



Lumetra
Healthcare Solutions


**Decreasing Complexity and
Cost of EHR Adoption**

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President

CAPG Policy Committee Meeting
February 23, 2010

Presentation Outline

- About Lumetra Healthcare Solutions (LHS)
- Current opportunity with ARRA - HITECH
- Barriers & solutions to adoption (since 2003 from DOQ-IT & beyond)
- Key strategies for successful adoption
- How can we help?
- Discussion/questions



Catalysts For Better Healthcare

We exist to drive the advancement of healthcare business through evidence-based, reliable solutions and technology.

We provide reliable professional services and sustainable solutions through integrated clinical, technological, and analytical expertise transforming the delivery and administration of healthcare.

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Making a Difference

- A proven track record over 25 years of assisting our clients to improve healthcare efficiency and effectiveness
- We understand how to identify and implement lasting changes in healthcare information technology, analytics, and clinical optimization
- Developer and national lead in Doctors Office Quality – IT (DOQ-IT) program for the CMS from 2003 - 2008
- Experience with EHR adoption based on over *1130 physicians in over 464 practices during 2003 – 2009, including those with medical groups & IPAs
- Technical assistance to 211 Medicare Care Management Program, Pay For Performance practices
- We leverage interdisciplinary expertise to implement customized solutions benefiting multiple domains
- Our solutions are creative, collaborative, high quality, and oriented toward your bottom line

*Combined DOQ-IT (712 physicians in 307 practices) and Illumisys customers (560 physicians in 157 practices)

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ARRA - HITECH

EHR Implementation

Context

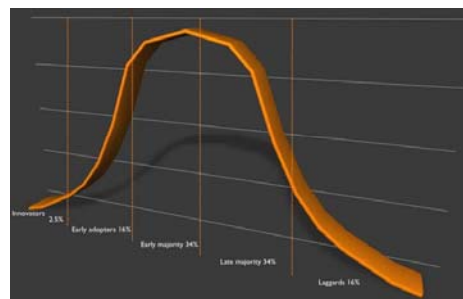
- In 2015, providers are expected to have adopted and be actively utilizing an EHR in compliance with the "meaningful use" definition or they will be subject to financial penalties under Medicare (per Sections 4101(b) and 4102(b) of ARRA)
 - **Adopting an EHR - tasks and challenges:**
 - Managing data on multiple platforms (paper, clinically augmented administrative data and (eventually) fully implemented EHRs)
 - Practice needs assessment
 - Vendor selection and negotiation
 - Managing the transformation in a practice (small) in real time
 - Instituting workflow changes
- ✓ ONC website, 11.09



Can We Reach The Tipping Point?

"The adoption and meaningful use of information technology in health care is central to a necessary and overdue modernization of our health system."

- David Blumenthal, MD - December 2009



Incentives

Medicare: Up to \$44,000 per provider for meaningful use.

	Current User	Adopt in 2011	Adopt in 2012	Adopt in 2013	Adopt in 2014
2011	\$18,000	\$18,000	-	-	-
2012	\$12,000	\$12,000	\$18,000	-	-
2013	\$8,000	\$8,000	\$12,000	\$15,000	-
2014	\$4,000	\$4,000	\$8,000	\$12,000	\$15,000
2015	\$2,000	\$2,000	\$4,000	\$8,000	\$12,000
2016	-	-	\$2,000	\$4,000	\$8,000
TOTAL	\$44,000	\$44,000	\$44,000	\$39,000	\$35,000
HPSA	\$48,400	\$48,400	\$48,400	\$42,900	\$38,500

Medicaid (Medi-Cal): up to \$65,000 per provider for implementation and meaningful use.

	Current User	Adopt in 2011	Adopt in 2012	Adopt in 2013	Adopt in 2014	Adopt in 2015	Adopt in 2016
2011	\$25,000	\$25,000	-	-	-	-	-
2012	\$10,000	\$10,000	\$25,000	-	-	-	-
2013	\$10,000	\$10,000	\$10,000	\$25,000	-	-	-
2014	\$10,000	\$10,000	\$10,000	\$10,000	\$25,000	-	-
2015	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$25,000	-
2016	-	-	\$10,000	\$10,000	\$10,000	\$10,000	\$25,000
2017	-	-	-	\$10,000	\$10,000	\$10,000	\$10,000
2018	-	-	-	-	\$10,000	\$10,000	\$10,000
2019	-	-	-	-	-	\$10,000	\$10,000
2020	-	-	-	-	-	-	\$10,000
TOTAL	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000	\$65,000

