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It's *Not Too Late*: Selecting and Implementing an EHR for Your Practice

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Disclosures

- Rathkopf
 - I use Allscripts Professional EHR and PM
 - Have been a STAR client
 - I use Meditab/IMS Immunotherapy Module
 - I use Patient Link
 - I use both Apple and Microsoft based systems
- McCallister
 - I have been a NextGen client
 - I use Microsoft (Windows), Apple (iOS) and Google (Android) systems

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Learning Objectives

- Review how to choose the right EMR system for your practice (certified meaningful use system)
- Identify the key features and capabilities of an EMR and understand how these will align with your current office work flow to provide optimal efficiency and ease of use (interoperability, customizability)
- List the key questions to ask when checking an EMR vendor's references
- Describe the benefits of a patient portal

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Agenda

1. EHR's: Things to Consider
2. Make a Plan & Select an EHR
3. Implement & Use Your EHR
4. Q & A

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EHR's: Things to Consider

- What's Driving EHR Adoption
- Are You Too Late?
- EHR Incentives / Meaningful Use
- Patient Portals
- IT Considerations
- Considering the Cloud

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And the Survey Says...

(Placeholder for results of participants pre-workshop survey or ask participants during session, sample questions...)

What is your top reason for selecting an EHR now?

What is most important to you about the EHR you select?

Which EHR vendors will you be looking at?

Have you worked with an EHR before? Which one?

Do you planning on seeking Medicare/Medicaid EHR incentive funds?

What is your top WORRY about moving to an EHR?


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What's Driving EHR Adoption?

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Hitting the Brakes: EHR Anxiety



- Complex tech you don't have the time or interest to learn / understand
- Costly purchase you'll suffer with daily if you choose wrong
- Generic templates + lowest common denominator design = poor workflows
- Disruption to the patient care process
- Productivity / revenue reduction
- EHR Upgrade Treadmill: "I like Paper, version 1.0"

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... or the Best of Times?

- More peer EHR experience
- Early adopters' lessons learned
- More vendor implementation experience
- Vendor EHR incentive attestation track record
- Able to evaluate vendors' future strategies for Meaningful Use
- Winnowing of vendors has occurred
- Technology options: Mobile, Cloud

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...And the Worst of Times

- Less time to collect incentive payments & avoid Medicare payment reductions
- Busy vendors & consultants: a tidal wave of customers
- Many EHR vendors don't have great Allergy / Immunology support
- MU Stage 2 may steal vendors' focus from new EHR implementations
- MU Stages 2-3 will bring a new wave of vendor winnowing

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EHR Incentives Basics



- Medicare & Medicaid programs differ
- Incentive total reduced if starting after 2012 (Medicare only)
- EHR software must be certified
- Fairly complex registration process
- CMS target: audit for 5-10% of recipients
- Stage 2 & 3 MU drives further vendor winnowing
- Regional extension centers (REC's) & healthit.gov: great resources

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Patient Portals

- Evaluate vendors' portal offerings as part of EHR selection process
 - Request a demonstration: wide variation in features & maturity
 - Understand all costs and administrative processes e.g., patient registration
- Variation in features, some or all of:
 - Health / disease educational information
 - Request / schedule appointment
 - Request prescription refill
 - View lab results
 - Secure email
 - Complete forms online or download
 - Records request
 - Online bill payment

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Patient Portals, Continued

Consider how the portal will work with your practice:

- Pre-registration required, so promote within your office with print materials & staff mentions
- Prioritize features and consider cost-benefit
- Vendor should have workflow information on how various features function
- Assign accountability and determine response standards
- Measure results (report on appointments made through portal, etc.)
- How to handle records / amendment requests


