



# HRSA/ORHP Rural HIT Conference

## Conducting and Analyzing a Readiness Assessment

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Presented by

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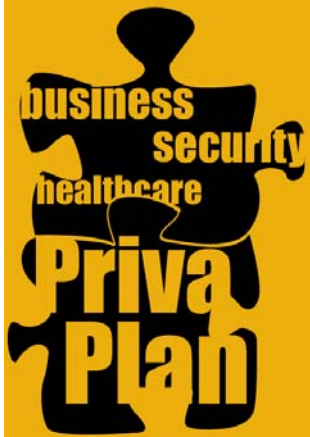
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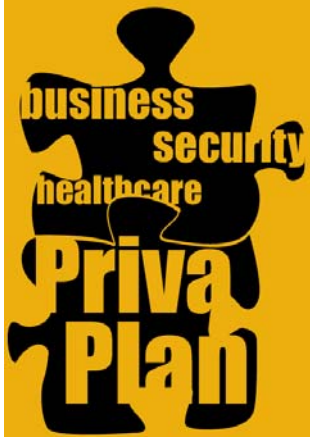
# Agenda

- ◆ Introduction
- ◆ Why a readiness assessment is essential to an EHR process
- ◆ What are the components of readiness
- ◆ How do you put this together
- ◆ The need for a facilitative approach
- ◆ Typical stakeholders in this process
- ◆ Differentials in readiness between a CAH and a Rural Health Clinic or ambulatory provider
- ◆ Case examples



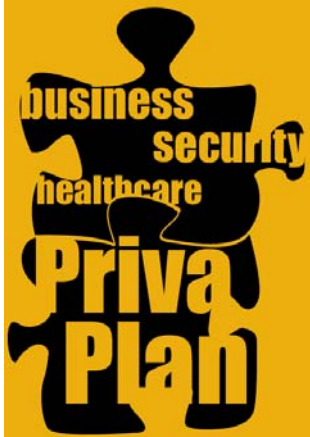
## We won't be spending time on the basics

- ◆ This breakout session assumes a basic level of knowledge about Electronic Health Record Systems
- ◆ But if there are gaps we can try to fill them



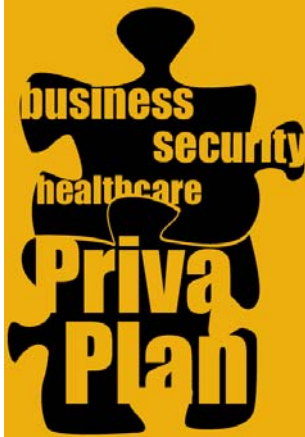
## Why a readiness assessment?

- ◆ Electronic Health Records systems are more than just a replacement of the forms that create a chart---that is why we speak now of “EHR” versus “EMR”
- ◆ EHR systems are the digital reflection of the entire clinical encounter
- ◆ As a result they touch almost every business process and system within a health care organization



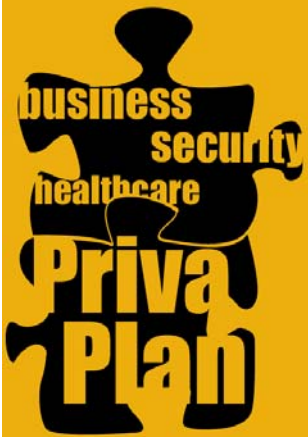
## EHR versus HIT

- ◆ The readiness process must be applied to the general Health Information Technology strategy for your organization
- ◆ EHR is a major component of HIT but not the only component



## Why a readiness assessment

- ◆ Without an understanding of your current environment or “state” poor decisions may be made
- ◆ For example purchasing more than is needed
- ◆ Or purchasing a system that will require more preparation work and resources than are available (think template design)



## Readiness assessments prepare your organization

- ◆ A good readiness assessment also provides you with the tools for an implementation road map
- ◆ It provides the baseline to understand appropriate and *true costs of acquisition and implementation*
- ◆ It will help with corporate priority setting



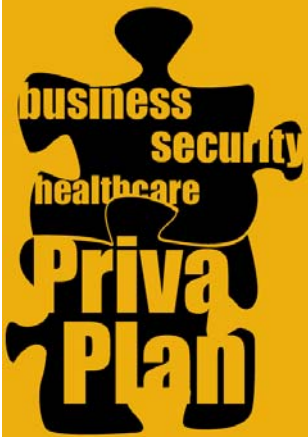
# Readiness and compliance

- ◆ Readiness must include compliance
- ◆ Compliance has become a major business activity and liability for rural providers be they CAH or ambulatory clinics
- ◆ EHR systems will expose weakness in current compliance plans and increase your vulnerability significantly!



