
Using Technology to Improve the Workforce and Implementation Issues

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Overview

- Improving Workforce thru an EHR
 - Accounts Receivable
 - Staff
 - Supervisors
 - Human Resources
- Improving Quality/Research
- Selection and Purchasing EHR (will skip)
- Use of Purchasing Collaboratives
- Implementation of EHR
- Purchasing Collaboratives
- Next Steps
- Challenges for the Field and Vendors

EHR Improving the Workforce's Ability to be Effective and Efficient

- Reduces redundancy for clients and staff
- Improves accuracy
- Increase accountability
- Improves efficiency
- Eliminates re-works, real time error detection
- Increases ability data driven decision making
- Improves bottom line

How does this impact specific types of staff?

Billing and Account Receivable Audit Avoidance

- Claims edited before submission
- Documentation improved
 - Progress tied to goals
 - Problems tied to diagnosis
 - Tx Plans – supervisory approval
- Easy access to data inquiries
- Very comprehensive responses

Days in AR Reduced

- Problems identified in real time
- Prompts used to correct errors
- Claims submitted daily
- Quality checks run nightly
- Real time failed activities report
- Electronic submittals
837, 835
- Quicker claims payment process
- Days in AR 57 → 23 days initially
- Now down to 5-7 days

Office Staff

Performance Improvement

- Benefit verification – 270/271
- Easier to request authorizations
- Schedule easily manipulated
- Incident-To billing – on-site MD
- Bulletin Board – posting alerts

Clinical Staff

Increased Coordination of Care

- One tx plan across whole agency
- Access to notes across agency
- Can send messages to tx team
- Can respond other's goals
- Easy to transfer/refer to programs
- Team can see incident reports
- Crisis notes pushed to team members

Off Site Staff

Improving Performance

- Web based record extends
 - Case mgrs, In-home family teams, school based staff child welfare staff
 - Schools, courts, family centers, primary care office,
- Full Access to the Record:
Assessments, Service Plans, Incident Reports, Progress Notes and other clinical documents

Clinical Staff – Improved Speed of Documentation

- Redundant info pre-populates
Intake→Assess→Plan→Notes→Discharge
 - Tx Plans for different payers
 - Group Notes easier to write
 - Shift notes
 - Shifts roll up to a daily note
 - Notes for a week, month, quarter
 - Functional Assessment
 - Concurrent documentation in the session
 - Consumer can be involved/review notes
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Supervisors - Improved Quality of Documentation

- Assessment, Treatment Plans, Discharge Plan
 - Prompts for critical elements
 - Supervisory Accept/Reject
- Progress Notes
 - Progress prompted for each goal
- Add Addendums to documents easily
- Timeliness of notes monitored
- Chart Audit module – 10% sample

Supervisors

Real Time Data for Incentive Pay

- Exceeding productivity targets
- Incenting group therapy
- Supervisory incentive – revenue
- Collection of co-pays
- Reduction of write-offs
- Data for Perf Evals → Merit Pay

Human Resources

- Automating a heavily paper system
- Removing double entry
- End multiple data bases
- Automating insurance payments
- Credentials easy to track
- Credentials tied to payer panels
- Licenses have end date
- Tracks EEOC data effortlessly
- System privileges tied to job title
- Turnover/Retention easily calculated

Quality Improvement

Risk Management - Work in Progress

- Collects incidents across:
 - Client, Vehicles, Facilities, Workers Comp, Staff
 - Prompts for detailed info
 - Supervisory Accept/Reject
 - Electronic Alert of Team
 - Prompts for external notification
 - External reports
 - Counties, State, Insurance Companies
 - Data analysis for Trends
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External Reporting - Effortless

- County program funding reports
 - Demographics, Diagnosis
 - Service units
 - Costs
- State Reporting – NOMS Outcomes
 - Functional status
- Prompts staff - update every 90 days
 - School functioning
 - Vocational
- System calculate # moves/90/days
- Advocating uploads into state systems

Improving Research and Quality Improvement

- Quality Improvement Projects
 - Access to first appointment
 - Changes in Outpatient Commitment
 - Data to drive move to live intakes
 - Outcomes for 35 programs
 - Data collected in real time
 - Client, Staff, Service, \$, Outcomes
 - Data analysis immediately available
 - Benchmarking
 - State wide comparison
(30 measures: HR, AR, Clinical)
 - Data for HR salary surveys
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Assisting Staff in New Technology

