



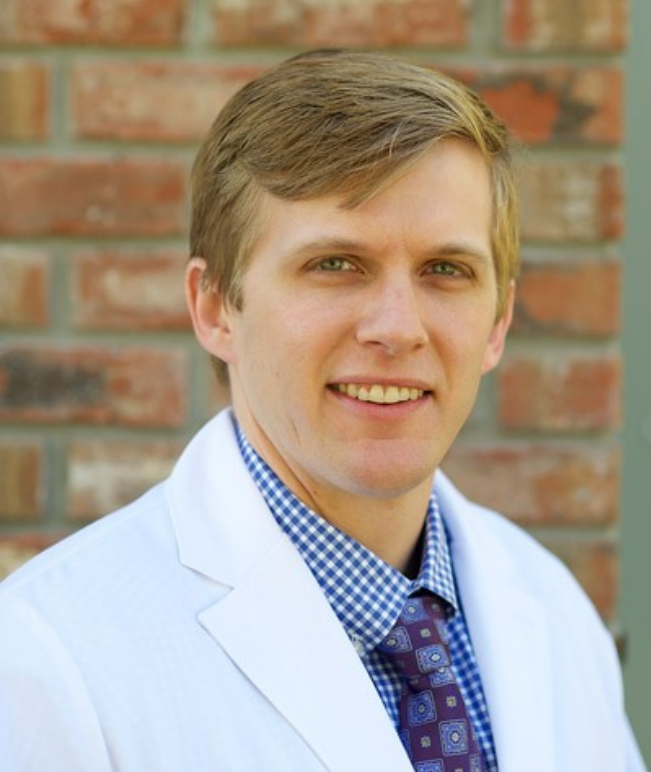
The Path to EHR Migration & Innovation Success - Part II

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prepared for Louisiana Primary Care Association

presented by HEALTH INITIATIVES CONSULTING

Speaker Bio



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Dr. Dickert grew up in Crystal River, Florida. He attended Florida State University where he obtained a degree in Finance, and he went on to complete his Medical Degree at Florida State University. At the end of his medical school track, he had a strong interest in primary care and went on to complete his internship and resident training at University of Florida in the Department of Community Health and Family Medicine. After training, he began practice in the town that he grew up in. Clinical interest include geriatrics, chronic disease management, and Health IT.

Webinar Series Agenda

Webinar Series I (Sept 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 Vendor Selection

Webinar Series II (Sept 27, 2019)

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



So you inherited
a mess...

Now
What???

Re-Implementation...

- ✓ Opportunity for Practice Transformation
- ✓ Improvement in Efficiency, Quality, and Safety



Creating a Successful Change Management Plan

Goal:

- The goal of creating a Change Management Plan (CMP) is it allows staff to prepare and embrace the new health IT software

Purpose:

- It is essential that all leaders have a shared vision for the practice and for the new EHR system from the beginning

Objectives:

- Assign and empower a respected member of the team to serve as the EHR Project Manager

Role:

- Should be someone involved in the EHR planning and selection process
- Must know how to properly communicate across all staff the changes that will soon come
- Must have the ability to build excitement and acceptance around the new system

Milestones:

- The project manager must hold a practice-wide meeting to introduce the new system and provide a timeline for implementation of the new system, with the following included:
 - Data transfer
 - System testing
 - Key training dates
 - Go-live

Improved Outcomes: Care better than we've ever seen

Lower Cost: Care we can all afford

Patient Experience: "know me, include me, care for me, ease my way"

Clinician Wellness: "respect me, support me, make the right thing easy to do"



HIT value is in direct proportion to how well it is being used, and how many people/organizations are using it.

