



HRSA/ORHP Rural HIT Conference Performing a Workflow Assessment

September 23, 2006

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Agenda

- ◆ Introduction
- ◆ Why a workflow assessment is essential
- ◆ What is a workflow?
- ◆ What are the “domains” it should be applied to?
- ◆ How does this differ for a CAH and Rural Health Clinic or ambulatory provider?
- ◆ Case examples



Performing a workflow assessment-Why?

- ◆ It is a key component of the readiness assessment
- ◆ It prevents automation of business processes that are inefficient
- ◆ It is a key mechanism to obtain stakeholder support and involvement
- ◆ It is a primary method of understanding whether processes require an EHR or an HIT solution!



Basics on the readiness assessment

- ◆ If you did not attend yesterday's session this will give a brief recap



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



Basics of a Workflow and business process analysis

- ◆ 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)



Typical Domains

- ◆ Critical Access Hospitals
 1. Patient is seen in the ED and discharged
 2. Patient is seen in the ED and discharged with a referral
 3. Patient is seen in the ED and transferred
 4. Patient is seen in the ED and admitted
 5. Patient arrives for elective admission
 6. Patient is seen in the clinic
 7. Patient is seen in the clinic



More CAH domains

- ◆ Outpatient-Patients seen directly for diagnostic services
- ◆ Outpatient-Patients seen for rehab services
- ◆ Patient calls billing office
- ◆ Tertiary hospital calls for records
- ◆ ...and many more



Typical RHC domains

- ◆ Patient arrives for a scheduled visit
 - Well child/sick child
 - Well adult/sick adult/periodic visit
- ◆ Patient arrives for unscheduled visit
- ◆ Patient arrives for blood draw
- ◆ Patient calls to schedule appointment
- ◆ Patient calls business office
- ◆ Records request
- ◆ Records received and filed



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)



The details

- ◆ Accounting for interoperability and human resources
 - What is the activity
 - Who does it
 - Do they rely on information?
 - How and when is it obtained and needed
 - How is it filed?



More details

- ◆ Are orders and referrals generated?
- ◆ How are these obtained and documented?
- ◆ What is the output?
 - Clinical notes
 - Assessments?
 - Plans?
 - How are these communicated and documented (Rx, and so forth)



More details

- ◆ What other output?
 - Charge capture/superbills/billing
 - Recall notices
 - Referral or pre-cert's
 - Education
 - Referral letters
 - Reminders and alerts---how are these recorded now (stickies on charts?)



Don't forget workflow before a patient arrives....

- ◆ Insurance and eligibility verification
- ◆ Patient medical information

Is a Kiosk in the future for your organization?



Who should do the assessment

- ◆ Concept of a facilitative approach
- ◆ Why all stakeholders are needed
- ◆ Why you need a champion



How long will it take?

- ◆ Expect this process to take 3-4 months from start to finish
- ◆ Outside help can shorten this



Outcomes

- ◆ The workflow analysis will result in a business process review



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 the workflow analysis also includes clinical care and quality of care



Other factors

Local, regional or state health information organizations or exchanges

Immunization registries

Disease registries

Personal health records and portals

All of these require some form of workflow....



Correcting business processes

- ◆ Prioritize findings
- ◆ Implement systems to correct obvious business process deficiencies
 - Staff training
 - Staff changing
 - Staff additions



Business process changes

- ◆ Revised processes
- ◆ Document management
- ◆ Other HIT solutions



Other considerations between a CAH and ambulatory providers

- ◆ Resources may be less for ambulatory providers
- ◆ Their workflow complexity is less
- ◆ But their business process deficiencies may be just as great
- ◆ Consider a facilitative approach between the hospital and local providers



Case examples

- ◆ Workflow assessment demonstrates how many steps are taken to capture a charge
- ◆ Workflow assessment demonstrates inefficient clinical record keeping and filing



Q & A

- Individual Questions?





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