The Path to EHR Migration & Innovation Success

prepared for LOUISIANA PRIMARY CARE ASSOCIATION

presented by HEALTH INITIATIVES CONSULTING

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Speaker Bio

Christopher Hicks has, during his nearly thirty years in healthcare, developed a deep understanding of the industry and supporting technologies. Throughout his career Christopher has worked with healthcare systems, private practices, rural health clinics and federally qualified health centers to maximize & optimize the power of data and technology in support of the transformation of healthcare delivery and reimbursement.

Most recently, Christopher served as the Chief Business Optimization Officer for an FQHC where he led the organization's Quality Department & Revenue Cycle team in the exciting transition from fee-for-service reimbursement to outcome-based reimbursement models. He also collaborated with Operations, Clinical, Finance and other teams to optimize technology and workflows throughout the organization.

Webinar Series Agenda

Webinar Series I (September 11, 2019)

✓ Evaluating the current state of your EHR as it pertains to your Organizational Goals
✓ Understanding the EHR migration process
✓ Tools and Resources for successful EHR migration
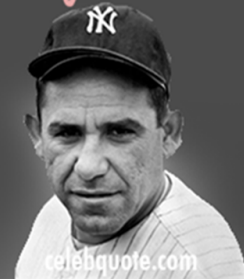
Webinar Series II (September 27, 2019)

- Building an EHR migration Strategy
- Implementation Planning
- Data Migration
- Training, Go-Live, post Go-Live

Are You ...

... Facing or Considering an EHR Transition?

The Value of Today's EHRs

Today's EHRs serve as an integrated system to perform multiple functions for clinical, public health, operational and financial management.

- ✓ Care coordination and Care management

- ✓ Evidenced based Clinical Decision Support

- ✓ Population health management, including functionality for clinical data aggregation, analysis, dashboard display, and real-time alerting.

- ✓ Quality improvement and utilization management with risk stratification capabilities

- ✓ Interoperability and Health information Exchange

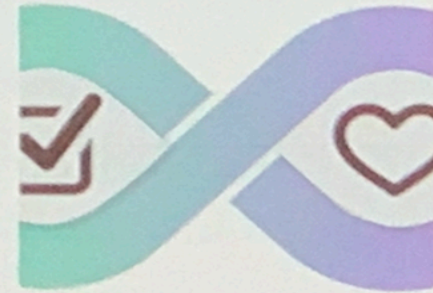- ✓ Complex billing and reporting functions.

6 key themes impacting the industry

In value-based care there are significant shifts impacting the industry. We aim to provide solutions and services targeting these key trends.

A greater focus on prevention avoids high-cost services
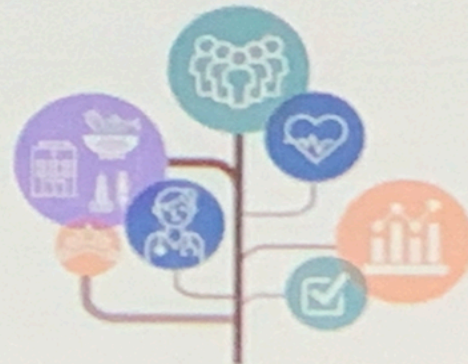
Streamline physician experience and workflows

Understanding patient populations is essential to prioritize & plan

Revenue streams linked to care require continual analysis & adjustment

Patients are a partner in care

Coordinated care requires interoperability & collaboration

Reassessing Innovation Needs and Goals

- **<u>Legacy EHR</u>**: Adopted pre- HIPAA HITECH, MU, Population Health Management

- **<u>Expansion of CHC</u>**: Integration of BH, dental, 340B pharmacy, optical services, inventory management.

