



Zero to 60 in 90 Days: The Attestation Fast Lane

Liz Johnson, Vice President, Applied Clinical Informatics Tenet Healthcare Corporation

Linda Lockwood, Associate Partner, Manager of Clinical Advisory Services Encore Health Resources

Learning Objectives

- **Learning Objective 1:** Describe the methodology Tenet used to achieve rapid system deployment while maintaining a constant focus on MU objectives.
- **Learning Objective 2:** Explain how to leverage near real-time data to provide performance feedback while driving compliance to meet MU measure thresholds.
- Learning Objective 3: Apply the change-management, messaging, and governance principles required to engage true "Meaningful Users" and identify best practices for taking early results and feeding them back to hospitals to improve outcomes.



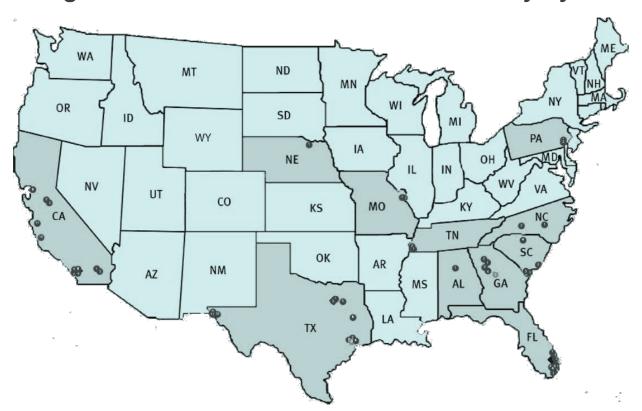
Learning Objectives (Contd.)

- Learning Objective 4: Perform an organizational self assessment to strengthen your readiness plan and address the leadership challenges and unintended consequences that can be pitfalls on the road to attestation.
- Learning Objective 5: Discover key strategies for building an organizational foundation through the EHR that can: improve care coordination and patient outcomes; increase organizational effectiveness; and, apply metrics for outcomes improvement.



Tenet Healthcare Corporation

One of the Largest Investor-owned Health Care Delivery Systems in the Nation



- 50 acute care hospitals in 11 states
- 90 outpatient centers
- 57,000 employees

- \$9.2 billion net operating revenues (CY'10)
- 512, 972 admissions (CY'10)
- 3.9 million outpatient visits (CY'10)

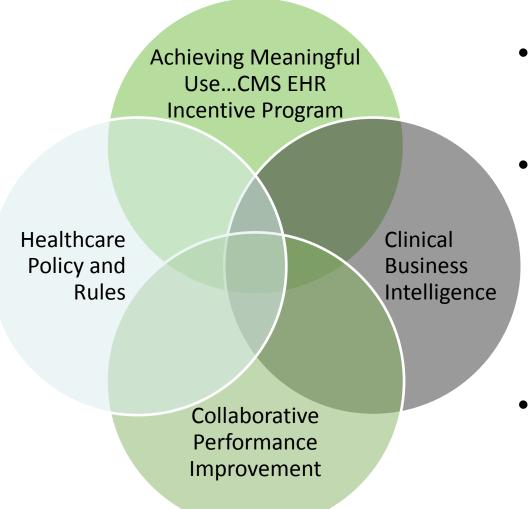


Every Strategic Initiative Has a Clear Vision, Mission, and Identity

Have an **Electronic Health** Record(EHR) and Patient Health To provide the Record(PHR) by right information 2015 when and where it's **IMPACT IMPACT** Get people to needed to use technology Vision improve the Mission care and life of every person in Share health the communities information in that we serve our hospitals and across our communities



