

Redesigning the Medical Office Practice

conducted by

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AGENDA

MAeHC

Key Elements of Implementation

- **People**
- **Process**
- **Technology**

Key Failure Points

Preparation Now

Key Decisions and Discussion Points

Questions and Open Discussion



The Massachusetts eHealth Collaborative (MAeHC) is a national leader in the facilitation and management of electronic health record deployments, health information exchange, and quality measure reporting.

MAeHC provides strategic planning, business analysis, project planning, and implementation services to help our customers efficiently and effectively deploy information technology to improve the delivery of health care.

Using practical, on-the-ground expertise gained during MAeHC's groundbreaking EHR/HIE pilot program in Massachusetts, we provide a broad range of consulting services to both nonprofit and for-profit organizations throughout the United States. Our areas of expertise include strategic planning, electronic health record deployment, health information exchange, and quality data warehousing and reporting.

Words from Our Customers and Stakeholders

“MAeHC is providing key project management and practice consulting services to the Beth Israel Deaconess Physician Organization/Beth Israel Deaconess Medical Center EHR initiative. PSC is contributing to the success of a very ambitious project by providing everything from strategic guidance to end-to-end project management at the practice level.”

– John Halamka, MD Chief Information Officer, CareGroup Health System

“MAeHC brings a unique set of skills to the table. We value their ability to provide high-level strategic advice and project planning founded on practical, on-the-ground experience in EHR and HIE deployment.”

– Rachel Block Executive Director, New York eHealth Collaborative

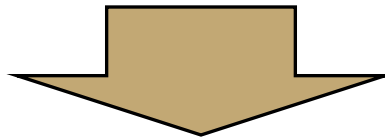
“The MAeHC pilot program was one of our first major EHR implementations. We’ve developed an excellent working relationship with MAeHC, and they’ve proved to be a valued partner for both EHR and eHX implementations.”

– Girish Kumar Navani President, eClinicalWorks

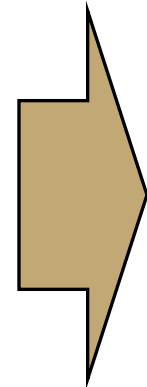
IMPLEMENTATION IS THE PROCESS OF INSTALLING HARDWARE AND SOFTWARE TO **ACHIEVE CHANGE**

Change management

First, we need to decide how you're going to use the system and identify processes that may need to change....



...then, we work collaboratively with the vendor to identify practice readiness and design elements...



Vendor management

Installation management

...then, we design and install the systems to meet your objectives and facilitate workflow changes that will enable the use of the new technology.

Technology is only a tool

KEY ELEMENTS OF IMPLEMENTATION

P

- People

P

- Process

T

- Technology

P

- People
- Staff will respond differently



“Sweet Sue”



“Stubborn Sam”



“Worried Wanda”



“Ringleader Regina”



“Busy Bob”



“Drama Queen Dianne”



“Silent Suzy”

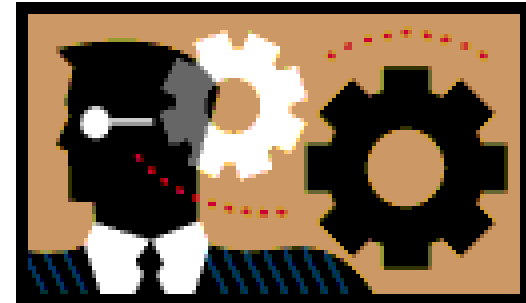


“Pouty Paula”

P

- People
- Change Management

People are the core of any organization.



People adapt to change differently.

Typical reactions to change range from resistant to neutral to supportive.

Attempt to identify action steps to organizationally embrace and foster change – include all staff, invite participation in the process.

P

- People
- No matter how much you prepare, you'll be in for a ride!

Your Hopes

...but if you plan, prepare, and commit yourself and your staff, you should be able to achieve this....



You may not be able to avoid this...