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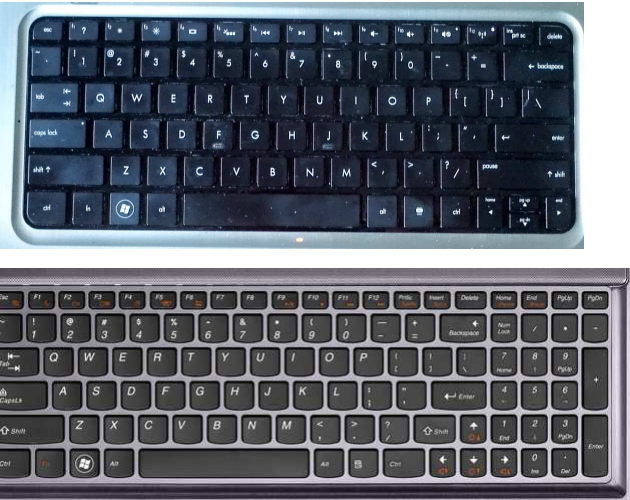
IT Considerations

- Heed vendor requirements for PC's, other devices, servers, network bandwidth & storage
- If using VPN or Cloud software, other uses of the Internet may slow your EHR
- Screen size AND screen resolution are important
- Efficiency: place scanners & printers ergonomically
- Consider the use of signature pads if supported
- Consider the overhead associated with wireless networking (security, even coverage)
- EHR should support mobile / tablets, even if you are not planning on using them today

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All PC's Are Not Equal

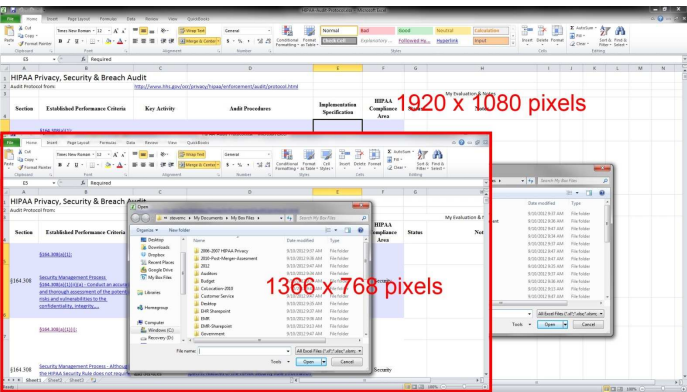


Which keyboard would you rather record vitals with?

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Screen Resolution Matters



1920 x 1080 pixels

1366 x 768 pixels

Pixels = "Dots" making up screen image, regardless of screen size

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Considering the Cloud...

- Does the best EHR software for you have a Cloud offering?
- Do you have the IT resources (staff or contract) to support a client/server EHR?
- Are the reports you need available from the Cloud provider?
- Are the ancillary devices and interfaces you have/need available?
- What is the Cloud provider doing about HIPAA?
- What happens to your data if the vendor goes out of business, is acquired, or you move to another vendor?

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“The Cloud” vs. On-site Server

Issue	The Cloud Model	Client / Server (Traditional Model)
How Accessed	Internet Browser (IE, Chrome, Safari)	Client software installed on each computer; server(s) at practice
Upgrades & enhancements	Always on current version available, upgrades done centrally	Responsible for upgrades, control schedule, need to update individual PC
Cost	Lower initial costs, including user PC's. Relatively transparent costs	Higher capital costs (servers, software) and possible costs for capacity or version upgrades. Complex cost calculation
HIPAA / Compliance	Cloud vendor can lessen your burden	Full compliance burden with you

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About “The Cloud”: Continued

Issue	The Cloud Model	Client / Server (Traditional Model)
Backup & Disaster Recovery	Included in service package	Significant added cost & administrative burden
Connectivity & Remote Access	Delivered through Internet connection to any connected device, easy remote access, but needs reliable internet bandwidth available	Requires bandwidth to sites and may require leased telco connections likely at much higher cost
Facility Requirements	No servers on site, may need power backup for network equipment	Requires secure server area, including dedicated power, ventilation, and fire suppression systems
Flexibility	Can easily accommodate growth; check support for needed customization, interfaces, ancillary systems	Flexible: you control system and customization; but vendor support may be costly / limited
Vendor Relationship	Viability is critical: they have your data	Essential that vendor continues to upgrade and support the software

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Planning Your Project and Selecting an EHR

- Readiness
- The Project Team
- Planning and Vendor Selection
- Checking References
- Budgeting Total Costs

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Is Your Practice Ready... or Not?



