

ESSENTIALS FOR HEALTH REFORM: Using Networks to Implement and Improve EHRs and other HIT



NATIONAL COUNCIL
FOR COMMUNITY BEHAVIORAL HEALTHCARE

Behavioral Health providers are being challenged to adopt health information technology with very limited resources. There is a need to prepare for increased numbers of patients receiving health insurance benefits, requirements for electronic billing, data exchange among treating providers and an ever increasing need to collect and use health information to improve care.

These intense one day seminars will provide attendees with the necessary information to move forward in adopting, acquiring and implementing electronic health records and other health information technology. Presenters will review the various stages of implementation from initial planning and assessment through advanced topics such as data warehousing. There will be a focus on utilizing networks of care to build on economies of scale. Participants will leave with a thorough understanding of where they are in the process, and a plan for next steps in their health information technology implementation efforts.

These seminars are a collaborative work of NIATx, SAAS and The National Council supported by SAMHSA.

Topics include:

- **Overview of the CMS Rule on Medicare and Medicaid Incentive Payments**
- **Practice Management Systems vs EHRs**
- **Benefits & Economies of Scale when working with a Network**
- **HIT Planning and Assessment Process**
- **HIT Workflow Redesign**
- **Due Diligence and Vendor Negotiations**
- **EHR Selection and Implementation**
- **Disaster Recovery and Business Continuity Planning**
- **Data Warehousing**
- **Use of Telemedicine**
- **Health Information Exchange and Behavioral Health**

HIT Planning & Assessment Process

Health Information Technology

The Planning & Assessment Process

To achieve a successful transition from paper charts to the electronic health record (EHR) requires a commitment from the entire organization, a distinct willingness to change processes and adequate resources. As with any information technology implementation careful consideration must be given to the readiness of an organization for significant workflow and process change. Lack of preparation has been a serious contributor to the unusually high failure rate of EHR adoptions.

This presentation will provide the attributes you will need to achieve a successful EHR implementation with an understanding of the areas for assessment and preparation. You will be exposed to assessment tools easily acquired on the internet, and you will receive a demonstration of an assessment tool being used today by one of the nation's regional extension centers.

Top 10 Reasons for EHR Adoption Failure

1. **Lack of alignment with business strategy**
2. **Weak executive-level sponsorship**
3. **Underestimating impact on organization**
4. **No readiness assessment for change**
5. **Unrealistic expectations**
6. **Lack of an effective, cross-functional implementation team**
7. **No definition or measures for progress or success**
8. **No organized mechanism for communication and feedback**
9. **Lack of formal training plan**
10. **Lack of effective physician leadership**
- * **EHR does not meet core provider needs**

Readiness Attributes – Alignment

Organizational Alignment

- **Culture**: values; environment for achieving excellence; ability to manage change and maintain flexibility; team approach
- **Organization**: infrastructure to support information flow, decision making, and problem resolution; role of the board and leadership team; vision for quality; ability to collaborate with external organizations
- **Leadership**: the characteristics of leadership team: setting vision, commitment to quality; alignment across organization
- **Strategy**: mission and vision and priorities documented in a strategic plan; internal and external communications

Readiness Attributes – Capacity

Management Capacity

- **Information Management**: quality, accessibility, relevance and communication of data/information
- **Clinical and Administrative Staff**: staff capacity; staff training and competence; consistent policies and procedures; methods to motivate and drive individuals/groups to achieve goals
- **Accountability**: how results are achieved and mission/vision fulfilled; role and responsibility of patient in care process
- **Finance & Budget**: extent of infrastructure and management of IT budget; capital and operational resources

Readiness Attributes – Capacity

Operational Capacity

- **Workflow Process**: tools and methods for managing change, developing policies, procedures, protocols; Quality Improvement model; process for monitoring and communicating performance; analysis and actions taken to improve processes and performance
- **Patient Involvement**: preventative and chronic care processes; patient follow-up and care continuum; comprehensive care
- **Training**: Infrastructure and resources dedicated to initial and on-going IT training

Readiness Attributes – Capacity

Technical Capacity

- **IT Management and Support**: IT staff skill-set and capacity for IT management and support; consistent policies and procedures
- **IT Infrastructure**: information systems environment and infrastructure

Goals of having a solid planning strategy

Identify the range of tasks typically performed in an EHR implementation and the steps necessary to prepare for a successful EHR implementation.

