Zero to 60 in 90 Days: The Attestation Fast Lane

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Tenet Healthcare Corporation

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Encore Health Resources
Learning Objectives

• **Learning Objective 1**: Describe the methodology Tenet used to achieve rapid system deployment while maintaining a constant focus on MU objectives.

• **Learning Objective 2**: Explain how to leverage near real-time data to provide performance feedback while driving compliance to meet MU measure thresholds.

• **Learning Objective 3**: Apply the change-management, messaging, and governance principles required to engage true “Meaningful Users” and identify best practices for taking early results and feeding them back to hospitals to improve outcomes.
• **Learning Objective 4:** Perform an organizational self-assessment to strengthen your readiness plan and address the leadership challenges and unintended consequences that can be pitfalls on the road to attestation.

• **Learning Objective 5:** Discover key strategies for building an organizational foundation through the EHR that can: improve care coordination and patient outcomes; increase organizational effectiveness; and, apply metrics for outcomes improvement.
Tenet Healthcare Corporation

One of the Largest Investor-owned Health Care Delivery Systems in the Nation

- 50 acute care hospitals in 11 states
- 90 outpatient centers
- 57,000 employees
- $9.2 billion net operating revenues (CY‘10)
- 512,972 admissions (CY‘10)
- 3.9 million outpatient visits (CY‘10)
Every Strategic Initiative Has a Clear Vision, Mission, and Identity

IMPACT Vision
To provide the right information when and where it’s needed to improve the care and life of every person in the communities that we serve

IMPACT Mission
- Have an Electronic Health Record (EHR) and Patient Health Record (PHR) by 2015
- Get people to use technology
- Share health information in our hospitals and across our communities
Value Realization Program

• Functional team within the IMPACT project

• Purpose is to promote clinical performance improvement and business value, ensuring Tenet qualifies and receives full incentive dollars as a result of the IMPACT program

• Identifies, acts on, reports and monitors the CMS Meaningful Use requirements and IMPACT based value metrics
IMPACT Schedule

1. Des Peres Hospital R1 R2
2. Desert Regional Medical Center R1 R2
3. John F. Kennedy Memorial Hospital R1 R2
4. Placentia - Linda Hospital R1 R2
5. San Ramon Regional Medical Center R1 R2
6. Sierra Vista Regional Medical Center R1 R2
7. Twin Cities Community Hospital R1 R2
8. Doctors Hospital at White Rock Lake R1 R2
9. Sierra Medical Center R1 R2
10. Nogodinches Medical Center R1 R2
11. Providence Memorial Hospital R1 R2
12. Sierra Providence East Medical Center R1 R2
13. Fya Regional Medical Center R1 R2
14. Spalding Regional Medical Center R1 R2
15. Sylvan Grove Hospital R1 R2
16. Dolley Medical Center R1 R2
17. Halesih Hospital R1 R2
18. Palmeto General Hospital R1 R2
19. West Boca Medical Center R1 R2
20. St. Louis University Hospital R1 R2
21. Good Samaritan Medical Center R1 R2
22. North Shore Medical Center R1 R2
23. Florida Medical Center R1 R2
24. Coral Gables Hospital R1 R2
25. Palm Beach Gardens Medical Center R1 R2
26. St. Mary’s Medical Center R1 R2
27. Houston Northwest Medical Center R1 R2
28. St. Francis Hospital - Bartlett R1 R2
29. St. Francis Hospital R1 R2
30. Creighton University Medical Center R1 R2
31. Brookwood Medical Center R1 R2
32. Piedmont Medical Center R1 R2
33. Doctors Hospital of Montecito R1 R2
34. Doctors Medical Center of Modesto R1 R2
35. Fountain Valley Regional Hospital R1 R2
36. Lakewood Regional Medical Center R1 R2
37. Los Alamitos Medical Center R1 R2
38. North Fulton Regional Hospital R1 R2
39. South Fulton Medical Center R1 R2
40. Central Carolina Hospital R1 R2
41. Hahnemann University Hospital R1 R2
42. St. Christopher’s Hospital for Children R1 R2
43. Centennial Medical Center R1 R2
44. Lake Pointe Medical Center R1 R2
45. Park Plaza Hospital R1 R2
46. Cypress Falls Medical Center R1 R2
47. Atlanta Medical Center R1 R2
48. East Cooper Regional Medical Center R1 R2
49. Hilton Head Regional Medical Center R1 R2
50. Coastal Carolina Medical Center R1 R2

