

Southern California HFMA Webinar

Driving Effective Change to Meet Meaningful Use Requirements

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Objectives

1. Understand the importance of successfully integrating effective change leadership with change management in large initiatives
2. Develop clarity around “Meaningful Use” legislation and the financial implications for providers
3. Learn about tools and methodologies that enable effective EMR implementation and/or other large healthcare change initiatives

INTEGRATING CHANGE MANAGEMENT AND CHANGE LEADERSHIP

The “Meaningful Use” Challenge

Leaders at healthcare organizations are tasking teams to move their organizations, and the providers who practice there, to a point where the organization can successfully demonstrate "meaningful use" as defined and required by the HITECH Act.

These teams are faced with a daunting task:

- Successful demonstration of "meaningful use" will require significant changes in healthcare provider practices as well as augmentation or even total replacement of electronic medical record (EMR) technology.
- There are deadlines looming that will result in significant financial incentives or serious financial penalties depending on the speed with which these teams can successfully demonstrate meaningful use.

This may be the largest initiative that organizations have ever undertaken. Effective strategies are needed to ensure success.



Change Management and Change Leadership

Organizations that are successful at massive change initiatives of this nature are those that develop and implement a strategy that successfully integrates change management (the technical component) and change leadership (the cultural component) into a transformation.

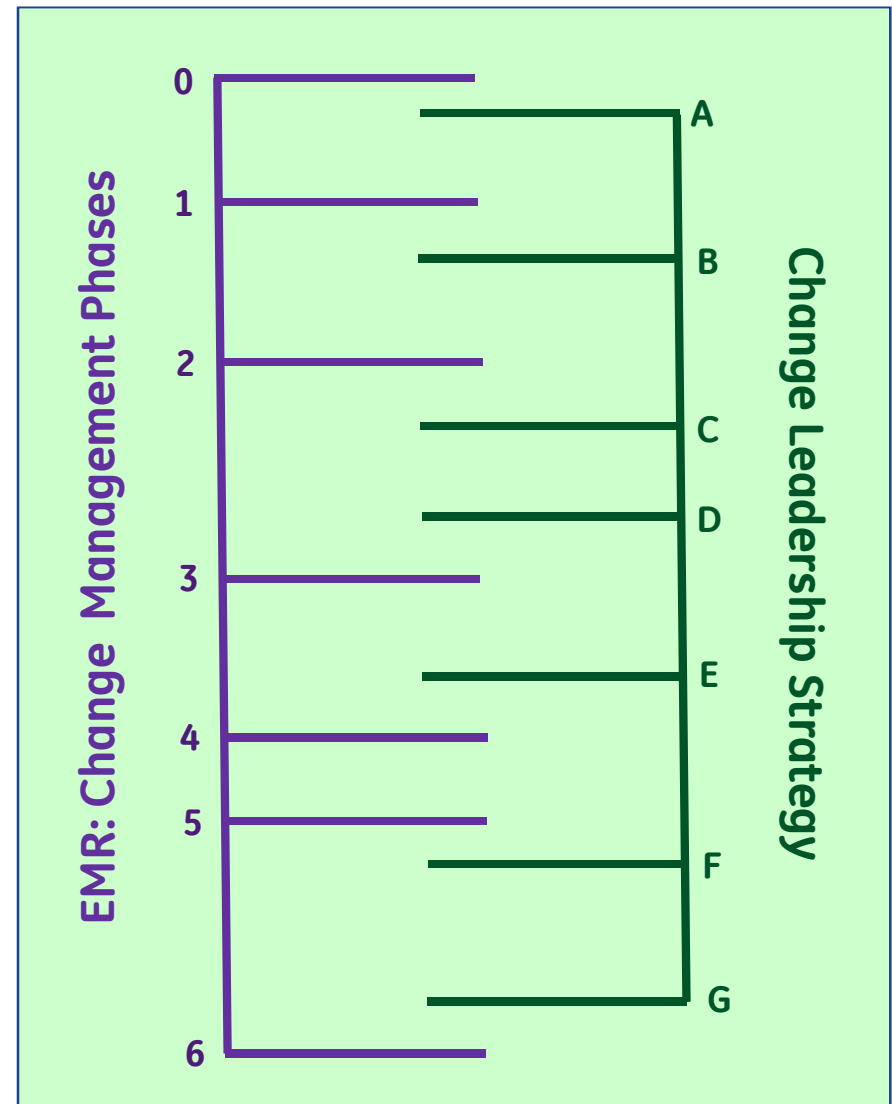
- Most organizations are often very effective at *change management* - the project plan, the resourcing, and other activities that bring order and predictability to the project.
- While *change leadership*, which provides a compelling need, a shared vision, and engages stakeholders at all levels of the organization in creating change that is sustained, is often overlooked or even completely absent in large change initiatives.
- The change leadership component to driving major initiatives is especially critical in an organization's efforts at transformation.