Explain the key components of a successful implementation plan.

Describe how to engage users in the system build process to achieve EHR goals.

Identify the key components of a successful system build.

Explain strategies to minimize go live anxiety, from rehearsal, pre-live, to go-live.

Understanding the “Best Practices”.

Issue Management & the escalation process from a HCCN perspective.

Project Timeline Strategy Example

Practice Management:

Week 1: Schedule Kick-off call

Week 2: Billing discovery call

Week 2-6: Hardware approval, Return IT Inventory checklist

Week 5-7: Install check

Week 9-12: Application Installation

Week 10-11: Attend billing & system setup training

Week 12-14: Mock go-live

Week 15-16: On-site training & go live

**Does not include a data migration or clinical/financial conversion*

Project Timeline Strategy Example

Electronic Health Record (EHR):

Week 1: Schedule Kick-off call: Provide milestone dates & intro to implementation process.

Week 2: EHR system setup: Setup of the tables & customization of EHR

Week 2-6: Lab Interface serialization: Enroll, serialize lab portal services

Week 5-7: Patient portal / Secure messaging setup- If applicable for sharing & communicating information with your patient in a secure forum.

Week 9-12: Training: Web-training, onsite training, self paced computer based training (CBT's)

Week 10-11: Go-Live: Onsite point of care shadowing

Week 12-14: Post go-live support: Typically occurs 60-90 days after go-live. Revisit practice flow, best practices, & lessons learned.

Conducting a successful pre-EHR assessment

How will EHR change your day?

Current practice review:

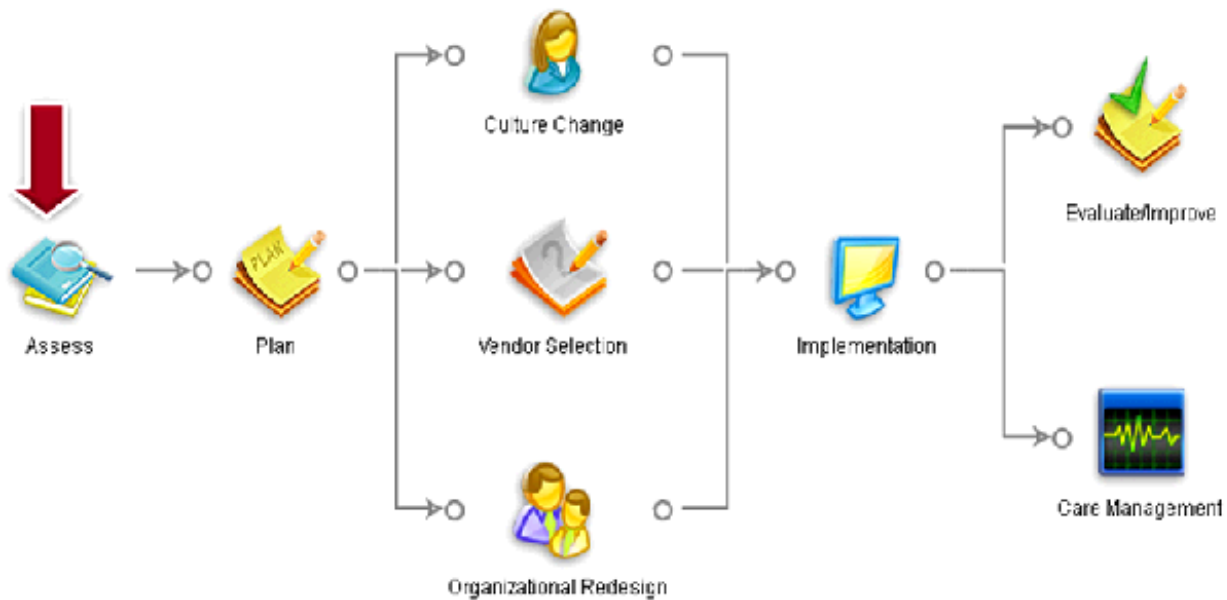
- Review & refine practice workflows and identify areas for process improvement.
- Make necessary workflow & process improvements.

