Taking Your Ambulatory Sites to Stage 7

A Complimentary Webinar From healthsystemCIO.com

Your Line Will Be Silent Until Our Event Begins at 12:00 ET

Thank You!

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Housekeeping

- Moderator – Anthony Guerra, editor-in-chief, healthsystemCIO.com

- Ask A Question
  - We will be holding a Q&A session after the formal presentations.
  - You may submit your questions at any time by clicking on the QA panel located in the lower right corner of your screen, type in your questions in the text field and hit send. Please keep the send to default as "All Panelists."

- Download the Deck
  - Go to Download today's deck at:
    http://healthsystemcio.com/presentation/stage7-webinar.pdf
  - Shortened URL at bottom of all slides

- View the Archive
  - You will receive an email when our archive recording is ready.
  - Separate registration is required.

Agenda — Approximately 40 Minutes

- 30 minutes: Dennis L'Heureux, SVP for IT Planning/CIO, Rockford Health System

- 10 minutes: Q&A w/Dennis L'Heureux

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Event #669 753 816

Dennis L'Heureux
SVP for IT Planning/CIO
Rockford Health System

"Taking Your Ambulatory Sites to Stage 7"

About Rockford Health System

Rockford Health System
- Employees – approximately 3,000
- $400 million in annual revenue

Rockford Memorial Hospital
- Licensed beds – 396
- Annual discharges – 12,532
- Outpatient visits – 275,793
- Level 1 Trauma Center
- Emergency Visits (including LWOBS) – 51,291
- Pediatric Intensive Care Unit
- Level III Neonatal Intensive Care Unit

Volumes based on 2013 data

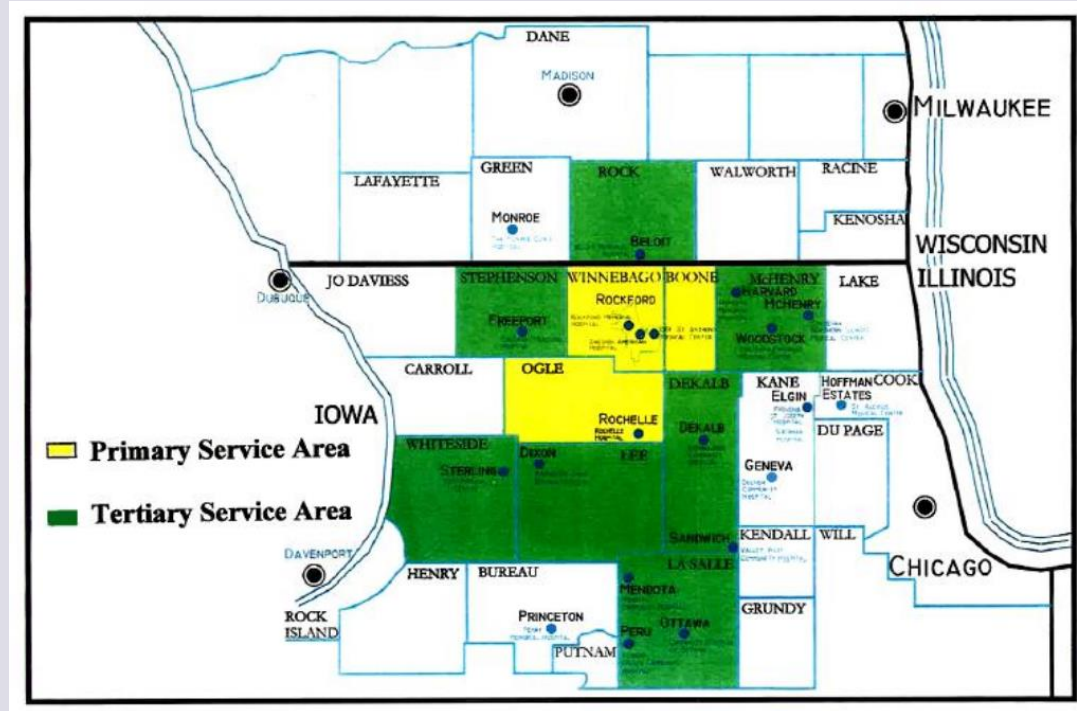**Rockford Health Physicians**
- 10 clinic locations

Visiting Nurses Association
- Home Health
- Durable Medical Equipment
- Hospice

Van Matre HealthSouth Rehabilitation Hospital
- 55-bed inpatient rehabilitation hospital
- Outpatient therapy

Rockford Memorial Development Foundation

Primary Service Area
Tertiary Service Area

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for ambulatory services
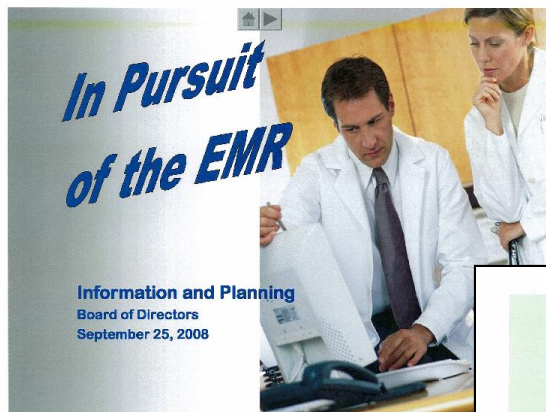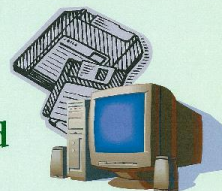
Sept. 2008

Sept. 2009

April 2010

Finance Advisory Board
April 20, 2010

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8

Our EMR Journey...

