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LTPAC Symposium **Healthcare Information and Systems** **Management – *Selection, Implementation,*** ***Support, and Maintenance***

Session 3, March 5, 2018

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ENGAGED

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Agenda

Once an LTPAC provider organization has completed the necessary planning to move forward with new healthcare technology, its time to pull the “trigger”

Join us in this session as we continue to use the CAHIMS outline to guide our understanding of HIT in the LTPAC environment by considering system Selection, Implementation, Support, and Maintenance needs and challenges

Topics in this session include the development of solution selection activities, activation strategies, knowledge transfer techniques and downtime management approaches

Learning Objectives

- Explain key differences between LTPAC and hospital healthcare provider organizations in the selection, implementation, support and maintenance of IT systems
- Summarize at least one lesson an LTPAC provider learned when using analytics to guide their system selection, implementation, support and maintenance effort
- Recognize CAHIMS selection, implementation, support and maintenance competencies LTPAC provider organizations you should most closely watch

What Needs Exist in LTPAC not Found in Hospital HIT Systems?

- Payment methods differ by major payor group
- Resource utilization rather than diagnosis drive payment levels
- Assessment of acuity & needs, personalized care plans and treatment protocols based on functional, cognitive, & medical status, while at the same time continual documentation & monitoring for changes in condition are tightly mandated and heavily regulated
- Claims must reflect varied rules for service charges provided during the stay, including those incurred in other settings

Payment Level by MDS Assessment

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
50	50	50	50	50	50	50	50	50	50	50	50	50	50	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14	14
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31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30	30
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61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90
60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60	60
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
91	92	93	94	95	96	97	98	99	100																				
90	90	90	90	90	90	90	90	90	90																				
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Variances in SNF/Rehab Settings

- Short-Term Rehabilitation Facilities (LOS 12-18 days average)
- Long Term Care Facilities (LOS can span years)
- Alzheimer's/Dementia Care Facilities (LOS varies, costs for care and labor is very high due to specialized needs of population)
- Hospice and Palliative Care Settings for Medically Complex Residents
- Adult Day Care, Wound Care, Cardiac or Pulmonary Care Units, Therapy and Rehabilitation following Hip or Knee Surgery, Head and Spine Trauma Units

Technology Systems Must Meet the Needs of those Variances PLUS

- Guide the user through varied documentation paths based on Payor and Acuity
- Allow claim creation and revenue management with internal as well as external services accounted for (consolidated billing)
- Be able to be understood by a wide variety of users, from Dietary and Housekeeping assistants through Licensed Nurses and Business Office staff all the way to CFO's, Quality Improvement Specialists, Medical Directors, CEO's and Acute Care Transition Coordinators

How else do LTPAC & Acute Differ?

- LTPAC “Assessment” is a hospital “Observation”
- LTPAC “Care Plan” is a hospital “Treatment Plan”
- A resident may leave a SNF to receive hospital care for an overnight stay or more and do not record a discharge event
- HPI and H&P are hospital terms, this information is not always available to LTPAC during the first critical 48 hours of care delivery
- The C-CDA structure for sharing data uses Acute and Ambulatory terms, not LTPAC terms, yet the same standards are used for both

Foster & Nurture Shared Understanding for Common Ground

- Hospital HIT needs differ from long-term post-acute care needs:
 - Regulatory specifics for billing/claim creation and documentation
 - How reimbursement is calculated and billed
 - Clinical documentation timing and terminology
- Medicare A coverages bridge Acute Hospital and LTPAC SNF settings during Transitions in Care

Care Coordination, Transition Management and Shared Understanding in both sectors creates improved outcomes with reduced re-hospitalizations and adverse events

LTPAC HIT Systems Focus

- Registration, Placement Optimization, Census Tracking & Reporting
- AR/Billing, Claim Creation, and Electronic Remittance Management with Clearinghouses and Payors
- Integrated Assessment, Care Plan, Medication Management and Clinical Documentation Across all Disciplines
- Claim and Assessment Analyzers, Scrubbers and Validators
- Document Storage and Management
- Sharing and Managing Shared Information Across Providers, Organizations, and Health Systems

Selection - Aligns the Organization with the Technology

- Participation in the requirements definition process by business office, nursing, therapy, dietary, activities, compliance, and leadership staff is critical to successful implementation and ongoing use
- Organizations differ in priority needs for HIT:
 - Accurate and timely billing & claims creation
 - Compliance and ease-of-use clinical feature/function
 - Ability to address Skilled Nursing, Assisted Living, Dementia Care, and Independent Living requirements in a single solution

Modular vs. Integrated Systems

- AR/Billing Only?
 - Legacy or custom clinical applications deeply embedded in the daily care delivery process can drive system selection – yet integration with clinical data is essential to accurate billing
- Clinical Only?
 - Demands for performance, compliance and accessibility to essential care delivery resources can drive “clinical-only” system selection – yet the ability to bill the various payors accurately is paramount to cash flow
- The case for integrated solutions remains strong in LTPAC

Cloud-Based or Hosted?

- Does your organization have access to IT resources necessary to manage hosting your HIT system on premise?
- If not, does your cloud-based vendor provide services such as custom configuration, ad-hoc report creation or analytics that respond to your specific needs and urgency?
- Do you have access to all of your data on a real-time basis or just a subset of it with periodic refreshes?
- Do you require mobile devices for data capture, wall-mount kiosks in key locations and remote access to systems that can be supported by the technology you select?

Documented Selection Criteria is Key

Selecting HIT shouldn't be an Alice in Wonderland experience...

“Would you tell me, please, which way I ought to go from here?”