- Assess computer literacy → enhanced training
 - Men don't admit they don't know
 - Older high school trained Residential Staff
 - Hiring older adults (2nd careers) more training
- Voice Recognition software
 - Accommodation – hand surgery, broken arms
 - MD's quicker data entry

Attracting and Keeping Younger Staff

- Different expectations on the job:
 - Access to their home email
 - Twittering/stream of messages of the day
 - Text messaging between staff on the Voc Floor
 - Connected to MSN/Comcast – headline news
 - Streaming audio/video
- Eats up Bandwidth on our Internet pipe
- How to balance agency needs/staff needs

Assisting Peer Staff

Access to Electronic Health Record

- Certified Peer Specialist (Medicaid funded)
 - Same access as all other staff with caseloads

 - Peer Support Staff (Grant Funded)
(Psych Rehab, Soc Rehab, Supp Employment, Mobile MISA, Transition Age Case Mgt, ACT, Supportive Housing)
 - Same access as all other staff with caseloads

 - Drop-In Centers (soon Recovery & Wellness Ctrs.)
 - No access to Electronic Health Record – No caseload
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New Technology Available

- Tablets with signature ability
- Lap tops with signature pads
- PDA's to orient new/temp staff to a group home
- Remote wearable devices
- Electronic diaries that count episodes
- Tele-Health

Selection - Electronic Health Record

- Self Assessment
- Window shopping
- Demonstrations
- Estimating Costs
- Request for proposals (RFP/RFI)
- Work Flow Re-Engineering

Self Assessment

Modules Needed

- Billing system
 - Electronic consumer record (ECR)
 - Human resources
 - Payroll
 - Accounting (AP, GL)
 - Outcomes
 - Risk management
 - Inventory of paper charts/contents
 - Electronic Prescriptions and Lab Reports
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Self Assessment

Type of Information System

- ❑ Server based systems
 - Off the shelf software
 - Build your own
 - Customized software system

- ❑ Web Based Systems
 - Web enabled legacy systems
 - Web designed systems

Self Assessment: Types of Billing

- Electronic Billing vs. Paper
 - 837 transmittal capability
 - HCFA 1500/UB92
- Submittal to Web Based Systems
- Submittal to DOS based systems
- Submittal to Excel, Word etc.
- Other types of Billing
- Medicaid Eligibility

Self Assessment:

Simple VS. Complex

- Narrow VS. Broad Range of Programs
- Single Location VS. Multiple Locations
- Single Payor VS. Many Types of Payers
- Office Based VS. Mobile Services
- Fee for Service, Capitation, Grants
- Similar Staff VS. Many types of Staff

Window Shopping - where

- National Conferences – exhibit halls
- State Conferences – exhibit halls
- On-Site Demonstrations
- Web casts
- Visit providers with new system
- Invite vendors to demonstrate as local or state associations

Window Shopping – test drive

- Get a feel for how software works
- How easy will it be for staff?
- Get familiar with new MIS terms
- Learn different options available
- Get initial estimates of cost
- Get initial specifications for hardware
- See as many as you can see

Estimating Cost of Implementation

- Replacement VS. Re-engineering
 - Replacement/upgrade of current system
 - New system with re-engineered work processes
- Estimate cost efficiency - reduced staff
 - Often you need staff for first year
 - Some positions maybe able to eliminated after 1yr
- Estimate cost of implementation

Estimating Cost of Implementation

- Internal IS Staff VS. Consultant
 - Do Internal IS Staff have new vision/skills
 - Consultant to guide the process
- Costs of Conversion
 - Preparation of your data at your end
 - Conversion done by software company
- Cost of Hardware
- Cost of Infrastructure—LAN, routers, etc.

