Practice Management Evolution

Health Center Network of NY

CHCANYS Conference Presentation
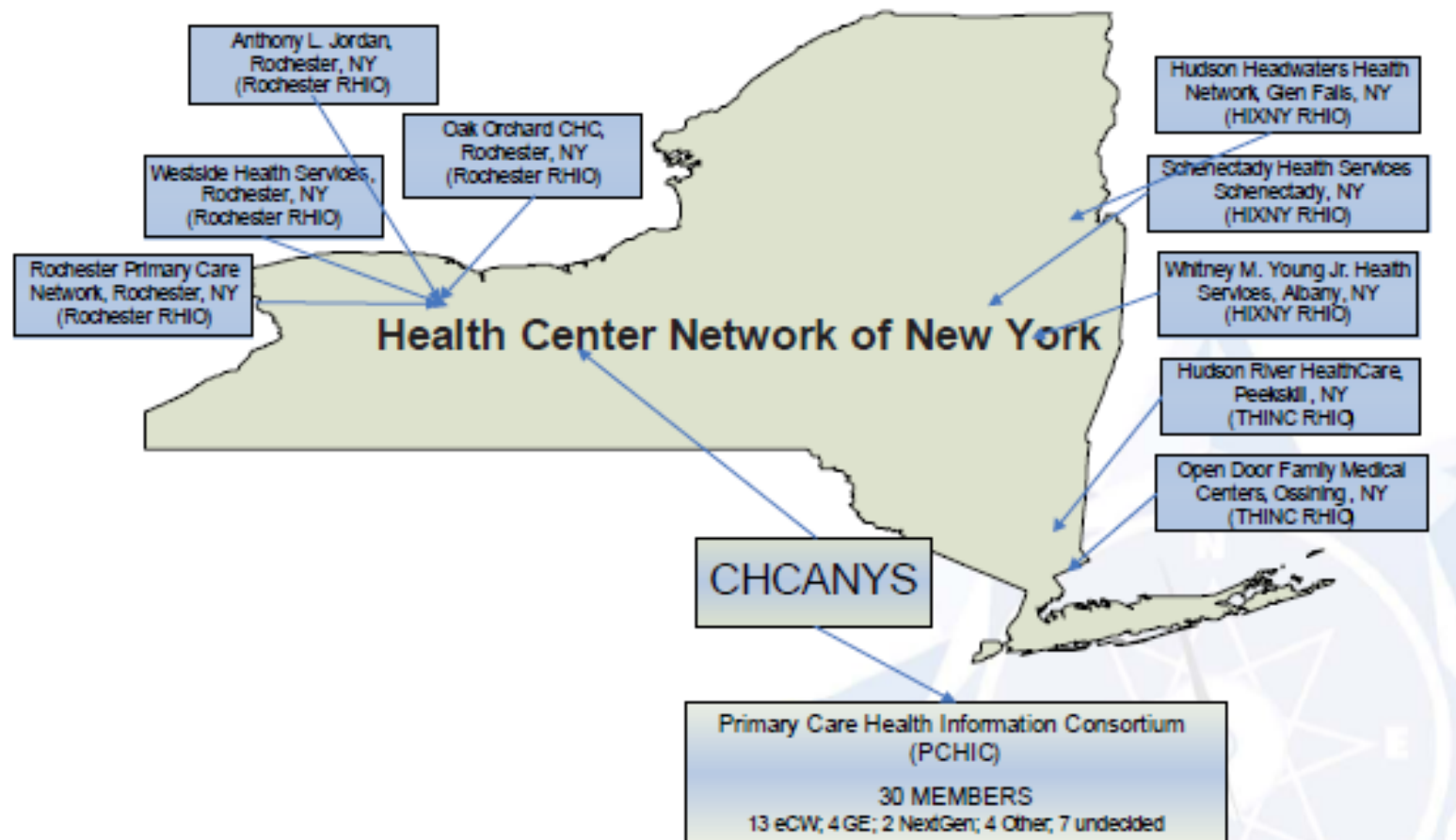
October 2010

Go Live Occurred!