Go-live day

Time

P

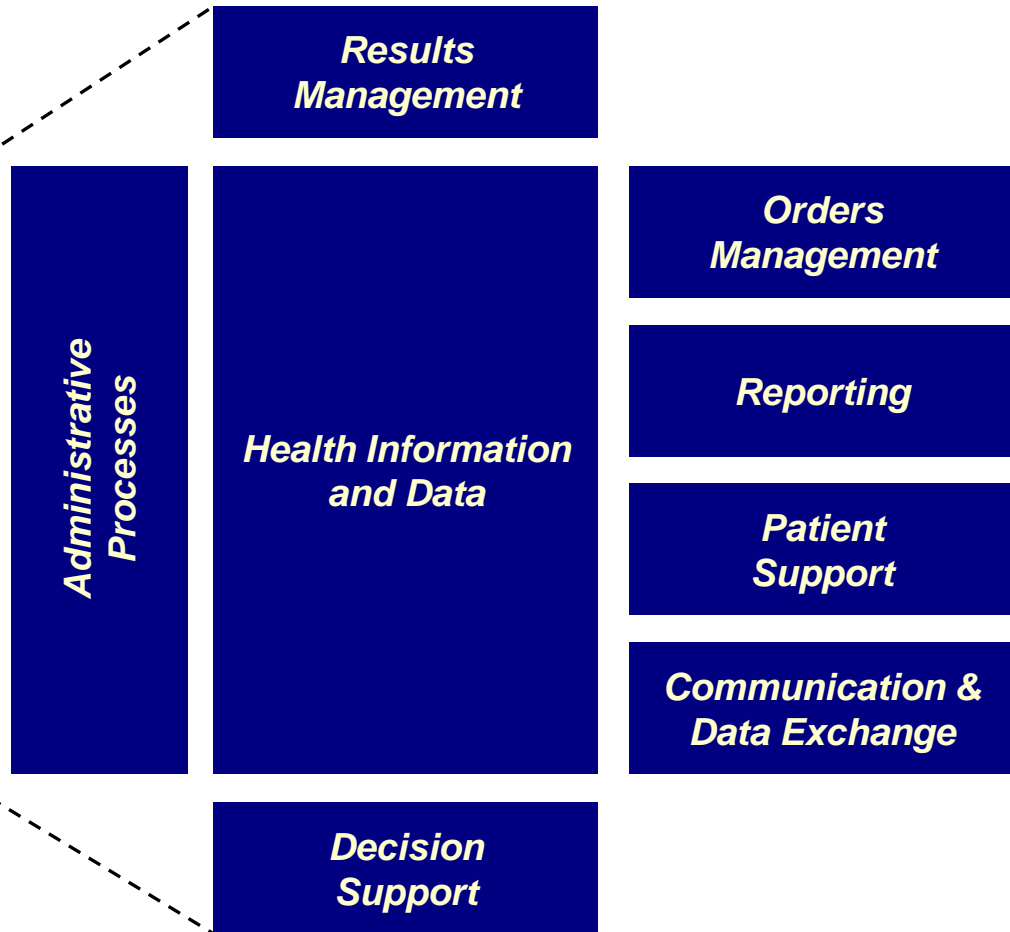
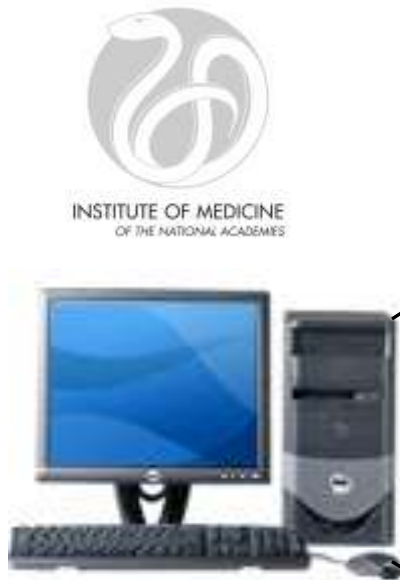
- People
- Who is responsible?



.... Physician and practice leaders must take an active role, but your vendors can assist, advise and facilitate training, change management strategies and redefining staff roles!

P

- Process
- Core EHR functions



IN REALITY...

“Hey Sally!
Where the heck is Mrs.
Jones x-ray?”

Printer with
results from
one lab

Unsorted
results

Phone about
to ring with
stat results

Prescription
refill request on
fax machine
(Underneath the joke
of the day)

Unopened
mail

Courier just
dropped off
more
envelopes

Web portal
(from one
hospital)



P

- Process
- Workflow

“I’m not going to worry too much about this – that’s what I’m paying my vendor for”

“My workflow is basically fine – I just need to make it electronic”