April 2010
Phase 1
Ambulatory
Approved

April 2011
Group 1 Amb.
Go-Live

June 2011
Group 2 Amb.
Go-Live

July 2011
OpTime Go-Live

October 2011
Group 3 Amb.
Go-Live

Aug. 2011
Phase 2
Inpatient
Approved

March 2012
Epic 2010
Upgrade

December 2012
Epic 2012
Upgrade

April 2013
Inpatient
Go-Live

June 2014
Epic 2014
Upgrade

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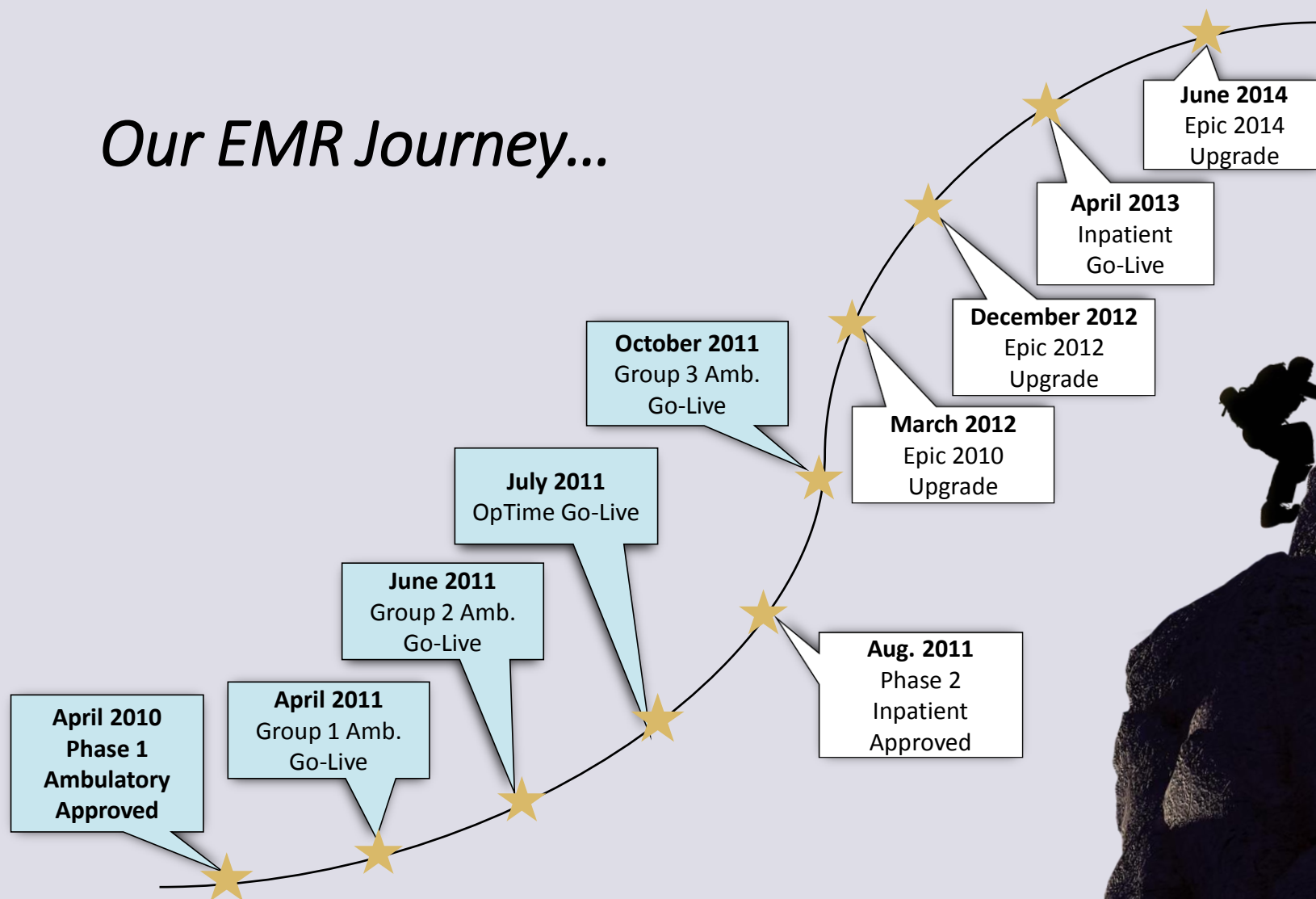
It Starts at Inception

Engagement / Ownership / Responsibility / Accountability

- Does everyone know ***what*** we are doing?

- Does everyone know **why** we are doing it?

- Does everyone know **when** we are doing it?

- Do we all understand **how** it will be done?

- Do we all understand **where** it will be done?

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What???
ELECTRONIC MEDICAL RECORD

- Patient Focused
- Comprehensive
- Integrated
- Secure
- Safe
- Easy

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EMR Functionality
Security & Reliability, Interoperability and Functionality

- **Results Reporting**
    - Notification and access to diagnostic test, lab, radiology, etc. results
    - Alerts and reminders for disease management, preventive services and wellness
    - Reporting of health record information for P4P, chronic disease, CDC, PHIN, clinical trials, etc.

- **Med Ordering**
    - Electronic ordering of medications and refills
    - Track patient med/allergy list
    - Identify drug/allergy interaction warnings at the point of medication ordering
    - Generate and record patient specific instructions as clinically indicated (ex. vaccines, meds, etc.)
    - Support for medication or immunization administration or supply

- **Non-Med Ordering**
    - Order diagnostic tests, labs, radiology
    - Manage order sets
    - Order referrals to sub-specialists, physical therapy, speech therapy, nutritionists, etc.
    - Clinical decision support system guidelines

- **Electronic Documentation**
    - Access clinical documentation in a central repository
    - Secure electronic messaging with patients, providers, and pharmacies
    - Template-driven documentation of the health care delivered during an encounter
    - Financial and administrative coding assistance
    - Health record output (ex. work/school/sports physical exam reports)

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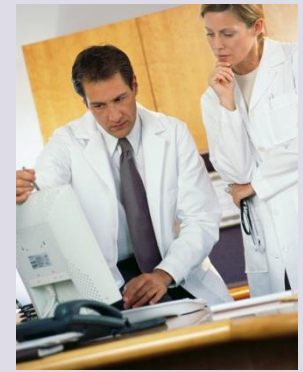
WHY???