Legend:
- EHR
- Go Live
- CPOE
- Go Live

- Jan 2010 - Sep 2011
- Apr 2010 - Mar 2012
- Aug 2010 - Apr 2012
- Sep 2010 - Mar 2012
- Jan 2011 - Jun 2012
- Jun 2011 - Aug 2012
- Dec 2011 - Mar 2013
- Jan 2012 - Dec 2012
- Feb 2012 - Jun 2013
- Apr 2012 - Jul 2013
- Apr 2012 - Jul 2013
- Feb 2013 - May 2014
- Apr 2013 - May 2014
Launching Our Project

Data Driven

Hospital Program

Clinician Engagement

Governance

Stage 1

Stage 3

Stage 2
The Tenet Journey

Rolled out our first seven hospitals and, boy, did we learn!

Launched our MU performance dashboard and included hospital training and accountability

Went on the road to “engage/sell this” to the hospitals

Built a “hospital program” including support of key elements in the MU journey

Deploying with an aggressive rollout schedule

Leveraging this work to accelerate an EDW with a MU dashboard

Reviewing down to the data element level

Finalizing our measure-by-measure review

This year HIMSS

Last year HIMSS
The Tenet Methodology: Our Ingredients for Success

- End-user engagement and adoption
- Clinical Informaticist
- Physician Champion
- Risk mitigation plan-change strategy

- IMPACT vision and mission
- Program and hospital
- Clinical advisory teams
- Standards

- Provide MU education and training
- Provide on-going support and communication
- Post CPOE go-live – Meaningful Use Liaison from the VR team
- Support the hospital’s MU coordinator in attestation

- Data-driven performance management
- Taken to the hospital level, with ownership, remediation, and daily monitoring by hospital, partnered with VR team

- Clinical performance improvement and business value, IMPACT-based value metrics
- Identify, act on, report and monitor the CMS Meaningful Use requirements
Tenet’s Approach to Meaningful Use

Attesting to CMS

MU Dashboard

Capture Data

Determine eMeasure Requirements

Identify Content Sources

Develop Processes Workflows Impacted

Make Design Decisions

Data Warehouse

• Capture the right data in the right format enabled by workflow to support Meaningful Use Stages 1-3 and other related initiatives

• Support Tenet’s overall BI Objective, joining of Clinical and Operational data in a common repository

PBAR* Cerner* EDW*
Key Component: Program Governance

- **Liz Johnson**, IMPACT Program Leader

**PMO/FMO**
- Global Business Functions
- Delivery Solutions

**BOARD OF DIRECTORS SUB-COMMITTEE**

**EXECUTIVE STEERING COMMITTEE**

**MEANINGFUL USE COMMITTEE**

**TENET PARTNER COUNCIL**
- EHR Provider
- Consultant Experts
- Production Support

**HOSPITAL STEERING COMMITTEES**
- Hospital Project Leads

**OPERATIONS COMMITTEE**

- Clinical Leadership Council
- Clinical Advisory Councils
Tenet Meaningful Use Hospital Program

Milestone Timeline

- MU Hospital Education Kickoff
- MU Dashboard Training
- MUADM Training

- 8 weeks
- R2 Go-live

Day 30
- Hospital and VR monitor MU performance for compliance making adjustments as indicated
- Monitoring & tracking MU performance
- Optimize adoption, workflows, data processes capture prior to 90 day period

Day 45
- Formal reviews at day 30, 45 & 75

Day 75
- Day 90
- Day 150

- Receive incentive payment six-eight weeks post successful attestation
- Hospital sends completed attestation requirements to HQ

NOTE: This timeline represents target milestones. Specific dates are established in alignment with corporate attestation schedule.
# Meaningful Use Roadmap for Hospitals