Future improvement considerations:

- How will using the EHR at the point of care alter the workflow?
- What tasks can be combined once an EHR is in place?
- What changes will result from improving workflow and how will the practice manage the change?

Conducting a successful pre-EHR assessment

THE EHR ROADMAP



Conducting a successful pre-EHR assessment

- **Assessment Phase**

- Assessing practice's cultural readiness and IT proficiency
- Developing a vision for the project
- Determining a budget
- Creating a project team

- **Organizational Readiness**

- Cultural
- Leadership
- Operational
- Technical



Tools for a Successful Assessment

PaperTracer.... Was adopted as our **Business Process Management Software**. It allows us to easily use our SQL Modules & Assessment Tools to deploy powerful **custom SQL databases**, make them **collaborative** with both internal and external users, personalize with your Corporate Logo.

PaperTracer Document, Records, and **Collaboration Management**

Home Page

Client Login

User Name: fhurwitz

Password: ●●●●●●

Org Abbrev: sfrec

Remember my name and password on this computer.

Login Cancel Login

1st Time Here? [Click Here To Learn How To Login](#)

For Assistance Contact:
Health Asset Management, Inc.
(904)236-6171
support@hami.com

Tools for a Successful Assessment

PaperTracer.... Allows us to “Add” data related to the practice directly into a predefined web URL that can be accessed online.

Department **W/O EHR (ATWOE)**

Practice Information | Patient Mix | Practice Ancillary Costs | Practice Management System | EHR Plans | Big Picture

Accessor Information | Staff Characteristics | Practice Characteristics

Name

Company

Address 1

Address 2

City

State

Zip

Country

E-Mail Address

Telephone

Physician Champion

Member Profile

Name

Telephone Number

Group Name

Number of Locations

May Patients visit all/both locations? Yes No

Tools for a Successful Assessment

Allows us to capture existing computer infrastructure, existing server configurations, and computer acumen. The database is completely customizable and allows for real time client recommendations as a deliverable report.

Existing Computer Structure

How Many PCs [+ Add New](#)

PCs available in Clinical Area/Exam Rooms? Yes No

If Yes, please explain

Operating system for PC

Number of lan/wan connctions

Servers & Connections

Server in Office/Web Based

Any wireless connections

Type of Wireless Access Point

Number of Printer Locations

PC's used for

E-Mail

Web Browsing

Word processing

Social Websites, i.e., Facebook

Tools for a Successful Assessment

Allows us to present and mitigate risk. This data can then be used in the client deliverable report and <click> presentation of data

(You are in Add Mode) Sunday, May 29, 2011

Department **W/O EHR (ATWOE)**

Practice Information	Patient Mix	Practice Ancillary Costs	Practice Management System	EHR Plans	Big Picture
Ancillary Information	Recommendations	Assessment Ancillary Information			

Red- High Risk	<div style="border: 1px solid gray; height: 60px; background-color: #e0f0ff;"></div>
Yellow- Low Risk	<div style="border: 1px solid gray; height: 60px; background-color: #e0f0ff;"></div>
Green- EHR Plan	<div style="border: 1px solid gray; height: 60px; background-color: #e0f0ff;"></div>

Save & Close	Save & Continue Working	Save & New	Cancel Add
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Tools for a Successful Assessment

Allows us to export data directly into a stoplight report as a portion of the client deliverable.

The tool allows us to be vendor agnostic and provide factual data that can be used in identifying the best EHR System for the client needs.

Recommendations

Our key recommendations are illustrated in the "Stop Light" report below.

High Risk items to discuss

Red: Any system purchased other than Mckesson EHR will require extensive interfaces to integrate EHR system with the already in place Lytec Practice Management System. Interfaces will require additional capital. Most vendors will charge an outbound (EHR) and an inbound (PM) cost for implementation of these interfaces. As well as annual support fees will be incurred.

Low Risk items to discuss

Yellow: Due to Lytec being hosted internally as a client/server solution. The recommended solution for an EHR is to remain with a client/server solution. If a SaaS solution is adopted the HL-7 interface between Lytec and the EHR will have to flow across the WAN. This has the potential to be problematic.

