Productivity: Is your EHR Working for Your Team, or Against them?

Scott Lloyd
President
scott.lloyd@mtmservices.org
www.mtmservices.org

Charlie Grantham
IT and Process Optimization Consultant
charlie.grantham@mtmservices.org
www.mtmservices.org

Booth: 462
System Noise
Bedrock Change Principle…

“Value” of Care Equation

1. **Services provided** – Timely access to clinical and medical services, service array, duration and density of services through Level of Care/Benefit Design Criteria and/or EBPs that focuses on population based service needs

2. **Cost of services** provided based on current service delivery processes by CPT/HCPCS code and staff type

3. **Outcomes achieved** (i.e., how do we demonstrate that people are getting “better” such as with the DLA-20 Activities of Daily Living)

4. **Value is determined** based on can you achieve the same or better outcomes with a change of services delivered or change in service process costs which makes the outcomes under the new clinical model a better value for the payer.
Productivity is not a measure of how hard a staff member is working, but how well the system works for the staff.....

To Identify the Source of System Noise –
Anything that keeps staff from being able to do the job they want to do: Helping consumers in need!

More Importantly, what do you do about it!?
Making Change Without a Data Driven Support System…..

Staff – “I’m busy/overwhelmed”
Leader – “No you’re not/I don’t think you are THAT busy.”

You – “Are consumers showing improvement?”
Staff – “They are doing great!”

Consultant – “So how are your no show rates?”
Team – “Much better than they used to be!”
Making Change Without a Data Driven Support System.....

- Team members with differing opinions, but neither side has data to back their points is a key roadblock to successful changes!
Making Change Without a Data Driven Support System.....

“I Feel Overwhelmed...”

**Busy**
- Burdensome Paperwork Outside of Session
- Practice Variance (Over or Under Target)
- Service Density (Over or Under Target)
- High Level of No Shows/Follow Ups
- Overwhelmed with Meetings
- Excessive Travel Time

**Billable**
- Paperwork that is an appropriate length and works to engage the consumer
- Practice Variance and Services Density in line with treatment design.
- Engaged Consumers Who Show Up.
- Productive Meetings
- Travel Planned Out to Minimize Drive Time
What to do about it.....
Data, Data, Data…

- What are we collecting?
- Is it “good” data? How do we know?
- Can we get the data we need back out of our systems?
- What data will we need in the future?
You say Po-Data, I say Po-Data
Business Data

Payor Data Requirements

Clinical Data

Regulatory Data Requirements

“Ever Changing” Core Data Set
Chances are, you already have enough data to start making real Transformational Change.

**Essential Ingredients Overview**

1. Event
2. Date/Time
3. Location
4. Staff
5. Client
6. Service
7. Appointment Status
8. **Duration** (Staff Time and Client Time)
9. **CPT/Service Code** (Billable or non-billable)
10. **Payor**

**D4 – The Proof is in the Data: Easy Recipes for Reliable Data Collection and Reporting**
- Tuesday, March 26
- 3:45p - 4:45p
First, Do No Harm

- Minimizing EHR Change ripple effects
  - Extensive planning / Baselining
    - Data Mapping / Data Planning
    - Assessing Data Quality
  - Workflows
    - Importance of collaboration
  - Assessment of current states, needs and risks
    - Road mapping
  - Using Data to Drive Transformational Change
    - Continuous Process Improvement
Establishing a Viable Baseline

- What “data elements” are being collected?
- At what point are they collected, and by whom?
- Is there repetition of collection?
- Are there errors in collection or data collected?
- Are we collecting everything we must, or would additional data be valuable?
- Are we collecting “stuff” we don’t need?
Developing a Data Plan, and Sticking to it

• Planning for the present and future at your data level is key.
  – Determine if information is required to be collected, and who requires it.
  – How can we simplify collection?
    • Who needs to collect it? When?
    • What **format** does the data need to be in?
    • Can we reduce free text?
    • How can we better utilize the software to help?
  – What additional elements would be helpful?
Auditing Data

- Are we auditing the **Data** and the **Data Collectors** to make sure we have good, clean data going into the system?
Data Quality

- Importance of Data Formatting
  - Reduction in the use of large free text.
  - Set field requirements so reporting/logic is easier.
- Hard Stops/Soft Stops
  - Incomplete information
  - Data Validation
  - Reasons