## Readiness and business cases

- ◆ The readiness assessment will also help confirm or modify the business reasons or business case for an EHR acquisition
- ◆ An accurate business case and *consensus* among stakeholders is key for successful implementation



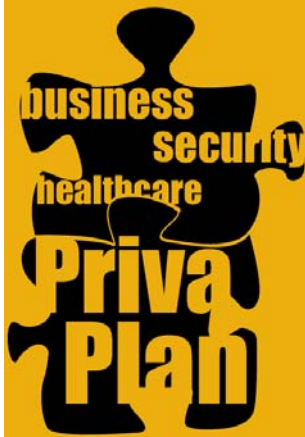
# Facilitating stakeholder support

- ◆ The readiness assessment becomes one of the best ways to facilitate stakeholder involvement and support
- ◆ Implementing an EHR system will be the single most demanding, complex and comprehensive business process and activity any health care provider can undertake-except perhaps for a new building!



## Considering the differences in rural health

- ◆ Critical Access Hospitals
- ◆ Rural hospitals that are not designated as a CAH
- ◆ Rural Health Clinics and other federally qualified centers
- ◆ Private practice physicians and other providers
- ◆ County health and public health programs



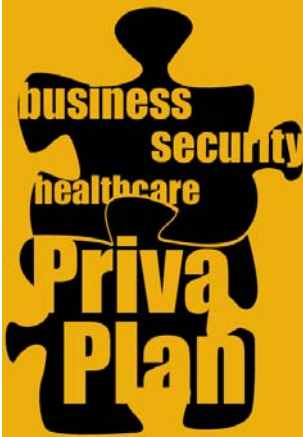
# Components of a Readiness Assessment

- ◆ Needs assessments
- ◆ Workflow analyses
- ◆ Business process improvement
- ◆ Current state—finances, other corporate priorities
- ◆ Human resources, physical plant and environment
- ◆ Compliance considerations



## Needs assessment

- ◆ All stakeholders must participate
- ◆ Begins with a “best of all worlds” wish list inventory
- ◆ Sometimes giving a non judgmental voice to stakeholders will provide valuable new insights
- ◆ This initial wish list meeting will also show areas of business process weakness



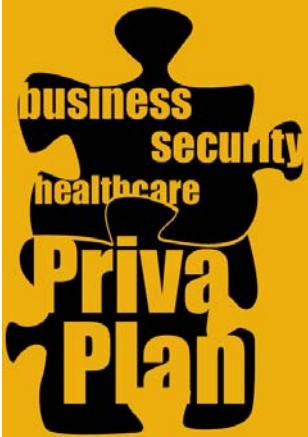
## Needs assessment

- ◆ Follow the wish list with a detailed assessment of each item
- ◆ Determine if it is improved or remedied by an EHR
- ◆ Determine if you have internal “champions”
- ◆ Empower them in the process



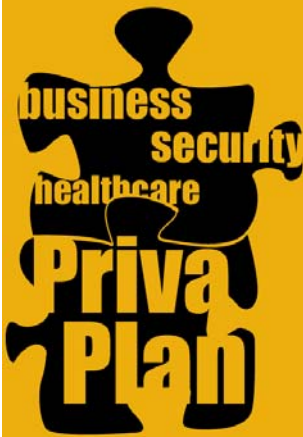
## Workflow and business process analysis

- ◆ This will be reviewed in greater detail at tomorrow's session
- ◆ It is imperative to review each "domain"
- ◆ In clinical terms this means follow a patient encounter
- ◆ Encounters may not always be a physical event (for example scheduling calls or business office calls)