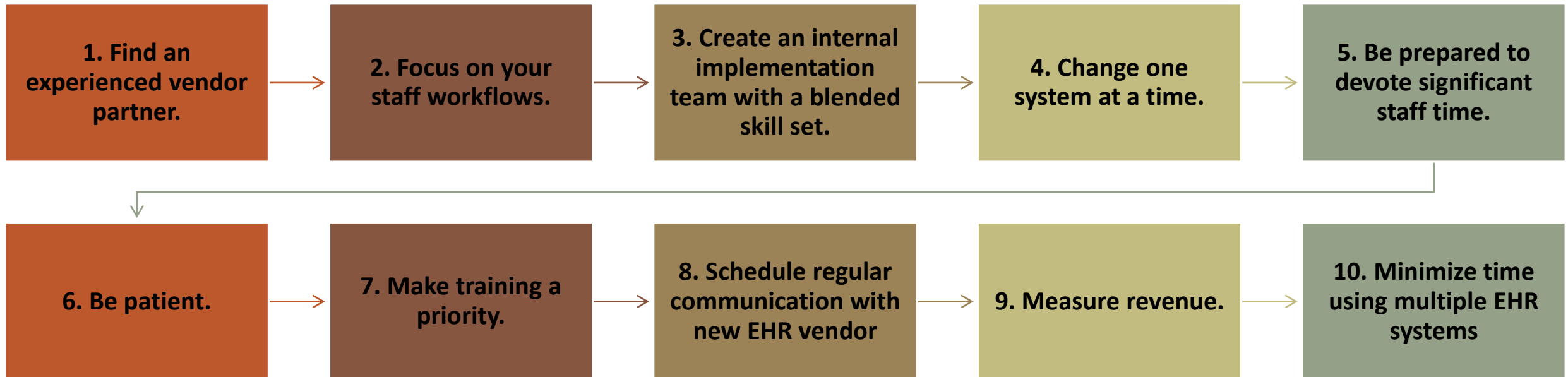
The users and their practices are as much a part of the outcome as the technology!



Implementing an EHR involves more than the application of technology. When successful, it results in the transformation of systems, processes, and workflows of a practice. Throughout this Primer we have presented principles of change management that can help you plan, implement and evaluate your



Step-Wise Approach to EHR Implementation



The Path to Migration Success

EHR Implementation Strategy

Preparation

Create Committees and core teams to guide Health Center wide adoption, policies and procedures

**System
Governance and
Adoption Policies**

Identify waste and redundancy. Standardize and create more efficient processes

**Review and
Improve Processes
and Workflow**

The implementation plan Includes financial/clinical/ operational deployment Projects.

**Create
implementation
Plan specific to
Organization**

Training

Configure EHR to support adoption goals, processes and workflows

System Design

Role-based End user training based on new workflow processes integrating team based care model approach

**Initiate Training
and Projects
Initiatives**

Continued governance and optimization to support Practice Initiatives.

**Achieve Adoption
Goals and set
ongoing
optimization
goals!**



Build an EHR Implementation Committee

“If you Build it, They Will Come” Field Of Dreams 1989

Implementation Project Plan

Initiation Phase:

- Discovery Call: Vendor PM, Client EHR PM/Project Director
- Basic Review of Contract: be very clear on what is included in “implementation cost, list out each phase, understand implementation budget hours.
- Identify Key EHR Implementation Team Members (*Representing Operations, Billing, Clinical, Informatics/Application Manager, IT*)

Planning Phase:

1. Project Kick-off Call: Establish Project Milestones and Timeline
2. Billing Discovery: Vendor Billing Lead, CFO, Billing Manager to Discuss Billing/RCM Process
3. Technical Kick-off: Vendor and IT Call Focused On Hardware and Network Requirements
4. Interface Kick-off Call: Focus On Reviewing and Defining Scope for Various Integration Needs With 3rd Party Vendors (Labs, Immunization Registry, E-Rx, EHx/HIE)
5. Data Migration Call: Vendor and PM Identifying Scope of Data Elements Required for Migration.
6. Workflow Analysis: Vendor and PM/EHR Team Initiate Gap Analysis and System Build Processes for PM/EHR

Implementation Project Plan

Execution Phase:

1. *Workflow Analysis and System Build (*Most Time Consuming, Beware of Over-customization*)
2. Demo/Test and Production Environment Setup
3. Data Migration: Vendor to Extract OR Customer IT to Provide Data that Needs to be Migrated
4. Billing setup and Enrollment: May Require 3rd Party Clearinghouse Vendor Setup, Implementation and Training
5. Interface Scoping, SOW Signed by All Parties, Coordination of Hardware, Installation and Testing
6. Pre-Trainings for Identified Super-users (*Often Same Members as EHR Implementation Team*)
7. Training
8. Support Strategy

Post Go-Live

1. Transition to Vendor Account Manager and Support Teams
2. Optimization and Adoption

Action Items

Area	Action	Assigned To	Target Date	Comments
IT				
Interfaces				
HIE				
Data Migration				
System Build				
eRX				
Reporting				
System Security Set-up				
Billing				
Training				
Communications				
Go-Live date				
Governance				

EHR Implementation Team Status Report

Workflow and Process Redesign

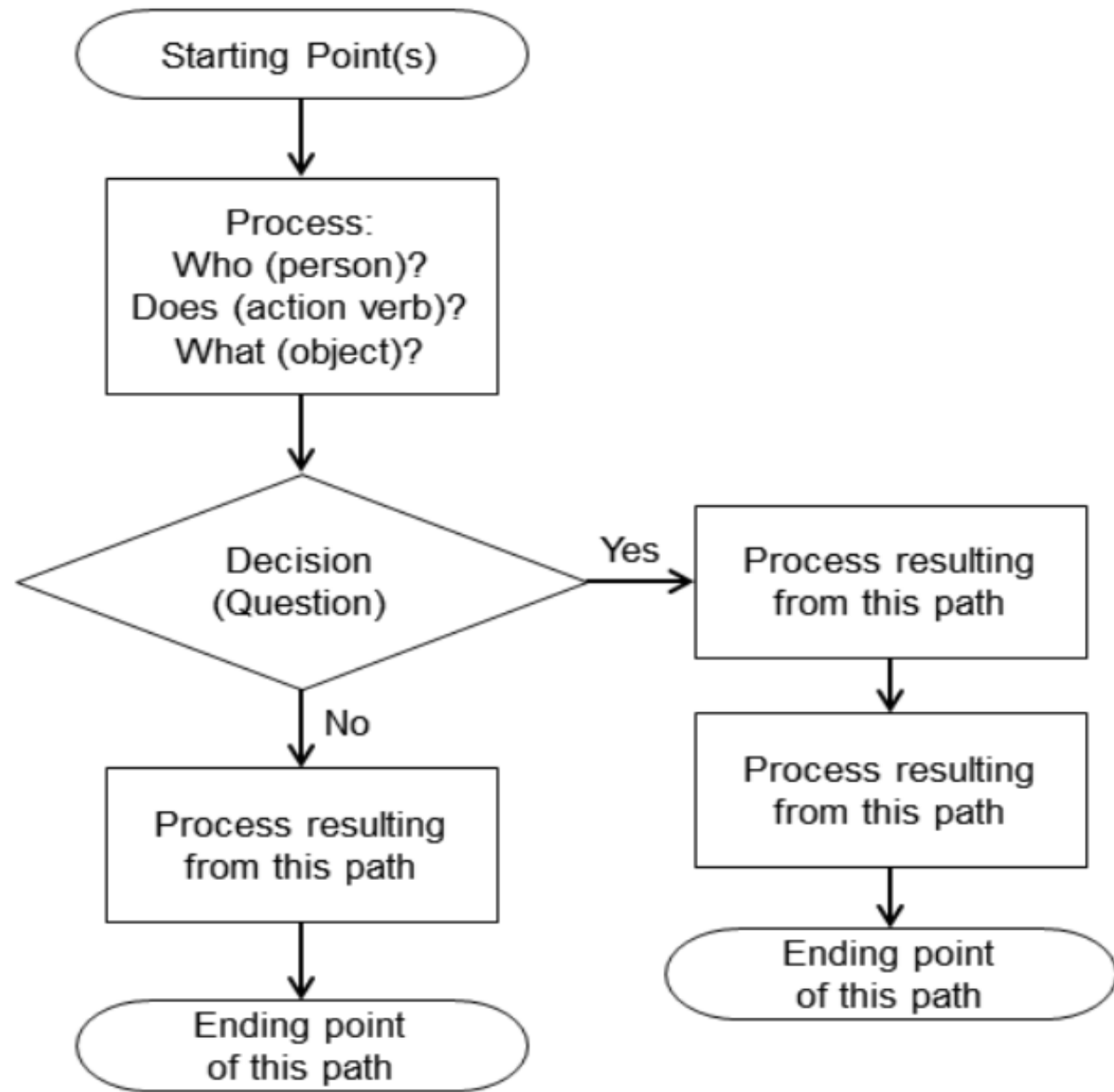
Create a Process Map OR Diagram for Workflow and Process Redesign:

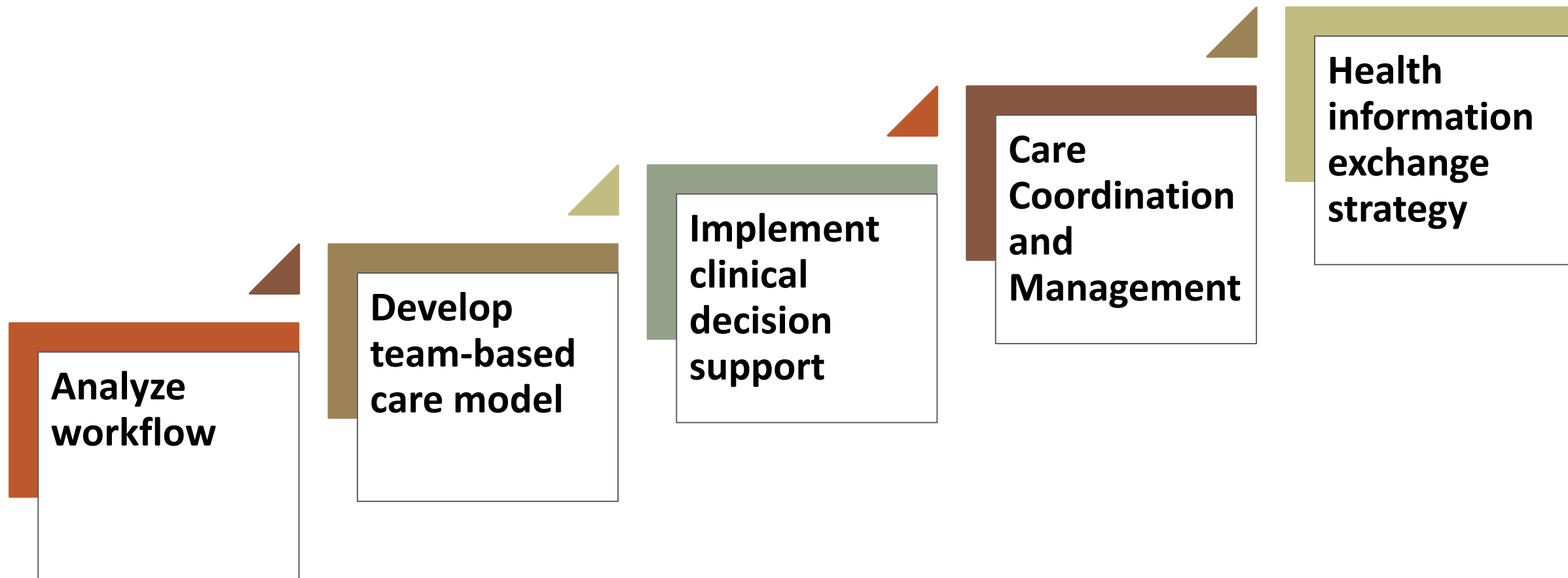
- What patient data or information do you need?
- How does information about the patient get to you?
- What do you do with this information?
- Where do you send this information?
- How do you know if the information was received?
- What systems do my major referral sources use?

After You Have Completed Your Workflow Analysis, Segment Tasks Into 3 Categories:

- What new work tasks/process are we going to start doing?
- What work tasks/process are we going to stop doing?
- What work tasks/process are we going to sustain?