- **<u>Promoting Interoperability</u>**: HIE challenges

- **<u>Vendor Issues</u>**: Non-CEHRT 2015, Greenway, Virence (Centricity/Athena)- discontinuation of products, migrations to new platforms

- **<u>Supplemental Functionality</u>**: Filling EHR vendor functionality "gaps" with supplemental systems/platforms

Evaluating the Current State

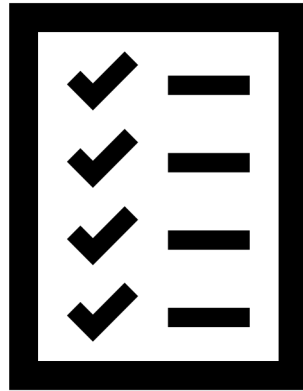| YOUR ORGANIZATION	VENDOR MARKET
☑Quality Improvement Projects ☑Promoting Interoperability: HIE, PDMP ☑Participation in MIPS, CCM ☑Integration: Community Referral Platforms ☑Growth: Addition of Dental, Behavioral Health, Optical, Social Services, Staffing, Clinic Sites	☑ Mergers and Acquisitions ☑ CEHRT 2015 requirement ☑ KLAS 2019 Decision Insights ☑Configurability-Customization ☑Single vendor-multiple vendor

Health IT Needs Assessment Strategy

What do we have?   What do we need?   Where do we go?

- ✓ Opportunity to Re-examine HIT Applications in Context of Today's Industry
- ✓ Tools/Resources: Internal and External
- ✓ Identify Key Missing Elements: "People, Processes, Technology"
- ✓ From Needs Assessment to Requirements Document

Health IT Needs Assessment Checklist

- ✓ EHR Applications: BH, Dental, Community Services, Inventory Management
- ✓ EHR System Support and Governance: IT Department, Health Information Management Committee, HIT Standard Use Policy
- ✓ MACRA/MIPS/PI Assessment/Gap Analysis/Compliance/Attestation
- ✓ Reporting (eCQMs, UDS, Ryan White)
- ✓ Workflow Redesign and Practice Transformation: PCMH, PI, HP2020
- ✓ Population Health Management
- ✓ Other HIT Initiatives (e.g. - telemedicine/telehealth, patient engagement platforms)
- ✓ HIPAA HITECH Security and Privacy Risk Assessment/Management/Remediation Planning

A	B	C	D
IT Department Roles			
Describe the IT department (internal or contracted)			
How many staff?			
What are their roles and functions?			
Is there support for ongoing training of IT staff for system updates/changes?			
Do you have an application manager dedicated to maintaining and managing the EHR?			
Do you have an EHR project management team?			
Describe how system updates are managed			
Describe how system upgrades are scheduled and managed			
How is downtime managed? Is there a policy for managing patient information when system is down?			
Describe your processes for documenting system configurations, changes to the system, support issues.			
How difficult is it to build custom templates? Flowsheets? Tie structured data into MU dashboards? Can this be done with in-house IT staff?			
How would you describe your relationship with your Vendor? Are they accessible? Accomodating? Do they provide adequate service?			
Are you currently engaged with a HCCN? Which one?			
Are you working with PCA?			
Staff Access and Training			
How are new staff trained in the use of the EHR?			
How do existing staff receive on-going training in the EHR?			
Who attends vendor user conferences and how often?			
How do you manage end-user support?			
Do you have remote access to the system set up?			

Needs Assessment

1. Becomes Your HIT Requirements Document

2. Can & should be used in migration / implementation project management

3. Can become a living document to be used in optimization and QI

EHR Requirements – *The Eight Core Functions*

Eight Core Functions [Identified By The IOM](#) Are:

Health Information And Data - patients' diagnoses, allergies, lab test results, and medications, etc.

Result Management - the ability for all providers participating in the care of a patient in different settings to quickly access new and past test results.

Order Management - the ability to enter and store orders for prescriptions, tests, and other services to enhance legibility, reduce duplication, and improve the speed with which orders are executed.

Decision Support - using reminders, prompts, and alerts, computerized decision-support systems would help improve compliance with best clinical practices, ensure regular screenings and other preventive practices.

Electronic Communication And Connectivity - efficient, secure, and readily accessible communication among providers and patients to improve the continuity of care, increase the timeliness of diagnoses and treatments, and reduce the frequency of adverse events.

Patient Support - tools that give patients access to their health records, provide interactive patient education, and help them carry out home-monitoring and self-testing can improve control of chronic conditions

Administrative Processes And Reporting - computerized administrative tools, such as scheduling systems, to improve hospitals' and clinics' efficiency and provide more timely services to patients.

