

MUCH MORE THAN I.T.

OPPORTUNITY



Optimization and You

February 27, 2015



Today's Presenters

*Sue D'Agostino, RN

Sr. Clinical Consultant with Galen Healthcare Solutions

- ❖ Over 20 years in Healthcare including 9 years EHR experience
- Galen TW EHR Certified, Advanced Certified-V11 Note/Orders and Results/Charge/MU 2
- Clinical Consultant, Business/System Analyst

*Bryan Potter

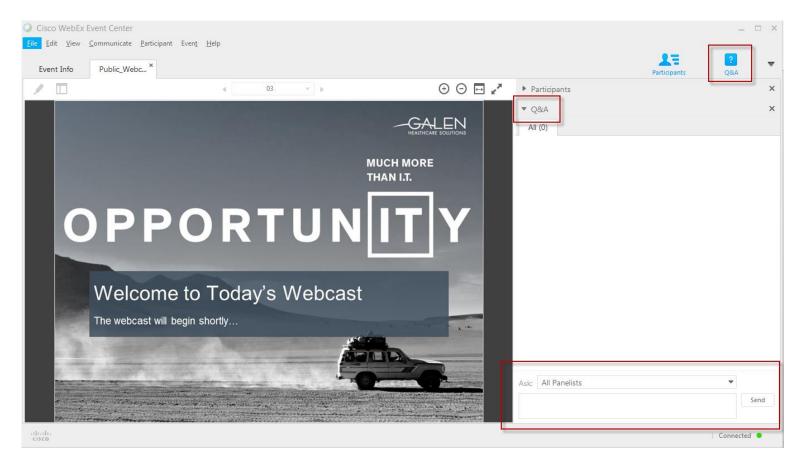
Sr. Consultant with Galen Healthcare Solutions

- ❖ Over 7 years in HIT
- Galen TW EHR Certified,
- Business/System Analyst





Your phone has been automatically muted. Please use the Q&A panel to ask questions during the presentation!





Agenda for Today

- Definition of Optimization
- Why optimize?
- PCMH, MU, Healthcare Reform
- Areas involved in the Optimization Process
- Tool used to evaluate EHR Optimization



Optimization-

an act, process, or methodology of making something as fully perfect, functional, or effective as possible

finding an alternative with the most cost effective or highest achievable performance by <u>maximizing</u> desired factors and <u>minimizing</u> undesired ones







Why go through the clinical Optimization Process?

- Physician/End User dissatisfaction
- Implementation issues/Inefficiencies
- Integration Issues
- Sub-optimal utilization
- Compliance Assurance





Benefits of Optimization

- Uncover solutions to the toughest challenges
- Create measurable ROI fast
- Less clicks for physicians/end users



Service delivery excellence AKA

OPTIMAL PATIENT CARE



Meaningful use: Improve quality, safety, efficiency, and reduce health disparities. Engage patients and family. Improve care coordination, and population and public health

PCMH (Patient Centered Medical Home)

A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology with a high level of accessibility



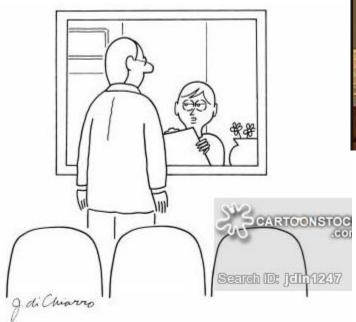
Medical Office Areas

- 1. Appointment Scheduling
- 2. Pre-appointment Prep
- 3. Day of Appointment/Pre-exam
- 4. Intake/Examination
- 5. Order Management (Lab/Rad Services)
- 6. Surgical Scheduling
- 7. Results Processing
- 8. Transcribed Document Processing
- 9. Medications Refills/Changes
- 10. Triage/Call Processing
- 11. Charge Processing
- 12. Medical Records Management
- 13. Miscellaneous Workflow Management



