EMR Implementation: Avoid the Pitfalls and Lead Your Organization to Success

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Objectives

- State common pitfalls in EMR implementations
- Discuss strategies to improve success in clinical, financial, and operations areas
- Discuss methods to improve clinician acceptance
Agenda

Statistics → Myths & Facts

Common Pitfalls → Strategies for Success
The Statistics

- 2007 CDC National Center for Health Statistics survey on technology revealed
  - 28% of home health and hospice agencies adopted both electronic health records and mobile technology
  - 54% adopted neither
  - 15% adopted only electronic health records
The Statistics

- In 2013 NAHC sponsored a State of the Industry study. The goals were to generate insights on best practices in:
  - IT/EHR use
  - Telehealth and
  - Organizational practices
- 1,104 agencies surveyed over six months
NAHC Study Results:
- 80% have financial, billing and back office software systems
- Of those, 10.5% plan on replacing or upgrading in the subsequent 12 months
The Statistics

- NAHC Study Results:
  - 57.8% have a point-of-care (POC) system
  - 47.9% of those without a POC system plan on purchasing a system within the subsequent 12 months

- POC device trends
  - Current - 65.5% are laptops/27.3% tablets
  - Future - 56.7% will be tablets/32.1% laptops
The Statistics

- NAHC Study Results:
  - 46% report their EMR meets program needs
  - Of those who use a POC system:
    - Nearly 60% have higher scores in Home Health Compare
    - Quality scores can be increased by the use of POC technology
    - Challenges with completing documentation in the home – only 28.6% complete 75% or more documentation in the home
The Facts

- Automation has become increasingly necessary in the industry due to decreased reimbursement, need for efficiencies.
- Technology is a means to gain efficiencies but not a guarantee.
- Only 46% are satisfied with their software.
- Indicative of a problem with the product or the implementation?
The Facts

- Risks are high
  - Costs - software, hardware, productivity decline
  - Stress on staff
  - Change is not easy
- Rewards are great
  - More efficient operations
  - Better able to apply best practices via decision support tools
Myth

- An EMR *will solve* all of your business problems
- People
- Process
- Patient outcomes
Fact

➢ An EMR can *help solve* your business problems
  ➢ People – more focused and productive
  ➢ Process – standardization and efficiencies
  ➢ Outcomes – improved data capture and decision-support tools
“Learn from the mistakes of others. You can’t live long enough to make them all yourself.”

~Eleanor Roosevelt
Areas of Focus

Leadership → Selection → Process Analysis

Budgeting → Customization → Training

Supporting POC → Morale → KPI Monitoring

Dual Systems → Outside Assistance → Ongoing Support
The Pitfalls

- Leadership is not fully engaged
  - Define organizational project goals, strategy, and vision
  - A successful transition requires leadership to understand the system benefits and challenges
- Be actively involved
- Attend training
- Be supportive
The Pitfalls

- Partnering with the wrong vendor
  - Does the vendor share your strategy and vision?
  - Interfaces, ACOs – you can’t be in the game if your vendor is not onboard
  - References – other users, vendors and non-biased sources
  - Site visits – see the software in action
  - Due diligence – do not rush the decision
The Pitfalls

➤ Not including clinicians – field staff
➤ RN, Therapists, HHAs if involved
➤ Your best cheerleaders OR
➤ Your best naysayers if not included
➤ Don’t underestimate the value they bring to the table
➤ Involvement in selection, implementation, support
➤ Transition to become “Super Users”
The Pitfalls

- Not recognizing broken processes

“The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency.”

