The Pathway to EHR Adoption

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John Weir
President, Illumisys
Agenda

- Introduction
- The Current HIT Environment
- The Case for EHR and HIT
- Barriers & Solutions
- The EHR Roadmap
- Issues to Consider
Who is illumisys

The health information technology division (HIT) of Lumetra

Our Mission

To assist healthcare providers in the transformation of their organizations through the adoption and use of information technology (IT)

Our Vision

To blend IT and quality to advance patient safety
HIT Goals

- **Quality of Care**
  - Patient tracking and care planning
  - Reduction in the risk of adverse events

- **Patient Safety**
  - Real time and comprehensive access to patient information
  - Decision support capabilities to enhance preventive care
  - Automated reminders and medical alerts
HIT Goals

- **Business & Clinical Efficiencies**
  - Centralized patient data
  - Uniformity of data
  - Disease reporting and population health
  - Decrease liability issues
  - Strengthen privacy & security of information

- **Cost Savings**
  - Streamlined process for reporting and charting
  - Accurate claims data
  - Reallocation of staff time to patient focused work

- **Technical**
  - Linkage to environmental health systems
  - Compatible with interoperability standards
Business Case for EHR

Target EMR Benefit Areas

- Quality of Care
- Patient Safety
- Increased Efficiency
- Cost Savings

Specific Benefits and Implications

- Higher degree of record keeping accuracy within care episode
- Improved confidentiality, privacy, and security; access and audit trails
- Decreased of per patient time required by staff and physicians
- Savings from paper chart and transcription expenses
- Lab test results, EKGs, imaging scans can be entered automatically; reduces risk of data entry errors and/or missing information
- Restricted access to medical records based on job function
- Improved and streamlined communication
- Potential for malpractice insurance premium savings with use of audit trails
- Improved preventive care
- Prevention of adverse events
- Decreased time required for common procedures, e.g. quickly prescribe medication
- Increased resources - space used for paper charts can be redeployed
- Increased ability to invest more time seeing patients
- Tracked patient follow-up activity, patient compliance, and patient progress
- Efficient communication with external entities, including health plans
- Decreased of per patient time administrative costs and staff hours required
Business Case for EHR

**Hard Dollar Benefits**
- Enhanced Revenue
- Improved Claims
- Decrease Data Entry and Handling Costs

**Stretch Benefits**
- Increased Office Efficiency
- Eliminating Paper Charts and Costs

**Soft Benefits**
- Increased Staff Satisfaction
- Improved Clinical Care and Efficiency

Source: DOQ-IT business case presentation 2004, Mark Leavitt, HIMSS & John Weir, Lumetra

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Government Support

- **State Support**
  - Mental Health Services Act - incl. Electronic Health Record, Personal Health Record
  - Governor’s IT Executive Order
    - E-Prescribing
    - Health Information Exchange

- **Federal Support**
  - Spending & Tax Incentive Legislation: Relaxation of IRS anti-kickback regulations
  - Adoption Legislation: Assisting Doctors to Obtain Proficient and Transmissible (ADOPT) HIT Act (Gingrey 2007)
  - New Freedom Commission on Mental Health
  - Technology Standards - CCHIT certification & inclusion of data standards
Current Mental Health Environment

State

EHR ‘Lite’ Capabilities

• Assessment & Treatment Plans
• Document Imaging
• Clinical Notes

LA County

• RFP Process
Barriers to Systems Adoption

- **Financial**
  - Costs average *$40,000 / provider over 3 years*

- **Technological**
  - Technical support
  - Overwhelming selection process
  - Labor-intensive customization
  - Inadequate data exchange

- **Cultural**
  - Leadership, staff support & competency building

- **Organizational**
  - Workflow integration, physician-patient communications

*Source: AC Group, Market Report 2007 – includes hardware, software, implementation and training*
Avoid ALL upfront solutions

Negotiate deliverable based milestone payments

Lease Financing
  → 24-60 month terms with deferral in initial 6 months

Grants with software and hardware capabilities

Group purchasing

*Source: AC Group, Market Report 2007 – includes hardware, software, implementation and training
- System architectures
- System Certification
- Emergence of standards
- Product maturity & capabilities
- Access to product information
- Improved data exchange
- Security and partitioning of data
Solutions - Cultural