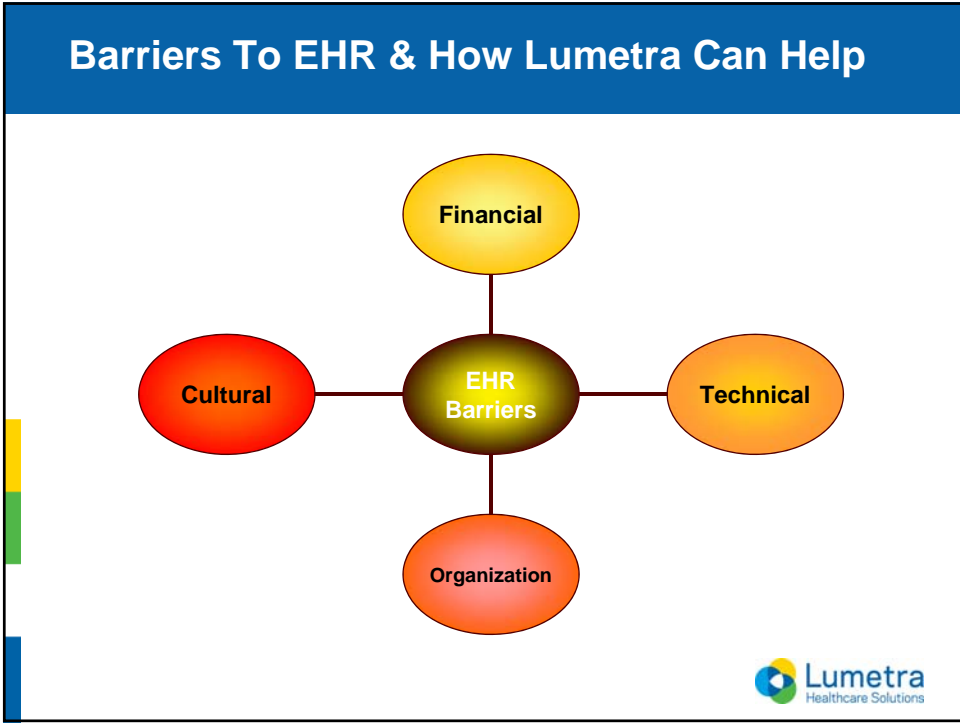


HITECH In California

- **Target Audience:** primary care providers in small practices, community clinics, public and critical access hospital-based ambulatory care providers
- **Goal:** Achieve meaningful use in **two years**
- **Action:** Regional Extension Centers (RECs) to provide technical assistance
 - CalREC funding pending for North and South RECs
 - Serve at least 20% of all PCPs in geographic regions
- **Funding Assistance:** *Approx. \$5,000 / NPI across 3 milestones:
 - Signs contract with REC
 - Go-live with e-prescribing and quality reporting
 - Receives meaningful use incentive payments

* Source: CalREC presentation material from January 2010





Cultural Barriers and Solutions


<div style="background-color: #ffff00; border-radius: 50%; padding: 10px; display: inline-block;"> Technical Competency </div>	<p style="text-align: center;">Lumetra Services</p> <ol style="list-style-type: none"> 1. Project management & staff communications throughout practice. 2. Offer office redesign assistance and work with staff to calm resistance. 3. Plan and prepare to address staff turnover issues.
<div style="background-color: #ffcc00; border-radius: 50%; padding: 10px; display: inline-block;"> *Leadership & Accountability </div>	<ol style="list-style-type: none"> 1. Establish an implementation plan and timeline beyond the vendor 'Technical' installation. 2. Manage the EHR vendor to ensure clinical and technical goals are met. 3. Proactively oversee EHR project and build in key milestones of success.
<div style="background-color: #ff0000; border-radius: 50%; padding: 10px; display: inline-block;"> Consumers </div>	<ol style="list-style-type: none"> 1. Integrate access to relevant components. E.g. PHR, email, scheduling. 2. Offer patient communications to set expectations and benefits of EHR. 3. Offer guidance to practice for patient involvement in their via outreach and automation within technology. 4. Stem privacy and security concerns.
<div style="background-color: #ff6600; border-radius: 50%; padding: 10px; display: inline-block;"> *Change Management </div>	<ol style="list-style-type: none"> 1. Establish ongoing education and aware for staff. 2. Coordinate staff with implementation requirements, build and testing. 3. Address practice redesign by matching roles and functions to staff skills and fill the gaps with training. 4. Provide team leadership and communications with physician lead during project.

* Consistently highly rated barrier during DOQ-IT and other initiatives.

Technical Barriers & Solutions

*Technical Support	<p style="text-align: center;">Lumetra Services</p> <ol style="list-style-type: none"> 1. Negotiate performance guarantees with vendor for support & uptime. 2. Provide a maintenance plan that is tested and works. 3. Ensure practice understands and is ready for system upgrades.
Complex System Customization	<ol style="list-style-type: none"> 1. Provide recommendations associated with custom needs during system selection. 2. Customize templates, reports and workflow based on requirements. 3. Map and review new workflow in collaborative with ALL staff.
Fragmented Standards & Data Exchange	<ol style="list-style-type: none"> 1. Advise on standards and the effect on practice and EHR integration. 2. Ensure compliance of vendors with standards and interoperability. 3. Build interface requirements and project manage on behalf of the practice. 4. Coordinate needs for data exchange with local HIEs.
Product Expectations/ Resources	<ol style="list-style-type: none"> 1. Full service system selection services. 2. Education and training of staff on EHR workflow, including system training. 3. Go live assistance supplemental to vendor services.
Privacy & Security	<ol style="list-style-type: none"> 1. Ensure system complies with HIPAA and medical group requirements. 2. Hardware requirements for each practice, e.g terminals and printers with security in mind. 3. Coordinate levels of security for users where data access should be limited.


