Enabling accountable care through EHR implementation & support

Priority Action Table, 2017 Home Care Summit
November 14 2017
Gosia Radaczynska
A new EHR should support:

• Placing the client at the centre of each action;
• The provision of better, safer, evidence-based delivery of care;
• Improving communication and collaboration among care providers in the delivery of care;
• Improved access to data for the purposes of resource planning, care delivery, and outcomes reporting; and
• Streamlining business practices
The accountable home care visit

- Has the care worker clocked in?
- Can you check in real time?
- Can the care worker see relevant clinical notes, care plans, and progress notes?
- Charting at the point of care decreases transcription errors, reduces missed information, improves quality and transitions of care
- Chart medications at point of care to reduce incidents
- Risk alerts for staff
- Track process and outcome metrics (missed visits, care plan adherence, health monitoring, etc.)
- Integrate to billing and payroll for accurate reporting to funder
- Improved transitions of care through integrations with local health system referral services
- Improve communication with client
- Improved communication between integrated teams
- Can the care worker see relevant clinical notes, care plans, and progress notes?
- Charting at the point of care decreases transcription errors, reduces missed information, improves quality and transitions of care
- Chart medications at point of care to reduce incidents
- Risk alerts for staff
- Improve communication with client
- Improved communication between integrated teams
At a practical level, how do we get to the EHR promised land of **accountable**, measurable, performance improvement in home care?

- Determine what and when to measure
- Implement successfully
- Win at support
### Measuring performance improvements – a commitment to accountability

<table>
<thead>
<tr>
<th>Metric</th>
<th>How it can be used...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>• Understand adoption to target optimization efforts</td>
</tr>
<tr>
<td></td>
<td>• Employ usage statistics to improve workflow</td>
</tr>
<tr>
<td></td>
<td>• Set minimum usage thresholds to support next stage of</td>
</tr>
<tr>
<td></td>
<td>metrics</td>
</tr>
<tr>
<td>Process</td>
<td>• Understand practice patterns, trends, and variation</td>
</tr>
<tr>
<td></td>
<td>• Identify variation in the application of standards</td>
</tr>
<tr>
<td></td>
<td>• Identify strengths and gaps in how your EHR is being</td>
</tr>
<tr>
<td></td>
<td>used to help deliver quality care</td>
</tr>
<tr>
<td>Outcome</td>
<td>• Identify improvement opportunities in outcomes reporting</td>
</tr>
<tr>
<td></td>
<td>• Improve care delivery</td>
</tr>
<tr>
<td></td>
<td>• Streamlining business practices</td>
</tr>
</tbody>
</table>
Measuring performance improvements: process & business outcome metric examples

Almost eliminated missed visits as a result of active monitoring

Reduced time it took to run payroll from “a couple days on an off” to 15 minutes
  • Free up time for payroll clerk who wears multiple hats
Remote Monitoring of chronically ill (COPD/CHF) patients led to a 73% reduction in ER utilization and 64% reduction in the number of hospitalizations.

On a per patient basis, the reduction in number of clients with at least one hospitalization would be 35% (from 57% to 22%).

1. Over a 3-month period, the RPM costs approximately $50,000 but the cost saving could be more than $150,000 for a sample of 74 patients.

2. Ongoing health system utilization post discharge from an RPM program is 35% of the pre-intervention level as patients learn to better manage their chronic diseases.
Key take-aways for implementing and supporting an EHR in the home care setting

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Success Factor</th>
</tr>
</thead>
</table>
| Resource constraints | • Cross train an inter-professional team of users (Schedulers, care providers, office staff)  
• Recognize and plan for the team to ramp-up |
| Pilotitis – the inability to break out of pilot stage | • A quick and efficient implementation is the best cure  
• Set clear stabilization criteria  
• Normalize learning and ongoing improvements as part of “normal operations” |
| Change management | • An EHR is the digital representation of your physical office  
• Free up their day  
• Practical things: Are workstations set up as best as they can be (2 monitors), is internet speed good, etc. |
| Buy-in | • The right champions  
• Clear goals |
| Support | • Remove barriers to entry  
• Be consistent, accessible, and reliable |
| Patient Health Portals | • Plan for client/patient training  
• Policies and procedures to support PHI |
| Data won’t tell me things I don’t already know | • Accountability over time  
• Trend monitoring, could identify winning solutions that would otherwise get missed |
| Implementation is just the beginning | • Determine post implementation support structure at the start of implementation  
• Get ready to optimize! |