Value Realization Program



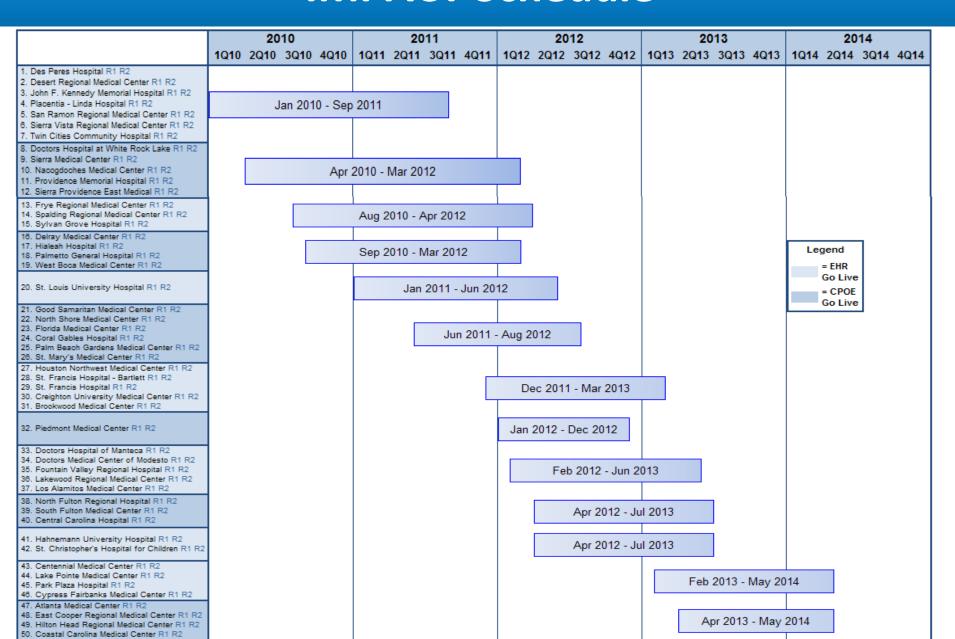
 Functional team within the IMPACT project

 Purpose is to promote clinical performance improvement and business value, ensuring Tenet qualifies and receives full incentive dollars as a result of the IMPACT program

 Identifies, acts on, reports and monitors the CMS Meaningful Use requirements and IMPACT based value metrics



IMPACT Schedule





The Tenet Journey

Rolled out our first seven hospitals and, boy, did we learn!

Launched our MU performance dashboard and included hospital training and accountability

Went on the road to "engage/sell this" to the hospitals

Built a "hospital program" including support of key elements in the MU journey

Deploying with an aggressive rollout schedule

Leveraging this work to accelerate an EDW with a MU dashboard

Reviewing down to the data element level

Last year HIMSS

Finalizing our measure-by-measure review



This

year

HIMSS

The Tenet Methodology: Our Ingredients for Success



- End-user engagement and adoption
- Clinical Informaticist
- Physician Champion
- Risk mitigation plan-change strategy



- IMPACT vision and mission
- Program and hospital
- Clinical advisory teams
- Standards



- Provide MU education and training
- Provide on-going support and communication
- Post CPOE go-live Meaningful Use Liaison from the VR team
- Support the hospital's MU coordinator in attestation

- Data-driven performance management
- Taken to the hospital level, with ownership, remediation, and daily monitoring by hospital, partnered with VR team

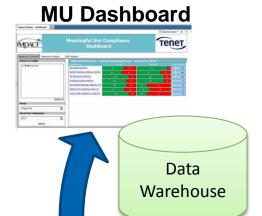
MU Performance Dashboard

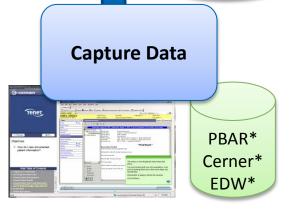




Tenet's Approach to Meaningful Use

Attesting to CMS





Determine eMeasure Requirements



 Capture the right data in the right format enabled by workflow to support Meaningful Use Stages 1-3 and other related initiatives

