- Enhance clinical staff training focusing on the impact of inadequate charge capture
- Develop sustainable revenue integrity infrastructure and policies

**Cash Collections**
- Utilize EMR capabilities to determine patient responsibility prior to care and increase point of service collection
- Focused and automated collections and payment posting work flows
- Develop robust follow-up and denials management processes and tools

**Finance**
- Manage connectivity and integration with downstream financial reporting systems
- Develop data integration and alignment for organization
Enterprise Maintenance

*Third party system integration, upgrades, and reports are some of the key areas needing consideration when looking to optimize from an Enterprise maintenance standpoint.*

### Common Issues

- **Third Party Integration**
  - Integration challenges resulting in delayed, inconsistent, or inaccurate information that impact revenue and clinical care
  - Overreliance on 3rd party systems

- **Upgrades**
  - EMR system upgrades may create reconsideration / further discussion for:
    - Third party integration
    - Workflows
    - Content
    - Additional EMR functionality

- **Reports**
  - Due to use of standard reports or time constraints for report creation prior to go-live, certain reports may not exist or provide:
    - Accurate data
    - Appropriate level of detail
    - Ease of use

### Typical Organizational Solutions

- Revisit third party system usage to assess if core EMR capabilities exist
- Engage 3rd party system reps, IT, etc. to ensure specifications meet business needs

- Develop a detailed project plan resembling a go-live
- Engage operations in functionality reviews and in concert with governance processes
- Train / communicate workflow changes resulting from upgrades

- Create centralized report repository accessible across the organization
- Review data elements linked to reporting database for accuracy and consistency
- Consider utilizing 3rd party capabilities based on needs
Enterprise Maintenance

Security and project management are two additional Enterprise Maintenance areas that can create opportunities for health organizations post go-live.

Common Issues

- Continued changes (e.g. staff, additional EMR functionality, etc.) create a need for security maintenance
- Users may need additional security / modules (e.g., hybrid users w/ multiple roles) whereas other users may need reduced/limited security

Typical Organizational Solutions

- Revisit / modify security build as needed to address ongoing changes
- Review current workflow for users to receive security, identify areas of ambiguity and inefficiency, and discuss plan(s) for improvement
- Develop a policy on granting access, necessary training, and the approval process
- Create a detailed timeline for projects including deployments, upgrades, etc., and associate to a broader program plan
- Establish and link metrics to measure success, develop milestone plans, and define escalation protocols
- Develop a clear, communication methodology across initiatives
- Ensure growth opportunities exist for the staff

Security

Project Management

- Complexity in the number and types of interrelated projects in a program/portfolio can result in:
  - Duplicative work efforts across initiatives
  - Challenges with efficiency and productivity
  - Challenges with staff morale
Prioritizing Optimization Opportunities
Prioritization of Optimization Projects

Creating a process on how to prioritize the projects is key to identify those that will supply the greatest impact for the organization.

Below is a sample of considerations when prioritizing optimization projects:

- Implementation Schedule
- Strategic Plan
- Competitive Factors
- Mission / Outcomes
  - Clinical
  - Access to Care
  - Patient Satisfaction
- Financial Impact / Benefit
- Ease of Implementation
- Risk
Redesign: How Care is Delivered Through Clinical Work Teams

Clinical Work Teams brings to the same table physicians, nurses, and other clinicians to focus on current utilization and practice variance and clinical quality and outcome data to identify gaps to leading practices and achieve consensus on standardized Order Sets and Plans of Care.
Questions