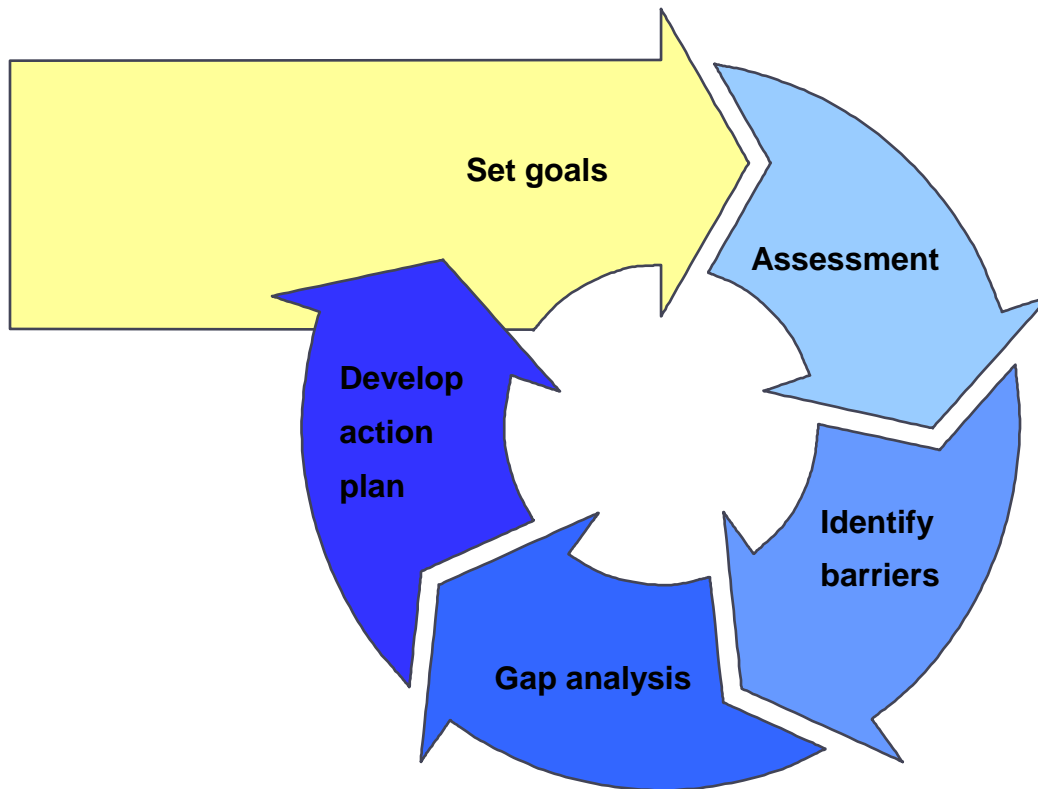
“I can’t afford to think about workflow change until I know the software better”

- EHR and IT vendors can’t do this – they’re technology experts, NOT business experts
- Vendors aren’t responsible for the entire picture anyway – only you are
- Your current processes are optimized for a paper world, not an electronic one
- “Paving over the cowpaths” will make things worse – the EHR will magnify existing problems
- You can’t afford to wait until later
- Workflow redesign concepts apply to all EHRs
- You’ll refine more once you’ve gotten to know the system.....and yourself

Poor workflow planning is thought to be the leading cause of EHR failure

P

- Process
- Continuous process improvement



- **Goal is to create greater value through the next phase of the implementation**
- **MAeHC's role combines site visits, assessment tools, and training support to engage your practice in an ongoing process**

P

- Process
- Who is responsible?



.... But your vendors can help guide you towards best-practice solutions and workflow redesign to accommodate the needs of your practice!

T

- Technology
- Network Installation

BMW 525 or Ford Pinto? – both get you there

Efficiency & Reliability vs. Cost

- **Initial procurement and installation**
- **Support, maintenance and replacement**