Workflow Processes (Non-clinical)

- Appointment Scheduling
- 2. Pre-appointment Prep
- 3. Day of Appointment/Pre-exam



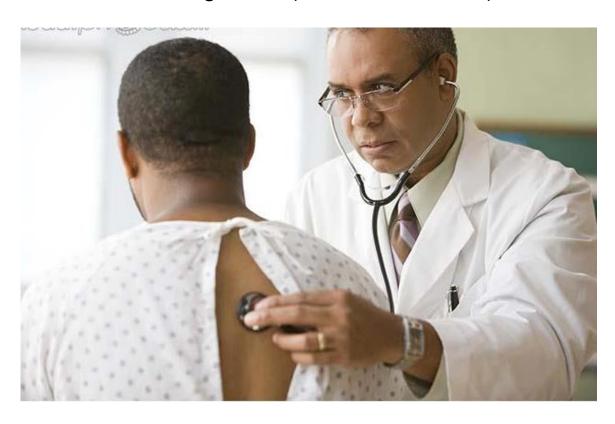


"Try to fill out these forms before your appointment's over."



Workflow Processes (Clinical)

- 4. Intake/Examination
- 5. Order Management (Lab/Rad Services)

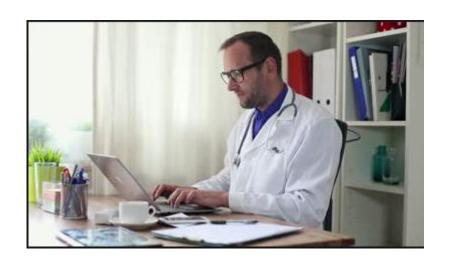






Workflow Processes (Clinical)

7. Results Processing

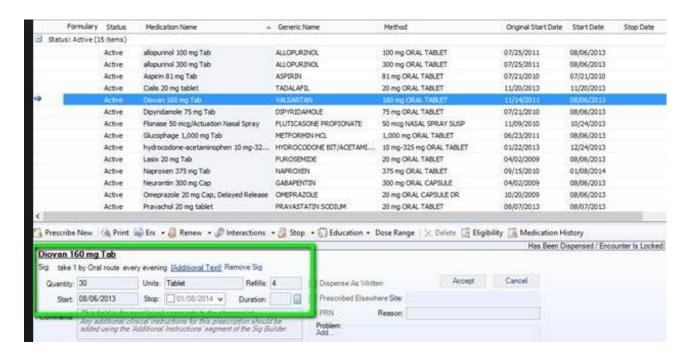






Workflow Processes (Clinical)

9. Medications Refills/Changes





Workflow Processes

10. Triage/Call Processing







Review

Collaborate

Improve

Finalize

Strategize



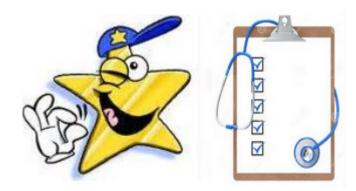


Standardization!!!

Clinical & Administrative

Optimize Efficiency

More standardized processes, less room for errors



Improve Patient Safety

Use a single process



What's Included, What's Not

- OUT
 - How to run SQL queries
- IN
 - Why Use Analytics?
 - Reporting Metrics
 - Real-World Examples
 - Best Practice Recommendations



Why Use Analytics?