Reporting And Population Health - electronic data storage that employs uniform data standards will enable healthcare organizations to respond more quickly to reporting requirements, including those that support patient safety and disease surveillance.

Bridging the Gap

The Changing Landscape

There Is
P O W E R
in Numbers

Most Frequently Used EHR Vendors Used by Health Centers
per health center-reported UDS data

Vendor	2017 (n=1465)	2016 (n=1409)	2015 (n=1440)	2014 (n=1361)
eClinicalWorks	25%	24%	21%	19%
NextGen (not including OSIS)	17%	18%	20%	22%
Greenway	13%	15%	16%	18%
GE Healthcare (e.g. Centricity)	9%	10%	9%	11%
Athenahealth	9%	7%	4%	2%
Allscripts	5%	5%	5%	5%
EPIC Systems (not including OCHIN)	4%	5%	6%	6%
OCHIN Epic	4%	4%	1%	0%
OSIS (NextGen Ambulatory EHR)	2%	2%	0%	0%
Compugroup Medical	1%	1%	1%	2%

Source: Heath Center-reported UDS data: EHR Form, 2014 and 2015 and Health IT Form, 2016 and 2017. For additional details, you can find the forms in the UDS Manual for each year here.

Most Frequently Used EHR Vendors Used by Health Centers

per health center-reported UDS data from 2014 thought 2017

Legend: ■ 2017 (n=1465) ■ 2016 (n=1409) ■ 2015 (n=1440) ■ 2014 (n=1361)

Y-axis: Percent of Health Centers Reporting Using EHR

Vendor	2017	2016	2015	2014
eClinicalWorks	25%	24%	21%	19%
NextGen (not including OSIS)	17%	18%	20%	22%
Greenway	13%	15%	16%	18%
GE Healthcare	9%	10%	9%	11%
Athenahealth	9%	7%	4%	2%
Allscripts	5%	5%	5%	5%
Epic Systems (not including OCHIN)	4%	5%	6%	6%
OCHIN Epic	4%	4%		
OSIS (NextGen Ambulatory EHR)	2%	2%		
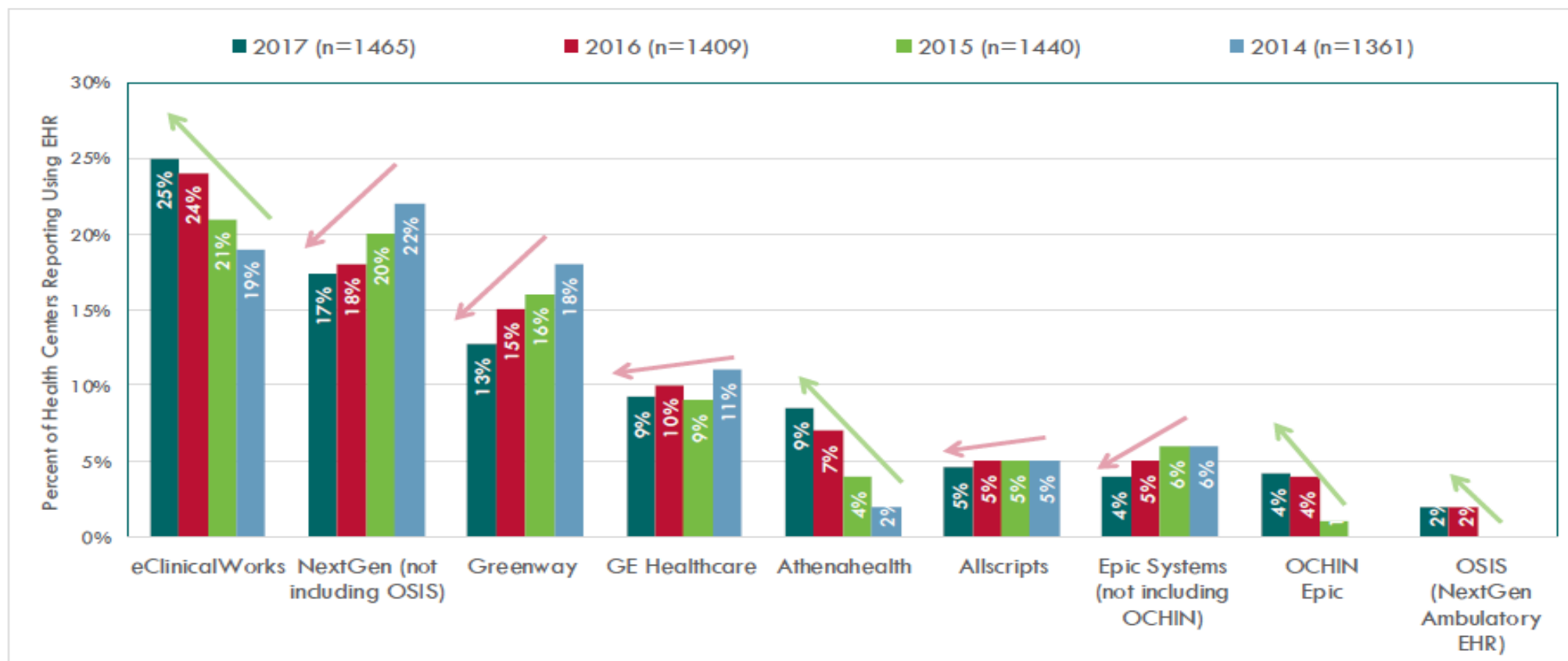
Source: Heath Center-reported UDS data: Health IT Form, 2017. For additional details, see reporting instructions in the UDS Manual here.

