The New Healthcare Technological Era
Implementation for Long Term Care

By: Dave Wessinger

PointClickCare®

Introduction

- ## Who am I?

  - Dave Wessinger, CTO - PointClickCare
  - Haven't always been on the DARK side
  - Experience with MANY implementations
  - Responsible for our Product and Customer Success

Topics

- What will I cover?
  - CCHIT / Certified EHR Systems
  - Getting to an EHR
  - Transparency
  - EHR Business Case

CCHIT / Certified EHRs

CCHIT / Certified EHRs

- ## How does CCHIT work?
  - o Coming to LTPAC in 2011
  - o Defines criteria for EHR certification
  - o Criteria is driven by industry people
  - o Criteria will evolve over time
  - o Vendors opt in (can be expensive)
  - o Makes it easier for providers

CCHIT / Certified EHRs

- What is covered?

CCHIT / Certified EHRs

- CCHIT certification
  - ○ Perfect storm (MDS 3.0)
  - ○ Next big focus for software vendors
  - ○ Cost to the vendor could be crippling, if MDS 3.0 hasn't done that already
  - ○ Complexity drives functionality over simplicity
  - ○ Why worry...?

CCHIT / Certified EHRs

- ## What vendors are going to make the cut?

  - o Based on CMS data – over 100+ MDS vendors serve the market

  - o MDS 3.0 readiness is a good sign

  - o Size of customer base

  - o Completeness of product

  - o What will it mean if they are not certified?

  - o New vendors will enter the market

  - o Not all will make it – just like 3.0 - $$$

Implementation Approach
The road to EHR

Current EHR Use

- What is everyone else doing?
  - Focusing on MDS 3.0 transition
- However…
  - Most Facilities use
    - MDS
    - Care Planning / Flowsheets
    - Medical Diag.
  - 50% use
    - Phys Orders / MARs & TARs
    - Point of Care
    - Other assessments
    - PN's
  - <10% - eMAR and few are integrated

EHR Focus

- What's next - Post MDS 3.0
    - Optimizing to new model
    - Point of Care / Mobile solutions
    - eMAR / pharmacy integrations
    - Integration of Ancillary providers/partners

- Where do you start?

  o Right picture

  o Right solution

  o Right partner

Implementation Approaches

- Big Bang vs. Incremental

- Best Practice vs. Customization

- Pace of change

- Scope, Time, Money – fix any two

  *Size Does Matter

- Big Bang vs. Incremental
  - Typical approach is to boil the ocean
  - Bite off smaller manageable chunks
  - Replacement first
  - Start with a good foundation
  - Allow team to get comfortable
  - Keep to a plan

Implementation Approaches

- Best Practice vs. Customization
  - Drop in workflow – start immediately
  - Use managed content where possible
  - Use first -> Customize later
  - MDS 2.0 – 3.0 example (triggers and workflow)
  - Not about automating forms…
  - Realize the benefit ASAP
  - Incremental improvements

Implementation Approaches

- Pace of Change

  o Any more than 10% change in the business is very difficult to maintain

  o Need to ensure implementations are sustained

  o Variables
    – Size of organization
    – Priorities
    – Level of commitment
    – Timelines
    – Scope
    – Budget

Implementation Approaches

- Time, Scope, Resources – Pick any 2
  - o Be flexible on scope
  - o Drive the project by time and budget
  - o Don't search for the 'Holy Grail' – you may never find it

Implementation Approach

- Recommendation
  - Change is always painful, just make it quick
  - Land and expand / incremental approach
  - Leverage those that have seen the 'Movie' before
  - Install now, customize later
  - Keep it SIMPLE!

Transparency

...

Transparency

- Benefits of Transparency to the Organization
  - Oversight – Who did what, when?
  - Ensure work is complete (documentation that is)
  - Visibility drives actions / improvements