Optimization

- Helps identify gaps in workflow/build
- Creates measurable ROI
- Compile Evidence to Effect Change



Tasking Analytics & Optimization

- 1. Start/End Date
- 2. Task Name
- 3. Active/Inactive Status
- 4. Delegated/Undelegated Status

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner

4	Α	В	С	D	Е	F	G	Н
								AvgHour
1	TaskName	Inactive	Delegated	Total	Active	Removed	Complete	Complete
178	Schedule Appointment	N	Υ	6761	595	4	6162	101
179	Schedule Results F/Up	N	Υ	100	15	1	84	264
180	Sign Amended Note	N	N	2520	15	33	2472	28
181	Sign Note	N	N	5245	136	113	4996	53
182	Sign Form	N	N	0	0	0	0	0
183	Sign Letter	N	N	0	0	0	0	0



Metrics: Count Total

Α	С	D	E
TaskName	IsInactive	IsDelegated	CountTotal
Submit Enc Form	N	N	63941
Sign-Note	N	N	60555
Miscellaneous	N	N	5843
Rx Xmit Fail	N	N	399
Dispense Sample	N	Y	157
Personal	N	N	28
CoSign Note	N	N	0
Verify CED Doc	N	N	0
Verify CED Item	N	N	0
Verify Portal Doc	N	N	0
Verify Portal Form	N	N	0

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Metrics: Count Active

А	E	F
		Count
TaskName	CountTotal	Active
Overdue Order	16306	4072
Submit Res Enc	2555	895
Review Enc Form	50554	767
Schedule Appointment	6761	595
Financial Auth	8074	461
Submit Enc Form	63941	447
Finish Note	58292	107
Med Renewal	4474	28
Mail Results to Patient	1325	1
Rx Renew Request	14884	0

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Metrics: Count Removed

Α	E	G
		Count
TaskName	CountTotal	Removed
Order Notification	18963	1739
Finish Note	58292	573
Submit Res Enc	2555	481
Sign-Note	60555	424
Overdue Order	16306	301
Call Back	11873	70
Review Enc Form	50554	26
Rx Renew Request	14884	2
Verify Patient Results	18345	0
Go to Med	404	0

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Metrics: Count Completed

А	Е	G	Н
		Count	Count
TaskName	CountTotal	Removed	Complete
Submit Enc Form	63941	144	63350
Sign-Note	60555	424	59898
Finish Note	58292	573	57612
Review Enc Form	50554	26	49761
Verify Patient Results	18345	0	18204
Order Notification	18963	1739	17082
Rx Renew Request	14884	2	14882
Submit Res Enc	2555	481	1179
Dispense Sample	157	4	68
OverDue Reminders	40	18	7

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Metrics: Average Hours to Completion

А	Н	I
	Count	AvgHour
TaskName	Complete	Complete
Overdue Order	11929	326
Call Patient with results	2325	174
Miscellaneous	5659	108
Schedule Appointment	6162	101
Financial Auth	7609	97
Order Notification	17082	71
Call Back	11643	45
Rx Renew Request	14882	22
Sign-Note	59898	13
Submit Enc Form	63350	4

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Metrics: Task Owner

А	E	G	Н	I	J	K
TaskName	Task	Count	Count	Count	Count	AvgHour
Taskivarrie	OwnerID	Total	Active	Removed	Complete	Complete
Rx Renew Request	3240	289	0	0	289	13
Rx Renew Request	8752	284	0	23	261	24
Rx Renew Request	5102	231	0	0	231	12
Rx Renew Request	2836	235	12	0	223	21
Rx Renew Request	9098	184	0	0	184	6
Rx Renew Request	8741	180	0	0	180	22

- 5. Count Total
- 6. Count Active
- 7. Count Removed
- 8. Count Complete
- 9. Avg Hours to Completion
- 10. Task Owner



Tasking Recommendations

- Activate
- Inactivate
- Review Workflow
- Inactivate Task & "Migrate" to Worklist
- Delegate & Display in New Task View

Α	В	С	D	E	F	G	Н	I	J
							AvgHour		
TaskName	Inactive	Delegated	Total	Active	Removed	Complete	Complete	Recommendation	Details
Sign Note	N	N	5245	136	113	4996	53	Delegate	Move to "Provider Sign
									Note" Task View
Rx Renew Request	N	N	14884	0	2	14882	22	Delegate	Move to "RX Management"
									Task View
Immunization	N	Υ	76	15	16	45	597	Migrate to Worklist	MedAdmin Worklist
Documentation								& Inactivate Task	
Schedule	N	Υ	6761	595	4	6162	101	Migrate to Worklist	Scheduling Worklist
Appointment								& Inactivate Task	
Call Back	N	N	11873	156	70	11643	45	Review Workflow	AvgHourComplete is too
									long



Is Note Optimization Important?