- Strategic

- Transformational

- Mandated

- Requested

- ICD-10

Why it's time for change

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Why Organizations Invest in EMR?
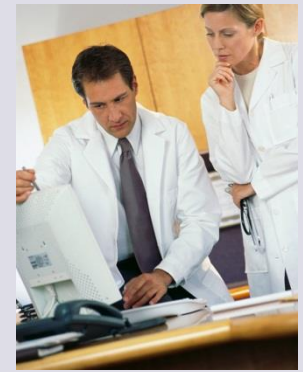
- Offers Complete/Integrated Access to

   Diagnostic Data

- Prompt, Simultaneous Presentation and Communication

- Improves Accuracy and Completeness of Clinical Documentation

- Improves Reimbursement and Reduces Denials

- Reduces Malpractice Premiums

- Enhances Ability to Measure and Report Outcomes Data

- Enhances Ability to Achieve / Maintain Accreditation

- Facilitates Improvement of Clinical Outcomes

Why Organizations Invest in EMR?

- Lowers Probability of Medical Errors

- Enhances Organizational Image

- Facilitates Physician Recruitment

- Facilitates Improvement in Operational Efficiency

- Improves Workflow

- Provides Opportunity to Better Educate Patients

- Facilitates Improvement in Quality of Clinical Care Delivered

- Better Decisions at the Point of Service for both Inpatient & Outpatient

- Improves Decisions Across the Continuum of Care

- Facilitates Practice of Evidenced Based Medicine

- Reduces Unnecessary Practice Variation
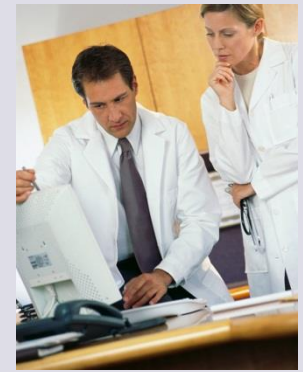
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When?

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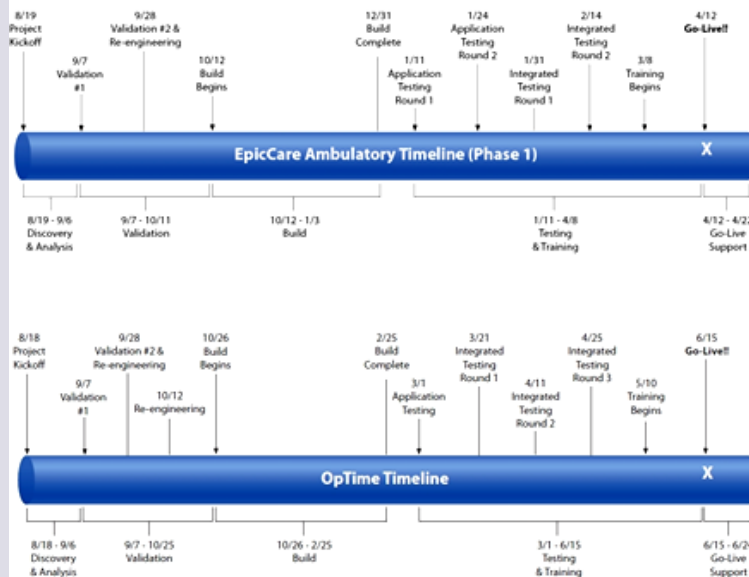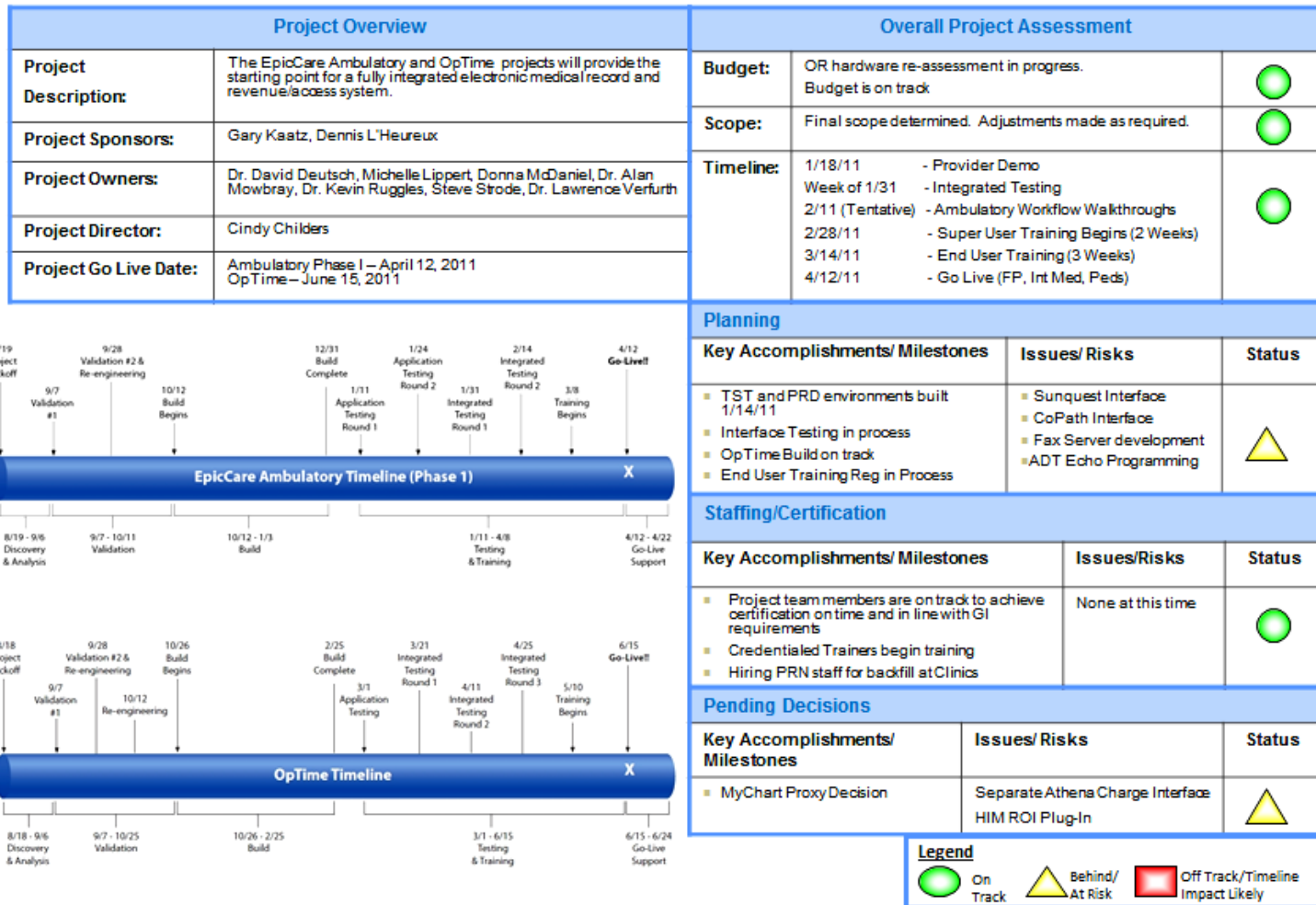
Ambulatory EMR Implementation Sequence

