2014 MGMA Annual Conference
Rethinking the Decision to Replace your EHR

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Learning Objectives

• Articulate the impact of EHR system replacement.
• Assess the viability of existing your EHR.
• Identify options for optimizing existing your EHR.

Speakers

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I. About URPG

URPG is a 28-provider multispecialty group affiliated with United Regional Health Care System in Wichita Falls, Texas.

Key Characteristics
- United Regional Health Care System was named a Top 100 Hospitals award winner by Truven Health Analytics and provides primary and specialty care throughout the system’s service area.
- URPG tripled in size over 2 years and expects to continue this trend.
- URPG specialties include bariatric surgery, cardiovascular and thoracic surgery, endocrinology, internal medicine, neurosurgery, obstetrics and gynecology, orthopedics and sports medicine, primary care, and rheumatology.
- URPG introduced a new leadership and management team in mid-2013.
- Approximately 100 users support the 28 providers across two locations plus the central business office.
- A patient contact center was also implemented in 2013.

URPG has made significant and quick strides in achieving greater sophistication in terms of leadership, physician compensation, quality, and overall operations.

II. How It All Started

URPG engaged ECG to evaluate its revenue cycle in 2012. Key findings included underperformance and dissatisfaction with the practice management system and EHR. Concurrently, URPG experienced turnover with its IT support team.

Ultimate Optimization Objectives
- Improve URPG’s adoption of its practice management and EHR solution, resulting in:
  - A higher degree of satisfaction among system users.
  - Enhancements to both operational efficiency and the revenue cycle process.

Phase 1: The Assessment
- Diagnostic assessment.
- Action plan development.

Phase 2: The Optimization
- Immediate action plan activities.
- Near-term (6-month) action plan activities, including system upgrade.

The optimization process was intended to be clinically and operationally driven. This was not an IT project.
III. The Decision to Optimize

The Background
- The initial implementation (which was about 4 years prior to the optimization project) was poorly executed. Training, in particular, was ineffective.
- URPG had an inadequate number of staff supporting its ambulatory IT function.
- Key processes such as new user training and change control were not in place.
- The system had not been upgraded in some time, and many features and functions had never been implemented.

The Environment
- Because of the focus on meaningful use and ICD-10, most, if not all, vendors had been investing in regulatory compliance instead of usability.
- System replacement would provide no near-term relief because of the time required for selection, contract negotiation, and new vendor implementation.

Ultimately, it was determined that the current system had not been given a fair shot and that a better option did not exist at the time.

III. The Decision to Optimize (continued)

Have you totally and completely leveraged your existing system?

Do your users know how to use your existing system?

Are you adequately supporting your current system?

Are your needs different now than they were when you purchased your existing system?

Is physician dissatisfaction the primary (or only) reason that you’re considering system replacement?

IV. Establishing a Baseline

URPG initiated the optimization by objectively assessing the current state of EHR system satisfaction, adoption, support, and configuration.

Comprehensive and Categorized Findings and Recommendations

Optimization goals included financial, operational, user satisfaction, clinical quality, and customer service metrics.
IV. Establishing a Baseline (continued)

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>%</th>
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<tbody>
<tr>
<td>I feel confident navigating and documenting in the EHR while seeing patients.</td>
<td>Strongly Agree: 13%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree: 38%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Strongly Disagree: 7%</td>
<td></td>
</tr>
<tr>
<td>I am able to easily locate the appropriate template content to complete my documentation.</td>
<td>Strongly Agree: 13%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Agree: 5%</td>
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Optimization Project Components

- Application upgrade.
- Template upgrade.
- System reconfiguration.
- System retraining.
- Meaningful use program.
- Governance and infrastructure.

V. Burn the Boats

The physician champion identified and socialized a slogan for the optimization efforts. It represented the organization’s commitment to moving forward and not turning back. The insignia was used on all project materials.

Optimization efforts kicked off in earnest in August 2013, and the engagement with ECG concluded in February 2014.
VI. Achievements and Results

New Governance Structure

A combination of strategic/structural and tactical tasks were completed over the course of 6 months.

- IS Optimization Task Force
- Physician Champion
- IT Work Group
- Business Office Work Group
- EHR Work Group
- Meaningful Use Work Group

Task force and work group charters were documented to include identification of participants and their roles and responsibilities.