# Workflow

- ◆ The walk around is still the best way to do this
- ◆ And it should be done several times (to detect issues that may not be evident the first time)



# Workflow

- ◆ Review chart composition
- ◆ Existing use of templates and forms
- ◆ How are documents managed today?
- ◆ Archiving considerations
- ◆ Coding and encoding
- ◆ Clinical guidelines and quality of care
- ◆ Charge capture



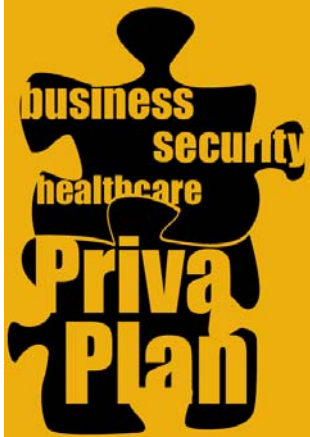
# Workflow

- ◆ Order entry
- ◆ Results filing or documentation
- ◆ Referral interfaces
- ◆ Mandatory reporting (like immunization registries)



# Business process review

- ◆ The analysis naturally evolves into a business process review
- ◆ So, the next step is to determine business processes in need of improvement
- ◆ These should be ranked in order of priority
- ◆ Each organization must determine what is the priority ranking---for some it is financially driven and for others it is clinically driven—OR BOTH



## Business process review is also clinical in nature

- ◆ Patient safety and reduction of medication errors is becoming the number one clinical focus for any health care provider
- ◆ Ensure your business process review includes these important initiatives



## Current state review

- ◆ Financial condition of the organization
- ◆ Status of the billing systems
- ◆ Are you ready to replace or would integration be wiser
- ◆ For a CAH status of the ADT and Hospital Information System—same questions



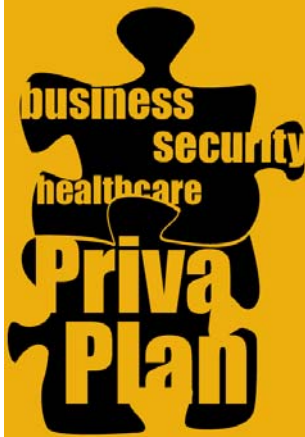
## Other key current state issues

- ◆ Relocation or new building in the plans?
- ◆ Change in management
- ◆ Change in provider composition (retiring physicians!)
- ◆ Ability to recruit and retain in your area
- ◆ Other needs—for example expansion of ED or new clinical locations
- ◆ Other internal needs-PACS, Laboratory and so forth



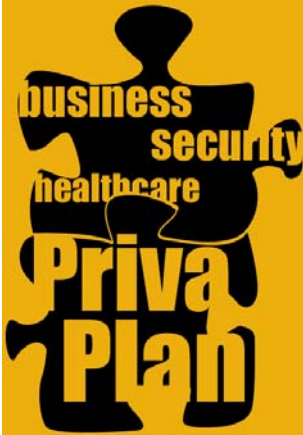
## EHR is not just EHR...

- ◆ The last bullet should be considered
- ◆ Considering implementation of an electronic health record is actually part of a larger enterprise---Health Information Technology or HIT



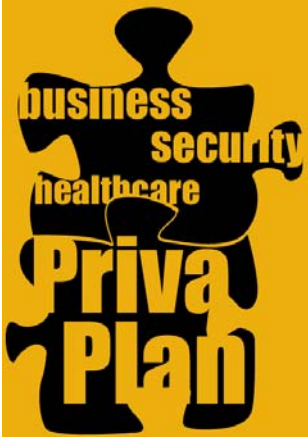
# Human resource readiness

- ◆ Do you have the staff for this project?
- ◆ Can you recruit and retain them?
- ◆ Are your staff *really computer literate?* (or ...”A green screen does not literacy make!”)