~Bill Gates
The Pitfalls

- Not recognizing broken processes
- Analysis to identify your pain-points - focus on these during the selection process
  - Financial
  - Clinical
  - Operational
The Pitfalls

- Not budgeting for lost productivity
  - It takes time to return to prior levels of productivity
  - This applies to upgrades as well
  - Ask your vendor for statistics on return to productivity
  - You may be surprised and see an increase in productivity after stability
  - Talk to your references
The Pitfalls

- Over customizing
  - If you need to do too much customizing you may be partnering with the wrong vendor
  - Trust the product with minimal changes
  - Too much customizing may derail the process by duplicating current processes that you know are not working
  - Keep clinicians involved, talk to references
  - Go back and relook at the setup after six months
The Pitfalls

- Not enough time dedicated to training
  - Vendors estimates
  - References

- Pre-training on POC devices – getting accustomed to the device before seeing the software

- Consider second round of training may be needed for some

- Mix of classroom and web-based training
The Pitfalls

- Not requiring clinicians to document at the Point-of-Care
  - Evidence shows improved patient safety and accuracy
  - Share statistics and studies with staff
  - Some state regulations require same-day documentation
  - Don’t start out on the wrong foot by making exceptions
  - Be ready to provide joint visits to teach integration
The Pitfalls

- Not keeping an eye on morale
  - Unhappy field staff may lead to unhappy patients
  - Keep an eye on customer satisfaction
  - Allow for staff to vent concerns and frustration in a practical forum
  - Stress importance of not complaining in front of patients
- Your employees are your best asset – take care of them during this stressful time
- Show your appreciation
The Pitfalls

- Not keeping an eye on key indicators
  - Clinical
    - Monitor outcome reports
    - Key components of documentation
  - Productivity – are you staying within projections, showing improved visit times and visits per day
- Process
  - Unsigned Orders
  - Incomplete OASIS/POC
The Pitfalls

- Not keeping an eye on key indicators
  - Financial
    - HHRG, Case Mix
    - Therapy utilization
    - LUPAs – both in legacy system and new
    - Pre-bill holds
    - RAP, final claim, Hospice billing indicators
  - Accounts Receivable
The Pitfalls

- Underestimating the time it takes to manage in dual-systems
  - Home Health – transition at recertification
  - Hospice – staggered
  - Clinicians are documenting and case managing in two systems for 60-90 days – double devices
The Pitfalls

- Underestimating the time it takes to manage in dual-systems
  - Clinical leadership is managing staff, budget, productivity in dual systems
  - Productivity will be affected
  - Financial reporting more complicated
  - Revenue recognition may change
Underestimating the time it takes to manage in a dual-system world

Billing has an extended period of time to manage dual systems

Collections – months or years of work ahead

Managing upgrades or new billing requirements for both systems

May be difficult for staff to manage both

Consider outsourcing the legacy system
The Pitfalls

- Hesitation asking for outside help
  - People, process, hardware problems
  - Key performance indicator decline
- Build a network
  - Vendor user groups – join them and go to meetings as soon as you sign a contract
  - State associations – ask for references
  - National and vendor list serves
- Consultants – consider external experienced help for a fresh set of eyes and ideas
The Pitfalls

- Believing an implementation ends after go-live
  - First recertification period can be difficult
  - Six-month post-go-live review
  - Upgrades involve analysis, testing, training
  - Dedicated clinical, financial, and IT resources to maintain system
The Pitfalls

- Inadequate internal support
  - Build a network for support
  - Tiered levels
  - Clinicians provide the best support for their peers
  - After hours assistance
  - Temporary staffing during transition
What **TO** Do: Strategies to Improve Success

- Project strategy and vision
- Plan ahead for transition
- Take your time during the selection process
- Include clinicians in the selection and implementation process
- Perform a process analysis
- Don’t over customize
- Allot adequate training time
What TO Do: Strategies to Improve Success

- Include leadership in training
- Support documenting at the POC
- Budget carefully for training and lost productivity post-go-live
- Be alert – watch those key performance indicators
What *TO* Do: Strategies to Improve Success

- Know when to ask for help
- Consider dedicated staff to manage AR/Collections in legacy system
- Keep an eye on morale
- Keep an eye on Key Performance Indicators
- Don’t hesitate to seek outside help
Questions

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