Change Management and Change Leadership

GE Performance Solutions is currently working with Ochsner Health System as it rolls out a totally new and integrated system-wide EMR infrastructure and we are seeing first-hand how important the prioritization and integration of change leadership can be for project success.

By first wave of implementation, a committed coalition of system stakeholders and end-users will be ready to welcome a new EMR system (and the new work flows it creates) rather than fighting against it as a result of Ochsner's balanced approach.



“MEANINGFUL USE” LEGISLATION AND THE FINANCIAL IMPACT ON HEALTHCARE ORGANIZATIONS



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American College of Healthcare Executives Top Issues Confronting Hospitals: 2010

Issue	2010	2009	2008	2007
Financial challenges	77%	76%	77%	70%
Healthcare reform implementation	53%	53%	—	—
Governmental mandates	32%	30%	26%	22%
Patient safety and quality	31%	32%	43%	33%
Physician-hospital relations	30%	25%	32%	35%
Care for the uninsured	28%	37%	41%	38%
Patient satisfaction	16%	15%	22%	17%
Personnel shortages	11%	13%	30%	30%
Technology	10%	7%	9%	—
Capacity	6%	7%	16%	11%
Governance	3%	2%	—	—
Issues about not-for-profit status	2%	1%	2%	—
Disaster preparedness	< 1%	1%	1%	—

American Recovery and Reinvestment Act (ARRA)

\$20 Billion to modernize health information technology

This new data will provide support for comparative effectiveness research, population health monitoring, and pharmacosurveillance

One Hundred Eleventh Congress of the United States of America

AT THE FIRST SESSION

*Begun and held at the City of Washington on Tuesday,
the sixth day of January, two thousand and nine*

An Act

Making supplemental appropriations for job preservation and creation, infrastructure investment, energy efficiency and science, assistance to the unemployed, and State and local fiscal stabilization, for the fiscal year ending September 30, 2009, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "American Recovery and Reinvestment Act of 2009".

SEC. 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

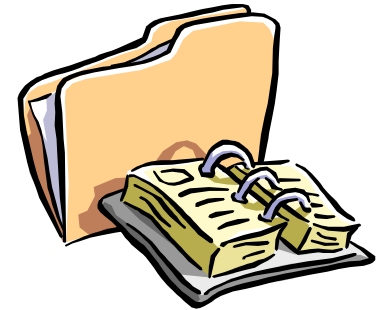
DIVISION A—APPROPRIATIONS PROVISIONS
TITLE I—AGRICULTURE, RURAL DEVELOPMENT, FOOD AND DRUG ADMINISTRATION, AND RELATED AGENCIES
TITLE II—COMMERCE, JUSTICE, SCIENCE, AND RELATED AGENCIES
TITLE III—DEPARTMENT OF DEFENSE
TITLE IV—ENERGY AND WATER DEVELOPMENT
TITLE V—FINANCIAL SERVICES AND GENERAL GOVERNMENT
TITLE VI—DEPARTMENT OF HOMELAND SECURITY
TITLE VII—INTERIOR, ENVIRONMENT, AND RELATED AGENCIES
TITLE VIII—DEPARTMENTS OF LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES
TITLE IX—LEGISLATIVE BRANCH
TITLE X—MILITARY CONSTRUCTION AND VETERANS AFFAIRS AND RELATED AGENCIES
TITLE XI—STATE, FOREIGN OPERATIONS, AND RELATED PROGRAMS
TITLE XII—TRANSPORTATION, HOUSING AND URBAN DEVELOPMENT, AND RELATED AGENCIES
TITLE XIII—HEALTH INFORMATION TECHNOLOGY
TITLE XIV—STATE FISCAL STABILIZATION FUND
TITLE XV—ACCOUNTABILITY AND TRANSPARENCY
TITLE XVI—GENERAL PROVISIONS—THIS ACT



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Timeline

- ✓ American Recovery & Reinvestment Act (Recovery Act) – February 17, 2009
- ✓ Medicare & Medicaid Electronic Health Record (EHR) Incentive Program Notice of Proposed Rulemaking (NPRM)
- ✓ Display – December 30, 2009
- ✓ Publication – January 13, 2010
- ✓ Final Rule on Display – July 13, 2010
- ✓ Final Rule Published – July 28, 2010



“Meaningful Use”



Federal incentive program

Incentives are paid through CMS (Medicare)
and through the states (Medicaid)

Incentive requirements

- Use certified EHR technology

- Be a “meaningful EHR user”

- Report clinical quality measures to CMS

Core Set and Menu Set

Meaningful Use Stage 1: Health Outcome Priorities

- ❖ Improve quality, safety, efficiency, and reduce health disparities
- ❖ Engage patients and families in their health care
- ❖ Improve care coordination
- ❖ Improve population and public health
- ❖ Ensure adequate privacy and security protections for personal health information