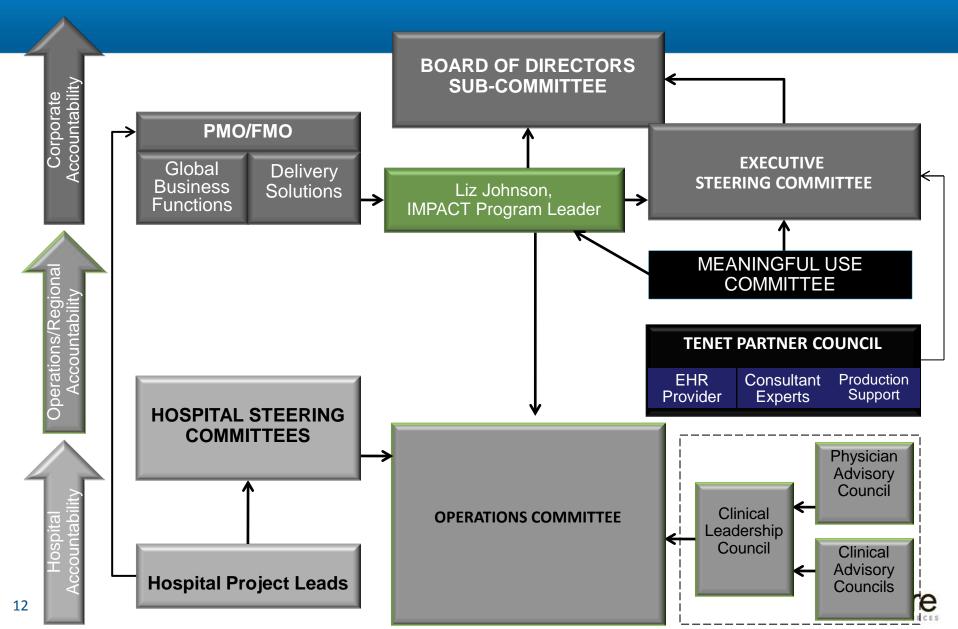
 Support Tenet's overall BI Objective, joining of Clinical and Operational data in a common repository

Make Design Decisions

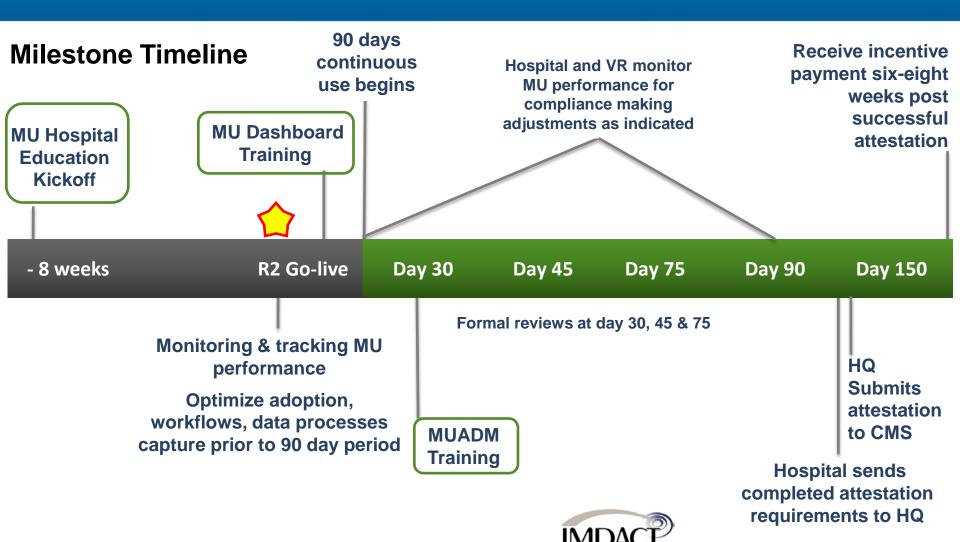
Identify Content **Sources Develop Processes** Workflows **Impacted**



Key Component: Program Governance



Tenet Meaningful Use Hospital Program



NOTE: This timeline represents target milestones.

encore

Meaningful Use Roadman for Hospitals

Tricaring at osc Rodaniap for Hospitals			
Timeline	Content	Audience	
8 weeks prior to CPOE Go	MU Kick-off on-site	CPIC members – Hospital	
Live	 Measures review in depth, 	Sponsor, CNO, COO, CI, MD	
	 Workflows review 	Champion, Quality, IT, others	
	 Intro to major tools 	of interest	

Six webinars occurring over period from

MU kick off to 3 weeks post CPOE go-live

Optimization period of monitoring early

How to create and store evidence

Hospital Sign-off for Attestation

Monitoring/Tracking Performance Support

Roles and responsibilities

Upcoming milestones

Dashboard Training

MUADM Training

to Hospitals

Evidence required

results

14

Primarily Hospital CIs

Hospital Sponsor and CI

Hospital CI and back-up

CNO, COO, MD Champion,

(required)

