Fast & Furious: eRx/EPCS Implementation and Optimization

Session #273, March 6, 2018
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Conflict of Interest

Connie L. Saltsman, Pharm.D., MBA, CPHIMS
Risa C. Rahm, Pharm.D., CPHIMS

Have no real or apparent conflicts of interest to report.
Agenda

- What is ePrescribe?
- Initial ePrescribe Implementation
- Lessons Learned
- ePrescribe Optimization Project
Learning Objectives

• Discuss the Project Management approach of a wide scale ePrescribe implementation in a short timeframe
• Explain tools and techniques used to support simultaneous go lives
• Discuss lessons learned from an optimization project focused on ePrescribe
Helping more people in more places

Our hospitals care for 27M+ patients annually
- Admissions – 1,800,000
- Deliveries – 210,000
- ER visits – 7,500,000
- Physician Clinic Visits – 8,000,000
- Surgeries – 1,400,000

170+ Hospitals in the U.S. and 6 in the U.K.

118 Ambulatory Surgery Centers

51 Freestanding ERs

241,000 employees
- 79,000 nurses
- 47,000 allied health professionals
- 37,000 affiliated physicians
- 3,100 employed physicians
& 1,000 practitioners
Elevator Speech

- ePrescribe enables providers to send electronic prescriptions to participating pharmacies.
- Real-time insurance eligibility and formulary checking is performed within the EHR. Some EHRs include integration with third party vendors.
Benefits of ePrescribe

• Enhances patient and physician satisfaction
• Completes the vision for a complete discharge medication reconciliation process
• Meaningful Use:
  – Discharge medication orders are queried for a drug formulary and transmitted electronically
  – Stage 2
    • 90 day period in 2017: 10%
    • 90 day period in 2018: 10%
  – Stage 3
    • 90 day period in 2018: 25%
Definitions

• EPCS:
  – Electronic Prescribing of Controlled Substances
• Two factor authentication:
  – Also know as 2FA or TFA
• NPI:
  – National Provider Identifier

Initial ePrescribe Implementation

- Wide Scale (154 facilities)
- Timeframe: 4 months
- Out of Scope: ED discharge prescriptions
Five Key Groups for Success

Corporate Clinical
Corporate IT&S
Vendor(s)
Division
Facility
# Teams

<table>
<thead>
<tr>
<th>Teams</th>
<th>Description</th>
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<tbody>
<tr>
<td>Corporate: Clinical</td>
<td>Responsible for organizing and managing the implementation, education and training, and MU adoption</td>
</tr>
<tr>
<td>Corporate: IT&amp;S</td>
<td>Responsible for technical and system setup, product management, and customer support</td>
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<tr>
<td>Vendor(s)</td>
<td>Ensure functionality and work with HCA teams to determine best practices and troubleshooting</td>
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<tr>
<td>Division</td>
<td>Ensure EHR dictionaries and system parameters are set accordingly for ePrescribe, complete pre-assessments and testing</td>
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<tr>
<td>Facility</td>
<td>Responsible for end user ePrescribe functionality to ensure all physicians and clinicians are authorized, provisioned, trained, and supported</td>
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</table>
What facility roles were key in your eRX implementation?

A. Medical Staff Office
B. Physician Champion
C. IT Director
D. All of the above
Key Facility Roles

• CEO, CMO, CNO
• Physician Champion
• Physician Support Coordinator (PSC)
• Nurses and Unit Champions
• Medical Staff Office
• IT Director
• CPOE Pharmacy Lead
• Marketing Director
• Facility MU Coordinator
Resource Requirements

- **Physician Security Coordinator (PSC) – Provider Provisioning Phase 1**
  - Provider setup for non-controlled ePrescribing
  - **3-5 hours per week, ongoing**

- **Physician Security Coordinator - Provider Provisioning Phase 2 – EPCS**
  - Provider setup for EPCS (ePrescribe controlled substances)
  - **8-10 hours per week once EPCS begins and ongoing**
  - PSC encourages physician adoption, ensures training and registration setup, and soft and hard token management

- **Facility CPOE Clinical Lead, Unit Champions**
  - Project leads, and user “at the elbow” support, ensures training, troubleshooting
  - **8-10 hours per week after soft go live**