EHR Plan

Green: Recommended solution is Mckesson EHR. We believe this will be the most cost effective approach to Integration since Lytec is owned by Mckesson Inc. Whatever interfaces that need to be in place we will be able to negotiate to be included at no cost to Ideal. Annual support will still be required. Ideal will have the most negotiating power if a Mckeson product is implemented.

The Psychology of Change Management

10 Step Journey Through Change – Journey

STEP	DESCRIPTION	BEHAVIORS
Step 1: EQUILIBRIUM	When external events begin to put pressure on the status quo, the organization changes. CHANGE produces a sense of uneasiness, lack of direction, insecurity, and a lack of closure.	<ul style="list-style-type: none"> • Everyone vested in the status quo • Personal and professional goals in sync with the organization • Referred to as "No Growth Phase"
Step 2: DENIAL	As external changes and internal pressure continue to build, the ability to maintain equilibrium wanes.	<ul style="list-style-type: none"> • Energy is drained as it is used to keep the world looking as they see it • As pressures build, it takes more and more energy to rationalize denial of the reality of the change • Staff experience negative changes — changes to physical health, emotional balance, logical thinking patterns, and normal behavior patterns
Step 3: ANGER	When the first stage of denial can no longer be maintained, it is replaced by feelings of rage, anger, envy, and resentment.	<ul style="list-style-type: none"> • Staff blame others and demand that "someone else make things alright again" • Anger is usually directed at individuals perceived to have the power • The past is glorified and the present made worse than it actually is
Step 4: BARGAINING	Staff try to enter into an agreement with others to prevent the inevitable from happening.	<ul style="list-style-type: none"> • Negotiations occur in many areas • Bargainers may appear rational, logical, and professional • "To get along, you have to go along"

STEP	DESCRIPTION	BEHAVIORS
Step 5: CHAOS	Up until this time, staff have been expending energy in avoidance, resistance, and denial.	<ul style="list-style-type: none"> ▪ Nothing seems to work anymore ▪ There is diffused energy ▪ Feelings of powerlessness and insecurity ▪ "Does anyone know where we're going"
Step 6: DEPRESSION	Resources are depleted, a terrible sense of nothingness prevails, people wallow in self-pity.	<ul style="list-style-type: none"> ▪ Staff realize they no longer have energy left to produce results ▪ Fear of loss causes reactive depression ▪ Time spent remembering the "good old days" ▪ No "quick-fix" or checklist of guideline to follow to solve the emotional problem associated with change
Step 7: RESIGNATION	As people work through the depression, they finally come to accept the reality of the change and no longer resist it.	<ul style="list-style-type: none"> ▪ Staff are neither depressed nor angry about the change ▪ May not actively, cheerfully support the change ▪ There is some commitment to the effort
Step 8: OPENNESS	Once change is accepted at the personal level and values rearranged, staff can then proceed with growth in a new direction.	<ul style="list-style-type: none"> ▪ People are ok with "I don't know" ▪ Beginning to expend energy on what others recommend ▪ Focus is not yet enough to initiate a project on their own

STEP	DESCRIPTION	BEHAVIORS
Step 9: READINESS	The emotional "letting go" begins to be noticeable.	<ul style="list-style-type: none"> • There is willingness to do what is asked for • More energy than before • Still no willingness to figure out what to do on their own
Step 10: RE-EMERGENCE	The change becomes fully operational as staff move from the old ways to the new state.	<ul style="list-style-type: none"> • Staff test ideas on their own • Gradual re-investment of selves in the organization • More proactive and empowered • Staff re-define their role and meaning in the organization • Re-energized; strong sense of direction

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Questions?