others of interest

Hospital CI primary

Hospital Sponsor

Go Live

period

period

MU Kick-off thru & post

Post Go Live to reporting

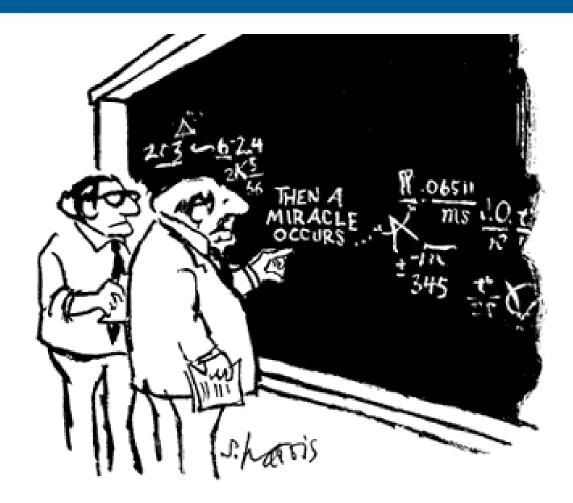
period start (3-6 weeks)

2 weeks post reporting

90 day reporting period

Post 90 day reporting

Key Component: A Focused Adoption Program for CPOE and Beyond



"I think you should be more explicit here in Step Two."

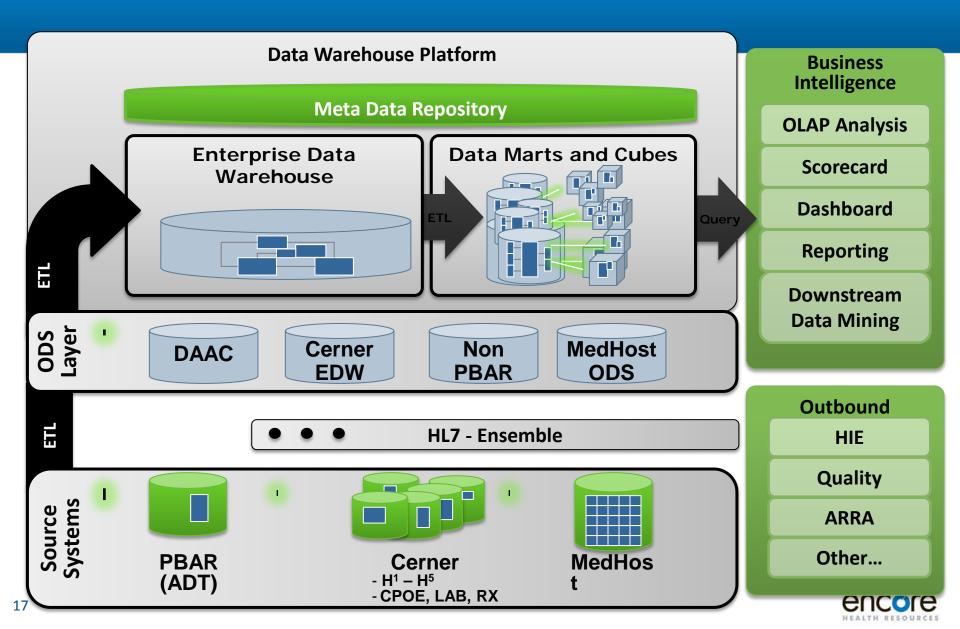


Building an eMeasure Foundation to leverage data to manage care and report outcomes



Looking to the Future

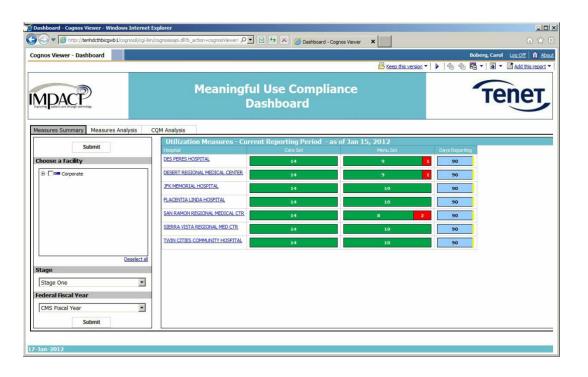
Key Component: Data Driven Monitoring



Key Component: Clinical Business Intelligence - Meaningful Use Dashboard

View This Video with Audio Live at:

http://encorehealthresources.com/critical-businessintelligence-meaningful-use-dashboard