- **Division IT Pharmacists, Facility Pharmacy Leads**
  - Complete Pharmacy pre-assessment, dictionary and parameter setup, EHR Testing
  - **8 hours per week for assessment and testing**
  - **5 hours per week for go live support**

- **Division Clinical Analysts** –
  - Assist with additional RXM parameter setups and testing
  - **1-2 hours per week**

- **Medical Staff Office Team**
  - helps PSCs and CPOE Clinical Leads confirm credentialing information, missing emails addresses and updates to Provider dictionary (if PSCs don’t have access) for eRx activation
  - **1-2 hours per week**
Project Management

• Structured approach
• Coordinated by Corporate Clinical Group
• Assigned coordinators to each division
  – Project Management
  – Workflow questions
  – Issue escalation
  – Support
• Weekly checkpoint calls
• Key milestones updated weekly
• Bi-weekly status reports to Leadership
• Weekly ePrescribe “office hours” for all facilities
• ePrescribe setup and testing checklist
Sample Milestone Status Report

<table>
<thead>
<tr>
<th>Division</th>
<th>Responsible Party</th>
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<table>
<thead>
<tr>
<th>ePrescribe Key Milestone Activities</th>
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<tbody>
<tr>
<td>Week 1 (ending 8/12)</td>
<td>8/11</td>
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<tr>
<td>EPCS Authorization Letter for PSCs signed and returned to Jim Hester</td>
<td>8/15</td>
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<td>PSCs schedule Admin training (Phase 1)</td>
<td>8/20</td>
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<td>Week 2 (ending 8/19)</td>
<td>8/11</td>
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<tr>
<td>Prioritized Provider lists reviewed</td>
<td>8/11</td>
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<tr>
<td>PSCs complete Admin training (Phase 1)</td>
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<td>Week 3 (ending 8/26)</td>
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<tr>
<td>Facility Assessment Complete</td>
<td>Div IT PHA</td>
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<tr>
<td>PSCs complete EPCS training (Phase 2)</td>
<td>PSC</td>
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<tr>
<td>Nurses and Case Mgmt complete NUR 1 training (pref pha) - Add %</td>
<td>DAC</td>
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<tr>
<td>Week 4 (ending 9/2)</td>
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<tr>
<td>PSCs begin Provisioning process (practice manual entry)</td>
<td>PSC</td>
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<tr>
<td>Nurs live with entering &quot;Preferred Pha&quot;</td>
<td>DAC</td>
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<td>Week 5 (ending 9/9)</td>
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<tr>
<td>Division Help Desk Engaged</td>
<td>DIV CSS</td>
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<tr>
<td>PSCs begin preparing Bulk upload spreadsheets Phase 1 and Phase 2</td>
<td>PSC</td>
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<tr>
<td>Super User, Master Trainer Support Schedule Finalized</td>
<td>DAC</td>
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# Implementation – Key Facility Milestones

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<thead>
<tr>
<th>Key Milestones</th>
<th>Weeks</th>
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<th>Soft Go live</th>
<th>Rolling</th>
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<td><strong>Facility Kick-off</strong></td>
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<td><strong>PHA Facility Assessment and Remediation</strong> Division and Facility IT Pharmacists</td>
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<td><strong>Division System Testing</strong> Interfaces on in TEST</td>
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<td><strong>Nursing</strong> training (9 min. video) updating “Preferred Pharmacy”</td>
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<td><strong>Nursing</strong> begin entering Preferred Pharmacy in LIVE</td>
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<td>Week 1</td>
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<td>Week 3</td>
<td>Week 4</td>
<td>Week 5</td>
<td>Week 6</td>
<td>Soft Go Live</td>
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<td><strong>Provider Prioritization:</strong> Determine providers for soft go live</td>
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<td><strong>Phase 1 PSC Training:</strong> (Non controlled) – WebEx</td>
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<td><strong>Phase 2 PSC Training:</strong> EPCS (controlled) training - WebEx</td>
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<td><strong>Provider Provisioning:</strong> PSCs begin registering providers (Phase 1 &amp; 2)</td>
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Unit Champion Best Practices