	Mulford	Alpine	Roscoe	Belv.	Poplar Gr.	Winn.	Perryville	RMB	Main	Glenwood	NOB	TOTAL
2009 Pt. Visits	35,196	21,654	20,786	2,474	105	12,779	52,084	35,587	93,043	1,214	524	275,448
# of Pt. Exam Rms.	49 exam 9 proced	28 exam 4 proced	21 exam 6 proced	9 exam 1 proced	3 exam 1 proced	13 exam 1 proced	54 exam 14 proced	64 exam 7 proced	150 exam 25 proced	3 exam/offices	5 exam	399 exam 68 proced

sequence	Provider Specialty	Mulford	Alpine	Roscoe	Belv.	Poplar Gr.	Winn.	Perryville	RMB	Main	Glenwood	NOB	TOTAL		
1	Internal Med	4	3	2	1			3	3	3		0	19	19	16%
2	Peds	3	2	1	2					4			12	31	26%
3	Family Practice					1	3	5	2	2			13	44	36%
4	Conv. Care			1			1	3		4			9	53	44%
	Group 1 Count	7	5	4	3	1	4	11	5	13		0	53		
5	OB/GYN	4		1				4		1		0	10	63	52%
6	Audiologist/ENT							5					5	68	56%
7	Speech							1					1	69	57%
8	Dermatology							2					2	71	59%
9	Endocrinology									3			3	74	61%
10	Peds Endo.									1			1	75	62%
	Group 2 Count	4		1				12		5		0	22		
11	Gastroenterology									4		0	4	79	65%
12	Peds GI									2			2	81	67%
13	Rheum								2	3			5	86	71%
14	Pulmonolgy								4				4	90	74%
15	Psych										1		1	91	75%
16	Allergy									2			2	93	77%
17	Peds Surgery								1				1	94	78%
	Group 3 Count							2	5	11	1	0	19		0%
18	Opthamology/ Optometry							1		5			6	100	83%
19	Neuroscience								9			0	9	109	90%
20	Cardiology								10				10	119	98%
21	Peds Nero									2			2	121	100%
	Group 4 Count							1	19	7	0	0	27		
	Total:	11	5	5	3	1	4	26	29	36	1	0	121		

* includes Ambulatory Physicians with signed contracts as of 3/3/10

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Expected Returns

A.	Reduced ADEs medications only	$2,500,000
B.	Reduced legacy system maintenance	$2,300,000
C.	Overall productivity gains. Increased unit efficiency	$1,800,000
D.	Reduced transcription, paper and storage costs	$1,500,000
E.	Increased outpatient procedures by decreasing leakage	$1,500,000
F.	Adult (no psych) lower length of stay	$1,000,000
G.	Reduced HIM workload, staffing and supplies	$700,000
H.	Improved revenue capture due to coding	$500,000

Transformational Top Ten
Enabling Top Ten Expectations

1 Reduce Risk of Harm Related to Adverse Drug Events
- Increase early catches of prescribing errors through the use of CPOE.
- Where used, 96% of all medications will be administered with the "5 Rights" bar code confirmation.

2 Utilize Evidenced Based Information
- Evidenced based order sets will be used exclusively where applicable.
- Utilizing CPM evidenced based content, each inpatient will have an individualized interdisciplinary plan of care.

3 Standardize Care
Medications will be administered consistently using the approved standard process.

4 Standardized Care
Content and processes of the EMR shall be standardized across departments so that staff can document effectively regardless of location.

5 Paperless!!!
90% of existing paper charts and forms will be eliminated.

6 Paperless!!!
Lines of inpatient transcribed dictation will be reduced by 80%.

7 Meaningful Users of EMR
Comply with all 19 Stage 1 Meaningful Use Measures demonstrating compliance with sound practice as defined by CMS.

8 Attain Level 6 Status of HIMSS Analytics EMR Achievement
Achieving Level 6 demonstrates that all key EMR components have been successfully installed and leveraged in the organization. **Click here for more information.**

9 Become More Efficient!
By improving coordination of care and leveraging Epic across the continuum of care, reduce costs by approximately $8 Million per year!

10 Increase Access & Accuracy!
- The interdisciplinary care team will leverage the current integrated patient record and input all appropriate data at the point of care.
- Device integration will be used to minimize manual data entry of quantitative data wherever applicable

ROCKFORD HEALTH *system*

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Expected Performance Metrics

- MU REQUIREMENTS
- LEVEL 7 GUIDELINES
- AVS
- CPOE
- COMPLETED RECORDS EXPECTATIONS
- E-MEDICATION ORDERS
- PATIENT ENGAGEMENT

Summary of Ambulatory EMR
Key Performance Indicators

	Group 1	Group 2	Group 3	Overall
Number of months	12	9	6	
Encounters closed by 12 A.M.	78 %	85 %	89 %	83 %
Encounters closed next day	92 %	94 %	96 %	94 %
EP @ 85% by midnight	37	35	22	94
Meds prescribed electronically	84 %	68 %	74 %	80 %
Mean time last closed				5:00pm
Median time last closed				5:24pm

thru March 2012

How ?