Physician Dialog:

- What are your objectives & what problems will you solve through EHR implementation?
- What is your preferred solution to automating the medical records keeping process?
- What must the EHR do/provide for you to commit to use it?

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The Project Team

Select a team that will...

- Provide leadership
- Communicate excellently
- Negotiate for consensus
- Solve problems
- Exercise influence

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To RFP or Not to RFP?

- A good RFP:
 - Articulates your requirements
 - Promotes consistent responses
 - Asks HOW criteria are met
 - Provides consistency in evaluating vendors
 - May be an addendum to the contract
- A “generic” RFP or no RFP:
 - Ensures a generic responses
 - Doesn't highlight differences between vendors
 - Encourages “salesmanship”
 - Yields decisions based on feelings and impressions

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Identifying Your Needs

- Identify specific functionality and features
- Prioritize “must have”, “need”, and “like to have”
- Do you need to meet Meaningful Use criteria?
- Consider use of mobile devices and remote access
- What else is important to you?

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Outline for Planning & Vendor Selection

1. Document your vision & migration path
2. Choose your team
3. Research the marketplace
4. Set the basic premises of your process and rules of conduct for vendors and the team
5. Compile RFP: practice background, PM/EHR requirements, and technical specifications
6. Identify process deadlines and communication channels

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Outline for Planning & Vendor Selection (Continued)

7. Issue RFP to vendors with FIRM response deadline
8. Prepare process/criteria for evaluating RFP responses
9. Manage vendor “salesmanship”
10. Distribute RFP responses and evaluation tool to selection committee with FIRM deadline
11. Plan finalist demonstration sessions
12. Identify due diligence process for finalist vendors

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Outline for Planning & Vendor Selection (Continued)

13. Conduct due diligence, such as:
 - a) Reference checks
 - b) Site visits
 - c) Vendor corporate due diligence
14. Review due diligence results and follow-up if necessary
15. Reach consensus on vendor of choice; make recommendation to leadership
16. Upon approval, begin contract negotiations
17. Contract reviewed and signed

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Checking References

- EHR specifics: software versions and modules in use, interfaces and add-on's
- Project background:
 - Go live information, including problems or delays
 - Chart transition process
 - Modules or services added after Go Live?
- EHR performance:
 - All clinical staff using EHR?
 - Remaining paper used or workarounds?
 - Productivity impacts (visits & revenue)
 - Customization issues
 - System reliability
 - Biggest surprises & lessons learned

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Checking References, Cont.

- Vendor performance:
 - Product quality
 - Implementation services
 - Support of special needs (e.g., interfaces, template customization)
 - Would you recommend the vendor today?
- Rate vendor:
 - Product & upgrades
 - Implementation services
 - Support services
 - Ability to handle specialized needs
 - Follow through / keeps promises

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Onsite Visits

- Follow/Observe:
 - Registration and patient intake
 - Nursing workflow and data entry
 - Physician workflow & data entry:
 - Physician orders and patient checkout
 - Coding & charges
 - Rx management
 - Management, operation and review of lab
 - Paper chart management, paper “work-arounds”
 - Management of incoming paper and electronic documents
 - Use of integrated/interfaced devices
 - IT management and support requirements

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Budgeting Total Costs

- Hardware
- Software
- Training and implementation services
- Integration & other fees
- Consultants (IT, contract review)
- Project management staff
- IT support
- Lost time, productivity hits, and staff backfill

Don't forget sales tax where applicable!

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Implement & Use Your EHR

- The Vendor's Plan & Your Plan
- "System Build" & Customization
- Workflow Analysis & Business Process Reengineering
- Tips for Go Live and Beyond

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Vendor's Implementation Plan

- Get the vendor's implementation plan and timeline
- What are the vendor's project manager's responsibilities and what falls on the practice's project manager?
- How much time must your project manager dedicate to the EHR implementation at which stages?
- How will the vendor's project manager and your team communicate?

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Your Implementation Process

- Have you identified **workflow changes needed**?
- Have you considered when and how to conduct **EHR training**?
- Have you determined if you will need to find an **IT partner** to assist you?
- Have you planned a **rollout strategy**?
- Have you established a process to **monitor clinical performance**?
- Did you identify **measures** (with pre-EHR baselines) to determine **if you meet your objectives**?

