



Building Capacity for EMR Adoption and Data Utilization Among Safety Net Organizations

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Clinical Goals

- Increase clinical capacity for evidence-based decision making;
- Focus on practice performance and improvement in care for chronic conditions and prevention;
- Support patient safety & efficiency of care delivery.



Who we are

The Louisiana Public Health Institute (LPHI) is a not-for-profit organization which aims to promote and support evidence-based decision-making among health policy makers and staff both within LPHI and among external partners



Who we are

- The Partnership for Access to Healthcare (PATH) is a collaborative effort among healthcare and social services leaders administered by LPHI whose goals include:
 - Developing robust information systems that include EMRs, in order to improve efficiency and quality of care and create an integrated network of healthcare providers that serve everyone, regardless of ability to pay



Our Approach

- Engage with clinic partners (and vendors) in a phased approach
- Focus on clinic readiness for change, workflow re-design using Business Process Mapping*, and the use of information generated through health information systems in line with national standards

EMR ADOPTION STRATEGY



Conduct comprehensive practice assessment

Assess staff readiness and IT savvy

Review current clinic workflows

Assess IT infrastructure and technical environment

Establish short-term and long-term goals for the system

Identify IT infrastructure and hardware needs

Prepare practice for change; identify training needs

Redesign workflows

Select EMR

Develop work plan

Establish Go-Live Date

Begin staff training

**Train staff
Install and configure hardware**

Install and configure PM / EMR system (EHS)

Integrate redesigned workflows

Implement EMR System on Go-Live

Continuous check in and technical assistance

Analyze staff readiness tools to identify training needs.

Monitor and evaluate tasks/ processes associated with work plan.

Conduct post Go-Live focus groups

Monitor operational / clinical data

Continuous review of clinical and administrative practices and workflows to find opportunities for improvement.

Establish population disease management protocols/ registries.

Utilize and monitor quality performance indicators.



Lessons Learned – Vendors

- Prioritize needs as an organization and develop a rating scale for vendor(s)
- Research the data reporting system of a product prior to purchase:
 - Determine if it is a 3rd party vendor
 - Explore report sharing options
- Communicate the vision to vendors
 - Develop wish list and concerns list based on partner input
 - Bring the CEO to you!

Scale 1-5 (1=poor, 5=excellent)

| weight | Software related | | | | | Company related | | | | | OVERALL SCORE (out of 10) |
|----------|--|---------------------------------|----------------|----------------------|--------------------------------------|-------------------|---------------------|----------------------------------|---------------|-------------------------------------|------------------------------|
| | 30% | 25% | 30% | 15% | | 20% | 20% | 25% | 35% | | |
| | Interface capability (i.e. Clinical Fusion) | Billing capability (overall) | User interface | Software scalability | SOFTWARE SCORE (weighted average) | Company stability | Company scalability | Vendor relationship potential | Affordability | COMPANY SCORE (weighted average) | |
| Vendor 1 | 4 | 3 | 3 | 2 | 3.15 | 1 | 2 | 4 | 4 | 3 | 6.15 |
| Vendor 2 | 3 | 3 | 3 | 2 | 2.85 | 3 | 2 | 4 | 3 | 3.05 | 5.9 |
| Vendor 3 | 3 | 4 | 5 | 5 | 4.15 | 4 | 4 | 3 | 3 | 3.4 | 7.55 |
| Vendor 4 | 3 | 3 | 4 | 4 | 3.45 | 5 | 4 | 3 | 1 | 2.9 | 6.35 |
| Vendor 5 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 5 | 3 | 3.5 | 6.5 |
| Vendor 6 | 3 | 3 | 3 | 1 | 2.7 | 4 | 2 | 3 | 5 | 3.7 | 6.4 |
| Vendor 7 | 4 | 4 | 5 | 4 | 4.3 | 4 | 4 | 5 | 2 | 3.55 | 7.85 |
| Vendor 8 | 4 | 3 | 2 | 1 | 2.7 | 1 | 2 | 4 | 5 | 3.35 | 6.05 |

definitions:

Interface capability - assessing what interfaces each vendor currently offers and their ability to create new interfaces

Billing capability - ability of billing system to handle Medicaid, method of transmission (clearinghouse), scrubbing, sliding fee availability, etc.