Identify & Mitigate Challenges

- Gaining acceptance
- Existing technology puzzle
- Physician adaptability
- Implementation time-line
- Expectations management
- Required investment amounts
- Governance

Phase 1 Governance

CEO Cabinet

Epic Implementation Oversight Steering Committee
David Deutsch MD, Dennis L'Heureux, Al Mowbray MD, Dan Parod, Kevin Ruggles MD, Henry Seybold, Larry Verfurth DO

*

- Cindy Davis, PMO & Overall EPIC Project Director
- Barb Johnson, Director Information Management Services

Ad Hoc Advisory Groups:
Best Practice Standards Committee
Lead Physicians Group
MEC
Specialty Group (21)

RHPH Ambulatory Steering Committee
- Larry Verfurth, DO (co-chair) *
- John Rhoades (co-chair) *
- Deb Esparza (Ambulatory Project Manager)
- Dave Deutsch, MD
- Dennis L'Heureux
- Clare Micinski, RN
- Kevin Ruggles, MD
- Milt Schmitt, MD
- Sue Schreier
- Steve Strode

RHPH Ambulatory Implementation Team
- Deb Esparza (Ambulatory Project Manager)
- Dorothy Grigsby, IMS Analyst
- Matt Caudle, IMS Analyst
- Melisa Kolthoff, IMS Analyst
- Owen Phelps, Principal Trainer
- Clinical Subject Matter Experts – To Be Named

* *Functional Work Groups*

RMH Acute Inpatient Steering Committee
- Dave Deutsch, MD
- Dennis L'Heureux
- Alan Mowbray, MD
- Dottie Muskovin, RN
- Dan Parod
- Kevin Ruggles, MD
- Milt Schmitt, MD
- Sue Schreier, RN
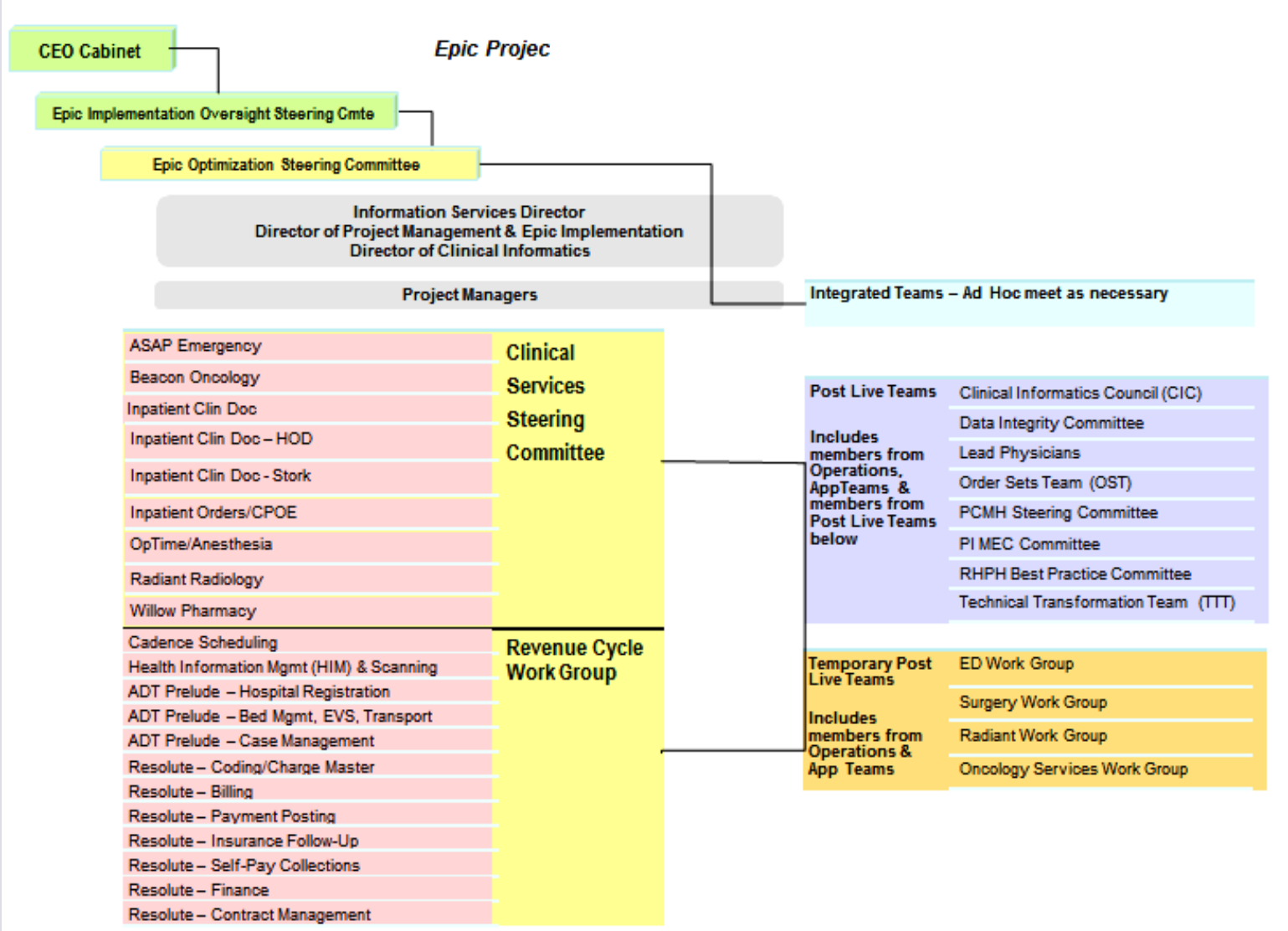- Larry Verfurth, MD
- (TBD) Acute Inpatient Project Manager

* *Functional Work Groups*

OR OpTime Steering Committee
- Al Mowbray, MD (co-chair) *
- Donna McDaniel, RN (co-chair) *
- Patty Tobin (OpTime Project Manager)
- Dennis L'Heureux
- Dan Parod
- Sue Schreier, RN