* Consistently highly rated barrier during DOQ-IT and other initiatives.



Organizational Barriers & Solutions

*Infrastructure	<p style="text-align: center;">Lumetra Services</p> <ol style="list-style-type: none"> 1. Complete assessment of practice to determine infrastructure requirements 2. Create a consistent process for decision making. 3. Develop a support standards for issue escalation.
*Technical Capacity	<ol style="list-style-type: none"> 1. Perform IT readiness assessment with feedback to practice. 2. Determine IT needs and offer actionable steps for implementation. 3. Assist with implementation if IT requirements on behalf of the practice.
*Operational Capacity	<ol style="list-style-type: none"> 1. Plan staffing needs for all project activity and assign rolls as needed. 2. Assess workflow changes and future state flow for implementation 3. Clarify training needs and work with vendor to ensure needs are met. 4. Create effective paper migration plan with vendor input.
Goal Alignment	<ol style="list-style-type: none"> 1. Build consensus across the organization with management and providers. 2. Build commitment from staff to meet timelines and USE the system. 3. Create a focus on quality from system performance/capability to outcomes.
*Leadership	<ol style="list-style-type: none"> 1. Identify and work with physician champion as internal leader for the project. 2. Maintain project 'VISION' throughout the implementation and Go Live. 3. Establish management reporting and staff updates. 4. Address legal issues upfront.


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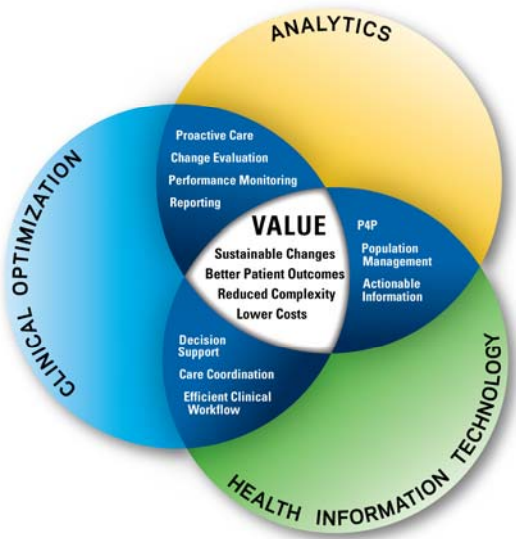
Financial Barriers & Solutions

	Lumetra Services
*Upfront Costs	<ol style="list-style-type: none"> 1. Price negotiation for practices. 2. Establish Go live and milestone clauses tied to payment. 3. Consider lease purchasing and deferrals on initial billing.
Ongoing Costs	<ol style="list-style-type: none"> 1. Consider appropriate technical architecture for practices. 2. Establish costs and anticipated ROI over 3-5 year period for EHR. 3. Negotiate longer term data and device interface costs upfront.
Services	<ol style="list-style-type: none"> 1. Supplement vendor 'technical install' with clinical and technical professionals who know small practice and medical group environments. 2. Provide train the trainer services.
*Lost Time	<ol style="list-style-type: none"> 1. Create and work to plan for patient volume management during go live. 2. Map technology abilities to requirements by role within practice. 3. Establish goals that balances lost time against high impact automation and decreased data entry.
Integration Costs	<ol style="list-style-type: none"> 1. Create an ROI process and track the benefits of the system. E.g. value of eRx, reduced transcription against system costs. 2. Integrate practice management and into EHR automation. 3. Build consumer buy-in to EHR automation benefits such as email and online visit protocols.


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How Lumetra Can Help



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Practical & Proven ehrRoadmap

ehrRoadMap Phase	Pathways
Inception	Assess your practice for readiness to adopt information technology (IT).
	Engage leadership.
	Prepare business case.
	Identify workflow and IT needs.
Decision	Translate needs to specific electronic health record (EHR) functionality.
	Explore EHR products.
	Contract readiness & completion.
Implementation	Prepare providers, staff, and patients for your go-live event.
	Evaluate adherence to regulatory requirements.
	Understand installation and configuration requirements and processes.
	Train staff, confirm workflow and go live.
Realization	Understand and avoid the most common problems.
	Re-examine your workflow for improved efficiencies.
	Compare your baseline return on investment (ROI) projections with current ROI.
	Manage population health.
	Participate in pay-for-performance initiatives.
	Increase utilization of clinical decision support.



Offering Strategies For Success

- Building practice specific plans for EHR.
- Assessing needs and capabilities to map to implementation process.
- Establish balanced goals and setting expectations across staff.
- Identify and implement to high impact issues to reduce pain and inconvenience quickly.
- Offering a “Keep it simple” approach: Initiatives must be in ‘chewable’ pieces.
- Plan for wins that create momentum.



Common Targeted Goals For Success

- Improved revenue management.
- Improved office efficiency.
- Improvements in quality care and safety.
 - Increased decision support.
 - Increased provider – patient communication.
- Reductions in medical errors.
- More control over practice.
 - Increased information access & interoperability.



Discussion/Questions?



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