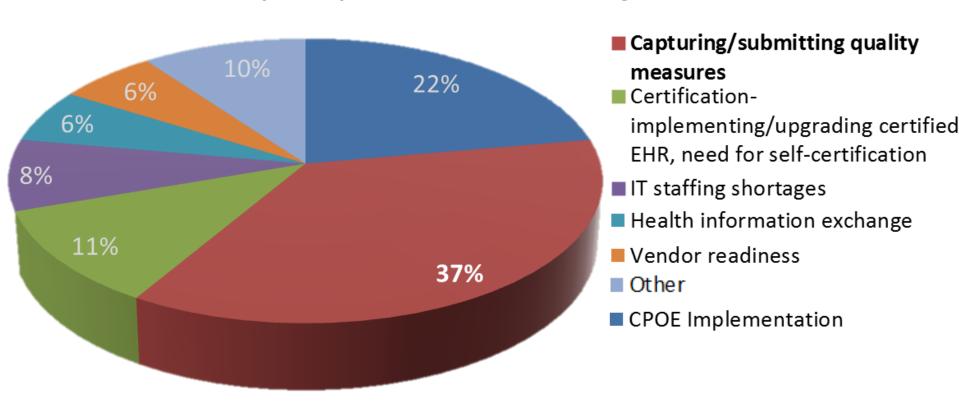
Some Stats Driven by our Methodology:

Element	Delivered	Result
EDW Dashboard Size	23 GB	Hospital ownership for monitoring
EDW - 19 CQM	59 Unique Data Elements	486 Mappings
EDW – 24 Utilization	75 Unique Data Elements	379 Mappings
Physician Order Entry	CPOE EHR Volume Oct-Nov	1537 Physicians
Clinical Decision Support	Non Pharmacy Rules	50
PowerPlans & Order Sets	Developed and Rolled Out	488
MU Dashboard	Compliance Training	7 Sites – 5-8 End Users Per
MU Dashboard	Unique End Users	62
MU Dashboard	Utilization	Average 9 Users Per Day
Site Support	Clinical Informaticists	22 Corporate; 31 Hospital; 4 Regional
MU Education Webinars	6 Provided	32 – 58 Attendees



Quality Measures #1 Concern

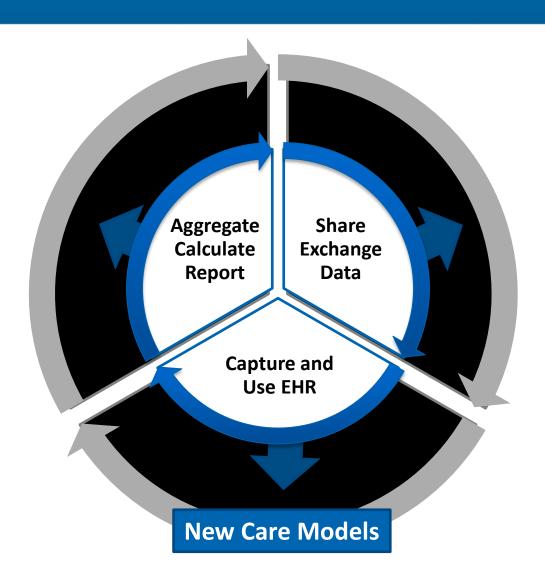
Graph 7. Top Concerns of Healthcare Organizations



Source: College of Healthcare Information Management Executives (CHIME) September 2011 Survey: Quarter of CHIME Healthcare CIOs Report Their Organizations Have Qualified for Stimulus Funding. Page 9. http://www.cio-chime.org/advocacy/CHIME_MU4_Survey_Report.pdf

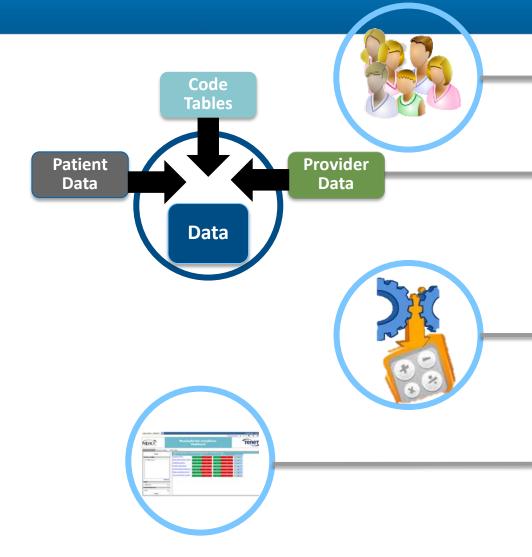


Meaningful Use is Just the 1st Step





Implementing eMeasures with the Future in Mind



Improve Quality

Avoid preventable errors Integrate clinical decision support/logic into decision making