Meaningful Use: Stage 1 Core Set

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Use CPOE for medication orders directly entered by any licensed healthcare professional who can enter orders into the medical record per state, local, and professional guidelines	More than 30% of unique patients with at least one medication in their medication list seen by the EP or admitted to the eligible hospital or CAH have at least one medication entered using CPOE
	Implement drug-drug and drug-allergy interaction checks	The EP/eligible hospital/CAH has enabled this functionality for the entire EHR reporting period
	EP Only: Generate and transmit permissible prescriptions electronically (eRx)	More than 40% of all permissible prescriptions written by the EP are transmitted electronically using certified EHR technology
	Record demographics: preferred language, gender, race, ethnicity, date of birth, and date and preliminary cause of death in the event of mortality in the eligible hospital or CAH	More than 50% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have demographics as recorded structured data
	Maintain up-to-date problem list of current and active diagnoses	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry or an indication that no problems are known for the patient recorded as structured data



Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Maintain active medication list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient is not currently prescribed any medication) recorded as structured data
	Maintain active medication allergy list	More than 80% of all unique patients seen by the EP or admitted to the eligible hospital or CAH have at least one entry (or an indication that the patient has no known medication allergies) recorded as structured data
	Record and chart vital signs: height, weight, blood pressure, calculate and display BMI, plot and display growth charts for children 2-20 years, including BMI	For more than 50% of all unique patients age 2 and over seen by the EP or admitted to the eligible hospital or CAH, height, weight, and blood pressure are recorded as structured data
	Record smoking status for patients 13 years old or older	More than 50% of all unique patients 13 years or older seen by the EP or admitted to the eligible hospital or CAH have smoking status recorded as structured data
	Implement one clinical decision support rule and the ability to track compliance with the rule	Implement one clinical decision support rule
	Report clinical quality measures to CMS or the States	For 2011, provide aggregate numerator, denominator, and exclusions through attestation; For 2012, electronically submit clinical quality measures

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Engage patients and families in their healthcare	Provide patients with an electronic copy of their health information (including diagnostic test results, problem list, medication lists, medication allergies, discharge summary, procedures), upon request	More than 50% of all unique patients of the EP, eligible hospital or CAH who request an electronic copy of their health information are provided it within 3 business days
	Hospitals Only: Provide patients with an electronic copy of their discharge instructions at time of discharge, upon request	More than 50% of all patients who are discharged from an eligible hospital or CAH who request an electronic copy of their discharge instructions are provided it
	EPs Only: Provide clinical summaries for each office visit	Clinical summaries provided to patients for more than 50% of all office visits within 3 business days
Improve care coordination	Capability to exchange key clinical information (ex: problem list, medication list, medication allergies, diagnostic test results), among providers of care and patient authorized entities electronically	Performed at least one test of the certified EHR technology's capacity to electronically exchange key clinical information
Ensure adequate privacy and security protections for personal health information	Protect electronic health information created or maintained by certified EHR technology through the implementation of appropriate technical capabilities	Conduct or review a security risk analysis per 45 CFR 164.308(a)(1) and implement updates as necessary and correct identified security deficiencies as part of the EP's, eligible hospital's or CAH's risk management process

Meaningful Use: Stage 1 Menu Set (Chose 5)

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improving quality, safety, efficiency, and reducing health disparities	Implement drug-formulary checks	The EP/eligible hospital/CAH has enabled this functionality and has access to at least one internal or external drug formulary for the entire EHR reporting period
	Hospitals Only: Record advance directives for patients 65 years old or older	More than 50% of all unique patients 65 years old or older admitted to the eligible hospital or CAH have an indication of an advance directive status recorded
	Incorporate clinical lab-test results into certified EHR technology as structured data	More than 40% of all clinical lab test results ordered by the EP, or an authorized provider of the eligible hospital or CAH, for patients admitted during the EHR reporting period whose results are either in a positive/negative or numerical format are incorporated in certified EHR technology as structured data
	Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research or outreach	Generate at least one report listing patients of the EP, eligible hospital or CAH with a specific condition
	EPs Only: Send reminders to patients per patient preference for preventive/follow-up care	More than 20% of all unique patients 65 years or older or 5 years old or younger were sent an appropriate reminder during the EHR reporting period

Meaningful Use – Stage 1 Menu Set (Cont.)

Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Engage patients and families in their health care	EPs Only: Provide patients with timely electronic access to their health information (including lab results, problem list, medication lists, medication allergies) within 4 business days of the information being available to the EP	More than 10% of all unique patients seen by the EP are provided timely (available to the patient within 4 business days of being updated in the certified EHR technology) electronic access to their health information subject to the EP's discretion to withhold certain information
	Use certified EHR technology to identify patient-specific education resources and provide those resources to the patient, if appropriate	More than 10% of all unique patients seen by the EP or admitted to the eligible hospital or CAH are provided patient-specific education resources
Improve care coordination	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation	The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital or CAH
	The EP, eligible hospital or CAH who receives a patient from another setting of care or provider of care or refers their patient to another provider of care should provide a summary of care record for each transition of care or referral	The EP, eligible hospital or CAH who transitions or refers their patient to another setting of care or provider of care provides a summary of care record for more than 50% of transitions of care and referrals

Meaningful Use – Stage 1 Menu Set (Cont.)





Health Outcomes Policy Priority	Stage 1 Objective	Stage 1 Measure
Improve population and public health¹	Capability to submit electronic data to immunization registries or Immunization Information Systems and actual submission in accordance with applicable law and practice	Performed at least one test of the certified EHR technology's capacity to submit electronic data to immunization registries and follow-up submission if the test is successful (unless none of the immunization registries to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)
	Hospitals Only: Capability to submit electronic data on reportable (as required by state or local law) lab results to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide submission of reportable lab results to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)
	Capability to submit electronic syndromic surveillance data to public health agencies and actual submission in accordance with applicable law and practice	Performed at least one test of certified EHR technology's capacity to provide electronic syndromic surveillance data to public health agencies and follow-up submission if the test is successful (unless none of the public health agencies to which the EP, eligible hospital or CAH submits such information have the capacity to receive such information electronically)

¹Unless an EP, eligible hospital or CAH has an exception for all of these objectives and measures they must complete at least one as part of their demonstration of the menu set in order to be a meaningful EHR user.

Meaningfully Using Your EMR

Inpatient Requirements

New federal healthcare regulations will require **Meaningful Use** of your Electronic Medical Record (EMR).

 Order	Enter medication orders electronically.	 Engage	Provide patients with an electronic copy of their discharge instructions.
 Chart	Review problems, medications, and allergies.		Provide patients with educational materials.
	Record height, weight, and blood pressure.		
	Record smoking status.		
	Record advance directives for patients 65 years or older.		
	Record preferred language, gender, race and ethnicity, and date of birth.		
	Generate lists of patients with certain conditions.	 Sync	Send a summary of the care provided when a patient transitions to another care setting.

In the future, Epic will help you meet **all** of these requirements.