Registration/Intake/First Contact are some of the most critical collections.
## Auditing Compliance

### Preventive Care & Screening: Tobacco Use: Screening & Cessation Intervention - Non Compliance

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### Graph

- **Dion Beer**
- **Stepanie Pontious**
- **Jayson Perin**
- **Hedwig Brickhouse**
- **Estela Wixom**
- **Karole Stahler**
It’s all about the Workflows

- Admit
- Efficient Workflows
- Auditable Workflows
- Outcome
- Remit
Collaboration Good

- Cross discipline workgroups
  - Gaining an understanding of needs from all sides is crucial.
    - Creating a common language.
  - Understanding capabilities and setting expectations.
  - Encourage stake holders to participate in the process.

Silos Bad
Showing value to all parties.

• It takes compromise and buy-in be successful.
  • Try turning your biggest skeptics into your champions.
• Understanding and bridging the gaps between Administrative, Clinical, and Technical needs are crucial.
Everyone has a part to play

- **Administrative Considerations**
  - Revenue Management
  - Reporting
    - Micro, Macro, Meta
  - Management
  - Compliance
  - Strategic Planning
Everyone has a part to play

- **Clinical Considerations**
  - Levels of integration
  - Workflow efficiencies / inefficiencies
  - Compliance
Everyone has a part to play

- **IT Considerations**
  - Infrastructure
    - Never a one size fits all proposition.
  - Workforce
    - Can we support what we have now and implement/update systems?
    - Do we have the skilled staff to support our current and future expectations?
  - Compliance
Assessment of risk

- **Risk Considerations**
  - Every change has different levels of risk.
  - What about those worse case scenarios?
  - How do we take care of our clients when systems are down?
Baselining and Road Mapping

Road mapping: Creating a Plan
- Where is the starting line anyway?
- It is a Rally not a Race.
- Developing the route.
- What are the potential hazards?

- B1 – IT Road Mapping: Are You Wasting Your EHR Dollars?
  - Monday, March 25
  - 4:15p - 5:15p
Using Data to Drive Change

- Include metrics to analyze change effectiveness
- Metrics should also be used to verify compliance
Using Data to Drive Management

**VOLUME BY CPT**

- **DR. HOOK**:
  - 99212: 32
  - 99213: 54
  - 99214: 10

- **DR. OZ**:
  - 99212: 25
  - 99213: 45
  - 99214: 2

- **DR. WHO**:
  - 99212: 22
  - 99213: 45
  - 99214: 2

- **DR. ZHIVAGO**:
  - 99212: 3
  - 99213: 22
  - 99214: 15

- **DR. PIERCE**:
  - 99212: 20
  - 99213: 60
  - 99214: 0

- **DR. CRUSHER**:
  - 99212: 30
  - 99213: 65
  - 99214: 0

- **DR. SHEPHERD**:
  - 99212: 18
  - 99213: 54
  - 99214: 12
Using Data to Drive Management

Practice Variance in Client Time

- Dr. Hook: 17.8, 28.3, 41.2
- Dr. Oz: 21.1, 30.1, 46.4
- Dr. Who: 26.1, 26.4, 54.2
- Dr. Zhivago: 20, 30, 52.1
- Dr. Pierce: 18.4, 28.6, 39.4
- Dr. Crusher: 18.6, 25.7, 45
- Dr. Shepherd: 17.8, 21.1, 30.1

#NATCON19
Trending Reports

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Trending and Detail are powerful

Cancellation Detail - November

- Cancellation
- Late Cancellation
- Staff Cancellation
Always a work in progress
Working together toward a common goal
How does your IT Department empower your workforce?
Technology permeates almost every part of the business.
IT as a Utility

• IT’s customers are the Clinical and Administrative Staff, and IT should “supply” them with:
  – Systems that work, with usable workflows that fulfill business, clinical, and administrative needs.
  – Systems should be easy to use, highly available, and secure.
  – Reasonable expectation of “support”.
  – Ability to act as the transformer from Technology to Clinical and Administrative “voltages”.
Don’t forget about those of us in the basement.

• Clinical and Administrative staff must also “support” IT.
  – Creating a dialog, culture of inclusion.
    • Understanding the needs of all departments is crucial to IT’s mission.
  – IT can be a bit expensive.
  – Continued IT Staff training pays big dividends, just like Continuing Education (CE).
Questions?
Thank you for joining us!

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