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Implementation: Iterative and Ongoing

1) Design the change

2) Implement the changed
processes

3) Stabilize users on new
processes

4) Optimize Processes

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“System Build” & Customization

- Access the software as early as possible
- Template development:
 - NOT electronic versions of the old paper forms
 - Template design informed by workflow / process analysis
 - Ensure *appropriate*: alerts, reminders, mandatory entries, and pre-populated items
- “My Favorites” lists
- Screen flow automation

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Optimizing Workflow

- EHR doesn't "enable" this, it *requires* it: it is the key to success
- Documenting current workflows during planning helps target changes
- Workflow categories:
 - Patient visit
 - Internal practice operations: before and after the patient encounter
 - External practice operations: follow-up management

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Workflow Through the Visit...

Reception

- Intake on paper or electronic?
- Manual data entry?
- INS/ Co-pay?
- Delay time to process?

Intake: Weight & Vitals

- Nurse or MA?
- Where completed?
- Manual Data Entry?
- Time needed?

Lab

- Dx with request?
- ABN?
- Manual data entry?
- Pt instructions
- Track results / overdues?

Ancillary

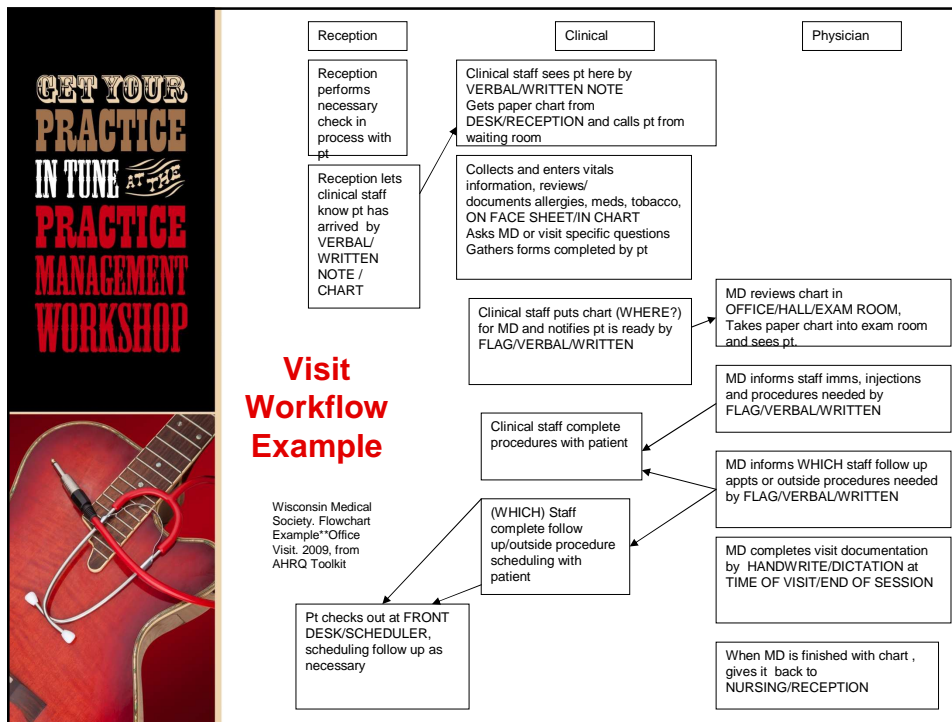
- Pt prepped?
- Pt info reviewed
- Scheduled correctly?

Exam Room


- View record before entry?
- How is Pt Hx reviewed?
- Nurse/provider ask refills?
- ROS charted in room?
- Assessment & Plan charted in room?

Check Out

- Charges posted?
- Follow up scheduled?
- Referrals made?
- Rx & instructions?