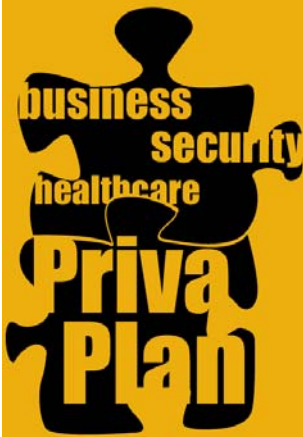
## Facility and site readiness

- ◆ Can your building handle this?
- ◆ ASBESTOS!!!
- ◆ Do you have enough electrical power?
- ◆ Space? (Please no servers in hot water closets!)
- ◆ Remember ergonomics---OSHA's next focus!



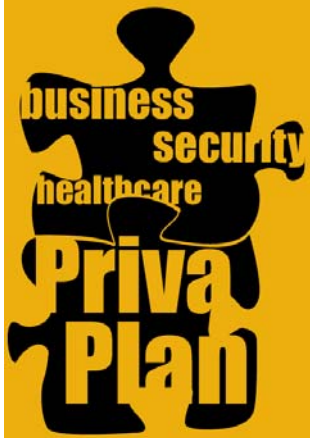
## Other areas

- ◆ Current telephone systems
- ◆ Security of the site
- ◆ Existing IT challenges
- ◆ Your location---do your current software vendors support you adequately?



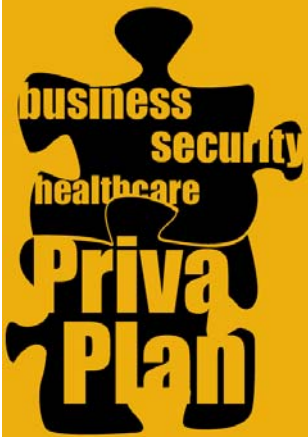
## Current state-external

- ◆ Are there any regional or state health information organizations or exchanges in place or forming?
- ◆ Will they provide systems?
- ◆ Will the tertiary hospital provide systems (relaxing of Stark and anti-kickback prohibitions)
- ◆ These considerations are equally applicable to a CAH or a free standing rural health clinic or ambulatory provider



# Compliance issues

- ◆ Using an EHR raises issues related to HIPAA, Medicare, OSHA and professional liability



# HIPAA compliance assessment

- ◆ There are three areas—privacy, transaction code sets and security
- ◆ It is probably time for your organization to do another HIPAA internal audit
- ◆ The Security rule actually requires this
- ◆ Identity theft had “changed the rules” and increased the need for review and safeguards



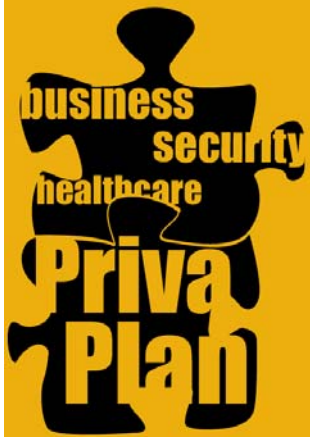
## Some typical HIPAA challenges

- ◆ The HIPAA requirement for a contingency plan becomes vital with an EHR
- ◆ Data backup, integrity of data and emergency access are far more important once the EHR is in place—it will be the most critical application you operate!
- ◆ Assess the strength of these currently



# The HIPAA list is too large for today...

- ◆ But some other areas to review during readiness
  1. Privacy notices
  2. Privacy alerts
  3. Handling complaints
  4. Sanctions
  5. Incident handling
  6. Personnel clearance



# HIPAA list....

.....Training

Protection against malicious software

Access control

Encryption



# Business Associates and EMR systems

- ◆ The EMR vendor and your hardware vendors may be new business associates
- ◆ A readiness assessment should look at current policy and reliability here—including corporate code of conduct programs for contractors and vendors



# The coding challenge

- ◆ Many EMR systems are promoting their ability to help you code—sales people will even tell you “it codes for you”
- ◆ This is true—except you are ultimately responsible for choosing the correct CPT, HCPCS, DRG, ICD9 or other code
- ◆ We have yet to find a vendor who will a) indemnify you if the code is wrong or b) assure us that they periodically test their software algorithms!
- ◆ Medicare compliance requires that you select the appropriate code
- ◆ Relying on the EHR without some kind of routine audit is dangerous!
- ◆ Human nature will cause many providers to rely on the EMR code or build documentation that is not accurate to justify the code
- ◆ If you implement an EHR be sure to update your Medicare fraud and abuse compliance plan



