7 Steps to a Successful EMR Deployment

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Columbus, Ohio
Agenda

- The Promise of Health Information Technology
- HIT - State of the Union
- 7 Steps to a Successful HIT Project
The Promise of HIT

- HIT is primarily about improving QUALITY
  - Clinical Care & Outcomes
  - Patient Engagement in Care
  - Communication with Patients and Between Providers
  - Customer Service
  - Efficiency
    - Decreased Waste, Error, & Unnecessary Redundancy

- Some secondary goals:
  - Improved Coding
  - Improved Patient Satisfaction
  - Improved Revenue
  - Reduced Cost
HIT - State of the Union

- EMRs are ready for “prime time” but only 6.3% of doctors have implemented “fully functional” electronic medical records systems

- Government is encouraging physicians to adopt EMR technology by offering financial incentives in ARRA stimulus legislation

- The infrastructure (Health Information Exchanges) for widespread and secure exchange of information is not yet in place
Factors in HIT
Trepidation Among Physicians

- Uncertainty resulting from the bad economy and decreasing reimbursements
- Fear caused by “horror stories” of failed implementations
- Confusion about Meaningful Use rules and certification
- Distraction by RAC, PECOS, HIPAA, etc.
- Doubt fuelled by outrageous statements from vendors, insurers, politicians, etc.
- Reluctance to face the pain of CHANGE
- Avoidance of disruption to the practice
- Disinclination to absorb the decrease in productivity and resulting loss of revenue
Characteristics of a Successful HIT Project

- Follow a Proven Process – 7 Steps
- Cultivate Universal Buy-In and Commitment
- Plan to overcome weaknesses and cure inefficiencies
- Don’t Go it Alone!
  - ONC Extension Centers
  - HIT Gurus
  - Implementation Experts
Step #1: Develop HIT Strategy

- Set Goals & Expectations
  - Quality
  - Efficiency
  - Revenue
- Make Key Decisions
- Budget
- Define the Time-Line
- What Could Go Wrong?

Plan to Optimize Goals & Minimize Problems
Step #2: Practice Assessment

- **Document Current Work-Flows**
  - Identify Weaknesses
  - Predict EMR’s Impact

- **Measure Provider Productivity**
  - Determine Baseline for Post Implementation Comparison

- **Ascertain Opportunities for Improvement**
  - Revenue Cycle Performance
  - Operational Efficiencies

How well does your practice cope with change?
Step #3: Optimize Revenue

- Ancillaries
  - Augment Patient Volume via Personal Health Record with Secure Patient Portal
    - Convert Phone Medicine to “E-Visits”
    - Convert Un-Billable Forms Work to “PHR Medical Records Fee”
    - Deliver Wellness Programs

- Quality Incentives
  - PQRI, E-Prescribing
  - CMS Incentive for EMR Adoption
  - Patient Centered Medical Home

- Improve Revenue Cycle Performance
## Augment Patient Volume

<table>
<thead>
<tr>
<th>Practice Statistics / Metrics</th>
<th>Quality Improvement</th>
<th>Revenue Enhancement</th>
</tr>
</thead>
<tbody>
<tr>
<td># of visits per physician per day</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td># of &quot;phone encounters&quot; per physician per day</td>
<td>12</td>
<td>Conversion of phone medicine to e-visits</td>
</tr>
<tr>
<td># non-billable forms (i.e. disability, handicapped parking, clearance for school/work, etc.) filled out per physician per day</td>
<td>6</td>
<td>Attach forms to patient’s Personal Health Record</td>
</tr>
<tr>
<td># of patients signed up for Wellness Program, i.e. diabetes, post-op, cardiac, weight loss, etc.</td>
<td>50</td>
<td>Engage patients in care through: Self-Assessments Patient Education Coaching Progress Tracking</td>
</tr>
<tr>
<td>% of BCBSM patients (practice designated as &quot;Patient Centered Medical Home&quot;)</td>
<td>25%</td>
<td>Care Coordination Evidence Based Medicine “Health Watch”</td>
</tr>
<tr>
<td>Office days per month</td>
<td>20</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Revenue Enhancement per month</th>
<th>Annualized</th>
</tr>
</thead>
<tbody>
<tr>
<td>$4,370</td>
<td>$52,440</td>
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## Improve Reimbursement & Collection Performance