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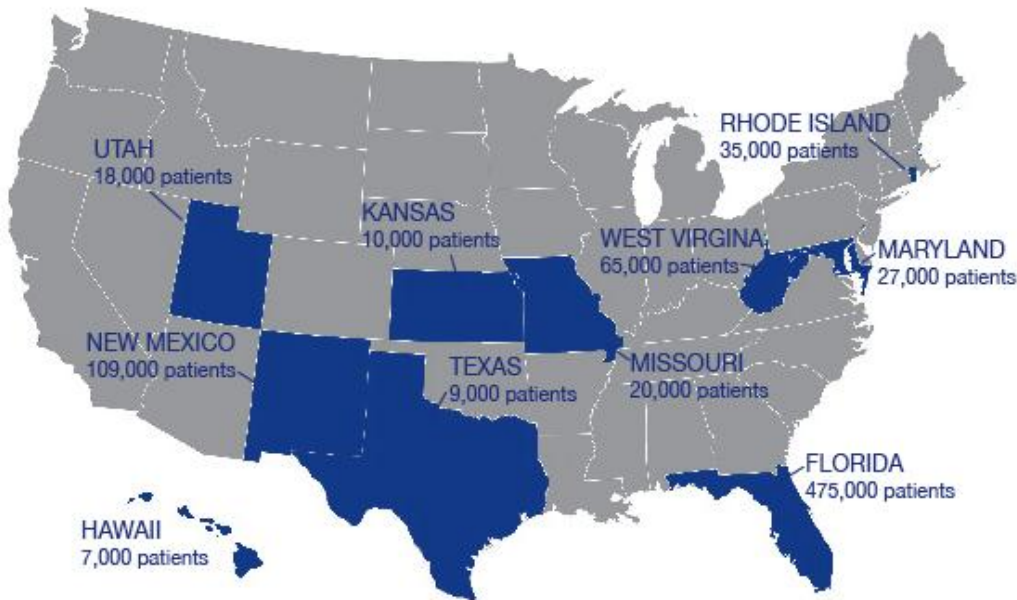
Connecting for Care

SOUTH FLORIDA REGIONAL EXTENSION CENTER[®]

www.southfloridarec.org

Our Footprint

- HCCN - Member Center CEOs serve as Board of Directors
- 41 member centers in 10 states (FL, HI, KS, MD, MO, NM, RI, TX, UT, WV)
- Approximately 800,000 patients
- Covering Priority Primary Care Providers (PPCP) in Miami-Dade, Broward, Monroe, Martin, Palm Beach, Indian River, Okeechobee, and St. Lucie Counties
- Provider Goal = 2,500



HCN Health Information Technology Services

- **Electronic Health Record**

- Medical / Dental / Behavioral
- Custom Provider Templates
- School Based Dental
- School Based Medical
- Document Imaging
- Voice Recognition
- CCD

- **Network Administration**

- Hosting Services
- Back office / Email Support
- Disaster Preparedness
- Infrastructure Design (LAN/WAN)
- Web Design/Mgmt

- **Implementations and Training**

- Project/Change Management
- Training and Staff Development
- Best Practices Matrix
- Reimbursement Coordination

- **Support Services**

- 24hr Service Desk (Hardware/Software)
- Project Management
- Vendor Escalation
- BETA Testing

- **Business Intelligence**

- Meaningful Use Reporting
- Clinical Reporting
- Fiscal Reports (Black Book)
- Web based Reporting Tools
- Practice Management Support





O-health information

TECHNOLOGY EXTENSION CENTER

Oregon's Regional Extension Center



Headquartered in Portland, Oregon, OCHIN is a national non-profit collaborative, currently comprised of 42 organizations across seven states representing over 400 clinics and over 2,000 providers. With the ultimate goal of transforming health care in the United States, OCHIN provides integrated HIT software products and a wide variety of services, training and education to community health clinics, mental health services and small practices serving the medically underserved.