- Take a deep breath and vacation.
- Up and running but. . . .
  - Things aren't all working well
  - Work flows are not meeting our needs
  - New challenges are occurring
  - Turnover of staff
  - New versions by the vendor
  - Your staff have a new work around

Do You Go it Alone?

Network Composition

- Nine member health centers
  - 74 sites
  - 205 provider FTE's
  - 260,582 patients
- CHCANYS (NY PCA)
  - Collaboration of technology projects and related advocacy
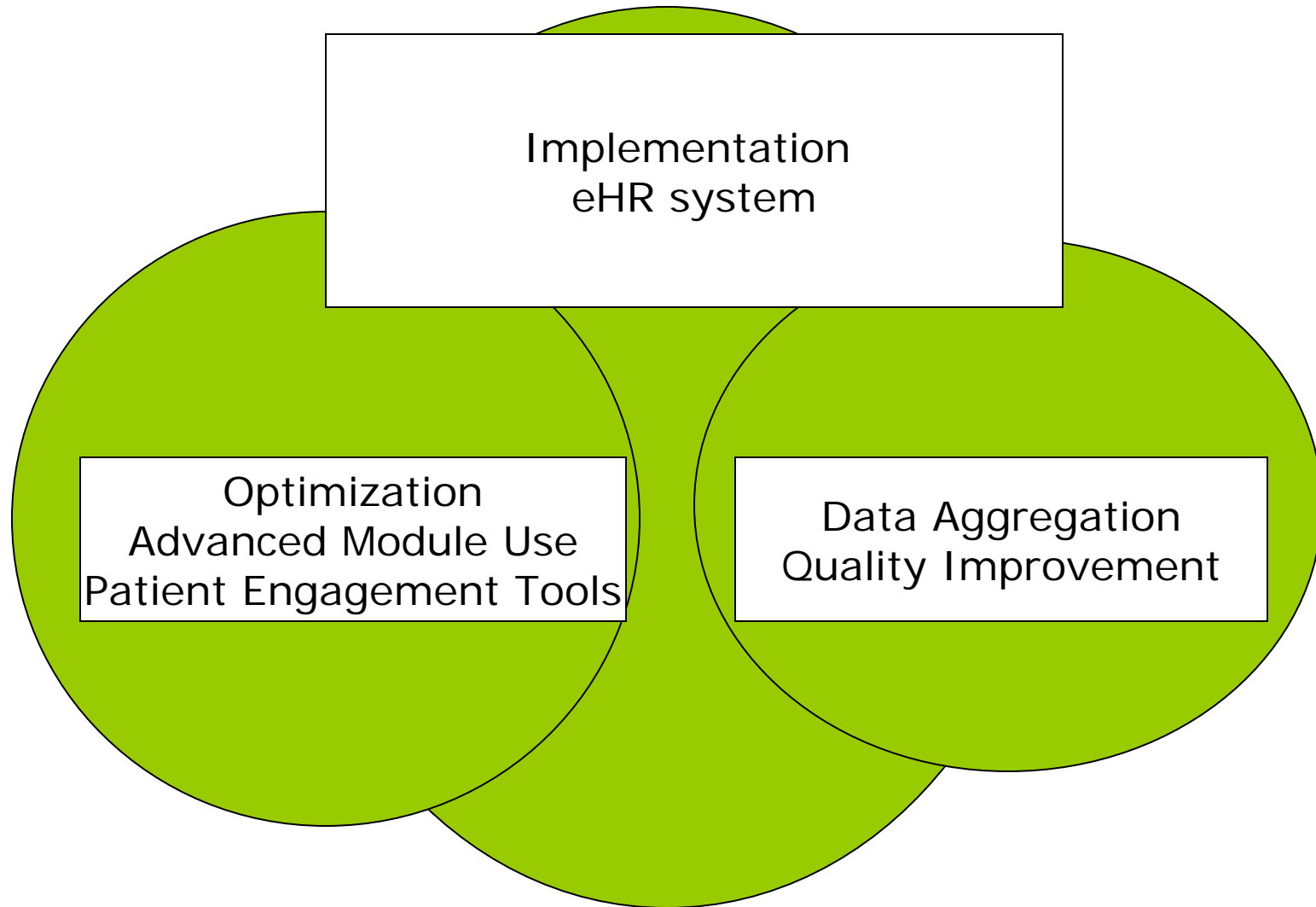 - Provides leased personnel and administrative services