“That depends a good deal on where you want to get to,” said the Cat.

“I don't much care where—” said Alice.

“Then it doesn't matter which way you go,” said the Cat.

“—so long as I get SOMEWHERE,” Alice added as an explanation.

“Oh, you're sure to do that,” said the Cat, “if you only walk long enough.”

Lewis Carroll, Alice in Wonderland

Data Integration with contracted entities, providers in your market and HIE's is Crucial to Success

- LTPAC for Medicare A requires Consolidated Billing
- Transfer of information can support or hinder the immediate, effective access to necessary information and provision/billing of services rendered that is characteristic of LTPAC
- Transitions in Care between hospitals and LTPAC necessitate shared data and effective care coordination to avoid unnecessary readmissions

Inspect What you Expect:

- Arrange for a high-level product review and demonstration to narrow the list of potential vendors down to 2, or at most 3
- Ensure a second, detailed product review is facilitated with representatives from each impacted department
 - Business Office staff should be in Clinical-Only reviews
 - Nursing and Therapy should be in AR/Billing-Only reviews
- Call organizations similar to yours and ask questions about daily use and experience
- Use industry and association events to hold informal discussions and meetings with users of the candidate systems

The Ability to Exchange Data is Non-Negotiable

- Hospitals and SNF's must be able to exchange data to ensure smooth transitions in care
 - Ask reference customers what their specific experience has been in this area
 - Obtain a list of HIE's, exchange standards, and provider locations that are ACTIVELY using this feature of the HIT
 - Verify with senders and receivers that information is moving and accessible
- Meet with key transition partners and identify opportunities to close gaps in care coordination

Know Thyself

- Identify areas of your operation that are unique to your service offering and brand – preserve them in defined system requirements
- Objectively identify areas of your operation that would benefit from improvement – look at systems with an eye to impact and scope of change needed
- Diagram areas that are key to compliance and patient safety
 - Current process and touchpoints are important to depict
 - Ideal changes to those processes due to improved HIT provide a target

“We have met the enemy and he is us”...

Walt Kelly, Pogo comic strip, first Earth Day on April 22, 1970

Benefits of a “Before” Diagram

- The “At-a-Glance” representation acts as visual ammunition to incite necessary change
- Used as a management tool, this instrument can be highly assistive in improving the efficiency and compliancy of your organization
- Highlights manual processes **CAPABLE** of being automated using current software systems, thus increasing maximization of existing products
- Provides the organization with a “gap list” of necessary features and/or functions, for use in completing a software “Needs Analysis”

Implementation - THE Most Critical Part of the Process

One's destination is never a place but rather a new way of looking at things.

Henry Miller
US author (1891 - 1980)

Create a Recipe for Success

Strategies for successful implementation involve:

- Accurate capture and depiction of **current** workflows and system functions which act as a springboard to:
 - identifying gaps to close
 - improved workflows to introduce
 - differentiating processes unique to the organization that must be preserved

Support - Where Continued Success and ROI Lives

- Use the **revised** diagrams of operational processes to prepare a strategy for ongoing adoption of the new technology
- Assess how long dual systems will need to be maintained and supported, select a cut-off date with support from leadership and ensure it is socialized and understood by all staff
- Track and review training questions to identify areas for tuning the technology and/or providing additional education or policy changes for staff success

Support Representatives Should be SME's

- Provide a layered triage for support concerns:
 - 1st request should be handled locally or in the building
 - Escalation can be routed to a Regional, Divisional, or Corporate specialist level – **someone who understand the question and impact to the user and operations**
 - Final escalation goes to the vendor who will address configuration or defect issues with the HIT system

What if the Lights Go Out in Georgia?

- What is your organization's plan for system downtime?
 - Have you acquired MiFi's that use cell signals to continue to operate devices on the floor that document care if the internet goes down?
 - Does your HIT have a "store and forward" capability for fluctuations in internet when critical functions are utilized?
- What is the notification protocol when there is a system malfunction that impacts care delivery or billing/claim creation at critical times?
- Is there access to paper forms for long-term issues to preserve resident care delivery and cash flow from billing?

Roll Up Your Sleeves:

- Get involved in every step of the process - if you don't understand an answer received, press for one that you DO understand
- Create a newsletter with FAQ's and "Did You Know?" (lessons learned) that shares knowledge gained with others
- Mastery of the organization's HIT system is empowering and provides opportunities for increased responsibility and respect from others

Leaders are made, they are not born. They are made by hard effort, which is the price which all of us must pay to achieve any goal that is worthwhile.

Maintenance - The Continual Process of Improving & Responding

- Regulations are in a frequent state of upheaval and provider organizations grow by responding to new information with modifications to practice, policy and procedure
- Ensure that operations, IT and support stay connected through routine communication updates
- Meet with varieties users of the software periodically to ensure they have a voice in the ongoing upkeep, enhancement, and upgrade to systems

Communicate, communicate, communicate

Vendors Can be Valuable Allies

- Routine maintenance updates and enhancements are available for review usually, ask for them if you don't get them automatically
- User Conferences provide valuable Peer-to-Peer opportunities to expand your knowledge and understand how others are using the HIT
- Remote phone/web reviews of new feature/function releases allow you to stay current on the technology

The More You Know...

- Review of support calls received, patches and program fixes installed and routine departmental HIT satisfaction checkpoints allow for timely response to concerns before they become problems
- Offer to assist with testing and validating program updates so that you have your hand on the pulse of your HIT
- Ensure your voice is heard by documenting issues, concerns and/or suggestions for improvement

Everyone has a voice!

Thank You!

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Questions?

Please don't forget to complete the online session evaluation