OpTime Implementation Team
- Patty Tobin (OpTime Project Manager)
- Kristi Hill, IMS Analyst
- Allison Cano, Principal Trainer
- Clinical Subject Matter Experts

* *Functional Work Groups*

Epic Resources:
Leela Vaughn (Account Manager)
John Craig (Implementation Manager)
Ryan Warpinski (Implementation Coordinator)
Kelly Miller (Technical Manager)
Jennifer Yttri (Technical Coordinator)
Alex Kelly (Ambulatory Application Coordinator)
Drew Rodysill (OpTime Application Manager)
Joshua Sopeth (OpTime Application Coordinator)

September 21, 2010

Phase 2 Governance

Epic Projec

CEO Cabinet

Epic Implementation Oversight Steering Cmte

Epic Optimization Steering Committee

Information Services Director
Director of Project Management & Epic Implementation
Director of Clinical Informatics

Project Managers

Integrated Teams – Ad Hoc meet as necessary

Clinical Services Steering Committee

- ASAP Emergency
- Beacon Oncology
- Inpatient Clin Doc
- Inpatient Clin Doc – HOD
- Inpatient Clin Doc - Stork
- Inpatient Orders/CPOE
- OpTime/Anesthesia
- Radiant Radiology
- Willow Pharmacy

Revenue Cycle Work Group

- Cadence Scheduling
- Health Information Mgmt (HIM) & Scanning
- ADT Prelude – Hospital Registration
- ADT Prelude – Bed Mgmt, EVS, Transport
- ADT Prelude – Case Management
- Resolute – Coding/Charge Master
- Resolute – Billing
- Resolute – Payment Posting
- Resolute – Insurance Follow-Up
- Resolute – Self-Pay Collections
- Resolute – Finance
- Resolute – Contract Management

Post Live Teams
Includes members from Operations, AppTeams & members from Post Live Teams below
- Clinical Informatics Council (CIC)
- Data Integrity Committee
- Lead Physicians
- Order Sets Team (OST)
- PCMH Steering Committee
- PI MEC Committee
- RHPH Best Practice Committee
- Technical Transformation Team (TTT)

Temporary Post Live Teams
Includes members from Operations & App Teams
- ED Work Group
- Surgery Work Group
- Radiant Work Group
- Oncology Services Work Group

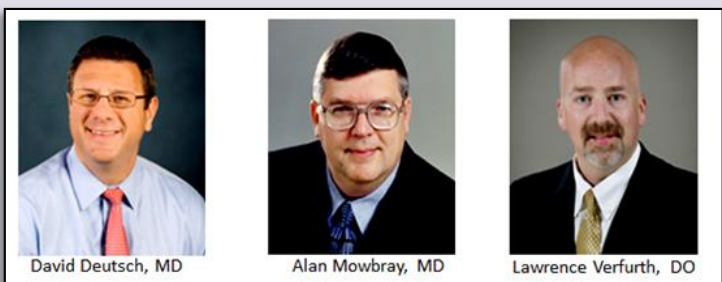Slide Deck: http://goo.gl/cCkSnf
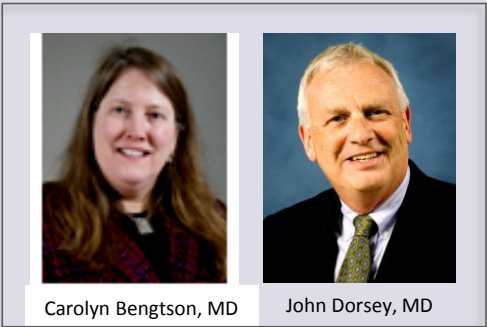Webex Support 1-866-229-3239
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Physician Leadership Strategy

- During the ambulatory implementation, three *Chief Medical Process Officers (CMPOs)* were recruited to ensure physician engagement. These three physicians covered a variety of specialties: hospitalist, anesthesiology and pediatrics.

- For the inpatient implementation, Dr. Carolyn Bengtson, VP of Quality, assumed the CMPO role for the inpatient implementation.

- The CMPOs, along with many additional providers, participated in workflow validation sessions and provided clinical content validation of tools and templates within the software application. These providers were key decision-makers, and they reviewed and updated Epic and long standing RHS content.

- In 2012, Dr. John Dorsey transitioned from internal medicine to assume a new role of VP of Clinical Integration & Population Health. Drs. Bengtson and Dorsey work closely together to provide clinical medical executive leadership for EMR-related needs.

- Three physicians have completed Epic Physician Builder courses and are Epic-certified *Physician Builders.*

David Deutsch, MD   Alan Mowbray, MD   Lawrence Verfurth, DO

CHIEF MEDICAL PROCESS OFFICERS

Carolyn Bengtson, MD   John Dorsey, MD

Maria Martinez, MD   Nathan Norem, DPM   Sheldon Weiss, MD

PHYSICIAN BUILDERS

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Decision Making

- Utilize Decision Documents to drive consensus and understanding
  - Remove the emotion

- Track key decisions on SharePoint project site for easy access and historical reference
  - Why did we make that decision?

DECISION DOCUMENT

Request Name:	**Phase 2 Scanning Strategy – Centralized and Decentralized**
Requestor:	
Area Impacted:	Clinical areas and revenue cycle area
Prepared By:	
Date Issued:	5/23/2012

		Decision Required By:	

Decision Requested: Determine whether scanning for Phase 2 will be implemented in a centralized or decentralized mode.

Background: In order to obtain a full electronic record, paper documents will need to be scanned into a document management system (DMS) so that they may be viewed in Epic. These clinical documents may include documents such as ambulance run reports, paper orders, transfer records from outside facilities, etc. Rockford Health System has been using Papervision as a scanning solution since 1998 and its use is widespread throughout the organization. It has been deployed as the DMS for Phase 1 Epic at RHPH.

Proper scanning procedures must be used to provide the end user with consistent, easy to find documents in Epic.

Scanning may be deployed in a number of ways.

<Options>

Option 1: Deploy Scanning in a Decentralized mode where all clinical departments are responsible for their own scanning. HUCs, department clerical staff and nurses would scan documents.