Health Center Network of NY

Anthony L. Jordan, Rochester, NY (Rochester RHIO)

Oak Orchard CHC, Rochester, NY (Rochester RHIO)

Westside Health Services, Rochester, NY (Rochester RHIO)

Rochester Primary Care Network, Rochester, NY (Rochester RHIO)

Hudson Headwaters Health Network, Glen Falls, NY (HIXNY RHIO)

Schenectady Health Services, Schenectady, NY (HIXNY RHIO)

Whitney M. Young Jr. Health Services, Albany, NY (HIXNY RHIO)

Hudson River HealthCare, Peekskill, NY (THINC RHIO)

Open Door Family Medical Centers, Ossining, NY (THINC RHIO)

Health Center Network of New York

CHCANYS

Primary Care Health Information Consortium (PCHIC)

30 MEMBERS
13 eCW; 4 GE; 2 NextGen; 4 Other; 7 undecided

The Vision

HCNNY's vision is to position its health center members as coordinators of care across the continuum of the health care system by ensuring that health centers have the ability to <u>effectively leverage information technology to provide high quality, cost-effective, coordinated primary health care to underserved populations</u>.

The "Pixels" within the Vision

Implementation
eHR system

Optimization
Advanced Module Use
Patient Engagement Tools

Data Aggregation
Quality Improvement

How does HCCNY effectively leverage HIT?

- Shared server environment for hosting EHR
  - Typical installation requires 7-10 servers
  - High-level technical expertise to manage and support
  - Disaster recovery solution
- Evaluation of Co – Location
  - Consider utilizing an outside service location
  - Can the location support other products?
    - Human Resources, general ledger, etc.
- Dedicated training staff
  - Initial implementation and workflow design services encompassing all best practices known to date
  - Customized on-going training programs for new and existing employees
  - Regional Extension Center (REC) services

How does HCCNY effectively leverage HIT?

- Common 3rd party reporting solution
    - Collaborative local report design
    - Internal and contracted training resources
    - Quarterly trainings
- Data aggregation and visualization
    - Custom-developed data warehouse and dashboards
    - Custom feedback reports
    - Informaticists
- Quality Improvement Coordinator
    - Design and implementation of Care Model approach

How does HCCNY effectively leverage HIT?

- Dedicated management staff
  - Annual vendor training retreats
  - Formal product development initiative
  - Statewide user group
  - Best practice sharing and other facilitated communication (internal and external)
  - HIE facilitation
  - Program development
  - Advocacy
  - Sustainability

HCNNY Committees

- Member expertise

  - **Clinical Committee**

    Clinical data capture and workflows, decision support, compliance and other regulatory issues, outcome measure analysis, quality improvement, PCMH, Meaningful Use

  - **Finance Committee**

    Federal, state and local billing and reporting requirements, enrollment issues, compliance, maximizing incentives, product development

  - **IT Committee**

    System and hardware performance, peripherals, new data center solution for multiple application hosting and greater control

HCNNY is supported by:

- One-time "Initial Buy-In" required
- Federal HCCN funding available
- Implementation and training services sold to non-members
- Leverage Regional Extension Center program services
- Costs in excess of available funding are shared amongst members

  30% evenly distributed; 70% allocated based on medical provider FTE's

Vision "By-Products"

- Federal and state incentive programs
  - Meaningful Use
  - Patient Centered Medical Home
  - E-prescribing, etc.
- Emerging pay for performance initiatives
- Potential research program opportunities
- Ability to attract additional grant funds
- Ability to influence funders and other stake holders

At Open Door

- One of the HCNNY collaborating sites.
- Open Door has 10 sites
- 60 Licensed professionals
- Provides medical, dental, mental health services to almost 37,000 unduplicated users
- NCQA Level III Recognition – Dec. 2009
- HIMSS Davies Award – 2010
- Joint Commission Accredited
- Implemented eHR in Spring 2007.