- Risk: implied responsibility to act upon information that is now visible
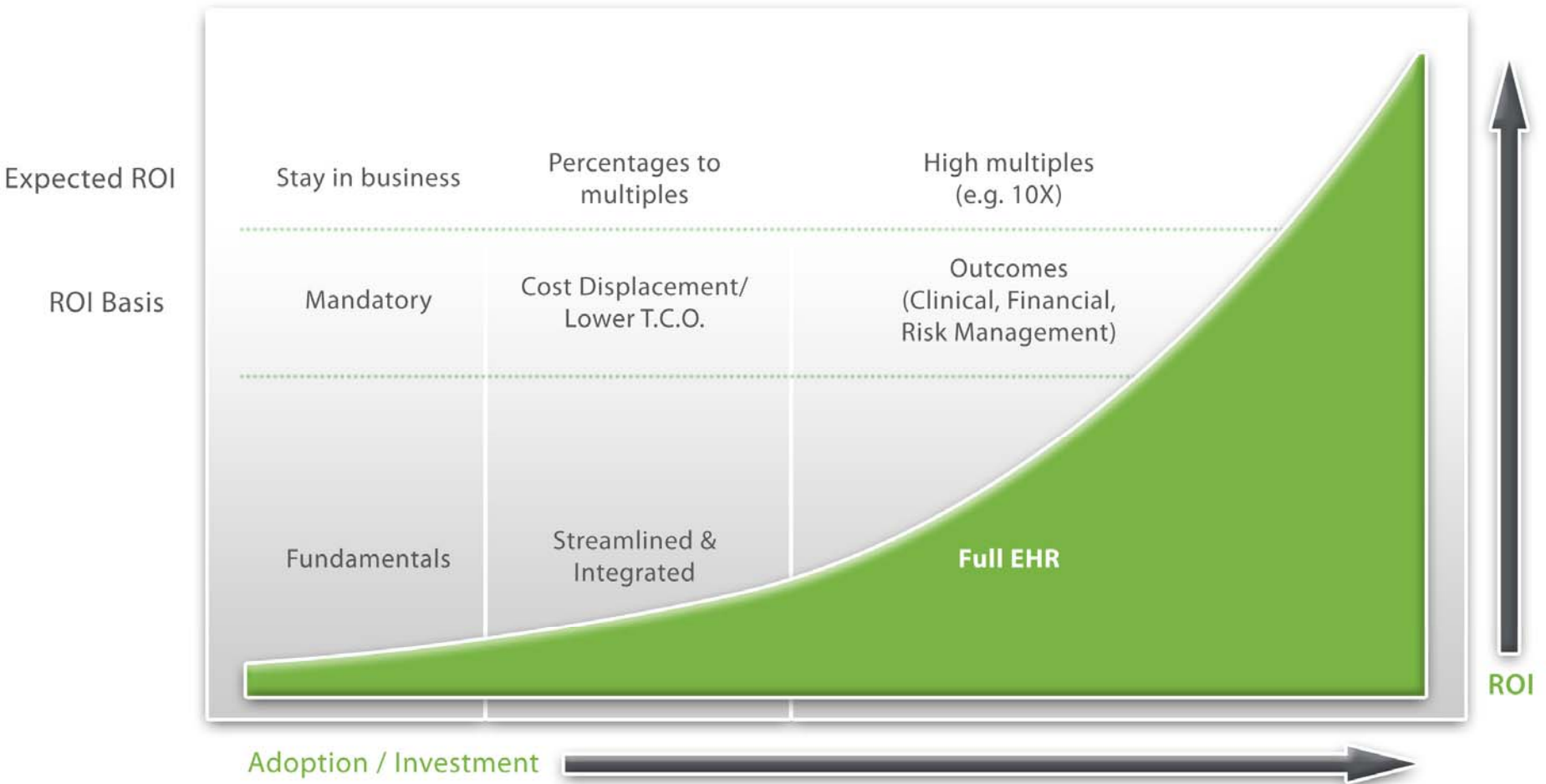
The Business Case
Benefits of an EHR

Business Case

- Benefits of an EHR
  - visibility to information that is now very cumbersome to get at with manual charts;
  - improved efficiency;
  - reduction in errors (specifically around med administration).

- The reality is that very little concrete ROI has been established in LTC environment yet. Most SNF centers still maintain a paper chart.

PointClickCare®

The ROI Curve for EHR Adoption

The Bottom Line

- Capital expense – what to expect?

- Wireless – $10 - 15k
- eMAR – $15k
- Kiosk approach – $35k
- Mobile charting – iPads – $10k

- Business Case #1 – Sharing Data

  o Reduce cost of Medical Supplies & Improve Quality
    – Share information you already have / MDS
    – Reconcile with supply order, reduce costs

  o Next Steps
    – Leverage real-time POC data for actual consumption
    – Drive supply from usage
    – Gain visibility to correct behavior
    – Validate across more supplies
    – Analyze clinical outcomes to select appropriate supplies

PointClickCare®

Benefits of an EHR

- Business Case #2 – PoC and Therapy

  - Increase Revenue & Reduce Compliance risk
    - Integrate Data (POC/Therapy)
    - Leverage technology to assist with ARD selection
    - Consistent chart (in-line documentation supports assessment outcome, APIE)

  - Result
    - Sample size of 40+ facilities
    - Avg of 6k-10k additional revenue per month
    - Cost to implement -> 35k (mostly hardware)
    - ROI < 6 months

PointClickCare®

Benefits of an EHR

- Business Case #3 - eMAR

  - Improve Patient Safety & Save Time
    - Paper comes to life instant feedback & reminders
    - Time savings in monthly change-over, med prep, receiving meds, MDS feed
    - Visibility to actual med-pass, PRN's, follow-ups and actual administration data
    - Clinical decision support embedded

  - Result
    - RN savings of 11.5 days per month in a 120 beds LTC facility
    - Med errors reduced by 300%

PointClickCare®

The End