<table>
<thead>
<tr>
<th>Improvement Initiative</th>
<th>Driver</th>
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<tbody>
<tr>
<td>Negotiate Favorable Reimbursement Rates</td>
<td>Business Analytics</td>
</tr>
<tr>
<td>Prevent Eligibility Denials</td>
<td>Batch Eligibility Application</td>
</tr>
<tr>
<td>Prevent Claim Errors</td>
<td>Claim Editing System</td>
</tr>
<tr>
<td>Prevent Coding Errors</td>
<td>Coding Assistance Module</td>
</tr>
<tr>
<td>Manage Under-Payments</td>
<td>Contract Management System</td>
</tr>
<tr>
<td>Convert Denials to Payments</td>
<td>Denial Management System</td>
</tr>
<tr>
<td>PATOS - Payment At Time OF Service</td>
<td>Business Analytics</td>
</tr>
<tr>
<td>Increase Self-Pay Payments</td>
<td>Patient Portal</td>
</tr>
<tr>
<td>Secure High-Deductible Accounts w/ Credit Card</td>
<td>EDI Clearinghouse</td>
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</table>

Use Technology to Drive Revenue Cycle Improvement
Step #4: Select the “Best Fit” EMR System

- One Size Does Not Fit All
- Physician adapts to EMR
  
  Or

- EMR adapts to physician practice patterns

- System Integration
  - Single Database
  - Interfaces to PM System

- Server on-site? Hosted? ASP?

- Use Weighted Decision Matrix to Find the EMR Best Suited to Your Practice

What is Important to You?
### Weighted Decision Matrix

<table>
<thead>
<tr>
<th>Weight</th>
<th>Grand Totals</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Cost</strong></td>
<td>831</td>
<td>870</td>
<td>769</td>
<td>884</td>
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<tr>
<td></td>
<td><strong>Product Demonstration Scores</strong></td>
<td>283</td>
<td>364</td>
<td>293</td>
<td>371</td>
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<tr>
<td></td>
<td><strong>References</strong></td>
<td>113</td>
<td>92</td>
<td>83</td>
<td>102</td>
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<tr>
<td></td>
<td><strong>Overall KLAS Score</strong></td>
<td>71</td>
<td>86</td>
<td>77</td>
<td>94</td>
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<tr>
<td></td>
<td><strong>Total Matrix Score</strong></td>
<td>364</td>
<td>328</td>
<td>316</td>
<td>317</td>
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</table>

### Electronic Medical Record

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td><strong>3</strong> User Friendliness</td>
<td>54</td>
<td>57</td>
<td>57</td>
<td>54</td>
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<tr>
<td><strong>3</strong> Training &amp; Implementation</td>
<td>15</td>
<td>12</td>
<td>12</td>
<td>15</td>
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<tr>
<td><strong>3</strong> Support</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>12</td>
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<tr>
<td><strong>2</strong> Input Methodology</td>
<td>16</td>
<td>16</td>
<td>14</td>
<td>16</td>
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<tr>
<td><strong>2</strong> Document Imaging &amp; Indexing</td>
<td>12</td>
<td>12</td>
<td>12</td>
<td>12</td>
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<tr>
<td><strong>3</strong> Template Design</td>
<td>33</td>
<td>24</td>
<td>24</td>
<td>30</td>
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<tr>
<td><strong>2</strong> Integration</td>
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<td>18</td>
<td>20</td>
<td>24</td>
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<tr>
<td><strong>3</strong> Clinical Rules</td>
<td>27</td>
<td>18</td>
<td>18</td>
<td>18</td>
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<tr>
<td><strong>2</strong> Coding Assistance</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>0</td>
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<tr>
<td><strong>3</strong> Reporting</td>
<td>54</td>
<td>54</td>
<td>42</td>
<td>42</td>
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<tr>
<td><strong>3</strong> Medication Module</td>
<td>54</td>
<td>42</td>
<td>48</td>
<td>42</td>
</tr>
<tr>
<td><strong>1</strong> Messaging</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
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<tr>
<td><strong>2</strong> Technical Considerations</td>
<td>8</td>
<td>8</td>
<td>8</td>
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</tr>
</tbody>
</table>
Step #5 Technology Assessment

Assessment Process

- **Gather Data**
  - Local – Area Network (LAN)
  - Server Environment
  - Wide-Area Network (WAN) / Remote Access Methods
  - Security Posture

- **Analyze Data**
  - Discovery data of current environment
  - Medical industry best practices
  - Operational goals
  - Feasibility

- **Prescribe Solutions**
  - It’s about the business not technology
  - Phased, gradual approach to change
  - Process, Process, Process
Key Lessons Learned

- Don’t assume anything

- Technology and IT support are critical factors to success
  - Infrastructure can = 30-50% total EMR costs

- PM/EMR vendors specify “minimum requirements” in proposals

- Independent IT assessment imperative
  - Choose vendor with relevant HIT experience

- Rollout schedule to be fluid.
  - Push schedule back if necessary!