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Content</th>
<th>Audience</th>
</tr>
</thead>
<tbody>
<tr>
<td>8 weeks prior to CPOE Go Live</td>
<td><strong>MU Kick-off on-site</strong></td>
<td>CPIC members – Hospital Sponsor, CNO, COO, CI, MD Champion, Quality, IT, others of interest</td>
</tr>
<tr>
<td></td>
<td>• Measures review in depth,</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Workflows review</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Intro to major tools</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Roles and responsibilities</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Upcoming milestones</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>MU Kick-off thru &amp; post Go Live</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Six webinars</strong></td>
<td>Primarily Hospital CIs</td>
</tr>
<tr>
<td></td>
<td>occurring over period from MU kick off to 3 weeks post CPOE go-live</td>
<td></td>
</tr>
<tr>
<td>Post Go Live to reporting period start (3-6 weeks)</td>
<td><strong>Dashboard Training Optimization period</strong> of monitoring early results</td>
<td>Hospital Sponsor and CI (required) CNO, COO, MD Champion, others of interest</td>
</tr>
<tr>
<td></td>
<td><strong>MUADM Training</strong></td>
<td>Hospital CI and back-up</td>
</tr>
<tr>
<td></td>
<td>• Evidence required</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How to create and store evidence</td>
<td></td>
</tr>
<tr>
<td>90 day reporting period</td>
<td><strong>Monitoring/Tracking Performance Support to Hospitals</strong></td>
<td>Hospital CI primary</td>
</tr>
<tr>
<td>Post 90 day reporting period</td>
<td><strong>Hospital Sign-off for Attestation</strong></td>
<td>Hospital Sponsor</td>
</tr>
</tbody>
</table>
“I think you should be more explicit here in Step Two.”
Looking to the Future

Building an eMeasure Foundation to leverage data to manage care and report outcomes
Key Component: Data Driven Monitoring

Data Warehouse Platform

Meta Data Repository

Enterprise Data Warehouse

Data Marts and Cubes

Source Systems

PBAR (ADT)

Cerner
- H1 – H5
- CPOE, LAB, RX

MedHost

Outbound Systems

HIE

Quality

ARRA

Other…

Business Intelligence

OLAP Analysis

Scorecard

Dashboard

Reporting

Downstream Data Mining

ETL

ODS Layer

DAAC

Cerner EDW

Non PBAR

MedHost ODS

HL7 - Ensemble
Key Component: Clinical Business Intelligence - Meaningful Use Dashboard

View This Video with Audio Live at:
## Some Stats Driven by our Methodology:

<table>
<thead>
<tr>
<th>Element</th>
<th>Delivered</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDW Dashboard Size</td>
<td>23 GB</td>
<td>Hospital ownership for monitoring</td>
</tr>
<tr>
<td>EDW - 19 CQM</td>
<td>59 Unique Data Elements</td>
<td>486 Mappings</td>
</tr>
<tr>
<td>EDW – 24 Utilization</td>
<td>75 Unique Data Elements</td>
<td>379 Mappings</td>
</tr>
<tr>
<td>Physician Order Entry</td>
<td>CPOE  EHR Volume Oct-Nov</td>
<td>1537 Physicians</td>
</tr>
<tr>
<td>Clinical Decision Support</td>
<td>Non Pharmacy Rules</td>
<td>50</td>
</tr>
<tr>
<td>PowerPlans &amp; Order Sets</td>
<td>Developed and Rolled Out</td>
<td>488</td>
</tr>
<tr>
<td>MU Dashboard</td>
<td>Compliance Training</td>
<td>7 Sites – 5-8 End Users Per</td>
</tr>
<tr>
<td>MU Dashboard</td>
<td>Unique End Users</td>
<td>62</td>
</tr>
<tr>
<td>MU Dashboard</td>
<td>Utilization</td>
<td>Average 9 Users Per Day</td>
</tr>
<tr>
<td>Site Support</td>
<td>Clinical Informaticists</td>
<td>22 Corporate; 31 Hospital; 4 Regional</td>
</tr>
<tr>
<td>MU Education Webinars</td>
<td>6 Provided</td>
<td>32 – 58 Attendees</td>
</tr>
</tbody>
</table>
Quality Measures #1 Concern

Graph 7. Top Concerns of Healthcare Organizations

- Capturing/submitting quality measures: 37%
- Certification-implementing/upgrading certified EHR, need for self-certification: 22%
- IT staffing shortages: 11%
- Health information exchange: 8%
- Vendor readiness: 6%
- Other: 6%
- CPOE Implementation: 10%