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Collect & Analyze

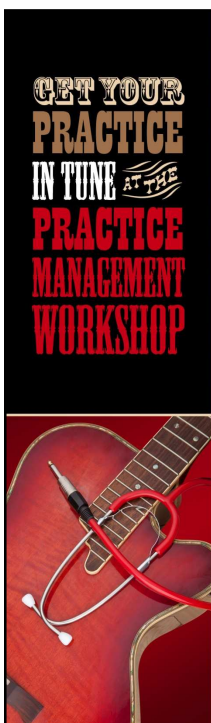
- All pieces of paper used (content, number of copies, how used)
- Each process performed, decision points, approval steps, and cutoffs
- Entries into a computer or paper logs
- Reports produced manually or by computer (content, frequency, use)
- Quality checks

For all of the above: who creates / performs it (level of staff) and duration



Getting It Right

- Focus on redesigning clinical process: this is not a technology project
- 80-20 Rule:
 - Design for the common cases
 - 80% is a WIN
 - Allow flexibility to address the 20%, the inevitable “square peg” exceptions
- Failure to design and train to new workflows will breed paper “work arounds” and freeze in place old habits



A Unique Benefit

Yes, it helps you to understand and reengineer processes.

But seeing in detail what you are doing today in writing is often **the most compelling argument** for change tomorrow...

Workflow Analysis Tool			
Analysis (✓):		Performed by:	Date:
Why is it done this way?			New process with EHR
Why is it done by this person?			
Why is it done at this time?			
Why is it done at this location?			
Why is it done – is it necessary?			
Details of Present Process:		Notes:	Opportunity for change
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

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Training and “Go Live” Support

- Train the trainer or vendor expert & practice expert partnership
- Train to new workflows: have mini-manuals or “cheat sheets” available
- IT support verifies all software, hardware and network functions 3 – 5 days early
- Elbow-to-elbow: on-site training & support if feasible
- Rounding on users
- Log all issues requiring a decision or change
- Expect the unexpected



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Implementation: Challenges and Solutions

Challenges

- Resistant nurses
- Lost without a driver
- Reliance on paper as crutch
- Data entry delays intake
- Voice recognition isn’t satisfying

Solutions

- Identify mentors
- ACTIVE physician champion
- Appoint unofficial lead
- Develop interfaces and reports for monitoring
- Portals and kiosks
- Batch process dictation files and use staff to edit

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Keeping it Real



- Set REALISTIC expectations up front:
 - Disruption
 - Lost Productivity
 - Impact on “customer service”
 - Time required to train and practice
 - Costs and benefits
 - The Trough of Disillusionment
 - Staffing backfill
 - Measure/track your results!


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To Succeed, You Need...

- Non-techie physician champions to provide testimonials
 - Develop mentor partnerships
 - EHR newbie shadows mentor for an AM or PM
- Recognize the iterative nature of technology
 - Go back to sites regularly
 - Share best practices via an internal mailing list
- Medical model: see one, do one, teach one
- Learn the *basics* to get this task done today
- Grow comfortable... *and want more*
- Advice: you don't know what you don't know

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EHR Tips & Tricks

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Remember:

*It's not about technology:
it's about **clinical process**
and **process improvement!***



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Your EHR Experience Will....

- Challenge you to communicate and train “enough”
 - Prosper if you seek out lessons learned from others
 - Benefit from added resources: outsource or use consultants if possible
 - Flounder if you let the sales pitches keep you from seeing reality
 - Test your contingency plans and problem evaluation & resolution processes
 - Rise or fall because of the human factor in the change management process, which trumps the technical aspects.
 - Succeed when people and processes come together to work things out
- ...Be the one project you will most look forward to looking back on!

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Questions and Discussion

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Resources

- American EHR Partners (collaboration with AAAAI):
<http://www.americanehr.com/Home.aspx>
 - <http://www.americanehr.com/ehr-readiness.aspx>
 - <http://www.americanehr.com/education/education-resources/implementation.aspx>
- Physicians Practice
<http://www.physicianspractice.com/ehr>
- Medical Group Management Association
www.mgma.com
- AAAAI PM Workshop
<http://education.aaaai.org/2013PMW>
- HHS ONC: <http://healthit.gov>
- AHRQ (Workflow Toolkit)
http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/workflow_assessment_for_health_it_toolkit/27865