At Open Door

- **We collaborated with HCNNY**
  - Already implemented, but wanted to share and learn.
  - Initial collaboration was on practice management set up – billing issues, and process workflow sharing.
  - Assisted in developing requests (SOBR's) for our vendor for system modifications.
  - Identified and work on reporting needs from our system- shared our report writing capabilities with others.
  - Initiated Training as part of our collaboration in 2009.

At Open Door

- Support for maintaining our new utility-
  - Open Door has 2 IT staff members
    - One Network Manager
    - One Help Desk
  - Business Analyst – interfaces with vendors
  - Director of Performance Improvement – knows and monitors the system

Is this enough human resources to monitor the system 24 – 7?

Do we have all the needed depth?

Sharing Technology Support

- Do we all have/need CIO's?
- How many staff are needed to monitor the functionality of the system?
- Are there cost savings for shared staffing and possible co-location?
- Do we gain power in numbers to influence the vendor?
- Can we identify needed hardware and software and improved our purchase power?

Finance & Operations

- Collaboration allows exploration of common issues and interests.
- Using same system allows us to:
  - Explore work flow models in various sites.
  - Explore opportunities to find shared solutions with reduced costs.
  - Develop reporting tools to monitor billing and operations.
  - Share new ideas and models that work.
  - Our sharing must be based on trust.

Data Monitoring - Validation

- Report writing is another skill
  - Does your system allow reports to be easily generated?
  - Can you monitor the accuracy of the data in the system?

- Collaboration would be ideal here.
  - Reduce costs and improve efficiency.

What do you monitor?

- Bridge IT Reporting Tool –Finance & Operations
    - Productivity
    - Financials – APL
    - UDS Reports
    - Cycle Time
    - Locked Notes
    - Data Validation – daily reports
    - More and more recognition that clinical and operational reporting must be shared.

Data Sample - Collections

Practice Managers Indicators								
	January	February	March	April	May	June	July	August
Self Pay Collections (Charges on average are $30.00 per claim								
Ossining	52%	54%	50%	51%	54%	50%	49%	47%
Port Chester	56%	57%	56%	55%	60%	59%	55%	56%
Sleepy Hollow	59%	68%	65%	58%	51%	65%	57%	59%
Mt Kisco	58%	64%	68%	69%	69%	59%	57%	61%
Mobile	NA	NA	70%	75%	83%	60%	52%	71%
Overall 2010	55%	57%	55%	55%	58%	55%	53%	53%
Overall 2009	51%	52%	61%	62%	62%	62%	61%	58%
self pay visit per month 2010	4508	4431	5785	5223	4750	4744	4477	4800
self pay visit per month 2009	4868	5074	5070	5146	4735	5023	4524	4522
self pay visit per month 2008	3938	3756	3980	3921	4308	4197	4334	4088
average payment per month 2010	$25.21	$24.23	$24.03	$24.30	$24.55	$24.46	$24.70	$24.90
average payment per month 2009	$20.73	$21.61	$23.66	$23.99	$24.15	$24.77	$26.11	$25.42
average payment per month 2008	$24.04	$24.46	$23.05	$22.19	$25.41	$25.50	$26.41	$25.69

Data Collection – Cycle Time

Cycle Time	January	February	March	April	May	June	July	August
Ossining min	51	54	55	66	71	60	60	56
percentage visits under 60 min	53%	58%	53%	51%	48%	53%	54%	57%
Port Chester min	46	44	44	44	46	46	44	45
percentage	77%	80%	78%	82%	78%	78%	79%	80%
Sleepy Hollow min	85	65	69	69	74	78	74	72
percentage visits under 60 min	26%	43%	39%	37%	32%	34%	37%	31%
Mt Kisco min	73	67	70	60	70	76	74	77
percentage visits udner 60 min	36%	45%	42%	48%	41%	37%	33%	34%

How do you monitor?