Greenway Roadmap

1) Discontinue Greenway SuccessEHS on 12/31/19

2) Eventual Discontinuation of Greenway PrimeSuite TBD

3) Move All Customers to Intergy Platform Until **NEW** Cloud-Based Solution Developed

4) Project Polaris: Cloud-Based Solution Development Plan

Important "W's" to Know - FAQs

WHO: Current users of Greenway's SuccessEHS and PrimeSuite Solutions

WHAT: Greenway SuccessEHS/PrimeSuite Accelerated Migration to Intergy

WHEN: Incentive Reporting (09/30/19) None Incentive Reporting (12/31/19)

WHERE: Greenway SuccessEHS/PrimeSuite Clients Nationwide

HOW: Greenway Resources, Independent Consultants, NACHC UGM, Peers, etc

SuccessEHS Migration Timeline *(Key Dates)*

- Timeline to Sunset Success EHS is 12/31/2019

- Greenway Supporting Success EHS Users to Rapid Migration to Intergy

- No Fee for Data Migration, Implementation and Training To Intergy (online only)

- UDS Reporting Will Be Out of Intergy Practice Analytics

- No Access to Business Objects Reporting After 12/31/2019

- Last Date of Access to SuccessEHS is 12/31/2019 (Including PM/EHR/EDI/BO)
  - **EDI Issues**: Transitions for EHR Outside of Intergy Has NOT Been Determined Yet…
  - $ Cost of Data Migration and Mapping for Non-Intergy EHR Migration

Greenway's Migration Resources

- Greenway SuccessEHS FQHC Customer Success Team encourage customers who will be joining the Greenway Intergy platform, to register for the [Greenway Intergy User Group](#) that meets Quarterly on the last Thursday of the month from **1:00 pm – 2:30pm EST.**

- Greenway is also calling for FQHC leaders to join their User Group Steering Committee. This leadership role will guide future agenda topics and share best practices, when applicable.

Weighing Priorities for Migration Success

MIGRATION PLAN A

Current Platform to New Platform
(Same Vendor)

MIGRATION PLAN B

Current Platform to New EHR?
(New Vendor)

Understanding Various Data Migration Types (3)

Type I: The first type of migration involves shifting to a newer version of the same product, perhaps running on a new technology platform. This type of data migration will typically allow the most comprehensive transfer of data with the least amount of disruption.

Type II: Another type of migration involves switching to a new EHR from another vendor, but with the aid of a cooperating & generally supportive EHR vendor.

Type III: Finally, the most difficult type of migration, involves a move to an EHR with very limited inter-vendor cooperation.