Estimating Ongoing Cost of Implementation

Comparison of vendors across:

- IS license and maintenance fees
- Web Based user fees
- Any additional 3rd Party Software costs
- IS Staff salaries
- IS Consultants
- Additional fees for report writing
- Set up costs for electronic formats 837/835/271/272

Estimating Start-up Implementation Costs

- Hardware
- Infrastructure upgrade
- Conversion *
- Development
- Training (external, include travel/hotel) *
- Internal Training – lost revenue
- Cash Flow (reduced)
- Consultant *

(* often underestimated)

Collect Inputs and Outputs

- Inventory ALL databases around the agency
- Collect all forms (inputs)
- Collect all internal reports (outputs)
- Collect all external reports (outputs)
 - Billing/invoices/electronic transmissions
 - Licensing reports
- Combine/eliminate when possible
- Develop list of Forms and Reports
- Prioritize
- Include in contract

Re-Engineering Work Flow

- Point of Entry (Intake)
- Clinical Forms
- Front Desk/Scheduling
- Psychiatric Services
- Accounts Receivable
- Chart of Accounts
- Accounts Payable
- Human Resources

Request for Proposals

- Request for Information (RFI)
 - Broader – allows for flexible negotiation
- Request for Proposal (RFP)
 - Narrow definition of specifications
 - Required by state regulations for some

RFI/RFP → Change

- Re-define RFI/RFP as you learn more
- Start Comparative Cost Estimate
- Revise with each revision of the RFI/RFP responses

TEST Support Services

- Are they open when you are open
Keep in mind different time zones
- Are they customer oriented
- Are they knowledgeable

Call them and see how they respond

Negotiation

- Don't accept boiler plate contract
- Define deal breakers
- Include system test prior to go-live
- Include HIPAA compliance tests
- Help line/support service
- Include help response/emergency repair
- Request legal hearings in your state
- Escrow deposit for software

Purchasing Collaboratives

- Multi-Agency Purchasing Collaboratives
- Examples in:
 - Northwest Indiana
 - Georgia
 - Texas
 - Michigan
 - Southwest Pennsylvania

Collaboration – SW Pennsylvania: Description of Agencies

- **Family Services of Western Pa**
 - 38 programs, 450 staff, 27 locations, 25 million budget
 - MH, MR, D&A, Foster Care, Prison Transportation, Aging, Family Loan Program,

- **Milestone Centers (formerly Allegheny East)**
 - 21 programs, 375 staff, 29 locations, 18 million budget
 - MH, MR, Health Coordination Units, Deaf, Lifesharing

- **Turtle Creek**
 - 15 programs, 300 staff, 15 locations, 15 million budget
 - MH, D&A, MR, PCCD

Collaborative Purchasing

Advantages

- Cost efficiency (1 build, 3 agencies share cost)
- Best Practice used by all three
- Collaborative moves beyond resistance
- Can be pulled up to best of bunch

Disadvantages

- Takes more meetings, more time
 - Difficult to come to quick decision
 - Pulled down-lowest common denominator
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Lessons Learned - Collaboration

- Identify strong team leaders
- Leaders need to be from higher up leadership among peers, failed
- Set clear deadlines
- Demand frequent meetings
- Frequent meetings with CEO's
- CEO's present in multiple level meetings

Implementation

- Coordination
- Re-Engineering
- Managing Culture Change
- Forms
- Reports
- Alerts & Prompts
- Interfaces

Coordination

- Single Agency
 - Steering Committee
 - Work Teams
 - Consultant or Strong Internal IS/Operations Leader
- Collaborative Purchasing
 - CEO Committee
 - Steering Committee across agencies
 - Work Team across agencies
 - Ad Hoc Consultation for each agency
 - Consultant

Work Teams

- Clinical Forms
- Human Resources
- Billing/AR
- Mental Retardation
- Quality Assurance
 - Outcomes
 - Risk Management
 - Chart Audit
- Point of Entry (intake)
- Front Desk
- Accounting
- Medical Records
- Systems Administrators
- Conversion
- Authorizations

Managing the Culture Change: One of the Harder Tasks

- Frequent Communication
 - Rationale for change – re-integration
 - Email, staff meetings, team leader mtgs.
- Training
- Celebrate milestones
- Identify rumors early and squash
- Identify early adopters, spread vision
- Teams - work process re-engineering

Re-Engineering – Paper Forms

Clinical Forms – 18 months on paper

- ❑ Standardized 20 forms across all programs
 - ❑ Eliminated double entry
 - ❑ Consolidated forms
 - ❑ One Individualized Service Plan
 - ❑ 2 pilots on paper
 - ❑ Then revised formats in electronic format
 - ❑ Fine tuned, worked out bugs
- Caution – paper to electronic is not 1:1