www.ochin.org

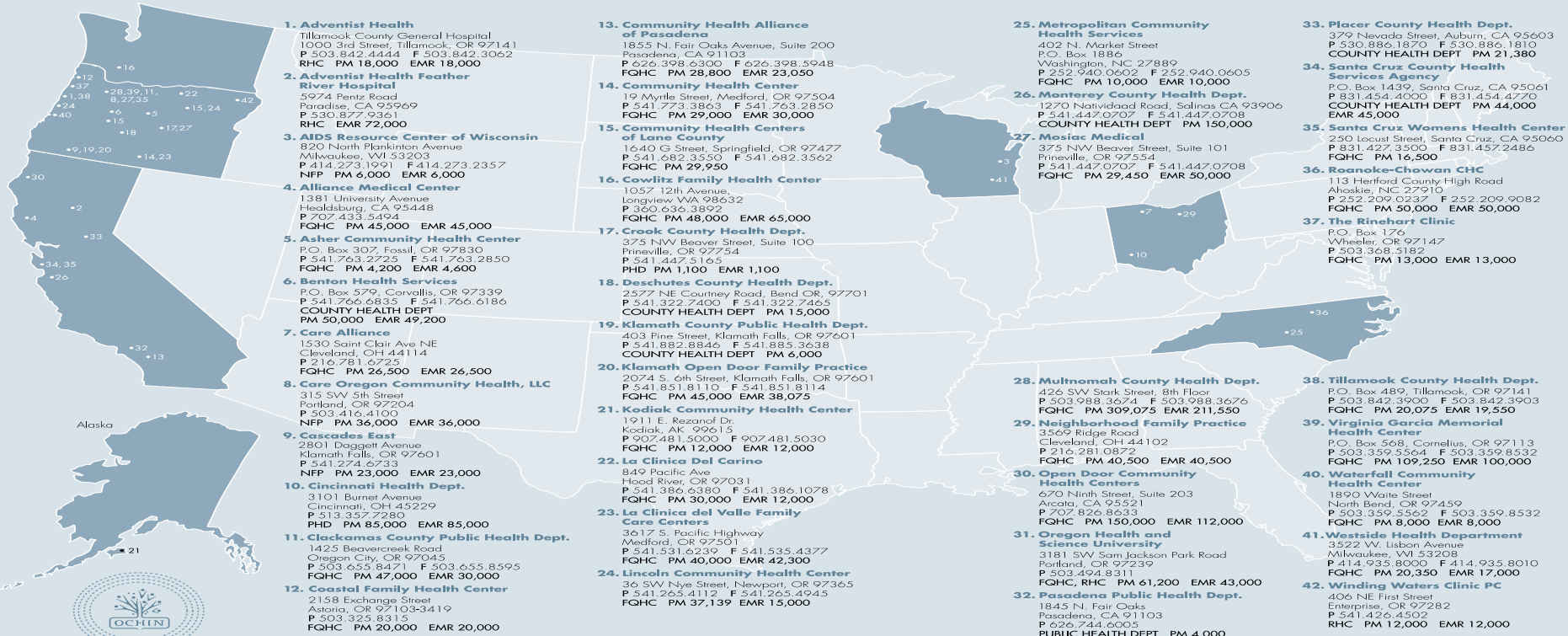


Who We Are

- 501c(3) Collaborative Health Center Controlled Network
- 51% of Board Members are Community Health Center Executives
- 42 member organizations, over 400 individual clinics & 2000 providers
- 1M patients, 2.140M Practice Management & 1.712M Electronic Health Record annual visits

The OCHIN Collaborative

CALIFORNIA • OREGON • WASHINGTON • OHIO • ALASKA • NORTH CAROLINA • WISCONSIN





OCHIN PRODUCTS AND SERVICES

- **Practice Management**
 - ✓ Scanning solutions
 - ✓ FQHC customizations
 - ✓ Special and community Library Reports
 - ✓ Flexible build and configuration
 - ✓ Automated patient notifications
 - ✓ Revenue cycle management
- **Electronic Health Record**
 - ✓ Integrated community health record-medical, dental, behavioral health, school-based clinics
 - ✓ E-prescribing
 - ✓ Decision support tools
 - ✓ Case/care management tools
 - ✓ Integrated lab interfaces
 - ✓ Advanced role based security
 - ✓ Voice recognition
 - ✓ Reporting and benchmarking tools
 - ✓ Document management
 - ✓ Continuity of Care Record (CCR)
 - ✓ Patient Personal Health Record (PHR)
- **Implementation, Training and Products**
 - ✓ Project management
 - ✓ Information systems implementation
 - ✓ Network design
 - ✓ HIT integration & interoperability
 - ✓ Billing and revenue cycle management
 - ✓ Staff PM/EHR training
 - ✓ Web-based training modules
- **Support**
 - ✓ Project Management
 - ✓ 24/7 service desk
 - ✓ Advisory and consulting services
 - ✓ Meaningful Use reporting tools
 - ✓ Clinical reporting tools
 - ✓ Specialty build for grant
 - ✓ Vendor escalation
- **Practice Based Research Network**
 - ✓ Safety Net clinical research & clinical collaboration opportunities