Migration Considerations (FAQs)

- ☑ What Are Your Motivations for Migration?
- ☑ Understanding What Options You Have?
- ☑ Is There Stakeholder Buy-in?
- ☑ Organizational Readiness and Impact?
- ☑ Understanding Integration Needs and Capabilities Across the Spectrum?
- ☑ Know Project Costs and Financial Impact?
- ☑ Is There a Formalized Project Plan and Go Live Timeline In Place?
- ☑ System Setup and Configuration – (clinical, financial and operational)
- ☑ Data Migration Types and Conversion Process?
- ☑ What Onsite and Go-live Training and Ongoing Support is Needed?

Keep Communications Open!

Convey Migration Benefits Clearly to <u>**ALL**</u> Stakeholders

<u>**Administrative:**</u> *Need to understand the return on the investment. These returns include improved efficiency of practice systems and processes, more streamlined billing and collections, as well as cost avoidance through compliance alerts and billing coding.*

• <u>**Clinicians:**</u> *Need to understand that they will be able to deliver improved safe quality patient care with improved usability including fewer clicks, ease of navigation, less cumbersome billing and streamlined visit notes. "death by 1000 clicks", diminish increase in provider burnout.*

• <u>**Patients:**</u> *Will have expanded access to their health information and there will be better communication between clinicians and patients. In addition, patient outcomes are more easily tracked and automated.*

Vendor Selection Process

Phase I

Phase I

- Pre-Solicitation and Preparation
- Assess organizational readiness
- Assess organization financial resources
- Create a budget
- Create a communication plan
- Develop a data conversion and chart migration plan
- Conduct a workflow analysis and process redesign supporting optimization

Phase II

Phase II

- Vendor Selection
- Develop a structured RFI/RFP
- Identify EHR vendors for solicitation
- Distribute the RFI/RFP and collect proposals from vendors based on go-live timeline

Phase III

Phase III

- Vendor Evaluation and Selection
- Perform due diligence
- Score Proposals
- Conduct site visits of vendor finalist for final selection
- Negotiate the vendor contract

Phase IV

Phase IV

- Vendor Relationship Management
- Designate a primary point of contact from your organization
- Identify primary point of contact from vendor
- Establish process for issue documentation and resolution
- Establish process for management of system updates, upgrades and add-ons

Phase I – Pre-Solicitation and Preparation

Access organizational readiness → Assess organizational financial resources → Create a budget

Create a communication plan → Develop a data conversion and chart migration plan → Conduct a workflow analysis and process redesign

Migration Budget Considerations

CLOUD-BASED EHR	LOCALLY HOSTED EHR
• Paying a monthly subscription to a web-hosted EHR is more inclusive (license fees are included, as are maintenance and technical support costs).	• Higher initial costs.
• Start-up costs are generally low.	• You own the license.
• Hardware is less expensive at start-up.	• Server room requires temperature control and additional security measures.
• Mobile devices are secured through web applications (does require local security systems).	• Additional licenses are required to access the server.
• Upgrades and updates are automatically included in maintenance fees.	• Upfront costs are greater, and the organization will need to have or hire individuals to maintain the network and servers.
• Training usually online, not in person.	• Annual maintenance costs are typically about 20 percent of the software cost.

Understanding Costs

IMPLEMENTATION COSTS	ONGOING COSTS
✓Data Conversion/Migration	✓Annual Licensing/Subscription
✓Interfaces	✓Software Maintenance
✓Staff Time/Resources	✓Hardware
✓Consultants	✓Upgrades
✓Productivity Loss	✓3rd Party Fees (additional vendor management)
✓Delays	✓Customizations
✓Legal Fees *(contract review)*	✓Reporting
	✓Staffing
	✓Ongoing Training

Create a Migration/Procurement Budget

Cost Of Server(s), Network Components, Hardware, And Internet Service Provider (ISP) Fees:
- Cloud-based - ISP that provides appropriate levels of bandwidth, speed, security, reliability and support
- On-Premise - pricing on servers, server s/w, back-up drives and power sources, wired and wireless network components (cables, jacks, routers, access points), heating and cooling costs for server room, desktops, laptops, or mobile devices that are sufficiently secure for org's EHR configuration (ie computers match your server)

Vendor Training Costs - aim to over budget for training costs and include travel expenses
- Cloud-based – generally done remotely
- On-Premise - combination of onsite and remote (e-Learning)

Implementation Costs – set up, configuration, workflow mapping
- Convene HIT implementation team with clinical, technical and administrative roles- cost of staff time
- Implementation means "installation" – your org is responsible for internal workflow analysis and process redesign to achieve greater efficiencies. Vendor's job is to install the EHR system and train you on how to use it

Interface Costs – cost of exchanging data with other systems such as labs, Immunizations, HIE, other 3rd party, etc.
- Identify vendor's experience with the following: library of interfaces, previous experience with vendors, innovation to emerging technology, customization. All should be negotiable!