Absolutely!

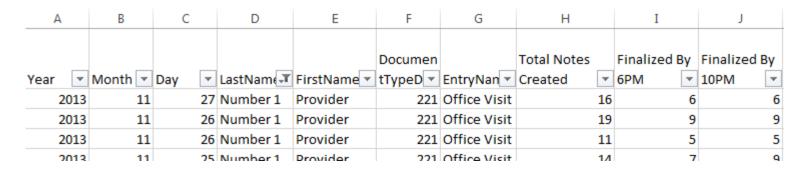
- Improves patient care
- Creates a streamlined workflow for Providers
- Generates Provider buy-in
- Assists in ICD 10 Clinical Documentation Improvement



Note Analytics & Optimization

- 1. Date
- 2. Provider
- 3. Document Type
- 4. Total number of Notes created

- 5. Finalized by 6pm
- 6. Finalized by 10pm





Real Life Examples

Tasking:

- Number of appointments
- Average time to completion for tasks
- Pre and Post Optimization comparison



Real Life Examples Cont.

	Oct-13	Nov-13	Oct-14	Nov-14
Appointment (Count)	1201	1160	1426	1132

- 2,361 patients in 2013
- 2,558 patients in 2014
- Increase of 197 patients



Real Life Examples

Snapshot of task completion times

Task	Oct-13	Nov-13	Oct-14	Nov-14
Verify Patient Results (Avg Hours To Completion)	37	47	30	40
Sign-Note (Avg Hours To Completion)	13	20	19	23
Review Doc (Avg Hours To Completion)	163	63	24	25
RX Renew Request (Avg Hours To Completion)	13	15	16	18
Call Patient with results (Avg Hours To Completion)	38	25	16	13
Mail Results to Patient (Avg Hours To Completion)	10	4	8	10
Verify Doc (Avg Hours To Completion)	N/A	N/A	7	9
Follow Up (Avg Hours To Completion)	182	150	43	41



Real Life Examples Cont.

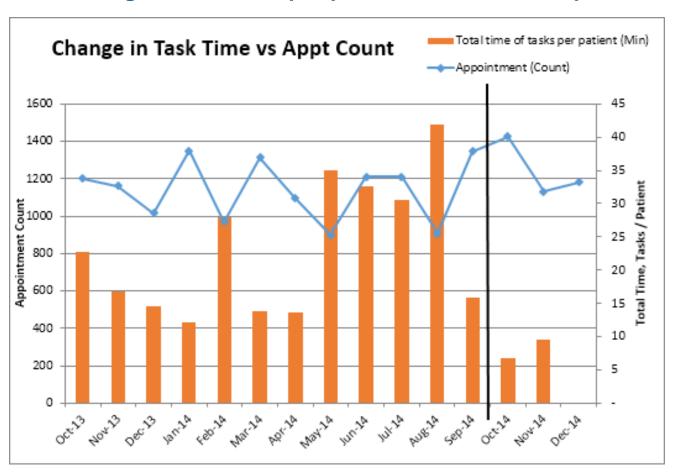
 ROI report showing time of tasks per patient Pre and Post Optimization

OCT - NOV						
	Total time of tasks per patient (Min)					
					Excludin	
				AII	g	
				months	Summer	
Befor	e Optimiz	ation (Oct	2013 - Sep 2014)	21.38	16.89	
	After Op	timizatio	n (Oct -Nov 2014)	8.02	8.02	
			Improvement	62%	53%	



Real Life Examples

ROI report showing time of tasks per patient Pre and Post Optimization





Real Life Examples

Note Optimization:

- Percentage of Notes completed by 6pm
- Percentage of Notes completed by 10pm
- Pre and Post Optimization comparison



Real Life Examples Cont.