Discrete Data

Collect data elements for individual patients, provider and standard code tables, i.e., SNOWMED CT, RxNorm

Aggregate, Calculate

Eliminate the need for manual data abstraction

Consistent measure calculations

Reporting

Met MU reporting requirements and provided advanced clinical analytics to Hospital, Regional, and Corporate



Vision Culture **Change Management** Governance **Clinical Content** Reports



Vision

Culture

Change Management

Governance

Clinical Content

Reports

Has your organization developed a clear vision of how MU will be focused:

 A foundation for quality improvement and eMeasure collection to support future healthcare initiatives (VBP, ACO, Bundled Payments)?

OR

 A means to secure funding for IT initiatives?



Vision Culture Governance **Clinical Content**

- What is the organizational culture-do you adapt to change easily?
- Are you consensus driven?
- Do you consistently involve clinicians in decision making?

Vision **Change Management** Governance **Clinical Content** Reports

Have you recognized the critical change management factors associated with the widespread adoption needed for MU?



Do you have a governance structure in place that outlines clear roles and responsibilities for each key component of MU:

- Site dashboard monitoring
- Physician/clinician engagement
- Training
- Attestation
- Audit and compliance trail
- Registration and payment





- Are you confident that your order sets and associated workflows that affect clinicians are intuitive and will be adopted?
- Is your training workflow based rather than feature/function?
- Do you have adequate support for physicians and end users?
- Have you focused on new key clinical processes for clinicians?



Vision Governance **Clinical Content** Reports

- Are you confident that your reports are accurate?
- Are you capturing numerators and denominators?
- Do you truly understand your data down to the data element level?



Lessons Learned

Lesson Learned: Building the Future Foundation

 Make decisions focused towards the horizon

Build a foundation for the future



- Underlying data model
- Meaningful data mapping
- Data standards
- Reusable data

Move from simply having data to having "Smart Data"



- Be prepared to work in both worlds
- Balance and harmonize between short term expense and long term benefits (efficiencies and quality)
- We must stay the course

Achieve harmony between eMeasures and chart abstraction



- Commitment to managing change
- Do no underestimate the value of an EHR that provides ease of adoption, it all hinges on workflows and content
- The only thing stays constant is change

Without a usable EHR you have no data





Bigger Than You Think

- MU is larger that an IT initiative involve all your key stakeholders
- Never assume that you have communicated or planned enough for hospital ownership
- Master the adoption factor:
 - Never underestimate the importance
 - Keep a constant eye on this



 You can never train enough. Be sure technology and training support clinician workflows



Avoid Pitfalls

- Have end users test functionality and provide feedback before putting build into production
- Don't keep doing the same thing over and over and expect different results-you have to capture lessons learned and continuously improve the process
- It's easy to fall into a reactive mode with the rapid pace of implementation and change. Be sure to pull up and focus on the larger picture



Focus on the End Goal

- Develop and execute a strategy to cover key areas for success:
 - MU hospital program ownership at hospital and corporate level
 - MU attestation ownership and evidence trail
 - Dashboard/data feedback, hospital ownership and remediation
 - Adoption
- Be confident that your quality reports are capturing the data you expect and CMS requires
- Have a shared vision with leadership—including finance about the intent of MU



Keep Clinicians Engaged and Supported



- Be creative with physician training
- Understand your CDS strategy. Balance between achieving results and alert fatigue
- Be prepared to make changes, listen to your clinicians and balance change requests for order sets build and enhanced functionality
- Watch your order set and content build—sometimes simpler is better. Know how many "clicks" it takes to get an order placed or to document
- Listen to feedback, especially from end users. Keep an open mind and be honest about what can and cannot be done
- Be prepared to make modifications in rollout strategy. Don't burn bridges with your clinicians and use up your goodwill



Awash in Data: eMeasures as a Foundation for Quality and Payment™

Awash in Data

encore

View the Flash Version of "Awash in Data" at

http://www.encorehealthresources.com/emeasures



Thank You!



"Meaningful Use:
The Stepping
Stone for
Meaningful Care"

~ Liz Johnson

