

A Silver Lining: Improving Provider Productivity Using Technology

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- IT Operations
 - Fractional FTEs to full time
 - Interim / Mentoring
 - Operational Models



Agenda

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- Provider Technology Issues
- Current State of Provider EHR Adoption
- EHR Provider Clinician Engagement
- 5 Easy Steps to Provider EHR Engagement and Productivity

2

What Medicine Should Be



Dr. Leonard McCoy in Star Trek

What Really Happened (Last 5 Years)

- American Recovery and Reinvestment Act (ARRA)
 - \$21.4 billion in Medicare EHR Incentive Program payments (May 2011 and February 2016)
 - \$10.4 billion in Medicaid EHR Incentive Program payments (January 2011 and February 2016)
- ICD-10 Conversion
- HITECH Regulations
- Quality Programs – IQR, PQRS, MIPS, etc.

Pulling From All Directions

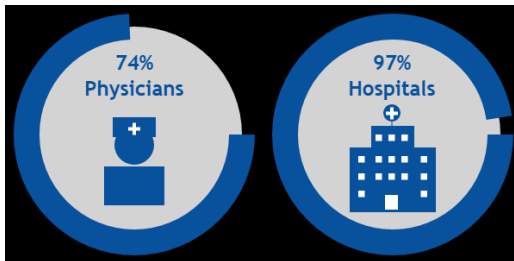


Impact of Rapid EHR Implementation

- Massive programming changes due to Meaningful Use = Poor support / quality across all vendors.
- 93% of all physician practices with more than 1 physician are using an EMR. 5+ physicians – 98%, 25+ physicians – 100%.
- Top vendors normally leapfrog every 2-3 years. (You could spend all your time and money chasing after the current market leader)
- Workflows are still not optimum.
- IT Support costs have significantly increased.

Meaningful Use EHR Adoption

Update on the Adoption of Health IT and Related Efforts to Facilitate the Electronic Use and Exchange of Health Information: February, 2016

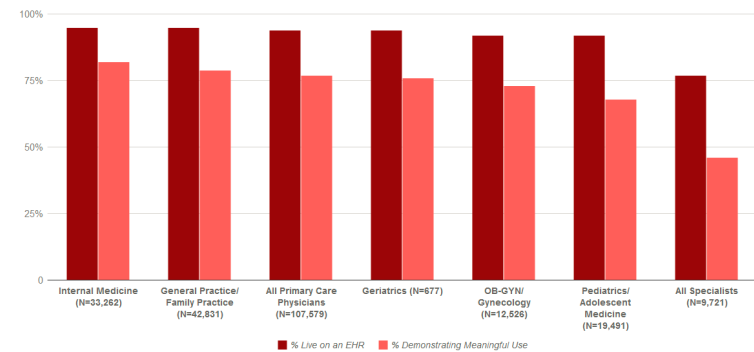


Source: HealthIT.gov

Meaningful Use EHR Adoption

93% of all physicians live on an EHR
77% of all physicians demonstrating meaningful use

January 2016



Clinician Engagement

- Clinician engagement is a common issue across vendors.
- On average, physicians lose 78 minutes a day due to EHR inefficiencies.
- AMA Study – 35% of physicians say EHR improves job, 43% say it makes it worse, yet 60% say patient benefits outweigh the cost.
- Nurse dissatisfaction with EHR is at all time high of 92% according to 2014 Black Book Market Research report.
- Yet, 71% of nurses would not consider going back to paper, 72% say they improve patient safety. (HIMSSAnalytics Survey)
- Proper change management models and executive support seen as the keys (AHIMA Study) in organizations that are beating the current market statistics.