Snapshot of Notes completed by 6pm

	Notes Finalized By 6PM				
Row Labels	Nov-13	Nov-14			
Provider 1	76%	93%			
Provider 2	70%	96%			
Provider 3	63%	90%			
Provider 4	67%	94%			
Grand Total	70%	88%			



Real Life Examples Cont.

Snapshot of Notes completed by 10pm

	Notes Finalized	Notes Finalized By 10PM		
Row Labels	Nov-13	Nov-14		
Provider 1	83%	93%		
Provider 2	78%	98%		
Provider 3	73%	90%		
Provider 4	90%	99%		
Grand Total	81%	91%		



Real Life Examples

Next Challenge?

- Optimize an efficient Clinic



Real Life Examples Cont.

	Oct-13	Nov-13	Oct-14	Nov-14
Appointment (Count)	2116	1906	2215	1730

Appointment counts are similar



Real Life Examples

Snapshot of task completion times

Task	Oct-13	Nov-13	Oct-14	Nov-14
Verify Patient Results (Avg Hours To Completion)	15	16	17	16
Sign-Note (Avg Hours To Completion)	9	11	14	16
Review Doc (Avg Hours To Completion)	17	29	23	29
RX Renew Request (Avg Hours To Completion)	12	18	23	22
Call Patient with results (Avg Hours To Completion)	21	32	23	25
Mail Results to Patient (Avg Hours To Completion)	0	3	6	5
Verify Doc (Avg Hours To Completion)	N/A	6	21	14
Follow Up (Avg Hours To Completion)	50	51	36	34



Real Life Examples Cont.

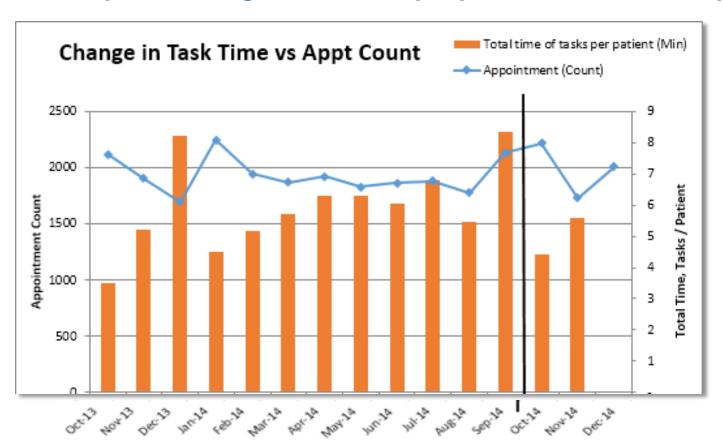
 ROI report showing time of tasks per patient Pre and Post Optimization

	Total time of tasks per patient (Min)			
			Excluding	
		AII	Summer	
		months	Months	
Before Optimization	n (Oct 2013 - Sep 2014)	5.93	5.82	
After Optim	ization (Oct -Nov 2014)	4.89	4.89	
	Improvement	18%	16%	



Real Life Examples

ROI report showing time of tasks per patient Pre and Post Optimization





Best Practice Recommendations

- Run queries against PROD databases off-hours
- Start simple with your queries, then grow the complexity of the reports
- Go through proper channels when implementing changes
- Monitor regularly post-implementation
- Leverage Enterprise Views as much as possible
- Maintain a comprehensive change document for tracking



Optimization and You

Thank you for joining us today. For additional assistance contact us through our website at Questions? www.galenhealthcare.com



- We will leave the Q & A open for a few moments for any additional questions.
- You can find all handouts as well as questions and answers from this webcast and other webcasts on our wiki at:

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