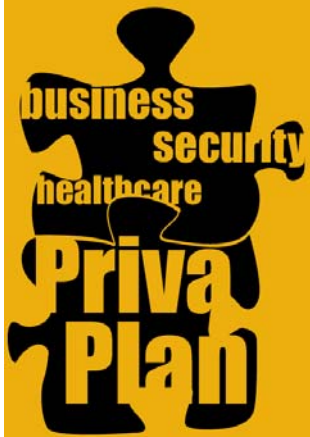
# So is your current Medicare plan up to date?

- ◆ A key readiness consideration



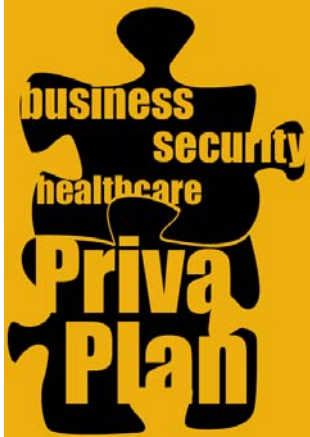
## Professional liability compliance

- ◆ Does the EMR increase or change your risk?
- ◆ The ability to retrieve and retain documentation is as important as with paper
- ◆ Use of templates can create a false sense of security...be sure your notes are as accurate as if you hand wrote them



# Behavioral and cognitive challenges

- ◆ Continuous partial attention
- ◆ Skimming....



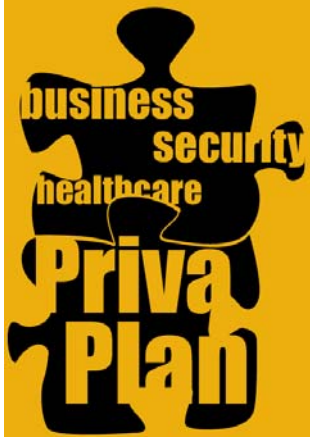
## Special liability created by conversion of data

- ◆ What is your liability if legacy charts are incorrectly entered and a treatment or diagnosis decision is inaccurate as a result?
- ◆ What is your liability if legacy records are mistakenly appended (crossed) between patients and inaccurate decisions made as a result...



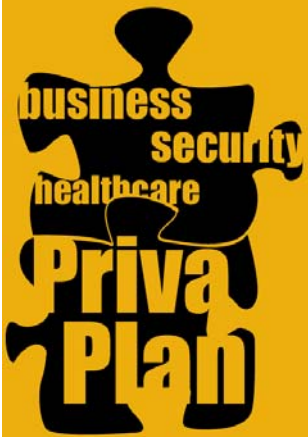
## Special cultural and access requirements...

- ◆ Understand your obligations when access is granted to a non English fluent patient....



## Case examples

- ◆ Readiness review demonstrates the real business case
  - Continuity of care with the Indian Health Services and exchange of information becomes one of the most important priorities



## Case examples

- ◆ A review of three Critical Access Hospitals reviewed NONE were compliant with the HIPAA security rule
- ◆ In one case, the current systems were so weak existing patient data could be hacked



## Case examples

- ◆ Readiness assessment determines that the smart road map is to a) complete a site expansion and relocation, b) upgrade the ADT system, c) implement a comprehensive patient safety program and d) implement a document management system. EHR has been put on the track for after these ...or about two years from now



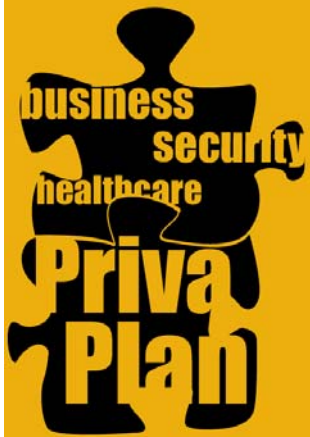
## Finding a good checklist

- ◆ Email me for a copy of the checklist we used at the Colorado Rural Health Center

# Q & A

- Individual Questions?





# Contact information

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