Re-Engineering the Process

- Examine work flow
- Eliminate unnecessary steps
- Check licensing requirements
- Eliminate “because we always have”
- Eliminate all double/triple entry
- Replace re-assessments w/ addendums
- Involve state licensing staff....
 - Meet with high level officials to get buy-in
 - avoid nibbling around the ankles by monitors

START EARLY, Get into great detail

Alerts and Prompts

- Prompts and Alerts eliminates reports
- Identify what you want to push at staff
- Remove un-needed reports from list
- Identify What, Whom, When, Where
- Prioritize list, develop in phases
- Train staff on shift from reports to alerts
- Phase alerts in slowly

Accounts Receivable

- All payers go through AR
- Define all Fee for Service rules/payer
- Clarify all per diem funded programs
- Build capability-bill/not bill for absences
- Bring unique programs into the fold

Interfaces

- Define required interfaces
- Examples:
 - Electronic Record/AR → Accounting
 - Electronic Record → Medicaid Eligibility
 - Electronic Time Sheet → Payroll
 - Electronic Record → Mailing Lists
- Build
- Test

Security/Privileges

- Develop HIPAA Privacy security levels
- Operationalize “Minimum Necessary”
- Develop list of staff privileges by groups
- Develop list of staff – required HR fields
- Limit Systems Administrator to 1 person
- Implement HIPAA Security rules
- Firewalls sufficient to protect data

Other Special Features

- Voice Recognition
- Handwriting Recognition – Tablets/PDA
- Wireless Laptops/Tablets/PDA's
- Thumbprint security
- Consumer Electronic Signature
- Electronic Time Sheet Document
- Internet Insurance Eligibility Checks
- Remote Access

Manage Mission Creep

- Be clear what is in the contract
- Clarify modification and new ideas
- Delay new ideas to 2nd phase

- Vendor will manage this, but
 You must also manage this!

Conversion

- Start early
- Decide what old data to bring over
- Assess ability to do internally
- Revise data fields
(accounts, programs, locations)
- Re-map data to new structure
- In Oracle – shift from codes to values
- Set up test files (early)
- Schedule conversion – multiple transmissions
- Leave time to test accuracy of conversion

Plan for Go Live

- Inform staff of tasks coming up - monthly
- Send memos on transition tasks
- Send set-up instructions
- Send Go Live instructions – first day

Plan for After Go Live

- Policies/Procedures - new work process
- Use implementation structure - forward
- Use developed approval process
- Develop new user/privilege/HR form
- Develop remote user policy/procedure
- Revise security procedure

Training

- Orientation – all staff
 - Rationale – integrated services
 - Integrated software (HR, Clinical, AR, GL)
- Hands On Training
- Supervisors Training
- Remedial Training
- Refresher Training

Identify Staff, Require It, Enforce It

Time Frames

- Selection 6 – 18 months
- Implementation 6 – 18 months

More work re-engineering done 1st – sooner

Less complex agencies – sooner

Less customization – sooner

Less interfaces with other software – sooner

Higher sophistication with IS – sooner

Cross agency buy-in - sooner

Lessons Learned

- Start re-engineering planning earlier
- Hold work teams more accountable
- Select best leaders, don't have to be subject matter experts
- More focus on reports early in process
- Start earlier on conversion process
- More training 2 months after go-live

Challenges for the Future - Recovery

Making the record consumer focused

- ❑ Consumers entering progress notes
- ❑ Consumer Written Crisis Plans
- ❑ Psychiatric Advanced Directives (agency/network)
- ❑ Region wide recovery plan (health info network)
 - Pull from different agency treatment plans – high level
 - Consumers give access to the system
 - Service coordinator – changes, staffings,
- ❑ Personal Health Record

Challenge for Fields: Support Research/QI Software Vendors and Human Services

- Outcome repository
 - Multiple measures
 - Multiple time points
 - Multiple programs
- Data entry as part of clinical documentation
- Data displays for consumer, staff, mgr., etc.
- Sophisticated data analysis made easy
- To be utilized with:
Researchers, Payers, Quality Improvement, Marketing

The End

- Questions

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