Find out more about
Meaningful Use at
ochsner.org/meaningful_use

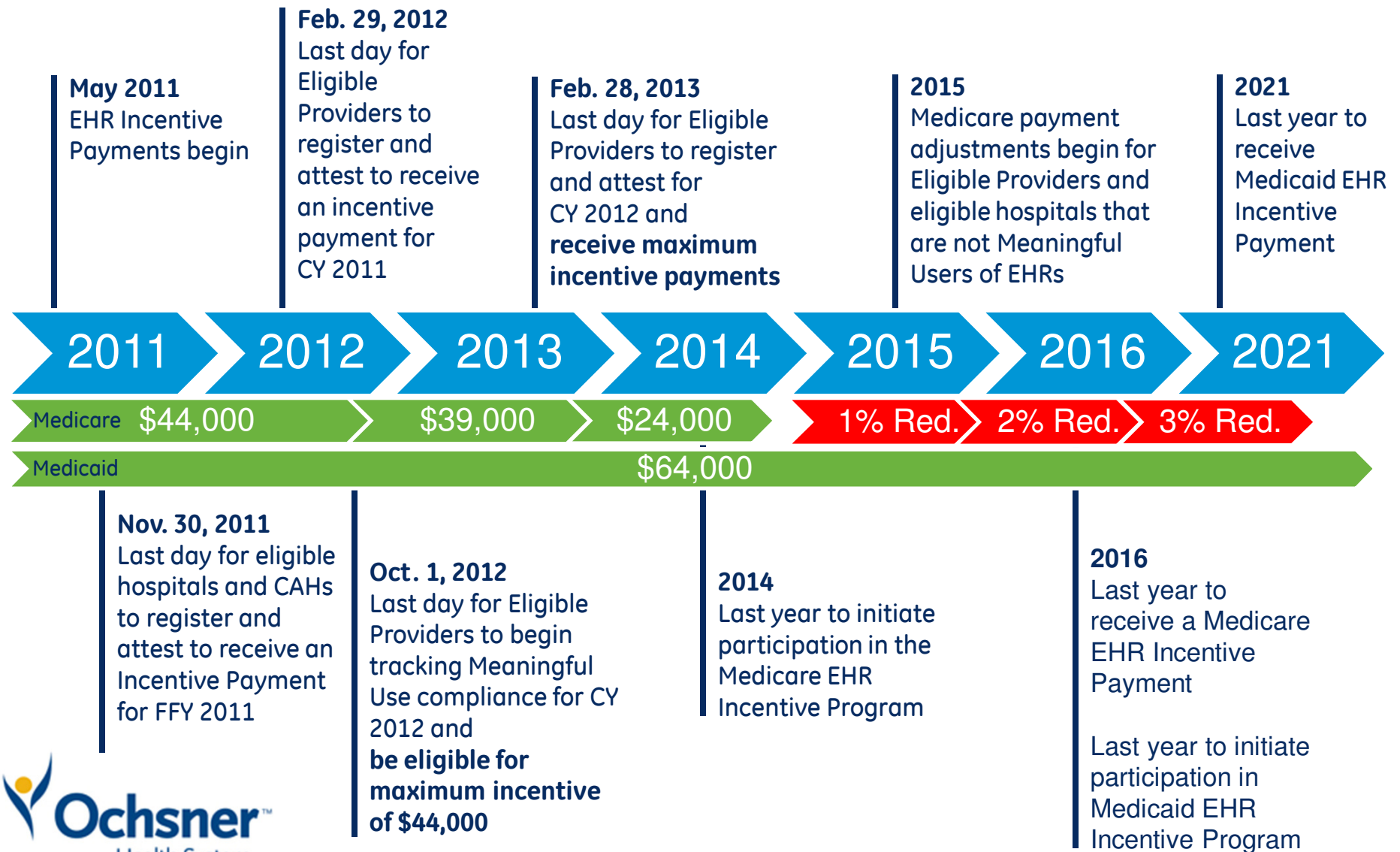


Future Stages

- Intend to propose 2 additional Stages through future rulemaking. Future Stages will expand upon Stage 1 criteria.
- Stage 1 menu set will be transitioned into core set for Stage 2
- Stage 2 final rules expected June 2012
- Administrative transactions will be added
- CPOE measurement will go to 60%
- Will reevaluate other measures – possibly higher thresholds
- Stage 3 will be further defined in next rulemaking



CMS Medicare and Medicaid EHR Incentive Program Milestones



Medicare EHR Incentive Program

Maximum Incentive Payments Based on the First Calendar Year in Which an Eligible Provider (EP) Participates in the Program

Calendar Year	2011	2012	2013	2014	2015
2011	\$18,000				
2012	\$12,000	\$18,000			
2013	\$8,000	\$12,000	\$15,000		
2014	\$4,000	\$8,000	\$12,000	\$12,000	
2015	\$2,000	\$4,000	\$8,000	\$8,000	
2016		\$2,000	\$4,000	\$4,000	
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	

To be eligible for the maximum \$44,000, an EP must show meaningful use of a certified EHR over a 90-day reporting period during Calendar Year 2012. The last day to start this 90-day reporting period and be eligible for the maximum incentive is **October 1, 2012**.

Healthit.hss.gov

The screenshot shows the homepage of HealthIT.gov, part of the U.S. Department of Health & Human Services. The header includes the department logo, the text "The Office of the National Coordinator for Health Information Technology", a search bar, and social media links. A left sidebar contains a navigation menu with items like "Health IT Home", "HITECH & Funding Opportunities", "HITECH Programs", "Federal Advisory Committees", "Regulations & Guidance", "ONC Initiatives", "News, Events, & Resources", "About ONC", "Health IT Buzz Blog", and "Federal Advisory Committee Blog". Below the sidebar are three promotional boxes: "Health IT Journeys: Stories from the road.", "It's Time to Get Connected! Learn More", and "Register for CMS Electronic Health Record Incentives". The main content area features a large video player with a "PAUSE" button and a caption: "Meet the new National Coordinator and Federal Advisory Committee Chair. Read what HHS leaders are saying about health IT in the news." To the right of the video is a vertical menu with categories: "Meaningful Use", "On the Frontlines of Health Information Technology", "Privacy and Security", "HITECH Programs", "Certification Program", and "Federal Advisory Committees". Further right is a "HealthIT.gov" banner with the text "A website to preview our upcoming campaign: Putting the I in HealthIT" and an image of two people looking at a laptop. Below these are two columns of news items. The "Why Health IT?" section explains that health IT helps manage patient care through secure use and sharing of health information. The "Improving Patient Care" section lists two benefits: accurate and complete information about a patient's health, and the ability to better coordinate care. The "What's New" section highlights two announcements: "President Highlights Community College Consortia in Announcement on New Workforce Initiatives" and "ONC's i2 Initiative for Health IT Leverages New COMPETES Act".

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PAUSE

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On the Frontlines of Health Information Technology

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HealthIT.gov
A website to preview our upcoming campaign:
Putting the I in HealthIT

Why Health IT?

Health information technology (health IT) makes it possible for health care providers to better manage patient care through secure use and sharing of health information. Health IT includes the use of electronic health records (EHRs) instead of paper medical records to maintain people's health information.