- Leadership support
- Team building
- Staff communications
- Goal orientation
- Communicate with patients & family

*Source: AC Group, Market Report 2007 – includes hardware, software, implementation and training*
Solutions - Organizational

- Migration plan from paper to electronic
- Confidence with legal issues
- Staff training
- Workflow meeting facility needs
- Methods for decision support
- Accelerate research and evaluation

*Source: AC Group, Market Report 2007 – includes hardware, software, implementation and training*
Modular approach to assisting customers
Results driven
Attention to unique goals and needs
**ehrRoadmap - Evaluation**

- Leadership & support
- Project planning
- Readiness assessment

- Business case
- Risk assessment
- Needs analysis

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Engage a decision making team
  → Strategy development

Assess your facility - know your problems – identify risks
  → Lack of patient history; charting costs, lost intake sheets, chronic disease management

Map facility needs to solutions
  → Automation of lab results = Order entry and results and interface to EHR
  → Lost charts = ubiquitous EHR access
  → Decrease transcription costs = clinical documentation
  → Security = User level access to sensitive data
  → Prevention of lawsuits = Encounter histories and exception reporting

Set priorities based on value proposition
  → Clinical workflow improvement
  → Business Case
  → Job satisfaction via access to data
ehrRoadmap - Selection

- Product evaluation
- System selection tools
- Contracting
ehrRoadmap - Selection

- **Workflows**
  - Build clinical scenarios & operational requirements

- **Phase I - Assess vendor and product capabilities**
  - CCHIT certification (although no behavioral health specific criteria at present)
  - Technical requirements
    - Hardware – **Security** – User Interface – **Interoperability**
  - Use the ‘power of the web’ and existing reports for initial data (e.g. www.acgroup.com)

- **Phase II – Demonstration of vendor and product capabilities**
  - Request For Proposals (RFPs)
  - Vendor demonstrations
  - Understand vendor support and maintenance
  - Site visits w/mental health clients

- **Phase III – Vendor Selected**
  - Final contract & price negotiation
  - Implementation strategy development
ehrRoadmap - Implementation

- Project planning
- System Installation & configuration
- System build & testing
- User training
- Regulatory, cultural and process considerations
- IT policy & procedure development

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**ehrRoadmap - Implementation**

- Reasonable timeline established in project plan
- Aim for *quick wins* for the facility
- Develop system sustainability
  - Limit customization (map workflows efficiently and assess change in system or )
  - Have vendor *train the trainer*
  - Hold vendors and staff accountable
  - Hardware and software *backups*
- Interoperability
  - Lab results
  - Transcription
  - Prescribing
  - Plan for data *exchange* and referral management
- Policies & procedure development
- Reporting capabilities
- Go live strategy (facilities, users, system core functionality, fall back process)
**Clinical Automation**
- Increased operational efficiencies & communication among providers
- Improved patient safety

**Information Sharing**
- Decrease administrative burden (fax, courier, mail)
- Decrease unnecessary utilization of ancillary tests

**Decision Support**
- Decreased medical errors and adverse drug events
- Improved patient compliance
- Decreased variability

Source: Object Health Research, Gordian Project Analysis

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ehrRoadmap - Realization

- Process evaluation
- Benefits analysis
- Performance program data readiness

- Process redesign
- Workflow optimization
2007 EHR System utilization is 9% - 18%

Implement PDSA (Plan – Do – Study – Act) change methods

Integrate evidence based decision tools

Use reporting to identify continued goals

Communicate goals for care improvement

Implement and train based on changes

Measure results
ehrRoadmap - Education

- Train the trainer
- Tools and guidelines
- Online communities
Web Communities

- Scalable across geography & size
- Ability to meet multiple needs
- Push and pull technology
- Peer-to-peer communications
- Knowledgebase
EHR Selection & Adoption Issues

- How much information is enough?
- ‘Best of breed vs. Best fit’
- Gaining consensus with team
- Start contract negotiations upfront
- Do not skip assessment
- Be a driver not a passenger
Contact Information

John Weir
President
Illumisys
1 Sansome Street
San Francisco, CA 94104
P: 415-677-2083
E: jweir@illumisys.org
W: www.illumisys.org