Item	One time cost (acquisition price)	Annual fees (maintenance or recurring license)	Annual % increase	# of years	Total
Software license					
Third party licenses – infrastructure					
Third party licenses – content					
Third party licenses – tools					
Hardware					
Implementation					
Consulting					
Network upgrades					
Internal staff					
Training					
Disaster backup and recovery					

Total Costs of Ownership (TCOC)

TCOC Considerations:

- Upfront/One Time Fees

- Ongoing Annual M&S Fees

- Increases in Annual Fees (%)

- Length and/or Life of Solutions and Optimization
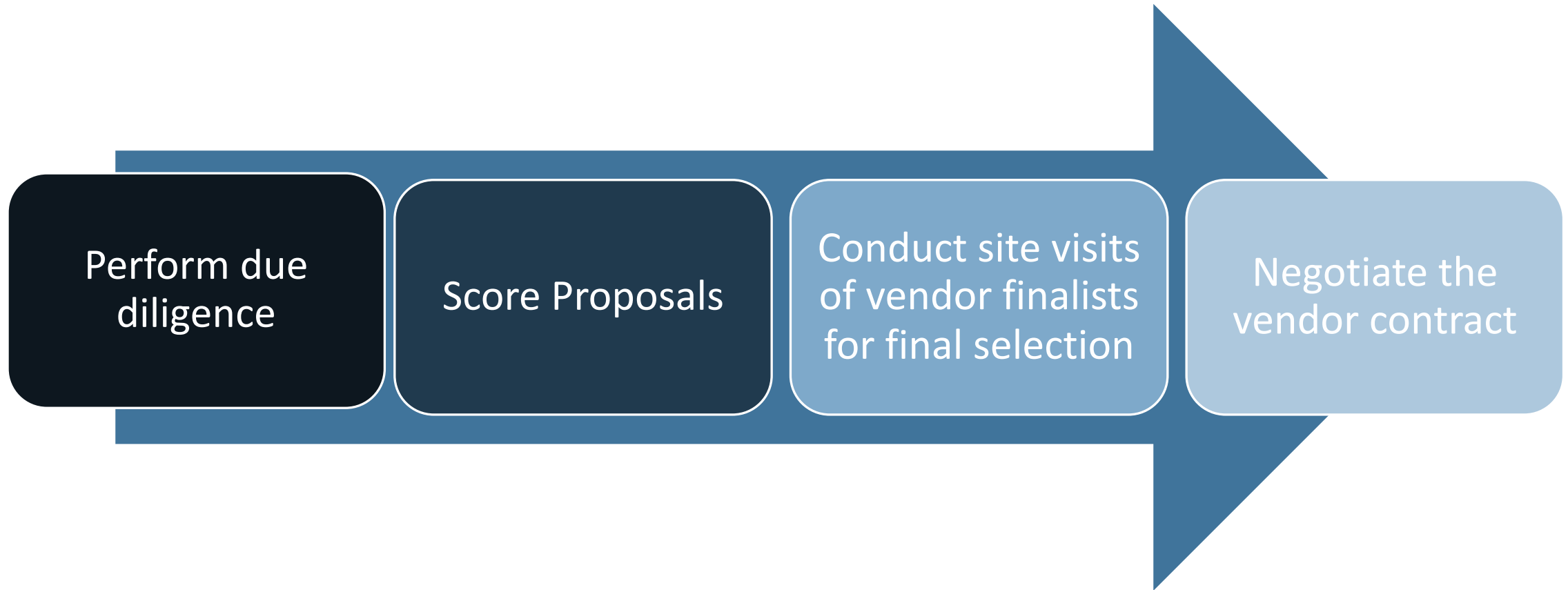
Phase II – Vendor Solicitation