Improving Patient Care

With the help of health IT, health care providers will have:

- Accurate and complete information about a patient's health. That way they can give the best possible care, whether during a routine visit or a medical emergency.
- The ability to better coordinate the care they give. This is especially important if a patient has a

What's New

- **President Highlights Community College Consortia in Announcement on New Workforce Initiatives**
On June 8, 2011, President Obama announced that efforts made by leading manufacturers through new initiatives with community colleges will help prepare 500,000 workers for cutting-edge manufacturing jobs. These commitments build on important steps already taken by ONC with its Community College Consortia.
- **ONC's i2 Initiative for Health IT Leverages New COMPETES Act**
On June 8, 2011, ONC announced the Investing in Innovations (i2) initiative – an exciting new program to spur health IT innovations through prizes, challenges, and other mechanisms to improve the health care of all Americans. The initiative leverages the new prize authority in the America COMPETES Reauthorization Act of 2010 that seeks to increase the use of prizes and challenges to

CHANGE ACCELERATION PROCESS (CAP): A METHODOLOGY THAT ENABLES CHANGE INITIATIVES



A Formula for Results

$$Q \times A^3 = E$$

Quality X A (Acceptance x Accountability x Alignment) = Effectiveness

62% of quality efforts fail
(from lack of attention to the
cultural and people sides of change
– the “A”)

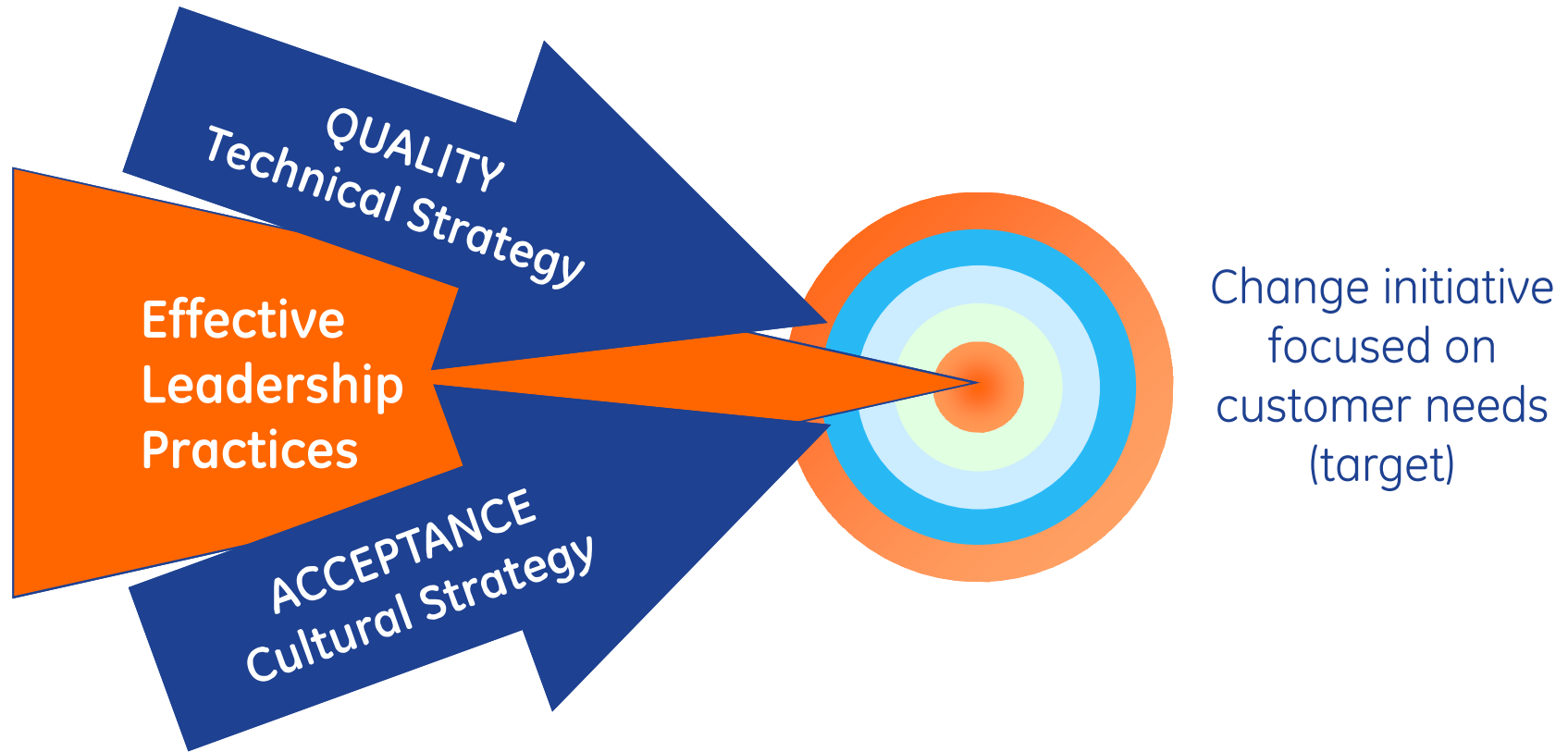
Change Acceleration Process
developed by GE to focus here