Preparing for Workflow and Process Redesign





Process Development

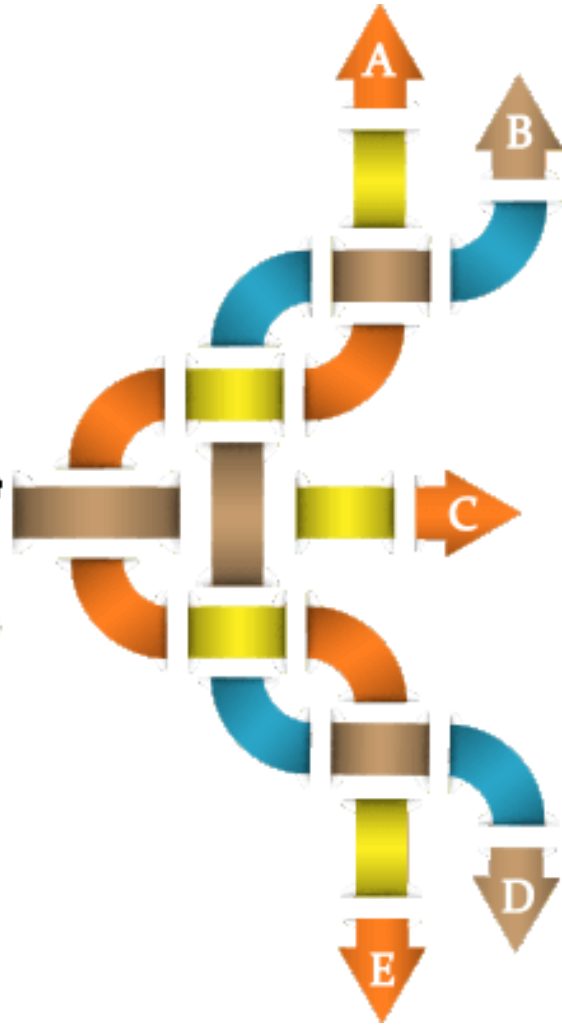
Patient Activity	Care Activity	Example of Care Activities	Key Data Required (UDS, MU, PCMH, BMC, COM, ...)	Who? (care team)	What? (information)	Where?	How?	When? (workflow)	Notes	Changes needed	EHR/IT customization required
Before arrival		Pre-visit planning: overdue services, test results, referral consults, hospital/ER discharge documentation.									
Daily Care Team Huddle		Documentation of Huddle (PCMH requirement)									
Check In		Registration, * reason for visit, confirm PCP, Insurance									
Waiting		Form completion-Pt. Navigator: Social determinants of Health Screening (PRAPARE form), insurance enrollment		B							
Rooming		CC, screening tools, vitals, POC tests, standing orders									
Provider Encounter		HPI, ROS, PE, e-RX, CPOE, A/P									
Encounter Closing		AVS, CCD document, referrals									
Coding/Billing		E/M codes, modifiers, CPTII, G-Codes									
After Patient Leaves Office		f/u results (phone calls/letters/portal), referral scheduling, prior authorizations									
Outside Patient Specific Encounter		MCM f/u, Test tracking, Referral Tracking. ER/Hospital follow-up. High Risk Case Management									

Workflow Planning Template

	Health Center Impact							
	Workforce			Operations			Systems/Technology	
Basic Workflows								
PM	Providers	Clinical Team	Administrative	Training	Communications	Policy & procedures	EHR	Portal/Website
Registration of New Patient								
Registration of Established Patient								
Scheduling appointment for New Patient								
Scheduling appointment for Established Patient								
Scheduling appointment chain for BH								
Patient check in								
Patient check out								
Incoming Faxing								
Clinical								
Electronic Chart Prep: Pre-Visit Summary, huddle report								
Chart Maintenance Update								
Phone note								
Orders-CPOE								
Referral-External								
e-RX								
Rx refill								
Printing a document								
Routing a document								
Letters								
Handouts								
Editing a flowsheet								
Appending a document								
Office Visit-MA intake								
Office Visit-Provider								
Office Visit-RN only								
Office Visit- BHC								
Creating a CCD								
Lab only visit								
Radiology								