• Unit Champions:
  – Comfortable with teaching others including Providers
  – Will remain in staffing for the ePrescribe project
  – Recommendations: Identify multiple Champions per unit to cover multiple shifts
    • Charge nurses
    • Unit Educators
    • Unit Managers

• Required Education
  – Complete the 3 mandatory online courses
    • Preferred Pharmacy
    • Finalizing the Discharge Plan and Checking Transmission Status
    • Provider Workflow
Provide Provisioning & Training

• Provisioning Training
  – Integral to the success of the project
  – Conducted via weekly training WebEx classes
    • Phase 1 (non-controlled)
    • Phase 2 EPCS (controlled)

• End User Provider Training
  – Provider Workflow – (18 minute video)
  – In-person review at provisioning
Nursing Training Expectations and Support

- **Nursing Training Expectations**
  - Nursing staff must have 100% completion on the 2 mandatory online courses:
    - Preferred Pharmacy
    - Finalizing the DC Plan and Checking transmission statuses

- **Support**
  - Facility CPOE Clinical Lead and Unit Champions
    - End user “at the elbow” support
    - Ensures training
    - Troubleshooting
Roll Out Approach

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<th>2016</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
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<td>PILOT - 5 Facilities</td>
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<td>Lessons Learned</td>
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<td>GROUP 1 - 52 Facilities</td>
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<td>GROUP 2 - 64 Facilities</td>
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<td>GROUP 3 - 27 Facilities</td>
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Lessons Learned During Roll Out

- Preferred Pharmacy
  - Begin nursing entry early
  - Include Case Management and Pharmacists in training
  - Develop process to accommodate patients that would prefer to have printed prescriptions
    - “Paper Rx Preferred”
Determining the patient’s preferred pharmacy - When?

A. 24 hours prior to discharge  
B. During home med rec  
C. During registration process  
D. During discharge med rec
Preferred Pharmacy Selection

- Preferred Pharmacy Selection
  - Updating the Preferred Pharmacy Selection is vital to the success and utilization of the ePrescribe functionality
  - A current preferred pharmacy must be entered to transmit prescriptions
  - Training to enter the preferred pharmacy is via a 9 minute online video
  - Report utilized to monitor compliance of Preferred Pharmacy
    - The charge nurse will review and ensure all patients have their Preferred Pharmacy entered
    - It is recommended that the report is spooled by location each shift

- Workflow Process
  - Entered during registration process
  - Entered/validated by nursing staff during home medication list documentation
Lessons Learned During Roll Out

• After soft go live, roll providers on gradually each week
• Start slowly with EPCS
  – Identify 2 provider champions to validate facility settings
  – Slow roll out to subsequent providers
• Post EPCS implementation in a division
  – Subsequent facilities chose to big bang implementation approach
Optimization Project

- ePrescribe compliance evaluated after completion of implementation project
- At that point, the 2018 MU expectation was 25% for a calendar year
Barriers to Success

- Competing projects
- Limited resources
- Executive Sponsor & Champion Support
- Workflow and behavior changes
- Evolving technology
- End user clinicians not fully understanding the downstream impact of their component
- Reluctance to change
- New expectations for patients to know their preferred pharmacy
- Learning curve for participating pharmacies
Impacts on Clinical & Operational Workflows

- Additional workload for multiple disciplines
- Change in discharge process
- Patients no longer receiving physical copy of prescriptions
- Component of multiple clinicians workflows and therefore no clear ownership
Project Management

• Dashboard developed
• Goals identified
• Focus on facilities below or near goal
• Gap analysis completed
• Weekly checkpoint calls
  – Review of re-education status
  – Focus on preferred pharmacy goals
  – Review of ePrescribing compliance
  – Sharing best practices
Examples of Re-education

• Preferred Pharmacy
• Validation of ePrescribing status prior to patients discharge
• Workflow to review if pharmacy is open at discharge
• Updated patient education at discharge for ePrescribe process
Optimization Best Practices

• Identify providers with high utilization of discharge medication reconciliation
• Utilize appropriate leadership support
• Validate provider ePrescribe provisioning
• Validate technical setup
Questions

- Connie Saltsman (Connie.Saltsman@hcahealthcare.com)
- Risa Rahm (Risa.Rahm@hcahealthcare.com)

- Please don’t forget to complete the online session evaluation