Local client, Software as a Service (SaaS), Cloud Computing

Internet Bandwidth, Physical Security, Data Security

Hardwired, Wireless, or Combination

T

- Technology
- Hardware Considerations

Just like real estate – Location, Location, Location

Whoever touches the paper record, needs a terminal

- Laptop
- Desktop
- Tablet PC

Fax, scanners, printers, copiers

Input technologies – Tablet Pen, Voice Recognition, Keyboard & Mouse

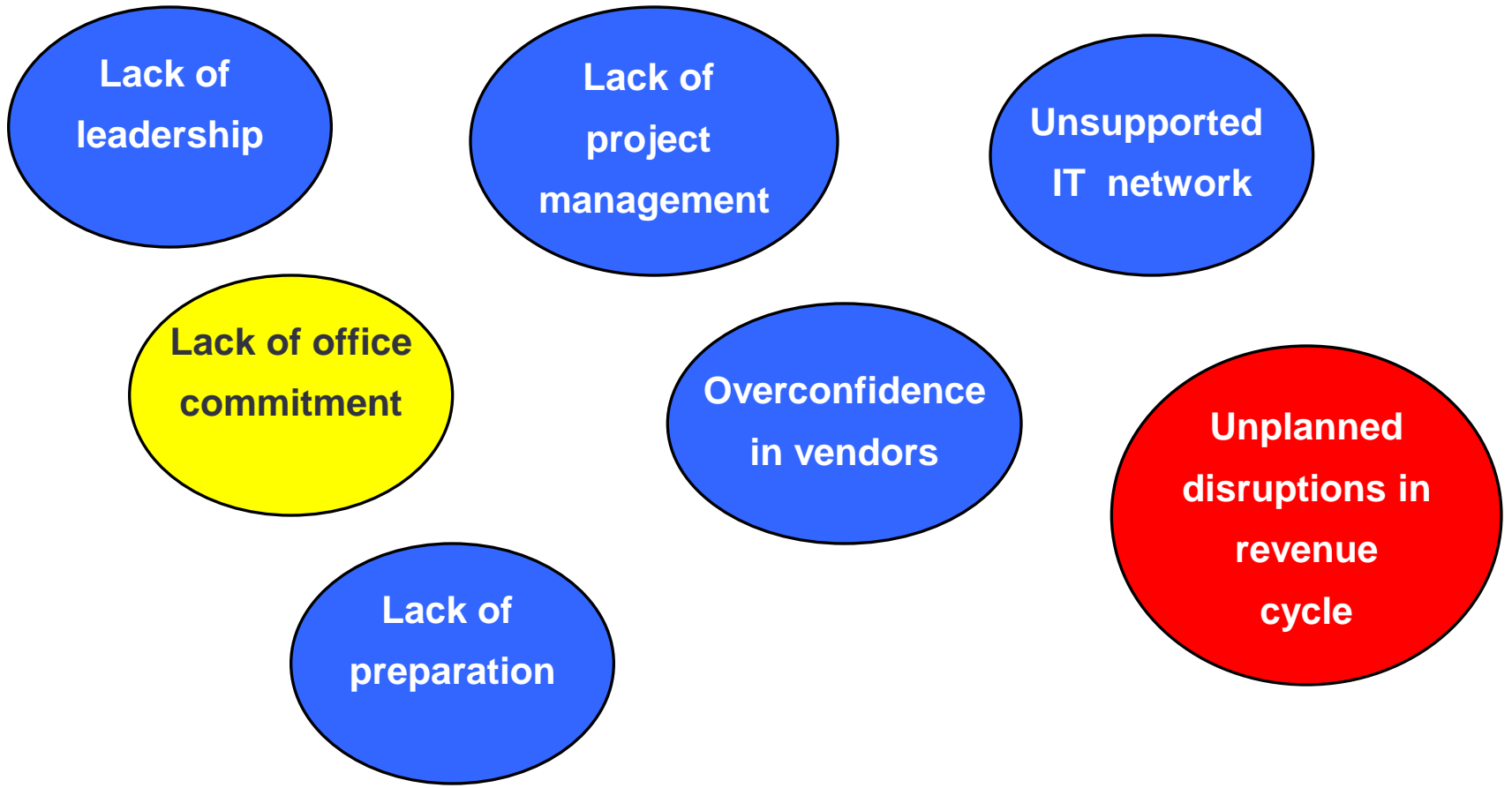
T

- Technology
- Who is responsible?



.... Although your EHR and IT support vendor are critical to the design and installation, your practice must own, manage and care for the system – just like you care for your paper records now!

KEY FACTORS TO AVOID THAT WILL END IN FAILURE



PREPARATION THAT CAN BEGIN RIGHT AWAY

Internal Communication

Decide whether you have a staff member with the skill set, the interest, and who will be given the time to be the project manager

Identify a physician leader and the rest of the implementation team (as appropriate)

- **Identify what roles EACH staff member will play in EHR implementation**

Communicate with entire staff about commitment of practice to EHR success

- **Engage EVERYONE**
- **Identify and cultivate staff members who are not on board**

Begin assessment of practice goals, strengths, and weaknesses

PREPARATION THAT CAN BEGIN RIGHT AWAY

External Communication

Take the time to explain your implementation of an EHR to patients:

- **Patients are significantly more forgiving of system or training problems.**
- **Patients are often prompted to supply more information about conditions or symptoms when they see them on the screen.**

Recommendations

- **Consider placing signs around the office announcing your exciting new initiative to improve patient care.**
- **Consider handouts to educate patients about the challenges and benefits of the EHR.**
- **Show how patient information is captured in your EHR.**
- **Promote the EHR as a part of your continued efforts to improve patient care.**

KEY DECISIONS AND DISCUSSION POINTS

Data Migration

Demographic data migration

- **Work with EHR vendor to migrate patient demographics**
- **Opportunity to migrate “clean” data**
- **Contact current vendor for delimited data file (\$)**

Chart preparation

- **Documents to be scanned should be marked**
- **Key data elements transcribed onto face-sheet**
- **Communication plan to “retire” the paper chart**

Chart abstraction of patient historical data

- **What will be extracted from paper chart? – Problems, Rx, Allergies**
- **Any paper documents you want scanned?**
- **“Line in the sand”**
- **Time and space requirements for document scanning / chart pre-load**

CHART ABSTRACTION PLANNING TOOL

| | Medications | Allergies | PMH/ FH/S H | Previous Tests & Procedures | Immunizations | Problem Lists | Labs | Consumables | Hospital Document | ADV Directives |
|----------------------------------|----------------------|-----------|-------------------|-----------------------------------|---------------|---------------|------|-------------|---------------------|----------------|
| Location in Paper record: | | | | | | | | | | |
| | Face Sheet | | | | | | | | | |
| | Medication List | | | | | | | | | |
| | Allergy List | | | | | | | | | |
| | Lab tab | | | | | | | | | |
| | Flowsheet | | | | | | | | | |
| | Immunization Sheet | | | | | | | | | |
| | Problem list | | | | | | | | | |
| | Specific tab section | | | | | | | | | |
| | Body of notes | | | | | | | | | |
| Other | | | | | | | | | | |
| Who can enter the data: | | | | | | | | | | |
| | MD | | | | | | | | | |
| | RN | | | | | | | | | |
| | MA | | | | | | | | | |
| | Front Desk | | | | | | | | | |
| | Temp data entry | | | | | | | | | |
| | Other | | | | | | | | | |
| Who can validate the data | | | | | | | | | | |
| | MD | | | | | | | | | |
| | RN | | | | | | | | | |
| | MA | | | | | | | | | |
| | Front Desk | | | | | | | | | |
| | Temp data entry | | | | | | | | | |
| | Other | | | | | | | | | |
| Image or scanned data | | | | | | | | | | |
| | yes | | | | | | | | | |
| | no | | | | | | | | | |
| Discrete data capture | | | | | | | | | | |
| level of detail | name | | | | | | | | | |
| | strength/directions | | | | | | | | | |
| | refills | | | | | | | | | |
| | reaction | | | | | | | | | |
| | result | | | | | | | | | |
| Frequency of reference | | | | | | | | | | |
| | Frequently | | | | | | | | | |
| | Occasionally | | | | | | | | | |
| | Rarely | | | | | | | | | |
| Priority | | | | | | | | | | |
| | critical for care | | | | | | | | | |
| | time saver | | | | | | | | | |
| | nice to have | | | | | | | | | |
| Avg Occurances/Patient | | | | | | | | | Return to main page | |

KEY DECISIONS AND DISCUSSION POINTS

e-Prescribing

- **Current vendor capable of data extraction / migration**
- **Communication plan to patients**
- **Internal policy and guidelines about refills**

Forms & templates

- **Standard patient letters**
- **School & Camp forms**
- **Standard visit documentation templates**

Master Schedules / Visit Types

- **Opportunity to minimize complexity**
- **Organize future schedules**
- **Chief complaint drives the data elements**

Alternative methods

- **Voice Recognition**
- **Pen Technology (Tablet vs. External)**
- **Dictation / Transcribe**
- **Patient Kiosk**

KEY DECISIONS AND DISCUSSION POINTS

System set-up and custom lists

- Prepare top ICD/CPT lists
- Prepare customized Rx lists
- Referring physician NPI

Training and Go-live preparation

- Block patient schedules for training
- Phone service or covering provider to minimize distractions
- Ensure adequate hours for all staff members
- Reduce schedules for go-live
- Utilize EHR vendor support services

Office site remediation

- Electrical power for servers and computers
- Internet provider – static IP, speed and bandwidth (Business Class)
- Exam room and office space locations
- CAT-V network cabling