Workflow

MOTION



Most Common Workflow Issues

1. Failure to understand the overwhelming importance of workflow in determining productivity, and inadequate workflow mapping prior to go-live
2. Failure to set up an “easiest way” to see patients and document visits prior to go live
3. Failure to assign specific roles for data gathering and data entry
4. Failure to do a full walk-through to identify gaps, bottlenecks and optimal location of devices to support workflows
5. Failure to assess impact of workflow on clinical, operational, IT, and reporting needs
6. Failure to communicate workflow change to all

Data Migration Best Practices

Define Your Migration Parameters

Create a Data Migration Plan

- What structured data?
- What documents?
- Labs?
- Flowsheets
- Pt. demographics: insurance?

Begin With Today's Date and Move Backwards

- Only migrate Active patients (any patient NOT seen in past 3 years is considered "inactive")
- Be realistic about data migration- what is needed at point of care? How accurate is data from old system?
- Are problem lists active, up to date?
- Medications can be imported via Rx History download from Surescripts in RX module
- Cash meds, OTC and compounded meds not included in the Surescripts database

Initial Migration- Validation- Re-Migration-Validation

- This is an iterative process and can be time consuming- staff resources need to be allocated to this process

Data Migration Plan

Item Name	Attainable	Comments	Initial Feedback	Notes from Initial Feedback Call	Final Attainable	Final Feedback
Allergy						
Patient Name/Account Number	Yes					
Doctor Name/ID	No					
Allergy Report Date	Yes					
Drug/Non Drug Name	Yes					
Allergy Reaction						
	Yes					
Status (Active/ InActive)						
	No			○		
NOTE	No			○		
Patient Demographics from EMR Data						
Lastname	No					
Firstname	No					
DOB	No					
Account No	No					
	No					
test	No					
TestEbo	No					
Testing	No					
	No					

Data Migration Process

Step 1

Establish a Data Migration Plan (DMP).

Step 2

Review this DMP with your vendor (and the vendor doing the data migration if different from the vendor). The DMP is a structured tool to walk through each data field and determine what data is necessary to migrate – i.e. need to have, nice to have, not necessary, or don't bother.

Step 3.

Expect The Unexpected... Be Able To Adapt To Changes In Plan.

Multiple Scenarios:

- Go-live, No Data.
- Go-live Minimal Data.
- Go-live Messy Data... Avoid

Health Information Exchange (HIE)

- **Direct Messaging**

- Do All Users Have Direct Addresses?
- Do Referring Health Systems and Providers Use Direct Address?
- Direct Addresses Enable Secure Messaging With Attachments and Can Be Imported Directly to Your EHR?

- **CommonWell and CareQuality**

- **CommonWell** is a Health Data Sharing Network And **CareQuality** is a Framework to Enable Health Data Sharing Between and Among Networks.
- Providers Who Participate in CommonWell And CareQuality Are Able to Connect to Each Other \and Bilaterally Exchange Health Data

- **State/Local HIEs**

Document Management Strategy

- Standardized Document Naming Guide
- Workflow- Who Manages Incoming/Outgoing Documents?
 - Outgoing
 - ROI release?
 - Issues with consent, privacy/security, timely requirements
 - Incoming
 - E-fax
 - Paper
- Vendor Capabilities
- Software Support

Failure To Build, Test and Implement ALL Essential Interfaces for Lab and Imaging Prior To Go-live.

Labcorp/Quest Will Manage Process With Your Vendor.