Community Health Centers

ALLIANCE

www.CHCAlliance.org

Health Center Controlled Network

Est. 1999



AHIT
— THE CENTER FOR THE —
ADVANCEMENT of HEALTH IT

www.AdvanceHealthIT.org

Regional Extension Center

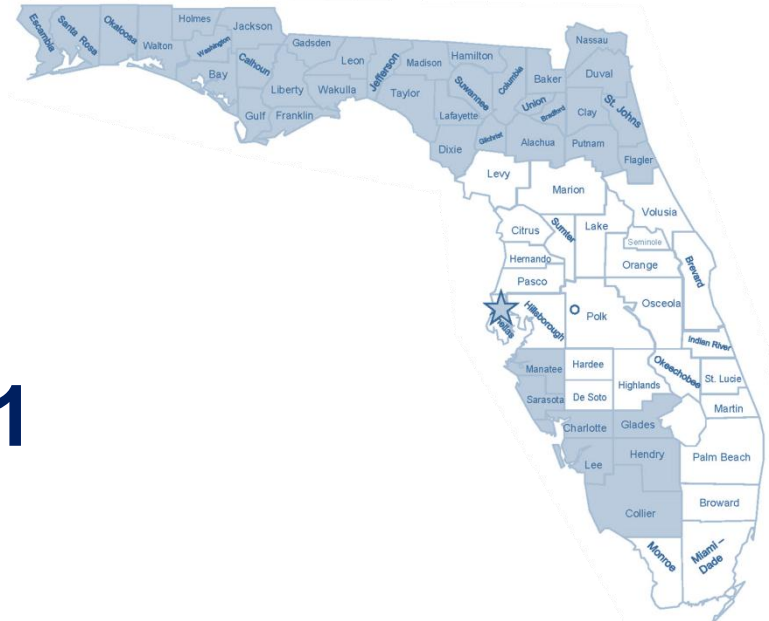
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Core Health Information Technology Offerings

- ▶ **Practice Management System**
(including Practice Analytics)
- ▶ **Electronic Health Records**
(240,000+ Patient Records)
 - ▶ **ePrescribe**
 - ▶ **Lab Orders / Results**
 - ▶ **Specialty Provider Referrals**
 - ▶ **Quality Reporting**
- ▶ **Electronic Oral Health Records**
(including Digital Imaging)

Professional Services

- ▶ **Project Management / Implementation Support**
 - ▶ Leadership and task level monitoring
 - ▶ End to end project / system design
 - ▶ Workflow / Process Consideration
 - ▶ On-site Go-Live Choreography
- ▶ **Training**
 - ▶ Modalities matched to provider / end user needs, including classroom, coaching, and web-based tools
 - ▶ Competency exams
- ▶ **Report Writing / Administration**
 - ▶ Custom QA/QI, Peer Review, and Operations reporting
 - ▶ Meaningful Use – Workflows, Provider-level detail, and gap analysis
- ▶ **EHR Development / Enhancement**
 - ▶ Clinical Committee directed
 - ▶ Interface management to support HIE and other functionality to the provider desktop
- ▶ **Technical Assistance & Support**
 - ▶ Help Desk processes more than 7,000 requests annually; fewer than 5% escalated to vendors
 - ▶ 24x7 System Availability
- ▶ **Tier 1 Data Center Partner**
 - ▶ Server Redundancy
 - ▶ Privacy / Security Monitoring & Management
 - ▶ 24x7 Server Monitoring / Network Administration



Service Area Counties: 41

Provider Goal: 2,026

- Education and Trusted Resource for Latest Information
- Best Practices Dissemination
- System selection assistance
- System implementation support
- Technical assistance
- Privacy and security best practices
- Workflow redesign
- Clinical outcomes reporting / data integrity
- Federal regulations navigation
- “Meaningful Use” education, application, and attainment
- Education and assistance in achieving eligibility for CMS EHR Adoption Incentive Program funding (*Designed to help overcome the financial barrier to EHR adoption*)