Pros:
- Scanning could be done immediately providing the clinician with all documentation in Epic very quickly.
- Utilize existing HUC, nurses and other support staff to perform the scanning.

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Project Communication Matrix

Stakeholder	Frequency	Method	Responsible Parties	Purpose
Organization - All Staff	Site Available 24/7; News updates weekly; Director's Cut updates bi-weekly	SharePoint site from intranet	IT and Public Relations	Keep stakeholders apprised of project key dates, milestones, and news of interest. Provide repository and easy access to project documents pertinent to the organization population.
Organization - All Staff	Ad Hoc	Postmaster announcements	IT and Public Relations	Keep stakeholders apprised of key project information
Organization - All Staff	Ad Hoc	Fliers and Posters	Public Relations	Promote specific high profile, short term project related items via multiple media types to ensure communication to the widest possible audience
Project Sponsors (Gary and Dennis)	Monthly	Epic Executive Summary Report	Epic Implementation Coordinator	Provide project update.
Executive Steering Committee	Monthly (2nd Tues; 7:30-9am)	Meeting	Dennis L'Heureux	Provide project update and receive input on key decisions, risks and issues.
Ambulatory Steering Committee	Bi-Weekly (1st and 3rd Wednesdays; 7:00am - 8:30am)	Meeting	Dr. Larry Verfurth and Michele Lippert	Receive project updates from Implementation Team, make key decisions and manage risks and issues. Communicate with Implementation Team and Executive Steering Committee.
OpTime Steering Committee	Bi-Weekly (2nd and 4th Wednesdays; 3:30pm - 4:30pm)	Meeting	Dr. Alan Mowbray and Donna McDaniel	Receive project updates from Implementation Team, make key decisions and manage risks and issues. Communicate with Implementation Team and Executive Steering Committee.
Epic/RHS Project Managers	Bi-Weekly	Meeting	Ryan Warpinski Cindy Childers	Manage the project plan(s) and discuss key issues/risks
Ambulatory/OpTime Implementation Teams	Daily communications	Various	Deb Esparza and Patty Tobin	The implementation teams are primarily responsible for completion of the project tasks, communicating with project leadership, and communicating with business owners
Epic Certifications	Ad Hoc	Various	Project Leadership	Celebrate Epic certifications via public recognition, Postmaster, dept meetings, etc.
IMS Project Leads	Bi-Weekly (1st and 3rd Wednesdays; 1pm - 2:30pm)	Meeting	Barb Johnson and Cindy Childers	Provide project updates for all modules/areas and discuss key issues/risks, including but not limited to: Ambulatory, Identity, HIM ROI, OpTime, Training, Interfaces, Hardware, and Technical plans.
RHPH Leadership	Monthly (4th Friday; 9:00am -10:30am)	Meeting	Michele Lippert, Barb Johnson, Cindy Childers	Provide project updates and receive feedback regarding specific items of interest
RHPH Directors	Ad Hoc (team meets every Tuesday; 8:30-	Meeting	Michele Lippert, IMS as needed	Meet as needed on an ad hoc basis for items pertinent to the Director level group or if issues cannot wait until next Leadership Meeting.
RHPH Lead Physicians Group	Ad Hoc (meeting monthly - 3rd Tuesday; 7 - 8am)	Meeting	Dr. Larry Verfurth, IT as needed	Meet as needed on an ad hoc basis for items pertinent to the RHPH physician group
Interface Teams	Weekly	Meeting	Dan Huber	Define interface specifications, contract with third party vendors, build interfaces, test and implement.
Functional Work Groups	Weekly or As Needed	Meeting	Functional Work Group Leads	Meet goals of the Functional Work Group to support the successful implementation of the overall project, including but not limited to: Fac/Org structure, Charging, Document Imaging, User Security, Business Continuity/Disaster Recovery, Super Users, Change Management, Faxing, Printing, etc.

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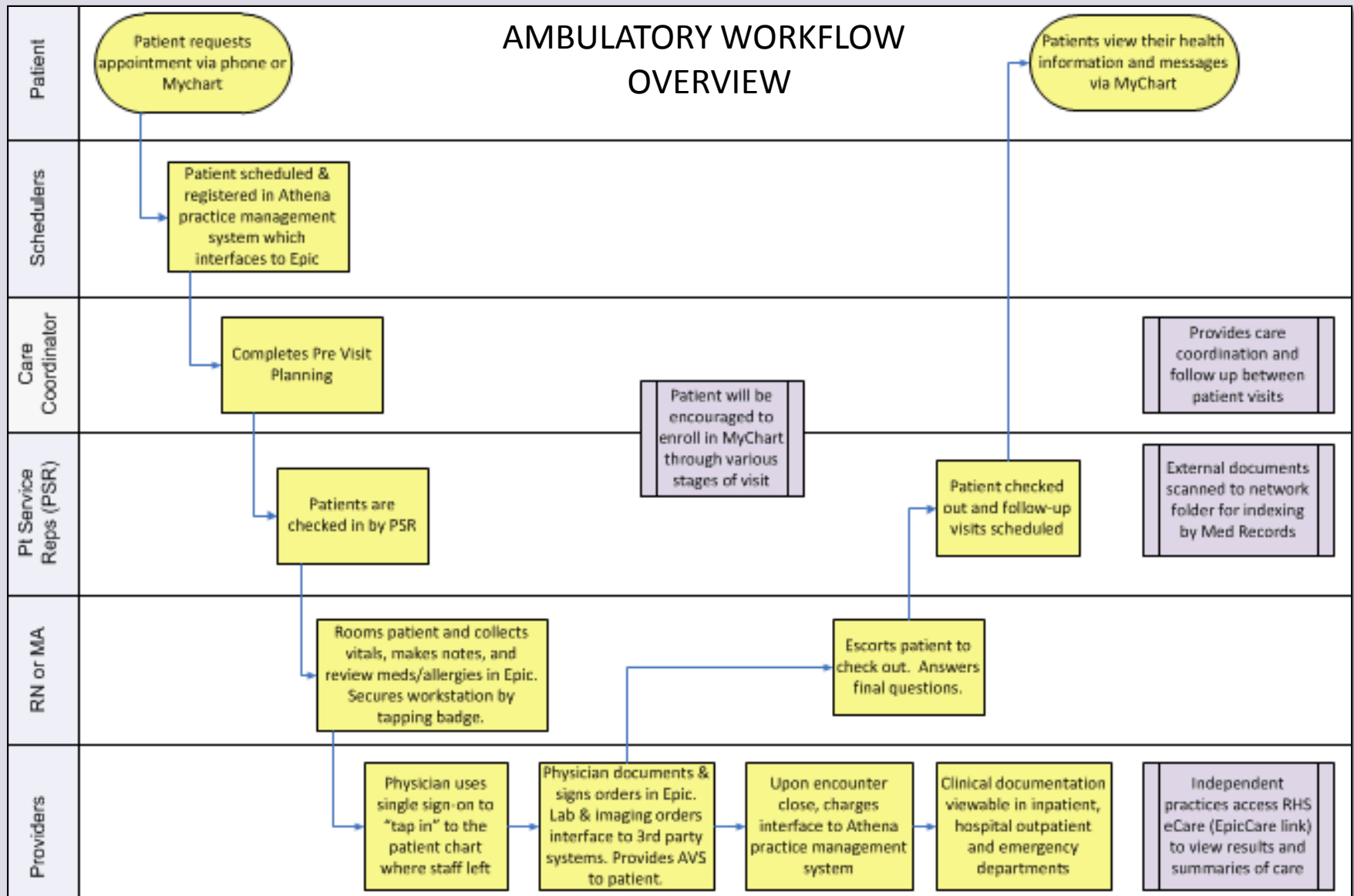Event #669 753 816