User interface - ease of user navigation through the software, how many clicks/screens are necessary to complete certain tasks

Software scalability - ability of the software platform and design to allow for expansion, upgrades, and customization

Company stability - assessment of vendor history, size, market share, capital sources, etc.

Company scalability - assessment of vendor growth potential in general as well as ability to grow with School Health Connection

Vendor relationship potential - gauge of vendor willingness to become a strategic partner with School Health Connection (determined through testimonials, etc.)

Affordability - overall assessment of cost, including up-front costs as well as sustainability costs

Top 3 Scores



Lessons Learned – Assessment/Planning:

- Take an inventory of and assess gaps among your clinic staff for capacity in the following areas:
 - Technical
 - Operational
 - Leadership
 - Data Management
- Take an inventory of and assess gaps within your staff to address needs.
- Plan strategies to address needs with regard to data collection, analysis, and utilization.
- Develop a communications plan.



Staff Assessment Tool

| | | | | | |
|---|---|---|---|---|---|
| How an electronic medical record keeping system will impact our patients in terms of: | 5 | 4 | 3 | 2 | 1 |
| Service delivery | | | | | |
| Quality of care | | | | | |
| Privacy / Security | | | | | |
| How an electronic medical record keeping system will impact the way I work in terms of: | 5 | 4 | 3 | 2 | 1 |
| My Workload | | | | | |
| My Workflow | | | | | |
| My Communications with other staff / clinicians | | | | | |
| My Communications with other patients | | | | | |



Staff Assessment Tool

Please indicate your level of comfort where an electronic information system would be used to carry out the following functions:

- 5 means very comfortable
- 1 means not comfortable at all

| Clinical Function | Scale | | | | |
|--|-------|---|---|---|---|
| Billing Operations (claims review, submissions, etc) | 5 | 4 | 3 | 2 | 1 |
| Disease Management (reminders for necessary lab tests, follow-ups, screenings, etc) | 5 | 4 | 3 | 2 | 1 |
| Care Coordination (between primary care and specialists or ancillary services, pharmacy, referrals, etc) | 5 | 4 | 3 | 2 | 1 |
| Quality Improvement Activities (monitor / track clinic performance, reduce medical errors, etc) | 5 | 4 | 3 | 2 | 1 |



Lessons Learned – Implementation:

- Regardless of EMR implementation, create data systems to support your vision.
- Identify priority indicators:
 - **Fiscal** (# claims submitted vs. # rejected)
 - **Clinical** (% of patients screened for depression)
 - **Operational** (Cycle Time)
 - Patient Satisfaction
 - End-User Satisfaction
- Ensure a common understanding of data definitions among staff (Ex-referral tracking)



Lessons Learned – Implementation:

- Clarify changes in job tasks/function/workflow:
 - Ex – MA vs MD complete Superbill
- Standardize key data entry practices when possible:
 - Ex – Where to place labs in patient chart
 - Ex – Using Appropriate codes (PAP, pap, Pap Smear, Pap Smear Tracking)



Strategies for Building Capacity

- Leadership development / buy-in (logic model development, indicators, feedback)
- Creating a platform for partners / staff to create user groups and learning labs: Ex-diabetes educators, data managers – to discuss their roles and how they participate in data collection to “tell their story”.



Strategies for Building Capacity

- Leverage partner resources and expertise to build capacity for effective data systems:
 - Exchange staff for peer-to-peer training
 - Take a field trip to model sites
 - Develop a plan for shared-services between organizations



Strategies for Building Capacity

Empowerment or Co-dependency?

- Identify key staff to take over roles
- Provide tools / operational plans to ensure consistency and sustainability
- Reduce your level of engagement!



Recommendations:

- Incorporate evaluation and monitoring into an HIT initiative prior to, during, and after EMR implementations
- Identify partner needs and gaps to capturing reliable data through use of assessment tools, site visits, interviews, focus groups, etc



Recommendations:

- Raise standards and expectations for data collection through oversight organizations or groups
- Start a **Data Dashboard** or **Score Card** system to allow staff to gauge their performance and to measure themselves against others



To Summarize:

The onus is on you to foster EMR user adoption and to build data utilization capacity!



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