ACCMA EHR Webinar Series: Adopting and Implementing Electronic Health Records Key Steps for Success
February 10, 2010

Agenda

- This session is also called “what to know before you purchase and implement a system”
- Some of the ongoing reasons for failure
- Simple “cures”
- The Readiness, Needs and Workflow Assessments
- New concerns—Vendor overload, HIPAA
- Being sure you understand meaningful use

Reasons for failure

- Failure continues to be a problem
- A recent news article headlined “EHR de-installation trend hits Phoenix” (July 30, 2009 AllisonTsai; medicaledconomics.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
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!

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

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)
- The above issue is recognized in recent Meaningful Use Workgroup suggestions of less than 100% CPOE implementation in the first adoption year!
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

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!

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
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!

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

Success continued....

- Using a phased in approach—always 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
The Readiness Assessment

- Some key areas to consider include:
  - Other corporate priorities such as adding new physicians or providers
  - Change in ownership or retirement in the next few years
  - Change in physical location
  - Change in key staff such as the office manager
  - Current financial problems
  - Problems with your current computer network

Needs Assessment

- Not every practice has the same needs
- Some practices will need extensive templates or ability to easily customize
- Some practices want to retain transcription
- Some practices need to retain their practice management software
- What are your specific needs? This translates into preferences in vendor selection

A few words on practice management system integration

- The simplest approach is to use the practice management system that is integrated with the EHR—however:
  - Not all EHR vendor PM’s are created equal
  - What if you have recently invested in a very good PM?
  - Or you have just caught up on an accounts receivable problem
  - The truth about practice management-EHR interfaces
  - Keep it simple (Registration data to EHR, Services to PM)
  - Remember the EHR ePrescribing will need to know the patient’s health plan and drug benefit...
Workflow assessments

- Probably the most important step of all
- Evaluate every patient “domain” and encounter
- Determine the data you need, the data you gather, the data you exchange
- Where are your processes working and where are they broken
- How can they be improved? For example, prescription refills, waiting room reading glasses, and so forth!
- Are you using templates now?
- Are you scanning documents like EOBs now?

Notes from the field-EHRNebraska

- The process described works!
- Some practices still are in the wait mode
- Many understood 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
- Implementing an EHR will be the most comprehensive system change any practice will do

New Concerns

- Vendor overload, slipping schedules, capital and funding for expansion, not enough trainers and implementers and bankruptcies!
- HIPAA and HITECH Act exposure; now that OCR has HIPAA Security enforcement expect a more sophisticated and integrated approach
- Do you know the requirements of the HITECH Act? New Business Associate language, Breach notification and EHR access among others!
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?
- Stay tuned for more insight into meaningful use
- We expect many comments and possible changes

Q & A

- Individual Questions?

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