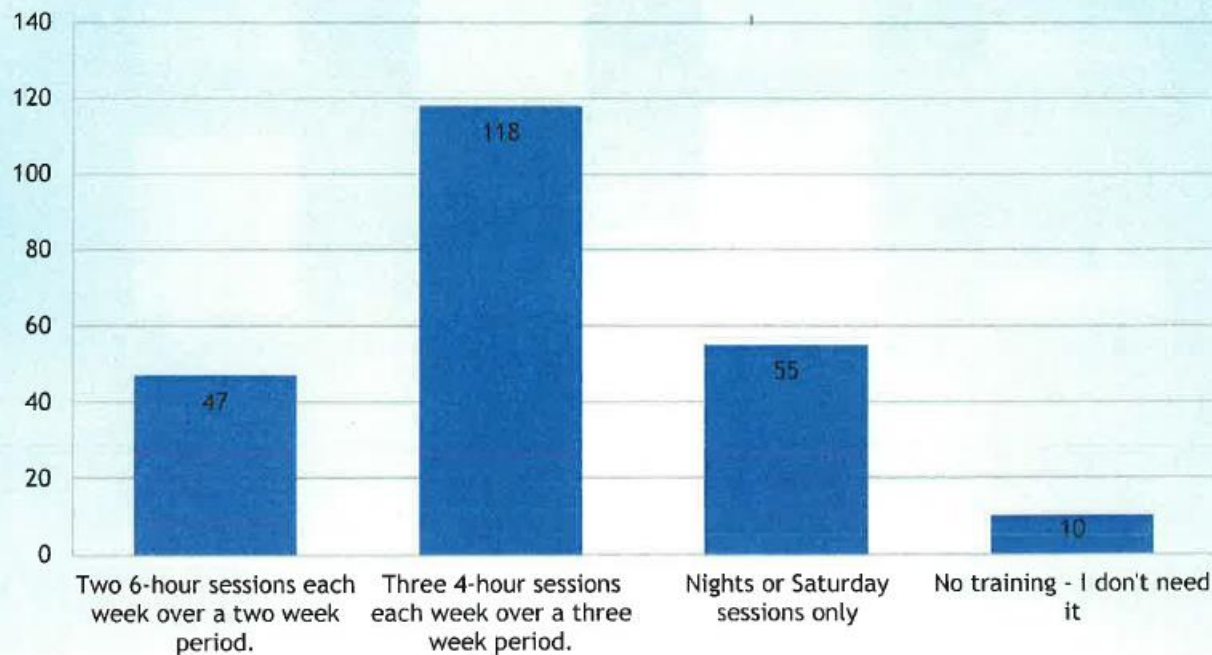# KNOW YOUR MEDICAL STAFF

- MEDICAL EXECUTIVE COMMITTEE MEETINGS

- MEDICAL RECORDS COMMITTEE

- ANNUAL MEDICAL STAFF DINNER MEETING

- PHYSICIAN QUESTIONNAIRE

- ONE ON ONE INDIVIDUAL PHYSICIAN MEETINGS

- EVERY OPPORTUNITY AVAILABLE

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AMBULATORY WORKFLOW OVERVIEW

* Assuming a 12 hour training requirement, how would you recommend we schedule sessions?

TRUTH

- CHANGE IS DIFFICULT

- EMR WILL PROBABLY NOT SAVE *THEM* TIME

- THERE IS A LEARNING CURVE

- TRAINING IS IMPORTANT

- THERE ARE BENEFITS (ALBEIT THEY MAY NOT BE VISIBLE AT FIRST)

- IT IS THE PATIENTS' RECORD

- PERFORMANCE CAN BE MEASURED

- SYSTEM USE WILL BE OPTIMIZED OVER TIME

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Q&A

Click on the Q&A panel located in the lower right corner of your screen, type in your questions in the text field and hit send. Please keep the send to default as "All Panelists."

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SVP for IT Planning/CIO
Rockford Health System
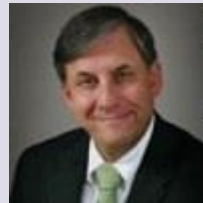
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Thank You!

- Thanks to our featured speaker: Dennis L'Heureux!

- You will receive an email when our archive recording is ready. (Separate registration is required)

- CHIME CHCIO Credits – Attending our Webinars = 1 CEU

- Questions/Comments – Anthony Guerra aguerra@healthsystemCIO.com

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