Outside and Smaller Labs and Vendors Will Not Cover Cost Of Interface

PDMP for Controlled Substance Monitoring

Common Data Interface Management Issues

<u>Question</u>	<u>People</u>	<u>Process</u>	<u>Technology</u>
What reports are you producing using your current system?			
Who is responsible for producing reports?			
How are parameters for reporting communicated?			
What reporting is working using your current system?			
What reporting functionality is missing?			
What is working with the current system that you wish to preserve?			
What functionality is not available today that is a 'Must Have' in the new system			
What functionality is not available today that is a 'Nice to Have' in the new system			

Reporting Considerations

COMPLETE 'REAL-WORLD' TESTING

THE IMPORTANCE OF EHR TESTING

- Thoroughly test your EHR implementation before you face real, live patients.
- Assign testing to staff that have been involved in creating the new EHR workflows and have great attention to detail.

TEST PATIENTS

- EHR system should allow you to create 'test' patients
- Create a patient case scenario that you are comfortable and familiar with (*e.g. a wellness visit for 80-year-old man*)
- Patient visit life-cycle - demographic input and initial review of medications to e-prescriptions and future appointment scheduling

REAL-TIME EHR TESTING

- Execute role-based testing - individuals perform EHR task based on their role in seeing the patient



**“Don’t Forget
About
HIPAA Privacy
and Security!!!”**

CONDUCT PRACTICAL EHR TRAINING SESSIONS

- **Create an EHR Training Timeline**

- ✓ Create a training timeline, for which you can set short- and long-term goals for training completion.
- ✓ If relying on in-person training, plan multiple training sessions and set aside time in staff schedules for these. By dedicating specific time slots for training, you will achieve greater concentration from the staff

- **Target Training To Users' Skill Levels**

- ✓ Properly assess your care team and clinicians' current skill level and comfort with computers

- **Create An EHR Training Team**

- ✓ Designate a super user, or several, depending on your practice size.
- ✓ Allocating an individual in each department that has a more comprehensive understanding of the system is ideal.
- ✓ Identify leaders in your practice who will be called upon to mentor and train new staff.



Tailor Training to Different Departments

Training

Tailor Training To Different Departments

- Train Only What Each Department/Clinician Needs To Know

Watching Is Too Passive. **Encourage Action!**

- Allow Staff To Follow Along With Training In Real Time.
- Provide Each Member Of The Team, Especially Clinicians, With A Cheat Sheet Or Reference Page As Well

**When It Comes To EHR Training, Use The Resources That Your EHR Vendor Provides.
It Does Not Stop With 1, 2 Or Even 10 Training Sessions.**

It's Ongoing!!!!

Most Common Training Issues

- Underestimation of the Amount of Training Required.
- Failure To Time the Training to Times When Users Can Optimally Absorb It. *(Too Much Training Takes Place Before Users Have A Context To Understand It)*
- Failure To Assure That Providers Actually Complete Training.
- Failure To Have A Full-Dress Rehearsal Before Go-live.
- Failure To Provide Sufficient Real-time Support During Go-live When The Risks Are Greatest, The Learning Potential Is Highest, and When Staff Need Training the Most.

CLEARLY COMMUNICATE GO-LIVE PLANS

ALLEVIATE STAFF ANXIETY

- Providing support, encouragement and recognition of a job well done will ease go-live nerves
- Ensure that your super users and administrative managers are on site during your launch with real patients.
- You must keep a sense of calm in the clinic during EHR go-live in order to reduce staff anxiety and patient frustration
- “It is essential to inform patients that you are implementing a new EHR system”
- Concentration should be on the new EHR system.
- Decrease patient caseloads for clinical staff in order to ensure proper input of medical data and care plans.
- Give the administrative, clinical and office staff time to adjust to new workflows and processes.

KEEP PATIENTS INFORMED

- It is essential to inform patients that you are implementing/migrating to a new EHR system
- Educate them on the benefits of improved patient care, improved communication and medical record management.

EXPECT RESISTANCE AND FEAR

Reasons for Resistance WILL Include:

- **Complacency:** “It Has Always Been Done This Way”
- **Resistance to Technology:** Some People Are Afraid of Technology, Don’t Feel Like Learning Something New, Additional Responsibility
- **Overworked/Over-Scheduled Staff:** They Cannot Keep Up With Their Own Job Duties, Let Alone Learn A New System
- **Poor Work Morale:** Hearsay Can Lead to Resentful Staff, Feeling as if The Change is to Increase the Administrative Bottom Line



It's Never Going to Be
Perfect, So just Get it
Done.”