VI. Achievements and Results

New Policies and Procedures

An environment for long-term system maintenance and sustainability was created using best practice IT processes.

Communication Strategy
Enhancement Request Process
Change Control Process
Downtime Procedures
Service Desk Support Process

Expanded tools and processes were also introduced specific to system upgrade activities.

VI. Achievements and Results

New Policies and Procedures (continued)
VI. Achievements and Results

Practice Management System and Work Flows

Revenue cycle components and processes were optimized from the point of appointment scheduling to insurance follow-up and patient billing.

System Enhancements
- Optimized scheduling.
- Updated registration fields.
- Implemented integrated credit card functionality.
- Implemented real-time claim edits.
- Implemented tasking and work log functionality.
- Implemented real-time insurance verification and eligibility checking.
- Introduced offline jobs.
- Configured additional reports.

Work Flow Enhancements
- Standardized patient collections and bad-debt processing.
- Standardized check-in and checkout across locations.
- Introduced centralized process for medical records requests.
- Optimized processes for product charge capture, cash-pay patients, and hospital charge capture.
- Implemented best practice co-pay capture methodology.

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Work Flow Enhancements
- Medication ordering.
- Charge capture (without paper superbill).
- Tasking.
- Telephone call routing and documentation.
- Meaningful use workflows.
- Orders and results.
- Correction of documentation errors.
- Documentation and coding of injections and procedures.

EHR System and Work Flows

Providers participated in prioritization and key decision making regarding all clinical optimization efforts.

System Enhancements
- Implemented advanced diagnosis and procedure search functionality.
- Reconfigured basic navigation and user preference settings.
- Reconfigured results and sign-off functionality.
- Customized key templates and documents as appropriate.
- Optimized configuration of document scanning and indexing.
- Piloted voice recognition functionality for navigation and documentation.

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Training and Support

Emphasis was placed throughout the project on increasing proficiency and confidence in the system by all end users.

End-User Retraining
- One-on-One Sessions
- Lunch & Learns
- Orientation
- At-the-Elbow Support
- E-Learning

Supervisor Program
- Identification of Supervisors
- Creation of Program Documentation
- Orientation and Advanced Training
- Involvement of Supervisors in Upgrade Testing and Support

Project Staffing Model
- New Job Descriptions
- Additional Staff
- Performance Evaluation Criteria
VII. URPG Current State

URPG has celebrated key successes that resulted from the optimization initiative but is still working toward ongoing improvement.

Successes
- Meaningful use Stage 1 attestation.
- PQRS submission.
- Establishment of ongoing infrastructure for future maintenance, upgrades, etc.
- Voice recognition pilot.
- Single sign-on implementation.

Ongoing Challenges
- Meaningful use data capture.
- Optimization of key work flows (e.g., same-day radiology orders and results).
- Ongoing vendor updates, hot fixes, etc.

Recent Projects
- Health information exchange go-live.
- Patient portal go-live.

VIII. A Decision to Replace

If you do decide to replace your EHR, make sure that your next implementation is your last implementation.

- Active Change Management
  - Organizational Buy In
  - Executive Leadership
  - Thoughtful Communication

- Processes
  - Thorough Analysis
  - Involved Clinical Staff
  - Focus On Efficiency
  - New Functionality
  - Fully Tested

- Interfaces
- Licenses
- Devices

- Data
  - Discrete
  - Images
  - Archived
  - Retention

- Technology
  - Discrete
  - Images
  - Archived
  - Retention

- Active Vendor Management
  - Your consultant’s relationship with vendor leadership is just as important as their technical knowledge and experience.
  - Obtain broad provider input early in the process; don’t assume that one or two individuals can represent everyone.
  - Over-communicate with multiple media, venues, and approaches.
  - Ensure support from all levels – from senior leadership to support staff.
  - Identify an engaged physician champion right away – and compensate them for their time.
  - Involve, but don’t overwhelm, your superusers.
  - Don’t assume the technology will work, even if you tested it – make sure you have resources available to address go-live issues.
  - Make sure IT staff are visible with providers and other users from the beginning and in an ongoing fashion. Visibility can’t stop with the most recent upgrade.

IX. Lessons Learned

The positive outcome of the project was largely driven by leadership support and a strong partnership between URPG, ECG, and the EHR vendor.

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