- IT staffing & post EMR requires diversified staffing
  - Consider augmenting internal efforts
Step #6: Effective Implementation

- Implementing EMR turns practice upside down
- Weaknesses will be magnified
- The vendor’s implementation team is seldom enough
- Most practices need a consultant to augment the implementation team & hold the vendor accountable
Critical Factors for Successful Implementation

- Document current work-flows
- Project plan addresses weaknesses
- Universal buy-in
- Commitment to training
- Hold the vendor accountable
- Be careful what gets pre-loaded
- Cut providers’ schedules temporarily
- Massive resources at go-live
- Circle back after initial learning curve
Step #7: Demonstrate Meaningful Use

- Medicare Incentive is a 75% Bonus
  - Based on Physician’s Annual Medicare Payments
  - Capped at Yearly Maximum Amounts (see below)

<table>
<thead>
<tr>
<th>Year the practice qualifies EMR &quot;meaningful use&quot;</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>Total Incentive Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011*</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$-</td>
<td>$44,000</td>
</tr>
<tr>
<td>2012</td>
<td>$18,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$2,000</td>
<td>$44,000</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>$15,000</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$4,000</td>
<td>$39,000</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>$12,000</td>
<td>$8,000</td>
<td>$4,000</td>
<td>$24,000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015**</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td>$-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Or before

** Medicare Payment Reductions Begin if EMR Not Adopted
Some Practices Don’t Have Enough Medicare

- Medicaid Incentive Based on Cost
  - First Year – 85% of EMR Initial Cost, Up To $25,000 (Max. Incentive = $21,250)

- 5 Subsequent Years – 85% of EMR Annual Cost, Up To $10,000 (Max. Incentive = $8,500)
  - Medicaid Must be At Least 30% of Charge Mix
  - Pediatricians need 20% Medicaid, but receive 66% of incentive payments
### 2011 Meaningful Use Criteria

<table>
<thead>
<tr>
<th>&quot;Core&quot; Set</th>
<th>&quot;Menu&quot; Set</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use CPOE</td>
<td>Drug-drug, drug-allergy checks</td>
</tr>
<tr>
<td>Medication list</td>
<td>Medication allergy list</td>
</tr>
<tr>
<td>Provide patients with electronic copy of their health information</td>
<td>Record smoking status</td>
</tr>
<tr>
<td>Report ambulatory quality measures</td>
<td>Capability to exchange clinical information with other providers</td>
</tr>
<tr>
<td>ICD-9 problem list</td>
<td>E-Prescribing</td>
</tr>
<tr>
<td>Demographics incl. race/ethnicity</td>
<td>Record vital signs &amp; calculate BMI</td>
</tr>
<tr>
<td>Implement 1 clinical decision support rule</td>
<td>Provide clinical summaries for each office visit</td>
</tr>
<tr>
<td>Protect electronic health information on through appropriate technical capabilities</td>
<td>Capability to provide electronic syndromic surveillance data to public health agencies</td>
</tr>
</tbody>
</table>

Lists of patients w/ specific conditions
Send patient reminders for preventive/follow-up care
Drug - formulary checks
Lab results as "structured data"
Provide patient-specific health education resources
Provide summary care record at transition of care or referral
Perform medication reconciliation at encounters and transitions of care
All certified EMRs will have functionality to support Meaningful Use

Hard part will be in the work-flows that Meaningful Use requires

It won’t be easy
  - Significant time and effort!

Worth the effort beyond the ARRA financial incentives

Analyze criteria
  - Then design and implement new work-flow

Key: Re-analyze, re-design, re-implement until the system performs & goals are met
Final Recommendations

- Accept HIT as inevitable
  - But extent will differ from practice to practice
  - “Doing Nothing” is an option, but....
  - Patients will demand it (recall online banking and ATM)

- Discuss HIT with EVERYONE
  - Within the practice
  - Outside the Practice
  - Hospitals
  - Payers
  - Potential Partners

- Determine a Strategy/Plan/Process
  - Execute 7 Steps