Write a Request for Proposal (RFP)

Identify EHR vendors for solicitation

Distribute the RFP and collect proposals from vendors

Phase III – Vendor Evaluation and Selection

Perform due diligence

Score Proposals

Conduct site visits of vendor finalists for final selection
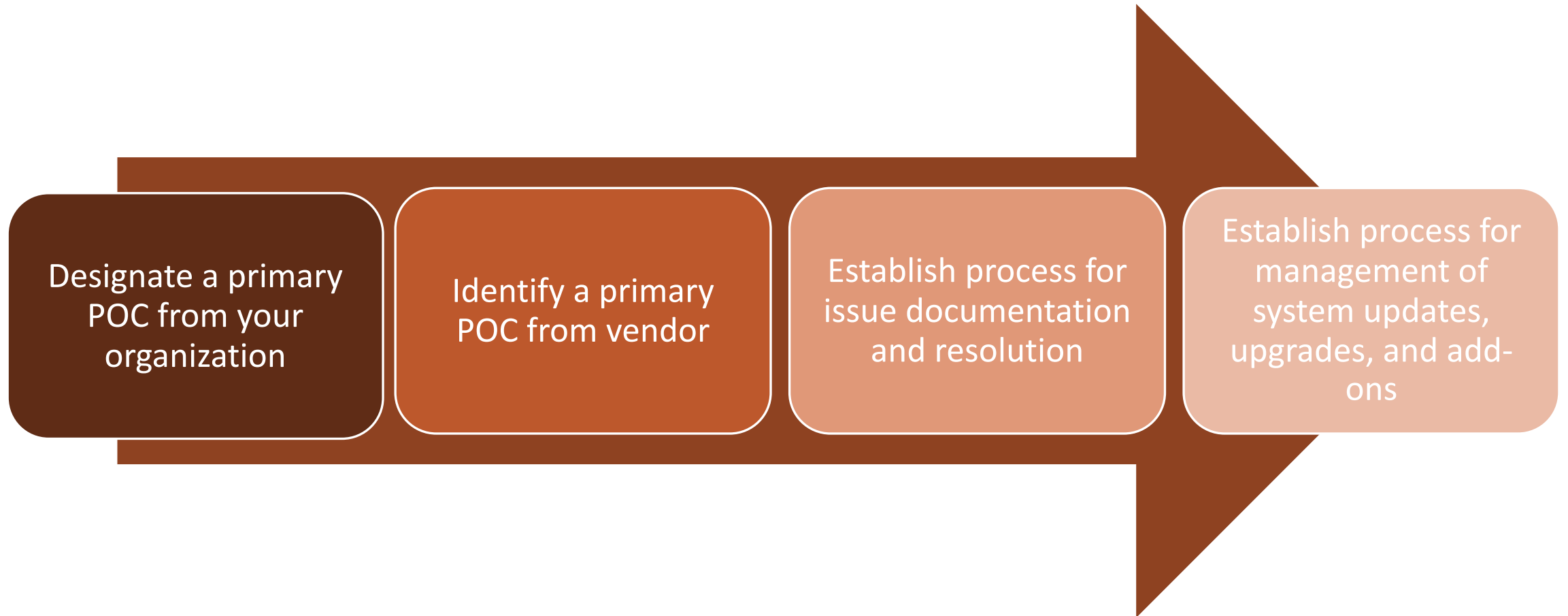
Negotiate the vendor contract

PHASE III - Vendor Evaluation and Selection

❑ Reference Checking Worksheet for EHR Vendors

❑ Vendor Evaluation Matrix Tool

❑ Vendor Selection Site Visit Checklist and Questionnaire

❑ Key Contract Terms for Users to Understand

❑ NLC Contracting Guidelines and Checklist for EHR Vendor Selection

❑ ONC EHR Contract Guide

❑ ONC Health IT Playbook

Phase IV – Vendor Relationship Management (VRM)