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Implementing Change

$$Q \times A^3 = E$$

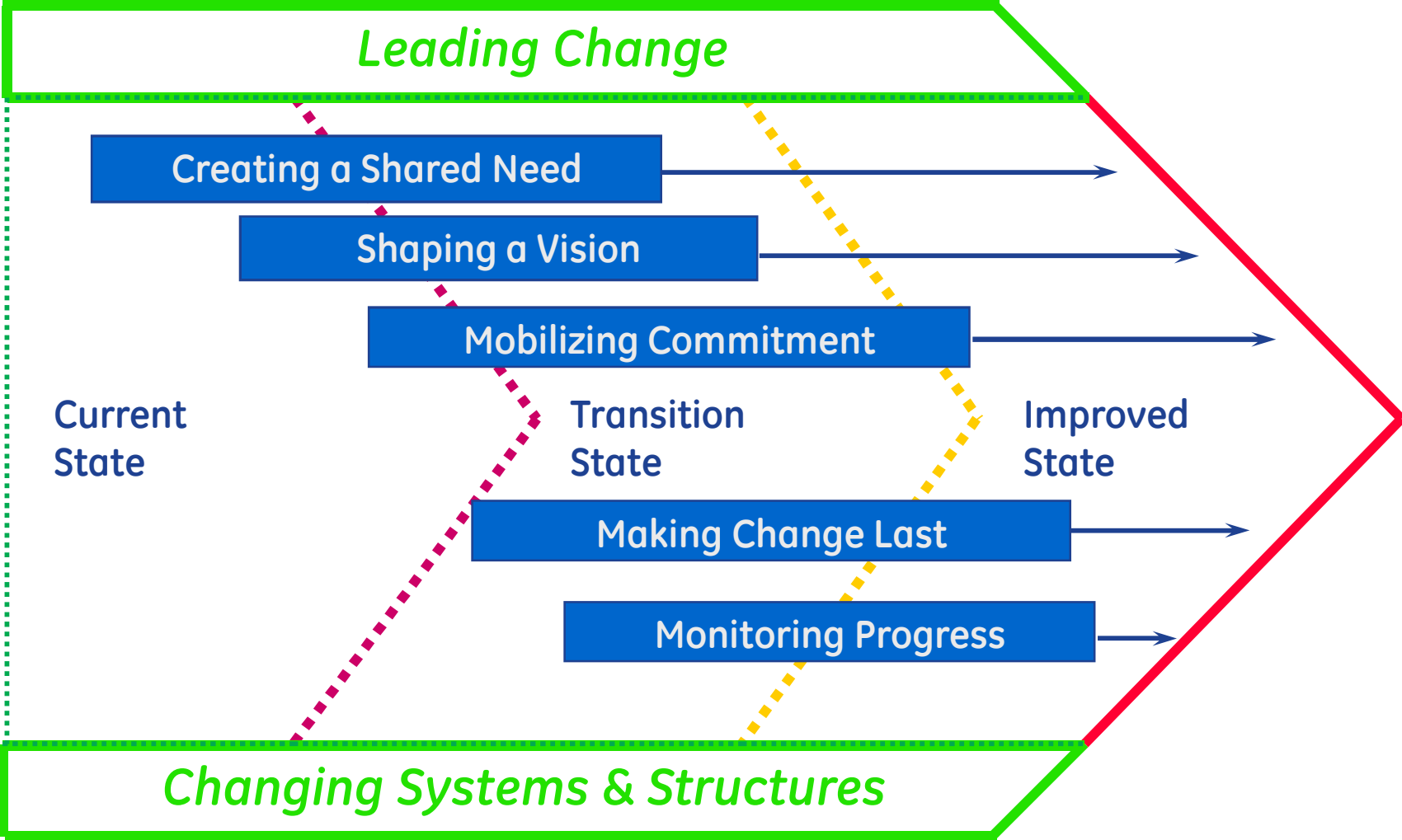


Speed = Integrating Problem Solving with Engagement



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Change Acceleration Process (CAP)



CAP Model

Leading Change:

Having a champion who sponsors the change. Leadership provides the time, passion and focus for the effort.