- Daily
  - Order completion
  - Immunizations documented
  - Lab tests documented
  - Referral Follow Up
- Monthly
  - Productivity
  - Collections
  - Users

Improving Health Center Operations

- Valuable information exists for improving health center operations and policies.
    - Aggregated data used for comparative analysis
    - Shared vision and trust is necessary before the sharing can occur.
    - The warehouse of aggregated data will benefit the populations we serve.
    - Performance data alone will not improve quality; it must be coupled with information regarding the actual practice model that leads to high performance
    - Assurance of data validity and standardized analytical methods are necessary. Inconsistent and missing data will pose challenges to the data validity.
    - Long term commitment is needed for improvements to be attained.

How do you keep Training Current?

- Training will continue to be an issue.
  - Who trains?
  - When do you train?
  - How frequently?
  - How do you measure the success of the training?
  - A new upgrade, what training is now needed?

  We know everyone does not learn at the same pace – so we need to train often and use multiple modalities.

Is collaboration possible?

- Orientation to the system.
    - Basic training should be standardized.
        - Navigating
        - Introducing the work flow
    - Do you have a dedicated trainer at your facility?
    - Does this individual have experience in training?
- After orientation, developing "super users?
    - Who challenges changing work flows for more efficient use?

Training as Part of Collaboration

- Initiated Training as part of our collaboration in 2009.
- First, basic orientation to the system
- Scheduled every other month – 1 day is focused on learning to navigate the system
  - All users together – front desk, providers, clinical support
  - Training continues at the units the next day.
    - CMO trains the clinicians
    - Regularly meets with the new clinicians over the first month.
    - Designated 'super users' at the site continue the orientation of the clinicians.

Training Schedule – One Center

OCTOBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

NOVEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Legend:

- Supervisors Meetings
- Site Managers Training with Judy Tidridge
- All Staff General Meeting - Library
- ECW Basic Training with HCNNY
- Provider Training - 4 hours   no more than 12 per site

HUH?!? I'm supposed to do WHAT?? HOW?? Click WHICH button?

Navigating the System

- Overview for new employees
  - User Settings
  - Olives
  - Jelly Beans
  - Patient Info
  - Patient Hub
  - Telephone Encounters
  - Actions
  - Referrals
  - Scanning

Management Training and Workflow Revision

- Upgrade training with department heads
  - Review the new system functionality
  - Review current processes
  - Discuss possible need for workflow changes
  - Develop new workflows and processes
- Create training documentation
  - Supporting documentation customized for organization
- Schedule general staff training
  - Have a super user or dept head present for organization-related questions

Reminders and New Functionality

- **Ongoing training for existing users**
  - **Review of current workflows**
    - Staff have forgotten some of the processes
  - **Training new workflows**
    - Based on upgrades or improved process decisions
  - **New functionality**
    - Upgrades and updates create new functionality
  - **Tips, Tricks and Click Savers**
    - Did you know you could…
  - **Q&A**
    - Staff always have questions not in the training

At Open Door

- Twice a year refresher courses
  - Practice management side – upgrades or patches occurred, do we know what is available.
    - Emails
    - Brief trainings by practice staff or billing staff
    - Scheduled refresher
  - Clinical side – templates or CDSS has been modified, how do we expand the knowledge.
    - Emails
    - Brief trainings by CMO at clinical meetings.
    - Scheduled refresher

Collaboration Allows

- Doing things together -
  - Selecting add on software to improve workflows.
  - Evaluating workflows that streamline processes.
    - Insurance Verification is it done as a batch and automatically set to process?
    - Are bills automatically generated on a daily basis?
    - Are self pay statements produced monthly?
    - Can we reduce the cost of our work flow efforts?
    - Can we reduce the cost of integrated medical devices?
      - Add on equipment that document information in the eHR – weight, vital signs, ekg, spirometry, etc.

Challenges to the Collaboration

- Balancing the needs of the individual organization with the Network.
- Recognizing that not all collaborators are at the same point.
- Developing trust to share information, work flows, successes and failures.
- Time involved to develop the needed reports and dashboards for all.

Conclusions

- We are in it for the long haul.
  - We have seen the benefit of sharing.
  - Can we now share the technology under one roof?
  - Can we broaden what we share with our collaborators?
    - eHR and . . .?
    - Hardware pricing and choices?
  - Should we continue to grow collaborators?

Practice Management Evolution

Any Questions?

Presenters

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