Meaningful Use is Just the 1st Step

New Care Models
Share Exchange Data
Capture and Use EHR
Aggregate Calculate Report

New Care Models
Implementing eMeasures with the Future in Mind

- **Improve Quality**
  - Avoid preventable errors
  - Integrate clinical decision support/logic into decision making

- **Discrete Data**
  - Collect data elements for individual patients, provider and standard code tables, i.e., SNOMED CT, RxNorm

- **Aggregate, Calculate**
  - Eliminate the need for manual data abstraction
  - Consistent measure calculations

- **Reporting**
  - Met MU reporting requirements and provided advanced clinical analytics to Hospital, Regional, and Corporate
Self Assessment
Self Assessment

- Vision
- Culture
- Change Management
- Governance
- Clinical Content
- Reports
Has your organization developed a clear vision of how MU will be focused:

- A foundation for quality improvement and eMeasure collection to support future healthcare initiatives (VBP, ACO, Bundled Payments)?

  OR

- A means to secure funding for IT initiatives?
What is the organizational culture—do you adapt to change easily?

- Are you consensus driven?
- Do you consistently involve clinicians in decision making?
Have you recognized the critical change management factors associated with the widespread adoption needed for MU?
Do you have a governance structure in place that outlines clear roles and responsibilities for each key component of MU:

- Site dashboard monitoring
- Physician/clinician engagement
- Training
- Attestation
- Audit and compliance trail
- Registration and payment
Self Assessment

- Are you confident that your order sets and associated workflows that affect clinicians are intuitive and will be adopted?
- Is your training workflow based rather than feature/function?
- Do you have adequate support for physicians and end users?
- Have you focused on new key clinical processes for clinicians?
Are you confident that your reports are accurate?
Are you capturing numerators and denominators?
Do you truly understand your data down to the data element level?
Lesson Learned: Building the Future Foundation

- Make decisions focused towards the horizon
- Build a foundation for the future

- Be prepared to work in both worlds
- Balance and harmonize between short term expense and long term benefits (efficiencies and quality)
- We must stay the course

- Achieve harmony between eMeasures and chart abstraction

- Underlying data model
- Meaningful data mapping
- Data standards
- Reusable data

- Move from simply having data to having “Smart Data”

- Commitment to managing change
- Do no underestimate the value of an EHR that provides ease of adoption, it all hinges on workflows and content
- The only thing stays constant is change

- Without a usable EHR you have no data
Bigger Than You Think

• MU is larger than an IT initiative—involve all your key stakeholders

• Never assume that you have communicated or planned enough for hospital ownership

• Master the adoption factor:
  – Never underestimate the importance
  – Keep a constant eye on this

• You can never train enough. Be sure technology and training support clinician workflows
Avoid Pitfalls

• Have end users test functionality and provide feedback before putting build into production
• Don’t keep doing the same thing over and over and expect different results—you have to capture lessons learned and continuously improve the process
• It’s easy to fall into a reactive mode with the rapid pace of implementation and change. Be sure to pull up and focus on the larger picture
Focus on the End Goal

• Develop and execute a strategy to cover key areas for success:
  – MU hospital program ownership at hospital and corporate level
  – MU attestation ownership and evidence trail
  – Dashboard/data feedback, hospital ownership and remediation
  – Adoption

• Be confident that your quality reports are capturing the data you expect and CMS requires

• Have a shared vision with leadership—including finance—about the intent of MU
Keep Clinicians Engaged and Supported

- Be creative with physician training
- Understand your CDS strategy. Balance between achieving results and alert fatigue
- Be prepared to make changes, listen to your clinicians and balance change requests for order sets build and enhanced functionality
- Watch your order set and content build—sometimes simpler is better. Know how many “clicks” it takes to get an order placed or to document
- Listen to feedback, especially from end users. Keep an open mind and be honest about what can and cannot be done
- Be prepared to make modifications in rollout strategy. Don’t burn bridges with your clinicians and use up your goodwill
Awash in Data: eMeasures as a Foundation for Quality and Payment™

View the Flash Version of “Awash in Data” at http://www.encorehealthresources.com/emeasures
“Meaningful Use: The Stepping Stone for Meaningful Care”
~ Liz Johnson