Designate a primary POC from your organization

Identify a primary POC from vendor

Establish process for issue documentation and resolution

Establish process for management of system updates, upgrades, and add-ons

VRM Sample Tools and Resources

Case Log					
Date Reported	Reported By	Case Type (e.g. issue, enhancements, question)	Description	Vendor Ticket Number	Status (Open, Escalated, Resolved)/Date
			✓ Software Management Checklist		
			✓ Issues Management		

Health IT Resources and Tools List

Resource/Tool	Description	Link
How do I select a vendor?	This resource assists organizations in selecting EHR software and beginning the planning to support the selected EHR system. Most organizations develop an initial plan to identify their key goals, conduct a vendor assessment, select an EHR system that supports these goals, and finalize their plan after the selection.	[How do I select a Vendor? Health IT.gov](#)
Selection or Upgrade to a Certified EHR	This resource presents different factors affecting the workflow of planning and selecting an EHR system.	[Selection or Upgrade to a Certified EHR Health IT.gov](#)
Vendor Pricing Template	This tool is recommended for organizations that have made the commitment to implement or upgrade to certified EHR systems.	[Vendor Pricing Template Health IT.gov](#)
EHR Contracts: Key Contract Terms for Users to Understand	This resource presents an introduction to the basic terms and concepts regarding EHR contracting. It includes information on vendor contract negotiations.	[EHR Contracts Health IT.gov](#)
RFP Template for Health Information Technology	This request for proposals (RFP) template is intended to aid providers and health IT implementers throughout the EHR vendor selection process. This template can be used to structure requests for vendors to send proposals on the specific health IT item to be acquired.	[RFP Template Health IT.gov](#)
Buyer's Guide Business Intelligence Tools for HCs and PCAs	This resource is also used for planning and vendor selection. It details considerations and planning tips, including how to evaluate costs and reports such as the Uniform Data System.	[Buyers Guide NACHC](#)
Behavioral Health Provider EHR Readiness Assessment Toolkit	This Readiness Assessment Toolkit was developed specifically for mental health and substance use disorder treatment providers interested in exploring health IT. The guidance can be applied to adopting certified electronic health IT but it is also applicable to adopting telehealth, mobile technologies, social media, and any other type of information technology.	[EHR Readiness Assessment National Council Behavioral Healthcare](#)
EHR Implementation Go-Live Planning Checklist	This go-live planning checklist is intended to aid providers and health IT implementers in planning for EHR implementation.	[EHR Implementation Checklist Health IT.gov](#)
ONC Dashboard and Transparency List	This website is updated weekly to provide links each developer's mandatory disclosure statement and indicates the developer's response to the Transparency Attestation.	[ONC Health IT Transparency List](#)
HITEQ Center	HITEQ is a HRSA-supported partner that provides technical assistance to health centers and serves as a clearinghouse of health IT resources.	[The HITEQ Center](#)

Webinar Series Agenda

Webinar I (September 11, 2019)

- ✓ Evaluating the Current State of Your EHR As It Pertains To Your Organizational Goals
- ✓ Overview of the Current EHR Vendor Market
- ✓ Understanding the EHR Migration Process
- ✓ Tools and Resources For Successful EHR Migration

Webinar II (September 27, 2019)

- Building An EHR Migration Strategy
- Implementation Planning
- Data Migration
- Training, Go-live, Post Go-live

How Can We Help?

- Provide a Formalized Pathway to Migration and Innovation Success
  - ☑ Commitment to Your Migration and Innovation Success
  - ☑ Confirm Stakeholder Buy-in W/EHR Migration/Implementation Strategy
  - ☑ Conduct HIT Current State Assessment (CSA) (have vs need)
  - ☑ Develop A Role-based EHR Selection/Migration/Implementation Leadership Committee
  - ☑ Assist With Vendor System Selection Process/Demos/Evaluations
  - ☑ Contracting
  - ☑ Minimize Migration Disruption

Resources

http://www.nationalacademies.org/hmd/Reports/2003/Key-Capabilities-of-an-Electronic-Health-Record-System.aspx

https://www.ehrinpractice.com/a-framework-cheat-sheet-for-your-ehr-rfp-295

https://www.himss.org/rfp-sample-documents-0

HIT RFP sample templates

HRSA HIT Resources and Tools List

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Thank You!

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