OHS Epic Implementation: North Shore Version (Effective 3/15/2011)

	Epic Project Elements: Q		GE CAP Plan Elements: A	
		Significant Dates		Significant Dates
PHASE 0	EDUCATION AND PLANNING			
	Decision Days	12/3/2010 12/8/2010	Finalize Consultant Engagement: MCA/CAP Support for OHS Epic Team	
	Project Planning and Scope Decisions			
	Benefits and Metrics Finalized		GAIN LEADERSHIP SUPPORT	
	Epic Project Team Staffed and Scheduled for Training		Engagement Report to Epic ESC: Plan Monthly Updates	1/3/2011
PHASE 1	ANALYSIS AND DESIGN (DISCOVERY)		One on One Interviews with Epic Leadership Team	1/3/2011
	Project Team members attend training at Epic and complete certification.		One on One with Interviews with Executive Sponsors, Champions, and Key Influencers	1/10/2011
	Delivery of System And Training Data (SWTD)			
	SITE VISIT Focus: Foundation Asking questions. The building blocks for validation	1/17/2011		
	Model System Variances Determined and Documented		CAP Training for Epic Team: Classes #1 and #2	1/25-26 & 27-28/2011

PHASE 2	WORKFLOW VALIDATION		CAP Training for Epic Team: Classes #3 and #4	2/15-16 & 17-18/2011
	Validation Sessions & Stop Light Evaluations Focus: Walls Engagement of SMEs. Their first chance to see Epic.	2/8/2011 2/22/2011	Develop/Finalize Strategy: CREATING A SHARED NEED, SHAPING A VISION, and MOBILIZING COMMITMENT	2/29/2011
			Progress Report to Epic ESC	3/3/2011
	Delivery of tailored version of Model System	3/11/2011	CAP Training for Epic Team: Class #5	3/15-16/2011
PHASE 3	FINAL VALIDATION (BUILD)		Development of Epic Teams: Charter, Role Clarification, GRPI Analysis Identification of Key Stakeholders by Epic Teams	3/31/2011
	Re-engineering #1: Yellow/Red Issues and Solutions	3/22/2011		
	Re-engineering #2: Yellow/Red Issues and Solutions	4/11/2011	Continue Monthly Progress Reports to Epic ESC	
			Focus: Front Half of CAP Model Revenue Cycle Director CAP Session HIM/Intake/Access Director CAP Session Clinical CAP Sessions: Senior Medical, Nursing, Others	4/29/2011
	Workflow User Labs: Ongoing Usability Labs. Users trying out and giving feedback.		Develop/Finalize CAP Communication Plan	5/8/2011
			Develop/Finalize Strategy: CHANGING SYSTEMS AND STRUCTURES, MAKING CHANGE LAST, and MONITORING PROGRESS	5/27/2011
			Focus: Back Half of CAP Model Revenue Cycle Director CAP Session HIM/Intake/Access Director CAP Session Clinical CAP Sessions: Senior Medical, Nursing, Others	6/30/2011
	System Build Completed	Ends 7/15	Update CAP Communication Plan	

Progress With GE CAP: OHS O2 Initiative*

Activity/Date	Specifics	Impact
O2 Project CAP Plan (January)	All key CAP change leadership approaches and tools are integrated into the O2 project plan management plan.	Integration of effective CAP change leadership with O2 project change management streamlines and accelerates effective implementation.
CAP Training (January - March)	70+ members of O2 team received two- day CAP training.	Directors, Project Managers, and application team members can successfully use the approaches and tools of CAP in their work with champions, SMEs, stakeholders, and end users.
Application Team Startup (April and May)	Unique charters were created for each O2 application team. Sessions were held to review charters with teams and all team members signed the charters.	Application team members are clear on roles, responsibilities, key results areas, boundaries, measurements, etc. Team members function effectively and teams integrate effectively.
Key Stakeholder Analysis (April and May)	Teams have done stakeholder analysis and strategy development for key North Shore hospital and clinic stakeholders.	Key North Shore stakeholders/constituents are moved to neutrality or advocacy positions before first roll out.
Project Elevator Speech (May)	O2 project Elevator Speech developed that describes project, why it is important, what success will look like, and help needed.	All members of O2 team now have a consistent message that address both the "head" and "heart" issues related to implementation of Epic.
CAP Sessions with End Users (June, July and August)	CAP sessions have started with Revenue Cycle and North Shore nursing/ancillary stakeholders and key end users. HIM/Access and North Shore Physician sessions pending.	Key stakeholders are now seeing demos of Epic and being engaged in sessions to create shared need, shared vision, and to learn how to further engage others in their areas. Sessions will be repeated to reach and engage additional numbers of end users prior to training and rollout.

Success With Change Leadership

Any hospital going through the growing pains of major care process transformations will benefit from paying close attention to the people side of the equation. QXA=E!

If you are leading a transformation effort, we encourage you to:

- Engage teams, stakeholders, and key individuals with purpose and commitment
- Adapt/adopt new systems that are aligned to the organization's values and mission
- Pay close attention to remove barriers to new workflows, roles, and processes
- Tailor and respond to needs of physicians, nursing leaders, and end users
- Make a deep, visible, and personal commitment to the change process for your organization through successful integration of change leadership and change management



QUESTIONS?

THANK YOU!