Combining Technology & Evidence-Based Practice

To Improve Outcomes & Clinical Efficiency
New England Home Care Conference & Trade Show

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Four National Trends...

- Evidence-based Clinical Practices
- Clinical Decision Support Systems
- Electronic Health Record (EHR) & Information Technology (IT) national events are impacting providers and professionals
- Importance of standardization to support patient-centered care and care-giver communication and collaboration
Today’s Objectives

- Identify how current evidence-based practice (EBP) concepts apply to homecare & hospice clinical practice.

- Describe how meaningful use standards impact current and future EMR requirements.
Today’s Objectives

- Recognize how a Clinical Documentation System (EMR) incorporating a Clinical Decision Support System (CDS) can help:
  - Streamline workflow
  - Increase clinical accuracy & productivity
  - Support the use & adherence to EBP
  - Increase clinician satisfaction & improve retention
  - Improve patient outcomes
  - Maximize agency resources
  - Position the organization for opportunities
Take Home

- An update of current EBP & EMR terms & concepts to use as a framework for your further analysis

- Specific examples of how clinical software at the Point-of-care can support several organizational departments and goals

- Creative approaches to maximize your IT Investment & increase efficiencies in your agency
Evidence-based Practice

How current evidence-based practice (EBP) concepts apply to homecare & hospice clinical practice
Evidence-based practice is a problem-solving approach to health care that incorporates the conscientious use of current best evidence from well-designed studies, a clinician’s expertise, and patient values and preferences.

All three of these key components must be present for evidence-based practice to be effective.

Fineout-Overhold, Melyn, 2005
The EBP Paradigm

Fineout-Overholt, et al, 2005
Why EBP?

*Status of America’s Health Care*

- 30% of healthcare spending - $750 Billion for ineffective or redundant care. BC/BS 2012
- 54% of acute care and 56% of chronic care conformed to the medical literature. McGlynn, 2003
- Patients have a 50% chance of receiving the most advisable care RWJ, 2010
- 98,000 people die each year from preventable medical errors Nat Ac Press, 2009
Why EBP?

National, State & Local Perspective

- Helps decrease variability across clinicians & providers
- Supports accurate & comparable benchmarking
- Helps achieve efficient & effective patient outcomes
- Helps decrease costs
- Meets accreditation & licensure standards
- Helps decrease adverse events
- Can positively affect HH Compare Scores
Why EBP?

**Positioning your Organization NOW!**

- Basing practice & care on evidence is integrated into the Affordable Care Act (ACA).
- ACOs are required to promote evidence-based medicine and coordinate care through using it.
- Focus on achieving patient-centered outcomes rather than just delivering care & paying per visit.
Why EBP?

Clinical Perspective

Research studies show that using EBP helps lead to:

- Higher quality care
- Improved patient outcomes
- Reduced costs, and
- Greater nurse satisfaction than traditional approaches to care.
Why NOT EBP?

Clinical Perspective

- Lack of knowledge.
- Wasn’t included in their nursing education.
- Lack computer & Internet search skills.
- Too difficult or too time-consuming.
Why NOT EBP?

Regulations!

“Regulations were never meant to tell clinicians how to practice.”

Increasingly, agencies will be licensed on their use of best practice.

*Using evidence-based clinical practices does not conflict with being compliant and licensed, and if it does, everyone in the agency should know the procedure to move the issue forward.*
Why NOT EBP!

*Doctor’s Orders!*

- Clinicians develop their skilled Plan of Care in *conjunction* with physician orders.

- Agency policies & procedures should support EBP.

- Physicians should be open to EBP questions.
Meaningful Use

Knowledge - Statistics, Evidence and Mistakes - is the enemy of disease... The third revolution in healthcare will be driven by knowledge, technology and patients.”

Sir Mur Gray, Chief Knowledge Officer of Britain’s National Health Service
Meaningful Use

- The set of CMS defined standards that governs the use of EHRs & allows eligible providers to earn incentive payments by meeting specific criteria.

- The goal of meaningful use is to promote the spread of electronic health records to improve health care in the United States.
Benefits of Meaningful Use

- **Complete and accurate information** – EHRs allow providers to know more about their patients & their health history prior to office visits, having the needed information to deliver the best possible care.