Voltaire was right.

Hererra, Tim. (2019, July 7) It's Never Going to Be
Perfect, So just Get it Done. The New York Times

ADDRESS POST GO-LIVE CHALLENGES

Areas that you can expect to encounter post go-live challenges include:

PATIENT SATISFACTION

- Administrative teams must pay great attention to patient satisfaction through verbal communication or patient satisfaction surveys
- Focus on optimal customer service and patient satisfaction to reduce frustration post go-live.

REGAINING PRODUCTIVITY LEVELS

- Set reasonable expectations to restore normal patient caseloads, despite implementation of a new documentation system.
- Remind staff and clinicians that new and/or redesigned workflows within the new EHR system was designed to improve productivity

PATIENT COMMUNICATION

- System measures must be in place to ensure that patients are receiving necessary phone calls after lab-work or imaging studies are done.
- Ensure that alerts are given to the clinicians, nurses or practice managers so that the patient is not left waiting on test outcomes.

Post Go-Live Optimization

EHR OPTIMIZATION AND IMPLEMENTING ADDITIONAL FEATURES:

- Now you can begin focusing on optimizing your data collection, reporting, billing and operations.
- Identify areas further improving practice efficiency and create phased plan for adoption of additional customization and implementation features.
- Schedule post go-live training 4-6 weeks to review workflows and issues management with vendor
- Adopt Monthly EHR announcements with optimization updates, “did you know?” feature in newsletter, email, messenger, or staff meetings.
- Use the services and support of your EHR vendor to educate your users on additional features. (e-university- video trainings)

Step-by-Step Approach to Migration Success

Step 1: Create A Change Management Plan

Step 2: Workflow Mapping

Step 3: Identify And Migrate Valuable Data

Step 4: Interface Management

Step 5: Health Information Exchange Strategy

Step 6: Complete 'Real-world' Testing

Step 7: Conduct And / Or Support Practical EHR Training Sessions

Step 8: Clearly Communicate Your Go-live Plan

Step 10: Address Post Go-live Challenges

Lean on Industry Experts to Help!

Seek experts to provide you with advanced capabilities resources and multi-level industry experience to help formalize and navigate the pathway to a successful EHR migration

1. Provide insight and weigh priorities that help put practices on the right path to migration success *(i.e. understanding key features and value-add, hosted vs on-premise, lessons learned/referrals, etc.)*
2. Help establish realistic expectations and facilitate team readiness to migration success
3. Help minimize practice disruptions caused by migrations/transitions to other EHRs
4. Work with teams to develop and execute on a promising best practices migration project plan
5. Work with teams to develop a customized transition timeline and facilitate stakeholder's readiness for migration and innovation success
6. Facilitate and drive integration/conversion success (practice, financial, clinical, document/imaging)
7. Engage and/or support meaningful contract negotiations empowering clients
8. Prepare practice and teams for go-live readiness

Value-Add Resources

Hodgkin's M. Electronic Health Record Implementation. Available at
<https://www.stepsforward.org/modules/ehr-implementation>

Hummel J, Evans P. HER Implementation with Minimal Practice Disruption in Primary Care Settings: The Experience of the Washington & Idaho Regional Extension Center. Available at:
<https://www.healthit.gov/sites/default/files/ehr-implementation-wirec.pdf>

Quellette P., EHR implementation preparation checklist for small practices. Available at
[https://ehrintelligence.com/news/ehr-implementation-preparation-checklist-for-small-providers.](https://ehrintelligence.com/news/ehr-implementation-preparation-checklist-for-small-providers)

<https://hiteqcenter.org/Resources/HITEQ-Resources/quality-report-inventory>

[https://www.healthit.gov/sites/default/files/EHR Contracts Untangled.pdf](https://www.healthit.gov/sites/default/files/EHR_Contracts_Untangled.pdf)

<https://hiteqcenter.org/EHRtransition2019>



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Thank You!

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