Typical Scenarios – Why We Fail

- The root cause of numerous EHR issues are due to implementation design and configuration, not software or technical limitations.
- Commitment to standardized workflow is lacking. Workflow issues would need to be corrected regardless of EHR vendor.
- The IT department has a genuine desire to make it better but needs guidance to invest and implement properly.
- The organization needs to embrace a common IT vision and require ownership and accountability beyond the IT department.
- Proper actions with existing system can produce results much more rapidly than any replacement strategy.
- EHR replacement would easily add a minimum of 18 months to the remediation.

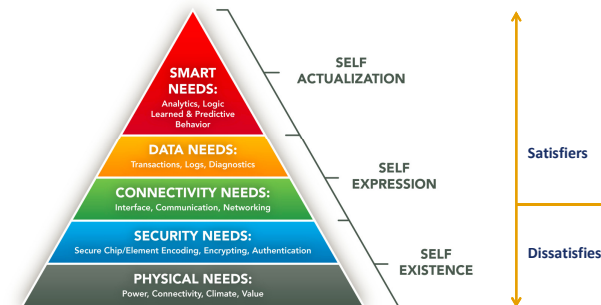
Top Physician EHR Complaints

- “The system is slow”
- “I’m not a secretary”
- “This does not work for me”
- “It doesn’t have all of the patient record”
- “I don’t trust the data”
- “I’m not engaged with the patient”



The Path To Engagement (Maslow)

HIERARCHY of IoT THING NEEDS



Source: TechCrunch

So What Do We Do? 5 Easy Steps

1. Get the **Technology Basics** in place

- Reliable medical grade network and datacenter
- Endpoint device plan
 - Patient/Exam room personal computer/thin client
 - Mobile devices
 - Printing
- Remote access
- Security

So What Do We Do? 5 Easy Steps

2. Build a **Support Structure**

- Develop a “Physician Advocate”
- Develop Superusers
- Measure usage and work with individuals
- Develop Training Plan
- Proactive monitoring
- High response time



So What Do We Do? 5 Easy Steps

3. Develop **Best Practice Workflows**

- Apply Project Management discipline
- Develop team oriented data collection – remove duplicate data entry
- Integrate systems and data – biomedical devices, other EHR's, HIE's, etc.
- Lean value stream mapping – optimal workflow planning (Lean A3)
- Don't fight the Inherent EHR workflows and design
- Allow for personalization

So What Do We Do? 5 Easy Steps

Lean Process Map Example



So What Do We Do? 5 Easy Steps

4. Training, Training, Training...

- Develop a training plan
- Train in small intervals (15 mins)
- Communicate often – Don't surprise clinicians with enhancements/upgrades
- Have a plan to train new providers in the organization
- Mantra - "Everybody Plays, or Everybody Pays"

So What Do We Do? 5 Easy Steps

5. Plan for the Future

- Develop an IT Steering Committee and IT Plan
- Include providers in IT decisions
- Shift the IT focus and planning from compliance to value / ROI
- Keep up on EHR vendor future enhancements and market technologies
- Adopt patient facing technologies – use technology to assist the provider

Recap

1. Get the **Technology Basics** in place
2. Build a **Support Structure**
3. Develop **Best Practice Workflows**
4. **Training, Training, Training...**
5. **Plan** for the Future



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Blog



Trust Your Data, Not Your Gut
 Posted by [Paul Sliva](#) | Sr. Healthcare IT Consultant

With the right operational and information technology metrics in hand, your hospital's leadership has the insight it needs to make strategic, data-driven decisions that achieve results.

You know the obvious ones, like procedures by department, ED wait time and admission count by clinic. But, if you want to precisely focus your efforts, improve efficiency and drive value, it's time to go deeper.

To help set you on the path to success, we've assembled eight performance metrics your community hospital should measure using an information dashboard.

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 Posted by [Lisa Tully](#) | Leadership Solutions Team Lead

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 Posted by [Greg Ganser](#) | Project Management

A common mistake at community hospitals is to see projects involving electronics as primarily technology projects or IT projects, instead of viewing them as hospital projects that have an IT component.

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Thanks! Questions?

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