- **Better access to information** - EHRs supply providers with greater information access to diagnose problems earlier and improve patient outcomes. Information is easily shared among providers leading to better care coordination.

- **Patient empowerment** – EHRs can empower patients to be active in their own and their family’s health by receiving and sharing their records and information securely over the Internet.
Meaningful Use

- CPOE (for Medications)
- Drug to Drug and Drug to Allergy interaction checks
- Demographics, gender, race, ethnicity, DOB, preliminary cause of death
- Problem List
- Medication list
- Medications allergy list
- Vital Signs

- Clinical Decision Support
- Calculate and transmit CMS quality measures
- Electronic copy of health records
- Electronic copy of discharge instructions
- Clinical Summaries
- Exchange key clinical information
- Privacy and Security
Clinical Decision Support

- Right Information to the
- Right person in the
- Right format through the
- Right channel at the
- Right time
Clinical Decision Support

- Is a sophisticated HIT component doesn’t stand alone

- Common features
  - Knowledge-based (dx, drug interactions, guides)
  - Rules & relationships that combine knowledge with patient-specific information
  - Communication mechanism that provides relevant information back to the clinician as care is delivered.

Berner, 2009
CH1  does this help clarify? See also the sentence I wrote in the notes below to elaborate on this 1st bullet.
Carolyn Humphrey, 5/17/2013

CH2  Revised slide
Carolyn Humphrey, 5/17/2013
Clinical Decision Support

- Can lower costs – *impacts numerous departments*
- Improve efficiency – *assists the clinician*
- Reduce patient inconvenience – *information transfer*
- May do all these simultaneously
A Clinical EMR with CDS

Benefits of a Clinical Documentation

System that incorporates Clinical Decision Support
Benefits of an EMR with CDS

*Streamlines Workflow*

- Information must be filtered, organized and presented to support current workflow, allowing the clinician to make an informed decision quickly and take action.

- Provides a variety of tools to enhance decision-making in the clinical workflow.

- Tools can include computerized alerts and reminders for both the care provider & patients.
Benefits of an EMR with CDS

*Helps Increase Clinical Accuracy & Productivity*

- Respects training & practice patterns.
- Plan reminders - no need to write things down;
  - Alerts, visit schedules, etc.
- Provides information when clinicians are unsure;
  - Can hover over areas for reminders – EBP, tips, etc.
  - Presents EBP alternatives to support decision making
- Corrects clinician errors;
  - Like spell check, EBP reminders, etc.
Benefits of an EMR with CDS

Supports the use and adherence to EBP

- Includes clinical guidelines; condition-specific order sets; focused patient data reports & summaries; documentation templates; diagnostic support, and contextually relevant reference information, among other tools.
Benefits of an EMR with CDS

*Helps Increase Clinician Satisfaction & Improve Retention*

- Intelligent workflow reduces reliance on taking notes.
- Address the information overload clinicians face
- Provides support for completing complex protocols
- Research has shown by alerting & then recommending EBP, a significant improvement occurs in adhering to guidelines.
Benefits of an EMR with CDS

*Helps Improve Patient Outcomes*

- Include personalized assessments & care plans
- Avoid multi-physician, multi-pharmacy use
- Provide **inter**disciplinary POC
- Focus on patient’s complete health & well-being
- Provide support for self-management, including telehealth
Benefits of an EMR with CDS

*Helps Maximize Agency Resources*

- Dynamic comprehensive assessment using *standard language* = accurate & consistent documentation.

- Required documents for billing result from the assessment & care planning process.

- Queues up documents for review based on *clinical variation and deviation* from EBP

- Supports exception-based review = Reduced time spend auditing and reviewing all clinical documentation.
Benefits of an EMR with CDS

*Helps Position the Organization for Opportunities*

- Provides holistic view of patient care.
- Efficient sharing with other providers and payers.
- Identifies those at risk for high utilization
- Evidence-based practice guidelines
- Improved efficiency, cost-benefit, provider & patient satisfaction
- Transition to appropriate level of care
Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?”

Florence Nightingale
Notes on Nursing: What it is and What it is Not
What You’re Doing & Questions 😊
References


References

References

  http://www.healthit.gov/policy-researchers-implementers/cds-implementation


References

